Facsimile Transmittal

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U. S. Department of Housing and Urban Development
Office of Department Grants Management and Oversight

OMB Approval No. 2525-0118
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*** Name of Document Transmitting:** N/A

1. Applicant Information:

* Legal Name: American Lung Association of the Upper Midwest

* Address:

* Street1: 490 Concordia Avenue

Street2:

* City: Saint Paul

County:

* State: MN: Minnesota

* Zip Code: 55103-2441 * Country: USA: UNITED STATES

2. Catalog of Federal Domestic Assistance Number:

* Organizational DUNS: 0820959690000 CFDA No.: 14.914

Title: Asthma Interventions in Public and Assisted Multifamily Housing

Program Component:

N/A

3. Facsimile Contact Information:

Department:

Division:

4. Name and telephone number of person to be contacted on matters involving this facsimile.

Prefix: * First Name: Jill

Middle Name:

* Last Name: Heins-Nesvold

Suffix:

* Phone Number: 651-227-8014

Fax Number:

*** 5. Email:** Jill.Heins@lungmn.org

*** 6. What is your Transmittal? (Check one box per fax)**

☐ a. Certification ☐ b. Document ☐ c. Match/Leverage Letter ☒ d. Other

*** 7. How many pages (including cover) are being faxed?** 1

Form **HUD-96011** (10/12/2004)

Supporting Materials

[redacted]

[redacted]

EDUCATION AND PROFESSIONAL DEVELOPMENT

University of Minnesota
Doctoral level coursework, 1999-2001

University of St. Thomas, The Management Center
Mini-Master of Business Administration, Fall 1999

Managed Healthcare National Course - Professional Certification, Fall, 1998
Academy for Healthcare Management

Public Health Epidemiology
University of Oklahoma School of Public Health, 1992

Master of Science in Health Management and Promotion, 1990
Springfield College
Springfield, Massachusetts

Bachelor of Arts in Health Fitness and Psychology
Minor in Religion, 1989
Gustavus Adolphus College
St. Peter, Minnesota

PROFESSIONAL EXPERIENCE

Director, Respiratory Health Division, American Lung Association of Iowa, Minnesota, North Dakota, and South Dakota **January 2002-Present**

1. Lead strategic planning and direction for the Respiratory Health Division across four states for health care providers, and patient/caregivers around asthma, lung cancer, COPD, and influenza.
2. Integrate a seamless coalition combining the Controlling Asthma in American Cities Project, the Healthy Learners Asthma Initiative, the Metro Asthma Coalition, and the Minnesota Asthma Coalition.
3. Direct the Controlling Asthma in American Cities project, including coalition development; $1.2 million annual budget oversight, monitoring, and reporting; developing multiple interventions; disseminating products and findings; overseeing the evaluation and multiple contractors; and guiding health plan policy and procedure changes.
4. Sustain all coalition and intervention work.
5. Lead assessment and evaluation efforts for the American Lung Association of the Upper Midwest (7 state region).
6. Conduct health care utilization surveillance around asthma and COPD.
7. Hire, supervise, and mentor staff across four states using distance management technique.

Executive Director, Consortium on Children's Asthma Camps **2007-Present**
Oversee national organization of 100 individual asthma camps that provides medical guidance, education programs, and conducts research with the 4500 children with asthma who attend camp each year.

Independent Consultant **2002-Present**
Conduct complex, multi-faceted assessment and evaluation studies, with recommendations for future action, for a variety of local, state, and national organizations. Curriculum development for a variety of audiences.

Health Promotion Specialist, MN Institute of Public Health – Blue Cross Blue Shield of MN **1996-2002**
Responsible for public health consulting services, including data analysis and reporting; educational material development; social marketing; needs assessment and asset identification; grant writing; planning; and training development and delivery. Served on the evaluation team that conducts formative and summative evaluations.

Executive Director – Health Care Coalition on Violence **1997-1999**
Provided leadership to an industry-wide collaborative to implement violence prevention strategies in the health care community. Provided technical assistance and product development for the coalition's priority areas of data collection and research, clinical issues, workplace violence prevention, health plan policies, and primary prevention. Provided direct consultant services to Medica Health Plan.

Community Health Educator and Project Manager - Minnesota Dept. of Health **1993-1995**
Directed multi-year, CDC-funded statewide injury prevention programs, including planning, training, coalition building, and technical assistance.

Lincoln-Lancaster County Health Department, Nebraska **1992-1993**
Managed state and federal grants, including hiring and supervising personnel, fiscal management, and reporting. Conducted public health surveillance, analyzed data, and developed recommendations in the form of public health reports.

PROFESSIONAL VOLUNTEER CONTRIBUTIONS

Minnesota Public Health Association member
Minnesota Public Health Partnership planning committee
Society for Public Health Education, Minnesota Chapter Treasure 2001- current
Society for Public Health Education, Minnesota Chapter Board of Trustees 1996 - current
Society for Public Health Education, Minnesota Chapter Program Chair, Nov. 1996 - 2000
Society for Public Health Education, Minnesota Chapter President, Nov. 1998 – Oct. 1999
National Society for Public Health Education member
Trainer and adult leader for Association for the Advancement of Hmong in Minnesota

Publications/Report: Listed chronologically beginning with most current

1. Heins J., McIvoy C, and Wendt C. Women and COPD. *Minnesota Physician*. December 2010.
2. Carlson, A and Heins, J. *Environmental Improvements for Children's Health: Findings from an environmental home-based assessment and modification project.* Journal of Urban Health CDC supplement. Pending publication.
3. *Reaching South Dakota's Health People 2020 Goals*. South Dakota Public Health Association conference. June 10, 2010.
4. Zajac, B and Heins, J. Emergency Department Follow-up for Children with Asthma. *Minnesota Physician*. May 2010.
5. Heins, J, Carlson, A, King-Schultz, L, & Joslyn, K. November 2007. Patient identified needs for Chronic Obstructive Pulmonary Disease (COPD) versus billed services for care received.
6. Heins J, Herman J, & Fena P. May 2005. Assessing the Value of Asthma Camps. *Journal of Asthma*.
7. Presentation on "Use of Tapping into collective wisdom and expertise: An effective community-based strategic planning process" at the DHPE/CDC conference in Minneapolis on May 26, 2005

8. Coalition process evaluation presented at the April 2004 National Asthma Conference in Atlanta, Georgia
9. State-local partnerships presented at the April 2004 National Asthma Conference in Atlanta, Georgia
10. Controlling Asthma in American Cities Project and Healthy Learners Asthma Initiative highlighted in the November 2, 2003 Minneapolis StarTribune
11. Presentation to Council of State and Territorial Epidemiologists, Albuqerque, NM on "Forging Coalition in Controlling Asthma in American Cities," June 6, 2005.
12. Heins J, Seifer S, Holtan N & Brust JD. September 2000. Beyond Treating the Wounds: The Physicians Role in Preventing Gun Violence. Minnesota Medicine; 83: 51-53.
13. Heins Nesvold J & Holtan N. September 2000. Firearm-related Suicide in Minnesota: A Picture of Morbidity and Mortality. Minnesota Medicine. 83; 62.
14. Hoerr N & Heins J. 1998. Family Violence Prevention: A Prenatal Educator's Guide to Primary Prevention. Produced by the Health Care Coalition on Violence, Primary Prevention Committee, Prenatal Education Subcommittee.
15. Heins J. 1998. Family Violence Prevention: A Prenatal Educator's Role. Presentation to the Abbott Northwestern Prenatal Education Association. Minneapolis, Minnesota.
16. Brust JD & Heins J. November 19, 1998. Health Care Coalition on Violence: An Industry-wide Collaboration to Prevent Violence in Minnesota. Panel member at the American Public Health Association Annual Conference, Washington, DC.
17. Brust JD & Heins J. November 17, 1998. Voluntary E-coding for Non-Fatal Injuries. Poster session. Presented at the American Public Health Association Annual Conference, Washington, DC.
18. Heins J & Brust JD. September 18, 1998. A Review of the Research on Home Visiting: A Strategy for Preventing Child Maltreatment. Presented at Reaching Our Goals, Building Our Future Conference. Brainerd, Minnesota.
19. Brust JD & Heins J. September 17, 1998. Health Care Coalition on Violence: Resources and Partnerships for Local Public Health. Poster session for Reaching Our Goals, Building Our Future Conference. Brainerd, Minnesota.
20. Brust JD, Musicant G & Heins J. June 18, 1998. De-coding the E-Code. Presented at the Health Care Coalition on Violence conference, St. Paul, Minnesota.
21. Brust JD & Heins J. May 15, 1998. Minnesota's Health Care Coalition on Violence. Poster session. Presented at the 4th World Injury Prevention and Control Conference, Amsterdam.
22. Brust JD, Heins J & Rheinberger M. February 1998. A Review of the Research on Home Visiting: A Strategy for Preventing Child Maltreatment. Produced by the Health Care Coalition on Violence, Data and Research Committee.
23. Heins J & Brust JD. October 1997. The Physician's Role in Tracking Injuries: The Importance of E-Codes. Minnesota Medicine, 80: 28.
24. Brust JD, Heins J & Musicant G. January 1997. E-Codes: A System for Tracking Injuries in the Health Care System. Produced by the Health Care Coalition on Violence, Data and Research Committee, Research Subcommittee.

EDUCATION

JOHNS HOPKINS UNIVERSITY – WASHINGTON DC December 2010
Masters of Arts – Communication Studies

UNIVERSITY OF MINNESOTA - TWIN CITIES December 2005
Bachelors of Individualized Studies - Communications, Political Science and Management

EXPERIENCE

AMERICAN LUNG ASSOCIATION IN MINNESOTA August 2010-Present
Manager, Respiratory Health

- Develop and implement mission programming for asthma, COPD, lung cancer and Influenza.
- Manage two budgets totaling $40,000 resulting in the improved health of people suffering from lung disease.
- Coordinate all aspects of asthma Camp SuperKids including grant writing, medical staff and camper recruitment and execution.
- Generate earned media for the Faces of Influenza public awareness campaign statewide.
- Lead a workgroup of eight in planning and implementing asthma community education and outreach.
- Co-lead a workgroup of ten that promotes awareness and public relations of COPD.
- Produce electronic communications to reach the asthma and COPD coalitions.

CHANGE.ORG January 2009-May 2009
Social Media Intern

- Developed and implemented online strategies to increase click-through rates to change.org blogs.
- Promoted change.org blogs utilizing social media such as Twitter, Digg, Facebook, Delicious and Reddit.
- Fostered online relationships to initiate online community organizing.

SMOKE-FREE WASHINGTON COUNTY January 2007-June 2008
Project Manager

- Built a base of 2,000 local supporters to aide in passing the statewide smoke-free law.
- Designed a strategic plan to educate hospitality and small businesses through informational meetings, site visits, and monitoring to successfully implement the new law.
- Developed relationships with 4 Legislators and 25 organizations to build a strong coalition.
- Produced and managed a $275,000 budget for implementation efforts finishing $20,000 under budget.
- Planned and led educational events of 10-200 people that resulted in increased supporters and supportive organizations.
- Created marketing pieces including newsletters, brochures, website, fact sheets, and mass mailers.
- Generated 10,000-piece mailing to increase brand awareness and supporters.
- Recruited and managed 50 volunteers to staff events, help with mailings, and call elected officials.
- Worked closely with the statewide communication team to maintain brand and message.

Community Organizer

- Presented to thousands of Minnesotans in small and mid-sized groups resulting in new volunteers.
- Researched age, ethnicity, household income, education levels, and voting records to aid in developing marketing materials.

PETER HUTCHINSON FOR GOVERNOR AND TEAM MINNESOTA February-November 2006

Candidate Manager for Joel Spoonheim for Secretary of State

- Created opportunities for outreach to build the base of supporters.
- Coordinated message and strategy with other candidate managers.

Phone Bank Manager

- Hired, trained and managed staff of ten people.
- Compiled and analyzed data to facilitate targeting.

Education

Ph.D.–Social and Administrative Pharmacy/Minor in Educational Psychology
University of Minnesota…Dec. 28, 1990
Advisor: Dr. Albert I. Wertheimer

B.S.–Pharmacy
University of Minnesota…March 20, 1976

Research Activities (abbreviated list)

May 1996–**Present**…Chief Manager/Director of Research
Data Intelligence Consultants, LLC
PO Box 44993
Eden Prairie, MN 55344
Projects Completed:
- Literature Review of Long-term Proton Pump Inhibitor Therapy; August 2003
- Market Trends for Selected Drug Therapies Determined from Administrative Data; June, 2003 and ongoing
- A Pre and Post Analysis of Quality of Life Associated with Treatment for Voiding Dysfunction; January, 2003
- Literature Review of Combination Analgesia Therapy in Pain Management; December 2002
- A Survey of Middle School Students Regarding the Image of Alcohol and Drinking; May and November, 2002
- Youth Tobacco Project: Baseline Survey of Sixth Grade Attitudes Regarding Use and Visibility of Smoking; February, 2002
- The Use of Preventive Services in a Low-Income Managed Care Population; April, 2001
- The Relationship between Alcohol and Tobacco Use in a Youth Population; March, 2001
- The Feasibility of Screening for Depression in an Ambulatory Clinic Setting; February, 2001
- Prior Authorization Programs in Managed Care--Current Use and Future Prospects; November, 2000
- An Explanatory Model of Tobacco Use Among MN Ninth-Grade Children; August, 2000
- Health Care Utilization Patterns of Patients Diagnosed with Chronic Low Back Pain; July, 2000
- Claims Evidence of Costs and Health Care Utilization of Persons with Parkinson's Disease; April, 2000

Nov. 1995–May 1996…Associate Director, Pharmacoeconomic and Outcomes Research
Oct. 1994–Nov. 1995…Senior Manager, Research
May 1994–Oct. 1994…Manager, Intramural Research
Department of Pharmacoeconomic and Outcomes Research
Diversified Pharmaceutical Services
3600 W. 80th St, Suite 700
Bloomington, MN 55431
Research Completed:
- Assessment of Health Service Utilization and Expenditures for Asthma Patients Treated with Inhaled Corticosteroids; April 1996
- Eye Examination, Diabetic Retinopathy, and Retinal Treatment Prevalence in the Diabetic Population; April, 1996
- A Predictive Model of Hospitalization and Emergency Service Events for Asthma: A Claims Data Analysis; November 1995

Variations in the Utilization and Costs of Health Services for the Treatment of Asthma in the Medicaid and Commercial Insured Populations of a Managed Care Organization; September 1995

An Asthma Profile of Managed Care Plans; June, 1995

Factors in the Utilization of Hospital and Emergency Service Events in Asthma; May, 1995

Oral Antibiotics in the Treatment of Otitis Media: Comparative Costs and Health Service Utilization; January, 1995

Costs Associated with Inpatient and Outpatient Orchiectomy in Advanced Prostate Cancer; July, 1994

A Pilot Study of Re-prescribing Rates for Selected Antibiotics in the Treatment of Otitis Media; July, 1994

Terfenadine and the Rate of Co-prescription for Ketoconazole, Itraconazole, Azithromycin, Clarithromycin and Troleandomycin; June, 1994

Key Contributor Award–December, 1994

July 1993–May 1994…Pharmacy Research Scientist
Center for Health Care Policy and Evaluation
United HealthCare Corporation
Minnetonka, MN 55440–1459

Research Completed:

Utilization and Costs of Health Services for the Treatment of Asthma in a Managed Care Setting; May, 1994

NHLBI Guidelines for the Treatment of Asthma in Managed Care; April, 1994

Key Contributor Award–May, 1994

Academic Activities

May 1998–**Present**…Content Advisor–Senior Pharmacy Thesis

Sept 1997–**Present**…Course Director Phar 6233 (formerly Phar 5856) Drug Use Review and Management

Sept 2003 …Course Director Phar 1020H Prescription Drugs and American Society

Sept 2003 …Course Director Phar 1905 Caring for Yourself

College of Pharmacy
University of Minnesota
Minneapolis, MN 55455

April, 2000–**Present**…Graduate School Associate Member; Assistant Clinical Professor

July 1994–April, 2000…Examining Faculty; Assistant Professor
College of Pharmacy
Graduate Studies in Social and Administrative Pharmacy
University of Minnesota
Minneapolis, MN 55455

Aug. 1988–**Present**…Adjunct Faculty/Advisor–Course III
Independent Study Program/Health Care Executive Study Program
Carlson School of Management
Department of Healthcare Management
University of Minnesota

April, 2001; April 2002…Invited Lecturer
ECP 5610 Pharmacoepidemiology
Graduate Studies in Experimental and Clinical Pharmacy
University of Minnesota
Minneapolis, MN 55455

Academic Activities (Cont'd)

July 1993–June 1997…Instructor/Lecturer
Center for Long Term Care Administration
School of Public Health
University of Minnesota

Sept. 1990–June 1993…Assistant Professor
School of Pharmacy and Allied Health Sciences
University of Montana
Missoula, MT 59812
Pharmacy 301–Introduction to Pharmacy Practice
Pharmacy 411–Pharmacy Management
Pharmacy 412–Pharmacy Relations
Pharmacy 595–Advanced Pharmacy Management
Health Sciences 440–Health Care and Public Policy
ASP Chapter Advisor
1992–93 Faculty of the Year
1992–nomination of merit performance, Faculty Evaluation Committee
1991–nomination of merit performance, Faculty Evaluation Committee

Mar.–Jun. 1989…Course Instructor
Financial Management
Department: Social and Administrative Pharmacy
College of Pharmacy
University of Minnesota

Aug. 1988…Instructor/Course III
Department: Independent Study Program
School of Public Health
University of Minnesota
Faculty Consultant: Vernon Weckwerth, Ph.D.

1987–1988…Research Assistant
Department: Pharmacy Practice
Study: An Evaluation of At-Home Use of Rectally Administered Diazepam in
The Treatment of Status Epilepticus
Funding: The American Society of Hospital Pharmacists
Faculty Consultant: Ronald S. Hadsall, Ph.D.; James Cloyd, Pharm.D.

Publications (abbreviated list)

Voytas J, Kowalski D, **Carlson A**, Wagner S. 2003.Prevalence and Treatment Patterns of Glaucoma in a skilled nursing facility: a pilot study. JAMDA [In submission].

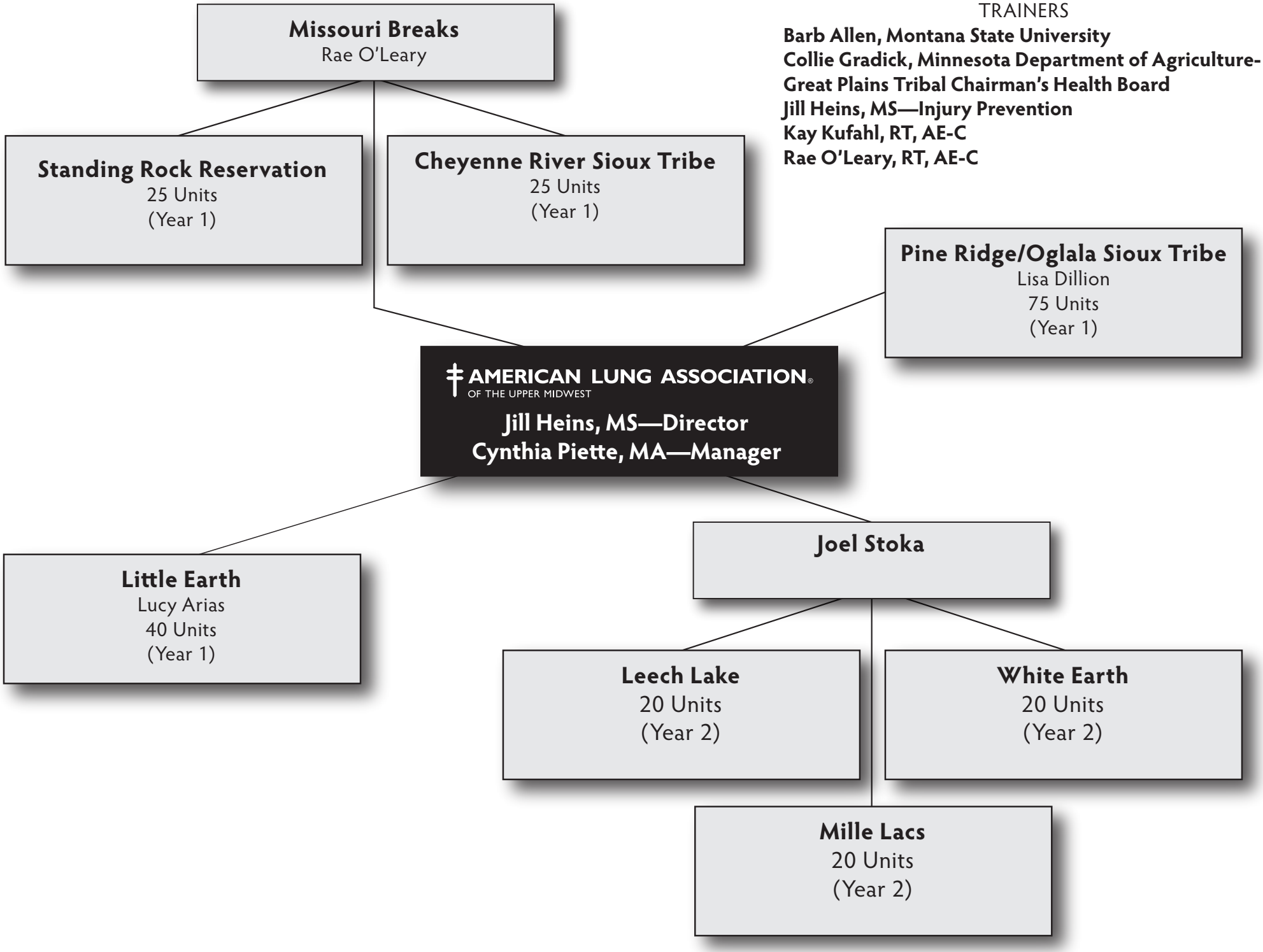
Das AK**, Carlson AM,** Hull M, US MDT-103 Study Group. 2003. Improvement in Depression and HRQOL Following Sacral Nerve Stimulation Therapy for the Treatment of Voiding Dysfunction [In submission]

Carlson AM, Williams SE, Wagner S. 2003. Prior authorization of pharmaceuticals: health policy in search of evaluation. *Research in Health Care Financial Management* 8 (1): 1-6.

Brust J, **Carlson A**, Seifert S, Braddock M. 2000. Calculating the costs of gun injuries. *Minnesota Medicine* 83 (Sept): 64-65.

Carlson AM, Stempel DA. 1999. Claims data analysis of patient acquisition of drug therapies for the treatment of asthma. *Journal of Managed Care Pharmacy* 5 (4): 342–346.

Morris LS, **Carlson AM**. 1998. Protecting patients from harm: terfenadine and potential drug therapy interactions. *Drug Information Journal* 32 (2): 339–345.



TRAINERS

Barb Allen, Montana State University
Collie Gradick, Minnesota Department of Agriculture-
Great Plains Tribal Chairman's Health Board
Jill Heins, MS—Injury Prevention
Kay Kufahl, RT, AE-C
Rae O'Leary, RT, AE-C

Letters of Commitment

1. Little Earth of United Tribes
2. Minnesota American Indian Asthma Network
3. Great Plains Tribal Chairmen's Health Board
4. Oglala Sioux Tribe Health Administration
5. Missouri Breaks Industries Research, Inc.
6. Costello Property Management, Cheyenne River and Standing Rock Reservations
7. PRO/Rental Management, Inc. Cheyenne River and Standing Rock Reservations
8. Montana State University Extension, National Tribal Healthy Homes Assessment, Training, and Technical Assistance Support Center
9. Pediatric Home Service
10. Minneapolis Public Schools Health Related Services
11. Native American Community Clinic
12. University of Minnesota Community-University Health Care Center
13. Minnesota Department of Health Asthma Program
14. Wisconsin Department of Health Services
15. Wisconsin Asthma Coalition
16. Menominee Indian Tribe of Wisconsin

LITTLE EARTH OF UNITED TRIBES

LERA
2495 18th Ave. S
Mpls, MN 55404
Phone: 612-724-0023
Fax: 612-724-1703

LEUTHC
2501 Cedar Ave. S
Mpls, MN 55404
Phone: 612-729-9361
Fax: 612-729-5947

NELC
2438 18th Ave. S
Mpls, MN 55404
Phone: 612-721-2174
Fax: 612-729-1183

www.littleearth.org

November 5, 2010

Dear Harold Wimmer, CEO, American Lung Association of the Upper Midwest,

Little Earth Housing is writing this letter to indicate our solid commitment to being involved in the American Lung Association of the Upper Midwest Minnesota Office's proposal to HUD for the Native American Environmental Improvements for Children's Asthma Project (NAEICA). Little Earth Housing will commit staff time to recruiting and coordinating the involvement of children and families in the project, to planning to assure the services are culturally specific, to release time for the training of our staff, and to coordinating community education.

Our staff has observed a great need among children living at Little Earth for the proposed project. While we have taken some initial steps to address the environmental triggers for asthma, the proposed project will be invaluable in providing a model approach to fully address the environmental issues as well as the medical management issues. Little Earth Housing is very excited to participate in the proposed project and to become a site where other Native American housing and health organizations and tribes can gain the knowledge and skills to implement similar efforts.

Based on initial planning and discussions with ALA Minnesota Staff, Little Earth Housing estimates that our contribution is valued as follows: (1) Little Earth's public health coordinator will be involved in planning and coordination activities for 150 hours during the course of the project valued at $5,000; (2) staff release time for involvement in the training is estimated at 20 hours.

Thank you for the opportunity to participate in this innovative project.

Sincerely,

Bill Ziegler
President/CEO
Little Earth of United
2495 18th Ave So
Minneapolis, MN 55407

November 11, 2010

To: Jill Heins, American Lung Association
From: Joel M. Stokka, Minnesota American Indian Asthma Network

Re: Memorandum of Commitment

Ms Heins,

First, I want to commend you and your organization for taking the initiative in addressing the environmental conditions that afflict our young who suffer from asthma.

The Minnesota American Indian Asthma Network (MNIAN), on behalf of our membership, supports the American Lung Association on this exciting project. The MNIAN will commit resources to provide the American Lung Association tribal intermediary project coordination and cultural education trainings.

Thank you for allowing us to partner with you on this project. The successful award for this project will improve the life and well being of many American Indian children in Minnesota.

We look forward to working with you and your staff.

Box 833, Walker Minnesota 56484 Phone: 218.330.3454 E-Mail: unityhealthnet@gmail.com

GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD

1770 Rand Road
Rapid City, SD 57702
www.gptchb.org

Administrative Offices
Northern Plains Healthy Start
Northern Plains Health Promotions
Northern Plains Tribal Epidemiology Center
Behavioral Health Center of Excellence

Tel: (800) 745-3466
Tel: (605) 721-1922
Fax: (605) 721-1932
Fax: (605) 721-2876

November 8, 2010

Harlold Wimmer, CEO
American Lung Association of the Upper Midwest
490 Concordia Avenue
St. Paul, Minnesota 55103

Dear Harold Wimmer, CEO, American Lung Association of the Upper Midwest,

The Great Plains Tribal Chairman's Health Board (GPTCHB) is committed to working closely with the American Lung Association of the Upper Midwest in the proposed project: the American Indian Environmental Improvements for Children's Asthma Project (NAEICA). GPTCHB is closely connected with the health, housing, and environmental resources on 17 reservations and two urban American Indian communities through extensive work on prevention and intervention efforts to improve the health of the 200,000 residents of these communities.

GPTCHB is pleased to participate in the proposed project because it will build on initial efforts to improve asthma care and asthma management, including work related to environmental asthma triggers. GPTCHB is acutely aware of the damaging effects of asthma on Native Communities and is committed to promoting greater access resources for asthma mitigation. For American Indian children and young adults ages 1 to 24, asthma continues to be a leading cause of death. High prevalence of tobacco use, mold, and exposure to other agents that compromise the quality of indoor air within American Indian homes exacerbates the asthma disease burden among children.

The proposed project is greatly needed in the severely disadvantaged tribal and urban communities which GPTCHB works with. We are committed to a very close working partnership with the ALAUM MN Office because it will greatly move forward our goal to establish a sustainable effort to improve asthma triggers in the home environment in coordination with improving access to and the quality of medical care.

GPTCHB has established a good working relationship with the American Lung Association in Minnesota – we worked with ALA staff to coordinate and provide asthma education training for adults with asthma in 17 of the tribal communities.

Under this project, the GPTCHB is committed to several key partnership roles and specific contributions to the project. GPTCHB Staff will provide input into culturally specific approaches; involving the Pine Ridge Tribe as a site for project implementation and involving medical providers in that area; helping to identify home visiting agency and professional home visitors that will be involved in training to conduct the asthma home environment intervention; serving as a conduit to the

housing and environment offices of the additional tribes to involve their staff in training and capacity building; and helping to arrange the community involvement component at Pine Ridge. The GPTCHB is certain of the involvement of at least 2 tribes in the project and several Housing in Rapid City, South Dakota.

GPTCHB anticipates that our staff will be involved for a total of 150 hours in the project. [redacted] of those hours will be offered in-kind by GPTCHB staff. In addition, phones, office space, and office materials will be in-kind by GPTCHB.

GPTCHB wholeheartedly supports the NAEICA Project to tackle AI health disparities and can assure you that the public health expertise, professionalism, and cultural competence among GPTCHB leadership and staff are unmatched in our region.

Sincerely,

Ron His Horse Is Thunder, JD

Oglala Sioux Tribe
Health Administration

P.O Box 5011 Pine Ridge, SD 57770—Ph. 605.867.1704—Fax 605.867.2063

November 10, 2010

Harold Wimmer, CEO
American Lung Association of the Upper Midwest
490 Concordia Avenue
St. Paul, Minnesota 55103

Dear Harold Wimmer,

The Oglala Sioux Tribe Health Administration is writing this letter to indicate our solid commitment to being involved in the American Lung Association of the Upper Midwest Minnesota Office's proposal to HUD for the Native American Environmental Improvements for Children's Asthma Project (NAEICA).

The Oglala Sioux Tribe Health Administration will be a contracted partner to ensure this project is successful, including recruit and coordinate the involvement of children and families in the project, to plan to assure the services are culturally specific, train of our staff, and/or to coordinate community education.

Our staff has observed a great need among children living on the Pine Ridge Reservation that is composed of several communities and many schools for the proposed project. While we have taken some initial steps to address the environmental triggers for asthma, the proposed project will be invaluable in providing a model approach to fully address the environmental issues as well as the medical management issues.

The Oglala Sioux Tribe Health Administration is very excited to participate in the proposed project and to become a site where other Native American housing and health organizations and tribes can gain the knowledge and skills to implement similar efforts.

Thank you for this opportunity to participate in this innovative project.

Sincerely,

Lisa Schrader-Dillon, MSW
OST Health Administrator

Missouri Breaks Industries Research, Inc.

HCR 64 Box 52
Timber Lake, SD 57656

American Lung Association of the Upper Midwest
490 Concordia Avenue
St. Paul, Minnesota 55103

November 4th, 2010

To Whom It May Concern:

Because we believe in a collaborative approach to making positive health changes, Missouri Breaks Industries Research, Inc. would be interested in developing a partnership with the American Lung Association (ALA) of the Upper Midwest to assist in making your asthma program more successful. This partnership could include providing asthma training to other sites as well as conducting this project on two South Dakota and North Dakota reservations.

The staff at Missouri Breaks has extensive experience in working with patients and families affected by asthma as well as the training of healthcare professionals on caring for and educating asthmatics. Missouri Breaks conducted the BREATHE Asthma Program from 2007-2009 and has since facilitated Breathe Well Live Well and Asthma 101 trainings for ALA. Our Registered Respiratory Therapist and Certified Asthma Educator would be available to conduct trainings for asthma educators in other areas through distance learning. This would ensure that all educators receive professional training on working with the asthmatics in their community.

In addition to helping with trainings for other sites, Missouri Breaks would partner with ALA to carry out the in home asthma education, case management and home assessments for the properties identified on the Cheyenne River and Standing Rock Indian reservations. These duties would also include acting as a liaison between ALA and the tribes IRB's and housing property managers.

We are confident in the work the American Lung Association does and would be happy to develop a partnership to improve the respiratory health of our youth. We wish you the best of luck in your proposal to HUD.

Sincerely,

Marcia O'Leary, Manager
Missouri Breaks Industries Research, Inc.
HCR 64 Box 52
Timber Lake, SD 57656
605-964-3418

Costello
PROPERTY MANAGEMENT

7409 South Bitterroot Place
PO Box 2238
Sioux Falls, SD 57101-2238
Phone: 605.336.9131
Fax: 605.977.4709
www.costelloco.com

November 8th, 2010

ALA of the Upper Midwest
490 Concordia Avenue
St. Paul, MN 55103

Costello Property Management is interested in working with the American Lung Association (ALA) in their proposal to improve the health of asthmatic children living in our selected properties. We understand that this would include working with the contract agency for the Cheyenne River and Standing Rock reservations, Missouri Breaks Research.

Costello would be available to help with the recruiting for this project by connecting the researchers with the tenants of our properties. We believe in educating our staff to better handle environmental issues in the home, and would be excited to attend the environmental training offered through this project. We would also be willing to provide as much assistance as possible to deal with any issues that may come up during home assessments.

Because this partnership could mean improved quality of life and better asthma management for the youth of our properties, we are happy to form a partnership with the ALA of the Upper Midwest, and wish you luck in your proposal for this exciting project.

Sincerely,

Jeff Kogel
Director of Property Management
Phone: (605) 336-9131 ext 113
Email: jkogel@costelloco.com

JK:cf

PRO/Rental Management, Inc.

1113 Sherman Street
Sturgis, SD 57785
1-800-244-2826 or 605-347-3077
Fax 605-347-5455

American Lung Association of the Upper Midwest
490 Concordia Ave.
St. Paul, Minnesota 55103

November 8th, 2010

Dear Harold Wimmer,

PRO/ Rental Management is interested in partnering with the American Lung Association's proposal to HUD for the Native American Environmental Improvements for Children's Asthma Project (NAEICA). We will assist in identifying children that may have asthma in our designated properties and we would be interested in our staff participating in training on making our properties more environmentally healthy.

We have seen a great need for improved health of children living in the Northern Plains of South Dakota. We do our best to meet the needs of the children living in our properties, but the proposed project would be very helpful for us as well as other properties with similar challenges in the future. Pro Rental Management is eager to partner with the American Lung Association and become a leader for other properties in helping improve the living conditions for children with asthma. We understand that this opportunity will only be available if the American Lung Association is granted the award, but we are hopeful for your success on your proposal.

Thank you for the sharing this opportunity with PRO/Rental Management.

Sincerely,

Deb Baker

Deb Baker, President
1113 Sherman St.
Sturgis, SD 57785
605-347-3077

MONTANA STATE UNIVERSITY
EXTENSION

November 10, 2010

Dear Harold Wimmer, CEO, American Lung Association of the Upper Midwest.

I am pleased to be an active partner in the American Lung Association of the Upper Midwest proposal for American Indian Environmental Improvements for Children's Asthma Project (NAEICA). My role in the project will be to serve as a trainer for tribal professional around environmental conditions, assessments, and remediation.

Housing & Environmental Health Program

Montana State University (MSU) Extension – Housing & Environmental Health Program has a HUD grant to train tribal professionals, nationwide on a variety of environmental conditions, including lead, asbestos, indoor air quality, molds and moisture, drinking/well water safety, wastewater/septic systems, household chemicals/products, pesticides and Integrated Pest Management (IPM), asthma and allergy sources, Hantavirus, combustion gases and carbon monoxide, home energy and weatherization-related home health issues/controls, home safety (falls, fires, water), radon, plasticizers (Phthalates, DEHP), and take-home occupational contamination. This HUD-funded national tribal program is entitled "*The National Tribal Healthy Homes (THH) Assessment, Training, & Technical Assistance Support Center*". For more information about the program, visit the program website at: www.tribalhealthyhomes.org.

MSU will be holding a 2 ½ day training in Rapid City, South Dakota and two other locations in the upper Midwest in early 2011. MSU would welcome tribal professionals from the American Indian Environmental Improvements for Children's Asthma Project to attend this training. The THH program will provide $500 travel scholarships to each tribal member attending the training. In addition, the THH program will pay for all costs associated with conducting a multi-day training (i.e. hotel meeting room, refreshments and beverages, all materials provided at the training, etc.). Therefore, MSU's in-kind contribution to this project, depending on the number of tribal members interested in attending, (estimated to be about 40 individuals at this point-in-time) could exceed $20,000.

I look forward to working with you on this important, and timely, project. Let me know if there is anything I can do to help the project move forward.

Sincerely,

Barbara L. Allen, Program Manager
The National Tribal Healthy Homes Program
Ph: (406) 994-3531
Email: blallen@montana.edu

Taylor Hall
P.O. Box 173580
Bozeman, MT 59717-3580
www.msuextension.org

Tel: (406) 994-3451
Fax: (406) 994-5417

Harold Wimmer
CEO American Lung Association of the Upper Midwest
November 8, 2010

Dear Mr. Wimmer

Pediatric Home Service is glad to be an active partner in the American Lung Association of the Upper Midwest/Minnesota Office proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). Pediatric Home Service's role in the project will be to provide training, experience, and insight to tribal professionals on how to provide home-based asthma education, how to conduct an environmental assessment, and how to make low-cost, effective modifications to reduce asthma triggers in the home.

Pediatric Home Service is very experienced in providing home-based asthma education, conducting environmental assessments, and making modifications. Since 2004, Pediatric Home Service has provided this exact service to over 1000 children with asthma and their families. We have worked with families that have spoken many different languages. In addition, we have provided training for other public health professionals to replicate this model. A couple examples include grants with Washington County Public Health and the Minnesota Department of Health.

Pediatric Home Service has established a good working relationship with the American Lung Association's Minnesota Office through past partnerships. This includes partnering to conduct over 350 asthma home assessments and modifications between 2005-2008. We are happy to build on that partnership to advance asthma control for a very high need group of children.

I look forward to working with you on this important project. Let me know if there is anything I can to do to help the project move forward.

Sincerely,

Kay Kufahl RRT, AE-C
Managing Director Asthma In-Home Service
Pediatric Home Service
2800 Cleveland Ave N
Roseville, MN 55113
651-604-5161

MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

HEALTH RELATED SERVICES

425 5th Street NE, Minneapolis, MN 55413-2117
Telephone: 612-668-0850 Fax: 612-668-0855

Dear Harold Wimmer, CEO, American Lung Association of the Upper Midwest,

Minneapolis Public Schools (MPS) is glad to be an active partner in the American Lung Association of the Upper Midwest/Minnesota Office proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). Minneapolis Public School's role in the project will be to identify Native American students with poorly managed asthma that live at Little Earth and make referrals to the American Lung Association in Minnesota for home-based asthma education, an environmental assessment, and modifications.

Minneapolis Public Schools has a long history of partnering with the American Lung Association in Minnesota. For over eight years we have served together on the Controlling Asthma in American Cities Project (CAACP), an eight year, CDC-funded project to develop best practices in urban pediatric asthma management. Through this partnership, the Healthy Learners Asthma Initiative was created and sustained.

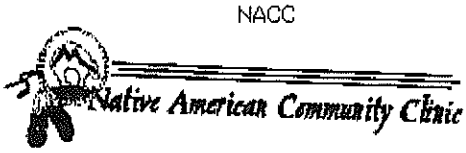
In MPS, 12.5% of our students have asthma based on evaluation data from the CAACP. Any and all home –based asthma education to our native American students will contribute to their school success.

I look forward to working with you on this important project. Let me know if there is anything I can to do to help the project move forward. I can be contacted at mary.heiman@mpls.k12.mn.us, or 612-668-0853.

Sincerely,

Mary Bielski Heiman

Mary Bielski Heiman, MS, RN, LSN
Nursing Services Manager



1213 E. Franklin Avenue, Minneapolis, Minnesota, 55404 • Ph: 612-872-8086 • Fax: 612-872-8547

November 5, 2010

To Whom It may Concern.

The Native American Community Clinic is glad to be an active partner in the American Lung Association of the Upper Midwest/Minnesota Office proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). NACC's role in the project will be to refer children living at Little Earth who have poorly controlled asthma as potential participants. NACC will receive referrals from the project and provide health services for children in need of asthma care. NACC will also be involved in project planning which will include providing input on how to make the project approach culturally specific for Native American community.

NACC has long experience in treating asthma in the Native American community including significant experience with children that live at Little Earth Housing. There is a real need for a project of this type as there is a high rate of asthma in children living at Little Earth.

NACC has established a good working relationship with the American Lung Association's Minnesota Office through past partnerships. This includes the ALA providing asthma training for NACC Staff. We are happy to build on that partnership to advance asthma control for a very high need group of children.

NACC staff will be involved providing [redacted] for several children with asthma living at Little Earth as an in-kind contribution to the project. I look forward to working with you on this important project. Let me know if there is anything I can to do to help the project move forward.

Sincerely,

Lydia Caros

Dr. Lydia Caros

Executive Director

UNIVERSITY OF MINNESOTA

Community-University
Health Care Center

November 8, 2010

Harold Wimmer, CEO
American Lung Association of the Upper Midwest
490 Concordia Avenue
St. Paul, Minnesota 55103

Dear Mr. Wimmer:

The Community University Health Care Center is glad to be an active partner in the American Lung Association of the Upper Midwest/Minnesota Office proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). Due to high asthma rates, poorly controlled asthma, and the presence of environmental triggers, there is a great need for NAEICA at Little Earth Housing. To help these children lead a healthier and safe lifestyle, CUHCC is ready to build upon our existing partnership to advance asthma control for the children in our community.

Since 1966, CUHCC has been providing culturally competent health care to underserved people and communities. Our mission is to seek health equity in our community by advancing the well-being of diverse people. As a Federally Qualified Health Center, CUHCC targets its services to a federally designated *Medically Underserved Area* which includes Phillips and adjacent neighborhoods. About 7% of CUHCC's patients are American Indian, and for 30 years, CUHCC has provided asthma care for Native American children living at in Little Earth Housing.

CUHCC's role in the project will be to refer children with poorly controlled asthma living at Little Earth and Minnesota Indian Women's Resource Center to the project as potential participants, to receive referrals from the project for children in need of asthma care and provide that care, and to be involved in project planning. The planning role will include providing input on how to make the project approach culturally specific for Native American community.

We look forward to working with you on this important project. Let me know if there is anything I can to do to help the project move forward.

Sincerely,

Deanna E. Mills

Deanna Mills, MPH
Executive Director

2001 Bloomington Avenue, Minneapolis, MN 55404 ◆ Phone 612-638-0700 ◆ Fax 612-627-4205

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, maintaining and improving the health of all Minnesotans

November 10, 2010

Mr. Harold Wimmer, CEO
American Lung Association of the Upper Midwest
490 Concordia Avenue
St. Paul, Minnesota 55103

Dear Mr. Wimmer:

The Minnesota Department of Health (MDH) Asthma Program is glad to partner with the American Lung Association of the Upper Midwest/Minnesota on its proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA) to provide in-home asthma education, environmental assessments, and modifications. Staff from the MDH Asthma Program will be available to provide advice and recommendations on home-based asthma education, an environmental assessment, and modifications through participation on the project's advisory committee, which will meet quarterly.

The MDH Asthma Program has a long history of partnering with the American Lung Association in Minnesota. For more than ten years, MDH provided the majority funding for the Minnesota Asthma Coalition, a statewide network of health care professionals passionate about asthma. Together, we have also offered a number of asthma-related professional education programs and conferences. Currently, the MDH Asthma Program is working with the American Indian communities in northern Minnesota, specifically the tribes in Bois Forte, Fond du Lac, and Leech Lake.

We estimate that our staff in-kind contribution on this project will be approximately [redacted] (based on [redacted] quarterly advisory committee meeting x [redacted]).

We look forward to working with you on this important project. Please let me know if there is anything we can do as you move forward with this project.

Sincerely,

Janet Keysser

Janet Keysser, M.A., M.B.A.
Asthma Program Manager
85 East 7th Place
P.O. Box 64882
St. Paul, Minnesota 55164-0882

Jim Doyle
Governor

Karen E. Timberlake
Secretary

State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

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P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
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dhs.wisconsin.gov

November 11, 2010

Harold Wimmer, CEO
American Lung Association of the Upper Midwest
3000 Kelly Lane
Springfield, IL 62711

Dear Mr. Wimmer,

As Principal Investigator of the asthma control program at the Wisconsin Department of Health Services (DHS), I am pleased to offer my enthusiastic support for the American Lung Association of the Upper Midwest's proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA).

In this partnership, I am committed to providing a staff member from the Wisconsin Asthma Program to provide advice and recommendations on home-based asthma education, an environmental assessment and modifications through the project's advisory committee.

We have worked closely with the American Lung Association in Wisconsin (ALA-WI) since 1994 to address asthma in the state. Under a CDC-funded contract with DHS, ALA-WI has conducted asthma education trainings for childcare providers, teachers and coaches and has offered workshops to prepare individuals to take the National Asthma Educator Certification exam. ALA-WI continues to commit staff resources to serve on the WAC Executive Committee and its various workgroups, attend Coalition meetings and complete contracted activities. We believe the efforts outlined in this proposal will be an excellent complement to asthma initiatives already occurring in the state.

Please feel free to contact me at (608) 266-7480 if you have any questions about our support for this proposal.

Sincerely,

Mark Werner, Principal Investigator
Wisconsin Asthma Program

WISCONSIN
ASTHMA
COALITION
Children's Health
Alliance of Wisconsin

November 9, 2010

Dear Harold Wimmer, CEO, American Lung Association of the Upper Midwest,

The Wisconsin Asthma Coalition (WAC), a statewide coalition comprised of over 290 members and 12 local coalitions, is pleased to be an active partner in the American Lung Association of the Upper Midwest's proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). The role of WAC will be to provide advice and recommendations on home-based asthma education, an environmental assessment, and modifications through the project's advisory committee, which will meet quarterly.

The WAC has a long history of partnering with the American Lung Association of the Upper Midwest through WAC leadership, creation and implementation of the *Wisconsin Asthma Plan 2009-2014* and support of local asthma coalitions. This project would help to implement the environment section of the Wisconsin Asthma Plan, objective A: Reduce exposure to asthma triggers in home environments.

Children's Health Alliance of Wisconsin is a statewide voice for children's health and leads the WAC. The Alliance brings people together to influence public policy, raise awareness and promote best practices. The Alliance works to improve the health of Wisconsin children. Our key initiatives are asthma, childhood injury prevention and death review, grief and bereavement, infant health, lead poisoning, and oral health. Visit www.chawisconsin.org for more information.

I look forward to working with you on this important project. Please contact me if there is anything I can to do to help the project move forward at 414-292-4001 or kgrimes@chw.org.

Sincerely,

Kristen Grimes

Kristen Grimes, MAOM, CHES
Asthma project manager
Children's Health Alliance of Wisconsin

WISCONSIN ASTHMA COALITION
620 S. 76th ST., SUITE 120
MILWAUKEE, WI 53214

PH: 414-292-4001
FAX: 414-231-4972
WWW.CHAWISCONSIN.ORG/WAC.HTM

MENOMINEE INDIAN TRIBE OF WISCONSIN

Housing Department
P.O. Box 459
Keshena, WI 54135
(715)799-3236

November 10, 2010

Harold Wimmer, CEO,
American Lung Association of the Upper Midwest
3000 Kelly Lane
Springfield, IL 62711

Dear Mr. Wimmer,

I am glad to be an active partner in the American Lung Association of the Upper Midwest proposal for Native American Environmental Improvements for Children's Asthma Project (NAEICA). Menominee Tribal Housing Department is excited to be part of the distance learning training component of this project, as well as trainings provided through the Montana State University. The Menominee Tribal Housing Department understands that there may be additional products to remediate the asthma triggers in the homes where children with asthma live.

In my experience, there is a great need for this project in terms of high asthma rates, poorly controlled asthma, and the presence of environmental triggers in tribal housing. Menominee County/Reservation, ranks third in the number of hospitalizations [(61 hospitalizations for asthma among Menominee Indians), *Burden of Asthma in Wisconsin 2007*] and second in emergency room visits when compared with other Wisconsin counties.

Menominee Tribal Housing is currently working on significant rehab projects covering our single family housing that among other things, will address mold infestation. Until this opportunity was presented to me, there were no identified resources for our multifamily units, which house primarily the elderly.

I look forward to working with you on this important project. Let me know if there is anything I can to do to help the project move forward. Thank you.

Sincerely,

Betty Jo Wozniak

Betty Jo Wozniak
Director, Menominee Indian Tribe of Wisconsin Housing Department

NARRATIVE REFERENCES

(1) Guidelines for the Diagnosis and Management of Asthma (EPR-3). 2007. National Heart, Lung, and Blood Institute. National Institutes of Health.

(2) EPA, Office of Radiation and Indoor Air, EPA Indoor Air: How Do We Get Tribal Indoor Air Programs Going, Presentation at NTP by Daniel Harmon, Seattle Washington, April 13, 2006.

(3) Federal Reserve Bank of Minneapolis, "Small business development holds great promise for American Indian economic progress, but big obstacles remain", Fed gazette, March 2006.

(4) National American Indian Housing Council, Indian Housing FACT SHEET, 2006 http://naihe.net/news/index/asp?bid=6316.

(5) Institute for Tribal Environmental Professionals, EPA, "Indoor Air Quality in Indian Country", Native Voices, One Tribe, One Earth, Volume VI, No. 3, Fall 2004.

(6) Biles, Roger, "Public Housing on the Reservations," American Indian Culture and Research Journal, 24:2, 2000.

(7) Center for Disease Control and Prevention, Asthma Prevalence and Control Characteristics by Race/Ethnicity --- United States, 2002, February 27, 2004.

(8) Building Research Council/UIUC, prepared for US Department of Housing and Urban Development Office of Native American Programs, Leech Lake Reservation Trip Report: Assessment of Mold and Moisture Condition, Final Report, July 6-8, 2004.

Rating Factor 1: Capacity of the American Lung Association of the Upper Midwest (the Applicant) and its Partners and Relevant Organizational Experience. The Minnesota Office of the American Lung Association of the Upper Midwest (ALAUM) and its partners in this proposal are positioned to develop, implement, and disseminate a model project to remove asthma triggers and improve asthma control for American Indian children in urban and reservation settings. They bring to this project considerable experience, skills, and resources needed for success.

ALAUM's Minnesota Office (ALAMN) is nationally and locally recognized for extensive experience, leadership, and success over three decades in developing and implementing pediatric asthma control programs, including successful asthma indoor environment projects. The two urban American Indian public housing program partners and six tribal reservation partners in Minnesota, South Dakota, and North Dakota are strongly committed and have the experience to implement the project. Each has taken initial steps to address asthma and indoor asthma triggers. They are committed to having their experienced health, housing, and environmental staff receive training to fully develop their capacity. Please note that the Factor 1 Form – Capacity and Relevant Organizational Experience – provides additional information.

1) Capability and Qualifications of Key Personnel. Project Director and Principle Investigator- [redacted], will administer and oversee implementation of the grant project on a .3 FTE basis. [redacted] has 20 years of experience in public health coalition building, program development, and management including 9 years experience in asthma control programs. Her experience includes developing asthma education and intervention programs, injury prevention, coalition management, partnership development, communication management, health care evaluation, fiscal/ contractual oversight, and personnel management. [redacted]s has been the fiscal and program director for a number of major federal grants. [redacted] oversaw fiscal and programmatic aspects of the CDC-funded Controlling Asthma in American Cities Project (CAP) managing a total of $7 million in planning and implementation funding for comprehensive pediatric asthma control programs. She has had strong involvement in working with coalition partners to develop successful asthma control programs including the Environmental Improvements for Children's Asthma (EICA) Program. This program has demonstrated and published evaluation results and been recognized by EPA as a national model.

Project Manager. [redacted]is ALAMN's Manager of Respiratory Health and will serve as the Project Manager on a 1.0 FTE basis. She implements mission-driven programming for asthma, COPD, lung cancer and influenza. [redacted] brings five years experience in project management, community organizing and communications around health policy and politics. [redacted] work with ALAMN includes managing the *Faces of Influenza* public awareness campaign, *Camp SuperKids* for children with persistent asthma, and *Asthma 101*, a community outreach asthma education program. She has also worked as an organizer and advocate in smoke-free policy and smoke-free community education efforts. [redacted] is completing her Masters in Health Communication from Johns Hopkins University.

Smoke-Free Tobacco Manager/Trainer. [redacted] ALAMN's Director for Tobacco Control, will be involved in training and planning to advance smoke-free policies and promote smoke-free environments in American Indian housing sites. [redacted] has 30 years of experience developing, implementing, and directing a wide range of public health prevention, education, intervention, and advocacy programs. [redacted] is frequently asked to consult in Minnesota and other states on tobacco control advocacy and implementation as she is

widely recognized for her key expertise and accomplishments. The resumes for [redacted], and [redacted], evaluator for the project can be found in Appendix section.

2) Organizational Capacity and Qualifications - American Lung Association of the Upper Midwest/ Minnesota Office. ALAMN has a strong history of being on the forefront of efforts to advance IEQ in homes and schools and asthma control efforts in the Midwest and nationally. This includes leadership in bringing IEQ remediation and training to tribal professionals and communities, implementing IEQ and asthma trigger intervention and education projects in schools childcare/daycare settings, and within inner-city homes. ALAMN also has taken an extensive leadership role in efforts to improve lung health and reduce exposure to secondhand smoke.

Between 2001 and 2008, ALAMN implemented the Controlling Asthma Project (CAP) with funding from the Centers for Disease Control and Prevention (CDC). Under CAP, ALAMN led and sponsored a 7-year coalition effort by more than 160 organizations in planning and implementing a set of comprehensive community-based asthma interventions. The CAP coalition-based activities have a strong demonstrated ability to improve asthma care and empower children with asthma to control their asthma and greatly improve their quality of life. The CDC and Minnesota health leaders view CAP as a leading regional and national model in mobilizing and coordinating community-wide resources to effectively address the childhood asthma epidemic.

With funding from CDC and EPA, ALAMN and its partners developed the Environmental Improvements for Children's Asthma (EICA) Program, a home environmental assessment and intervention program with proven evaluation results in removing triggers and improving asthma control. Reaching 350 low-income inner city children with poorly controlled asthma in Minneapolis and St. Paul, the EICA has been demonstrated, through evaluation, to significantly reduce children's asthma symptoms and improve quality of life. ALAUM recently received a grant of $35,000 from the EPA to replicate the EICA model across Iowa. This project will emphasize reaching high need, underserved rural communities by training a network of home health visiting professionals that are in a position to replicate the model.

Through an EPA grant between 2005 and 2007 and a three-year HUD Healthy Homes grant received in 2007, ALAMN has partnered with tribes in Minnesota and nationally to build the capacity of tribal housing, environment, and health professionals to assess building performance and implement whole house remediation. The model includes asthma and trigger education and has a demonstrated ability to improve asthma control for children and elders with asthma. ALAMN has also worked with several American Indian urban housing and health care organizations and additional tribes on asthma control projects.

Description of Project Partners and Capacity. Little Earth Housing in Minneapolis and the six tribal reservation partner sites have Housing, Health, and/or Environment Programs with the set of skills in home health visiting, housing management and remediation, and medical care for children that strongly position them to implement the program with training and capacity building from Project Staff. These skills are found either in-house by the partners or through close partnership with community agencies. ALAMN Staff has verified that the professionals involved at each partnership site has the core level of skill needed in public health, home visiting, outreach and education, and housing management, remediation, and maintenance that serve as a solid platform to gain the knowledge and skills to implement and sustain the project. Little Earth Housing in Minneapolis will be the American Indian urban housing partner site with 40 households and 60 or more children with asthma participating in these publicly funded multi-family housing units. The six tribal

reservations that will participate as implementation sites are: the Leech Lake, Mille Lac, and White Earth Reservations in northern Minnesota; the Oglala Sioux Tribe Health Administration and Housing Authority at Pine Ridge Reservation in South Dakota, and; the Cheyenne River Reservation and Standing Rock Reservations that are both located on the North Dakota-South Dakota border. The capacity of several of these sites is detailed here.

- Under the direction of [redacted], Director of Public Health, Little Earth has implemented considerable health prevention and intervention activities. This includes partnering with ALAMN to implement initial EICA activities and parent asthma education. [redacted] will receive training under the proposed project to serve as the project home health visitor for Little Earth.
- ALAMN has two medical clinic partners in close proximity to Little Earth Housing that are highly experienced in working with American Indian children of low-income from Little Earth and the broader community. These clinics are the Community University Health Care Clinic (CUHCC) and Native American Community Clinic (NACC).
- Medica Health Plan will be a crucial partner in making referrals to the project in Minneapolis and in providing case management for child participants. Medica has earned a reputation as one of Minnesota's leading health plans in addressing the needs of low-income communities. Medica has initiated an Asthma Case Manager Position at CUHCC to coordinate case management to improve asthma care and outcomes specifically for American Indian children with asthma. The close proximity to Little Earth and the many Little Earth children receiving care makes this an ideal partnership.
- The Great Plains (Aberdeen Area) Tribal Chairmen's Health Board (GPTCHB) and the Minnesota American Indian Asthma Network are two key partners that are working closely on asthma issues with tribes in the Upper Midwest. These partners bring a strong knowledge of the cultural needs of the tribal communities and close relationships with tribes in Minnesota, South Dakota, North Dakota, and Wisconsin. They have already played a crucial role in contacting and involving the tribal communities as partners and implementation sites. These agencies will continue to play a key role in supporting implementation and in involving many additional tribal communities in the capacity building trainings through distance learning that will promote replication of the model at these reservations.
- The GPTCHB is a collaborative health prevention and promotion effort organized through the involvement of 17 tribes in North Dakota, South Dakota, Nebraska, and Iowa working together to identify and address pressing health disparities in these tribal communities and in two urban American Indian communities. ALAMN worked with GPTCHB to provide asthma education for health professionals.
- The Minnesota American Indian Asthma Network, managed by Joel Stokka and funded by the Minnesota Department of Health Asthma Program, builds the asthma-related capacity, skills, and resources among and between the American Indian reservations in Minnesota.
- ALAMN will partner with an additional three tribal reservations, private Section 8 housing owners/manager, and housing authorities. The Oglala Sioux Tribal Housing Authority on Pine Ridge Reservation in South Dakota will participate beginning in Year 1. The Leech Lake Reservation, White Earth Reservation, and Mille Lac Reservation in Northern Minnesota will participate beginning in Year 2. It is of worthy note that Mille Lac Reservation owns and manages two, 12-unit, low-income apartment buildings in Minneapolis, MN next door to Little Earth Housing. Mille Lac will also focus on these apartment buildings.

Key training partners. ALAMN has secured partnerships with agencies that bring highly experienced and qualified trainers related to asthma health and indoor environments and related to Integrated Pest Management (IPM). These trainers are also very experienced in working with American Indian community, including:

- Located in close proximity to the reservations in South Dakota/North Dakota, Missouri Breaks Industries Research, Inc. is a private respiratory company with extensive experience in working with patients and families affected by asthma. This includes implementing asthma control programs in partnership with ALAUM. [redacted], a highly experienced respiratory therapist and certified asthma educator will carry out a training role in working with the Standing Rock Sioux and Cheyenne River Sioux tribes. She also will supervise implementation of project activities by trainees
- Pediatric Home Services (PHS). PHS is experienced in providing home-based asthma education, conducting environmental assessments, and making modifications. Since 2004, Pediatric Home Service has provided this exact service to 1000 children with asthma and their families. PHS contracted with ALAMN to implement the EICA program in 350 homes in Minneapolis and St. Paul. [redacted], RRT, Managing Director of Asthma in Home Services for PHS, is a highly experienced certified asthma educator and trainer who will provide training and guidance of home asthma visitors in Minneapolis and other sites.
- Minnesota Department of Agriculture. [redacted] of the MN Dept of Agriculture is an expert in developing and presenting education and training curriculum on IPM. He will lead IPM program development and will train professionals at the tribal and urban housing sites. He has provided a very well received IPM training for tribal professionals under the ALAUM's HUD-funded Healthy Homes Demonstration grant. [redacted] has also developed and implemented a building-wide IPM approach for an American Indian reservation.
- Montana State University has a current HUD grant for the "National Tribal Healthy Homes Assessment, Training, and Technical Assistance Support Center" to provide training to tribal professionals nationwide on a variety of environmental conditions. MSU has agreed to provide the 2.5 day training in Rapid City and two additional Upper Midwest locations in early 2011.

3) Partnership with a CDC Asthma Control Program Grantees. ALAUM has received commitment and MOUs from three CDC Asthma Control Program Grantees (Minnesota Dept of Health, Wisconsin Health Services, and Minnesota American Indian Asthma Network) as well as the Wisconsin State Asthma Coalition and the South Dakota Dept of Health. MDH and WHS will serve on the project's advisory committee and provide a free online home assessment training video/curriculum. The role of the MN American Indian Asthma Network is to be a liaison with the Northern Minnesota tribes and ensure the project is culturally-sensitive.

4) Past Performance in Managing Similar Projects. ALAUM and its Minnesota Office have considerable experience administering and meeting project deliverables and outcomes for a number of major grants and projects including those related to: healthy IAQ, environmental asthma triggers and asthma; community, family, and professional education and interventions in asthma control, and; other health and safety issues.

The ALA Minnesota Office received a $250,000 grant from the EPA to implement an initial tribal IEQ training project between December 2004 and June 2008. The project met its objective in offering a one-week hands-on indoor environment quality training that taught tribal professionals from more than 25 tribes from Minnesota, Wisconsin, Iowa, Oklahoma, and Alaska. Participants learned to assess and remediate for serious building-related IEQ problems leading to improved lung health.

As mentioned above, ALAUM received a three-year $999,769 grant from HUD Healthy Homes titled Tribal Healthy Homes IAQ Demonstration Project The grant number is MNLHH057-07. The project met all performance objectives, consistently achieved quarterly report ratings ranging from 95 to 100, and been in Green Status following each quarterly report. The outcome results have also been strongly related to IEQ

improvement and health outcomes including: (1) residents report positive changes comfort level; breathing; fewer physician and emergency room visits; fewer school absences; fewer colds and flu; and fewer asthma exacerbations, and (2) IEQ assessment shows significant reductions in airborne and surface mold, dust levels, and mold present in settled dust.

As described above, ALAMN received a two-million dollar planning grant and five million implementation grant from CDC for a comprehensive approach to controlling asthma for inner city children, including parent and health care professional education, asthma trigger reduction, health policy development, and changing how quality care is provided in health care facilities. The project met all expectations for deliverables and outcomes with CDC recognizing its models for the rest of the country. This included developing the EICA Project with strong research evaluation results in removing asthma triggers and improving the health and quality of life outcomes for low-income children with asthma. The published evaluation results for EICA for quality of life and health outcomes in Minnesota include: children with severe nighttime asthma symptoms were reduced from 30.8% at baseline to 11.5% at 12 months; children with severe daytime symptoms declined from 32.5% to 17.5%, and; those with severe functional limitations declined from 19.2% to 7.7%. A review of emergency department admissions, hospitalizations, missed school days, and oral corticosteroid treatment showed a significant reduction between baseline and 3 and 12 month follow-up. ALAMN has received, administered, and demonstrated successful completion on a number of additional federal and state grants.

Rating Factor 2: Need and Extent of the Problem: 1) Target Area for Proposed Activities. The American Indian Environmental Improvements for Children's Asthma (AIEICA) Project will tackle the very significant and relatively unaddressed problem of poorly controlled asthma among American Indian children 18 years and younger and serious multiple home environmental asthma triggers. The interventions will be initially developed and demonstrated in 225 multi-family housing units reaching two targeted urban American Indian communities and six tribal reservations in several states in the Upper Midwest. The project is designed to take advantage of a unique opportunity and partnerships to create and widely disseminate a sustainable and replicable model for regional and national distribution.

The project approach is grounded in the current asthma treatment guidelines and the research literature in removing asthma triggers while at the same time improving asthma care. Informed by a strong body of research, the most recent guidelines for asthma treatment place an equal emphasis on the importance of: (1) providing appropriate medical management for pediatric asthma, and (2) removing environmental asthma triggers that are specific to each patient, especially in the home environment.[1]

The project will establish a culturally-specific model that intervenes in the individual home, on a building-wide basis, and at a community level. The project will assess and remove the environmental asthma triggers of mold, dust, pests, organic volatile chemicals, tobacco smoke, and pet dander in: 40 or more low-income households at Little Earth, a publicly funded multi-family American Indian housing community in a highly disadvantaged urban area of Minneapolis, Minnesota; (2) housing on several tribal reservations of the Sioux Indians in South Dakota to be initiated in Year 1 and continue through Year 2: 75 units of housing on the Pine Ridge Reservation of the Oglala Sioux; 25 Section 8 units on the Standing Rock Reservation, and; 25 Section 8 housing units on the Cheyenne River Reservation, and; (3) 60 housing units at tribal locations in northern Minnesota - the Leech Lake, Mille Lac, and White Earth Reservations during Year 2. Some of Mille Lac's locations will include two tribal-owned, limited-income, 12 unit buildings in Minneapolis.

During years one and two, the project will work with partners to tailor proven models for asthma home assessment and intervention and coordination with medical providers to be culturally specific and tailored to the needs of urban American Indian communities and separately to the needs of the tribal reservations.

A secondary goal will be to involve 7 or more additional tribal communities across Minnesota, South Dakota, Iowa, and Wisconsin in training and capacity-building through distance learning approaches with a focus on experiential learning. ALAMN and its partners in this project have very strong relationships with tribes that will facilitate this additional level of project impact. Menomonee Reservation in Wisconsin has already committed.

Elevated asthma prevalence and disparities in exposure to home asthma triggers and poorly controlled asthma among American Indian children. American Indian children living in the urban and tribal reservation locations in the target area experience significantly elevated asthma rates. They also experience significant health disparities in their level of poorly controlled asthma and asthma symptom burden and the availability of fewer resources to address these problems.

There is a strong local and national consensus among Indoor Air Quality, asthma, and key federal environment and housing agencies that tribal and urban American Indian communities are underserved and have special needs related to home environmental asthma triggers and asthma. The EPA Office of Radiation and Indoor Air reports that tribes are expressing a strong concern with the issues of mold and asthma dominating as issues. The EPA cites input from the Tribal Science Council, National Tribal Caucus, and the National Tribal Conference on Environmental Management (REF2 EPA, 2006). ALAUM also hears these concerns consistently raised by urban American Indian community members and professionals.

American Indian tribal and urban communities are the most persistently impoverished communities in the nation, have the highest unemployment rates, and experience inadequate housing at much higher rated rates. They also have greatly elevated tobacco use rates, unhealthy living conditions due to sub-standard housing in tribal areas, and increased risk of injuries.[2,3,4,5,6]

The targeted urban Little Earth Housing site is located in the most disadvantaged community in Minneapolis. The overall asthma prevalence rate for students in Minneapolis Public Schools is 13 percent compared to the national childhood average of just 7.1 percent. This prevalence was determined through a scientific student survey conducted by the Minneapolis Public Schools and ALAMN. This same survey showed all children (a) have significantly elevated levels of asthma symptoms and functional limitations due to asthma that reveal a 40 percent higher burden of asthma symptoms compared to other children with asthma and (b) elevated rates of hospital and emergency room visits that are correlated with poor asthma control.

The somewhat limited data that is available establishes higher asthma prevalence in the targeted tribal communities. Extensive observation of tribal partner sites strongly supports what has been observed nationally on the serious presence of asthma and poorly controlled asthma on tribal reservations. Nationally, the CDC draws on Behavioral Risk Factor Assessment System data to report that overall asthma rates in Indian Country at 11.6 percent are 50 percent to 100 percent higher compared to non-native groups at an overall asthma rate of 7.5 percent (REF7). The limited available data suggest that American Indian childhood asthma are much higher than the national average, with a number of studies showing that childhood asthma prevalence is double that of other children.

The Indian Health Service reports that the Leech Lake Reservation has a very high estimated child asthma prevalence of 25 percent compared to the national average prevalence of 7.1 percent. Data reported by the Indian Health Services for Pine Ridge show similar asthma prevalence with 7,900 of the 28,787 Pine Ridge residents having been diagnosed with asthma.

The health and housing staff of the primary project partners consistently report the presence of environmental asthma triggers at a significant level in the multi-family housing units to be targeted under the proposal. These public health and housing maintenance staff interact with residents and are in a strong position to regularly observe and report on the presence of asthma triggers including: mold, dust, pests including rodents and cockroaches, tobacco smoke, and pets as asthma triggers for residents. In addition, several research reports have established mold as a serious problem at Leech Lake Reservation.[8,9]

In addition to the higher asthma prevalence and presence of significant triggers, there are several factors that make the targeted urban and reservation sites appropriate for this intervention. First, the partnering sites have a high level of commitment as evidenced in past efforts that most have made related to housing, IAQ, and childhood asthma. Second, all the sites have partnering medical providers within accessible proximity of the targeted housing complexes. Finally, the project will leverage the resources of both ALAUM and its partners.

(2) Creating Replicable Models for Asthma Intervention in Multifamily Housing. The proposed project is designed to produce and disseminate replicable models and tools. The project will develop an approach using interactive distance learning in real time to involve additional tribes and urban housing communities in learning and implementing the intervention. The project will also adapt an existing validated asthma assessment tool and well accepted asthma home inspection tool to be culturally-specific for American Indian children and families in urban and tribal reservation settings. These culturally-specific assessment tools will be distributed to project target sites and to additional agencies that are involved through distance learning during the three-year project period.

In addition, the project will produce a detailed step-by-step replication manual that will be made available online together with video recordings of the trainings that support knowledge and skill-building needed for project implementation. The assessment tools will be available for those who seek to replicate the project both during the project period and into the future. ALAUM is confident for several reasons that the project can and will be readily adapted by other tribal reservation and urban publicly-funded housing communities. These reasons are: (1) the partners are aware of many additional tribes with a commitment and interest in implementing the approach, for example Menomonee Reservation, WI; (2) the strong input of American Indian communities will make the model relevant to the needs and interests and assure credibility with these potential replication sites, and; (3) ALAUM will involve leading American Indian housing, health, and environment organizations as advocates for model replication at both the regional and national level.

The proposed project builds on existing knowledge and fills important gaps related to effective strategies in how to best serve American Indian urban and tribal communities related to indoor home environments and removing a full range of asthma triggers. The knowledge and science and evidence-based practices are well-established for asthma trigger assessment and removal, IPM practice, and smoke-free policy implementation. What this project will add is: (1) developing, testing, and refining an effective culturally specific approach for indoor environments and asthma for American Indian households in multi-family public housing, (2) adapting a valid asthma home assessment tool and asthma home environment inspection tool to be culturally

appropriate, and; (3) develop culturally-specific approaches for smoke-free policy advocacy and for resident smoke-free education and tobacco cessation programming in order to reduce smoking around children with asthma once smoke-free policy is in place.

Rating Factor 3: Soundness of Approach

(1) Approach for Implementing the Project - a) Overall Clarity and Thoroughness of Project Plan. The project will 1) directly improve home indoor environments, asthma control, and health outcomes for 225 or more American Indian children at the 2 urban and six reservation partnering sites; (2) serve as a training ground to empower health home visiting, housing, and environmental professionals at these local sites with the knowledge and skill set needed to sustain the project activity; (3) use distance learning to reach 30 or more staff at seven additional American Indian urban and reservation sites to support them in implementing the program, and (4) create strong replication and dissemination tools and implement dissemination activity that will bring the model to many additional American Indian communities regionally and nationally.

The project philosophy and approach is one that has been successful in empower ALAUM's past asthma control work with tribes and American Indian urban communities. That approach is to American Indian professionals and community members to gain knowledge and skills to take action on their own behalf rather than to do things for them that are less likely to be sustained.

In each targeted setting, building-wide interventions will support the targeted sites to develop and successfully implement culturally-appropriate smoke-free housing policies to reduce cigarette smoking in the presence of children. Building-wide interventions will also support partners in the urban and tribal settings to implement culturally appropriate IPM strategies, policies, and procedures.

During the three month start-up period, the emphasis will be on organizing project activities and infrastructure, curriculum development, establishing an Advisory Board, and initiating participant recruitment. The initial sites are Little Earth Housing, Standing Rock Sioux Tribe Section 8 housing, Cheyenne River Sioux Tribe Section 8 housing, and Oglala Sioux Tribe Housing Authority. During the start-up period, project staff will also finalize the participation of home visiting professionals associated with the tribes, those from the broader community, and from tribes in the region to learn at a distance through the initial training.

Across all project activities, experienced ALAUM professionals and contractors will use an adult experiential education approach to empower 50 or more staff at the 2 urban and 6 reservation sites with the knowledge and skills they need to implement and sustain project activities. The emphasis will be on learning by doing. The housing, health, environmental, and medical personnel who will receive intensive training and mentoring under the project are staff that work for the urban housing and tribal sites or are their close partners in the community. Concurrently with these trainings, the project will use interactive distance learning in real time as a tool to broadcast the trainings to many additional staff at 7 or more tribal and urban housing locations to support implementation at these sites.

The project will create and actively promote the use of a step-by-step dissemination manual and make available videos of the distance learning broadcast trainings. These tools will be distributed to additional tribes and American Indian urban housing programs across the region and nation.

During years one and two, 225 interventions will take place in 40 homes at Little Earth multi-unit housing in Minneapolis, 75 units with the Oglala Sioux Tribe/Pine Ridge Reservation Housing Authority, 25 Section 8 units on Standing Rock Reservation, 25 Section 8 units on Cheyenne River Reservation, 20 homes at Leech Lake Reservation in northern Minnesota, and 20 homes at White Earth Reservation and 20 homes at Mille Lac Reservation (including their urban, low-income multi-unit housing) also in northern Minnesota.

How the project will build on existing knowledge. The project will build on existing knowledge through past ALAUM efforts and the work of its partners, including: 1) ALAMN's Environmental Improvements for Children's Asthma (EICA) Program, a model with proven and published research evaluation results that has been demonstrated to significantly reduce children's asthma symptoms in 350 homes of children with asthma in low-income, multi-cultural, multi-lingual communities; 2) ALAUM's successful professional asthma education and clinic systems change activities. These programs have been implemented in many low-income community clinics including those that specifically serve the American Indian community. These education and systems change approaches have been demonstrated to improve the quality, outcomes, and efficiency of asthma care for children; and 3) The model for educating families in relation to the *Take it Outside* Campaign to reduce smoking in the presence of children will be strongly informed by an approach developed by the Great Plains (Aberdeen Area) Tribal Chairmen's Health Board. IPM activities will be informed by the work of Collie Graddick of the MN Dept of Agriculture in developing an IPM approach for a tribal reservation community.

(b) Community Involvement, Education, and Training: i)Plan for meaningful involvement of the target community in your proposed project. This approach will take direction from the American Indian community, both American Indian professionals who are in touch with the community needs and from community members who are impacted by the problem. ALAUM will use several methods to accomplish this, including:

- Community professionals and community members at initial project sites, Little Earth, Oglala Sioux Tribe/Pine Ridge Reservation, Cheyenne River Sioux Tribe Reservation, Standing Rock Sioux Tribe Reservation, will be involved in focus groups to review and provide detailed input on the proposed project curriculum, assessment tools, and approaches. ALAUM and its partners anticipate that the greatest changes to these tools and approaches will be in the use of language and in approaches to presenting the content rather in the content itself.
- A 10-member Advisory Board composed of housing, public health (such as MN Dept of Health), environment professionals, parents of children with asthma, and American Indian community advocates affiliated with each of the project sites will review the input from the focus groups and make recommendations for changes to the tools, training curriculum, education and intervention approaches, IPM and smoke-free interventions. ALAUM will closely involve experts on curriculum, assessment and evaluation including the Project Director, Jill Heins, to assure that the changes that are made will maintain the greatest possible fidelity to the original tools and curriculum intent and impact. The Advisory Board will suggest changes to the interventions as needed using on-going informal and formal input from project participants, partner staff, and trainees. In addition, at least 35 American Indian community members will be recruited to support the provision of the community outreach and education activities.

(ii) Community Education, Outreach and Capacity Building/Training: Several core activities will be used for community education and training at the sites: meetings with tribal leaders (community elders for Little Earth in Minneapolis), tables and/or presentations at a variety of community forums and events each year reaching 2,000 or more community members; regular articles submitted to the tribal newspapers, and distribution of flyers at community gathering places & tribal health clinics to 1,000 or more community

members. Radio discussion forums and public announcements will be used for outreach education on the very large Standing Rock Reservation as advised by the tribal partner. This outreach is intended for all tribal members who own or rent homes on the two reservations. A key lesson learned from the initial Healthy Homes project is that communication about community issues and needs among tribal community members primarily occurs on a verbal basis. The messages and formats under the earlier Healthy Homes Project were well received by tribal members. The flyer will serve as an adjunct to verbal communication. Secondly, whenever possible communication needs to come from a trusted source within the tribal community.

Based on lessons learned from the tribal project, an important new emphasis will be placed on presenting home environment problems in terms of their relationship to home resident concerns about how homes can be improved to be more functional, comfortable, and healthier. The verbal presentations, newspaper articles, and the flyers will: (1) explain the nature and benefits of the project for both current and potential participants; (2) explain the connections between the full range of IEQ problems, asthma, and overall health; (3) describe the symptoms of asthma and lung related IEQ problems; (4) explain the role of preventive maintenance and resident behaviors in maintaining a healthy home environment, including steps for removing asthma triggers from the home, and; (5) explain the role of urban housing staff and tribal housing and environment staff in providing preventive maintenance and assisting residents to maintain a healthy home environment.

(iii) Discussion of source of outreach materials. The project will solely use and/or adapt existing materials for the trainings, home-based asthma education, environmental assessments and tobacco education. GPTCHB has developed culturally-specific asthma and tobacco education materials, ALAUM has developed and tested professional training curriculum, the home assessment form was adapted to the Upper Midwest from a HUD tool, and the clinical baseline and follow-up tool is a validated instrument.

(iv) Expanding asthma intervention training programs to other agencies. The asthma intervention training program will reach numerous additional public housing agencies and providers of privately owned low-income housing. The project will use its strong partnership network of contacts with tribal housing programs to involve 30 or more additional staff from these agencies in the trainings. In addition, the dissemination of the distance learning approach will reach a significant number of additional agencies and staff. Examples includes the partnership with Costello Property Management and PRO/Rental Management, Inc, both of which are privately owned, low-income Section 8 housing located on the Cheyenne River and Standing Rock Reservations.

(c) Institutional Review Boards and the Health Insurance Portability and Accountability Act (HIPAA):
The project will adapt a proven Minnesota model that has received IRB approval from Hennepin County Medical Center, Children's Hospitals/Clinics, and Minnesota Institute of Public Health. Please note that ALAUM has experience gaining IRB approval for the HUD-funded Tribal Healthy Homes Demonstration Project in northern Minnesota. Under the proposed project, authorization will be required for participants with asthma. ALAUM and its partners have developed an approach to obtaining HIPPAA Authorization that meets requirements of the HIPPAA Rule. ALAUM will go through an Institutional Review Board process to seek formal approval for this approach to meeting HIPPAA requirements as well as formal IRB approval of this specific project approach. The Institutional Review Board is affiliated with Minnesota Institute of Public Health.

The following HIPPA Authorization approach will be presented to the IRB. The consent form that participants sign at the time of enrollment for the overall project will include detailed information on HIPPAA and its relationship to the project. At the time of enrollment, participants will receive a verbal explanation of the

HIPPAA authorization and an explanation of the information that is being gathered, why it is needed by the project, and how this information will be secured and kept confidential. Actions to meet HIPAA requirements will include: maintaining participant records in a locked file cabinet; changing the date of birth on records to include month and year only; removing ethnicity from data sets; not including names on data sets, and; not sending full data by email.

(d) Staff and Partner Training and Capacity Building. Highly qualified and experienced training staff will provide trainings for staff in several key roles at the targeted local sites and those at a distance who are needed to carry out the key project activities. The trainings will include:

Training for health personnel in home assessment and remediation, family/child asthma education, and injury prevention.

- The project will train American Indian health personnel associated with each of the urban and reservation sites to implement the home assessment and home asthma trigger remediation activities and coordinate referrals to medical providers. The home visiting training will be provided to public health workers, public health nurses, environmental professionals, housing professionals, and other professionals that go into the homes of children with asthma. At each site, this training will be provided by certified asthma educators that are very experienced in asthma-related home visiting as described in Factor 1 pages 3 and 9 of the proposal. Asthma education certification training will be provided for home visitors if they are not already certified asthma educators (with funding from a non-HUD source).
- ALA will use a combination of in-person and distance learning methods to provide ongoing training. The training will reach a minimum of 50 professionals across the project partners. Distance learning will expand the reach to an additional 7 tribes and urban housing locations beyond the directly targeted sites. ALA will use an adult experiential education format through all trainings.
- The participants will be involved in a series of training sessions with practice of application in between sessions. The training content and objectives cover the full range of skills needed to assess asthma needs and home triggers, assess risks for common injuries in the home, plan and coordinate interventions/remediation, provide asthma education, and coordinate care with medical providers. Core learning objectives are to: (1) understand the pathophysiology of asthma and nature of medical treatment; (2) understand how allergens and irritants affect lung tissue and cause asthma symptoms; (3) comfort in providing asthma education to the child with asthma and their family; (4) experience in conducting home-based environmental assessments (4) knowledge and skill to integrate injury assessment and remediation with the asthma assessment walk through (5) understand and experience in making environmental modifications to remove asthma triggers and injury risks; and (6) comfort in communicating about interventions with medical providers and ability to make referrals to primary care provider and/or asthma case manager if child with asthma is poorly managed.

Building maintenance training to sustain the intervention. Training for Housing Program Directors and Staff will provide knowledge, skills, and practice in (1) managing mold remediation and carpet removal, (2) developing effective housing maintenance policies and procedures to sustain the project activities, and (3) modifications in the home for injury prevention. This training will be provided by technical experts in building maintenance and performance related to indoor air quality. A critical component of the training and partnership process will be the review of each housing complex's policies and procedures that support indoor air quality.

Training in Smoke-free housing to include resident second-hand smoke education, advocacy for smoke-free policies, and smoking cessation approaches.

- ALAUM will offer training and technical assistance to tribal and urban housing partners interested in adopting smoke-free public housing policies. The sites will also gain training in how to implement a culturally-specific "Take It Outside" education campaign modeled after the successful EPA approach crucial to reduce exposure to tobacco smoke as a trigger.
- Freedom From Smoking® is a national, proven smoking cessation program developed by the ALA. ALAUM will offer all partners a Freedom From Smoking training so one or more professionals at each site will be certified facilitators. This capacity will allow the individual housing units/reservations to have onsite programs that can lead programs in their community now and into the future.
- IPM Training. Housing maintenance staff at each of the sites will receive training to gain skills to implement and sustain Integrated Pest Management (IPM) Programs tailored to their individual sites. This training will be provided at the Little Earth Housing location by Collie Graddick who is an IMP expert with the Minnesota Dept of Agriculture. The training will be accessed by other sites through distance learning.
- Training will be provided for medical clinic providers to up-date them on the asthma practice guidelines and asthma treatment for children. They will also receive training in cessation counseling for their adult patients and referring patients to needed resources. Pharmacological treatments will be covered because they are supported by increasing research evidence but some approaches are also counter-indicated for American Indian people.

(e) Economic Opportunity: The project will establish economic opportunities for low-income and minority residents by (1) providing significant job training and education for skill enhancement in asthma and home assessment and the full range of interventions for urban and tribal professionals, many who are tribal members/residents and live just above the poverty line, and (2) by creating new jobs for one or more low-income tribal or urban American Indian community members at each location who will provide additional labor for mold remediation, carpet removal and installation of linoleum flooring, and installation of ventilation fans. The tribes and urban housing partners indicate that for sub-contracted work they will hire local and Native American businesses that provide jobs for the local community whenever possible.

(f) Recruitment and Enrollment: (I) Recruitment and enrollment. Recruitment will be initiated in the third month of year one and be carried out on a continuing basis throughout the implementation period. During the three-year project period, Project Staff will work closely with the partnering sites to recruit and enroll 285 or more households with children under 18 years of age with asthma. Of these, 300 or more children with asthma will receive the complete intervention due to an anticipated attrition rate of 15 percent

The project is designed to assure participation of only low-income families, with the selection process maximizing participation of young children with asthma as well as elders with asthma that are most vulnerable to asthma triggers in the home environment. All participants in the project will be of low-income or very low-income, using the HUD definition of 80 percent and 50 percent of state median income respectively.

Several recruitment methods will be used and adapted to the needs of individual sites. Overall, recruitment will include: 1) referrals from the urban and tribal housing offices of households where children are known to have asthma and the targeted environmental asthma triggers are known or suspected to be present; 2) distribution of flyers by the partners and medical clinic partners to households inviting participation of families with children with asthma; 3) referral from the medical partners of families/households with children with asthma that is poorly controlled and known or suspected environmental asthma triggers in the home; and 4) referral from school nurses in Minneapolis. Poorly controlled asthma is defined as having a hospitalization or ED visit within

the past 6 months. Medical clinic partners will privately contact these families and individuals, informing them about the potential opportunity to participate in the demonstration project and requesting written consent to share their names in private with selected project staff.

The home visiting professionals will contact and meet with potential program participants to determine eligibility, inform them about the program and its benefits, and answer any questions. A written brochure will be adapted from the original EICA Project for distribution to potential participants clearly explaining the program purpose and activities.

Sustaining enrollment in the project. The proposed project will provide urban public housing and tribal residents with significant improvements to their home environment as well as strong potential for improved health and quality of life. For this reason, ALAUM and its partners view participation in the program as a strong incentive in itself and have chosen not to provide additional incentives or rewards for participants. Instead, recruitment will be sustained by facilitating good on-going relationships between staff and participants. Through these relationships, staff will inform and educate participants at several key points on the benefits of improving occupant health and increasing home values and durability.

ii) How the project will affirmatively further fair housing. ALAUM Staff and its urban housing and tribal partners are strongly committed to affirmatively furthering fair housing in selection of program participants. The Program Staff will work with urban housing and tribal professionals to market the program to those least likely to apply based on sex and family status and disability, including active targeting of female single head of household families and families with unemployed and disabled adults and children. The urban housing program and tribal professionals will be aware of the families with these special needs and give them priority in the referral and selection process. They will also be familiar with households that are long-term and stable residents and assure their selection and involvement.

(g) Unit Assessments and Medical Referrals: Project Staff who are Certified Asthma Educators will carry out a home environment assessment to determine asthma triggers and assess the child's asthma health status. Initially, the project will involve asthma and home environment experts working with and supervising the home visitor trainees in implementing the home asthma and environmental assessment. The trainees will be experienced home health visitors who will either be asthma educators or gain certified asthma education training through the project. As the activities move forward at each site, the home visitors will take increasing responsibility for assessment and after several supervised visits will implement assessment on their own.

The initial baseline visit will include (1) a clinical health assessment using an adaption of the validated ITG Asthma Short Form to determine the child's asthma health status and level of asthma self-management, and (2) an in-home whole house environmental assessment of environmental causes that trigger children's asthma attacks in the home. The baseline assessment will directly inform the home intervention and education. The ITG Asthma Short Form will also be used by phone survey at 3 and 12 months follow-up.

The ITG Asthma Short Form questionnaire will cover: health care utilization based on parent recall of asthma-related hospitalizations, emergency department visits, and prednisone use (an oral anti-inflammatory medication for acute asthma episodes) in the previous three months. The instrument consists of three symptom scales that examine asthma burden and functional limitations with performance measures based on

daytime symptoms, nighttime symptoms, and functional limitation scored from 0 to 100 with lower scores indicating poorer HRQL (i.e., greater symptom burden).

Also at the baseline visit, the home visitors will conduct a whole-house assessment to identify the full range of environmental triggers that could contribute to asthma exacerbations to include: biological sources (dust mite, cockroach, and other pest infestations; mold, mildew), mechanical sources (heating, ventilation), cooking practices, domestic pets, and chemical air pollutants (tobacco smoke, common household cleaning agents, volatile organic compounds found in room fresheners). The home assessment protocol to be used is an adaptation of the EICA's tool originally developed by HUD that is widely used and well accepted in the field. This tool was adapted and used with good success in ALAUM's EICA activities in 350 homes.

(ii) Dust sampling will not be used in the project.

(iii) Process for referring asthmatic individuals for medical case management and medical organizations prior experience providing case management to the target population(s). Each project site has in place a strong network with medical providers that are community-based and serve the American Indian community. Upon enrollment in the project and in greater detail through the home asthma assessment, Project Staff will determine the status of the child to determine if they have a medical home for asthma care. With family permission, the home visitor will communicate with existing medical provider to determine what if any asthma triggers have been clinically identified for each individual child.

Based on the home assessment, the home visiting staff will refer children/families to medical providers when (1) they lack a medical home for asthma or (2) asthma is poorly. With family permission, staff will share the results of the asthma assessment and home assessment with the medical provider when important to coordinating their asthma care. When necessary, the home visitor will discuss the asthma treatment needs of the child with the medical provider, again with family permission.

The medical clinic providers at the sites will all be highly experienced in providing care for American Indian children and families. Several of the medical providers, such as CUHCC and NACC described on page 3 have received training in asthma care from ALAUM or other programs. All of the medical providers are experienced in working with children with asthma, with some having very significant experience.

The specific role of medical clinics/providers will be a two-way communication about their patients with asthma. First, medical clinics/providers will refer children with poorly controlled asthma into the program. Second, the providers will use information communicated to them from the AIEICA Project to tailor the children's asthma treatment plan when appropriate. For example, staff could let the provider know if their patients do not have a clear understanding of or how to use their asthma medications.

(h) Asthma Control Interventions (and Injury Prevention): The project assessment and intervention and training/capacity building activities will be initiated during the fourth month of Year 1 at Little Earth Housing in Minneapolis and at three reservations in South Dakota and North Dakota. With the consent of residents, 8 or more pilot homes will receive the full range of project assessment and intervention services as part of the training for staff at each targeted site (as well as for training through distance learning as well).

Once training is completed at these initial four sites, a total of 40 homes will receive the intervention at Little Earth in Year 1; 25 at Standing Rock, 25 at Cheyenne River,75 at Pine Ridge Reservation in Years 1 and 2, and 60 homes at Leech Lake, Mille Lac, and White Earth Reservation during Year 2 of the project.
Under the project model, the trained health visiting professionals will team with family members to assess and remediate home environmental asthma triggers in the context of asthma education and management as described earlier. Staff will: conduct a home assessment to determine asthma triggers and assess the child's asthma health status; work with the family to remove asthma triggers from the home and; provide family asthma and home environment education that teaches and motivates the family to maintain an improved home environment and follow an overall asthma action plan. The project will involve asthma and home environment experts working with and supervising the home visitor trainees in implementing the program protocol. The protocol will include two in-home visits for each home that typically occur two weeks apart.

The project will provide, assemble, and install a variety of products such as bed and pillow encasements, High Efficiency Particulate Accumulator (HEPA) vacuum cleaners, dehumidifiers, air cleaners, a wet hard-surface floor cleaner (Swiffer™), HEPA furnace filters, mouse and cockroach traps, and food storage containers as needed in each home. The families will receive education from the asthma educator and professional trainee at the baseline visit and during delivery of products to ensure understanding of the relationship between exposure to asthma triggers and asthma symptoms, implementation of other strategies for asthma control, identification of other household contaminants, and proper use and maintenance of the allergenic, trigger eliminating, products provided. In addition, children and families will receive care coordination and asthma education to assure that their asthma is treated by a primary care provider and that they are following an appropriate overall asthma action plan, when necessary.

Simple and cost-effective interventions for injury risks will also be worked into the asthma assessment walk through and the remediation and resident education approach. This will include: assuring CO and smoke detectors are in place, checking and turning down water heaters to prevent scalding, and maintenance and modifications to prevent falls.

Working in close partnership with families, the follow-up visit will provide families with the knowledge, resources, and support to remove asthma triggers from the home and teach and involve family members in maintaining home environmental conditions that will optimize children's asthma control. The follow-up home visit with each enrolled home will provide asthma, indoor air quality, and trigger reduction education that will make the family aware of the connection between the asthma trigger and their child's asthma symptoms.

The visit will also involve providing, assembling, and installing a variety of allergen and trigger-reducing products and demonstrate in-home use of the products tailored to the needs of each child with asthma and home environment. These products are listed above Home environmental conditions and documented asthma triggers (allergy test results) will determine which products will be provided.

IPM Program. [redacted], the IPM Consultant, will work with staff at Little Earth Housing to develop an IPM approach based on best practices that is tailored to the cultural needs and specific housing situation of the tribe. He will provide technical assistance and training onsite to support the step-by-step implementation of this approach. This technical assistance and training process will be broadcast through distance learning to the other sites that will participate in real time. [redacted] will also provide specific follow-up group learning assistance through distance learning and one-to-one assistance to the sites to support implementation.

Smoke-free Policy and Practice. Pat McKone, the Smoke-free Consultant, will support the partner sites in either developing a smoke-free policy for their housing sites and/or in developing practices to help support enforcement and reduce smoking in the presence of children. This will include support to write a smoke-free policy and in advocacy approaches to get a policy approved by tribal boards. Ms. McKone will also support the sites to develop and carry out culturally-specific approaches to provide smoke-free education for parents to motivate them not to smoke around their children. This will include a culturally-specific version of the EPA *Take it Outside* Campaigns at sites that have not yet passed smoke-free policies. The sites will receive support in developing cessation programs both at the housing sites and through medical providers that will adapt leading cessation programs and resources to the needs of the urban American Indian and tribal sites.

(ii) Describe why your interventions would be considered cost effective: Utilizing the evaluation data and lessons learned from the EICA project, staff will track the cost of products/services provided at each multi-unit residence. This will allow an average per residence cost to be calculated. This project will be cost-effective in several ways: 1) utilize the talent and time of existing housing maintenance staff when possible; 2) focus on asthma trigger reduction that are medically-appropriate; 3) opportunity for bulk purchasing of products from locally-owned vendors; and 4) focus on the child's bedroom, ensuring a safe and allergen/allergy-free space where the child can get uninterrupted sleep.

(iii) Process to select and obtain contractors for interventions. The Evaluation Consultant is already identified. The project will train and support tribal and urban housing and environment department professionals to implement the project's core activities. Work that involves carpet removal and installation of flooring and installation of ventilation fans will be specified for bids from contractors from the American Indian community. This will involve a pool of contractors that are known to and trusted by the tribes. All work that the tribal housing crews are not able to complete will be processed into bid specifications with contractors asked to bid for the jobs. All completed work will be inspected to ensure it meets the written specifications. Bids for allergen products will be sought from locally-owned vendors.

(iii) Quality assurance. The project will use a cross-section of well-established and valid tools to determine baseline data for unit condition and develop well-informed remediation plans based on accurate information. All building performance testing procedures and visual inspections meet or exceed industry standards for quality assurance. Assessments will be conducted on multiple locations on all levels of the house.

Existing standardized asthma questionnaires, The Child Asthma Short Form, with demonstrated validity and reliability, will be used to determine changes daytime symptoms, nighttime symptoms, functional limitation. The questionnaire for determining pre- and post- occupant behavior and knowledge related to home maintenance and lifestyle issues associated with healthy IAQ will also be adapted from existing questionnaires with demonstrated validity. The walk through checklist for observing dust, cockroaches, and other allergens in the home will be the Asthma Home Environment Checklist. This checklist has been chosen by the EPA for its quality.

The statistical analysis of data will use a matched pair t-test with adjustments to degrees of freedom to account for multiple test error. To assure the accuracy of the data entry for statistical analysis, 25 percent of records will be randomly selected for double entry.

(j) Approach for Managing the Project: The Project Director, Project Manager, and a designated lead staff person at each partner site will work together to manage and coordinate all the deliverables and activities of the grant. This Management Team will meet on a bi-weekly basis and communicate daily to manage project activities. A specific manager will be responsible for each deliverable and major task. The Project Director will take a hands-on role to assure that project tasks are completed as proposed and completed on time.

The management plan includes several components for quality assurance. Staff and consultants will be accountable to the written deliverables in their work area. The Project Manager will track progress on all deliverables including the work of staff that they oversee through written records. The Project Director will hold regular supervisory meetings with the Project Manager, partners, and trainers whenever appropriate to monitor and assure progress on all deliverables. This management plan describes the deliverables/outcomes that will serve as major project milestones. Under each deliverable, a description is provided of the major tasks and timeline for the grant project, the manager to take responsibility for each deliverable, and the management process and structure for assuring that all tasks are appropriately managed, completed, and accounted for.

Deliverable 1: Gather input from community focus groups and develop culturally-specific approaches for training curriculum, assessment tools, participant education, and community outreach (to be completed by the end of three months into the first year for Year 1 sites and the end of Year 1 for Year 2 sites). Major tasks: Project Manager will organize focus groups and advisory board to gather input and develop culturally-appropriate approaches and content with oversight from the Advisory Board and Project Director.

Deliverable 2: Identify and enroll 285 homes and families in crucial need of the project through referrals from housing, medical, and school partners and outreach with the selection process maximizing involvement of targeted priority families (first set of homes enrolled by three months into year one and enrolled continuously through end of year two). Major tasks: With oversight from the Project Director, the Project Manager will work with the urban and tribal professionals and medical providers to identify and select 285 homes and families. The Project Manager will coordinate with urban and tribal housing and health professionals to contact and involve the families in screening and assessment.

Deliverable 3: Complete home asthma, asthma environmental trigger, and injury prevention assessments including a determination of program participant/home resident knowledge and behaviors related to preventive home maintenance and the connection between indoor environmental triggers and asthma in 225 homes with 300 or more children with asthma at urban and reservation sites during the two year period (beginning month four of Year 1 throughout the two year implementation period). (Major tasks: The Project Manager will coordinate home visits to be implemented by home visitors from the partnering sites with supervision from project consultants who are experienced asthma educators in 40 homes at Little Earth Housing and 75, 25, and 25 respectively at Pine Ridge, Standing Rock, and Cheyenne River Reservations during Years 1 and 2 and 60 on the Leech Lake, White Earth, and Mille Lac Reservation during Year 2.

Deliverable 4: Provide trainings for 75 or more home health visitors, housing staff, and medical providers at the implementation sites and nearby community (and 30 staff at other sites through distance learning) to provide them with knowledge and skills to implement and sustain the home health, smoke-free, IPM, injury prevention, and medical care components of the intervention using adult experiential education approaches (to be completed by month five of Year 1 for initial sites and by the first month of Year 2 for year two sites) Major

tasks: The Project Manager will organize trainers to provide trainings at the sites that will also be provided in real time as distance learning courses for participants at other tribal reservation sites.

Deliverable 5: Under the supervision of project trainers/asthma educators, home health visitors will work closely with residents to implement a full range of interventions and coordinate remediation needed in the home to remove the specific asthma triggers related to the child's asthma to include medically-appropriate products (listed on page 15), mold cleanup experienced by the child and provide with IAQ and health and injury prevention modifications for the 225 households and inform participants about the project and its benefits (to be completed on a continuing basis beginning in month 5 of Year 1 and through the end of Year 2). Major tasks: The Program Manager will manage the work of the Environmental Health expert in developing tools and training tribal professionals and will oversee assessment and education provided by tribal professionals.

Deliverable 6: Provide each family and child with appropriate asthma education, including education about on-going preventive home maintenance related to the child's specific asthma triggers education to improve asthma management as well as referral to medical providers and medical case managers as needed (to be provided between month 5 of Year 1 and the completion of Year 2). Major tasks: The Project Director will oversee tribal professionals in all remediation with the Project Manger coordinating remediation schedules and implementation, and referral of children with asthma to medical case management as needed.

Deliverable 7: Provide community outreach education for 2000 tribal community members on asthma and indoor asthma environmental triggers, healthy IAQ, and preventive home maintenance (to be completed by Project Staff and tribal partners). Major tasks: The Project Manager will coordinate and assist with implementation of outreach education presentations by tribal professionals. The Project Manager will coordinate and implement the production and distribution of written educational brochures.

Deliverable 8: Implement follow-up assessment to determine that project outcomes are met. Major tasks are described in the evaluation section (to be carried out at 3 and 12 month post intervention).

Deliverable 9: Develop a culturally-specific model project approach, dissemination manual, and culturally specific assessment tools and curriculum, post all materials and tools online, and seek to publish and present the results in two professional journals and two conferences to assure wide dissemination of the model approach (to be completed by month nine of Year 3). Major Tasks: The Project Director will develop dis-semination materials and replication tools and to seek to publish and present the project results and approach.

Deliverable 10: Evaluate and continuously improve the project approach. Major tasks: The Project Director will oversee gathering of evaluation data by the Project Manager and ALAUM HelpLine staff. This data will be reviewed by the Advisory Board on a quarterly basis with their input used to make changes in the project approach as needed. All data analysis will be conducted by the Project Evaluator, Angeline Carlson, RPh, PhD.

(k) Budget Justification: See attachments for budget justification.

l) HUD's Departmental Policy Priorities: (i) Using Housing as a Platform for Improving Other Outcome. The sole project focus is on using housing as a platform for improving the health and quality of life outcomes of children with asthma, their families, and communities. The project is closely linked to medical providers and to

improving coordination of care with activities to improve the home environment. The project will document mutual referrals and track improvement in care. The project will improve health outcomes and asthma control by making sure that both sides of the asthma management-home trigger equation are addressed and coordinated together. The project is designed to track asthma health outcomes at baseline, 3, and 12 months follow-up. The participating medical clinics are committed to receiving professional training that will position them to fully provide asthma care in keeping with the latest asthma guidelines.

To reduce exposure to asthma triggers, the primary focus is to develop and provide a culturally-specific version of a home asthma intervention with proven results in removing triggers and improving health outcomes for low-income children with asthma with results sustained at 3 and 12 month post-follow up. ALAUM anticipates attaining these results under the project in working closely with tribal and urban communities to tailor the initiative to American Indian needs. The ability to sustain results is monitored closely in the evaluation plan. The evaluation plan in Factor 5 further defines how these outputs and outcomes will be measured.

(ii) Capacity Building and Knowledge Sharing. As detailed under Rating Factor 5, the project proposes a strong dissemination plan for project results and effective practices. Trainings during the project period will enable the project to reach a significant number of additional tribal and urban housing sites and staff. The project will create replication and dissemination tools including culturally-specific model, asthma and home trigger assessment tools, dissemination manual, and videos of distance learning webinars for dissemination. Project Staff will report the findings at two or more professional conferences and seek to publish the results in 2 journals in the field as detailed under Rating Factor 5. The outcomes will include the impact on removing asthma triggers, improving asthma control, reducing unnecessary medical services, and improving quality of life for participants. The outcomes will also include documenting that the project is adopted in additional sites through the dissemination efforts.

Rating Factor 4: Leveraging Resources. ALAUM has secured significant in-kind contributions totaling $[redacted] from ALAUM's own resources and the project partners and consultants. ALAUM is contributing a total of $[redacted] on an in-kind basis. The partners are contributing a total of $[redacted]. This represents [redacted] of this HUD project budget. The letters of commitment also indicate the level of commitment.

- ALAMN will provide $[redacted] in existing allergen reducing products.
- ALAUM HelpLine staff will make follow-up evaluation phone calls at 3 and 12 months post-intervention. $35/hr x 2 calls per participating family x 225 families = $[redacted].
- ALAUM will also forego their usual federally negotiated in-direct rate of 20.7% to comply with HUD's 10% indirect rate requirement. This in-kind contribution is [redacted]9.
- Little Earth and the tribes will provide release time training three public health tribal professionals. The classroom release time is estimated at a total of 20 hours x $25/hour = $[redacted]. Little Earth Public Health Director will provide 150 hours in planning valued at $[redacted]. Total in-kind contribution = $[redacted]
- CHUCCH and NAAC medical clinics in Minneapolis and Medica Health Plan for case management will provide an estimated $[redacted] in-kind clinic staff hours.
- Minneapolis Public Schools will provide in-kind school nurse hours to make referrals valued at $[redacted]0.
- GPTCHB will commit phones, office space, meeting rooms, and office materials valued at $[redacted]0 plus 42 hours of staff time x $25/hr = $1,050 for a total in-kind contribution of $[redacted].
- Montana State University National Tribal Healthy Home Assessment, Training, and Technical Assistance Support Center will provide all materials and faculty, plus a $500 travel scholarship for 40 tribal professionals to attend this 2.5 day training. This is estimated at $[redacted].

- MN Dept of Health - staff in-kind contribution on this project will be approximately $[redacted] (based on 90-minute quarterly advisory committee meeting x 8 quarters x $50/hour).
- Wisconsin Dept of Health - staff in-kind contribution on this project will be approximately $[redacted] (based on 90-minute quarterly advisory committee meeting x 8 quarters x $50/hour).

Rating Factor 5: Evaluation

The project evaluation will determine pre- and post-occupant behavior and knowledge related to home maintenance and lifestyle issues associated with healthy IAQ. An existing questionnaire, with demonstrated validity, will be adapted for use with this project. Parents/guardians residing in the residence with the child with asthma will be asked to complete this occupant behavior and knowledge form at baseline.

The baseline walk through checklist for observing dust, cockroaches, and other allergens in the home will be the Asthma Home Environment Checklist used by the EICA. This checklist has been chosen by the EPA for its quality.

Data will be collected regarding health service utilization, missed school days, and asthma symptom burden for each child who participates in the project. Health service utilization measures include the number of asthma-related hospitalizations, emergency department visits, and prednisone uses (an oral anti-inflammatory medication for acute asthma episodes) in the previous three months, based on parent recall. A 10-question validated protocol, the Child Asthma Short Form, will also be completed. This instrument consists of three symptom scales (daytime symptoms, nighttime symptoms, functional limitation) scored from 0 to 100 with lower scores indicating poorer HRQL (i.e., greater symptom burden). Data will be collected by a trained certified asthma educator at baseline. The telephone follow-up evaluation interviews (3 and 12-months post-intervention) will be made by ALAUM HelpLine staff, including registered nurses and respiratory therapists. At each data collection point up, to six telephone attempts to reach the family will be made.

The outcome measures of interest, the number of hospitalizations, emergency department visits, missed school days, and episodes of oral prednisone use for asthma exacerbations in the past three months, and Child Asthma Short Form (daytime symptoms, nighttime symptoms, and functional limitations) will be analyzed by Angeline Carlson, RPh, PhD, from Data Intelligence, using a matched pair t-test with adjustments to degrees of freedom to account for multiple test error.

Finally, at 3 and 12 months post-intervention, the ALAUM HelpLine staff will query the participating residences about the frequency of use and current condition of all products installed in the residence. This information will provide an indication of the sustainability of the intervention and potential return on investment.

All project findings will be shared and discussed with the tribal communities prior to being distributed, presented, or published.

Bonus Points (RC/EZ/EC-II). Two of the targeted implementation sites are located in federally designated empowerment zones– Little Earth in Minneapolis and the Oglala Sioux Tribe on Pine Ridge Reservation. This has been determined through HUD listing of empowerment sites at http://egis.hud.gov/ezrclocator. Certifications for these empowerment zones are included in Appendices. This service area represent 115 of the homes to be reached in the implementation period.

Application Abstract

Project Title: American Indian Environmental Improvements for Children (AIEIC) with Asthma
Applicant: American Lung Association of the Upper Midwest
Summary of Key Personnel/Partners: The Minnesota Office of the American Lung Association of the Upper Midwest (ALAUM) and its partners are uniquely positioned through their skills, experience, and commitment to develop, implement, and disseminate a culturally-specific model project to remove asthma triggers and improve asthma control for American Indian children in urban and reservation settings. Jill Heins Nesvold, MN, ALAUM's Director of Respiratory Health, will administer and oversee implementation of the grant project. Cynthia Piette, ALAUM's Manager of Respiratory Health, will serve as the Project Manager. [redacted], will be involved in training and planning to advance smoke-free policies and promote smoke-free environments. [redacted] and [redacted] are experienced respiratory therapists and certified asthma educators, including with American Indian/tribal communities that will carry out training of home health visitors at the 9 urban and tribal sites in Minnesota, North Dakota, and South Dakota and through distance learning to others in these and neighboring states. [redacted] of the MN Dept of Agriculture is an expert in developing and presenting education and training curriculum on IPM. Montana State University Extension Service's National Tribal Healthy Homes Assessment, Training, and Technical Assistance Support Center will offer, in-kind, multiple 2.5 day capacity building trainings to American Indian partner professionals. Little Earth Housing in Minneapolis and the six tribal reservation partner sites have Housing, Health, and/or Environment Programs with the set of skills in home health visiting, housing management and remediation, and medical care for children that strongly position them to implement the program with training and capacity building from Project Staff. Staff with the Great Plains (Aberdeen Area) Tribal Chairmen's Health Board (GPTCHB) and the Minnesota American Indian Asthma Network are two key partners working on asthma issues with tribes that will support project implementation and replication.

Summary of the Intervention and Target Area: The AIEICA Project will tackle the significant and relatively unaddressed problem of poorly controlled asthma among American Indian children 18 years and younger and serious multiple home environmental asthma triggers. The interventions will be initially developed and demonstrated in 225 multi-family housing units reaching two targeted urban American Indian communities (Little Earth in Minneapolis and Mille Lac owned urban apartment buildings) and six tribal reservations in several states in the Upper Midwest (Standing Rock Sioux Tribe Section 8 housing, Cheyenne River Sioux Tribe Section 8 housing, Oglala Sioux/Pine Ridge Tribe Housing Authority in South Dakota/North Dakota and Leech Lake, White Earth, and Mille Lac Reservation in northern Minnesota). American Indian children living in the in the target area experience significantly elevated asthma rates and significant health disparities in their level of poorly controlled asthma, environmental asthma triggers in their homes, and asthma symptom burden and fewer available resources to address these problems. Data gathered in support of the project, detailed in the needs section, show American Indian children at the urban and reservation sites have asthma prevalence rates in the range of two to three times higher than the national average, with similar data on a national basis.

The project will use a unique partnership network to create and widely disseminate a sustainable and replicable model for regional and national distribution through: distance learning to reach additional locations; actively promoting use of a dissemination manual and computer-based video training tools at sites nationwide; and publishing and presenting results widely. The project will establish a culturally-specific model that intervenes in the individual home, on a building-wide basis, and at a community level. The project will assess and remove the environmental asthma triggers of mold, dust, pests, organic volatile chemicals, tobacco smoke, and pet dander and address hazards in 225 housing units in multi-family publicly funded and Section 8 housing at the 9 sites. The project will use experiential adult learning and technical assistance to support partnering staff at each tribal local to gain the capacity to sustain the intervention.

BUDGET NARRATIVE – COMBINED 3 YEAR BUDGET

1. PERSONNEL = $139,936

All personnel are based on portions of existing staff positions, except for the position of Project Manager. The Project Co-Directors each are dedicating .10 FTE to the project for a total of .20 FTE as required for the Project Director.

Position	Basis	Total
[redacted], MS Project Director	$40.03/hr x 585 hours in Year 1; 585 hours in Year 2; 195 hours in Year 3	55,339
[redacted], MA Project manger	$21.03/hr x 1950 in Year 1; 1950 in Year 2	82,017
[redacted], Director of Tobacco Control	$47/hr x 100 hrs in Year 1; 100 hours in Year 2	2,580
Total		**$139,936**

2. FRINGE BENEFITS = $48,978

Fringe benefits are based on Subtotal Personnel @ $139,936 x 35%= **$48,978**, which includes: health insurance, dental insurance, life insurance, disability insurance, retirement, and FICA/SUTA.

3. TRAVEL = $26,198

Travel costs are for staff and trainers to travel to provide training for tribal professionals, oversight of the remediation work, and coordinate assessment and education related to asthma and resident preventive maintenance.

a. Transportation – Airfare = $17,100

Airfare for the Project Staff to travel to Oglala Sioux Tribe/Pine Ridge Reservation 2/year x 2 years = 4 trips x $1000 airfare = $4,000

Airfare for a trainer to travel to Oglala Sioux Tribe/Pine Ridge Reservation 1 trip x 2 years x $1000 airfare = $2,000

Airfare for the Project Staff to travel to Standing Rock Sioux Tribe/Reservation and Cheyenne River Sioux Tribe/Reservation 2/year x 2 years = 4 trips x $750 airfare = $3000

Airfare for a trainer to travel to Standing Rock Sioux Tribe/Reservation and Cheyenne River Sioux Tribe/Reservation 1 trip x 2 years x $750 airfare = $1500

Airfare for Project Director to attend three national conferences in Washington DC or other location to present project methods, tools, resources, and findings during Year 2 and 3. 3 trips x $600 airfare = $1800.

Airfare for Project Director and Project Manager to attend two required HUD national meetings in Washington, CD in Year 1 and Year 3. 4 trips x 2 individuals x $600 airfare = $4,800.

b. Transportation – Other/mileage $2,948

Mileage during Year 1 to Little Earth in Minneapolis, from airport to Pine Ridge Reservation, Cheyenne River Reservation, and Standing Rock Reservation. 1520 miles x $.55/mile = $836

Mileage during Year 2 for three trips to each of Red Lake, Leech Lake, and Mille Lacs Reservations in Minnesota. 3840 miles x $.55/mile = $2112.

c. Per Diem or Subsistence = $6,150

Lodging for Project staff and trainers at Pine Ridge, Standing Rock, and Cheyenne River Reservations in South Dakota in Year 1. 9 nights x $100/night = $900

Lodging for Project staff and trainers at Red Lake, Leech Lake, and Mille Lac Reservations in Minnesota in Year 2. 6 nights x $100/night = $600

Lodging for Project Director at national conferences (1 in Year 1 and 2 in Year 2). 6 nights x $150/night = $900.

Lodging for Project Director and Project Manager at two HUD required meetings in Year 1 and Year 3. 2 trips x 2 individuals x 3 nights x $150/night = $1800.

Per diem for Project staff and trainers at Pine Ridge, Standing Rock, and Cheyenne River Reservations in South Dakota in Year 1. 5 trips x 3 days x $50/day = $750.

Per diem for Project staff and trainers at Red Lake, Leech Lake, and Mille Lac Reservations in Minnesota in Year 1 and 2. 3 trips x 2 days x $50 = $300

Per diem for Project Director at national conferences in Year 2 and 3. 3 trips x 2 days x $50 = $300.

Per diem for Project Director and Project Manager to attend two HUD required meetings during Year 1 and Year 3. 2 trips x 2 individuals x 3 days x $50/day = $600.

4. EQUIPMENT = $0

5. SUPPLIES AND MATERIALS - $89,750

These supplies are those that are required to carry out the whole house diagnostic testing protocol.

	Year 1	**Year 2**	**Year 3**	**Total**
Carbon monoxide detectors – 150 total x $69@	5520	2070		7590
Smoke detectors 150 x $15@	1200	450		1650
Fire extinguishers 150 x $16@	1280	480		1760
HEPA vacuums 150 x $130 @	13000	5850		18850
Mattress covers 225 x $40@	6600	6600		13200
Pillow covers 225 x 2/home x $6@	1980	720		2700
HEPA air cleaners 100 x $140@	11200	4200		15400
Dehumidifiers 50 x $150 @	6000	1500		7500
Wet Jet cleaners for flooring 100 x $18	1350	450		1800
Food storage containers 150 pieces x $4 @	400	200		600
Mouse traps 80 sets x $5@	300	100		400
Flooring to replace molded carpet. 61 homes x Estimated product at $300/home	12300	6000		18300

6. CONSULTANTS = $24,596

[redacted], IPM Curriculum Specialist, will provide four days of consultation during years 1 and 2 x $524 = $2,096.

[redacted], Public Health Coordinator, Little Earth Housing will provide 100 hours of consultation to plan the project, promote/recruit families, and ensure the project and materials are culturally-appropriate. 100 hours x $50/hr = $5,000.

[redacted], Unity Healthnet, a native of the Leech Lake Reservation will provide 120 hours of work to serve as a liaison between ALAUM and Leech Lake, Red Lake, and Mille Lac Reservation tribal, housing, and environmental professionals, promote/recruit families, and ensure the project and materials are culturally-appropriate during Year 1 and 2. 120 hours x $50/hr x $6,000.

Great Plains Area Tribal Chairman's Health Board will provide 120 hours of work to serve as a liaison between ALAUM and Oglala Sioux Tribe/Pine Ridge Reservation tribal, housing, and environmental professionals, promote/recruit families, and ensure the project and materials are culturally-appropriate during Year 1 and 2. 120 hours x $50/hr x $6,000.

[redacted], RPh, PhD with Data Intelligence will serve as our Project Evaluator. Angie has vast experience as a statistian, evaluator, and health care researcher. Angie served has served as the evaluator for ALL of the Minnesota-based home-based environmental assessment and modification projects, including EICA. Angie will provide 20 hours in Year 1; 30 hours in Year 2; and 50 hours in Year 3. 100 hours x $55/hour = $5,500.

7. Contracts = $177,300

[redacted], RRT, AE-C, Pediatric Home Service in St. Paul, Minnesota will be contracted with to train home visitors in asthma education, environmental assessments, and modifications. Pediatric Home Service will be paid $4,000 for [redacted] time to develop and deliver in-person and distance learning

trainings. In addition, [redacted] will conduct two home visits (for asthma education, environmental assessment, modification, and case management) x $160 per visit x 40 units at Little Earth in Minneapolis, MN = $12,800. Total contract is $16,800 during Year 1 and 2. Total contract = $16,800.

The Oglala Sioux Tribal Housing Authority on Pine Ridge Reservation in South Dakota will be contracted with to provide 1.0 FTE to identify/recruit families to participate in the project and conduct asthma education and coordination, environmental assessments, and modifications for 75 units in Year 1 and 2. 1.0 FTE salary + 35% benefits x 2 years = $121,500.

[redacted], RRT, AE-C, Missouri Breaks Industries, will be contracted with to coordinate the intervention with Section 8 housing on Standing Rock Reservation and Cheyenne River Reservation. Rae will be responsible for identifying/recruiting families to participate in the project, conducting asthma education, conducting environmental assessments, conducting or coordinating and modifications, and ensure case management/coordination. $50/hour x 10 hours x week for 78 weeks in Years 1 and 2 = $39,000.

7. CONSTRUCTION COSTS = $24,000

Additional time has been set aside for removal of carpeting and other molding material at Standing Rock Reservation and Cheyenne River Reservation Section 8 housing. 40 units x 5 hrs/unit x $40/hours = $8,000.

Additional time has been set aside for construction and installation of flooring material after moldy carpet has been removed on Standing Rock Reservation and Cheyenne River Reservation Section 8 housing. 40 units x 5 hrs/unit x $40/hours = $8,000.

$8,000 has been set aside for installation of bathroom and kitchen vents on Little Earth in Minneapolis, MN. $40/hr x 200 hours = $8,000.

8. OTHER DIRECT COSTS - $4,000

Printing materials for training, communications, and promotional materials = $1,000.
Postage = $1,000.
Conference calls and webinar fees for trainings $200 per webinar x 5 = $1,000.
IRB submission and processing fees = $1,000.

TOTAL OF DIRECT COSTS - $534,799

9. INDIRECT COSTS

Indirect costs are based on HUD's request of 10% charged against direct costs for a total of $53,476. ALAUM has a federally approved indirect cost rate of 20.7%.

TOTAL HUD REQUEST = $588,234