

# HUD'S HEALTHY HOME DEMONSTRATION GRANTEES: A Review of Evaluation Capacity, Program Administration, and Best Practices

## REPORT DIGEST

### Background:

This report captures data from Healthy Homes Demonstration (HHD) and Production Grantees that received awards in FY 2005 – FY 2009. Its purpose is to guide policy development and to facilitate the HUD Office of Lead Hazard Control and Healthy Homes' (OLHCHH) preparation of guidance documents for future healthy homes efforts. It summarizes data from those grantees that have carried out the greatest number of interventions, collected the most detailed evaluation data on cost, health and housing impacts, and could demonstrate significant capacity-building and sustainable approaches to guide policy development and guidance for future healthy homes efforts.

Twenty-seven (27) grantees were invited to participate. A total of 25 grantees completed an online questionnaire, which represents a 92% response rate. Data collection occurred from May 1, 2014 – July 15, 2014

#### HOUSING UNITS TARGETED BY THE 25 GRANTEES REPRESENT:

- **3,101 units in total;**
- **1,595 rental units;**
- **776 units built before 1940; and**
- **971 units built between 1940 and 1978.**

### Grant Outcomes:

**Housing Conditions:** Over 70% of the grantees reported improvement in 16 housing conditions for which they assessed change pre- and post-intervention. The top three housing conditions for which grantees reported statistically significant improvement between baseline and follow-up were: 1) mold and moisture (100% of 21 grantees reporting improvements, all reporting the changes as statistically significant); 2) pest control/IPM usage (95% of 22 grantees reporting improvements, all reporting the change as statistically significant); and 3) control of asthma triggers (95% of 22 grantees reporting improvements, with 12 reporting statistically significant improvements).

Interventions employed by most grantees included: 1) asthma trigger reduction or education, mold/moisture control, and pest control/pest management (N=25 for each of the three types of intervention); 2) carbon monoxide (typically the installation of a CO detector) and injury prevention activities (N=24 for each type of intervention); and 3) control of structural hazards and indoor air quality (N=21 for each type of intervention).

Of the grantees that specifically reported asthma trigger reduction interventions, 36% characterized the intervention intensity as major (i.e., involving structural improvements in the home). In general, grantees described most of their interventions as moderate in intensity (i.e., the provision of multiple low-cost materials, and the active involvement of program staff in resident education). All grantees

#### INDIVIDUALS TARGETED BY THE 25 GRANTEES REPRESENT:

- **4,517 occupants under age 6;**
- **5,434 occupants aged 7 – 17;**
- **6,248 occupants aged 18-64;**
- **187 occupants over age 65; and**
- **6,248 occupants with asthma.**

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reported both education and providing products and giveaways as interventions, with installing devices or housing components the second most frequently reported intervention (92% of grantees).

**Health Outcomes:** The majority of grantees (N=23) reported that they assessed asthma outcomes pre- and post-intervention. For eight specific asthma outcomes, over 80% of the grantees that assessed these symptoms post-intervention reported improvement in each of the indicators. Although fewer could provide detailed analysis of statistically significant improvements, those who did, however, generally reported the changes as statistically significant at the p<0.05 level or below.

## Grantee Evaluation Methods and Publications:

**Methods:** The majority of grantees reported using outcome-based evaluation methods to assess housing (88% of grantees), health (92%), and resident behavioral change (84%). Far fewer reported use of quasi-experimental methods or produced cost analyses. Twenty (20) percent reported use of a control group. The majority of grantees (72%) had their project reviewed by an Institutional Review Board (IRB). Over 60% of grantees can make raw or cleaned de-identified data sets available to HUD OLHCHH for further analysis

Of the 25 grantees, 48% rated their evaluation strategies as one of the most effective features of their programs.

**Publications:** Grantees reported the use of a variety of methods to disseminate findings. The top three mentioned were presentations at conferences (60% of grantees), presentations to elected officials (52%), and peer review publications or other strategies (36%). Grantees delivered over 100 presentations at professional conferences, including international, national, regional, state, and local audiences. Eighteen (18) peer-reviewed journal articles have been published, with more being considered for publication.

## Lessons Learned and Best Practices:

**Program Strengths:** All grantees rated collaboration and partnerships as the most effective feature of their projects, with educational approaches, ability to identify high-risk population targets, and the housing interventions they employed as the next most successful features (80%, 72%, and 60% of grantees, respectively). Grantees rated the following as most effective recruitment methods: 1) referrals from health care providers (73% of grantees rated as very effective); 2) referrals from other organizations (57%); 3) mailings or distribution of materials to organizations and/or community groups (55%); and 4) community meetings, health fairs, or community events or other methods (50%).

**Program Challenges:** Grantees were most likely to mention cost constraints as a challenge, with 80% rating this as sometimes or frequently a challenge, followed by resident fears of landlord repercussions (72%), obtaining consent of the property owner and meeting timeframes (68%, respectively), and getting landlords/owners to do work and getting access to the unit itself (64%, respectively).

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## Best Practices:

**Community Education and Outreach:** Grantees rated the following strategies as most effective: 1) visits to health care providers (67%); 2) visits to parent or community groups (52%); and 3) mailings to community groups (48%).

**Recruitment:** Grantees emphasized the need to gain resident trust, address resident fear of landlord repercussions, retain clients, and overcome landlord resistance to participation in grant activities and provided a number of specific strategies.

109,169 individuals were reached through community awareness activities, over and above those reached through recruitment or enrollment efforts.

**Partnership Development:** Almost all of the grantees (96%) formed new partnerships and close to half of the grantees (40%) formed more than six new partnerships. Recommended strategies to promote effective partnerships include: 1) improving the referral process between agencies through use of electronic or faxed referrals and joint case management meetings; 2) conducting joint visits with the partner agency, especially if cultural issues could be barrier; 3) assuring a coordinated delivery of services through performance contracts; and 4) standardizing training across agencies

**Assessment and Interventions:** Grantees highlighted the need to collect only the data that the program can use; to plan for delays in program start up when Institutional Review Board reviews are needed; to use electronic tools in the field; and to use tested and validated tools. Building a team of qualified contractors, linking education to observable behavior changes at each home visit, and knowing when to walk away from a project were important take-away messages for interventions.

The majority of grantees that could provide information on the average cost per unit for all interventions spent less than \$2,499.

**Sustainability:** Over 70% of the grantees reported the tools or procedures they developed or adapted for their programs were still in use by their program or by others after the grant ended. Those most commonly in use were the educational materials (85%), visual assessment (78%), training curriculum (77%), and partnerships (74%). Thirty five percent to 63% of grantees reported obtaining leveraging (donated, in-kind, or other leveraged funding) for eight different categories of program expenses.

## Need for continuation of HHD grant funding, especially to support asthma-related interventions:

No HHD grants were awarded in FY 2013 or FY 2014. Grantees highlighted the need for continued HHD grant funding in order to maintain the relationships and program successes achieved from 2005 – 2013.

"While it is helpful to offer the supplemental Healthy Homes funding to lead grantees, it prohibits the ability to work with anyone that does not have an identified lead hazard."