HUD Healthy Homes Demonstration Grants Evaluation

OMB Control No XXXX­XXXX. This information is designed to provide information to HUD regarding the performance of the grantees that carried out the Healthy Homes Demonstration grant program, and to provide the Congress with status reports on the grants as required by Title X of the Housing and Community Development Act of 1992 (P.L. 102­550). Public reporting burden for this collection of information is estimated to be 16 hours per response. This collection does not require the retention of confidential or sensitive material. This information is also designed to provide timely information under the Federal Financial Accountability and Transparency Act of 2006 (P.L. 109­282), and the American Recovery and Reinvestment Act of 2009 (ARRA; P.L. 111­5). This agency may not collect this information, and you are not required to complete this form packet, unless it displays a currently valid OMB control number.

HUD Healthy Homes Demonstration Grants Evaluation

**Welcome Past and Current Healthy Homes Demonstration Grantees!**

**OMB control Number 2539-xxxx, Expires xx-xx-xxxx and Form HUD- xxxx**

The Healthy Homes Demonstration (HHD) grant program helps develop, demonstrate and promote cost­effective, preventive measures for identifying and correcting residential health and safety hazards.

Through the HHD grant program, HUD’s Office of Healthy Homes and Lead Hazard Control (OHHLHC) has financed several healthy home demonstration projects over the years, but until now has not compiled or analyzed the projects and results. OHHLHC is interested in systematically collecting and reviewing information related to program design, recruitment and outreach, assessments, interventions, partnerships, staffing, evaluation, program costs, best practices and lessons learned. This will not only allow the Office to more easily identify and highlight unique features or successes of individual programs, but will also provide a mechanism for evaluating activities and outcomes for the HHD grant program as a whole.

**You have been chosen to participate in this questionnaire because you are a past or current grantee whose program has one or more of these designing features:**

l Diversity and intensity of interventions implemented

l Unique or robust partnerships

l Identification of best practices

l Monitoring and evaluation of health outcomes

l Strength of evaluation design

l Availability of cost data and/or cost analysis

l Availability of datasets for further analysis

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**Who should complete the questionnaire?**

This questionnaire is being administered to past and current Healthy Homes Demonstration grantees. We need one response PER program so each program/grantee should designate a single person\* to complete the questionnaire. You may need to collect information from other team or staff members, but responses should be compiled and entered by one person.

*\*Ideally this should be the person who is most familiar with the design, administration and evaluation of the activities implemented under your HHD Grant.*

**What information will I need to complete the questionnaire?**

The questionnaire will ask you to provide information about program design, recruitment and outreach, assessments, interventions, partnerships, staffing, evaluation, program costs, best practices and lessons learned. You may need to collect some of this information from other members of your team or staff. It will be helpful for you to review your reports and proposal as you complete this questionnaire. We advise you to look at the pdf version of the questionnaire that was provided and gather the information you will need before you complete the questionnaire online.  **Please note that the questionnaire is designed to skip past questions that are not relevant to your program so you will not see all of the questions that are included in the pdf version of the questionnaire.** For instance, if you answer that your program did not do environmental sampling as part of this project, you will not see any of the questions on the page “Additional detail about environmental sampling”. In general, questions on pages with titles that start with “Additional detail” will only be shown to grantees who have responded positively to a previous related question. More information about these skip patterns will be explained in the orientation webinar and in the document *Questionnaire\_explanation of drop­downs and skip patterns.pdf* attached to your questionnaire invitation.

**How long will the questionnaire take?**

The questionnaire should take 50­120 minutes to complete online, depending on how many questions are relevant to your program, the length of your answers to open­ended questions and the amount of preparation you have done to gather needed information. Depending on how much data you need to assemble and the number of people who might be consulted, we estimate that you will need 5­10 hours of preparation. Some grantees may receive a request for a follow­up phone call if additional information is needed to clarify or expand upon responses. The total estimated time for preparing for and completing this questionnaire and any needed follow­up should not exceed 16 hours.

**Can I complete the questionnaire in more than one session (e.g., save and return later)?**

Yes. You can start to enter your answers, leave the questionnaire early, and then re­access the link to finish later. Note that you must use the link that was provided to your grantee program.  **Each grantee program was provided a unique link so it is important that you only use the link that was sent to you from Healthy Housing Solutions.**

**How will the information be used?**

As noted above, the information collected will provide critical information about the impact and activities of the HHD grant program as a whole, while also making it easier to identify and highlight specific features of individual grantee programs. The information may be used to inform future decision­making about the program, to spread best practices and share learning with other HUD grantees, and/or to identify additional opportunities for collaboration and analysis.

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**General Information**

**1. Please select the name of your organization from the list of grantees below:**

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**\*2. Tell us a little about this project (response required):**

Title of project:

Project

Director:

Project start date (mm/yyyy):

Project end date (mm/yyyy):

**3. Project status:**

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**\*4. Who is the best contact person if we need to follow­up for additional information about this project?**

**Name\*:**

**Organization & Title:**

**Address:**

**Address 2:**

**City/Town:**

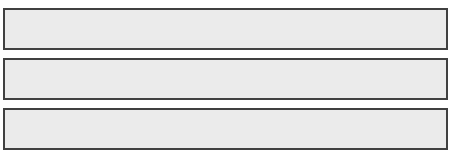
**State:** 6

**ZIP:**

**Email Address\*:**

**Phone Number\*:**

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5.Please enter the information for a secondary contact (optional):

Name: EmailAddress: Phone Number.

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**Targeting Individuals**

**6.** Some programs target individuals for recruitment. Some focus on housing units. Many programs

target both individuals and housing units.

**Did your program target INDIVIDUALS?**

*Choose "yes" if your program did ANY targeted recruitment of individuals based on health conditions or characteristics of individuals. You will be asked about targeting of housing in a separate question.*

mlj

Yes

mlj No

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**Additional Detail About Recruitment of Individuals**

You are seeing the questions on this page because you previously indicated that your program targeted individuals for recruitment.

**7. Did your project target any of the following groups?**

*Please indicate if each group was the primary (main) or secondary focus of your recruitment efforts. Groups that were included but not the main focus of your recruitment efforts should be included as secondary targets. If the group was not a focus of your recruitment efforts, select not applicable. Select one in each row.*

**Primary target**

**Secondary target**

**Not applicable**

Low­income families nmlkj nmlkj nmlkj Minority families mlj mlj mlj Immigrant or refugee families nmlkj nmlkj nmlkj Families or individuals residing in a specific neighborhood mlj mlj mlj Families with children under the age of 1 year nmlkj nmlkj nmlkj Families with children under the age of 6 years mlj mlj mlj Families with children under the age of 18 years nmlkj nmlkj nmlkj Families with children with or at­risk for lead poisoning mlj mlj mlj Families or individuals with or at­risk for asthma nmlkj nmlkj nmlkj Families or individuals with or at­risk for injuries mlj mlj mlj Families or individuals with or at­risk for other conditions nmlkj nmlkj nmlkj Disabled residents mlj mlj mlj Seniors nmlkj nmlkj nmlkj Renters/tenants mlj mlj mlj Owner­occupants or owner­occupied units nmlkj nmlkj nmlkj Landlords/Rental property owners mlj mlj mlj

Other (specify below) nmlkj nmlkj nmlkj

***Please specify what other groups you targeted:***

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**8.** *Tell us a little about the number of individuals you reached.*

**For this project, please indicate the:**

Number of individuals you planned to enroll (target number):

Number of individuals you contacted (by the end of the project or to date):

Number of individuals you enrolled (by the end of the project or to date):

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**Targeting Housing Units**

**9. Did your program target HOUSING UNITS?**

*Choose "yes" if your program did ANY targeted recruitment of housing units or based on housing characteristics.*

mlj

Yes

mlj No

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**Additional Detail About Recruitment of Housing Units**

You are seeing the questions on this page because you previously indicated that you targeted housing units for recruitment.

**10. Did your project target any of the following types of housing units?**

*Please indicate if each type of housing was the primary (main) or secondary focus of your recruitment efforts. Types of housing that were included, but not the main focus of your*

*recruitment efforts should be included as secondary targets. If the housing type was not a focus of*

*your recruitment efforts, select "not applicable". Select one in each row.*

**Primary**

**target**

**Secondary**

**target**

**Not**

**applicable**

Units located in a specific neighborhood or defined geographic boundary

(e.g., census tract)

nmlkj nmlkj nmlkj

Units built prior to 1950 mlj mlj mlj Units built prior to 1978 nmlkj nmlkj nmlkj New construction mlj mlj mlj Rental units nmlkj nmlkj nmlkj Public housing units mlj mlj mlj Single­family units nmlkj nmlkj nmlkj Multi­family units mlj mlj mlj Home­based child care nmlkj nmlkj nmlkj Foster care mlj mlj mlj Supportive housing nmlkj nmlkj nmlkj

Units located in Renewable Communities, Empowerment Zones or

Enterprise Communities

mlj mlj mlj

Units involved in disaster mitigation nmlkj nmlkj nmlkj Units participating in another health or housing program mlj mlj mlj Other (specify below) nmlkj nmlkj nmlkj

***Please specify what other types of housing were targeted:***

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**11.** *Tell us a little about the number of housing units you reached.*

**For this project, please indicate the:**

Number of housing units you planned to enroll (target number):

Number of housing units you contacted (by the end of the project or to date):

Number of housing units you enrolled (by the end of the project or to date):

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**Recruitment Methods**

**12. Please rate the success of each method you used to recruit individuals or housing**

**units for this project.**

*Select "not applicable" to indicate that you did not use a particular recruitment method.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NOT**  **successful** | **SOMEWHAT**  **successful** | **VERY**  **successful** | **Not applicable** |
| Newspaper advertisement | nmlkj | nmlkj | nmlkj | nmlkj |
| Radio advertisement | mlj | mlj | mlj | mlj |
| TV advertisement | nmlkj | nmlkj | nmlkj | nmlkj |
| Mass transit advertisement (e.g., bus shelter/subway ad) | mlj | mlj | mlj | mlj |
| Internet (ads, postings on websites) | nmlkj | nmlkj | nmlkj | nmlkj |
| Facebook, Twitter or other social media | mlj | mlj | mlj | mlj |
| Mailings to property owners | nmlkj | nmlkj | nmlkj | nmlkj |
| Mailings or distribution of materials to organizations and/or community groups | mlj | mlj | mlj | mlj |
| Phone calls | nmlkj | nmlkj | nmlkj | nmlkj |
| Door­to­door recruitment | mlj | mlj | mlj | mlj |
| Referrals from health care providers | nmlkj | nmlkj | nmlkj | nmlkj |
| Referrals from immigrant/refugee centers | mlj | mlj | mlj | mlj |
| Referrals from other agencies/organizations | nmlkj | nmlkj | nmlkj | nmlkj |
| Community meetings, health fairs or other public events | mlj | mlj | mlj | mlj |
| Specialized 800 or other call­in number | nmlkj | nmlkj | nmlkj | nmlkj |
| Other (specify below) | mlj | mlj | mlj | mlj |

***Please specify what other types of methods you used to recruit clients:***

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**13. Did you use any of the following incentives to recruit, enroll or retain clients?**

*Select all that apply.*

fec

No, we did not use incentives to recruit or enroll clients.

fec

Intervention(s) (e.g., installation or repair) subsidized or provided free of charge

fec

Vouchers for services (e.g., IPM, cleaning)

fec

Gift certificates

fec

Products/giveaways (e.g., cleaning supplies, CO/smoke detectors, mattress encasements, vacuum cleaner)

fec

Cash

fec

Other (please specify below)

***Please describe what other incentive(s) you offered:***

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**Additional Detail About Incentives**

You are seeing the questions on this page because your answer to a previous question indicated that you provided incentives to clients.

**14. What funding sources were used to pay for incentives?**

*Select all that apply in each row.*

**Grant funding**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **or funding** |  | |
| Intervention (e.g., installation or repair) subsidized or provided free of charge | gfedc | gfedc | gfedc | gfedc |
| Vouchers for services | fec | fec | fec | fec |
| Gift certificates | gfedc | gfedc | gfedc | gfedc |
| Products/giveaways | fec | fec | fec | fec |
| Cash | gfedc | gfedc | gfedc | gfedc |
| Other incentive | fec | fec | fec | fec |

**Donated supplies, products, services**

**Other funding**

**Not applicable**

***Add any additional comments about funding sources for incentives:***

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**15. When did you provide the incentives?**

*Select all that apply in each row.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Upon enrollment or prior to  the intervention | At the start of the intervention  or during the  initial visit | During the intervention or at a  follow­up visit | At completion of the intervention or end of  the project | Not applicable |
| Subsidized/free intervention (e.g., repair or installation) | gfedc | gfedc | gfedc | gfedc | gfedc |
| Vouchers for services | fec | fec | fec | fec | fec |
| Gift certificates | gfedc | gfedc | gfedc | gfedc | gfedc |
| Products/giveaways | fec | fec | fec | fec | fec |
| Cash | gfedc | gfedc | gfedc | gfedc | gfedc |
| Other incentive | fec | fec | fec | fec | fec |

**16. What was the average value of all incentives provided per household?**

mlj

Less than $100

mlj

$100­$499

mlj

$500­$999

mlj

$1000 or more

mlj

Not able to estimate

**17. In your opinion:**

**Yes No Unsure**

Were the incentives you offered effective in recruiting clients? nmlkj nmlkj nmlkj

Were the incentives you offered effective in retaining clients (keeping clients enrolled)? mlj mlj mlj

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**Recruitment and Enrollment Summary**

**18. Is there anything else you would like to tell us about your recruitment process or any**

**successes or challenges you faced in recruiting and retaining clients?**

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|  |  |  |  |
| --- | --- | --- | --- |
| HUD Healthy Homes Demonstration Grants Evaluation | | | |
| **Partnerships** | | | |
| **19. What types of community organizations, stakeholders and partners were engaged as part of this project?**  *Indicate whether each type of group was a partner, subcontractor or was not engaged as part of this project (not applicable). For this question, partners are defined as organizations, entities or individuals who took an active role in recruiting or providing services, but did not receive payment for services. Subcontractors are paid for their services. Select all that apply in each row.*  **Not**  **Partner Subcontractor**  **applicable**  Childcare providers gfedc gfedc gfedc Code enforcement fec fec fec Community­based health organization or coalition gfedc gfedc gfedc Community­based housing organization or coalition fec fec fec Early intervention/child education (e.g., Head Start) gfedc gfedc gfedc Evaluation consultant fec fec fec Faith­based organizations gfedc gfedc gfedc Healthcare providers (hospitals, clinics, physicians, nurses) fec fec fec Homeowners association gfedc gfedc gfedc K­12 Schools fec fec fec Landlord association gfedc gfedc gfedc Local business fec fec fec Managed care plans/health plans gfedc gfedc gfedc State or local health department fec fec fec State or local housing agency gfedc gfedc gfedc Other state or local agency fec fec fec Tenant association gfedc gfedc gfedc Translators (paid or volunteer translation services) fec fec fec University or academic partner gfedc gfedc gfedc Weatherization program fec fec fec WIC gfedc gfedc gfedc Other (please describe below) fec fec fec  ***Please describe any other types of organizations/agencies engaged:*** | | | |
|  |  | 5  6 |  |

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**20. How many partnerships were newly formed as a result of this project?**

mlj

None

mlj

1­3

mlj

4­6

mlj

More than 6

mlj

Unsure

**21. Do you continue to work with one or more of these new partners?**

mlj

Yes

mlj No

mlj

Unsure

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**Program Components**

You will now be asked a series of questions about the individual components of your program, including assessment, educational and structural interventions and staffing.

For some questions you will be asked to enter a number (e.g., number of residents who completed an interview). In most cases, grantees should be able to enter the actual number requested. **However, if actual numbers are not available, we ask that you provide your best estimate.**

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**Visual Assessments of the Building or Unit**

**22. Did your program use VISUAL ASSESSMENTS?**

mlj

Yes

mlj No

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**Additional Detail About Visual Assessments**

You are seeing the questions on this page because you indicated previously that your program used visual assessments.

**23. You indicated that your program used visual assessments. How many visual assessments (including all follow­up assessments) were completed per housing unit?**

*Example: If your program completed a baseline assessment for every unit and between 1­4 follow­up assessments per unit, you would enter 2 for the minimum number of assessments and 5 for the maximum number of assessments below.*

Average number of visual assessments per housing unit:

Minimum number of visual assessments per housing unit:

Maximum number of visual assessments per housing unit:

**24. When did each assessment typically occur?**

*Use the reference point indicated in parentheses or enter NA if not applicable. If you conducted only two visual asessments, enter the same number of months next to second assessment and final asessment.*

First (baseline) visual assessment (enter the number of **WEEKS** post enrollment):

Second visual assessment (enter the number of **MONTHS** after the first assessment):

Final visual assessment (enter the number of **MONTHS** after the first assessment):

**25. How would you characterize your program's follow­up assessments?**

mlj

The follow­up visual assessment was identical in scope to the pre­intervention assessment.

mlj

The follow­up visual assessment focused primarily on areas that were identified as problems or that received interventions as a result of

the baseline assessment.

mlj

The follow­up visual assessment was more extensive than the baseline assessment.

mlj

No follow­up assessments were performed.

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**26. Please indicate if each of the following focus areas was routinely addressed during the**

**baseline visual assessment and/or during any of the follow­up assessments:**

*Select all that apply in each row.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessed at baseline** | | **Always assessed**  **at follow­up** | **Assessed as needed at follow­ up** | **Not assessed** |
| Carbon monoxide hazards (e.g., lack of working CO detector, malfunctioning appliances) | gfedc | gfedc | gfedc | gfedc |
| Environmental tobacco smoke (e.g., presence of ashtrays, smell of tobacco smoke) | fec | fec | fec | fec |
| Fire hazards (e.g., electrical hazards, no working smoke detector) | gfedc | gfedc | gfedc | gfedc |
| Housing code issues | fec | fec | fec | fec |
| Injury hazards (e.g., loose handrails, broken stair treads) | gfedc | gfedc | gfedc | gfedc |
| Inspection of appliances | fec | fec | fec | fec |
| Lead hazards (e.g., chipping or peeling paint) | gfedc | gfedc | gfedc | gfedc |
| Moisture problems | fec | fec | fec | fec |
| Pest infestations and/or pesticide use | gfedc | gfedc | gfedc | gfedc |
| Poisoning hazards (e.g., chemicals stored in home) | fec | fec | fec | fec |
| Presence of mold | gfedc | gfedc | gfedc | gfedc |
| Structural hazards (e.g., foundations, walls, roof) | fec | fec | fec | fec |
| Other (please specify below) | gfedc | gfedc | gfedc | gfedc |
| ***Please specify what other hazards were assessed with visual assessment:*** |  |  |  |  |

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**27. How many housing units:**

Completed a baseline visual assessment:

Completed a follow­up visual assessment:

Completed ALL scheduled visual assessments:

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**28. Did your program use a standardized visual assessment tool to collect the same data for each housing unit?**

mlj

Yes

mlj No

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**Additional Detail About Standardized Visual Assessment Tools**

You are seeing the questions on this page because you indicated that your program used a standardized tool to complete the visual assessment.

**29. Did the program use or adapt any of the following standardized assessment tools?**

*Select all that apply.*

fec

CEHRC Visual Assessment tool

fec

Cuyahoga County/Environmental Health Watch Home Moisture Audit

fec

EPA Asthma Home Environment Checklist

fec

Green and Healthy Homes Initiative assessment tool

fec

Healthy Homes Inspection Manual (assessment tool included)

fec

Healthy Homes Rating System (HHRS)

fec

Lead risk assessment/inspection according to EPA and HUD guidelines

fec

Master Home Environmentalist assessment tool

fec

Pediatric Environmental Home Assessment tool

fec

Program developed their own assessment tool (please describe below)

fec

Another standardized tool was used (please describe below)

***Please describe any tools that were adapted or developed, or any tools used that are not listed above:***

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**30. How long did you spend identifying, adapting or developing the visual assessment tools your program used?**

mlj

One day or less

mlj

A week

mlj

A month

mlj

2­3 months

mlj

More than 3 months

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**Visual Assessments**

**31. Is there anything else you would like to tell us about the visual assessments your**

**program completed?**

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**Resident Interviews**

**32. Did your program conduct RESIDENT INTERVIEWS (including health assessments,**

**pre/post questionnaires, etc.)?**

mlj

Yes

mlj No

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**Additional Detail About Resident Interviews**

You are seeing the questions on this page because you indicated previously that your program used resident interviews.

**33. You indicated that your program used resident interviews to obtain information. How many times was each resident interviewed (including follow­up interviews)?**

*Example: If your program completed a baseline interview for every resident and between 1­4 follow­up interviews per resident, you would enter 2 for the minimum number of interviews and 5 for the maximum number of interviews below. "Per resident" means per the residents that were interviewed (and not that every resident of every dwelling was interviewed).*

Average number of interviews per resident:

Minimum number of interviews per resident:

Maximum number of interviews per resident:

**34. When did each interview typically occur?**

*Use the reference point indicated in parentheses or enter NA if not applicable. If you conducted only two interviews, enter the same number of months next to second interview and final interview.*

First (baseline) interview (enter the number of **WEEKS** post enrollment):

Second interview (enter the number of **MONTHS** after the first interview):

Final interview (enter the number of **MONTHS** after the first interview):

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**35. Please indicate if each of the following types of data were routinely collected during the baseline and/or follow­up interviews:**

*Select all that apply in each row.*

**Baseline interview**

**Always assessed at follow­up**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **at follow­up** |  |
| Household/resident characteristics | gfedc | gfedc | gfedc | gfedc |
| History of household mobility (e.g. housing tenure) | fec | fec | fec | fec |
| Housing characteristics (e.g., age of housing) | gfedc | gfedc | gfedc | gfedc |
| Socioeconomic characteristics | fec | fec | fec | fec |
| Client concerns about housing conditions | gfedc | gfedc | gfedc | gfedc |
| Client's knowledge of focus areas | fec | fec | fec | fec |
| Allergies | gfedc | gfedc | gfedc | gfedc |
| Asthma | fec | fec | fec | fec |
| Elevated blood lead levels | gfedc | gfedc | gfedc | gfedc |
| Injuries | fec | fec | fec | fec |
| Other respiratory conditions | gfedc | gfedc | gfedc | gfedc |
| Poisonings | fec | fec | fec | fec |
| Behavioral information (e.g., cleaning, smoking, pets) | gfedc | gfedc | gfedc | gfedc |
| Healthcare utilization (e.g., ED or urgent care visits, hospitalizations) | fec | fec | fec | fec |
| Health­related absences from school or work | gfedc | gfedc | gfedc | gfedc |
| Quality of life indicators | fec | fec | fec | fec |
| Self­report of symptoms | gfedc | gfedc | gfedc | gfedc |
| Need for additional social or other services | fec | fec | fec | fec |
| Other (please specify below) | gfedc | gfedc | gfedc | gfedc |

**Assessed as needed**

**Not assessed**

***Please specify what other data was collected during the interviews:***

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**36. How many residents:**

Completed a baseline interview:

Completed a follow­up interview:

Completed ALL scheduled follow­up interviews:

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37.Is there anything else you would like to tell us about the interviews your program completed?

I

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**38. Did your program do any ENVIRONMENTAL SAMPLING?**

mlj

Yes

mlj No

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**Environmental Sampling**

You are seeing the questions on this page because you indicated previously that your program conducted environmental sampling.

**39. FOR LEAD ONLY: Use the drop­down menu to indicate how many units were tested for**

**LEAD using each of the following methods.**

*Choose "not applicable" for any samples you did not collect as part of this project.*

**How many enrolled units were sampled with this method?**

XRF 6

Paint chip 6

Dust sample 6

Soil sample 6

Water sample 6

Other (specify below) 6

***Please specify what other types of lead samples were taken:***

5

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**40. FOR ALL OTHER SAMPLES: Use the drop­down menus to tell us about each of the other (NON­LEAD) types of environmental samples collected.**

*For any samples you did not collect as part of this project, choose not applicable in the first*

*column (how many units) and leave the other columns blank.*

**How many units were sampled?**

**Sampling method #1 Sampling method #2**

Cockroach allergen 6 6 6

Cat allergen 6 6 6

Dog allergen 6 6 6

Dust mite allergen 6 6 6

Mouse allergen 6 6 6

Molds 6 6 6

Pesticide residue 6 6 6

Carbon monoxide 6 6 6

Radon 6 6 6

Particulate matter 6 6 6

Environmental tobacco smoke 6 6 6

Total VOC 6 6 6

Other indoor air quality 6 6 6

Temperature 6 6 6

Relative humidity 6 6 6

Other (specify below) 6 6 6

***Please specify what other types of environmental samples were taken:***

5

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**41. Is there anything else you would like to tell us about the environmental sampling completed as part of this project?**

5

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**Biological Sampling**

**42. Did your program do any BIOLOGICAL SAMPLING?**

mlj

Yes

mlj No

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**Additional Detail About Biological Sampling**

You are seeing the questions on this page because you previously indicated that your program collected biological samples.

**43. You indicated that your program used biological sampling. Please indicate which of the following types of samples were collected at baseline and/or follow­up:**

*Select all that apply in each row.*

**Sample taken**

**at baseline**

**Follow­up**

**sample taken**

**Not**

**sampled**

Blood lead levels gfedc gfedc gfedc Allergen testing ­ skin fec fec fec Allergen testing ­ blood gfedc gfedc gfedc Pulmonary function testing fec fec fec Urine tests for exposure to hazards gfedc gfedc gfedc Saliva tests for exposure to hazards fec fec fec

Other blood tests for exposure to hazards gfedc gfedc gfedc

***Additional details about biological samples:***

5

6

**44. How many residents:**

Completed a baseline sample:

Completed a follow­up sample:

Completed all scheduled follow­up samples:

HUD Healthy Homes Demonstration Grants Evaluation

**45. Is there anything else you would like to tell us about the biological sampling completed as part of this project?**

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Assessments summary**

**46. On average, how long did it take to perform ALL baseline assessments for a typical**

**housing unit or client (including visual assessments, interviews, environmental and biological sampling)?**

mlj

Less than 1 hour

mlj

More than an hour but less than 2 hours

mlj

More than 2 hours but less than 4 hours

mlj

More than 4 hours, but less than a full day

mlj

A full day

mlj

More than a full day

mlj

Not applicable

**47. Did your program develop or use any electronic tools to COLLECT DATA IN THE**

**FIELD (e.g., spec writing software, apps, electronic form, tablets)?**

*Select all that apply in each row.*

**For visual assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **issues** |  |
| Yes, we used electronic data collection tools developed by someone else (describe below) | gfedc | gfedc | gfedc | gfedc |
| Yes, we developed and used our own electronic data collection tools (describe below) | fec | fec | fec | fec |
| No, we did not use any electronic data collection tools | gfedc | gfedc | gfedc | gfedc |

**For resident interviews**

**For construction specs or code**

**For other data collection activities**

***Please describe the electronic data collection tools used or developed by your program:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**48. Did you provide any reports or written summary of your assessments to property owners, residents or health care providers?**

*Select all that apply in each row.*

**Provided to property owners**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | **providers** |  |
| Summary of visual assessment findings | gfedc | gfedc | gfedc | gfedc |
| Summary of health assessment findings | fec | fec | fec | fec |
| Summary of environmental sampling results | gfedc | gfedc | gfedc | gfedc |
| Summary of biological sampling results | fec | fec | fec | fec |

**Provided to residents**

**Provided to health care**

**Not provided/NA**

HUD Healthy Homes Demonstration Grants Evaluation

**Intervention Strategies**

**49. What types of intervention strategies did your program use?**

*Select all that apply.*

fec

Education of owners and/or residents

fec

Referrals to or from other organizations/agencies

fec

Provided products/giveaways (e.g. mattress encasements, smoke detectors, cleaning supplies)

fec

Installed devices or housing components (e.g., installed smoke detector, flooring, air filter)

fec

Performed minor repairs or renovation (e.g., patched holes, sealed cracks)

fec

Performed major repairs or renovation (e.g., replaced HVAC system, repaired roof)

fec

Presentations to schools or community groups

fec

General public awareness or community outreach campaign

**50. How long after the baseline assessment did the interventions typically start?**

mlj

Same day as baseline assessment

mlj

Within 1 week of the baseline assessment

mlj

Within 2 weeks of the baseline assessment

mlj

Within 1 month of the baseline assessment

mlj

Within 2 months of the baseline assessment

mlj

Longer than 2 months after the baseline assessment

HUD Healthy Homes Demonstration Grants Evaluation

**51. How would you characterize the intervention intensity?**

*Use the following definitions of intervention intensity to describe your program's activities related to each of the topics below. Select one in each row. If you didn't conduct any activities related to a particular topic, select not applicable.*

***MINOR****: Minor remediation efforts at a minimum include providing advice on recommended environmental changes to be performed by the members of the household and providing low cost items such as cleaning supplies or mattress/pillow allergen impermeable covers.*

***MODERATE****: Moderate remediation include the provision of multiple low cost materials, and the active involvement of program staff. Activities in this category included the provision and fitting of mattress and pillow allergen impermeable covers, HEPA vacuums, small air filters and dehumidifiers, integrated pest management, professional cleaning services, small area(s) of paint stabilization, replacement of kitchen or bathroom exhaust fans, covering bare soil, window replacement for the purpose of weatherization and minor repairs of structural integrity (patching holes).*

***MAJOR****: Major remediation efforts involve structural improvements to the home including carpet removal, replacement of ventilation systems, upgrades of heating and cooling systems, replacement of major appliances, soil removal, window*

*replacement for the purposes of lead hazard control, large area(s) of paint stabilization or extensive repairs of structural integrity (roof, walls, and floors).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Minor** | **Moderate** | **Major** | **Not applicable** |
| Asthma trigger reduction or other asthma education | nmlkj | nmlkj | nmlkj | nmlkj |
| Carbon monoxide hazards | mlj | mlj | mlj | mlj |
| Environmental tobacco smoke/smoking cessation | nmlkj | nmlkj | nmlkj | nmlkj |
| Fire safety | mlj | mlj | mlj | mlj |
| Housing code issues | nmlkj | nmlkj | nmlkj | nmlkj |
| Injury prevention and safety | mlj | mlj | mlj | mlj |
| Inspection of appliances | nmlkj | nmlkj | nmlkj | nmlkj |
| Interventions to improve thermal comfort | mlj | mlj | mlj | mlj |
| Lead hazard control | nmlkj | nmlkj | nmlkj | nmlkj |
| Mold and moisture control | mlj | mlj | mlj | mlj |
| Pest control or integrated pest management | nmlkj | nmlkj | nmlkj | nmlkj |
| Poisoning prevention | mlj | mlj | mlj | mlj |

|  |  |  |
| --- | --- | --- |
| HUD Healthy Homes Demonstration Grants Evaluation | | |
|  | Radon nmlkj nmlkj nmlkj nmlkj |  |
| Structural hazards (e.g., foundations, walls, roof) mlj mlj mlj mlj Weatherization/energy efficiency nmlkj nmlkj nmlkj nmlkj Other indoor air quality mlj mlj mlj mlj Other (please specify below) nmlkj nmlkj nmlkj nmlkj ***Please specify what other healthy homes interventions your program implemented:***  5  6  **52. How long, on average, did it take to complete ALL of the interventions for a single housing unit once they were started?**  mlj Same day  mlj Within 1 week mlj Within 2 weeks mlj Within 1 month mlj Within 2 months  mlj Longer than 2 months | | |

HUD Healthy Homes Demonstration Grants Evaluation

**53. Please use the drop­down menus in each column to indicate if you provided any of the following educational interventions to property owners or residents:**

**Type of education provided**

**to residents**

**Type of education provided**

**to property owners**

Lead poisoning prevention 6 6

Asthma triggers 6 6

Injury prevention 6 6

Poisoning prevention 6 6

Integrated pest management 6 6

Mold and moisture prevention 6 6

Carbon monoxide poisoning prevention 6 6

Energy efficiency 6 6

Fire safety 6 6

Environmental tobacco smoke/smoking cessation 6 6

Medical management (of asthma or another condition) 6 6

Other (specify below) 6 6

***Please specify what other topic areas were covered by your educational intervention:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**54. Did the educational interventions include any of the following?**

*Select all that apply.*

fec

Hands­on demonstration (e.g., cleaning demonstration)

fec

Participants asked to repeat a hands­on demonstration

fec

Participants completed a pre­test to assess knowledge or skills (describe findings below)

fec

Participants completed a post­test to assess knowledge or skills (describe findings below)

fec

None of the above

***Please describe the main findings of your evaluation of pre­ and/or post test of knowledge and skills:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Additional Detail About Referrals (including referrals made to or from the ...**

You are seeing the questions on this page because you indicated that your program routinely made referrals to other programs as part of the intervention process.

**55. Did your program MAKE referrals TO any of the following types of organizations/agencies?**

**Never Occasionally Routinely**

Asthma program or coalition nmlkj nmlkj nmlkj Healthcare provider or organization mlj mlj mlj IPM program nmlkj nmlkj nmlkj Lead program mlj mlj mlj Social services (e.g., food stamps, domestic violence) nmlkj nmlkj nmlkj Weatherization program mlj mlj mlj

Other (please specify) nmlkj nmlkj nmlkj

***Please specify what other types of organizations:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**56. Did your program RECEIVE referrals FROM any of the following types of organizations/agencies?**

**Never Occasionally Routinely**

Asthma program or coalition nmlkj nmlkj nmlkj Healthcare provider or organization mlj mlj mlj IPM program nmlkj nmlkj nmlkj Lead program mlj mlj mlj Social services (e.g., food stamps, domestic violence) nmlkj nmlkj nmlkj Weatherization program mlj mlj mlj

Other (please specify) nmlkj nmlkj nmlkj

***Please specify what other types of organizations:***

5

6

**57. Did you routinely follow­up with referrals to ensure that residents needs were met?**

mlj

Yes

mlj No

***Comments:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Community Education and Outreach**

The questions on this page are about general community education and outreach. These are community or neighborhood­level activities your program may have implemented to raise awareness about healthy homes. For the purpose of the questions on this page, community outreach does not include education provided as part of a home assessment or intervention or activities used exclusively to recruit clients (other questions in the survey will give you an opportunity to tell us about those activities).

**58. What type of general community education and outreach methods did your program use as part of this project?**

*Indicate which methods were used by rating their effectiveness or select not applicable. If your program did not collect evaluation data on community outreach strategies, please respond by*

*indicating how effective you felt each method was in raising awareness.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NOT**  **effective** | **SOMEWHAT**  **effective** | **VERY**  **effective** | **Not applicable** |
| Door to door outreach | nmlkj | nmlkj | nmlkj | nmlkj |
| Mailings to organizations and/or community groups | mlj | mlj | mlj | mlj |
| Participation in health fairs | nmlkj | nmlkj | nmlkj | nmlkj |
| Broadcast media outreach | mlj | mlj | mlj | mlj |
| Mass transit advertisements | nmlkj | nmlkj | nmlkj | nmlkj |
| Internet ads and postings | mlj | mlj | mlj | mlj |
| Facebook, Twitter or other social media | nmlkj | nmlkj | nmlkj | nmlkj |
| Visits to primary care provider offices | mlj | mlj | mlj | mlj |
| Visits to community or parent groups | nmlkj | nmlkj | nmlkj | nmlkj |
| Other (please specify) | mlj | mlj | mlj | mlj |

***Please specify what other types of outreach methods were used:***

5

6

**59. Please tell us a little about the number of individuals you reached through your**

**community outreach/education efforts:**

Number of individuals targeted:

Estimated number of individuals reached:

HUD Healthy Homes Demonstration Grants Evaluation

**60. How did you evaluate your community outreach activities?**

*Select all that apply.*

fec

We did not track or evaluate any of our community outreach activities

fec

Counts of those who were reached

fec

Demonstration and return demonstration of techniques (e.g., cleaning)

fec

Pre­ and Post­tests of knowledge, behaviors or attitudes

fec

Surveys/evaluation

fec

Self­reported behavior change (or intent to change if signing a pledge)

fec

Other (please specify)

***Please specify what other methods you used to evaluate your community outreach activities:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Staffing**

**61. Did your program provide skills training to any of the following individuals or groups?**

*Select all that apply.*

fec

Code inspectors

fec

Affordable housing professionals

fec

Grantee or partner staff

fec

Remodelers/contractors

fec

Property owners (non­residents)

fec

Residents/tenants

fec

Nurses

fec

Physicians

fec

Community­health workers (CHW) or Promotores(as)

fec

Other (please describe below):

***Please describe what other types of staff were provided with skills training as part of this project:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**62. What type of staff provided the assessment and intervention?**

*Select all that apply in each row.*

**SANITARIANS**: Consider any staff member who holds the job description of sanitarian, licensed environmental health risk assesor, registered environmental health specialist or similar titles as sanitarians.

**OTHER HOUSING PROFESSIONALS**: Consider any staff member who holds the title code

inspector, housing assessor or housing inspector, or who writes job specifications for construction

as an other housing professional.

**Nurse/ Social**

**worker**

**CHW/ Promotores**

**Other health educator**

**Sanitarian**

**Lead inspector**

**Other housing**

**professional**

**Other**

**Not applicable**

Visual assessment

gfedc gfedc gfedc gfedc gfedc gfedc gfedc gfedc

Code inspection

fec fec fec fec fec fec fec fec

Client interviews

gfedc gfedc gfedc gfedc gfedc gfedc gfedc gfedc

Health assessment/interview

fec fec fec fec fec fec fec fec

Housing education

gfedc gfedc gfedc gfedc gfedc gfedc gfedc gfedc

Health education

fec fec fec fec fec fec fec fec

Property owner education

gfedc gfedc gfedc gfedc gfedc gfedc gfedc gfedc

***If you checked other for any category, please specify what other types of staff were used:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Evaluation**

**63. What type(s) of evaluation design were used to evaluate health and housing**

**outcomes?**

*Select all that apply in each row and use the definitions below as guidance. We recognize that different NOFAs contained different instructions about the level of detail to include in an evaluation. There is no right or wrong answer to these questions.*

***Implementation/process evaluation:*** *Process evaluations might examine whether the activities are taking place, who is conducting the activities, who is reached through the activities, and whether sufficient inputs have been allocated or mobilized.*

*Typically reported in counts or percents (e.g., percent or number of people reached, number or percent of units receiving pest control services, etc).*

***Outcome/effectiveness evaluation:****Outcome evaluations assess progress related to the specific outcomes the program is designed to address. These evaluations are characterized by a pre/post design that measure the same condition or behavior*

*before and after the intervention. Typical measures might include changes in attitudes or beliefs, changes in risk or health­protective behaviors, changes in the environment and changes in health outcomes.*

***Quasi­experimental evaluation:****The program's outcome evaluation (defined above) also included a control or comparison group who did not receive the intervention during the evaluation timeframe. While an experimental design uses random assignment or other methods to ensure comparison among equivalent groups, the quasi­experiemental design allows for comparisons with groups between non­ equivalent groups that are highly similar or equivalent on key factors only.*

***Cost­benefit or cost­effectiveness evaluation:****The program systematically evaluated the costs and benefits of providing the intervention.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Implementation/** | **Outcome/** | **Quasi­** | **Cost** | **Other** | **Not** |
| **process** | **effectiveness** | **experimental** | **analysis** | **(describe below)** | **applicable** |

Housing conditions

gfedc gfedc gfedc gfedc gfedc gfedc

Health outcomes

fec fec fec fec fec fec

|  |  |  |
| --- | --- | --- |
| HUD Healthy Homes Demonstration Grants Evaluation | | |
|  | Behavior or knowledge among residents  gfedc gfedc gfedc gfedc gfedc gfedc |  |
| ***Please describe what other type of evaluation you used:***  5  6  **64. Do you have individual­level pre­ and post­intervention data for any of the following?**  *Select all that apply.*  *Note: Individual­level data means that you are able to track conditions for an individual home before and after the intervention.*  fec Housing conditions assessed through visual assessment  fec Housing conditions assessed through environmental sampling  fec Health outcomes assessed through resident interviews  fec Health outcomes assessed through health data  fec Health outcomes assessed through biological sampling  fec Behavior or knowledge among residents  **65. Did your project include a control or comparison group?**  fec Yes (please describe below)  fec No  ***Tell us more about your comparison or control group:***  5  6 | | |

HUD Healthy Homes Demonstration Grants Evaluation

**66. What quality assurance (QA) or quality control (QC) activities did you use?**

*Select all that apply.*

fec

Data was double­entered into the study database.

fec

Range checks were programmed into the study database.

fec

Inter­rater reliability was determined for assessment tools.

fec

Questionnaires were pilot tested during development.

fec

QC samples were integrated into the biological/environmental sampling process.

fec

Collection of field data was observed at a specified frequency.

fec

Staff provided with refresher training at specified intervals.

fec

Frequent meetings with all project staff.

fec

Monitoring of interventions/work in progress.

fec

Other (please describe below)

***Please describe any other QA/QC activities:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Evaluation Results**

**67. Please tell us about the number of units reached during the project period:**

Total number of units (not necessarily the sum of detailed counts below):

Number of owner­occupied units:

Number of rental units:

Number of vacant units:

Number of units that were part of a multi­family building:

Number of single­family units:

Number of units built before 1940:

Number of units built between 1940­1978:

Number of units built after 1978:

**68. Please tell us about the number of individuals reached during the project period:**

Total number of occupants (not necessarily the sum of detailed counts below):

Number of occupants under 6 years of age:

Number of occupants between the ages of 6 and 17:

Number of occupants between the ages of 18­64:

Number of occupants 65+:

Number of occupants with asthma:

HUD Healthy Homes Demonstration Grants Evaluation

**69. For each of the following housing issues, please use the drop­down menu indicate if your evaluation showed an improvement between the baseline and final assessment across all housing units, a worsening, no change or if a change was not assessed. Use the second drop­down menu to indicate whether each change was statistically significant or whether no statistical test was applied.**

**Evaluation findings:**

**Change from baseline**

**Statistical significance**

Asthma trigger reduction or other asthma education 6 6

Carbon monoxide hazards 6 6

Environmental tobacco smoke/smoking cessation 6 6

Fire safety 6 6

Housing code issues 6 6

Injury prevention and safety 6 6

Inspection of appliances 6 6

Interventions to improve physical comfort 6 6

Lead hazard control 6 6

Mold and moisture control 6 6

Pest control or integrated pest management 6 6

Poisoning prevention 6 6

Radon 6 6

Structural hazards (e.g., foundations, walls, roof) 6 6

Weatherization/energy efficiency 6 6

Other indoor air quality 6 6

**HUD Healthy Homes Demonstration Grants Evaluation**

**70. Describe any key outcomes related to housing conditions or quality.**

*Include* a *detailed description of the outcomes (magnitude of the outcome, how and when it was measured, statistical significance).*

HUD Healthy Homes Demonstration Grants Evaluation

**71. Did your program track any health outcomes related to ASTHMA?**

mlj

Yes

mlj No

HUD Healthy Homes Demonstration Grants Evaluation

**Additional Detail About Asthma Outcomes**

You are seeing the questions on this page because you previously indicated that your program tracked and reported on asthma outcomes.

**72. Here are some commonly assessed asthma outcomes. Use the drop­down menus to indicate what timeframe was used to assess each outcome at baseline and at the final assessment. If you evaluated a change between baseline and final for any outcome, use the last drop­down menu to indicate if these outcomes improved, worsened or did not change.**

*For any items you did not assess, choose not assessed.*

**Timeframe asked about during**

**baseline assessment**

**Timeframe asked about during**

**final assessment**

**Evaluation findings: Change from**

**baseline**

Asthma hospitalizations 6 6 6

Asthma ED/urgent care visits 6 6 6

Days with worsening asthma 6 6 6

Symptom­free days 6 6 6

Nighttime symptoms 6 6 6

Days missed of school, work or daycare 6 6 6

Use of rescue inhaler 6 6 6

Limitations on usual activity 6 6 6

HUD Healthy Homes Demonstration Grants Evaluation

**73. Describe any key outcomes related to ASTHMA that are not captured in the question above.**

*Include a detailed description of the outcomes (magnitude of the outcome, how and when it was measured, statistical significance).*

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Lead poisoning**

**74. Did your program track any health/case management outcomes related to LEAD**

**POISONING?**

mlj

Yes

mlj No

HUD Healthy Homes Demonstration Grants Evaluation

**Additional Detail About Lead Poisoning Outcomes**

You are seeing the questions on this page because you previously indicated that your program tracked and reported on lead poisoning outcomes.

**75. Please enter the number of children identified through the program:**

*Leave blank if unknown.*

In need of screening:

With elevated blood lead levels (10 ug or above):

In need of case management services:

Who needed to be temporarily relocated:

Who needed to be permanently moved:

**76. Describe any key outcomes related to LEAD POISONING that are not captured in the**

**question above.**

*Include a detailed description of the outcomes (magnitude of the outcome, how and when it was measured, statistical significance).*

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Injury Prevention**

**77. Did your program track any health outcomes related to INJURY PREVENTION?**

mlj

Yes

mlj No

HUD Healthy Homes Demonstration Grants Evaluation

**Additional Detail About Injury Prevention Outcomes**

You are seeing the questions on this page because you previously indicated that your program tracked and reported on injury prevention outcomes.

**78. Describe any key outcomes related to INJURY PREVENTION.**

*Include a detailed description of the outcomes (magnitude of the outcome, how and when it was measured, statistical significance).*

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Other Health Outcomes**

**79. Describe any key outcomes related to OTHER HEALTH CONDITIONS (besides asthma,**

**injury prevention or lead poisoning).**

*Identify the type of health condition and include a detailed description of the outcomes*

*(magnitude of the outcome, how and when it was measured, statistical significance).*

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Publications and Datasets**

**80. Did you publish, publicize or present any of your evaluation findings?**

*Select all that apply and provide additional information about publications and presentations*

*(websites, citations) in the box provided below.*

fec

Conference poster

fec

Oral presentation at conference

fec

Presentation to elected officials or community group

fec

Published evaluation online (e.g., posted evaluation report on website)

fec

Peer­reviewed publication

fec

Community newsletter (print or online)

fec

Local TV or news broadcast

fec

Local radio broadcast

fec

Other

fec

None

***Please provide the citation, website or other information for any publications or presentations related to this project:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**81. Would your program be able to share any of the following with HUD\*?**

*Select all that apply.*

fec

De­identified raw data (e.g., Excel file, Access database, SAS dataset, comma or tab­delimited file)

fec

De­identified cleaned data (e.g., Excel file, Access database, SAS dataset, comma or tab­delimited file)

fec

Aggregate data

fec

Data dictionary

fec

SPSS, SAS (statistical software) or other code used to analyze data

fec

Other documentation (e.g., summary of methods used)

fec

None of the above (explain your answer below):

***Please briefly describe why data is not available for sharing with HUD:***

5

6

*\*HUD is interested in obtaining grantee datasets to assess the feasibility of combining datasets for additional analysis.*

**\*82. Who do we need to contact to find out more about the datasets and documentation available for sharing with HUD?**

**Name:**

**Email Address:**

**Phone Number:**

HUD Healthy Homes Demonstration Grants Evaluation

**Institutional Review Board (IRB)**

**83. Did your program require IRB review or obtain IRB approval?**

mlj

No IRB review was required

mlj

IRB review determined that the project was exempt

mlj

Project was subject to expedited review

mlj

Project was subject to full review

mlj

Unsure

***Any additional comments about IRB review:***

5

6

HUD Healthy Homes Demonstration Grants Evaluation

**Cost information**

**84. Did your program track actual costs?**

mlj

Yes, we have detailed information about costs broken down by activity or component

mlj

Yes, but not for all activities

mlj

No, but we have estimated costs for all or some activities

mlj

No, we have no cost information

mlj

Unsure

HUD Healthy Homes Demonstration Grants Evaluation

**Additional Detail About Costs Overall and by Program Component**

You are seeing the questions on this page because you indicated that you had detailed cost information. You will be asked to provide the average, maximum and minimum per unit cost for different intervention components. Near the end of the page you will be asked what costs were included in the numbers you provide (e.g, labor, supplies, equipment).

**OVERALL COST PER UNIT**

**85. Please estimate the average per unit cost for ALL physical intervention and follow­up activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**86. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete ALL physical intervention and follow­up activities (the overall cost per unit in US**

**dollars).**

Minimum total cost per unit:

Maximum total cost per unit:

HUD Healthy Homes Demonstration Grants Evaluation

**PER UNIT COSTS FOR WEATHERIZATION & ENERGY EFFICIENCY ACTIVITIES**

Weatherization and energy efficiency activities may include, but are not limited to:

*Repairing/replacing windows Installing weather stripping Installing insulation*

*Sealing ducts*

*Servicing furnace/boiler/hot water heater*

*Other weatherization activities*

**87. Please estimate the average per unit cost for all WEATHERIZATION & ENERGY EFFICIENCY activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**88. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all WEATHERIZATION & ENERGY EFFICIENCY activities:**

Minimum cost per unit for weatherization and energy efficiency activities:

Maximum cost per unit for weatherization and energy efficiency activities:

HUD Healthy Homes Demonstration Grants Evaluation

**PER UNIT COSTS FOR MOISTURE CONTROL ACTIVITIES**

Moisture control activities may include, but are not limited to:

*Fix roof leaks*

*Fix/clean gutters/downspouts*

*Fix plumbing/appliance leaks*

*Confirm dryer/bathroom fan/range hood vented to outside*

*Install dryer vented to outside*

*Install bathroom fan vented to outside*

*Install range hood fan vented to outside*

*Seal dirt crawl spaces in basement with plastic sheeting*

*Provide dehumidifier*

*Service furnace/air conditioner Redirect ground or storm water runoff Other moisture control activities*

**89. Please estimate the average per unit cost for all MOISTURE CONTROL activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**90. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all MOISTURE CONTROL activities:**

Minimum cost per unit for moisture control activities:

Maximum cost per unit for moisture control activities:

HUD Healthy Homes Demonstration Grants Evaluation

**PER UNIT COSTS FOR LEAD HAZARD CONTROL ACTIVITIES**

*Lead hazard activities may include, but are not limited to:*

*Stabilize paint*

*Encapsulate paint*

*Strip paint from components (e.g., doors, windows) Enclose walls*

*Replace components (e.g., doors, windows)*

*Make floor and window surfaces smooth and cleanable Perform specialized cleaning of horizontal surfaces Other lead hazard control activities*

**91. Please estimate the average per unit cost for all LEAD HAZARD CONTROL activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**92. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all LEAD HAZARD CONTROL activities:**

Minimum cost per unit for lead hazard control activities:

Maximum cost per unit for lead hazard control activities:

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**PER UNIT COSTS FOR INJURY PREVENTION ACTIVITIES**

*Injury prevention activities may include, but are not limited to:*

*Provide smoke detector, CO alarm, window guards or cabinet locks*

*Install smoke detectors*

*Install carbon monoxide alarms*

*Install window guards*

*Install cabinet locks*

*Fix stair rails and stair treads*

*Provide night lights*

*Other*

**93. Please estimate the average per unit cost for all INJURY PREVENTION activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**94. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all INJURY PREVENTION activities:**

Minimum cost per unit for injury prevention activities:

Maximum cost per unit for injury prevention activities:

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**PER UNIT COSTS FOR INDOOR AIR QUALITY AND ALLERGEN REDUCTION ACTIVITIES**

*Indoor air quality (IAQ) and allergen reduction activities may include, but are not limited to:*

*Make floor surfaces smooth and cleanable*

*Install air filtration devices*

*Perform cleaning*

*Provide mattress or pillow covers*

*Take steps to reduce environmental tobacco smoke in the home*

*Other*

**95. Please estimate the average per unit cost for all INDOOR AIR QUALITY & ALLERGEN REDUCTION activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**96. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all INDOOR AIR QUALITY & ALLERGEN REDUCTION activities:**

Minimum cost per unit for IAQ and allergen reduction activities:

Maximum cost per unit for IAQ and allergen reduction activities:

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**PER UNIT COSTS FOR INTEGRATED PEST MANAGEMENT (IPM) ACTIVITIES**

*Integrated pest management activities may include, but are not limited to:*

*Seal holes and cracks*

*Eliminate food sources*

*Use low­toxicity baits or gels*

*Vacuum*

*Conduct monitoring*

*Other*

**97. Please estimate the average per unit cost for all IPM activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**98. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete all INTEGRATED PEST MANAGEMENT (IPM):**

Minimum cost per unit for IPM activities:

Maximum cost per unit for IPM activities:

**ADDITIONAL QUESTIONS**

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**99. What was included in the costs (or estimated costs) you provided above?**

*Select all that apply in each row.*

**Grant­funded**

**Donated, in­kind, leveraged or other**

**funding**

**Not applicable**

Labor gfedc gfedc gfedc

Supplies fec fec fec

Equipment gfedc gfedc gfedc

Services (e.g., professional pest management services, professional cleaning)

fec fec fec

Outreach materials gfedc gfedc gfedc Travel (local travel only) fec fec fec Overhead/administrative/fringe/indirect costs gfedc gfedc gfedc Other (describe below) fec fec fec

***Please describe what other costs are included in your estimate:***

5

6

**100. Did you conduct any type of formal cost analysis (e.g., cost­benefit, cost­**

**effectiveness, ROI) for this project?**

mlj

Yes

mlj No

mlj

Unsure

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**Additional Detail About Overall Costs**

You are seeing the questions on this page because you indicated that your program tracked some, but not all, costs. You will be asked to provide the average, maximum and minimum per unit cost for your program's interventions. Near the end of the page you will be asked what costs were included in the numbers you provide (e.g, labor, supplies, equipment).

**101. Please estimate the average per unit cost for ALL physical intervention and follow­up activities:**

mlj

Less than $500

mlj

$500­$999

mlj

$1000­$2499

mlj

$2500­$4999

mlj

$5000 or more

mlj

Unsure or unable to estimate

**102. Enter the minimum amount spent per unit and the maximum amount spent per unit to**

**complete ALL physical intervention and follow­up activities (the overall cost per unit).**

Minimum total cost per unit:

Maximum total cost per unit:

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**103. What was included in the costs (or estimated costs) you provided above?**

*Select all that apply in each row.*

**Grant­funded**

**Donated, in­kind, leveraged or other**

**funding**

**Not applicable**

Labor gfedc gfedc gfedc

Supplies fec fec fec

Equipment gfedc gfedc gfedc

Services (e.g., professional pest management services, professional cleaning)

fec fec fec

Outreach materials gfedc gfedc gfedc Travel (local travel only) fec fec fec Overhead/administrative/fringe/indirect costs gfedc gfedc gfedc Other (describe below) fec fec fec

***Please describe what other costs are included in your estimate***

5

6

**104. Did you conduct any type of formal cost analysis (e.g., cost­benefit, cost­**

**effectiveness, ROI) for this project?**

mlj

Yes

mlj No

mlj

Unsure

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**Additional Detail About Cost Analysis**

You are seeing the questions on this page because you indicated that you conducted a cost analysis as part of this project.

**105. Can you make any conclusions about the cost­effectiveness of your approach? Choose the best answer and then provide additional detail in the box provided.**

mlj

The approach was not cost­effective.

mlj

The approach was cost­effective.

mlj

We were not able to determine if the approach was cost­effective (inconclusive results).

mlj

We have not finished our cost analysis.

***Please provide additional information about your cost analysis:***

5

6

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**Challenges encountered**

**106. How frequently did you encounter the following challenges during the course of this**

**project?**

**This was NOT a challenge.**

**This was SOMETIMES**

**a challenge.**

**This was FREQUENTLY**

**a challenge.**

Cost constraints nmlkj nmlkj nmlkj Obtaining reliable contractors mlj mlj mlj Obtaining qualified contractors nmlkj nmlkj nmlkj Obtaining consent of the property owner mlj mlj mlj Meeting timeframes nmlkj nmlkj nmlkj Getting into housing units mlj mlj mlj Contractual issues nmlkj nmlkj nmlkj Obtaining timely environmental review mlj mlj mlj Getting landlords/homeowners to do work nmlkj nmlkj nmlkj Relocating residents mlj mlj mlj Working with residents whose first language is not English nmlkj nmlkj nmlkj Residents fearful of repercussions from landlord mlj mlj mlj Change in target area or population nmlkj nmlkj nmlkj

Other (specify below) mlj mlj mlj

***Please specify what other types of challenges you encountered.***

5

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**107. How did you overcome these challenges?**

5

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**108. Were there any challenges you couldn't overcome?**

mlj

Yes (describe below)

mlj No

mlj

Unsure

***Please describe any challenges you had difficulty in overcoming:***

5

6

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**Best Practices and Sustainability**

**109. What aspects of your program or approach do you think were strongest or most**

**effective?**

*Select all that apply.*

fec

Identifying high­risk target areas or populations

fec

Addressing obstacles to enrollment and participation

fec

Leveraging statutory, regulatory and enforcement authority

fec

Collaboration and partnerships

fec

Educational approaches

fec

Housing/structural interventions

fec

Evaluation

fec

Leveraging resources and funding

fec

Sustainability

fec

Other (please specify below)

***Please specify what other aspects of your program you felt were particularly strong:***

5

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**110. Are there any parts of your approach that you would identify as best practices or that**

**you would recommend highly to a new grantee or program?**

5

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**111. What aspects of your project do you think were ineffective?**

5

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**112. Did you develop or adapt any of the following for use in this program and are you or**

**any other organizations still using any of the materials or processes developed as part of this program?**

*Select all that apply in each row.*

**Developed or adapted for use**

**Still in use**

**by your program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **in this project** |  | | |
| Visual assessment tool | gfedc | gfedc | gfedc | gfedc |
| Client interview guide | fec | fec | fec | fec |
| Other assessment tool | gfedc | gfedc | gfedc | gfedc |
| Educational materials | fec | fec | fec | fec |
| Recruitment method | gfedc | gfedc | gfedc | gfedc |
| Referral system | fec | fec | fec | fec |
| Partnership | gfedc | gfedc | gfedc | gfedc |
| Training curriculum  ***Additional details/comments:*** | fec | fec | fec | fec |

**Still in use by other programs/organizations**

**Not applicable**

5

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**113.** *Some programs have reported the need for organizational changes or restructuring in order to deliver services more effectively (e.g., combining individual programs into a single healthy*

*homes program).*

**Please evaluate and respond to each of the following statements:**

**Yes No Unsure**

This project resulted in an organizational restructuring or change in order to deliver services more effectively. nmlkj nmlkj nmlkj

An organizational change or restructuring (or an additional change or restructuring) is still needed to deliver services effectively.

mlj mlj mlj

No organizational change or restructuring was or is needed to deliver services effectively. nmlkj nmlkj nmlkj

**114. Since the end of your project, have you needed or obtained any of the following**

**resources to continue your activities?**

*Select all that apply in each row. If your project is still being funded by HUD, please indicate what additional resources you anticipate will be needed to continue your activities after the project period ends.*

**Needed Obtained Not applicable**

Additional federal funding gfedc gfedc gfedc

Additional state funding fec fec fec

Additional local funding gfedc gfedc gfedc

Additional funding from another source

*(e.g., foundation, grant, fees, member dues)*

fec fec fec

New policy gfedc gfedc gfedc Policy update or change fec fec fec Legislative authority gfedc gfedc gfedc MOU between agencies or organizations fec fec fec

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Concluding thoughts

115.Is there anything else you would like to share about your project?