

**SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT  
SUBMISSION**

**Evaluating Outcomes of HUD's Healthy Homes Demonstration (HHD) Grantees  
OMB Control Number 2539-New**

**A. Justification**

**1. Authority for Information Collections**

The Secretary of the Department of Housing and Urban Development is authorized under Section 502 of the Housing and Urban Development Act of 1970 (12 U.S.C. § 1701z-1) to undertake programs of research, studies, testing, and demonstration relating to the mission and programs of the Department. 12 U.S.C. § 1701z-2 authorizes the Secretary to provide advice and technical assistance on activities funded by 1701z-1, and to request data from public agencies, organizations, and individuals deemed appropriate to support this purpose.

HUD requests an approval of a new collection of information in support of efforts to identify and assess the quality of evaluation data collected by HUD's HHD grantees and to ensure that important grantee findings are captured so that they can be made available to other programs. HHD grantees have special knowledge and experience that can contribute greatly to the assessment of practical considerations related to implementation, costs, health and housing outcomes, capacity building needs, and sustainability of the HHI. HUD here presents and explains paperwork burden estimates for this new questionnaire and collection of information.

OMB approval is requested for up to two years, with data collection beginning approximately July 2013. Participation is voluntary. The only cost to respondents is their time.

**2. Requirements**

For this request, the following requirements pertain to paperwork burden: *responding to a questionnaire regarding the experience of the HUD HHD grantees* that have carried out the greatest number of interventions, collected the most detailed evaluation data on cost, health and housing impacts, can demonstrate significant capacity-building and sustainable approaches to program implementation, or have demonstrated the use of innovative practices in other areas of program implementation. The purpose of this data collection is to guide policy development and to provide guidance on effective and innovative practices to healthy homes programs and to organizations that are considering developing programs.

Specific research questions include the following:

- What methods were the most successful for identifying target neighborhoods and recruiting participants within those neighborhoods?
- Which existing visual assessment tools were most commonly used (or adapted by) the grantees?

- What were the most common interventions used by the grantees and what are the ranges and average costs for these interventions?
- What were the major findings of grantees that conducted thorough health outcome evaluations?
- What components of the grant-supported HH Demonstration programs were sustained following completion of the grant?

*The requirement is described in the following paragraphs.*

a. **Background.** In April 1999, HUD submitted to Congress a preliminary plan containing a full description of the HHI. The HHI builds upon HUD’s existing housing-related health and safety issues, including lead hazard control, building structural safety, electrical safety, and fire protection to address multiple childhood diseases and injuries, such as asthma, mold-induced illness, carbon monoxide poisoning, and other conditions related to housing in a coordinated fashion. The HHI departs from the more traditional approach of attempting to correct one hazard at a time (e.g., asbestos, radon). A coordinated effort is feasible because a limited number of building deficiencies contribute to multiple hazards. Substantial savings are possible using this approach, because separate visits to a home by an inspector, public health nurse, or outreach worker can add significant costs to efforts to eliminate hazards.

The mission of HUD’s HHI is “To reduce health and safety hazards in housing in a comprehensive and cost effective manner, with a particular focus on protecting the health of children and other sensitive populations in low income households.” (*Leading Our Nation to Healthier Homes: The Healthy Homes Strategic Plan*, U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control, 2009, p.7.) Evaluation of grant-funded research and demonstration projects funded under the HHI was last conducted in 2005 and included both Healthy Homes Demonstration Program (HHD) and Healthy Homes Technical Studies Program grantees. (“*An Evaluation of HUD’s Healthy Homes Initiative: Current Findings and Outcomes*,” Healthy Housing Solutions, Inc., March 5, 2007).

This evaluation did not include some HHD Program grants that were awarded in FY 2004 as well as approximately 54 grants awarded from FY 2005 through FY 2009. Objectives of the HHD grants include the following:

- Carrying out direct remediation where housing-related hazards may contribute to injury and illness, with a specific focus on children;
- Delivering education and outreach activities to protect children from housing-related hazards; and
- Building capacity to assure Healthy Homes projects are sustained.

The information collection described here will ensure that project results from the HHD Program not included in the 2005 evaluation are captured and made available to the public and to programs that are currently funded through the HHI. After a review of available reports and manuscripts, OHHLHC anticipates that approximately half of these grantees will be asked to complete an online questionnaire. OHHLHC will target those grantees that have carried out the

greatest number of interventions, collected the most detailed evaluation data on cost, health and housing impacts, and can demonstrate significant capacity-building and sustainable approaches to guide policy development and guidance for future healthy homes efforts. HUD is also interested in determining whether any of the grantees produced project evaluation data sets that would be of value to HUD for conducting additional analyses. HUD is especially interested in data on the effectiveness of interventions on health (most likely asthma) or home environmental outcomes and in cost/benefit or cost/effectiveness analyses. It is HUD's experience that grantees limited resources can sometimes prevent them from fully analyzing the data in their possession.

b. **Questionnaire.** HUD's contractor, Healthy Housing Solutions, Inc., developed a questionnaire for the 2005 evaluation that captured key information about recruitment/enrollment, assessment, interventions, skills training, and community education/outreach in HHI grantee projects. OHHLHC has instructed its contractor to modify that questionnaire to avoid duplication of data collection, reduce burden to HHD grantee staff, and focus more specifically on the amount and quality of the data collected on interventions, costs, and health and housing outcomes.

### 3. Methods for Conducting Information Collections

The methods for conducting the required information collections are described below:

a. **Implementation of the Questionnaire. See Attachment 1.** The questionnaire was piloted in February 2013 with two HHD grantees, and revisions are being made to improve clarity, and reduce response burden.

b. The HHD grantees who will respond to the online questionnaire will be selected from the approximately 54 grants that were awarded from fiscal years 2005 to 2009, including any 2004 grant not included in the earlier evaluation. The contractor will review available reports and manuscripts, and make recommendations to OHHLHC about which grantees should be selected to participate in the online questionnaire.

c. OHHLHC will then select approximately half of the HHD grantees (up to 30) to complete the online questionnaire. OHHLHC will target those grantees that have carried out the greatest number of interventions, collected the most detailed evaluation data on cost, health and housing impacts, and can demonstrate significant capacity-building and sustainable approaches to guide policy development and guidance for future healthy homes efforts.

d. OHHLHC will provide grantee contact information to its contractor, which will create a secure website using Survey Monkey Gold® software.

e. The contractor will contact the grantees and ask them to fill out the online questionnaire over a reasonable time period (i.e., a 4-week period). The online questionnaire and accompanying instructions will be administered using Survey Monkey Gold® software. The selected grantees will be offered the opportunity to participate in a webinar before they begin to complete the questionnaire. The purpose of this webinar is to provide an overview of the questionnaire and answer grantees' questions on how to submit their responses. The Survey Monkey Gold® software provides the capability to send automatic weekly email reminders to those HHD grantees that have not completed the online questionnaire. Both OHHLHC and its contractor, will be able to review rates of completion and preliminary data summaries.

f. It will be necessary to conduct follow-up discussions with some of the grantees in order to clarify their answers to the questionnaire and to arrange for transfer of evaluation datasets de-identified of individuals' personal information. This group will likely be a relatively small subset of the grantees.

g. The contractor will submit a written report to OHHLHC that summarizes the online questionnaire responses. The contractor will also submit all de-identified grantee evaluation databases, and the online questionnaire database, to OHHLHC at the end of the contract period.

#### **4. Nonduplication**

To our knowledge there is no duplication of information collection on this subject.

#### **5. Burden on Small Entities**

This information collection requirement does not have a significant impact on HUD HHD grantees, which are States or units of local government, or their contractors. Further, the information collection requirements for the questionnaire are not overly burdensome. We estimate that the average burden per respondent would be a maximum of 16 hours.

#### **6. Consequences to Federal Program or Policy Activities if Information was not Collected**

There has been no systematic effort to evaluate and synthesize the findings of HHD grants following completion of the previous evaluation in 2005. If this information was not collected, key findings from these completed grant programs would not be captured in a systematic manner and made available to the public. Through this collection HUD is expected to capture valuable information on the costs and efficacy of various interventions and outreach strategies and to identify best practices with respect to various aspects of residential health and safety (i.e., healthy homes) programs, including creative models for sustaining programs in the absence of federal funding. HUD is also expecting to identify and capture data sets that could provide valuable information following additional analyses.

#### **7. Special Circumstances for Information Collections**

There are no special circumstances that would cause the information collection to be conducted in a manner that was contrary to the general information collection guidelines provided by OMB.

**8. Public Input on Information Collection Requirements** On December 19, 2012, HUD invited comments from the public through **FR-5608-N-05** regarding this information collection request (Notice of Proposed Information Collection: Comment Request; *Federal Register*, Volume 77, Number 244, page 75184). No comments were received.

#### **9. Payment or Gifts to Respondents**

HUD will make no payments or gifts to respondents.

#### **10. Confidentiality**

No assurance of confidentiality is made to questionnaire participants.

### 11. Collection of Sensitive Information

No questions of a sensitive nature are posed in the information collection.

### 12. Hour Burden Estimate

HUD has estimated the paperwork hour burden for this collection. The total number of respondents is estimated at 30, the frequency of response is one. The burden is based on the time to gather requisite information, complete an on-line questionnaire, and provide evaluation datasets that are de-identified of individual personal information. The hourly labor cost is rated at \$32.75 per hour (2012 OPM rates, GS-12, step 5; [www.opm.gov](http://www.opm.gov)). The hour burden estimates are presented in Table 1.

**Table 1. Hour and Cost Burden Estimate**

Requirement	No. of Respondents	Hours per Respondent	Total Hours	Cost per hour	Labor Cost	Startup Cost	O&M Cost	Total Cost
Complete questionnaire	30	16	480	\$32.75	\$15,720	\$0	\$0	\$15,720
<b>Total</b>	<b>30</b>	<b>16</b>	<b>480</b>		<b>\$15,720</b>	<b>\$0</b>	<b>\$0</b>	<b>\$15,720</b>

Total cost: \$15,720  
 Total hours: 480  
 Cost per hour: \$32.75  
 Total respondents: 30  
 Hours/Respondent: 16

### 13. Cost Burden Estimate

As noted above, HUD has estimated the paperwork cost burden. The cost burden estimates are presented in Table 1.

### 14. Costs to the Federal Government

The estimated contractor cost to the Federal Government to develop and implement the questionnaire and summarize the findings is \$98,287.

### 15. Reasons for Program Changes or Adjustments

Not applicable; this is a new information collection.

#### **16. Publication of Information Collections**

Depending on the findings, HUD may decide to include some of the results in a future publication or a report that will be made available to the public. HUD anticipates that the findings that may be published would have a qualitative “policy and practice” orientation based on the experiences of the programs. The information will be used to support HUD policy development and technical assistance, as well as to determine the feasibility and value of extracting available data on interventions and outcome measures for later OHHLHC analyses.

#### **17. Display of Expiration Date**

HUD will fully comply with the requirement to display a valid OMB control number for this information collection.

#### **18. Exceptions to the Certification Statement**

HUD expects to fully comply with the Certification for Paperwork Reduction Act Submissions (OMB 83-I).

**[Note: Part B of the ICR Supporting Statement does not apply to this information collection.]**