

SURVEY QUESTIONNAIRE
“Survey of Lead Hazard Reduction Program Grantees”
OMB #2539-New

Public Reporting Burden Statement

The public reporting burden for this collection of information is estimated to average 2.33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000 or email: PaperworkReductionActOffice@hud.gov. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects and uses this information to assist in the planning for a detailed follow-up evaluation of HUD’s Lead-Based Paint Hazard Control Grant Program (“National Evaluation”). This information is required to obtain benefits because participation in HUD's data collection activities regarding the Lead Hazard Control grant is required as a condition of that grant funding. This information collected will not be held confidential.

Type and age of housing recruited

1. What is the most common dwelling type in which you conduct interventions?
 - a. Detached single-family
 - b. Rowhouse/townhouse
 - c. Duplex (2 units)
 - d. Triplex (3 units)
 - e. Fourplex (4 units)
 - f. Multifamily (more than 4 units)
- 1a. If 1f, what is the most common number of units?
 - a. 5-9
 - b. 10-19
 - c. 20-49
 - d. 50-99
 - e. 100 or more
2. What is the most common age of units in which you conduct LHC interventions?
 - a. 1960-1977
 - b. 1950-1959
 - c. 1940-1949
 - d. 1920-1939
 - e. 1900-1919
 - f. 1899 or earlier

3. What is the most common age of units in which you conduct Healthy Homes interventions?
 - a. 1960-1977
 - b. 1950-1959
 - c. 1940-1949
 - d. 1920-1939
 - e. 1900-1919
 - f. 1899 or earlier

INTERIOR LHC intervention methods used and average intervention costs

Which of the following LHC methods do you use **INSIDE** homes (specify all that apply)?

1. No action
2. Cleaning and spot paint stabilization
3. Cleaning, full paint stabilization and floor treatments
4. Cleaning, full paint stabilization, floor treatment PLUS window treatment
 - a. Vinyl cap on sills
 - b. Paint removal
 - c. Jamb lining
 - d. Other (specify)
5. Cleaning, full paint stabilization, floor treatment, PLUS window replacement and wall enclosure/encapsulation
6. Enclose, encapsulate, or remove all lead-based paint
7. Remove all lead-based paint
8. Other (specify)

If no action is chosen, please specify:

- Number of units under this grant with no action taken
- Estimated number of additional units under this grant for which no action will be taken

For EACH LHC method selected, please specify

1. Number of units already treated under this grant
2. Estimated number of additional units to be treated under this grant
3. Average per-unit direct (contractor) cost of treatment

EXTERIOR LHC intervention methods used and average intervention costs

Which of the following LHC methods do you use on the **EXTERIOR of** homes, excluding soil treatment (specify all that apply)?

1. No action
2. Partial paint stabilization
3. Full paint stabilization
4. Full paint stabilization PLUS some enclosure, encapsulation, or removal
5. Enclose, encapsulate, or remove all lead-based paint
6. Remove all lead-based paint
7. Other (specify)

For no action, please specify:

- Number of units under this grant with no action taken
- Estimated number of additional units under this grant for which no action will be taken

For EACH LHC method selected, please specify

1. Number of units already treated under this grant
2. Estimated number of additional units to be treated under this grant
3. Average per-unit direct (contractor) cost of treatment

SOIL treatments used and average intervention costs

Which of the following soil treatments do you use (specify all that apply)?

1. Temporary cover (mulch, stone)
2. Temporary cover PLUS seed, install barriers to access (bushes, fencing)
3. Temporary cover, seed, install barriers to access (bushes, fencing) PLUS partial soil removal, re-sod
4. Complete soil removal or enclosure with asphalt or concrete,.
5. No soil treatments
6. Other (specify)

For no soil treatments, please specify:

- Number of units under this grant with no soil treatments
- Estimated number of additional units under this grant with no soil treatments

For EACH soil treatment selected, please specify

1. Number of units already treated under this grant
2. Estimated number of additional units to be treated under this grant
3. Average per-unit direct (contractor) cost of treatment

HOUSING ASSESSMENT METHODS FOR EVALUATING NON-LEAD HAZARDS

If you have a Healthy Homes Supplement (HHS) grant, did your program use a standardized assessment tool or tools to identify residential health and safety hazards in assessed units (Y/N)?

If No, skip the following question

Which of the following tools was used?

1. Healthy Homes Rating System (HHRM) (HUD)
2. Pediatric Environmental Home Assessment (HUD)
3. Essentials for Healthy Homes Practitioners tool
4. Healthy Homes Assessment Checklist (CDC)
5. Surgeon General's Healthy Homes Assessment Checklist (HHS)
6. Other standardized assessment tool (specify)
7. We developed our own assessment tool (specify)
8. CDC/EPA/HUD Asthma Home Checklist

HEALTHY HOMES HAZARDS MOST FREQUENTLY IDENTIFIED

Please select the THREE MOST FREQUENTLY IDENTIFIED healthy homes hazards in the units you assessed. For each hazard identified, please provide:

- a. The **approximate** fraction of homes (% of dwelling units) under this grant for which the hazard was identified.

- b. The average cost per dwelling unit for remediating the hazard.
 - c. The interventions typically conducted to remediate the hazard (check all that apply).
1. Fire safety issues (missing, non-working or insufficient number of smoke detectors; lack of (working) fire extinguisher; egress issues) ____%
 2. Carbon monoxide issues (missing, non-working or insufficient number of CO detectors, high CO levels) ____%
 3. Gas leaks ____%
 4. Slip/trip/fall hazards (missing stair rails, area rugs/mats not skid-resistant, no window guards/stops on upper stories, bathrooms without grab bars) ____%
 5. High hot water temperature (130°F or higher) ____%
 6. Electrical hazards (frayed wiring, multiple extension cords/power strips, frequent fuse/circuit breaker trips) ____%
 7. Radon ____%
 8. Asbestos ____%
 9. Mold and/or moisture problems ____%
 10. Pest infestation (cockroaches, mice or rats, bed bugs) ____%
 11. Systems and structural issues (HVAC, roof issues, structural integrity) ____%
 12. Other (specify) ____%

INTERVENTIONS TYPICALLY CONDUCTED TO REMEDIATE HAZARD

Fire safety issues

1. Install smoke detectors
2. Replace batteries in smoke detectors
3. Provide/replace fire extinguisher
4. Install barriers to reduce contact with flames and hot surfaces
5. Address egress issues, e.g., repair fire escape
6. Other (specify)

Carbon monoxide issues

1. Install CO detectors
2. Replace batteries in CO detectors
3. Measure CO levels
4. Install/replace/repair CO source venting
5. Repair/replace CO source such as water heater
6. Other (specify)

Gas leaks

1. Repair gas leaks
2. Repair/replace combustion gas venting
3. Repair/replace gas appliances such as water heater or furnace
4. Other (specify)

Slip/trip/fall hazards (missing stair rails, area rugs/mats not skid-resistant, no window guards/stops on upper stories, and bathrooms without grab bars)

1. Install grab bars/handrails in bathroom
2. Install non-slip stickers in the bathtub or shower
3. Install/repair stairway handrails
4. Install/repair stairway components
5. Install/repair floor components
6. Install non-slip mats for rugs
7. Install child-safety gate(s) for stairs
8. Install window guards or stops
9. Install corner or edge guards
10. Install fall guards or rails for interior fall hazards
11. Install barriers for exterior fall hazard
12. Other (specify)

High hot water temperature

1. Reduce water temperature at water heater
2. Replace water heater thermostat
3. Other water heater repair (pressure relief valve or bad heating element)
4. Install temperature control valves in shower
5. Other (specify)

Electrical hazards

1. Install/repair electrical switch/receptacle plates
2. Child-proof electrical outlets
3. Repair electrical service grounding
4. Repair/replace fuse/breaker panel deficiencies
5. Replace wiring
6. Other (specify)

Radon

1. Measure Radon levels
2. Install radon mitigation system
3. Other (specify)

Asbestos

1. Asbestos abatement
2. Other (specify)

Mold and/or moisture problems

1. Repair/replace components causing moisture problems
2. Repair/replace components/surfaces damaged by moisture problems
3. Replace moldy components
4. Repair/replace gutters and/or related drainage components
5. Grade yard to direct water away from foundation
6. Install French drain

7. Repair roof leaks
8. Repair/install ventilation
9. Other (specify)

Pest infestation

1. Pest control by pest management professional
2. Pest control by grantee staff
3. Provide resident with pest control supplies and instructions for use
4. Other (specify)

Systems and structural issues

1. Replace HVAC filter
2. Repair/replace HVAC system
3. Install/repair screens
4. Install/repair storm windows
5. Remove/replace sources of VOCs
6. Repair/replace roof
7. Repair/replace components lacking structural integrity
8. Other (specify)

Other

1. Specify
2. Specify
3. Specify
4. Specify

EDUCATIONAL INTERVENTIONS TO IMPROVE RESIDENT BEHAVIOR/HEALTH

Do you provide educational interventions to improve resident behavior/health? (Y/N)

If Y, please specify all that apply and the approximate percentage of homes under this grant to which each applies.

1. Provide education and/or educational materials on smoking _____%
2. Provide education and/or educational materials on slips/trips/falls _____%
3. Interventions to address the presence of child/adult with asthma/other respiratory illnesses:
 - a. Provide education and/or educational materials _____%
 - b. Delivery of anti-allergy pillow and/or mattress covers _____%
4. Interventions to address cleanliness, clutter, and/or refuse hazards:
 - a. Provide education and/or educational materials _____%
 - b. Install cleanable surfaces (e.g., countertop/linoleum) _____%
 - c. Provision with cleaning supplies/equipment _____%
5. Provide education educational material on safe food preparation _____%
6. Education on safe storage/disposal of household wastes _____%
7. Education on safe storage/disposal of poisonous hazardous substances _____%

8. Education and/or educational material on electrical hazards _____%

METHODS FOR IDENTIFYING HIGH-RISK NEIGHBORHOODS

Which of the following methods do you use under this grant to identify *neighborhoods* at high risk of lead and healthy homes hazards?

1. Census data on housing age, income, race/ethnicity, and family composition to identify minority neighborhoods with older homes, lower income, and families with young children.
2. Locations of homes with children with elevated blood-lead levels (EBL).
3. Coordination with the local Health Department.
4. Other (Specify)

METHODS FOR RECRUITING HOUSEHOLDS

Which of the following methods do you use under this grant to recruit households into your program?

1. Advertising in community newspapers and on neighborhood/community websites
2. Local television advertising
3. Referrals of children with EBL from the local Health Department
4. Door-to-door recruiting in targeted neighborhoods
5. Solicitation by mail or telephone
6. Recruiting through community organizations
7. Other (Specify)

MAJOR BARRIERS TO PROGRAM IMPLEMENTATION

Have you encountered major obstacles to program implementation (Y/N)?

If N, please skip to the next question.

Please select all applicable.

1. Insufficient number of certified LBP inspectors/risk assessors or other certified LBP contractors
2. Insufficient number of other, non-LBP, qualified contractors
3. Difficulty recruiting a sufficient number of program participants
4. Staffing shortages or hiring freezes in your organization
5. Lack of coordination with other housing programs, e.g., weatherization
6. Supply chain problems affecting/delaying interventions
7. Increased cost of materials
8. Natural disasters
9. Covid-19 restrictions imposed by local or State authorities
10. Other (specify)

USE OF PARTNERS IN PROGRAM IMPLEMENTATION

1. Do you use partners (other than suppliers or contractors performing interventions) in program implementation (Y/N)?
2. If YES, please select all applicable partners
 - a. Health Department
 - b. Housing department
 - c. Weatherization program

- d. Community organizations
 - e. Other non-profit organizations
 - f. Health insurance companies
 - g. Local utilities or energy companies
 - h. Medical care organizations
 - i. Marketing consultants
 - j. Recruitment consultants
 - k. Other (specify)
3. For each partner selected, how would you rate their effectiveness on a scale of 1-5, with 5 being most effective?
4. Have you encountered problems working with partners in program implementation (Y/N)?

If NO, please skip to the following question.

5. Please specify the problem(s) encountered (check all that apply)
- a. Lack of timely response to requests
 - b. Failure to adhere to agreed schedules
 - c. Cost overruns
 - d. Poor quality work
 - e. Poor customer relations with residents
 - f. Fraud or other illegal activities
 - g. Staffing problems affecting their participation
 - h. Management turnover
 - i. Other (Specify)

SELF-EVALUATION EFFORTS OR PARTICIPATION IN OTHER RESEARCH EFFORTS

Have you conducted evaluation efforts on this grant (Y/N)?

If NO, please skip to the following question.

What evaluation efforts have you conducted (check all that apply)?

- 1. Durability of treatments (e.g., the integrity of paint repairs over time and the success of mold treatments in preventing the re-introduction of mold.)
- 2. Effectiveness of treatments over time (e.g., measuring post-intervention dust or soil lead levels over time; the ability of pest control treatments to keep homes pest-free)
- 3. For LHC treatments, monitoring resident children's blood lead levels over time.
- 4. For healthy homes interventions, monitoring residents' asthma control and/or asthma quality of life.
- 5. Measuring residents' satisfaction with interventions conducted in their homes.
- 6. Asking residents to suggest improvements in the process or nature of interventions.
- 7. Other (Specify)

Have you participated in other research efforts related to this grant (Y/N)?

If YES, please specify if possible

1. Organization leading the research
2. Funding for your participation (if any)
3. Nature of your participation
4. Your level satisfaction with the project on a scale of 1-5, with 1 meaning very dissatisfied and 5, very satisfied.

Would you be willing to participate in an evaluation of HUD's Lead Hazard Reduction Grant Program, assuming HUD would provide funding to cover the cost of your participation AND that your participation would not affect your ability to obtain LHR grants in the future (Y/N)? If YES, what level of participation would you be comfortable with (assuming HUD funding)?

1. Providing access to records of interventions with no further participation, other than to respond to questions about the records?
2. Recruiting homes to participate in the evaluation
3. Collecting data from residents in participating homes
4. Conducting sampling in participating homes
5. Other (specify)

If NO, please specify circumstances in which you WOULD participate, if any.

This question can be skipped if they put nothing in the text box.

SUCCESS IN OBTAINING OTHER SOURCES OF FUNDING TO SUPPORT LEAD AND HEALTHY HOMES PROGRAM ACTIVITIES

Have you solicited funds for lead and healthy homes activities from sources other than HUD (Y/N)?

If YES, were you successful in obtaining funds (Y/N)?

If YES, what was the approximate amount of funding obtained in the last 3 years?

1. Less than \$25,000
2. \$25,000 to less than \$100,000
3. \$100,000 to less than \$500,000
4. \$500,000 or more

What type of organization provided funding (specify all applicable)

1. Philanthropic foundation
2. Individual donor
3. For-profit business
4. Local government agency
5. State government agency
6. Federal government agency other than HUD (for example, EPA or CDC)

How much funding was provided by each type of organization?