

National Center for **HEALTHY HOUSING**



LESSONS LEARNED **HiAP + Pb Collaborative**

September 2019

KEY FINDINGS AT A GLANCE



The HiAP + Pb lens might have been confusing to stakeholders from development of the application through delivery of technical assistance. (Page 3)



Eligibility criteria and other RFP choices resulted in a narrow applicant pool. (Page 3)



The grantee selection process was efficient and collaborative. (Page 4)



The collaborative TA delivery structure worked as designed, and the value of impromptu, flexible, customized TA opportunities for grantees cannot be overstated. However, the concept can be difficult to convey successfully to potential recipients. (Page 4)



Opportunities to plug in national partners should have been identified earlier and more frequently during project execution. (Page 4)



Flexibility is the primary key to success. (Page 5)



The short time frame of this project was challenging in many aspects. (Page 5)



Face-to-face interactions increase not only relationships but also the quality and effectiveness of provided TA. (Page 5)



The benchmarks document added value for all stakeholders. (Page 6)



Advance knowledge of Year 2 continuation of this grantee cohort would have opened additional possibilities earlier in the process. (Page 7)

About This Document

NCHH's internal process of reflecting and sharing lessons learned at the conclusion of any project is an important step in outlining innovative approaches, dissecting encountered challenges, and facilitating future successes.

Throughout the year that constituted this project period, NCHH continued implementing a unique method of transmitting content knowledge and delivering technical assistance to colleagues working nationwide on efforts to prevent and respond to lead poisoning. A brief overview of the project and detailed descriptions of key findings from project activities are presented below. Additional details related to the grantees' specific activities and outcomes are available in the related case study series – Stories from the Field: 2019 Health in All Policies (Childhood Lead Poisoning Prevention) Mini-Grantee – located at <http://bit.ly/NCHHpubsHiAP>.

Project Overview

Supported through cooperative agreements with the Centers for Disease Control and Prevention's (CDC) [National Center for Environmental Health](#) (CDC-RFA-OT18-1802: Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health), the National Center for Healthy Housing (NCHH), the [National Environmental Health Association \(NEHA\)](#), the [National Association of County and City Health Officials \(NACCHO\)](#), and the Association of State and Territorial Health Officials (ASTHO) came together in 2018 to establish a collaborative partnership to support Health in All Policies (HiAP) and lead poisoning prevention efforts nationwide. In late 2018/early 2019, a competitive solicitation process was conducted to award up to three entities grants of \$20,000 each, as well as technical assistance from the partnership collaborative. The specific purpose of these grants was to advance local efforts to reduce lead exposure and its effects and build capacity to use a Health in All Policies approach for future efforts.

The chosen grantees submitted projects to build and support cross-sector relationships, integrate data systems, and incorporate

health into a variety of existing decision-making processes. Additional details about the selected grantees – Allegheny County Health Department (Pittsburgh, Pennsylvania), Houston Health Department, Bureau of Community and Children’s Environmental Health (Houston, Texas), and Louisville Metro Department of Public Health and Wellness (Louisville, Kentucky) – their specific projects, and original solicitation can be found on the project’s [funding opportunity page](#).

Throughout the project period, NCHH took the lead on interacting with the grantees and providing the technical assistance related to lead program issues. Grantees entered the TA process through an intake call with the NCHH core TA team to discuss the awarded application and overall project, investigate potential TA opportunities, and plan immediate next steps. This core TA team, consisting of a lead and assistant TA provider, served as a dedicated resource for the TA recipient, providing a foundation for seamless TA support and coordination of collaborative partner involvement.

Key Successes, Challenges, and Solutions

The following section outlines nine key findings distilled from the experiences of NCHH project staff, the partnership collaborative, and the grantee programs. Overall program data and specific comments from grantee programs are presented to demonstrate the full impact of the delivered TA.

Key finding: The HiAP + Pb lens might have been confusing to stakeholders from development of the application through delivery of technical assistance.

Overall, this project and collaborative was unique as it brought together nationally active HiAP and lead poisoning experts to jointly support and provide technical assistance to health departments tackling lead poisoning. However, this unique structure may have also created an unintended bias, leading some stakeholders to view the efforts as a “lead project with HiAP tool,” while others viewed them as a “HiAP project with lead as the test case.” This may have resulted in varying expectations on behalf of the collaborative members, in terms of desired outputs and the nature of technical assistance involvement, and it may have also contributed to an unclear understanding of the intent of the project in the larger target audience, as displayed in a lower application response than anticipated (further discussed below).

Key finding: Eligibility criteria and other RFP choices resulted in a narrow applicant pool.

Over the past several years, NCHH has seen great interest and response to its mini-grant and technical assistance opportunities. Upon announcement of the opportunity, approximately 240 individuals responded to the notice of interest (NOI) and registered to receive updates; however, upon closure of the application period, only 23 applications were ultimately submitted. NCHH surveyed those individuals who responded to the NOI to learn why the high interest translated to a low application rate. Broadly speaking, those who did not apply cited three main reasons:

- Internal pressures or competing priorities simply resulted in a lack of capacity to apply during the open application period.
- The low number of available grants (3) created a perception that the opportunity was highly competitive.
- The bonus point (available to entities operating in areas that do not currently receive CDC lead funding) was not available to them.

This was the first time NCHH developed an opportunity in which any available bonus points were not technically available to any application based on project design or merit. For some, this structural ineligibility translated to a feeling of disadvantage and also increased the feeling of intense competition, as there were more localities available for the bonus point than opportunities available. Many entities operating in areas not eligible for the bonus point simply did not apply as they felt that had no chance of success.

Not explicit in the follow-up survey comments, but reflected on by NCHH staff, was the decision to limit eligible applicants to local health departments only. As a HiAP project, a broader range of applicants could have been encouraged, bringing a focus on equipping other stakeholders and building local capacity. To ensure collaboration with existing efforts, demonstrated partnerships with a local health department or primary agency responsible for lead poisoning prevention efforts could have been required.

IN THEIR OWN WORDS

Time is a limited resource for our organization and staff, and the opportunity seemed to be highly competitive with three awards and applications openly encouraged from underfunded states/areas.

The amount of awards given was less than the amount of states they were giving preference to. We were not in a state of preference for this funding.

IN THEIR OWN WORDS

Having access to expertise and knowledge was incredibly valuable. If we came to a roadblock or were unsure of how to move forward, the technical advisors knew of some resource or some strategy to keep our coalition moving.

“

Some grants require extensive meeting/calls about TA. In this grant, we checked in with TA but had the freedom to access as needed.

“

Do not be afraid of what you do not know. At no point were TA providers judging programs. Also, don't be hesitant to ask questions regardless [of] if you think you know the answer. TA providers have different insight, different experiences, and can open doors you didn't know existed.

“

NCHH was very flexible in determining our greatest needs and were responsive to changing conditions. I've been a part of other grants where the technical assistance was very rigid and unsupportive.

“

The flexibility of this project is what I believe makes it so successful.

Key finding: The grantee selection process was efficient and collaborative.

For this opportunity, NCHH used an internally established process that allows each reviewer to evaluate and score applications based on a shared set of evaluation criteria and scoring rubric. Results from each reviewer are collected and presented in a single spreadsheet for use during a selection webinar. Qualitative information is also presented in the final spreadsheet to inform the review and final decision process. The transparent presentation of information and the collective discussion session to determine final awards creates a space in which reviewers feel represented and heard but not burdened with a lengthy review and evaluation process.

Key finding: The collaborative TA delivery structure worked as designed, and the value of impromptu, flexible, customized TA opportunities for grantees cannot be overstated. However, the concept can be difficult to convey successfully to potential recipients.

Throughout the project period, NCHH was often reminded that this method of providing nimble, responsive technical assistance support through a range of partners with a variety of expertise is unique, extremely valuable in advancing grantee efforts, and beneficial in solidifying collaborative partner relationships. In short, this works! Both the technical assistance provision model as well as the collaborative partner cohort model. Specifically, the grantees frequently noted their appreciation for timely, reactive guidance and the freedom to set their own workplan and determine project goals.

However, as with any new relationship or initiative, we did experience an initial learning curve as the grantees adjusted from a traditional funder/grantee experience, centered more on reporting successes and perhaps receiving prescriptive guidance, to more of a “coaching” relationship that was open to discussing challenges and brainstorming new opportunities. This transition occurred faster for some grantees than others, but once established truly opened opportunities to collectively advance local efforts.

Key finding: Opportunities to plug in national partners should have been identified earlier and more frequently during project execution.

As noted in the shifting funder/grantee relationship experience, we experienced a similar learning curve around collaborative partner roles and opportunities for engagement of the others partners in the cohort with the three grantee programs. Upon reflection, NCHH struggled to differentiate the specific partner strengths and how to apply the larger framework of HiAP to the local efforts, and we didn't recognize this deficiency early enough in the project period as we felt the local health departments were to some extent already naturally incorporating HiAP strategies into the majority of their work. The collaborative partners also struggled to find meaningful ways to plug in to feedback opportunities. Looking back, a structure that paired each grantee with both a HiAP and a lead TA provider from the start could have increased collaborative involvement and provided the grantees with more well-rounded technical assistance. Other options could have involved dedicated calls early in the project period to specifically introduce each national partner to the grantee cohort and/or including a national partner in the grantee site visit.

Key finding: Flexibility is the primary key to success.

Reinforcing learnings from previous mini-grant experiences, NCHH continues to receive feedback that the flexibility of all aspects of this technical assistance model are a welcome change and the key to overall success. The influx of flexible, unrestricted funding combined with an overall approach that allows the grantee to set, and adjust if necessary, goals and deliverables provides a space to be creative, think big, and respond to emerging opportunities in real time.

Key finding: The short time frame of this project was challenging in many aspects.

For both the collaborative partners and the grantee programs, the six-month period from grantee identification (January 2019) to project end (July 2019) was challenging. While difficulties varied by grantees, experienced challenges included:

- Executing contracts with city entities,
- Hiring and onboarding new staff,
- Operationalizing projects outlined during the application process,
- Establishing TA provider/grantee relationships,
- Understanding the true concept of responsive TA,
- Scheduling and performing an on-site visit to strategically provide in-person TA, and
- Understanding roles and engagement opportunities across the collaborative partners.

Key finding: Face-to-face interactions increase not only relationships, but also the quality and effectiveness of provided TA.

Not unsurprisingly, in-person events exponentially enhance the ability to provide technical assistance overall and deepen the underlying relationships of all stakeholders. The site visits and the end-of-project convening were two of the highlights noted specifically by grantees; however, opportunities to build relationships between the grantees themselves were few and an overall recommendation involves finding opportunities to increase peer-to-peer interactions during the project period, even if all of them are not truly face-to-face. Peer networking calls, screen-sharing software, and video

IN THEIR OWN WORDS

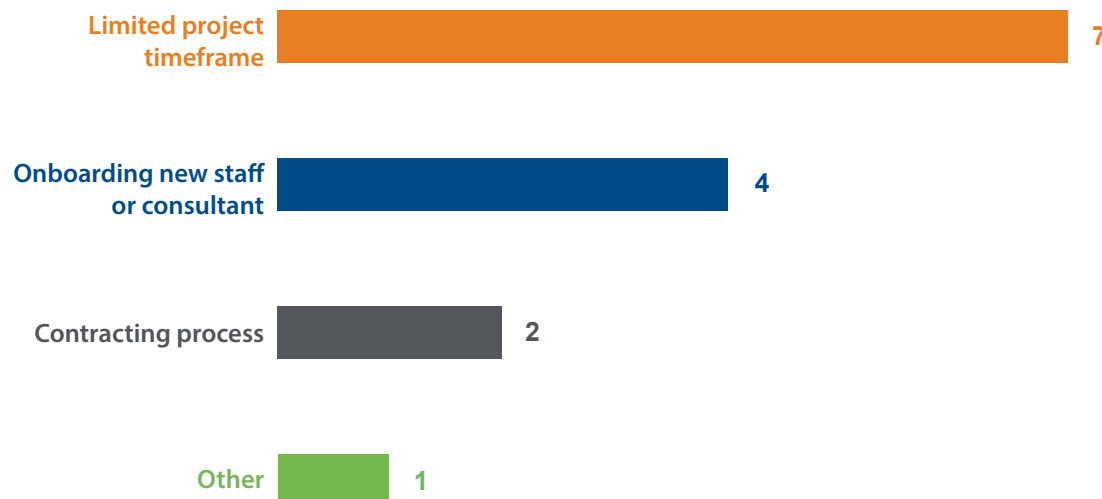
The technical assistance we received was extremely beneficial. Our only suggestion would be to enhance this experience by also connecting with other national partners who may have other guidance to share specifically related to their focus areas.

— “ —

It was extremely beneficial to not be restricted when receiving assistance as we worked on so many different components of the seven strategies. Being able to specifically address needs as they arose was very helpful.

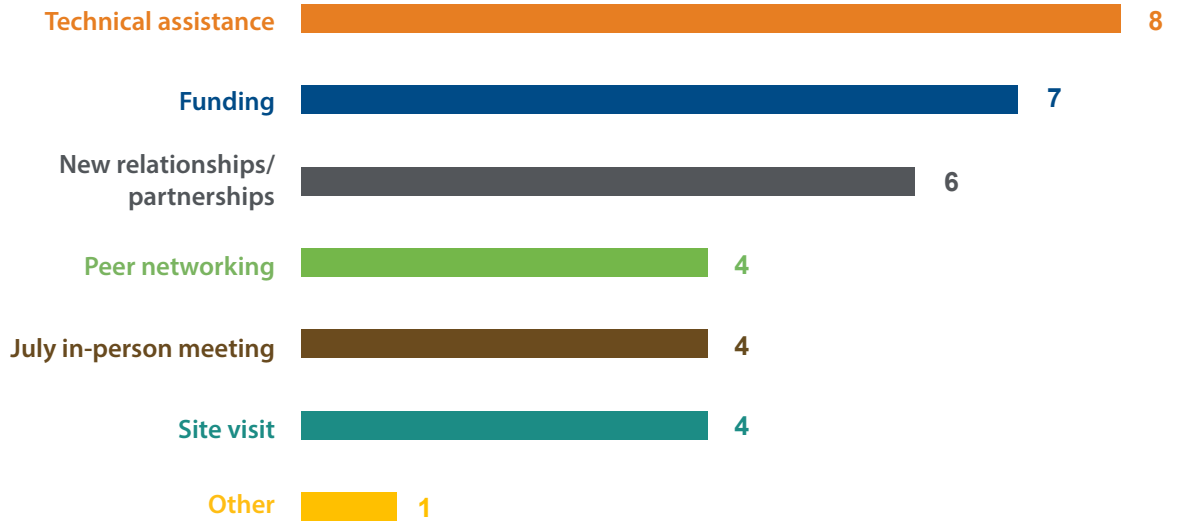
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It was a great opportunity to pilot new strategies that would otherwise not have been possible due to budget and time constraints of other grants. Through this project, we were able to experiment with new avenues of providing lead poisoning prevention education that would not have occurred otherwise.



**MOST CHALLENGING
ASPECT OF GRANT**

MOST BENEFICIAL ASPECT OF GRANT



conferencing all provide opportunities to enhance communications and build stronger familiarity and relationships. Further, should sufficient resources and time be available, grantees and partners alike would recommend kicking off the project period with a full-day meeting focused half on building relationships between and among both the peer cohort and the national partner organizations and half on starting technical assistance and capacity building.

Key finding: The benchmarks document added value for all stakeholders.

Grantees, partners, and TA providers alike found great benefit to the designed structure to methodically collect and reflect on metrics, capacity, and activities at scheduled points throughout the process. This process gave all stakeholders an opportunity to synthesize activities and reflect on progress or next steps. Further, having the information collected systematically and clearly showed concrete results. Within the six-month project period, the benchmarks documents clearly show capacity gains related to both lead poisoning prevention and HiAP areas, positive movement up the ladder of engagement, and significant achievement of project-specific goals. Finally, the narrative section of the document captured grantee challenges, successes, and reflections with a main purpose of creating grantee-specific “stories from the field” as a product for both the grantee programs and this collaborative overall. The grantee stories are available at <http://bit.ly/NCHHpubsHiAP>.

Key finding: Advance knowledge of Year 2 continuation of this grantee cohort would have opened additional possibilities earlier in the process.

As originally understood and operationalized, the project period involving the grantees ran from January to July 2019. In a positive way, this short time frame applied pressure on both the grantee communities and the national partners to act quickly and show results and also forced stakeholders to actively consider and explore sustainability options.


PROJECT GOALS Level Up, Improve Capacity, Meet Benchmarks

Within six months:

- 100% moved up the ladder of engagement
- 100% improved capacity in at least one area related to lead poisoning prevention
- 100% improved capacity in at least one area of Health in All Policies

~ 58 indicators across three grantee projects





*“It was program altering.
We will never be the same.”*

— 2019 HiAP+Pb Grantee

However, in addition to some of the challenges noted regarding the short time frame, the quick pace and limited time did not provide a wealth of space to “think big” or reflect on, and adjust, strategies in real time to the fullest extent. Knowing of the chance to extend both the technical assistance period and the grant award amount earlier may have impacted larger project pathways or influenced decisions throughout.

Lessons Learned

Although many insights were gained along the way, the value of flexibility throughout all aspects of project operations emerged once again as the most critical key to success. The ability to adapt in real time to local needs, utilize funding for innovative and creative ideas, and shift priorities to address evolving challenges provides grantees and TA providers alike with a unique opportunity to tailor efforts for maximum impact while still meeting or exceeding originally established project targets. Further, this informal access to a range of national experts able to share both content expertise as well as best practices, peer examples, and general support similarly fosters an environment of shared comraderie and mutual benefit. Continuing to build local capacity through flexible TA projects serves to nourish current work, sustain momentum on key activities beyond the project period, and aid communities in tackling future challenges.

Lessons Learned

HiAP + Pb
Collaborative

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