



## New York's Healthy Neighborhoods Program

**Financing Source:** New York State General Fund

**Financing Amount:** \$3.9 million (2018)

**Focus:** Healthy Homes

The New York State (NYS) Department of Health's **Healthy Neighborhoods Program (HNP)** "funds county health departments to provide in-home assessments and interventions to improve the environmental health and safety of residents in selected high-risk communities."<sup>1</sup> County health departments that receive funding from the HNP conduct door-to-door visits and use the HNP Home Intervention Form to collect real-time data. The form addresses numerous environmental health and safety hazards with a focus on the four core objectives of lead poisoning, indoor air quality, asthma, and fire safety. For potential hazards identified during the visit, outreach workers provide education (written and verbal), referrals, and services to help residents correct or reduce housing hazards. The HNP asks county health departments to revisit at least 25% of homes three to six months after the initial visit. During a revisit, the home is reassessed, and any new or ongoing problems or hazards are addressed. Other state-funded services related to childhood lead poisoning primary and secondary prevention and healthy homes are the subject of **additional case studies** in this series.

### Financing Mechanism

The HNP currently receives most of its funding through the New York State General Fund, but it has used many other funding mechanisms in the past. First created in 1985, the HNP's original source of funding was the federal Preventive Health and Health Services Block Grant ("Prevent Block Grant"). It has also been funded through categorical grants and Preventive Health Cornerstones projects in the 1980s and federal block grants in the 1990s. In the early 2000s, the HNP received funds from the **New York State Health Care Reform Act's** Tobacco Control and Insurance Initiatives Pool, which was "funded from monies the State receives as a result of settled tobacco related litigation and an increase in the State tobacco tax."

In the mid-2000s, the decreased availability of federal Prevent Block Grant prompted the Deputy Commissioner of the NYS Department of Health to initiate the process of gaining funding for the HNP from the General Fund. The program's effective data management and communication strategies allowed it to come under consideration for state funding and eventually to become a primarily nonfederal program in 2008. The funds it receives from the NYS budget are drawn from line items such as general tax levies and taxes on the sale of insurance policies.

The current HNP allocation of almost \$1.9 million from the General Fund was issued for a five-year cycle (April 1, 2014, through March 31, 2019). The HNP also receives supplemental federal Prevent Block Grant funds; in 2015, it used these resources to expand its scope by funding six additional county health departments. The program is expected to be sustained for another five years; however, the local health departments may be different, depending on which of the current participants choose to apply for this round of funding.

Every three to five years, the HNP issues a competitive request for proposals (RFP) for which county health departments may apply. To be eligible for funding, a county health department must offer both environmental and nursing services. Of the 62 counties in New York State (including New York City's five boroughs), 41 are eligible to compete for this funding. Applications are submitted voluntarily. Applicants must define a target geographic area, identify a need for services in that area, and tie the service need to a budget. In 2016, 20 county health departments received HNP funding.

## Program Overview

The NYS HNP seeks to reduce the burden of housing-related illness through a holistic healthy homes approach and strategic partnerships with clinical services. County health departments benefit from the HNP because it fills a gap in needed services that counties may not be able to address with existing programs, such as substandard housing, vermin, and housing complaints.

In addition to lead poisoning, indoor air quality, asthma, and fire safety, home visitors using the HNP Home Intervention Form address environmental factors such as tobacco control, carbon monoxide poisoning, radon, ventilation, cleaning and clutter, pests, mold and moisture, and structural issues. Counties differ in the staff members they use to conduct home assessments, in the referrals they make or the products or services they provide, and in the mechanisms by which they address any problems identified in the home. They may do work in addition to the elements on the HNP's standardized form, including injury prevention, minority health, and newborn health.

## Program Operations

The state health department manages the overall program – bringing the strengths of its surveillance, evaluation, and other resources – and articulates a framework of core objectives, operating procedures, and measures to ensure consistency across local programs. County health departments, selected through a competitive grant application process, submit work plans that incorporate this core framework but that build on local resources and infrastructure to deliver services in a way that is most meaningful and effective for each individual community. The central role for the state provides standardization across core program design elements, such as which housing conditions are assessed and how they are assessed and mitigated, evaluation metrics, and a perspective that allows for fast recognition and dissemination of best practices across the program. The design and delivery of the program at the local level allows for tailoring to meet local needs; access to credible, community-based partners; and strong partnerships with local clinical care providers and organizations for referrals to additional services. While local programs must meet the framework of core objectives identified by the state, their services may exceed the core objectives if applicable to their local population.

### *Eligible Population Served*

The program targets housing in high-risk areas that are identified using housing, health, and socioeconomic indicators from census and surveillance data. Residents in these high-risk areas are identified to receive services through the HNP using three mechanisms: door-to-door canvassing, self-referral (for example, at a health fair), and community referrals (by, for example, a school nurse, Medicaid Managed Care Plan, or medical provider). In some counties, other programs (like the nutrition program) operate as a gateway for residents to receive healthy homes services through the HNP. There are no age or income restrictions. Each county determines the timing of and selection of households for revisits, but all generally give preference to homes with pressing health and safety needs or residents with asthma.

### *Staffing*

Local health departments are encouraged to hire providers from within the communities they serve field staff responsible for the home assessment and intervention include environmental health specialists (sanitarians, health educators, public health nurses, or other public health professionals) with training in healthy homes concepts. However, the HNP is not a case management program; to achieve its objectives, the program relies on an extensive network of partners at the state and local level.

### *Billing for Services*

Local health departments provide grant-funded HNP services at no cost to community members. The success of a pilot program between the Erie County HNP, the state Medicaid program, and four regional managed care plans later became the basis for the state's incorporation of home-based asthma services into its Medicaid waiver.<sup>2</sup>

## Outcomes and Evaluation

Evaluation is integral to the HNP: Data are used dynamically to monitor progress and refine the approach. At each visit, the program collects information about housing characteristics, resident demographics, housing conditions, and, for residents with asthma, patient-level measures of asthma symptoms and self-management. Program evaluation focuses on assessing whether resources are reaching the intended target population and on tracking improvements in housing conditions between the initial visit and revisit. The asthma component of the intervention uses pre-/post-intervention evaluation to assess improvements in the following: presence of triggers or conditions that promote triggers in the home environment; asthma knowledge and self-management—knowledge of triggers and avoidance strategies, medication usage, and the use of asthma action plans; and asthma morbidity—number of days with worsening asthma and visits to a doctor, emergency department, or hospital. The state-led evaluation allows for comparisons across local initiatives to look for the impact of different approaches on targeting the intervention to the most at-risk populations and, on the magnitude of improvement in trigger reduction, asthma knowledge, self-management behaviors, and asthma morbidity. The state's central management role in the program helps to ensure that promising and transferable strategies for targeting home visits are shared across local program grantees.

Local programs often collect or acquire additional data (e.g., medical claims data), but the primary data source for evaluation is the four-page HNP dwelling assessment form. The form includes demographic information about the primary respondent, characteristics of the dwelling, characteristics of the residents, physical conditions of the dwelling, and education, referrals, and products provided. At each visit, a single-page asthma form is completed for each resident with asthma and faxed to the state, which scans the data and saves it in a database. The data system automatically generates quarterly reports for the program as a whole and for individual local health departments.

A 2017 program evaluation indicates that the NYS HNP was able to reduce the overall number of hazards per home and demonstrate statistically significant improvements in fire safety, indoor air quality, tobacco control, lead poisoning prevention, pest control, moisture and mold, and other housing hazards. While there were improvements in nearly all of the 42 conditions assessed, the following hazards showed the largest magnitude of improvement (ordered from the maximum improvement, 95%, to 53%): missing smoke detectors, missing carbon monoxide detectors, malfunctioning appliances, blocked exits, rodents, cockroaches, leaks, electrical hazards, and molds.<sup>3</sup>

A separate evaluation of the impact on adults and children with asthma in homes served by the program found statistically significant improvements in self-reported self-management of asthma triggers and medications, healthcare access, asthma outcomes, and environmental conditions. Targeted interventions in the homes of those with the poorest asthma control showed the greatest reduction in asthma triggers scores at the revisit, as well as statistically significant improvements in the number of days with worsened asthma symptoms over the past 30 days, the number of days children missed from school, and the number of days adults missed from work.<sup>4</sup>

### **Return on Investment**

A cost-benefit analysis of the HNP for residents with asthma reported a benefit of \$2.03 to \$3.58 for every \$1 invested.<sup>5</sup> Although other programs have reported higher returns on investment, this study was based on healthcare utilization; it is possible that other studies considered and monetized social benefits.

## **Lessons Learned**

The HNP attributes its ability to access state budget funding to its rigorous real-time data gathering, powerful examples of program impact from grantees' quarterly reports, and knowledgeable program staff who were able to use that data to advocate for the program. This allowed lawmakers to view the program as valuable and as having a role in relation to other state agencies and programs. The HNP also greatly benefited from being a "feel-good program" in that its services provided visible anecdotal benefits that lawmakers could point to—for example, a smoke alarm that saved a family from injury in a fire—while also demonstrating how it made a difference at a statistical level. Due to its role providing referrals, the HNP is well connected in local communities; this visibility also gives it credibility in the eyes of lawmakers.

## **For More Information**

### **Thomas J. Carroll**

Housing Hygiene Section Chief, New York State Department of Health  
Office: 518-402-7600. Email: [thomas.carroll@health.ny.gov](mailto:thomas.carroll@health.ny.gov)

<sup>1</sup> Gomez, M., Reddy, A. L., Dixon, S. L., Wilson, J., & Jacobs, D. E. (2017, March-April). A cost-benefit analysis of a state-funded healthy homes program for residents with asthma: Findings from the New York State Healthy Neighborhoods Program. *Journal of Public Health Management and Practice*, 23(2), 229-238. Retrieved from [https://www.researchgate.net/publication/312926076\\_A\\_Cost-Benefit\\_Analysis\\_of\\_a\\_State-Funded\\_Healthy\\_Homes\\_Program\\_for\\_Residents\\_With\\_Asthma\\_Findings\\_From\\_the\\_New\\_York\\_State\\_Healthy\\_Neighborhoods\\_Program](https://www.researchgate.net/publication/312926076_A_Cost-Benefit_Analysis_of_a_State-Funded_Healthy_Homes_Program_for_Residents_With_Asthma_Findings_From_the_New_York_State_Healthy_Neighborhoods_Program)

<sup>2</sup> National Center for Healthy Housing & the Milken Institute School of Public Health, George Washington University. (2016, March). *Case studies in healthcare financing of healthy homes services: Medicaid reimbursement for home-based asthma services in New York*. Retrieved from [https://nchh.org/resource-library/case-study\\_healthcare-financing-of-hh-services\\_asthma\\_ny.pdf](https://nchh.org/resource-library/case-study_healthcare-financing-of-hh-services_asthma_ny.pdf)

<sup>3</sup> Reddy, A. L., Gomez, M., & Dixon, S. L. (2017, March-April). The New York State Healthy Neighborhoods Program: Findings from an evaluation of a large-scale, multisite, state-funded healthy homes program. *Journal of Public Health Management and Practice*, 23(2), 210-218. Retrieved from [https://www.researchgate.net/publication/312929685\\_The\\_New\\_York\\_State\\_Healthy\\_Neighborhoods\\_Program\\_Findings\\_From\\_an\\_Evaluation\\_of\\_a\\_Large-Scale\\_Multisite\\_State-Funded\\_Healthy\\_Homes\\_Program](https://www.researchgate.net/publication/312929685_The_New_York_State_Healthy_Neighborhoods_Program_Findings_From_an_Evaluation_of_a_Large-Scale_Multisite_State-Funded_Healthy_Homes_Program)

<sup>4</sup> Reddy, A. L., Gomez, M., & Dixon, S. L. (2017, March-April). An evaluation of a state-funded healthy homes intervention on asthma outcomes in adults and children. *Journal of Public Health Management and Practice*, 23(2), 219-228. Retrieved from [https://www.researchgate.net/publication/312926292\\_An\\_Evaluation\\_of\\_a\\_State-Funded\\_Healthy\\_Homes\\_Intervention\\_on\\_Asthma\\_Outcomes\\_in\\_Adults\\_and\\_Children](https://www.researchgate.net/publication/312926292_An_Evaluation_of_a_State-Funded_Healthy_Homes_Intervention_on_Asthma_Outcomes_in_Adults_and_Children)

<sup>5</sup> Gomez, M., Reddy, A. L., Dixon, S. L., Wilson, J., & Jacobs, D. E. (2017, March-April). A cost-benefit analysis of a state-funded healthy homes program for residents with asthma: Findings from the New York State Healthy Neighborhoods Program. *Journal of Public Health Management and Practice*, 23(2), 229-238. Retrieved from [https://www.researchgate.net/publication/312926076\\_A\\_Cost-Benefit\\_Analysis\\_of\\_a\\_State-Funded\\_Healthy\\_Homes\\_Program\\_for\\_Residents\\_With\\_Asthma\\_Findings\\_From\\_the\\_New\\_York\\_State\\_Healthy\\_Neighborhoods\\_Program](https://www.researchgate.net/publication/312926076_A_Cost-Benefit_Analysis_of_a_State-Funded_Healthy_Homes_Program_for_Residents_With_Asthma_Findings_From_the_New_York_State_Healthy_Neighborhoods_Program)