NYS Healthy Neighborhoods Program

Overview

New York State Department of Health
Center for Environmental Health
Bureau of Community Environmental Health and Food Protection
Housing Hygiene Section

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General description

The New York State (NYS) Healthy Neighborhoods Program (HNP) is a healthy homes program that provides in-home assessments and interventions to improve the environmental health and safety of dwellings in selected communities. Local health departments are funded to implement the program in selected housing in high-risk areas identified with census and surveillance data. The program uses a combination of door-to-door canvassing and referrals to approach dwellings and the surveyors that provide the assessment and intervention are environmental health specialists (sanitarians, health educators, public health nurses or other public health professionals) with training in healthy homes concepts. During a visit, the surveyor assesses conditions in each home and provides interventions and guidance to assist residents in addressing identified hazards. The specific interventions vary across local programs, but all provide education, referrals, and direct intervention to address tobacco control, fire safety, lead poisoning prevention, indoor air quality (including CO, radon, ventilation, odors, temperature and humidity), general conditions (including cleaning, clutter, pests, mold/mildew, moisture, structural problems), asthma control, and others (such as injury prevention and social services). About one-quarter of homes are revisited 3-6 months after the initial visit. During a revisit, the home is reassessed and any new or ongoing problems are addressed. Priority for revisits is given to homes with residents with asthma or other pressing health or safety issues.

Data collection methodology

Data is collected using a standardized form completed by a trained surveyor during or immediately after a home visit in the targeted neighborhood. It includes demographic information about the primary respondent; characteristics of the dwelling; enumeration and characteristics of the residents; physical conditions of the dwelling; education, referrals and products that were provided. The assessment form is not a script (e.g., residents are not asked the questions as written on the assessment form). Housing hazards are assessed through a combination of visual inspection/observation and interview. For some questions, a hazard is indicated by a "yes" response and for others, a "no" response indicates the potential for hazard[1].

The completed forms are faxed to NYSDOH and the faxed image is scanned and saved to a database. The data fields are automatically checked for completeness and valid values for key fields. Errors are manually verified and corrected by NYSDOH staff at the state and county levels. During data cleaning, initial visit records are matched to revisit records and individual residents are matched to dwellings.

About the dataset

The dataset includes county level summary data for dwellings visited by 13 local health departments. For each county, the dataset includes information (proportion and number of dwellings) about dwelling characteristics (e.g., age of housing, dwelling type), primary respondent demographics (e.g., race, ethnicity, educational attainment), resident characteristics (e.g., number of children, adults, smokers, residents with asthma) and the presence/absence of 42[2] specific housing conditions (e.g., mold, leaks, pests, lead paint hazards, smoke detectors). For the subset of dwellings that received a revisit, the dataset includes the number and proportion of dwellings with conditions present at the initial visit and the number and proportion of dwellings with conditions present at the revisit.

Summary data is also provided for all of the programs combined.

Statistical and analytical issues

The data was collected for the purpose of program evaluation and is subject to a number of important limitations that may impact analysis and interpretation of the data:

- Since the homes are targeted based on indicators of poor housing quality, the dataset is not intended to be representative of all housing in NYS or an individual county and does not contain adequate information to assess whether it is representative of housing within target neighborhoods.
- Data is presented in aggregate form which prevents tracking of changes in individual dwellings[3].
- The program uses a flexible protocol to recruit participants, assess dwellings and address identified hazards, which may contribute to any differences observed between counties[4].
- The follow-up period is relatively short and there is no comparison group, which precludes users from assessing long-term sustainability and from attributing changes to the intervention alone.
- There is potential for bias, including selection bias (e.g., which homes allow access, which are targeted for revisit), recall bias (e.g., resident reporting of lead screening), social desirability bias (e.g., residents may not be forthcoming about issues like smoking or may be motivated to change their behaviors based on whether or not they are revisited) and reporting bias (e.g., surveyors' subjectivity in evaluating their own work at the revisit).
- Data users should be mindful that the "direction" of questions on the HNP assessment form is not consistent. That is, the form has questions that are presented as a hazard (e.g., "Is there significant dust accumulation?") or lack of a hazard (e.g., "Does residence have functional smoke detector(s) on every floor with living space?").
- Some variables have large numbers of missing observations and reported numbers may not be representative of all visited homes.

Limitations of data use

In addition to the analytical limitations described above, public access to this data is intended solely to allow convenient and immediate access to public information. While all attempts are made to provide accurate, current and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency or suitability of the information provided here.

Benefits/Research Questions

This dataset will be most valuable to local agencies interested in developing or refining healthy homes programs or home visiting programs that include healthy homes components. Local agencies may use information about an HNP county that is like their own county (in terms of housing and demographics) to approximate the potential scale of housing hazards present in the community and the potential for improving those hazards.

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[1] For instance, a yes response to "Is there evidence of mold/mildew" indicates the presence of a potential hazard, but for the question, "Does residence have functional smoke detector(s) on every floor with living space?", a no response indicates a potential hazard. See the assessment form and data dictionaries for additional detail.

[2] Data presented for 36 of the 42 housing conditions/hazards assessed. Six variables were omitted due to large numbers of missing values or other issues with data quality as documented in the data dictionary.

[3] NYSDOH anticipates a release of dwelling-level data for this program in the future.

[4] NYSDOH provides a framework of core objectives, operating procedures and measures that are consistent across all programs. However, local programs are encouraged to build on local resources and infrastructure to deliver services in a way that is meaningful and effective for each community. For example, in one county pest control problems may be referred to the local health department's vector control program while in another county they are referred to a local university's extension service. In one community, a majority of visits may be the result of door-to-door canvassing in the target neighborhood, while in another community, visits may come primarily from referrals through a partnership with a local healthcare provider.