

# Southern New Hampshire Area Health Education Center

## Application for Funding January 2011

### Healthy Homes Implementation Grants

#### Purpose of the Application:

Southern New Hampshire Area Health Education Center (SNHAHEC) is working with the NH Asthma Control Program and the NH Healthy Homes and Lead Poisoning Prevention Program to provide 3 to 5 implementation grants of up to \$5,000 each to support: 1) strategic planning for healthy homes initiatives in Public Health Regions of New Hampshire, or 2) interventions based on a current local healthy homes strategic plan. Either activity is required to align with the NH Healthy Homes Statewide Strategic Action Plan, <http://www.dhhs.nh.gov/dphs/cdpc/asthma/document/strategicplan.pdf> and Objectives 1 and 2 found in the Environmental Risk Reduction section of the NH State Asthma Plan (see Attachment *EnvRiskRedObj*).

Three to five grant awards in amounts up to \$5,000 will be made depending on available funding. Applicants are asked to submit a 5 page proposal that includes a problem statement and a description of what it is they are requesting funds for from either 1) or 2) above: SMART objectives with action steps that describe the “what: and “how”, target population, collaborating partners, expected outcomes, evidence-base if an intervention, and how the activity will be evaluated. A work plan, budget with justification and Letters of Commitment from 2-3 stakeholders are also required and may be submitted with the application as attachments (see Attachments *WorkPlan* and *Budget*).

Application instructions and suggested resources appear below. Funds may be utilized for stipends, travel, materials, supplies, workshop expenses, and other direct costs (The NH Asthma Control Program is funded by the Centers for Disease Control and Prevention. See Attachment *CDCExpenseRestrict* for a list of expenditures that are not allowed.) The grant period will extend up to twelve months from the date of award. Grantees will submit progress and expenditure reports following guidelines provided by SNHAHEC.

#### Areas of Focus:

##### **1) Strategic Planning Healthy Homes**

A healthy homes strategic planning process within a Public Health Region that engages local individuals and organizations representing stakeholders; assesses strengths, gaps, assets and challenges; identifies relevant, feasible, short and longer-term goals, objectives, action steps, and needed resources; and develops both an implementation plan and a funding/sustainability plan.

**2) Intervention(s) Based on a Current Local/Regional Healthy Homes Strategic Plan.** Interventions may 1) raise public awareness of the need for initiatives and effective policies for safe and healthy homes, 2) build capacity to address fundamental(s) of healthy homes, reduce asthma triggers, and improve safety and indoor air quality, and/or 3) implement pilot activities to address fundamental(s) of healthy homes, reduce asthma triggers, and improve safety and indoor air quality. Interventions should align with the goals and objectives found in the NH Healthy Homes Statewide Strategic Action Plan and Objectives 1 and 2 of the Environmental Risk Reduction section in the NH State Asthma Plan. Applications are encouraged: from areas of the State where *highest risk communities for lead poisoning* are located, that demonstrate a high level of community collaboration, and that either further develop the “One-Touch”

model and local referral system(s) or implement activities congruent with the “One-Touch” model (e.g., home environmental and safety assessment, IPM, green cleaning, tobacco-free interventions).

### **Eligibility**

Any designated agency funded by the NH Division of Public Health Services to provide Public Health Network services, community-based non-profit organization, local health department, county or municipal government entity, or coalition (with an identified fiscal agent) are eligible to apply. This process is competitive.

### **Timetable**

January 26, 2011	Application packages available on request
February 4, 2011	Required Letter of Intent due to SNHAHEC by 4:30 p.m. EST
March 4, 2011	Applications due to SNHAHEC by 4:30 p.m. EST
March 9, 2011	Review committee decision
March 11, 2011	Applicants notified of grant award.

### **Application Instructions**

1. **A Letter of Intent is required and due no later than 4:30 PM on Friday, February 4, 2011.** The letter of intent should be no more than a statement that the organization plans to submit an application and a brief 2-3 sentence description of the project. Applicants with questions may contact Paula Smith at SNHAHEC, [psmith@snhahec.org](mailto:psmith@snhahec.org), or Lindsay Dearborn at the NH Asthma Control Program, [ldearborn@dhhs.state.nh.us](mailto:ldearborn@dhhs.state.nh.us). Letters of Intent may be sent by mail, Fax, or e-mail to SNHAHEC as below:

Paula Smith  
Southern NH AHEC  
128 State Route 27, Raymond, NH 03077  
Tel: 603-895-1514 ext. 1, Fax: 603-895-1312, E-mail: [psmith@snhahec.org](mailto:psmith@snhahec.org)

2. **Application Format:**

- a) Application Face Sheet (See *Attachment FaceSheet*)
- b) Proposal Narrative (5 pages) (60 points)
  - Organization Background (1-2 Paragraphs) (10 points)  
Briefly describe the mission, achievements, and collaborative relationships of the organization applying; also describe the organization's capacity to implement the proposed intervention.
  - Proposed Intervention (2 - 5 pages) (50 points)  
Describe the problem and the intervention, with SMART objectives and specific action steps, target population, collaborating partners, expected outcomes, evidence-base if an intervention, and how the intervention will be evaluated. Proposed activities should align

with the NH Healthy Homes Statewide Strategic Action Plan, <http://www.dhhs.nh.gov/dphs/cdpc/asthma/document/strategicplan.pdf> and Objectives 1 and 2 found in the Environmental Risk Reduction section of the NH State Asthma Plan (see Attachment *EnvRiskRedObj*).

**Some suggested resources for healthy homes interventions include:**

National Center on Healthy Housing, [www.centerforhealthyhousing.org](http://www.centerforhealthyhousing.org)

Information on “One-Touch” activities in NH,

[www.dhhs.nh.gov/dphs/bchs/clpp/publications.htm](http://www.dhhs.nh.gov/dphs/bchs/clpp/publications.htm)

Environmental Protection Agency, [www.epa.gov/region1/healthyhomes](http://www.epa.gov/region1/healthyhomes)

Centers for Disease Control and Prevention, [www.cdc.gov/healthyplaces/healthyhomes.htm](http://www.cdc.gov/healthyplaces/healthyhomes.htm).

- c) Work Plan (No page limit) (20 points) (See Attachment *WorkPlan*)  
The work plan will list activities, timetable, target population, resources, and expected outcomes.
  - d) Budget and Budget Justification (1 page) (20 points) (See Attachments *Budget* and *CDCExpendRestrict*)
  - e) The application must be on 8 ½” by 11” paper, with one-inch margins and not less than 11 point font. Pages must be numbered consecutively from the first to last page of the application.
3. **Application due:** The completed application is due no later than 4:30 p.m. on Friday, March 4, 2011. Incomplete applications or complete applications received after the due date and time will not be reviewed. Faxed copies will not be accepted. Completed, signed applications with three (3) copies may be e-mailed or delivered to:

Paula Smith  
Southern NH AHEC  
128 State Route 27  
Raymond, NH 03077  
[psmith@snhahec.org](mailto:psmith@snhahec.org)

**Application Review and Selection**

A Review Committee will read all applications submitted and score them according to the requirements listed in the Application Instructions section above. The NH Asthma Control Program and SNHAHEC reserve the right to accept or reject any proposal and to waive any minor irregularities in the proposals.

**Application and Grant Support**

SNHAHEC will provide technical support for the Application and grant implementation and evaluation processes. If assistance is needed in preparing the application, please contact: Paula Smith, (603) 895-1514 ext. 1, fax: (603) 895-1312, email: [psmith@snhahec.org](mailto:psmith@snhahec.org).

**Attachments:**

Attachment *EnvRiskRedObj*

Attachment *FaceSheet*

Attachment *WorkPlan*

Attachment *Budget*

Attachment *CDCExpendRestrict*

**ENVIRONMENTAL RISK REDUCTION OBJECTIVES**

NH State Asthma Plan

*Healthy Homes Implementation Grants*

**Environmental Risk Reduction**

**Goal: Minimize the impact of environmental risk factors to reduce the burden of asthma in New Hampshire.**

*Background*

An Ad Hoc Committee of the Asthma Healthy Environments Working Group reviewed the results of the 2005 NH State Asthma Plan assessment and recommended revisions that have been incorporated into the objectives and action steps that follow in this section. The Committee's recommendations concentrated on three interest areas: the impacts of climate change on human health, integrated and coordinated approaches to healthy environments, and environment-related policy development. Consensus developed quickly about the specific improvements that are needed to make progress toward meaningful environmental risk reduction, and these are listed below. As in the previous Health Outcomes section, while addressing health disparities and vulnerable populations may not be explicitly stated in each objective, it is an understood principle for all objectives.

- Increase the profile of the effects of changing climate and severe weather events on allergies, asthma and other chronic conditions
- Continue to develop environmental public health tracking capacity
- Promote integrated and coordinated messaging concerning air quality and health hazards
- Increase capacity and support policies and initiatives to reduce or control environmental risk factors and improve asthma management in homes, schools and workplaces
- Strengthen enforcement of environmental health and building standards
- Support efforts to reduce tobacco use and exposure to secondhand smoke and tobacco particulate matter

*Anticipated Outcomes*

- Increased awareness and policy initiatives concerning environmental impacts on human health and reducing environmental risk factors (Obj 1)
- Increased capacity, skills, policies and initiatives to reduce environmental risk factors and improve asthma management in homes, schools and workplaces (Obj 2, 3, 4)
- Added impetus to reduce tobacco use and exposure to secondhand smoke and tobacco particulate matter (Obj 5)

## References:

1. *EPR3 Guidelines for the Diagnosis and Management of Asthma*. National Asthma Education and Prevention Program, National Institutes of Health, 2007.  
[www.nhlbi.nih.gov/guidelines/asthma](http://www.nhlbi.nih.gov/guidelines/asthma)
  2. *Clearing the Air: Asthma and Indoor Air Exposures*. Institute of Medicine. Washington, DC: National Academy Press, 2000.
  3. *Children's Environmental Health 2007 Highlights*. Environmental Protection Agency, Child Aging Health Protection Division, 2007.
  4. *DRAFT A National Asthma Public Policy Agenda*. American Lung Association, 2008.
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## **Objective 1: Increase public awareness and policy initiatives concerning the impact of the environment on human health.**

### *Action Steps:*

- 1.1 Enhance awareness concerning the effects of global climate change and severe weather events on populations with asthma, allergies and other chronic conditions.

#### Performance Indicators:

- Increased public information concerning the effects of global climate change and severe weather events on populations with asthma, allergies and other chronic conditions
- Increased public awareness of the effects of global climate change and severe weather events on populations with asthma and other chronic conditions

### Improve collection and dissemination of environmental public health tracking information on environmental contributors to asthma and other respiratory conditions.

#### Performance Indicators:

- Environmental Public Health Tracking data available on environmental contributors to asthma and other respiratory conditions
- Increased awareness of environmental contributors to asthma and other respiratory conditions

- 1.2 Integrate and coordinate consistent public information messaging regarding air quality and health hazards (e.g., elimination of secondhand smoke, reduction of environmental contaminants and asthma triggers, air quality alerts, indoor air quality and building maintenance for healthy indoor environments).

#### Performance Indicators:

- Consistent integrated public health information messaging developed on air quality and health hazards
- Increased awareness of the relationships between air quality and health hazards

- 1.3 Promote policies to prevent or reduce environmental risk factors and triggers for asthma and other respiratory conditions (e.g., policies concerning school air quality and building maintenance, smoke-free work places and multi-family housing units, licensure of building inspectors and health officers, vehicle idling, outdoor wood boilers).

Performance Indicators:

- Policies established to prevent or reduce environmental risk factors and triggers for asthma and other respiratory conditions
- Policies implemented, monitored and enforced
- Reduction in environmental risk factors and triggers for asthma

- 1.4 Support initiatives to strengthen enforcement of environmental health and building standards that impact asthma and other respiratory conditions (e.g., No Smoking regulations in bars and restaurants, NH State Building Code to include International Code Council's Property Maintenance Standards (in addition to those already on the books, the International Building Code, Residential Code, and others)).

Performance Indicators:

- Initiatives implemented to strengthen enforcement of environmental health and building standards that impact asthma and other respiratory conditions
- Improved enforcement of environmental health and building standards

**Objective 2: Increase the capacity of individuals with asthma, their families, health and child care providers and other relevant professionals to reduce or control environmental risk factors and improve asthma management in the home.**

*Action Steps:*

- 2.1 Increase knowledge and skills of individuals with asthma, their families and health and child care providers concerning reducing exposure to environmental triggers and maintaining healthy homes to successfully manage asthma.

Performance Indicators:

- Number of education sessions held concerning reducing exposure to environmental triggers and maintaining healthy homes
- Increased knowledge and skills of individuals with asthma, their families and health and child care providers
- Reductions in environmental triggers in homes

- 2.2 Support the development of certified Healthy Homes Specialists among public health, housing and building inspection professionals to recognize environmental risk factors in the home, reduce their impact, and enforce state housing codes.

Performance Indicators:

- Number of Healthy Homes Specialist training workshops held
- Number of public health, housing and building inspection professionals who attend training workshops
- Number of public health, housing and building inspection professionals certified as Healthy Homes Specialists

- 2.3 Promote health plan reimbursement for home visits, home environmental assessments, education and resources needed to reduce environmental risk factors and improve asthma management among individuals at risk of poorly controlled asthma, as part of coverage for comprehensive asthma care.

Performance Indicators:

- Home visits, home environmental assessments, education and resources reimbursed as part of comprehensive asthma care
- Increased number of individuals at risk of uncontrolled asthma who receive home visits and home environmental assessments

- 2.4 Enhance networking and referral systems among public health, housing and building inspection professionals who make home and child care facility visits.

Performance Indicators:

- Increased opportunities for networking among public health, housing and building inspection professionals.
- Referral systems established for public health, housing and building inspection professionals who make home and child care facility visits.

Support policies and initiatives to develop a comprehensive state housing code, reduce environmental risk factors in the home and child care facilities, and improve asthma management in the home and child care facilities (e.g., state housing code to include the International Property Maintenance Code).

Performance Indicators:

- Policies established to develop a comprehensive state housing code, reduce environmental risk factors in the home and child care facilities
- Policies implemented, monitored and enforced
- Reduction in environmental risk factors in the home and child care facilities
- Improved asthma management in the home and child care facilities

**SOUTHERN NH AREA HEALTH EDUCATION CENTER**

**APPLICATION FACE SHEET**

***Healthy Homes Implementation Grants***

Project Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Name of Authorized Official: (please print): \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

**Project Director or Contact Person:**

**Financial Officer**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Total Funds Requested:** \_\_\_\_\_



**SAMPLE BUDGET and BUDGET JUSTIFICATION**

*Healthy Homes Implementation Grants*

<b>Organization Name:</b>				
<b>Budget Request for: \$</b>				
<b>Total Project Budget: \$</b>				
<b>Budget Period:</b>				
<b>Income</b>				
<b>Line Item</b>	<b>Funds Requested</b>	<b>Other Funds</b>	<b>In-Kind</b>	<b>Total Funds Budgeted</b>
<b>Total Income</b>				
<b>Expenses</b>				
<b>Total Expenses</b>				

**Budget Justification:**

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**CDC EXPENDITURE RESTRICTIONS**

***Healthy Homes Implementation Grants***

Expenditure restrictions that affect budgets for activities fully or partially funded by CDC:

- Recipients may not use funds for research. Public health surveillance and program evaluation activities for the purpose of monitoring program performance are not considered research. However, any identifiable information collected must be kept confidential.
- Recipients may not use funds for patient clinical care.
- Recipients may not use funds for personal health services, medication, medical devices (such as spacers or peak flow meters), or other costs associated with the medical management of asthma.
- Recipients may not use funds to pay for scholarships for children to attend asthma camps.
- Recipients may not use funds for asthma screenings or population-based asthma registry activities.
- Recipients may not use funds to supplant state or local funds.
- Recipients may not use funds for construction.
- Recipients may not use funds to purchase items such as pillow cases/mattress covers, vacuum cleaners, cleaning supplies or remediation projects.
- Recipients may not use funds to pay fees to take the Asthma Educator Certification exam.
- Recipients may not use funds for promotional items such as t-shirts, pens, etc.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- Reimbursement of pre-award costs is allowed.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Recipients may use funds to leverage asthma program development in the state, along with resources from other collaborating agencies and organizations.