



Department of Health

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Nadine Morell
Audit Director
Division of State Government Accountability
NYS Office of the State Comptroller
110 State Street, 11th Floor
Albany, New York 12236
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Dear Ms. Morell:

Pursuant to the provisions of Section 170 of New York State Executive Law, I hereby transmit to you a copy of the New York State Department of Health's comments related to the Office of the State Comptroller's final audit report 2020-S-59 entitled, "Management of Indoor Air Quality for Individuals with Asthma."

Please feel free to contact Mischa Sogut, Assistant Commissioner for Governmental Relations, at mischa.sogut@health.ny.gov or (518) 473-1124 with any questions.

Sincerely,

Megan E. Baldwin
Acting Executive Deputy Commissioner

Enclosure

cc: Mischa Sogut

**Department of Health
Comments on the
Office of the State Comptroller's
Final Audit Report 2020-S-59 entitled,
Management of Indoor Air Quality for Individuals with Asthma**

The following are the Department of Health's (Department) comments in response to the Office of the State Comptroller's (OSC) Final Audit Report 2020-S-59 entitled, "Management of Indoor Air Quality for Individuals with Asthma."

Recommendation #1

Improve oversight of program performance, such as developing policies and procedures, and assess whether LHD services are provided in the target areas identified.

Response #1

We will review and formalize our policies and procedures related to oversight of contract performance. Current policies and procedures and tracking sheets were shared. A procedure for identifying program performance with respect to target areas will be developed.

The Department disagrees with the audit finding that HNP does not provide adequate oversight of the program. While it is true that LHDs must submit home visit results, quarterly reports, cost benefit analyses, and annual reports, NYSDOH HNP program staff is able to monitor program performance at any time using our HNP Data Dashboard system.

State Comptroller's Comment: We standby our conclusion that the Department does not provide adequate oversight of the program. As noted in our audit report, while HNP staff can monitor the real-time performance of LHDs without the need to wait for reports, the Department never provided evidence of this monitoring. Moreover, as we noted in our report, LHDs are not performing all required visits and, therefore, would not be submitting information to the Mobitask E-Form system for the Department to be able to monitor program performance.

The Department would like to clarify the impact of the COVID-19 pandemic on LHD operations, and the impact it has had on program oversight. The Audit Report recognizes that during the 'early days of the pandemic' the delay in report submission was understandable but goes on to state that due to the potential impact of COVID-19 on asthmatics, the reports should have been submitted. This statement illustrates a fundamental misunderstanding of the ongoing burden of the COVID-19 pandemic on LHDs. This burden has been disproportionately experienced by LHD HNP staff since there is flexibility in the scope of HNP work which allows staff to be re-assigned to assist with the pandemic. Many LHDs did not return to routine work until the summer of 2021 and even then, staff were limited in their ability to conduct routine environmental work due to the ongoing COVID-19 response.

Recommendation #2

Collect missing LHD annual reports, cost-benefit analyses, and quarterly reports, where feasible, and ensure all reports are collected going forward.

Response #2

The older missing reports will be difficult to replace as they were only collected in paper format.

We have, however, reached out to the LHDs with missing reports mentioned in the Audit Report to investigate whether copies can be obtained. We will review and formalize our policies and procedures related to oversight of contract reporting performance.

Recommendation #3

Ensure that LHDs are performing the minimum number of revisits per their HNP contracts.

Response #3

We will update our contract management policies to specifically address monitoring revisit rates.

Recommendation #4:

Ensure all LHDs are conducting the 1-year asthma follow-up visits per their HNP contract and are accurately reporting the visits using the E-Form system.

Response #4:

The Audit Report includes repeated claims that one-year asthma visits were a requirement of the program during the audit period. It is the Department's position that this contention is incorrect. The 2013 RFA, on which all contracts in the audit period were based states (pg. 8) 'In addition, asthma follow-up visits should be made to homes with a person with asthma between eleven and thirteen months after initial interview.' The Department intended this statement to create a best practice recommendation, rather than a requirement, where the word 'must', or 'shall' would have been used as it is elsewhere in the RFA to specify requirements.

Despite the fact that one-year asthma follow-up visits were not required during the audit period, The Department acknowledges the benefit of these follow-up visits. In 2019, prior to this audit, the Department independently undertook efforts to include a requirement for one-year asthma revisits for subsequent contracts. The 2019 RFA was executed and contracts effective as of April 1, 2022. Program tools to capture data associated with this new requirement are being developed.

Recommendation #5:

Update the Asthma Dashboard annually, according to Department policy, and use this data to assess the impact of the HNP on the asthma burden in the State.

Response #5:

Apart from the pandemic period, the DOH Asthma Dashboard has been regularly updated. The statement that the dashboard was not updated for 6 years prior to the onset of the pandemic is inaccurate. The dashboard was updated in late 2018 with 2016 data as the most recent complete year available for asthma-related ED visits, hospitalizations, and deaths. While the auditors may have viewed 2014 data and used it for their analysis, this does not change the fact that 2016 data were also publicly available. The department would have been happy to provide additional verification of the presence of the 2016 data, however, the auditors did not request further verification. The dashboard is regularly updated as complete data are available, with updates resuming after the pandemic response. These updates occurred in 2021 and March of 2022.

In terms of using the dashboard data to assess the impact of the HNP on the asthma burden in the state, the auditors have failed to understand that HNP works at the individual and household level through revisits to affected homes, efforts that are not necessarily reflected in the public-facing DOH Asthma Dashboard that present state- and county-level data. As a triage-based program targeting numerous housing-related health issues, HNP strives to reach as many homes and individuals as possible to identify multiple pressing environmental concerns within the home and link residents to services through referral programs. Measuring population level improvement in asthma outcomes via the dashboard is obviously important, but it is not the appropriate data source for evaluation of the HNP. While the HNP awards contracts to the county health departments, the awarded programs may not target homes countywide. Much of the HNP efforts are concentrated in particular neighborhoods or ZIP Codes. Thus, using county-wide burden data may not reflect the achievements of this particular program. Attempting to do so would result in making inferences about a locally targeted program via population-level data, an error in methodology.

Recommendation #6:

Develop an evaluation to determine the overall effectiveness of the HNP and performance of LHDs.

Response #6:

We will review our current evaluation procedures to determine if additional evaluation beyond our standard re-visit program would be effective. If resources allow, we will evaluate our ability to recreate our 2017 program evaluation efforts. Procedures to improve oversight of the LHD field activities will be developed.

As the Comptroller's office is aware, the Department has undertaken three large scale evaluations of HNP during the audit period. These evaluations were completed in cooperation with the US Centers for Disease Control and with the National Center for Healthy Housing and were published by the American Public Health Association. These efforts exhibit exceptional programmatic outcomes for program participants, and notable cost benefits for the larger community. Full versions of these evaluation documents can be found at: https://www.health.ny.gov/environmental/indoors/healthy_neighborhoods/