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OFFICE OF THE STATE COMPTROLLER

September 9, 2024

James V. McDonald, M.D., M.P.H.
Commissioner
Department of Health
Corning Tower Building
Empire State Plaza
Albany, NY 12237

Re: Management of Indoor Air Quality for
Individuals With Asthma
Report 2024-F-4

Dear Dr. McDonald:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution and Article II, Section 8 of the State Finance Law, we have followed up on the actions taken by officials of the Department of Health (DOH or Department) to implement the recommendations contained in our initial audit report, *Management of Indoor Air Quality for Individuals With Asthma* (Report [2020-S-59](#)).

Background, Scope, and Objective

Asthma is a significant public health problem in the United States. It is one of this country's most common and costly diseases, which often requires emergency care and hospital admission and is responsible for a high number of missed school and/or workdays. According to the Centers for Disease Control and Prevention (CDC), in 2020, asthma accounted for 94,560 hospitalizations and 986,453 emergency department visits in the United States. In 2021, asthma accounted for 3,517 deaths. In New York, DOH data estimated that more than 1.4 million adults and 315,000 children are living with asthma.

The COVID-19 pandemic has had significant impacts on New Yorkers, especially those living with chronic diseases such as asthma. According to the CDC, people with moderate-to-severe or uncontrolled asthma are more likely to be hospitalized from COVID-19. Reducing asthma triggers is one main objective of DOH's Healthy Neighborhoods Program (HNP).

The HNP is designed to provide environmental health services to targeted high-risk neighborhoods. These areas sometimes include environmental justice communities and are usually home to at-risk populations, including low-income and minority families, living in homes and neighborhoods with a disproportionate number of residential hazards.

The HNP's goals include reducing hospitalizations due to asthma and limiting exposure to indoor air pollutants that are known asthma triggers. To accomplish these goals, the HNP contracts with Local Health Departments (LHDs) to raise awareness of and help families to manage asthma in order to reduce hospitalizations.

LHDs' contracts require them to conduct three types of home visits: initial visits, 90-day revisits to at least 25% of the initial visits, and 1-year follow-up visits to households where individuals with asthma were identified during the initial visit. In addition, LHDs must compile data to compute home access rates (number of homes where a visit was performed vs. number of home visits attempted). LHDs are required to submit home visit results, quarterly reports, cost-benefit analyses, and annual reports to DOH. Prior to October 2017, LHD home visit results were submitted to DOH electronically through its scannable system; thereafter, they were submitted through its Mobitask Electronic Form (E-Form) system. Quarterly, annual, and cost-benefit analysis reports are submitted to DOH via email. LHDs visited 17,352 households, consisting of 26,602 individuals, from January 1, 2021 through June 30, 2024. Of the total households visited, 5,139 (29.6%) had at least one individual with asthma.

Separately from the HNP, DOH maintains a public-facing Asthma Dashboard (Dashboard) that tracks asthma data at State, county, and ZIP code levels and is a key resource for assessing asthma burden in the State and tracking intervention progress. (Asthma burden for adults and children is defined using asthma-related hospitalization and asthma-related emergency department visit rates as indicators.) Information in the Dashboard is designed to help both DOH and counties as well as public health programs, policy makers, and other health care providers recognize the scope of the asthma problem, design and implement solutions, and evaluate impacts in reducing the levels of asthma in the State. The Dashboard includes over 40 asthma-related indicators for asthma prevalence, emergency department visits, hospital discharges, mortality rates, and information from the Medicaid and Child Health Plus databases.

The objective of our initial audit, issued on August 2, 2022, was to determine if DOH effectively identified poor housing conditions for residents with asthma and worked with LHDs to ensure home visits were prioritized. The audit covered the period from April 2014 to January 2021. We found that while DOH, through its contracts with LHDs, identified poor indoor environmental conditions that impact residents with asthma, it needed to improve its oversight and monitoring of LHDs to ensure that individuals identified with asthma in targeted areas continued to receive appropriate assistance. Among the issues found:

- LHD-identified target areas were included in DOH-approved contracts, but DOH did not assess whether services were provided in those target areas. Further, DOH could not provide 39 of the 106 LHD reports required by the terms of the contracts. As progress reports provide accountability and enable project monitoring, it is uncertain how effectively DOH monitored the program and how DOH determined if LHDs were meeting the goals outlined in their contracts.
- The LHDs did not sufficiently perform the required 1-year follow-up visits to households where at least one individual was identified as having asthma during the initial home visit, and DOH took no action on the lack of LHD compliance.
- The Dashboard (which, according to DOH, is updated annually) that was publicly available during audit fieldwork was significantly outdated, displaying emergency department visits and hospitalizations information from 2012–2014, deaths information from 2014–2016, and asthma prevalence data as of 2016.
- DOH had not conducted an overall evaluation of the HNP to determine program effectiveness since 2017, nor had it performed any evaluations of LHDs as outlined in the contracts.

The objective of our follow-up was to assess the extent of implementation, as of July 2024, of the six recommendations included in our initial audit report.

Summary Conclusions and Status of Audit Recommendations

DOH officials made some progress in addressing the problems we identified in the initial audit report. Of the initial audit report's six audit recommendations, four were partially implemented and two were not implemented.

Follow-Up Observations

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.

Status – Partially Implemented

Agency Action – DOH has developed new contract management procedures to improve its oversight of HNP performance, including steps to log and track LHD report submission and to follow up when LHDs do not submit required documentation. The procedures contain steps to review all reports against program guidelines and deliverables, including ensuring initial visits and revisits are reported, evaluating revisit rates, and assessing LHDs' overall compliance with HNP contract requirements. In addition, the new procedures require DOH staff to assess whether LHDs are providing HNP services within the target areas approved by DOH. However, we found that DOH has not fully implemented these procedures. Of the 18 LHDs participating in the program for contract years 2022-23 and 2023-24, DOH did not receive all quarterly and annual reports for 14 LHDs for 2022-23 and 10 LHDs for 2023-24. We also found that, for the quarterly and annual reports that were submitted, DOH did not review at least one report for 15 LHDs for contract year 2022-23 and for five LHDs for 2023-24. Moreover, as a result of the audit team's inquiries, DOH discovered that an LHD was using an improper method to report HNP visits.

According to DOH officials, a lack of personnel has impacted their ability to oversee the HNP and improve its performance. DOH recently hired a new staff member who is learning to oversee the HNP in the interim until DOH can obtain dedicated staff.

Recommendation 2

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

Status – Partially Implemented

Agency Action – DOH officials contacted LHDs to request the missing reports and cost-benefit analyses, but were unable to collect any of the missing documentation identified in our initial audit. We also found that, while DOH's new procedures include a step to ensure that LHDs submit the required reports, it has not been fully implemented. For contract year 2023-24, we reviewed DOH's report tracker to assess its collection rates for quarterly and annual reports, totaling 72 quarterly and 18 annual reports for the 18 LHDs. We found that DOH did not collect eight of the 72 quarterly reports and six of the 18 annual reports. Additionally, DOH failed to review six of the 64 quarterly reports

and two of the 12 annual reports that were collected. According to DOH officials, when necessary, they have the ability to withhold funding from LHDs that fail to meet contractual requirements, such as the timely submission of quarterly and annual reports. However, DOH provided no evidence that it exercised this authority. As progress reports provide accountability and enable project monitoring, it is uncertain how effectively DOH monitored the program and how DOH determined if LHDs were meeting the goals outlined in their contracts.

Recommendation 3

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

Status – Not Implemented

Agency Action – While DOH has developed new procedures that require DOH staff to evaluate the 90-day revisit rates, those procedures do not specify what actions should be taken if revisit rates do not meet contract requirements. Further, we found that DOH is not always collecting the information it needs to evaluate revisit rates and LHDs are still not always performing the minimum number of revisits per their HNP contracts. We selected a sample of four LHDs for contract years 2022-23 and 2023-24 to determine whether the number of 90-day revisits met contract requirements, finding:

- DOH did not provide revisit information for one LHD
- One LHD's contract did not include revisit goals
- One LHD met its revisit goals for 2022-23 but did not submit all quarterly reports (which include revisit data) for 2023-24
- One LHD met its revisit goals for the 2023-24 contract year but not for 2022-23

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.

Status – Partially Implemented

Agency Action – While DOH has developed new procedures that require DOH staff to evaluate the 1-year asthma follow-up visit rates, we found that LHDs are still not always conducting 1-year asthma follow-up visits and at least one LHD is not using the E-Form system as required. We requested E-Form data for a sample of four LHDs to determine whether the 1-year asthma follow-up visits were conducted for contract years 2022-23 and 2023-24. However, one of the LHDs did not use E-Form and did not include 1-year asthma follow-up visits on the spreadsheet it uses in place of E-Form. For the other three LHDs, we verified that data reported in the E-Form system was accurate, and determined that they conducted only 20%, 40%, and 50% of 1-year asthma follow-up visits, respectively. We also found that, since the initial audit, DOH modified the contract of the LHD for which we did not receive data to include a reduced goal of 75% compliance, even though 1-year asthma follow-up visits are required.

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.

Status – Partially Implemented

Agency Action – According to DOH officials, they have updated the Dashboard multiple times since the initial audit. However, while the Dashboard does contain more recent data than was available at the time of our initial audit, as of April 2024, the Dashboard only contained data through December 2022. DOH officials told us that they last updated the Dashboard in October 2023 and described various updates and enhancements made. DOH officials also acknowledged they have no written schedule for updating the Dashboard as it is a grant deliverable (federal activity) and not a State-funded activity, and there is, therefore, no department policy requiring its update.

DOH still does not use data from the Dashboard to assess the impact of the HNP on the asthma burden in the State. As noted in our initial audit, officials claimed that, because the Dashboard is not specific to HNP, it cannot be used to assess the impact of the program on asthma. Officials stated that it is not methodologically appropriate to use entire county asthma data to assess the impact of a portion of a program that is implemented in specific parts of a county (i.e., may be targeting specific localities/ZIP codes).

DOH officials further said that, instead of using the Dashboard to assess program impact, they conduct pre- and post-program reviews and use the Dashboard only to identify target areas. However, DOH was not able to provide any evidence of the pre- and post-program reviews (officials said this was due to the reviews being part of a federal grant program). In addition, per the HNP contracts, LHDs—not DOH—are required to identify the target areas, and during this follow-up, DOH did not provide evidence that it actually used the Dashboard for this purpose. Taking advantage of Dashboard data would enable DOH to evaluate the HNP's impact on the asthma burden in the State. This, in turn, would help DOH make program improvements and determine whether additional LHDs could benefit from the HNP.

Recommendation 6

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

Status – Not Implemented

Agency Action – DOH officials said they reviewed their evaluation procedures and determined that, due to limited personnel and competing priorities, it was not feasible to develop an evaluation to determine the overall effectiveness of HNP and performance of LHDs at this time. Officials said that the recently developed procedures described in the other recommendations will improve oversight of LHD performance. However, none of those recommendations have been fully implemented and, during our follow-up, we continued to find issues similar to those identified in the initial audit. DOH should do more to evaluate LHDs, as well as the HNP overall, to determine their effectiveness in reducing environmental hazards to better protect and assist individuals with asthma.

Major contributors to this report were Richard Podagrosi; Danielle Rancy, M.A.; Sedrik Nellis; and Roland Paperman.

DOH officials are requested, but not required, to provide information about any actions planned to address the unresolved issues discussed in this follow-up within 30 days of the report's issuance. We thank the management and staff of DOH for the courtesies and cooperation extended to our auditors during this follow-up.

Very truly yours,

Andrea LaBarge
Audit Manager

cc: Melissa Fiore, Department of Health