



**National Center for
Healthy Housing**

***The Essentials for Healthy Housing Practitioners Course:*
Three Years of Evaluations**

**National Center for Healthy Housing
10320 Little Patuxent Parkway, #500
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Building a healthy home environment for all children

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Executive Summary

The *Essentials for Healthy Homes Practitioners (Essentials)* is a two-day course that brings together professionals with a variety of perspectives and experiences. Course participants learn about the root causes of health problems in a home and the seven principles of healthy housing that can help to resolve them. This report summarizes the student evaluation results of *Essentials* courses delivered between December 1, 2005 and December 31, 2008. It also summarizes student responses to the follow up survey that NCHH administers three to five months after a training.

Key Results

The *Essentials* course has been offered over 100 times since it was launched in June 2005 and NCHH has taught over 3,000 students through this course. The results of the course evaluations clearly show that the *Essentials* course is perceived as very valuable by students.

- 97% of students rated the course as excellent or good.
- 96% would recommend the course to a colleague.
- 96% of the students said the training met the course objectives.
- 81% of respondents said they could incorporate the concepts they learned into their daily work right away.
- 96% of respondents rated the clarity of presentations as excellent/good.

Over the course of approximately three years, the evaluation results showed consistent positive ratings for overall evaluation, willingness to recommend the course, the opinion that the training met course objectives, and clarity of presentations. The percent of students who said they could incorporate the concepts they learned into their daily work right away is lower than the other variables but has risen over the years.

As noted in the report, the evaluation form for the *Essentials* course includes questions targeted to students who perform home visits as part of their routine practices. These students are a key audience for the course because they have the opportunity to assess a home for hazards as well as educate residents about hazards and ways to address them. We found that:

- The majority of respondents were either very confident or mostly confident in educating residents or identifying problems related to the seven principles of a healthy home.
- Forty-three percent of the students were very confident in conducting visual assessments, and,
- Thirty-nine percent were very confident in educating residents on housing codes.

The follow-up evaluation administered to students approximately three months after they take the training showed that:

- 79.5% of students discussed a healthy homes approach with people in their programs at work
- 51.8% used printed materials from the *Essentials* course
- 48.6% worked with people outside their programs to incorporate a healthy homes approach
- 39.5% sought to change their program protocols to include a healthy homes approach in daily practice
- 20.7% sought funding or modified their agency’s budget for healthy homes initiatives
- 5.5% worked to seek legislative change to permit a healthy homes approach

NCHH recognizes that certain barriers may prevent students from incorporating healthy homes information into their practices. The follow-up evaluation showed that insufficient funding, lack of time, and no rules or codes to use are the top three barriers to students in integrating healthy homes information into their practices.

Since taking the class, students who do home visits reported in the follow-up evaluation that the top three problem areas they have addressed are mold, home cleanliness and cleaning methods, and lead poisoning hazards and prevention. Actions most frequently taken by students included educating residents and identifying problems.

Suggested Improvements

Based on the analysis, NCHH suggests a number of improvements to the course:

1. The course should be reviewed to determine how to increase the percent of students who said they could incorporate the concepts they learned into their daily work right away.
2. More attention should be paid to ensuring that students are more comfortable with educating residents on housing codes. Comfort with doing this has the lowest mean response among students who do home visits and educate residents on a variety of healthy homes topics.
3. Data on student occupation needs to be collected more consistently and comprehensively. With that data, the report could have included additional analyses looking at results based on different occupations. Those additional analyses could have showed how different occupations have varying degrees of success and challenges in incorporating healthy homes into their work.

Conclusion

As one student noted, the best thing about the *Essentials* course is the opportunity to “bring people together to “connect the dots.”” This course does effectively bring together a variety of people from different health and housing backgrounds to look at healthy homes in a holistic manner. Revisions to the course are always useful as new research becomes available and new ways of conveying the healthy homes concepts are developed. NCHH will continue to provide the course as a critical resource in helping to fuel and shape the healthy homes movement.

Part 1: Immediate Post-Training Evaluations

Introduction

The *Essentials for Healthy Homes Practitioners* is a two-day course that brings together professionals with a variety of perspectives and experiences. Course participants learn about the root causes of health problems in a home and the seven principles of healthy housing that can help to resolve them. This report summarizes the student evaluation results of *Essentials* courses delivered between December 1, 2005 and December 31, 2008. NCHH held six sessions of the *Essentials* course between June 2005 and December 1, 2005. The evaluation forms for those six sessions were significantly different than those used after December 1, 2005 so this analysis does not include pre-December 1, 2005 data.

Methods

At the end of each *Essentials* course, students fill out the “Course Evaluation Survey”. For this summary, NCHH analyzed the data for 101 courses from December 1, 2005 to December 31, 2008.¹ Over the years, NCHH has made substantial changes to the evaluation survey to better capture the views of the students concerning the course but a number of basic questions have remained the same. The report notes instances of questions that were not included over the entire time period and states the difference in the time period. The statistical analyses for this report were performed in SAS.

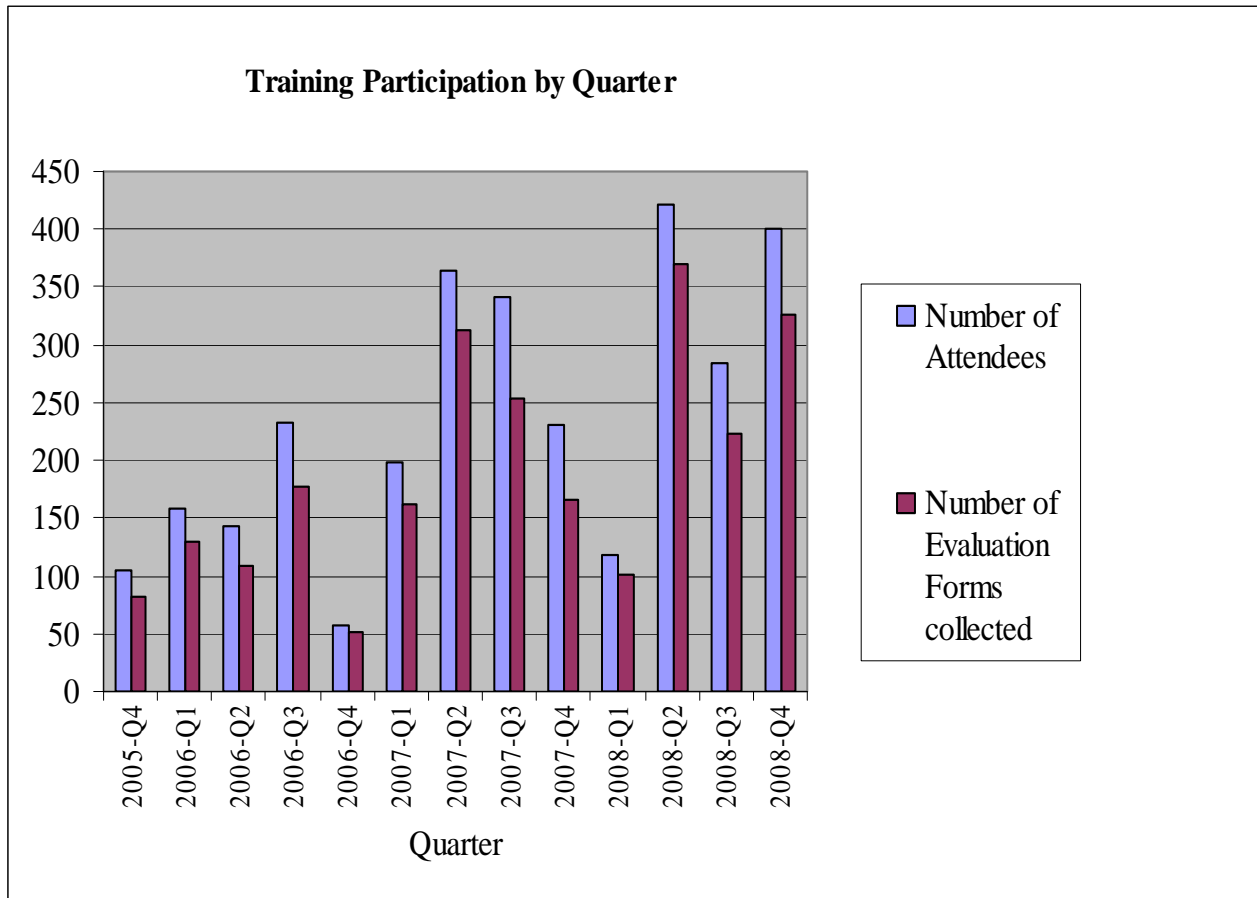
Appendix 1 shows the entire list of courses for the time period covered by this analysis. Table 1 shows the number of courses held per quarter, the number of attendees and the number of evaluation forms collected.

Table 1: Trainings by Quarter

Year	Quarter	Number of Courses held	Number of Attendees	Number of Evaluation Forms collected
2005	2005-Q4	3	104	82
2006	2006-Q1	5	158	129
	2006-Q2	6	143	109
	2006-Q3	7	233	177
	2006-Q4	2	58	51
2007	2007-Q1	7	199	163
	2007-Q2	11	364	312
	2007-Q3	11	341	254
	2007-Q4	10	231	166
2008	2008-Q1	5	119	101

¹ Data for two sessions of the course offered during that time period are not available.

Year	Quarter	Number of Courses held	Number of Attendees	Number of Evaluation Forms collected
	2008-Q2	13	422	369
	2008-Q3	9	284	224
	2008-Q4	12	400	327
			3,056	2,464



Results – Key Questions

The evaluation form examined students' perceptions of the course and its value.

- 97% of students rated the courses as excellent or good.
- 96% would recommend the course to a colleague.
- 96% of the students said the training met the course objectives.
- 81% of respondents said they could incorporate the concepts they learned into their daily work right away.
- 96% of respondents rated the clarity of presentations as excellent or good.

See Table 2 for these results. The data were fairly consistent across offerings, suggesting the trainers were able to implement consistent delivery. Table 3 shows the data by year and quarter for selected questions. Note that the variable “Incorporate concepts into work” in Table 3 has an upward trend from 2005, Quarter 4 to 2008, Quarter 2. This increase may reflect changes in the course that were designed to better meet student needs.

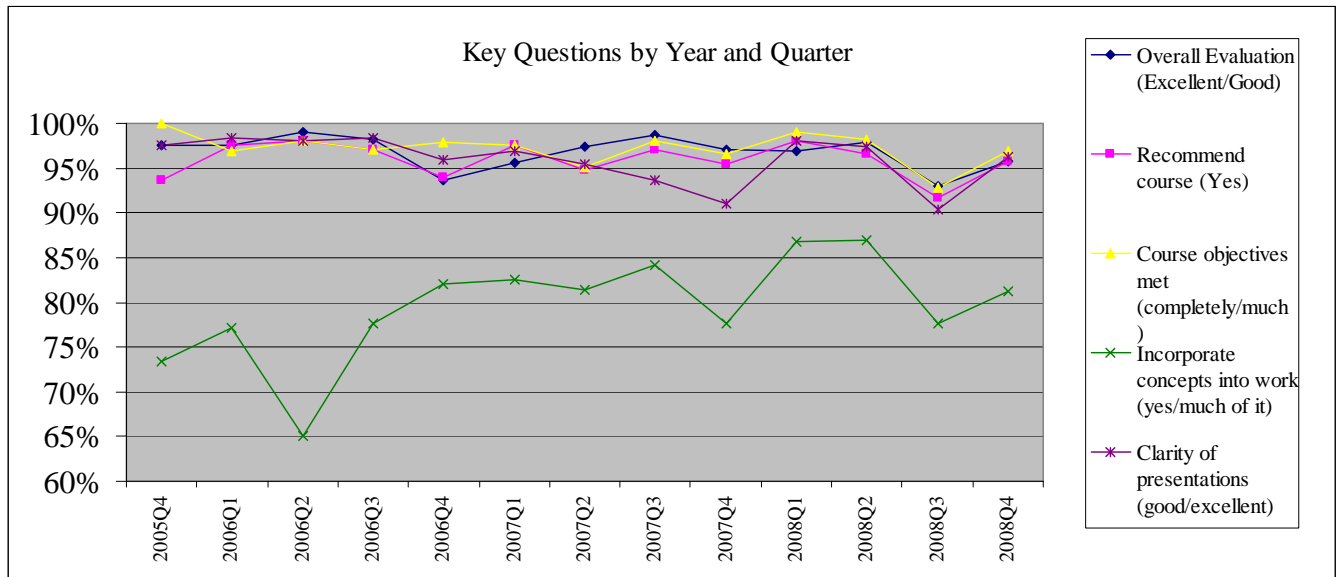
Table 2: Key Questions from Student Evaluations

	Excellent or Good	Fair or Poor
My overall evaluation of the course is:	96.9%	3.1%
	Yes	
Would you recommend this program to a colleague?	95.9%	
	Completely or Much of it	Only Some or Not at all
To what extent did the program meet the course objectives?	96.9%	3.1%
	Yes/Only Some	Not at all/No response
Can you incorporate concepts learned during the course into your daily work right away?	80.6%	19.4%
	Excellent/Good	Average/Below Average/Poor
Clarity of presentation	95.6%	4.4%

Table 3: Key Questions by Year and Quarter

Year and Quarter	N	Overall Evaluation (Excellent/Good)	Recommend course (Yes)	Course objectives met (completely/much)	Incorporate concepts into work (yes/much of it)	Clarity of presentations (good/excellent)
2005Q4	79	97.5%	93.7%	100.0%	73.4%	97.5%
2006Q1	127	97.5%	97.6%	96.9%	77.2%	98.4%
2006Q2	107	99.0%	98.1%	98.1%	65.1%	98.1%
2006Q3	175	98.2%	97.1%	97.1%	77.7%	98.3%
2006Q4	50	93.6%	93.9%	97.9%	82.0%	96.0%
2007Q1	160	95.6%	97.5%	97.5%	82.5%	96.9%
2007Q2	311	97.4%	94.8%	95.1%	81.4%	95.4%
2007Q3	252	98.7%	97.1%	98.0%	84.2%	93.7%
2007Q4	201	97.0%	95.5%	96.5%	77.6%	91.0%
2008Q1	98	96.9%	98.0%	99.0%	86.7%	98.0%

Year and Quarter	N	Overall Evaluation (Excellent/Good)	Recommend course (Yes)	Course objectives met (completely/much)	Incorporate concepts into work (yes/much of it)	Clarity of presentations (good/excellent)
2008Q2	353	97.9%	96.6%	98.2%	86.9%	97.4%
2008Q3	223	93.0%	91.7%	92.8%	77.6%	90.4%
2008Q4	290	95.8%	95.8%	96.9%	81.2%	96.2%
All	2408	96.9%	95.9%	96.9%	80.6%	95.6%



Results – Students Who Perform Home Visits

The evaluation form for the *Essentials* course includes questions targeted to students who perform home visits as part of their routine practices. These students are a key audience for the course because they have the opportunity to assess a home for hazards as well as educate residents about hazards and ways to address them.

NCHH asked the students to rate their level of confidence in having the knowledge, skills, and ability to:

1. Identify problems related to the seven healthy homes principles;²
2. Educate residents on the seven healthy homes principles;
3. Conduct visual assessments and,
4. Educate residents on local housing codes.

² The seven healthy homes principles are: Keep It Dry, Clean, Pest-Free, Ventilated, Safe, Contaminant-Free and Maintained.

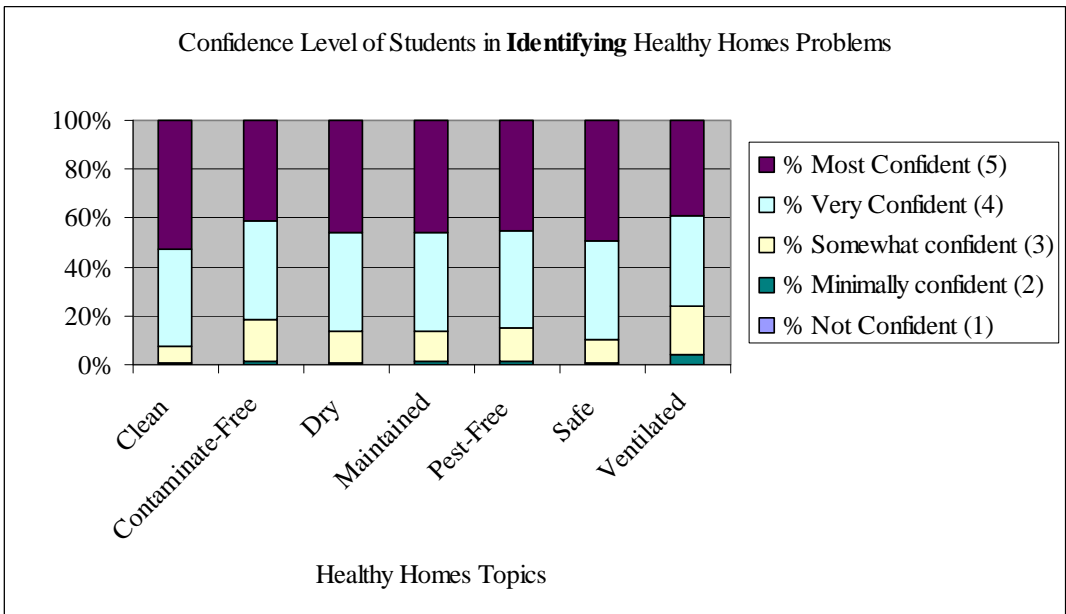
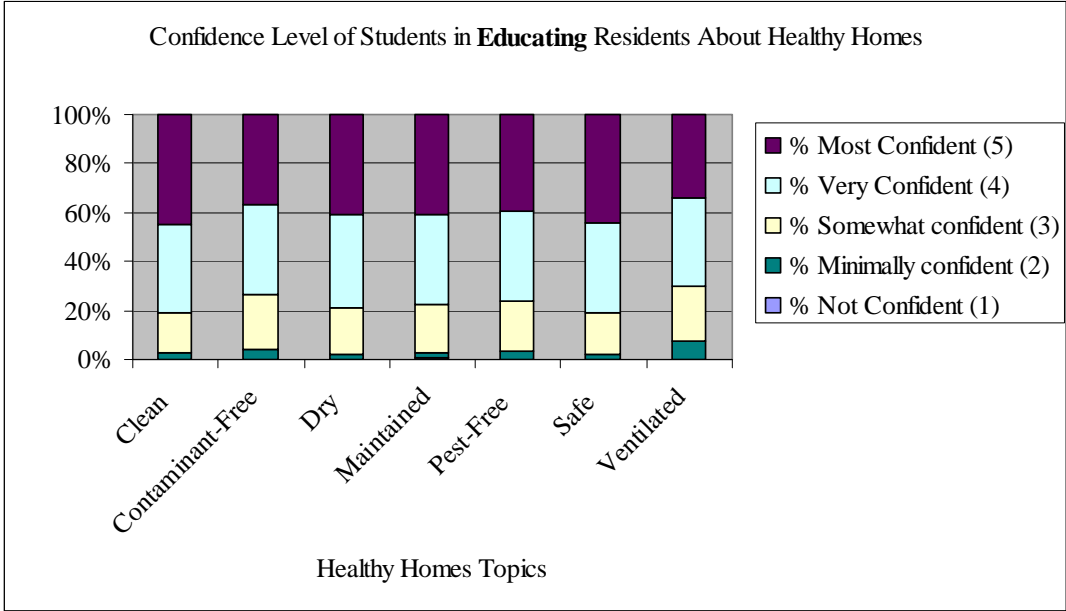
Table 4 illustrates how students rated their confidence levels.

- The majority of respondents were either very confident or mostly confident in educating residents or identifying problems related to the seven principles of a healthy home.
- Forty-three percent of the students were very confident in conducting visual assessments, and,
- Thirty-nine percent were very confident in educating residents on housing codes.

Table 4: Confidence Levels for Students Who Routinely Perform Home Visits

Questions	% Not Confident (1)	% Minimally confident (2)	% Somewhat confident (3)	% Very Confident (4)	% Most Confident (5)	Mean Response (1-5 scale)
Educate residents about: clean	0.0	2.6	16.7	36.0	44.7	4.2
Educate residents about: contaminate free	0.0	4.4	22.2	36.9	36.4	4.1
Educate residents about: dry	0.0	2.2	18.8	38.4	40.6	4.2
Educate residents about: maintained	0.9	1.8	19.5	37.1	40.7	4.1
Educate residents about: pest-free	0.0	3.5	20.5	36.2	39.7	4.1
Educate residents about: safe	0.0	2.2	16.9	36.4	44.4	4.2
Educate residents about: ventilated	0.0	7.5	22.5	36.1	33.9	4.0
Identify a problem with: clean	0.0	0.4	7.2	39.6	52.8	4.4
Identify a problem with: contaminate free	0.0	1.1	17.6	40.2	41.0	4.2
Identify a problem with: dry	0.0	0.8	13.2	40.2	45.9	4.3
Identify a problem with: maintained	0.0	1.2	12.8	39.9	46.1	4.3
Identify a problem with: pest-free	0.0	1.5	13.6	39.6	45.3	4.3
Identify a problem with: safe	0.0	0.8	9.5	40.5	49.2	4.4
Identify a problem with: ventilated	0.0	4.2	20.1	36.4	39.4	4.1

Questions	% Not Confident (1)	% Minimally confident (2)	% Somewhat confident (3)	% Very Confident (4)	% Most Confident (5)	Mean Response (1-5 scale)
Conduct visual assessment	0.0	2.2	12.4	43.4	41.9	4.3
Educate resident on housing code	3.5	9.3	25.9	38.6	22.8	3.7



The evaluation form also measured whether students who perform home visits as part of their routine practice plan to carry a visual inspection checklist or assessment form on home visits. Table 5 shows that 75% of those who perform home visits intend to take a healthy homes visual inspection checklist with them. Even those who do not perform home visits showed interest in using a visual inspection checklist (50%).

Part 2: 3-Month Post-Training Evaluations

Methods

As part of the evaluation process for the *Essentials for Healthy Homes Practitioners* course, NCHH administers a follow up evaluation survey to students after at least three months following a training. This report summarizes student responses to the follow up survey administered between October 17, 2005 and December 31, 2008.

In April 2006, revisions were made to the follow up evaluation questions. The revised follow up survey was disseminated to classes held on July 19, 2006 and thereafter. Responses to questions from the older version that were similar to the current version were added to the analysis data. Some questions were not carried over to the current version and data from those questions are excluded.

A total of 3,076 students attended classes held between October 17, 2005 and December 31, 2008. Of these, NCHH was able to compile e-mail addresses for 2,369 students and 663 responded to NCHH's follow-up survey request. For this summary, NCHH performed analysis on data for 101 courses and the 663 follow up evaluation responses. Table 1 shows the revision change date and number of trainings for each period.

Table 1: Period of Revisions to Survey and Number of Survey Responses

Training Period	Survey Version	Number of Attendees	Number of Surveys Distributed	Number of Survey Responses Received	Response Rate
Oct 17, 2005 – July 12, 2006	1	523	399	190	48%
July 19, 2006 –Dec 31, 2008	2	2,553	1,970	473	24%
		3,076	2,369	663	

NCHH administered the follow up evaluation survey by contacting students via e-mail and notifying them of the link to the survey. NCHH used Microsoft FrontPage to create the survey form and made it available through NCHH's website. Survey results automatically downloaded into Microsoft Excel.

Results – Healthy Homes-related Activities Post-training

Version 2 of the follow-up evaluation assessed students' activities following the training. The results showed that:

- 79.5% of students discussed a healthy homes approach with people in their programs at work
- 51.8% used printed materials from the *Essentials* course
- 48.6% worked with people outside their programs to incorporate a healthy homes approach

- 39.5% sought to change their program protocols to include a healthy homes approach in daily practice
- 20.7% sought funding or modified their agency’s budget for healthy homes initiatives
- 5.5% worked to seek legislative change to permit a healthy homes approach

Table 2 illustrates these figures and gives examples of the actions taken by participants following the *Essentials* course.

Table 2: Activities at Work Following the *Essentials* Course

Question 1: Since the training, have you done any of the following at work?						
	a. Talked with people in your program about healthy homes	b. Used printed materials from the course	c. Worked with people outside program to incorporate a healthy homes	d. Sought to change program protocols to use a healthy homes approach	e. Requested funding or modified an agency budget for healthy homes initiatives	f. Worked to seek legislative or regulatory change to for a healthy homes approach
Yes	79.5%	51.8%	48.6%	39.5%	20.7%	5.5%

Student Examples: 1a. Talked with people in your program about healthy homes

- Gave a report on class content.
- Visited with co-workers about the healthy homes approach and the advantages it has over individual program implementation.
- Have spoken about different things that we could be more proactive with and how we could incorporate some of these issues directly into our Housing Code and Housing Quality Standards
- Discussed developing healthy home component to existing programs.

Student Examples: 1b. Used printed materials from the course

- Used materials on website to reinforce teaching about asthma. Pictures were especially effective.
- We have done two healthy home inspections since the course; we modified the visual assessment and used some of the resources for education.
- The reference book for the Healthy Homes Class is excellent. I use it often.
- I had 18,000 copies of Health Homes Maintenance Checklist for our extension agents

Student Examples: 1c. Worked with people outside program to incorporate a healthy homes approach

- I have been working with our Public Health division as well as the State Health Dept on furthering the Healthy Homes approach.
- Worked with local environmental health staff to design a healthy homes intervention pilot program.
- I've worked with the Fire Department, Neighborhood Code Enforcement, Building Department, Allen County Asthma Coalition, Poison Control and the Vector Control Program to develop a Healthy Homes Assessment tool

- Working with Washington State University to develop inspections of fraternity and sorority housing off campus.

Student Examples: 1d. Sought to change program protocols to use a healthy homes approach

- Since my program is beginning to convert from lead to Healthy Homes, I am trying to accumulate more educational materials to share with residents and agencies of Northeast Ohio.
- We are developing a protocol for mold based on HH principles.
- Added Visual Survey to lead poisoning prevention outreach.
- Developed a HH Assessment Tool. Will be used initially during a lead risk assessment on home where lead poisoned children live.

Student Examples: 1e. Requested funding or modified an agency budget for healthy homes initiatives

- The City of Cedar Rapids recently applied for a Healthy Homes grant.
- Applied for a Healthy Homes Demo grant through HUD but did not receive funding.
- Spoke to Board of Health to encourage them to consider adding a Healthy Homes component to Environmental Health and include training for all health department employees who provide services within a home.
- Applied for CDBG funding blending healthy homes & Energy Star

Student Examples: 1f. Worked to seek legislative or regulatory change to for a healthy homes approach

- I serve on a Lead-hazard advisory committee and suggested that local codes include Lead-Based paint HUD & EPA regulations
- We are currently leading a campaign to pass a sales tax of 50 cents per gallon of paint sold to finance a low-cost statewide housing renovation loan fund for lead hazard control.
- Am currently trying to implement a change in HUD's requirement of only allowing use of a licensed Home Inspector to perform the inspections required in the Neighborhood Stabilization Program (NSP).
- We continue to work with our local government to avoid gutting of our most effective healthy homes ordinance.

Results – Barriers to a Healthy Homes Approach

NCHH recognizes that certain barriers may prevent students from incorporating healthy homes information into their practices. The evaluation form asked students to identify some of these barriers. Most students identified insufficient funding as a main hindrance to integrating healthy homes principles in their programs. Table 3 shows the other barriers noted in students responses. This data includes both survey versions (N = 663).

Table 3: Barriers to Integrating Healthy Homes Information in Practice

Question 2: Have you experienced any of the following barriers to integrating healthy homes information in your practice? (respondents can check all that apply)	
Insufficient Funding	40.1%
Lack Of Time	26.8%
No Rules Or Codes To Use	19.5%
Limited Resident Interest	14.8%
Unsure Of How To Use Information For Action	12.4%
Need More Information To Use Practices	8.0%
Inadequate Management Support	9.4%
Other	13.1%

Results – Impact on Home Visits

Of the 473 follow up survey responses received, 291 (61.5%) stated that they perform home visits. NCHH asked students who perform home visits to:

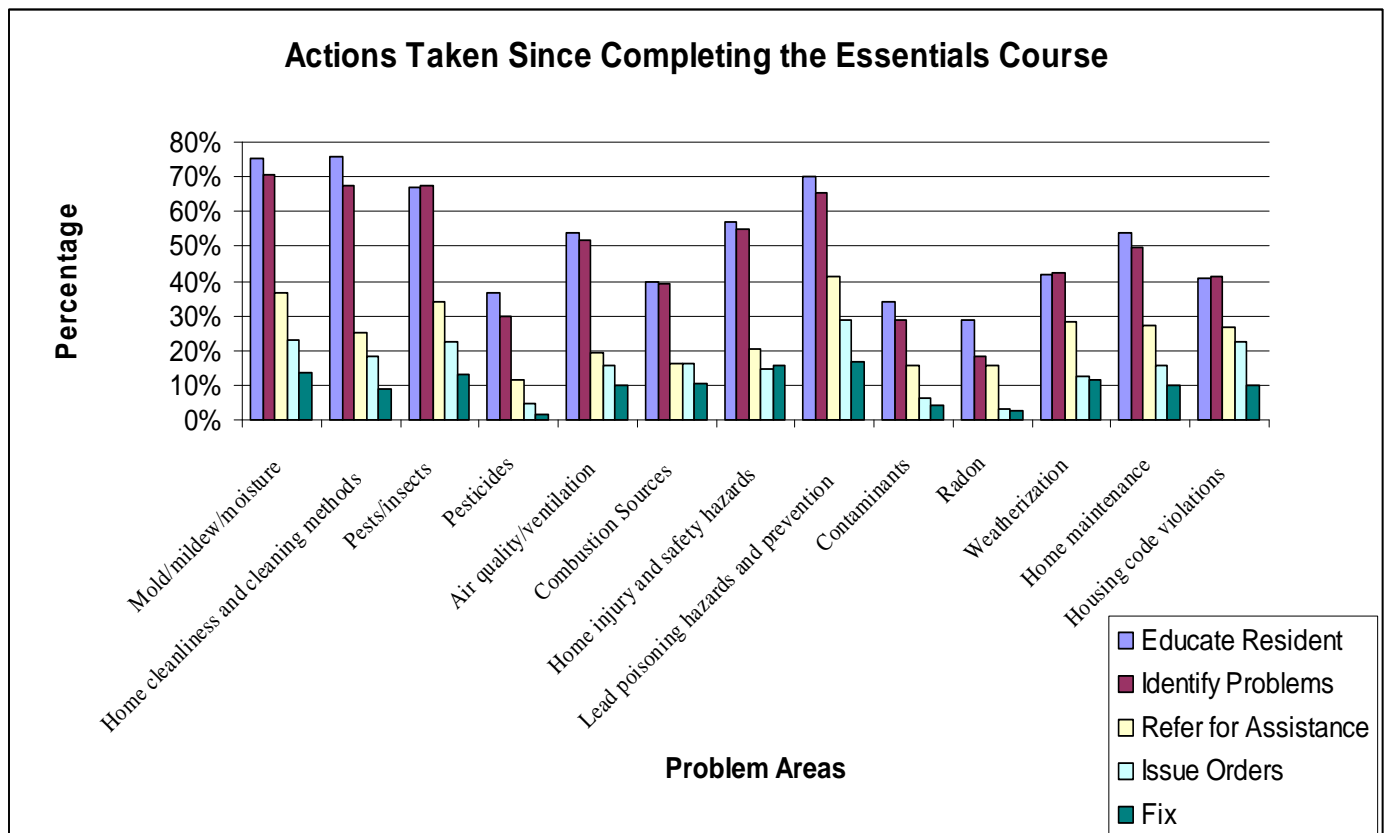
1. Identify actions they take during home visit following the training;
2. State how much clients or constituents have benefited from the knowledge and skills they gained by attending the training;
3. Estimate the number of clients that benefited from their attained knowledge and skills;
4. Specify if they carry a visual assessment checklist during home visits; and
5. Identify tools or equipments they take on home visits.

Student Actions During Home Visits: Table 4 and the chart that follows illustrate the actions students have taken during home visits since taking the course. The top three problem areas that students addressed are mold, home cleanliness and cleaning methods, and lead poisoning hazards and prevention. Actions most frequently taken by students included educating residents and identifying problems.

Table 4: Actions Taken to Address Problems during Home Visits

Question 5: For each of the following problems, please check any of the following actions that you have taken on a home visit since completing the course (respondents can check all that apply).					
	Educate Resident	Identify Problems	Refer for Assistance	Issue Orders	Fix
Mold/mildew/moisture	75.3%	70.8%	36.8%	23.0%	13.7%
Home cleanliness and cleaning methods	75.6%	67.7%	25.1%	18.2%	8.9%
Pests/insects	67.0%	67.7%	34.0%	22.7%	13.1%
Pesticides	36.8%	29.9%	11.7%	4.8%	1.7%

	Educate Resident	Identify Problems	Refer for Assistance	Issue Orders	Fix
Air quality/ventilation	53.6%	51.9%	19.6%	15.5%	10.0%
Combustion Sources	39.9%	39.2%	16.2%	16.2%	10.3%
Home injury and safety hazards	57.0%	55.0%	20.3%	14.4%	15.5%
Lead poisoning hazards and prevention	70.1%	65.3%	41.2%	28.9%	16.8%
Contaminants	34.0%	28.5%	15.8%	6.2%	4.1%
Radon	28.9%	18.6%	15.5%	3.1%	2.7%
Weatherization	41.6%	42.6%	28.2%	12.7%	11.7%
Home maintenance	53.6%	49.5%	27.1%	15.5%	10.0%
Housing code violations	40.9%	41.2%	26.8%	22.3%	10.0%



Client or Constituent Benefit: As depicted in Table 5, 33% of students estimated that clients or constituents benefit moderately from the knowledge and skills they gain from the training, while 22% of students stated clients significantly benefit. This includes data for both survey versions (N= 663)

Out of the 473 survey responses received, 269 students provided a figure for the number of people that have benefited from their knowledge gained. An average of 34 people benefited. This data does not include results from the older version of the evaluation form because students

were previously asked to identify a range (e.g. 1 – 25) of clients who benefited rather than a specific number.

Table 5: Benefits to Clients Following Training

Question 7: How much have your clients or constituents benefited from the knowledge and skills you gained through the training?	
Moderately	33.0%
Significantly	22.3%
Minimally	15.8%
Not at all	4.8%

Home Visit Tools: Sixty-one percent of students carry a visual inspection checklist or assessment form on home visits. Table 6 shows the tools and equipments students take on home visits. Lead sampling kits, carbon monoxide alarms, and moister meters are the top tools students bring with them on home visits.

Table 6: Tools Students Take on Home Visits

Question 10: Do you bring any of the following tools or equipment on a home visit (Respondent can check all that apply)	
None of the above	51.5%
Lead hazard sampling kit	32.0%
Moisture Meter	16.8%
CO alarm	12.0%
Radon kits	9.6%
Baits/Traps	8.2%

Appendix 1

List of All Essentials Courses from June 6, 2005 through December 31, 2008 Sorted by Date

	Partner	Location	Dates	Year	Class Count	Number of Evaluations Collected	Percent of Class Count
	University of Cincinnati	Cincinnati, OH	June 6 - 7	2005	19	Data not included	
	University of Cincinnati	Houston, TX	Aug 8 - 9	2005	19		
	Rhode Island Department of Weatherization	Providence, RI	Aug 17 - 18	2005	34		
	Johns Hopkins University	Baltimore, MD	Aug 22 - 23	2005	16		
	University of Cincinnati	Cincinnati, OH	Oct 3 - 4	2005	13		
	University of Washington	Seattle, WA	Oct 17 - 18	2005	20		
1	University of Cincinnati	Columbus, OH	Dec 5 - 6	2005	25	22	88%
2	Boston Univ. Ctr for Healthy Homes & Neighborhoods	Boston, MA	Dec 7 - 8	2005	59	49	83%
3	Johns Hopkins University	Mt. Laurel, NJ	Dec 8 - 9	2005	20	11	55%
4	Rhode Island Health Department	Providence, RI	Jan 18 - 19	2006	52	41	79%
5	University of Washington	Seattle, WA	Jan 19 - 20	2006	13	11	85%
6	University of Cincinnati	Columbus, OH	Feb 13 - 14	2006	52	42	81%
7	University of Cincinnati	Cincinnati, OH	March 6-7	2006	13	10	77%
8	University of Cincinnati	Cincinnati, OH	March 8-9	2006	28	25	89%
9	East Central University	Ada, OK	May 2-3	2006	24	23	96%
10	U.S. Centers for Disease Control and Prevention and NCHH	Atlanta, GA	May 9-10	2006	45	30	67%
11	East Central University	Shawnee, OK	May 16-17	2006	24	16	67%
12	NCHH and Affordable Comfort	Austin, TX	May 22	2006	14	10	71%
13	University of Illinois at Chicago	Chicago, IL	June 8-9	2006	21	17	81%
14	NCHH-sponsored	San Antonio, TX	June 23-24	2006	15	13	87%
15	Johns Hopkins University	Baltimore, MD	July 10-11	2006	32	28	88%
16	Boston University Center for Healthy Homes and Neighborhoods	New Britain, CT	July 11-12	2006	52	42	81%
17	University of Illinois at Chicago	Chicago, IL	July 19-20	2006	19	13	68%
18	Johns Hopkins University	Baltimore, MD	Sept. 11-12	2006	20	19	95%

	Partner	Location	Dates	Year	Class Count	Number of Evaluations Collected	Percent of Class Count
19	University of Illinois at Chicago	Chicago, IL	Sept. 12-13	2006	18	15	83%
20	Marion County Health Department	Indianapolis, IN	Sept. 19-20	2006	47	24	51%
21	Marion County Health Dpt.	Indianapolis, IN	Sept. 21-22	2006	45	36	80%
22	University of Cincinnati	Cleveland, OH	October 4-5	2006	38	32	84%
23	University of Cincinnati	Lansing, MI	December 14-15	2006	20	19	95%
24	University of Cincinnati	Youngstown, OH	January 11-12	2007	40	38	95%
25	Alameda County Childhood Lead Poisoning Prevention Program	Oakland, CA	January 24-25	2007	32	26	81%
26	Children's Mercy Hospital	Kansas City, MO	Jan. 31-Feb. 1	2007	30	20	67%
27	Boston Univ. Center for Healthy Homes and Neighborhoods	Springfield, MA	Feb 13 - 14	2007	26	19	73%
28	University of Illinois at Chicago	Harvey, IL	Feb 26-27	2007	31	22	71%
29	University of Illinois at Chicago	Harvey, IL	March 6-7	2007	21	21	100%
30	University of CA at Berkeley/Alameda County CLPPP	Salinas, CA	March 27-28	2007	19	17	89%
31	Johns Hopkins University	Rockville, MD	May 17-18	2007	43	33	77%
32	University of Georgia	Savannah, GA	May 21-22	2007	35	23	66%
33	NCHH-sponsored	Providence, RI	May 21-22	2007	30	29	97%
34	Alameda County Childhood Lead Poisoning Prevention Program	Oakland, CA	May 24-25	2007	32	28	88%
35	NCHH-sponsored	Grand Rapids, MI	June 4-5	2007	51	43	84%
36	Los Angeles County Department of Health	Los Angeles, CA	June 4-5	2007	46	44	96%
37	Los Angeles County Department of Health	Los Angeles, CA	June 6-7	2007	51	41	80%
38	Children's Mercy Hospital	Kansas City, MO	June 11-12	2007	17	13	76%
39	NCHH-sponsored	Atlantic City, NJ	June 16-17	2007	9	9	100%
40	University of Cincinnati	Springfield, OH	June 18-19	2007	25	25	100%

	Partner	Location	Dates	Year	Class Count	Number of Evaluations Collected	Percent of Class Count
41	Mississippi State University	Raymond, MS	June 27-28	2007	25	24	96%
42	University of Washington	Seattle, WA	July 9-10	2007	33	30	91%
43	Mississippi State University	Starkville, MS	July 18-19	2007	17	9	53%
44	Houston Dept. of Health/Univ. of TX School of Public Health	Houston, TX	July 25-26	2007	31	31	100%
45	East Central University	Ohkay Owingeh Pueblo, NM	August 7-8	2007	24	12	50%
46	University of Georgia	Athens, GA	August 8-9	2007	40	33	83%
47	Children's Mercy Hospital	Kansas City, KS	August 9-10	2007	11	10	91%
48	East Central University	Albuquerque, NM	August 9-10	2007	38	24	63%
49	CLEARCorps	Minneapolis, MN	August 13-14	2007	45	24	53%
50	Johns Hopkins University	Alexandria, VA	August 20-21	2007	24	19	79%
51	University of Cincinnati	Cincinnati, OH	August 21-22	2007	40	40	100%
52	City of Houston Department of Health/Univ. of TX School of Public Health	Houston, TX	Sept 13-14	2007	38	22	58%
53	Children's Mercy Hospital	Kansas City, MO	October 2-3	2007	16	11	69%
54	University of Washington	Seattle, WA	October 15-16	2007	20	16	80%
55	Louisiana State University	Baton Rouge, LA	October 30-31	2007	21	10	48%
56	University of Cincinnati	Lexington, KY	Oct 31- Nov 1	2007	17	17	100%
57	Children's Mercy Hospital	Omaha, NE	Nov 1-2	2007	41	17	41%
58	University of Georgia	Athens, GA	Nov 8-9	2007	22	16	73%
59	Alameda County Childhood Lead Poisoning Prevention Program	Richmond, CA	Nov 14-15	2007	35	21	60%
60	University of Cincinnati	Columbus, OH	Nov 14-15	2007	20	20	100%
61	Marion County Health Dept.	Indianapolis, IN	Nov 26-27	2007	23	23	100%
62	University of Cincinnati	Cincinnati, OH	Dec 11-12	2007	16	15	94%
63	University of Tennessee	Nashville, TN	Jan 16-17	2008	23	20	87%
64	Children's Mercy Hospital	Kansas City, MO	Feb 20-21	2008	25	24	96%

	Partner	Location	Dates	Year	Class Count	Number of Evaluations Collected	Percent of Class Count
65	Johns Hopkins University	Washington, DC	Mar 5-6	2008	22	16	73%
66	Marion County Health Department	Indianapolis, IN	Mar 19-20	2008	21	15	71%
67	University of Washington	Spokane, WA	Mar 20-21	2008	28	26	93%
68	City of Houston Department of Health/Univ. of TX School of Public Health	Houston, TX	Apr 2-3	2008	12	9	75%
69	City of Houston Department of Health/Univ. of TX School of Public Health	San Antonio, TX	April 7-8	2008	17	15	88%
70	University of Cincinnati	Genesee County, MI	April 10-11	2008	40	38	95%
71	Boston University Center for Healthy Homes and Neighborhoods	Boston, MA	April 30 & May 7	2008	28	24	86%
72	Florida Department of Health	West Palm Beach, FL	May 6-7	2008	46	39	85%
73	Johns Hopkins University	Baltimore, MD	May 13-14	2008	34	26	76%
74	East Central University	Tulsa, OK	May 14-15	2008	54	49	91%
75	Los Angeles County Department of Health	Los Angeles, CA	May 20-21	2008	41	33	80%
76	Children's Mercy Hospital	Ankeny, Iowa	May 21-22	2008	38	37	97%
77	University of Tennessee	Nashville, TN	May 21-22	2008	24	20	83%
78	City of Houston Department of Health/Univ. of TX School of Public Health	Houston, TX	June 16-17	2008	43	37	86%
79	Children's Mercy Hospital	Kansas City, MO	June 18-19	2008	19	18	95%
80	University of Georgia	Athens, GA	June 23-24	2008	26	24	92%
81	City of Houston Department of Health/Univ. of TX School of Public Health	Tyler, TX	July 16-17	2008	34	30	88%
82	Advanced Energy and North Carolina State University	Raleigh, NH	July 29-30	2008	43	4	9%
83	Children's Mercy Hospital	Ankeny, Iowa	July 30-31	2008	40	31	78%
84	University of Cincinnati	Akron, OH	August 5-6	2008	30	30	100%
85	Children's Mercy Hospital	St. Louis, MO	August 19-20	2008	26	25	96%
86	East Central University	Oklahoma City, OK	August 27-28	2008	49	49	100%

	Partner	Location	Dates	Year	Class Count	Number of Evaluations Collected	Percent of Class Count
87	Alameda County Childhood Lead Poisoning Prevention Program	Oakland, CA	Sept 4-5	2008	23	19	83%
88	University of Washington	Billings, MT	Sept 4-5	2008	16	16	100%
89	Children's Mercy Hospital	Kansas City, MO	Sept 30-Oct 1	2008	23	20	87%
90	Mississippi State University	Canton, MS	Oct 1-2	2008	19	17	89%
91	Los Angeles County Department of Health	Montebello	Oct 7-8	2008	28	20	71%
92	Alameda County Childhood Lead Poisoning Prevention Program	San Francisco	Oct 16-17	2008	36	24	67%
93	Los Angeles County Department of Health	Montebello	Oct 21-22	2008	35	31	89%
94	Penn State University	Philadelphia, PA	Nov 7, 14	2008	49	44	90%
95	Advanced Energy and North Carolina State University	Greensboro, NC	Nov 11-12	2008	24	13	54%
96	Advanced Energy and North Carolina State University	Raleigh, NC	Nov 12-14	2008	45	29	64%
97	University of Cincinnati	Cincinnati, OH	Nov 17-18	2008	58	56	97%
98	Florida Department of Health	Tampa, FL	Dec 2-3	2008	22	19	86%
99	University of Cincinnati	Dayton, OH	Dec 9-10	2008	27	25	93%
100	Children's Mercy Hospital	Kansas City, MO	Dec 10-11	2008	22	18	82%
101	University of Washington	Hood River, OR	Dec 10-11	2008	35	31	89%