

# FINDING COMMON INTERESTS: NNIP PARTNERS AND CHILDREN'S HOSPITALS COLLABORATE

CAMILLE H. ANOLL

MARCH 2020



Where children live matters. Their home, community, and school environments affect their health over their lifetimes. These environments are not just their physical surroundings but also the social environments, availability of supports, and access to opportunities that are all part of the social determinants of health. The mission of children's hospitals starts with "investing in keeping kids throughout communities well and thriving by providing top-notch clinical care."<sup>1</sup> As the body of evidence about the links between social and environmental factors and health grows, children's hospitals across the country have begun taking action on the social determinants of health.

Several children's hospitals have turned to organizations in the National Neighborhood Indicators Partnership (NNIP) to collaborate toward creating healthier futures for younger

generations. In these examples, NNIP Partners assemble data stuck in silos at nonprofits, hospitals, social service agencies, and government entities; seek out resident perspectives; and create a more nuanced and complete understanding of community issues. These collaborations pair the hospitals' resources, data, and medical expertise with NNIP Partners' wealth of fine-grained data and on-the-ground experience to increase access to healthy starts for all children. We examined the collaborations of several NNIP Partners and found three ways NNIP Partners and children's hospitals are working together:

- understanding specific health issues
- supporting community health planning
- elevating a common agenda around childhood well-being

We examined the following seven collaborations, which reach back as early as 2013:

- **Cleveland:** The Center on Urban Poverty and Community Development and the University Hospitals Rainbow Babies & Children's Hospital
- **Dallas:** The Institute for Urban Policy Research and Children's Health
- **Houston:** The Kinder Institute for Urban Research and Texas Children's Hospital
- **Kansas City:** Center for Economic Information and Children's Mercy Hospital
- **New Haven:** DataHaven and Connecticut Children's Medical Center
- **Philadelphia:** The Urban Health Collaborative and the Children's Hospital of Philadelphia
- **Pittsburgh:** The University Center for Social and Urban Research at the University of Pittsburgh and Children's Hospital of Pittsburgh

## UNDERSTANDING SPECIFIC HEALTH ISSUES

The most common way NNIP Partner organizations and children's hospitals work together is through identifying common issues of interest. They can leverage data from and use the varied skill sets of both organizations.

Two NNIP Partners, the [Center on Urban Poverty and Community Development \(the Poverty Center\)](#) and the [Center for Economic Information \(CEI\)](#), each found common interest with children's hospitals, as well as other local organizations, investigating the community and environmental impact on two health issues predominately experienced by children: lead poisoning and childhood asthma. Both conditions have been directly connected to housing and the built environment. The collaborating organizations merged the NNIP Partners' data about neighborhoods, housing stock, and homeownership with the hospitals' data on lead poisoning cases and asthma-induced emergency room visits to paint a picture of the relationship between external conditions and asthma and lead poisoning cases in their community. [The Poverty Center](#) showed that Cleveland's children in poor-quality housing had lower kindergarten-readiness scores, leading the city to implement required inspections of all rental units.<sup>2</sup> The [CEI](#) created a promising, predictive model to identify children who might be at risk of these conditions based on observed exterior housing conditions in

Kansas City. Both Partners elevated the connection between these health conditions and housing stock to children's hospital collaborators and their communities, bringing much needed attention to the issue.<sup>3</sup>

In another example, the Children's Hospital of Philadelphia funded Drexel's [Urban Health Collaborative](#) to participate in the Pediatric Big Data Project. Urban Health Collaborative linked electronic health records from Children's Hospital of Philadelphia with hundreds of neighborhood indicators to investigate predictors of childhood asthma, obesity, and preventable hospitalizations. Environmental data include socioeconomic indicators; built environment characteristics, such as access to food and physical activity, as well as air pollution; and social indicators such as crime and safety. They plan to maintain the partnership through future projects on pediatric health and health disparities.

## SUPPORTING COMMUNITY HEALTH PLANNING

Most children's hospitals are nonprofits and, as required by the Affordable Care Act, conduct Community Health Needs Assessments (CHNAs) every three years to keep their tax-exempt status. NNIP Partner organizations are uniquely poised to help with CHNAs because they already analyze and interpret data for their communities and are familiar with local contexts. By partnering with local data organizations like NNIP Partners, the CHNAs can be tailored to

local interests and illustrate the important geographic variation of conditions within hospitals' service areas. In Houston, the Texas Children's Hospital hired the [Kinder Institute](#) to be a part of the team to conduct the data collection and analysis for their 2016 CHNA. [DataHaven](#) was also brought into the CHNA process by their partner in Hartford, the Connecticut Children's Medical Center. In both instances, the Partners brought their local data, their analytic expertise, and their knowledge of their communities to inform the CHNA. These are only two of many examples of Partners contributing to CHNAs in their metropolitan areas.

Some children's hospitals and NNIP Partners have also expanded their community assessments beyond just the required CHNAs. For more than 15 years, Dallas's Children's Health has published an additional community assessment tailored toward children, the [Beyond ABC: Assessing the Well-Being of Children in North Texas](#) report, in conjunction with the [Institute for Urban Policy Research \(IUPR\)](#).

Biennially, Children's Health funds the IUPR to collect and analyze data from multiple sources—including the US Census Bureau, state agencies, and nonprofits—that focus on four categories related to child well-being: health, economic security, safety, and education. IUPR creates a set of community indicators for the six counties served by Children's Health to assess how children fare in North Texas.<sup>4</sup>

## ELEVATING A COMMON AGENDA AROUND CHILDHOOD WELL-BEING

Several Partners and the children's hospitals they work with have realized that by collaborating, they can conduct better research and advance their common goals of creating stronger communities and healthy starts for all children. Two NNIP Partners—the [Poverty Center](#) and the [CEI](#)—have created strategic, long-term “data consortiums” with their children's hospital partners and other local organizations to meet common goals around health inequities and community well-being.

The [Poverty Center](#) is a member of the Cleveland Healthy Home Data Collaborative, which also includes University Hospitals Rainbow Babies & Children's Hospital, the MetroHealth Hospital System, the Cleveland Department of Public Health, and a local nonprofit focusing on environmental health. The collaborative was created as part of the BUILD Health Challenge to create a new integrated data system incorporating health, housing, and community data to give practitioners and policymakers easy access to information to address health inequities.<sup>5</sup>

The [CEI](#)'s Kansas City Health Community-Organized Resource Exchange (KC Health CORE) advances a shared, long-term research agenda investigating environmental factors and health inequities.<sup>6</sup> KC Health CORE was formed in 2013 when the CEI and Children's Mercy Hospital were jointly awarded federal funding to

investigate housing and childhood health conditions discussed above. After the project finished, the organizations involved wanted to continue working together to leverage the developed processes and integrated data to address other issues. KC Health CORE then received joint funding from the Health Forward Foundation to further explore social determinants of health. KC Health CORE has three components: integrating data and building data infrastructure, convening environmental health organizations, and community engagement. Recently, KC Health CORE created an innovative toolkit that assists in targeting health services to those residents most at risk of poor health conditions based on mapping of health, environment, and community data.

**University Center for Social and Urban Research (UCSUR)** and the Children's Hospital of Pittsburgh (CHP) are also cultivating a relationship to expand CHP's research on the relationship between community factors and children's health. The hospital funded the UCSUR to be a part of the hospital's Pittsburgh Study project—a longitudinal, community-partnered study investigating what helps children thrive. To support the Pittsburgh Study's commitment to data accessibility and data transparency, UCSUR is building a child health data explorer to provide community health indicators to project

partners, study participants, and community stakeholders. UCSUR tapped researchers affiliated with the Pittsburgh Study and community partners to identify potential health indicators and test the data tool as it is developed. UCSUR is also working with the Pittsburgh Study to create new aggregate health indicators from open data, medical claims data from the CHP, and data collected from participants in the Pittsburgh Study. UCSUR and the CHP are pursuing additional funding to support their shared goals of making more data accessible to the community and improving the community's health data literacy.<sup>7</sup>

## CONCLUSION

NNIP Partners and children's hospitals are well suited to collaborate. They often have similar areas of interest, and they each bring unique expertise, data, and community knowledge to inform community change. We encourage all children's hospitals to consider the effects of neighborhood conditions on health and engage with community organizations as they strive to improve children's well-being. Local data organizations like NNIP Partners should reach out to their local children's hospitals because, as some Partners have demonstrated, it can expand opportunities to use data and analysis to advocate for better programs and policy solutions for their communities.

## NOTES

<sup>1</sup> "About Children's Hospitals," Children's Hospital Association, accessed February 3, 2020,

<https://www.childrenshospitals.org/About-Us/About-Childrens-Hospitals>.

<sup>2</sup> Leah Hendey, "Groundbreaking Studies Help Prevent Lead Exposure for Children in Cleveland," National Neighborhood Indicators Partnership, June 1, 2018,

<https://www.neighborhoodindicators.org/library/stories/groundbreaking-studies-help-prevent-lead-exposure-children-cleveland>.

<sup>3</sup> Doug Bowles (associate director, Center for Economic Information), in discussion with the author, February 12, 2020.

<sup>4</sup> Anthony Galvan (associate director, Institute for Urban Policy Research, The University of Texas at Dallas), in discussion with the author, January 24, 2020.

<sup>5</sup> "Cleveland Healthy Home Data Collaborative," BUILD Health Challenge, accessed January 27, 2020,

<https://buildhealthchallenge.org/communities/2-cleveland-healthy-home-data-collaborative-2/>.

<sup>6</sup> Jordan Ayala, "KC Health CORE," National Neighborhood Indicators Partnership, July 25, 2019,

<https://www.neighborhoodindicators.org/library/catalog/kc-health-core>.

<sup>7</sup> Robert Gradeck (research manager, University Center for Social and Urban Research, University of Pittsburgh), email message to the author, February 13, 2020.



Camille H. Anoll is a research analyst in the Metropolitan Housing and Communities Policy Center at the Urban Institute and a member of the NNIP team.

This brief would not have been possible without the NNIP Partners that shared their time and insights about their local projects. Thanks to Mark Abraham, Amy Confair, Doug Bowles, Bob Gradeck, and Jie Wu for offering their insights on how their organizations collaborate with children's hospitals. Additional thanks to the Urban Institute staff members who contributed or reviewed the text: Leah Hendey and Kathy Pettit.

NNIP is a learning network, coordinated by the Urban Institute, that connects independent partner organizations in more than 30 cities that share a mission to ensure all communities have access to data and the skills to use information to advance equity and well-being across neighborhoods. The Urban Institute is a nonprofit policy research organization dedicated to developing evidence-based insights that improve people's lives and strengthen communities.

This paper was supported by the Annie E. Casey and Robert Wood Johnson Foundations. The views expressed are those of the author and do not necessarily represent those of the Annie E. Casey Foundation, the Robert Wood Johnson Foundation, or the Urban Institute, its trustees, or its funders.

Copyright © 2020. Urban Institute. Permission is granted for reproduction of this file, with attribution to the Urban Institute.