



Children's National.



THE HSC HEALTH CARE SYSTEM

GROWING UP STRONGER: The Impact of Neighborhood Conditions on Child Opportunity

Community
Health Needs
Assessment, 2022
Children's National
Hospital & The HSC Health
Care System



Growing Up Stronger: The Impact of Neighborhood Conditions on Child Opportunity. Community Health Needs Assessment, Children's National Hospital and The HSC Health Care System, Washington, D.C., June 2022.

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OPPORTUNITY IN NEIGHBORHOODS MATTERS

The neighborhoods in which children live impact their opportunity to reach their full potential. Neighborhood conditions that nurture children help them grow into healthy adults, and in the future, contribute to the development of thriving communities.

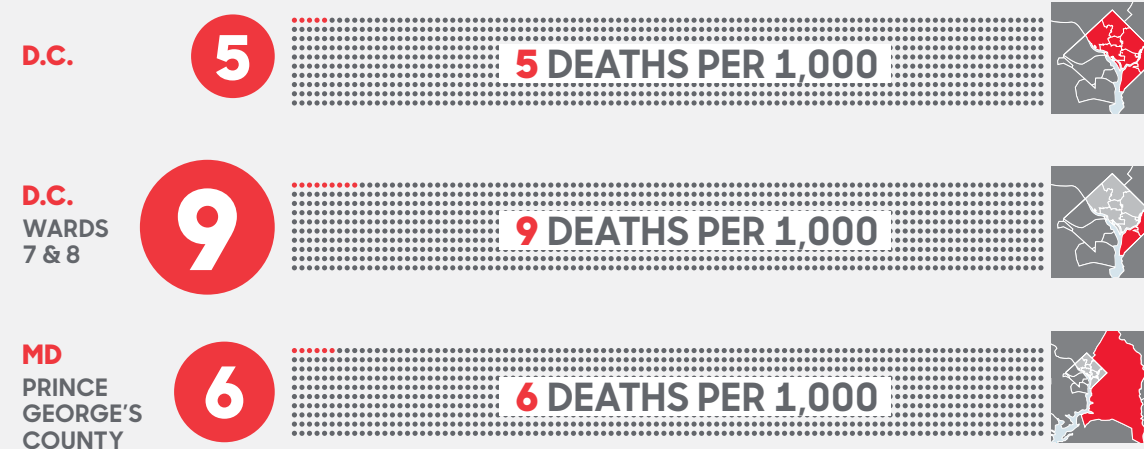
Many neighborhood factors contribute to a child’s health, including affordable places to live, safe neighborhoods, educational opportunities, ample food to eat, jobs that pay a living wage, and access to comprehensive health care. However, for many neighborhoods in our community, particularly those that are predominantly Black and/or Hispanic, equitable access to those important resources for children remains elusive. Child opportunity is not equally distributed within our communities, as evidenced by the disproportionate effects of the COVID-19 pandemic on certain racial and ethnic groups.

This resource inequity reveals itself in many ways, including **infant deaths and life expectancy**, two well-established measures of community health.

FIGURE 1-A INFANT MORTALITY

The overall infant mortality rate in the District in 2019 was 5 deaths per 1,000 live births. However, in the primarily Black and lowest opportunity communities of Wards 7 and 8 in Washington, D.C., the rate was nearly double that at about 9 deaths per 1,000 babies born.

These inequities are also present in neighboring Prince George’s County, MD where the infant mortality rate is greater than 6 deaths per 1000 live births – highest among Black mothers, and higher than other counties in Maryland.



Source: IMR: DC Health and MD Department of Health, 2022

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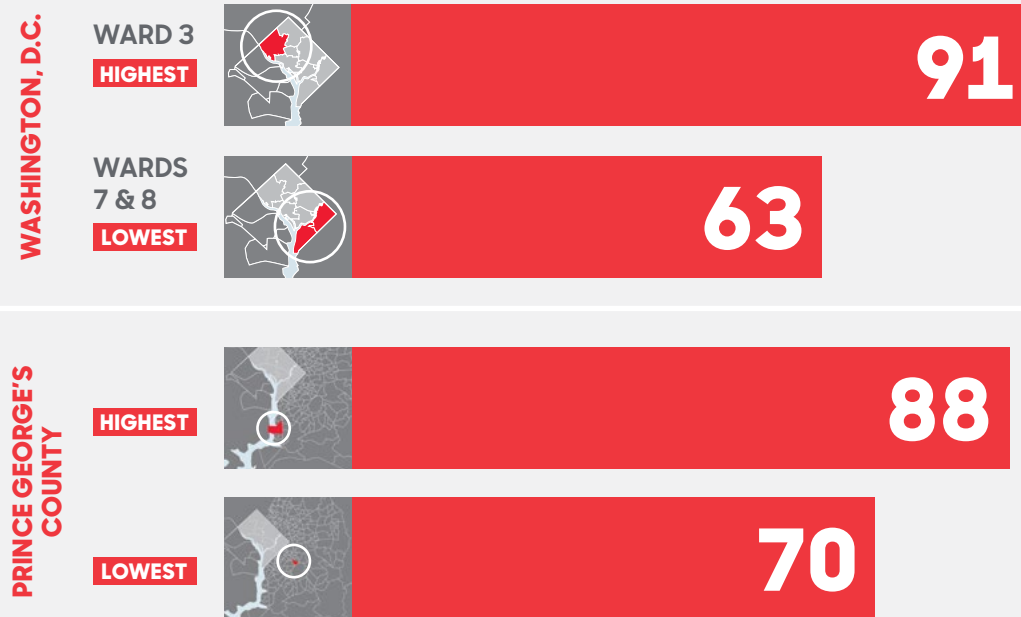
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FIGURE 1-B LIFE EXPECTANCY AT BIRTH

Life expectancy follows the same pattern. In Washington, D.C., there is a 28 year difference in life expectancy between neighborhoods with the lowest life expectancy in Ward 8 (63.2 years) and highest in Ward 3 (90.7 years).

In Prince George's County, there is a 18 year difference in life expectancy between the neighborhoods with the lowest (70.2 years) and highest (88.3 years) life expectancy.



Over time, long-standing inequities create educational, health, and economic inequities that persist for generations.

Source: Life Expectancy: U.S. Small-Area Life Expectancy Estimates Project

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences. Achieving equity requires giving special attention to the needs of those at greatest risk of poor health based on social conditions. Health equity, as it relates to child opportunity, can seem challenging as we explore the contributing factors. In our community, some people do not confront any barriers to their health, while others experience an overwhelming and disproportionate number of challenges related to housing, employment, high-quality education, healthy food and other barriers largely because of where they live. Children in lower opportunity neighborhoods do not have fair and just access to resources and conditions that many living in the high opportunity neighborhoods do.

As we look to understand inequities in our neighborhoods, we explore the lived experiences of our community, talk with the residents and compare that information to other data that are available to us.

We inform our hospitals' strategies to support our community in creating a healthier and more equitable environment for the well-being of children, the families who support them and the future of the neighborhoods they call home.

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COMMUNITY HEALTH NEEDS ASSESSMENT

This report shares the process we – Children’s National Hospital and HSC Health Care System – used to conduct our Community Health Needs Assessment (CHNA) and the key findings. The CHNA is a federal requirement for nonprofit hospitals. CHNAs identify key health needs through systematic, comprehensive data collection and analysis.

We used a variety of processes to conduct the assessment, including data analysis, community engagement and collaborative participation.

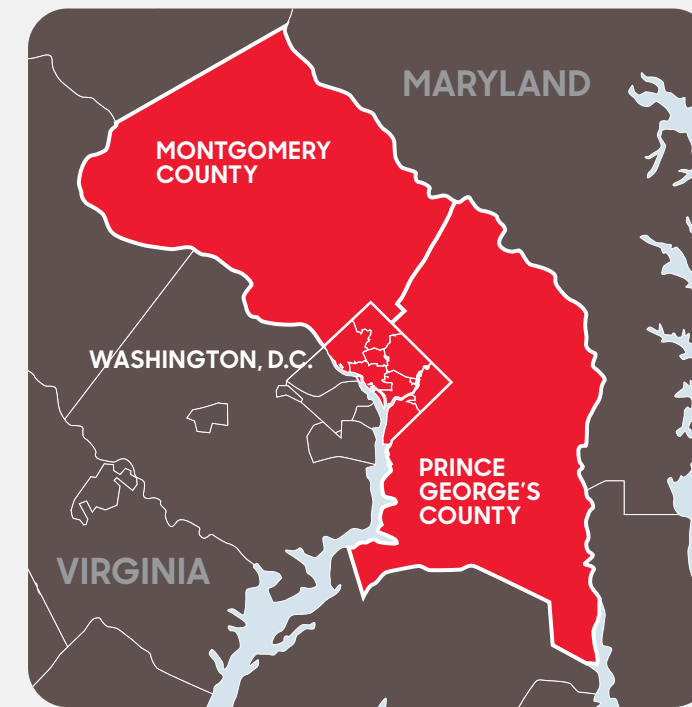
This is the fourth assessment supported by the Child Health Advocacy Institute (CHAI) at Children’s National Hospital. Prior assessments were conducted in collaboration with the DC Health Matters Collaborative – a coalition of local hospitals and community health centers – and focused on the full Washington, D.C. population.

This 2022 CHNA is different from our prior assessments as it focuses specifically on children, is an assessment of Children’s National and HSC’s primary service area (PSA) which includes Washington, D.C., and parts of Maryland, **(Figure 2-A)** and applies a stronger pediatric health equity lens by utilizing the Child Opportunity Index.

[CLICK HERE](#)

View previous assessments and our progress tracker to learn how we addressed the community health priorities in the last three years.

FIGURE 2-A
Our Hospitals’ Primary Service Area (PSA)



** This assessment defines "community" geographically as our PSA.

While this assessment is federally mandated, it means much more to us than "checking a box" and delivering a report. The findings of this CHNA guide how our hospitals invest in our local communities to improve opportunity for children. In November 2022, we will release our **Community Health Improvement Plan (CHIP)** that will detail our strategies in responding to the CHNA findings.

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WHO WE ARE AND OUR COMMITMENT TO HEALTH EQUITY

Children's National Hospital and The HSC Health Care System

Children's National Hospital, based in Washington, D.C., celebrates more than 150 years of pediatric care, research and commitment to the community. We are a pediatric academic health system that offers the highest quality community-based care in the Washington, D.C., metropolitan area, including Maryland and Northern Virginia. We are recognized for our expertise and innovation in pediatrics and as a strong voice for children through advocacy at the local, regional and national levels.



As the nation's children's hospital, the mission of Children's National is to excel in care, advocacy, research and education.

We accomplish this through:

- Providing a quality health care experience for our patients and families
- Improving health outcomes for children regionally, nationally and internationally
- Leading the creation of innovative solutions to pediatric health challenges
- Making diversity and inclusion a priority to achieve our mission.

At the core of what we do are compassion, commitment and connection.

Some of the ways we demonstrate these values are:

- Care for all children and honor the diverse perspectives they and their families represent
- Demonstrate integrity
- Challenge each other to innovate, excel and improve

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The HSC Health Care System is part of Children's National and includes a children's specialty hospital and a home health agency. The specialty hospital, The HSC Pediatric Center, is located in Washington, D.C., and serves children with complex medical needs from infancy through the age of 21. The HSC Pediatric Center includes an inpatient subacute program, a Skilled Nursing Facility and outpatient programs that provide individual rehab therapies as well as clinics for assistive technology and seating and positioning. Through this affiliation agreement, Children's National and HSC will transform the delivery of pediatric healthcare across the care continuum.

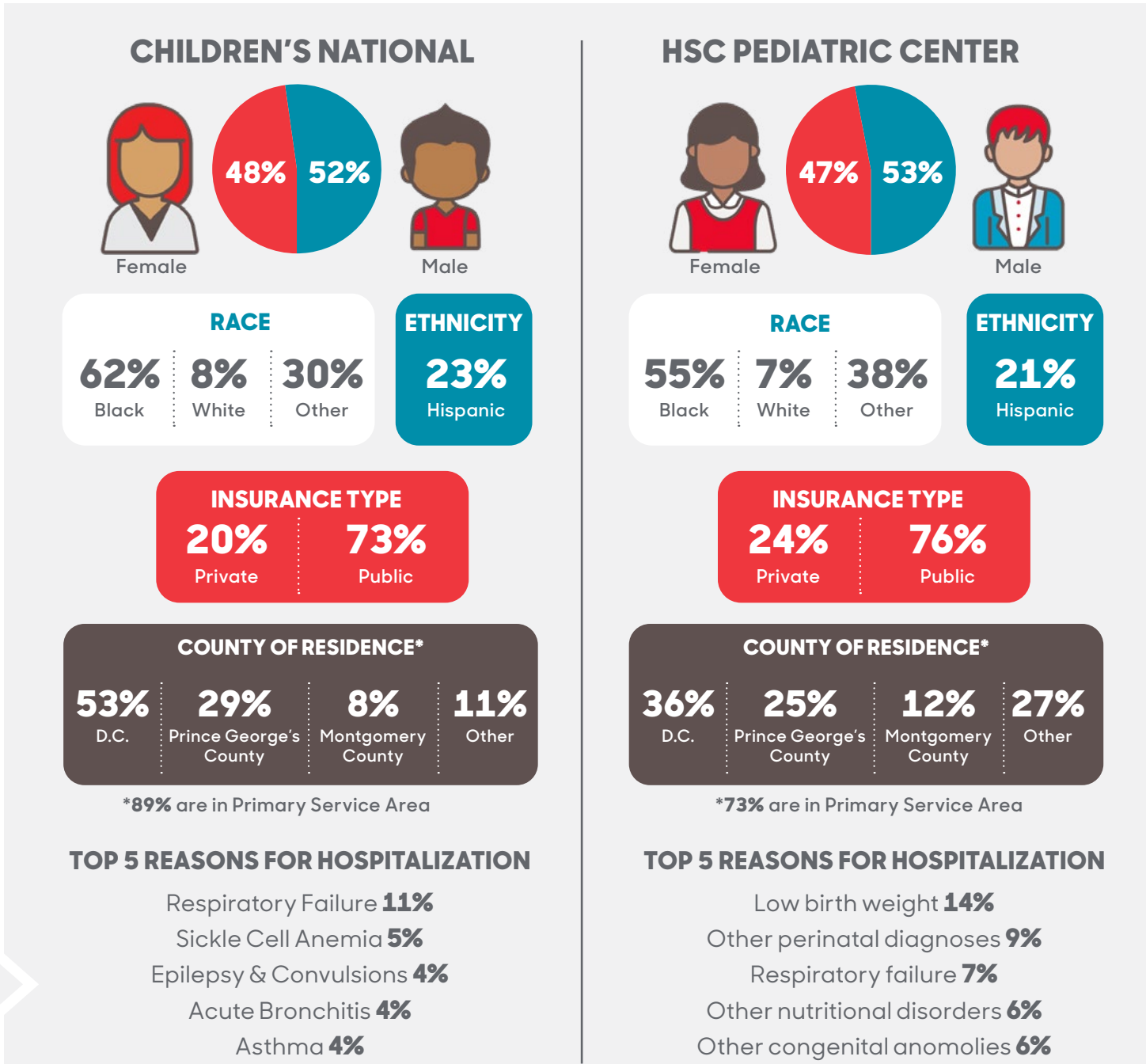
This CHNA is conducted by The Child Health Advocacy Institute (CHAI), the advocacy arm of Children's National on behalf of both hospitals (Children's National and HSC Health Care System). Launched in 2007, the CHAI advocates for policy and systems changes to achieve health equity for all children.

The CHAI operationalizes this mission to advance health equity through our four core focus areas: **community engagement, data, education and policy.**

TOP 5 REASONS FOR AN EMERGENCY DEPARTMENT VISIT TO CHILDREN'S

- Other upper respiratory infections **13%**
- Viral Infections **6%**
- Otitis media **4%**
- Superficial injury **4%**
- Asthma **4%**

FIGURE 3-A Hospitalizations for Kids at the Hospital, 2019



Source: DC Hospital Association Care Comparison Files, 2019 & HSC Discharge Data, 2019

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OUR COMMUNITY AT A GLANCE

Learn more about our community at:

- DCHealthMatters.org
- PGCHealthZone.org
- Data.Census.gov



	District of Columbia	Prince George's County, Maryland	Montgomery County, Maryland
Population Estimates, 2021	670,050	955,306	1,054,827
% Change from 2010	11%	11%	9%
AGE			
Persons under 18 years, percent	18%	22%	23%
Persons 18 years and older, percent	82%	78%	77%
SEX			
Female persons, percent	53%	52%	52%
RACE			
White alone, percent	46%	27%	60%
Black or African American alone, percent	46%	64%	20%
Asian alone, percent	5%	4%	16%
ETHNICITY			
Hispanic or Latino, percent	11%	20%	20%
EDUCATIONAL ATTAINMENT			
High school graduate or higher, age 25+, percent	92%	87%	91%
Bachelor's degree or higher, age 25+, percent	60%	34%	59%
DISABILITY STATUS			
With a disability, age <18, percent	5%	3%	3%
With a disability, age 18+, percent	13%	12%	10%
OTHER SOCIOECONOMIC FACTORS			
Persons without health insurance, under age 65 years, percent	4%	10%	8%
Employed, percent of population age 16 years+	70%	71%	71%
Median household income (in 2020 dollars)	\$90,842	\$86,994	\$111,812
Persons in poverty, percent	15%	10%	7%

Source: American Community Survey 5 Year Estimates 2016-2020 and American Community Survey One Year Estimates 2020 (Disability Status only)

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No matter their race or their neighborhood, all children deserve the opportunity to thrive. We remain committed to finding ways to ensure that opportunity is shared equitably so that everyone benefits. The neighborhoods where children live are drivers that influence a child's well-being, including their physical and mental health as well as economic stability.

Our CHNA assesses child opportunity at the neighborhood level. In measuring opportunity, we used the Child Opportunity Index (COI), a tool that relies on 29 indicators to measure opportunity levels across all neighborhoods in the United States.



The COI defines opportunity as the neighborhood resources that matter for a child's healthy development. **The 29 indicators focus on neighborhood features such as access to healthy food, high-quality education, parks and playgrounds.** Based on how neighborhoods score across these 29 indicators, each neighborhood is assigned a score ranging from 1 to 100 to indicate the opportunity in that specific neighborhood for children to reach their potential. The higher the score, the better the opportunity a child has to develop in a healthy manner. The COI highlights the interplay between place- and race-based inequities as low opportunity neighborhoods are often disproportionately home to children of color.

¹ The Child Opportunity Index was developed with funding from the Robert Wood Johnson Foundation and the W.K. Kellogg Foundation (diversitydatakids.org)

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We worked with COI researchers to tailor the tool to our hospital's primary service area: Washington, D.C., and Prince George's and Montgomery counties in Maryland. We scored every neighborhood in our service area based on the 29 indicators. The bottom 1% of neighborhoods were assigned a score of 1, the next 1% were assigned a score of 2, and so forth, until the top 1% of neighborhoods were assigned a score of 100.

These scores were categorized, based on their percentiles, into the following categories:



Our findings reveal that child opportunity varies considerably within our service area. Child opportunity is lowest and critically lacking in Wards 7 and 8 in Washington, D.C., as well as certain Prince George's County neighborhoods in Maryland.

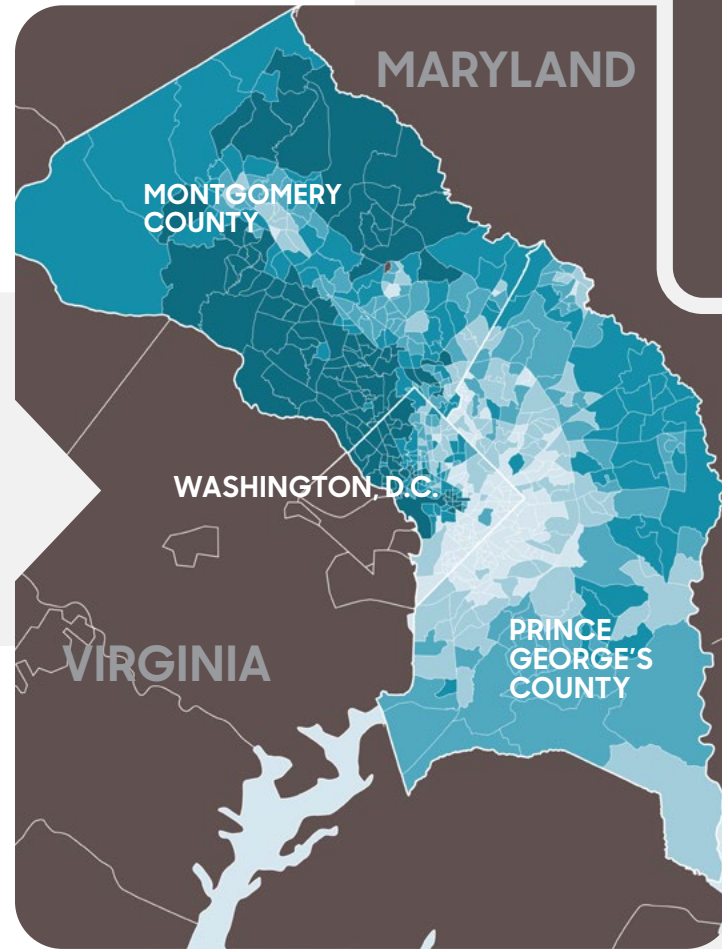
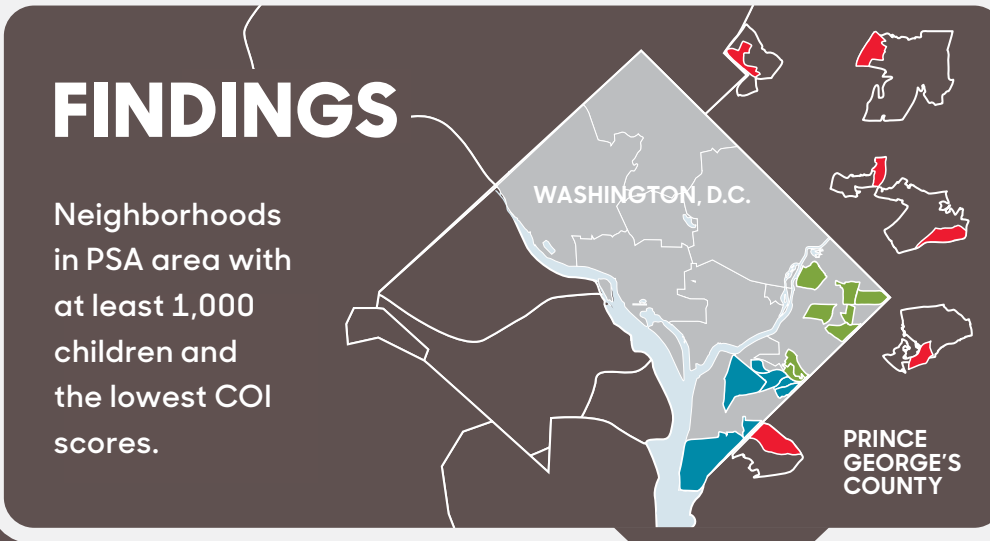


FIGURE 4-A
Child Opportunity by Neighborhood within our Primary Service Area (PSA)



COI SCORES
MAX SCORE = 100

WASHINGTON, D.C.

Overall: **48**
Selected Neighborhoods: **4**

MARYLAND
PRINCE GEORGE'S COUNTY

Overall: **36**
Selected Neighborhoods: **8**

MONTGOMERY COUNTY

Overall: **70**

WASHINGTON, D.C.

WARD 7

Lincoln Heights, Marshall Heights, Fort Dupont, East Gardens and Naylor Hill

WARD 8

Naylor Hill, Anacostia, Bellevue, Douglas and Saint Elizabeth

MARYLAND

PRINCE GEORGE'S COUNTY

Glassmanor, Walker Mill, Landover, Bladensburg, Langley Park and Greenbelt

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As place and race are inextricably linked in our communities, the lowest opportunity neighborhoods are disproportionately home to Black and Hispanic children.

The dismally low levels of opportunity in these neighborhoods are a limiting factor to the longevity and well-being of the children who live there. Our hospital will work closely and collaboratively with community stakeholders to address the inequities that are identified in low-opportunity neighborhoods. This will be done through steps that will be identified in the improvement plan that will be released in November 2022.



FIGURE 4-B
Black Children are Concentrated in Areas of Low Opportunity

● WHITE CHILDREN ● BLACK CHILDREN

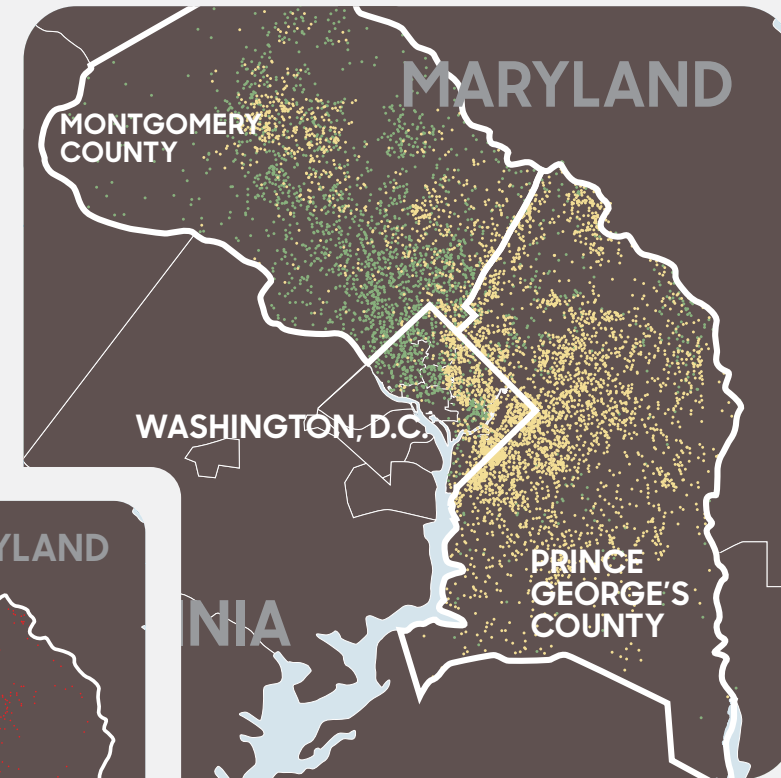
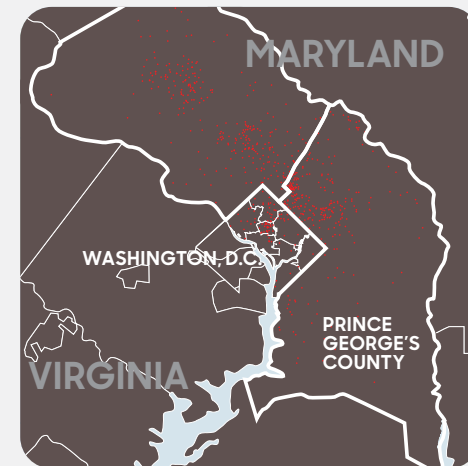


FIGURE 4-C
Concentration of Hispanic/Latino Children

● HISPANIC/LATINO CHILDREN



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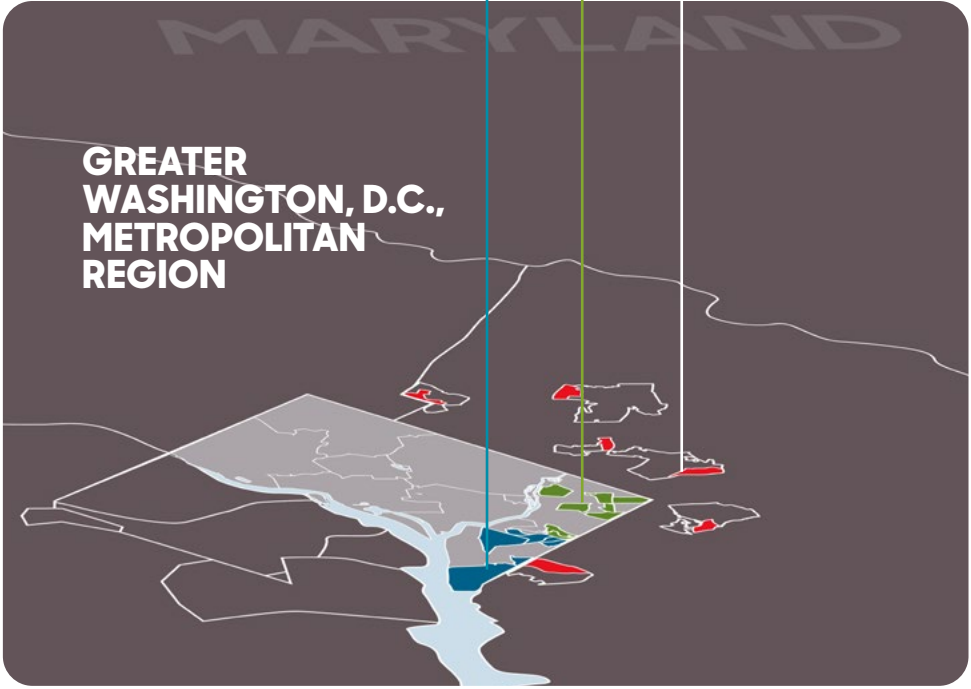
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ENGAGING OUR COMMUNITIES IN THE PROCESS

The child opportunity data are just one part of our assessment. To put faces and voices to the data, we invited residents from our community, specifically the neighborhoods we identified with the lowest opportunity scores, to share their experiences on opportunity in their communities.

They are the experts in their neighborhoods and their perspectives contributed immensely to our understanding of these issues. Despite the COVID-19 pandemic, we engaged with youth, parents and older adults in our communities through virtual conversations, input forms and interviews to further inform our findings and recommendations. The following sections provide a summary of the specific steps we took, and the key input we received.



- SOME OF THE ORGANIZATIONS WE ENGAGED WITH:**
- DC Hospital Association
 - DC Primary Care Association
 - Children's Law Center
 - DC Health Matters Collaborative
 - Institute for Public Health Innovation
 - Prince George's County Chamber of Commerce

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COMMUNITY CONVERSATIONS

From June to July 2021, we conducted eleven 60-minute, virtual community conversations with 67 parents and caregivers living in the previously identified neighborhoods with the lowest opportunity for children in Wards 7 and 8 in Washington, D.C., as well as Prince George’s County, MD.

Three of the 11 community conversations were held in Spanish. These conversations provided perspectives from neighborhood residents on how they view the impact of neighborhood conditions – specifically related to education, health, and economic conditions – on a child’s opportunity to live a healthy and productive life.

KEY FINDINGS

- EDUCATION** Participants acknowledge the poor reputations of public schools in their communities though people did have mixed experience accessing high-quality schools and educational opportunities.
- HEALTH/NEIGHBORHOOD ENVIRONMENT** Participants largely believe that health services in their communities are inferior to those in neighboring areas, which they feel are better resourced and have fewer barriers to care.
- ECONOMIC OPPORTUNITIES** Participants discussed challenges in securing jobs and the need for more investment in workplace development programs.

Overall, participants shared that the neighborhood they live in, rather than their race, has a larger role in determining access to better neighborhood conditions, such as high-quality schools, jobs, and health services. However they do not dismiss the influence of race in determining how funds and resources are allocated, or who gets hired or accepted into the best schools.



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KEY INFORMANT INTERVIEWS

From June to September 2021, we conducted 33 key informant interviews with people who know what is going on within the community. The purpose of those interviews was to collect information from a wide range of people—including community leaders, government leaders, and residents—who had firsthand knowledge about the community.

With their knowledge and understanding, these experts can provide insight into the nature of problems and give recommendations for improvements and solutions.

Our interviews included representatives from Children’s National and HSC leadership, DC Hospital Association, DC Primary Care Association, Children’s Law Center, DC Health Matters Collaborative, Institute for Public Health Innovation, Prince George’s County Chamber of Commerce and members of other community-based organizations and government agencies.

KEY FINDINGS

The interviews provided valuable perspective with important themes centering on:



LACK OF TECHNOLOGICAL TOOLS FOR EDUCATION



LOSS OF INCOME RESULTING IN INCREASED HOUSING CHALLENGES AND FOOD INSECURITY



INEQUITIES IN ACCESS TO QUALITY SCHOOLS, HEALTHCARE AND EMPLOYMENT



EDUCATION



HEALTH/NEIGHBORHOOD ENVIRONMENT



ECONOMIC OPPORTUNITIES

“ I’M IN A RAPID REHOUSING EMPLOYMENT PROGRAM WHERE I HAVE A YEAR TO FIND EMPLOYMENT. IT’S HARD TO MAINTAIN EMPLOYMENT WHEN THE SCHOOLS ARE CLOSING DOWN WHEN SOMEONE CATCHES COVID.”

- WASHINGTON, D.C., PARENT



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Hospital Input Form

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COMMUNITY INPUT FORM

From May to July 2021, we issued a Community Input Form as a way for residents who may not have been able to participate in previous conversations and interviews to provide their input.

We received feedback from 88 neighborhood residents on which indicators should be a priority, what factors impact opportunities in their neighborhood, and how hospitals and community-based organizations can work to make improvements in these areas.



KEY FINDINGS

1 We asked respondents to select the top areas impacting child opportunity in their neighborhoods:

Early Childhood Education Centers

39%

Healthy Food

35%

Single-parent Households

26%

For the full list of priority areas.

[CLICK HERE](#)

“ I’VE HAD MY CHILDREN IN IN-HOME CENTERS AND IN CENTERS AND HAVE HAD GOOD EXPERIENCES BUT HAVE STRUGGLED TO PAY FOR IT.”

- PRINCE GEORGE’S COUNTY PARENT

2 We asked in what ways hospitals and community organizations can help improve factors related to child opportunity, specifically within the areas of education, health, and economic conditions.



EDUCATION

- Provide more learning programs at schools and recreation centers throughout the county
- Host knowledge-based block parties



HEALTH AND ENVIRONMENT

- Sponsor health education programs in local settings, such as churches. Example topics include: discipline, child developmental growth stages, parenting toddlers, healthy eating for children, dental needs, needs of parents, and screen time limits for children
- Consider flexible doctor appointments outside of regular work hours



ECONOMIC OPPORTUNITIES

- Partner on job training and other employment support systems with healthcare industries
- Advocate for higher minimum wage
- Provide education on housing resources

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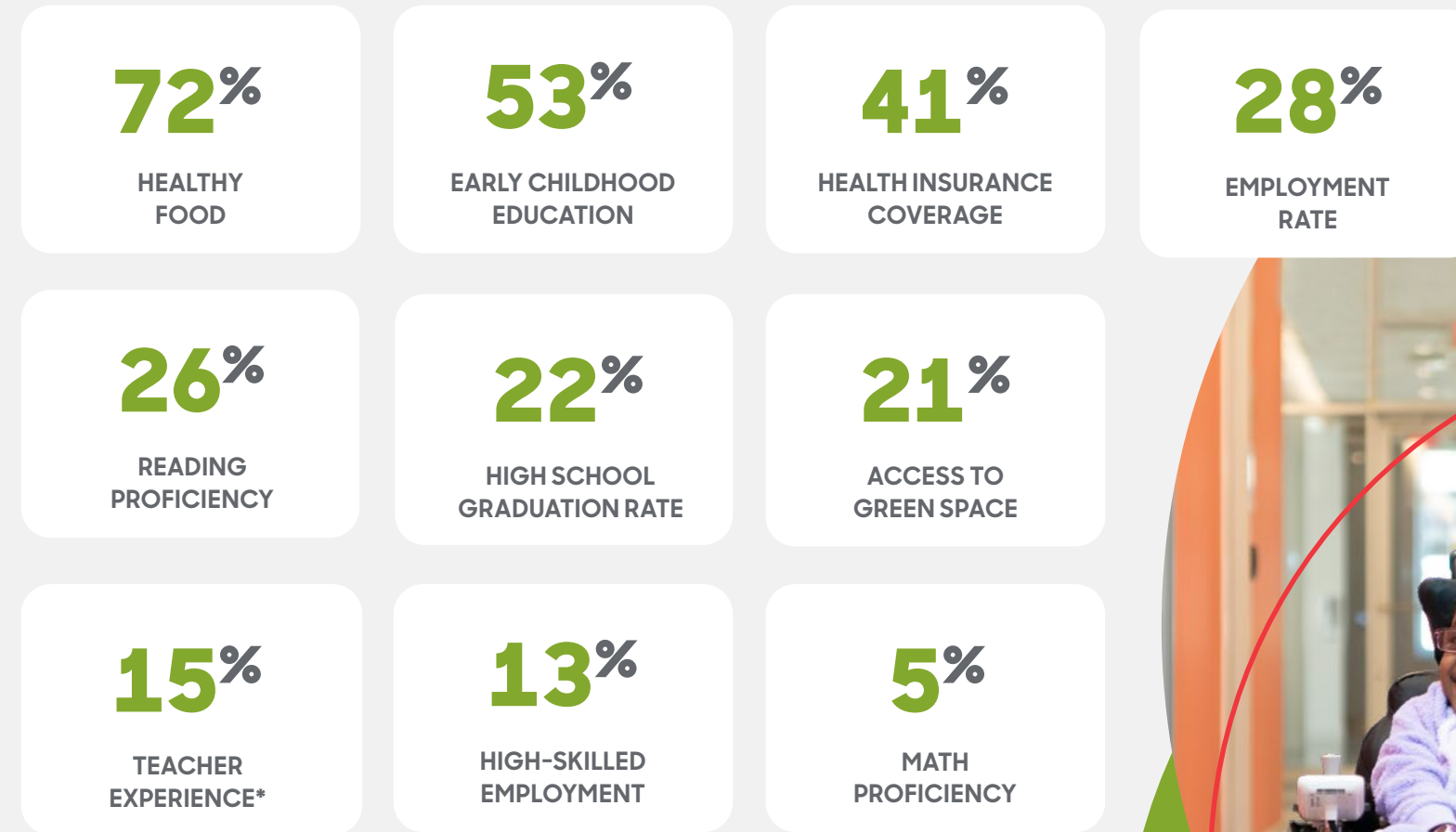
HOSPITAL INPUT FORM

From September to October 2021, we issued a Hospital Input Form to gain perspectives from hospital stakeholders on which of the 29 COI indicators we should select as "priority indicators" for the 2022 CHNA.

The 156 respondents were asked to consider the following factors as they made their recommendations:

- 1 ALIGNMENT WITH THE HOSPITAL'S MISSION
- 2 EXISTING WORK IN THIS AREA
- 3 ABILITY TO MAKE A CHANGE

KEY FINDINGS



* increasing % of experienced teachers within schools

"CHILDREN'S NATIONAL CAN HELP WITH GETTING MORE RESOURCES OUT TO THE COMMUNITY. THERE ARE A LOT OF PROGRAMS AND RESOURCES IN D.C. THAT PEOPLE DON'T KNOW ABOUT."

- WASHINGTON, D.C., PARENT



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- 6 DATA-INFORMED ACTIONS



"FOOD IS VERY EXPENSIVE AND LIMITED TOO. I DON'T KNOW WHERE TO FIND A FARMERS MARKET IN THE AREA WHERE I LIVE."

- PRINCE GEORGE'S COUNTY PARENT



OVERARCHING THEMES

Below are the overarching themes **(represented by numbers)** that were derived from the responses **(represented by letters)** which will help to support our improvement plan for the top four indicators:

1 HEALTHY FOOD

- A. The concept of "food is medicine"
- B. Obesity was already a problem among children and exacerbated by pandemic
- C. Food insecurity has been a long-standing problem in the Washington, D.C., area
- D. A lot of strong work in this area including a partnership with Capital Area Food Bank
- E. Children's National already screens for food insecurity and should think about how to broaden this work to include access to healthy food

2 EARLY CHILDHOOD EDUCATION

- A. An early investment and focus on learning for children will have long-term impact
- B. Parents need accessible and high-quality early education from an employment perspective

3 HEALTH INSURANCE COVERAGE

- A. Coverage does not equate to equitable access to services
- B. This is an area that our hospitals can definitely address
- C. Insurance should be thought of as a right, not a privilege
- D. Focus on coverage for undocumented families and children

4 EMPLOYMENT RATE

- A. Increasing employment rates is critical to address long-term poverty
- B. The pandemic impacted employment rates
- C. Higher employment rates should impact health insurance coverage rates

1

OPPORTUNITY IN NEIGHBORHOODS MATTERS

2

COMMUNITY HEALTH NEEDS ASSESSMENT

3

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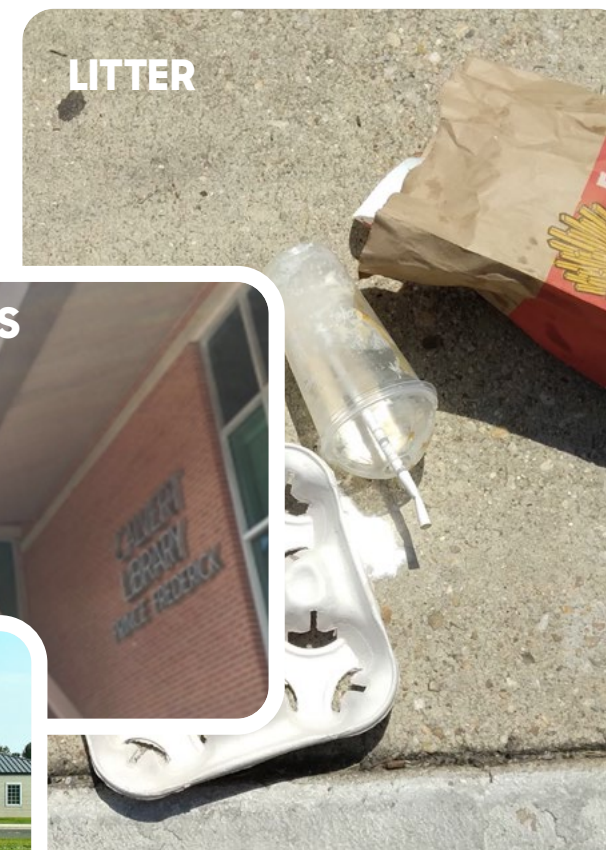
DATA-INFORMED ACTIONS





PHOTOVOICE CURRICULUM AND INPUT FROM STUDENTS

To elevate the voice of our youth in this assessment, we created an eight-week PhotoVoice program tailored to adolescents. PhotoVoice works to build a world in which everybody has the opportunity to represent themselves and tell their own story through photography. It is a creative way to record facts, describe realities and share perspectives.



During the program, more than 20 high school students from the region met with facilitators and guest speakers to engage in an open dialogue about health equity and neighborhood conditions that impact health. The students were asked to use their cell phones to capture images that showed the assets and challenges that impact health in their communities. They worked with the facilitators to learn how to use their voices to promote positive change in their neighborhoods.

Our youth expressed several perspectives including:

- **Safe places** in the community are needed for people to gather
- **Alcohol use** is a concern and can lead to community disruption and unsafe surroundings
- **Education** is valued and access to resources for learning is important
- **Litter, pollution, environmental hazards and unsanitary conditions** should be diminished to improve community safety and wellbeing

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GROWING UP STRONGER: THE IMPACT OF NEIGHBORHOOD CONDITIONS ON CHILD OPPORTUNITY



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-  WASHINGTON, D.C.
-  PRINCE GEORGE'S COUNTY

DATA- INFORMED ACTIONS

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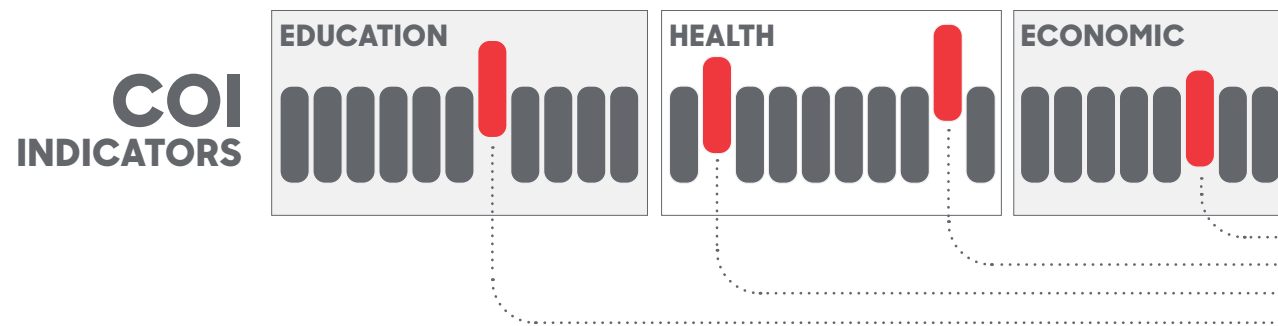
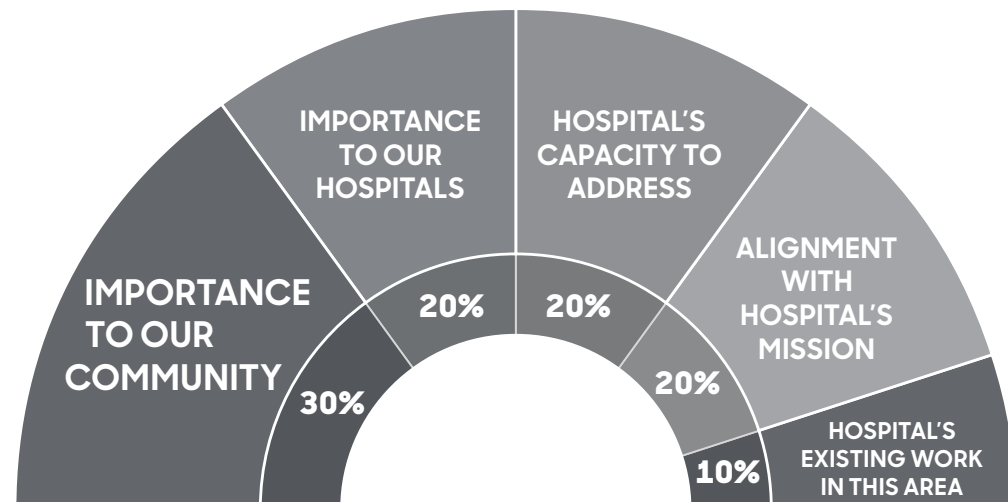


DATA-INFORMED ACTIONS

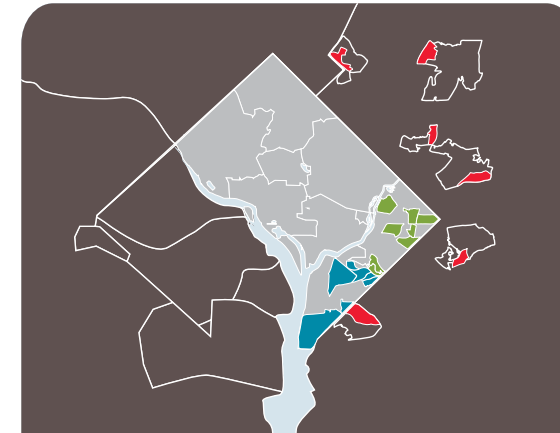
Following the insight we gained from the COI and our understanding of our community perspectives, we pared down the 29 COI indicators to four indicators that will be our hospital's focus for the next three years.

This method scored each of the 29 COI indicators **AGAINST FIVE WEIGHTED CRITERIA**

To get to these four indicators, we used a process modeled off of a widely used prioritization method, called the Hanlon method.



Four indicators scored as the highest priority indicators.



FOUR INDICATORS

-  **1** EARLY CHILDHOOD EDUCATION
-  **2** HEALTHY FOOD
-  **3** HEALTH INSURANCE COVERAGE
-  **4** EMPLOYMENT RATE

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THIS ASSESSMENT IS AN IMPORTANT, BUT NOT FINAL, STEP IN OUR COMMUNITY HEALTH IMPROVEMENT EFFORTS.



With a focus on the highest priority indicators, our next step will be to develop our Community Health Improvement Plan (CHIP) in which we outline actions and identify resources to respond to the assessment findings over the next three years.

To create the CHIP, we will engage with our hospital employees, local communities and area organizations to share these findings and identify policy and systems changes that will improve opportunity levels for children living in low opportunity neighborhoods.

We invite all District of Columbia and Prince George’s County stakeholders— residents, community organizations and business leaders— to join us on this journey. We make this invitation because we know that each child’s story of health depends on all of us being in conversation together and taking steps together.

For more details contact:
communityaffairs@childrensnational.org

COMING NOVEMBER 2022
 Look for our Community Health Improvement Plan

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