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A New Responsibility for Children's Hospitals: The Health of Neighborhoods

Children's hospitals in Ohio are making key investments to address a major cause of poor health—substandard housing.

by Barbara Ray

During a heat wave in the summer of 2010, doctors in Cincinnati saw a spike in emergency room visits from children having asthma attacks. The spike was curious. Despite a city-led public information campaign to encourage residents to use air conditioners to prevent asthma attacks, the ER visits continued apace. It did not dawn on doctors to ask, “Who is your landlord?”

The lawyers on the legal aid team at Cincinnati Children's Hospital, however, were quick to inquire. The spike, they found, was coming from 19 buildings with more than 600 apartments owned by an out-of-state landlord. To avoid paying higher electrical bills, the landlord was handing out eviction notices to tenants who requested a window air conditioner. As a result, families did without air conditioning, and asthma attacks skyrocketed. And the costs accrued to the health care system.

Just outside Cincinnati Children's Hospital is a neighborhood with some of the highest-density housing code violations in the city. For years, doctors had simply treated (and re-treated) children for asthma attacks and other consequences of substandard housing. Physicians could not change their patients' homes, after all. But lawyers could help. In 2008, the hospital teamed up with the local Legal Aid Society to form the Cincinnati Child Health-Law Partnership (Child HeLP). Since then, lawyers have been on call to address housing problems for patients and their families.



. 1 Rehab underway on this property in Cincinnati's Avondale neighborhood. Photo/ Child HeLP

in the hospital. Often this means looking to the neighborhoods where their highest-need patients live.

Hospitals' New Role: Partner

Cincinnati Children's Hospital sits in the Avondale neighborhood, home to 12,500 residents, 90 percent of whom are African American. It is one of the city's most impoverished neighborhoods. Only about [one-half of children](#) in Avondale are considered "on track" for kindergarten. Life expectancy in Avondale is up to [20 years shorter](#) than in mostly white neighborhoods nearby.

The hospital is [investing \\$11 million](#) over five years in community development in Avondale, \$10 million of which is aimed at improving housing conditions and promoting redevelopment. Partners in the development efforts include the [Avondale Comprehensive Development Corporation](#) and the Avondale Community Council, according to the [Cincinnati Business Courier](#).

"A legal letter can often get a response where a doctor's or social worker's letter does not," [reported the New York Times](#) in 2014.

Shortly after the heat wave, the same landlord went into foreclosure on several buildings. With support from Child HeLP lawyers, the residents formed a tenants' organization to ensure the housing wasn't lost.

Today, said Virginia Tallent, senior attorney at Legal Aid Society who led the fight, "all of the subsidized units survive [and] are still affordable, and many have been gut rehabbed."

Child HeLP is one of several recent partnerships the hospital has formed to address factors outside the hospital walls that land people

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In addition to building homes, the hospital supports housing rehab to prevent further blight and complement the city's economic revitalization plans. The hospital has partnered with Uptown Consortium and the Avondale Comprehensive Development Corporation to give families who live in certain parts of the neighborhood [interest-free, forgivable loans for rehab projects](#). Families apply for up to \$35,000 and make no payments on the loan for five years. If the family lives in the home for that time, the loan is forgiven.

The hospital is also investing \$1.5 million in grants over five years to nonprofits in Avondale to improve child and community health, with a focus on workforce development.

The partnership is not always easy. Hospital leaders and staff often know relatively little about life outside its walls. But with the hospital's clout in the city, it can quickly become a bull in a china shop, imposing its vision on a neighborhood. Hospital representatives are learning to listen more closely to residents and others in the neighborhoods.

"Cincinnati Children's is a jewel for the city," said James Greenberg, a neonatologist at the hospital, "but we sometimes walk in and tell people what we think is best for them." With the housing and community development initiatives, he said, "We've learned to exercise due diligence."

The All Children Thrive learning network is the latest result of their due diligence. Led by Robert Kahn, a pediatrician and associate chair of community health at the hospital, and Kathy Schwab, executive director of [Local Initiatives Support Corporation of Greater Cincinnati & Northern Kentucky](#), the network meets weekly to improve children's outcomes by focusing on neighborhood. The network includes families, health care providers, educators, community service providers, and others to learn from one another and collaborate on systemic solutions.



2. Nationwide Children's Hospital Community Day. Columbus, Ohio. Photo/Nationwide Children's Hospital

“We’ve been meeting for a year, but just in last several months we’ve come into some critical aha’s,” said Schwab.

One insight they arrived at, she said, “is that it’s mostly system change issues” that keep families from thriving. Legal issues with landlords or bureaucratic hurdles make getting ahead nearly impossible. Low-income families know all too well that, as the proverb says, it’s

not the mountain ahead but the pebble in your shoe that defeats you.

“The beauty of this work is that we’re trying to co-create solutions with the very people we’re trying to help.”

In other words, said Kahn, “How do we lower the barriers to family success? How do we get the job training agencies, and the child welfare system, and education, and housing groups and clinics working hand in glove for a family? We’re working with agencies to ask, how do we surface the systems problems and change the rules?”

“The beauty of this work,” said Schwab, “is that we’re trying to co-create solutions with the very people we’re trying to help. How much can these doctors know just sitting up in a hospital? It’s not something we live day in and day out.”