

Advancing population health in the Harlem Children's Zone Project

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*We read with interest the collection of reports in the current issue of *Social and Preventive Medicine*, showing health inequalities in populations as diverse as Finn adults and Slovak adolescents. We would like to emphasise that working in impoverished communities does not preclude the conduct of valid health surveys or the implementation of successful health promotion programmes. Here we report on our efforts to advance population health in the Harlem Children's Zone Project (HCZ Project), a 24-block area of Central Harlem, New York City. In Central Harlem, an estimated 47 % of residents live below the poverty line. The HCZ Project is a community-building strategy developed by Harlem Children's Zone, Inc. (formerly, Rheedlen Centers for Children and Families) to improve the health and life of every resident.*

Children with asthma in crisis and the HCZ Project.

The geographic boundaries of the HCZ Project extend north to south from West 123rd Street to West 116th Street, and east to west from 5th Avenue to 8th Avenue. Living within these 24 blocks are almost 13 000 residents, including 2400 children ages 0–12. The large majority of residents are African, American, and Caribbean Blacks, although there are increasing numbers of migrants from Latin America. Fully 20% of the population of the HCZ Project was born outside of the United States.

In December 1999, a population-based survey of adults with children ages 0–12 was conducted in the HCZ Project, with a refusal rate of only 4% (Accord 2000). Of the 358 caregivers who responded, 16% reported that her/his youngest child had asthma. These findings, along with other programme evidence and expressed concerns of parents that their children with asthma were in crisis, convinced the HCZ Project staff of the urgent need to incorporate an asthma prevention and management initiative into its community-

building strategy. Accordingly, the Harlem Children's Zone, Inc. worked strategically with the Robin Hood Foundation, the Department of Pediatrics at Harlem Hospital Center, and the Harlem Health Promotion Center at Columbia University to pull together a dedicated team to respond to the asthma epidemic among children in the neighbourhood. The existing HCZ Project infrastructure provided the necessary foundation for effective start up, careful follow through, and high community participation in the asthma initiative. Currently, we are screening every child in the HCZ Project ages 0–12 for asthma via a written survey completed by a parent or guardian, and a physical examination conducted by a physician or a nurse clinician on our team. Each child who screens positive for asthma – regardless of severity – will then be followed up at 3-month intervals in order to assess the effectiveness of an array of environmental, educational, social, and medical interventions. Since children are being enrolled in the asthma initiative at birth, there is also the potential to examine determinants of asthma incidence in this longitudinal, population-based initiative.

Critical elements for advancing population health.

*We believe that our model of collaboration may prove valuable to other readers of *Social and Preventive Medicine*, despite the vast differences in health care systems where we live and work. First, all of the core partners in the asthma initiative have extensive experience working in Central Harlem, and are committed to the community for the long term. Second, we have enlisted the support of government agencies, community-based organisations, and academic institutions as needed, including: the New York City Department of Health and Mental Hygiene, to help train our community workers to conduct home environmental assessments; Alianza Dominicana, to enrol eligible children and their families in health insurance programmes; and the urban*

planning programme at Columbia University, to help develop a geographic information system to map results and conduct spatial analyses. And finally, we have been careful to build needed infrastructure before committing to additional population health efforts. We are currently raising funds to incorporate an oral health component into the HCZ Project.

Several programmes of the HCZ Project deserve special mention, as they have been invaluable in ensuring our success to date. Harlem Peacemakers identifies and trains young people who are committed to making their neighbourhoods safe. Working directly in the classrooms, the Harlem Peacemakers interns' efforts have produced nearly a 100% response rate in PS 149, the first elementary school we screened for asthma in this initiative. The Baby College provides support to HCZ Project residents who are either pregnant or raising a child between the ages of 0–5. This model programme has expanded to enrol close to 70 residents per 9-week session, and includes a class on asthma. Close to 20% of The Baby College graduates in the Winter 2002 session were migrants from West Africa. Community Pride is a neighbourhood revitalisation programme that has led to the creation of community coalitions and the transfer of buildings from New York City ownership to resident management and ownership. We are currently incorporating the data from the first decade of its block-by-block, building-by-building organising strategy in a geographic information system, in order to conduct a comprehensive analysis of housing conditions and symptoms of asthma (see www.hcz.org for a fuller listing of HCZ Project programmes).

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Using sound science in a community-building strategy. Every question on our screening instrument and baseline questionnaire was previously validated and used in standardised surveys (Grieco & Cassidy 2000; Rosenstreich et al. 1997) deemed acceptable to all partners, and selected to advance the health of the children screened. Our instruments were translated into Spanish from English, and administered in person to those with low literacy or who read languages other than English and Spanish. Survey data is entered into our database the week after it is collected. The names of parents and guardians who request help in obtaining either a regular source of health care or health insurance coverage for their children are contacted directly by members of our team. Sound science is deemed integral to the success of the HCZ Project community-building strategy. A full time evaluator was recently hired for HCZ, Inc. (BJ-L). European population health experts may help guide our efforts to ensure improved health and well-being in the HCZ Project. Indeed, we have much to learn from places where comprehensive health care is provided to all residents, and population health is more than merely textbook reading (Young 1998).

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