

DataSpeak

Thank you for your interest in today's program,
**Data-driven Change at the Community Level:
Emerging Research on Urban Child Health.**

The program will begin at approximately 1:00pm ET.

Audio will be available through your computer speakers,
or you may dial in to listen to the event:

Dial: **1-877-407-9036**

*(Note: Your line will be muted upon entry and you will hear hold music
until the program starts.)*



DataSpeak

**Data-driven Change at the Community Level:
Emerging Research on Urban Child Health.**

July 24, 2017

Today's Presenters

- **Renee D. Boynton-Jarrett, MD, ScD**, associate professor of pediatrics at the Boston University School of Medicine and founding director of the Vital Village Community Engagement Network, will showcase the development and community-focused uses of the Vital Village data dashboard.
- **Claudia J. Coulton, PhD**, Distinguished University Professor at Case Western Reserve University and founder and Co-Director of the Center on Urban Poverty and Community Development, will present on how the Child Longitudinal Data System was developed and how it has been used to explore the links between housing quality, the foreclosure crisis, and elevated blood lead levels.
- **Lisa M. Sontag-Padilla, PhD**, behavioral and social scientist at the RAND Corporation, will discuss the development of a databook on child socio-emotional health using data from the CANDLE (Conditions Affecting Neurocognitive Development and Learning in Early childhood) study and other data sets on families in Memphis and Shelby counties.

Previous Events

[Click here to access archives:](#)

2016 Series:

- Utilizing the Title V Information System Data and the Federally Available Data Resource Document
- Disparities in the Health and Well-Being of Children and Youth in Rural Areas of the United States

How To Ask A Question

- **To ask a question on the Web:**
 - Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.



Boston Medical Center
Vital Village Network

Renée Boynton-Jarrett, MD, ScD
Associate Professor of Pediatrics
Founding Director, Vital Village Network

With generous funding from the Doris Duke Charitable Foundation



EXCEPTIONAL CARE. WITHOUT EXCEPTION.



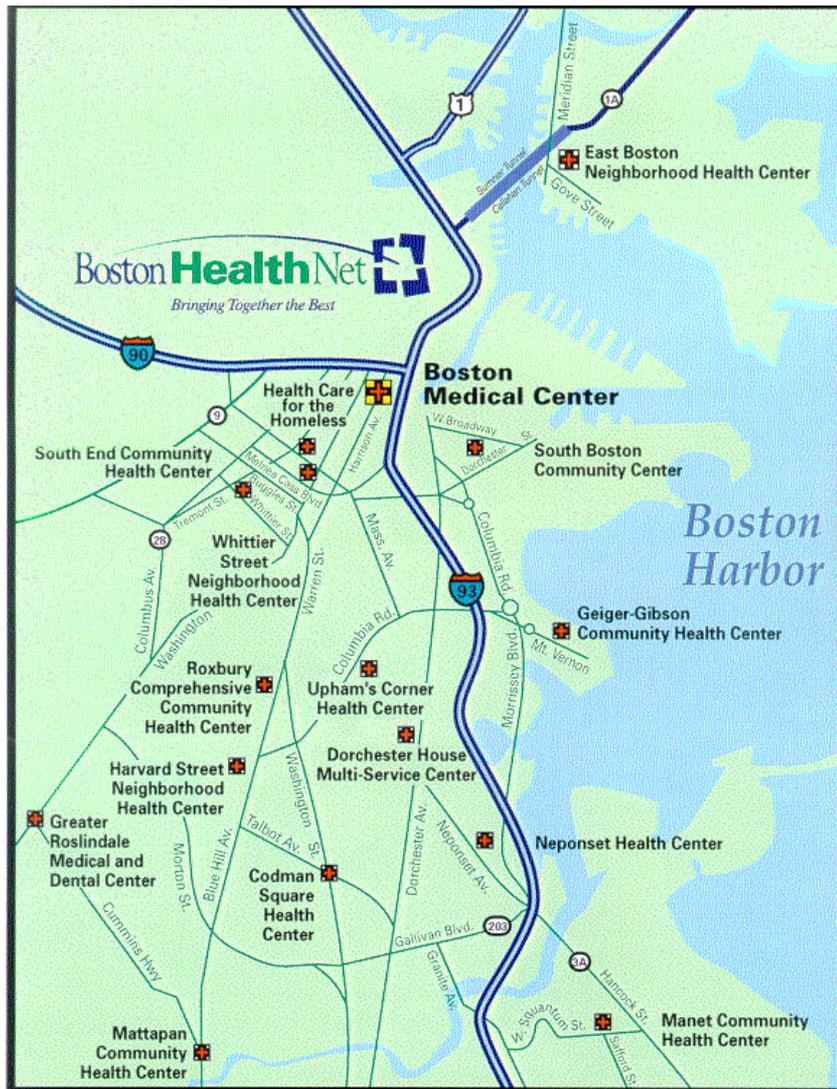
Boston University School of Medicine



Objectives

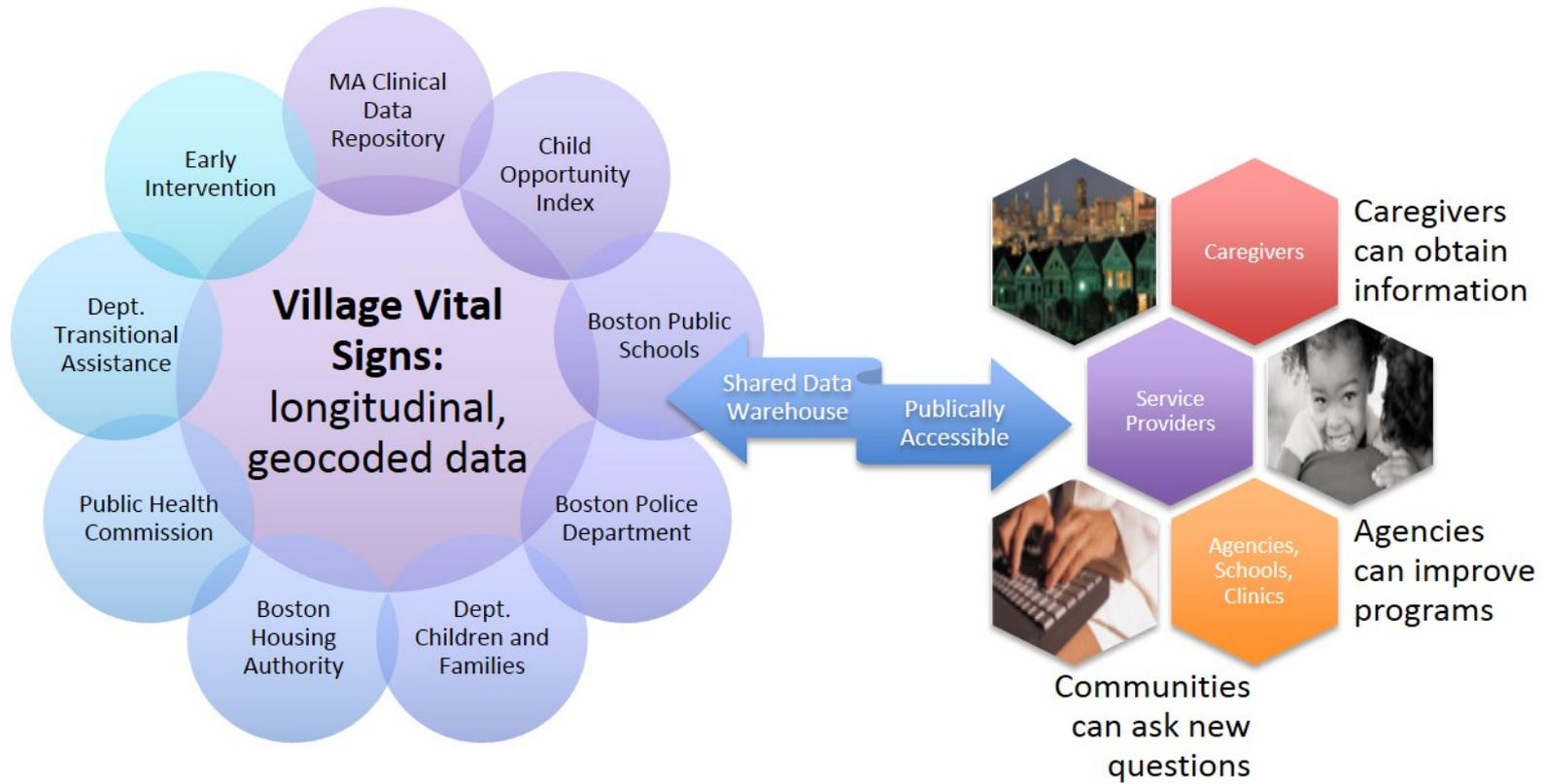
- Leveraging existing data for child wellbeing
- Adjacent possibilities and partnerships
- Community engagement
 - data and design process
- Village Vital Signs
 - publically accessible data dashboard

Boston Medical Center



- Boston Medical Center (BMC) is the largest safety net hospital in New England
- 8 BMC-affiliated Federally Qualified Community Health Centers
- Electronic Health Record (EMR) from 1999
- MA Health Disparities Repository (MHDR)

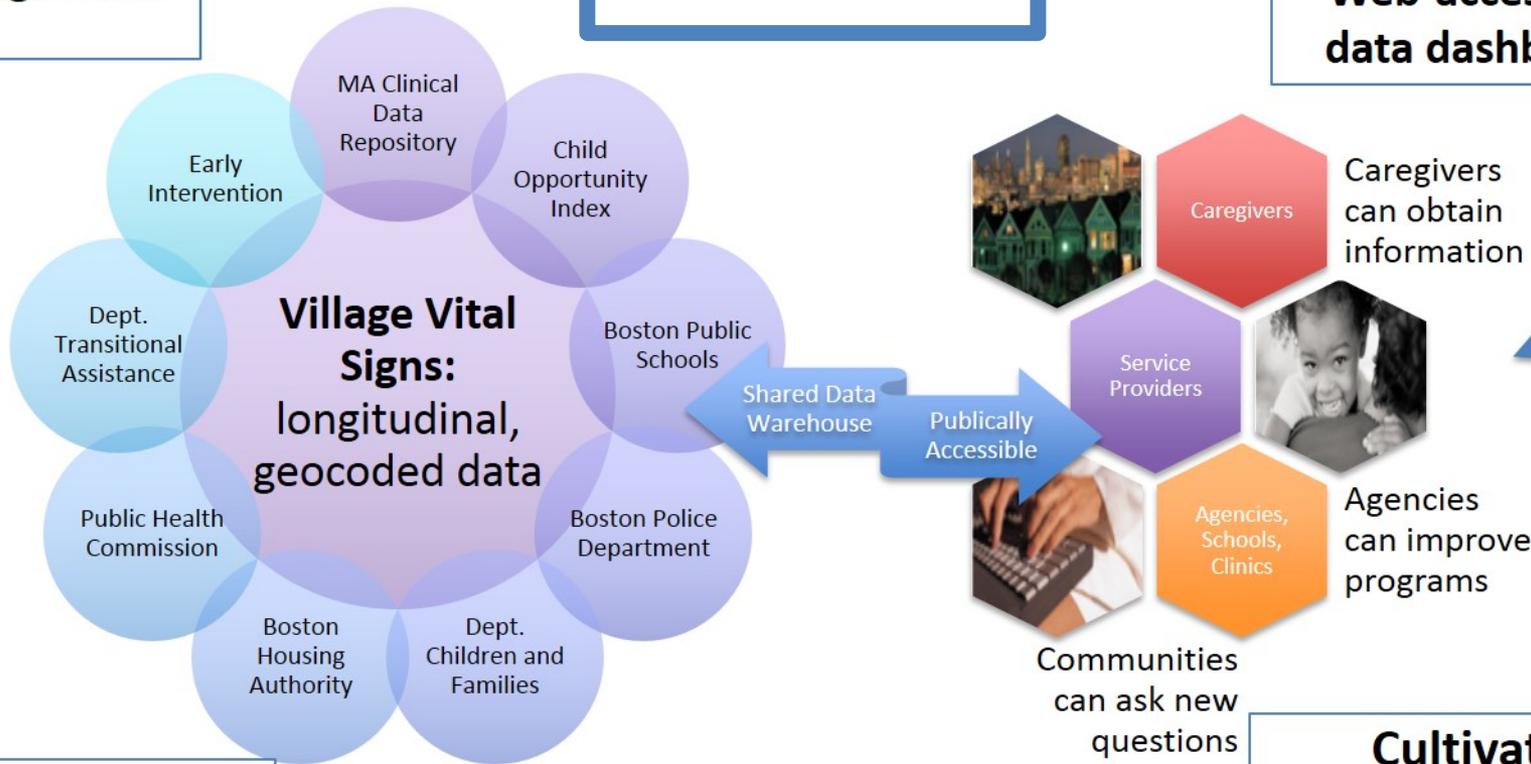
Establish a platform for tracking benchmarks of child wellbeing.



Leverage existing data for meaningful use.

Establish a platform for tracking benchmarks of child wellbeing.

Web-accessible data dashboard



Centralized and shared existing data

Cultivate cross-sector collaboration

Vital Village Partnership with BPI

1.

- Develop shared indicators of child well-being
- Child health, educational outcomes, and developmental outcomes

2.

- Integrate important contextual data on opportunities for children
- Boston Metro Child Opportunity Index
- Boston crime data (Boston Police Dept.)

3.

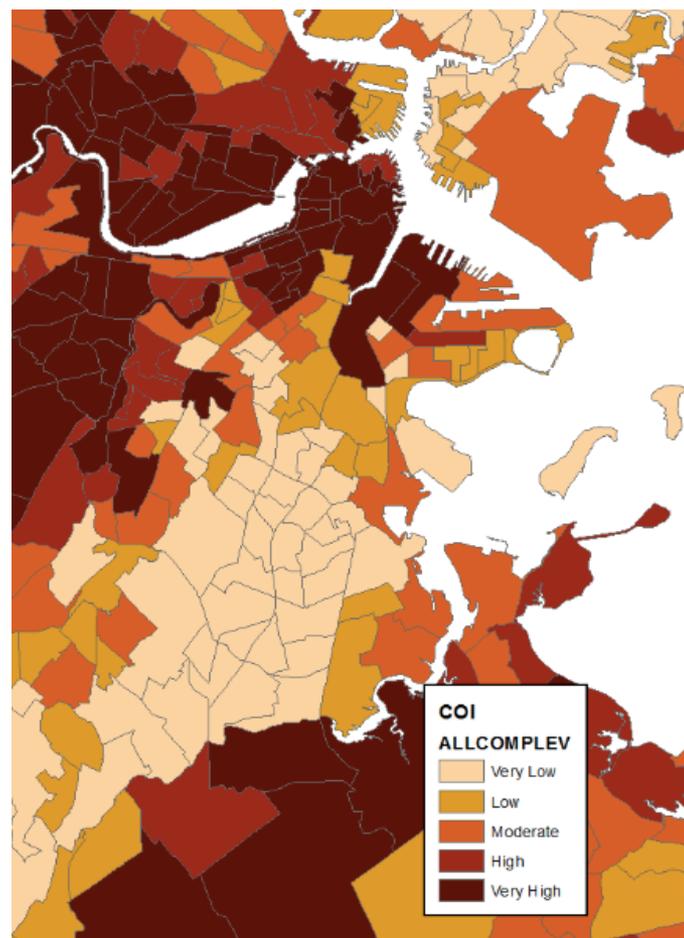
- Work together to track neighborhood improvements, regional patterns, better understand community assets and challenge
- Inform programming and policy

Opportunity Varies across Boston Neighborhoods

Boston Metro Area

- Boston is among the most inequitable metro areas in neighborhood opportunities for Hispanic and Black children.
 - 6 in 10 Hispanic children and over half of Black children live in very low opportunity neighborhoods in Boston.

Child Opportunity Index



Educational Opportunity

- Student poverty rates in local schools
- Neighborhood schools' student proficiency in ELA
- Neighborhood schools' student proficiency in Math
- Proximity to early childhood education (ECE) centers
- Proximity to quality early childhood education (ECE) centers
- Early childhood education participation rates
- High school graduation rates
- Adult educational attainment

Health & Environmental Opportunity

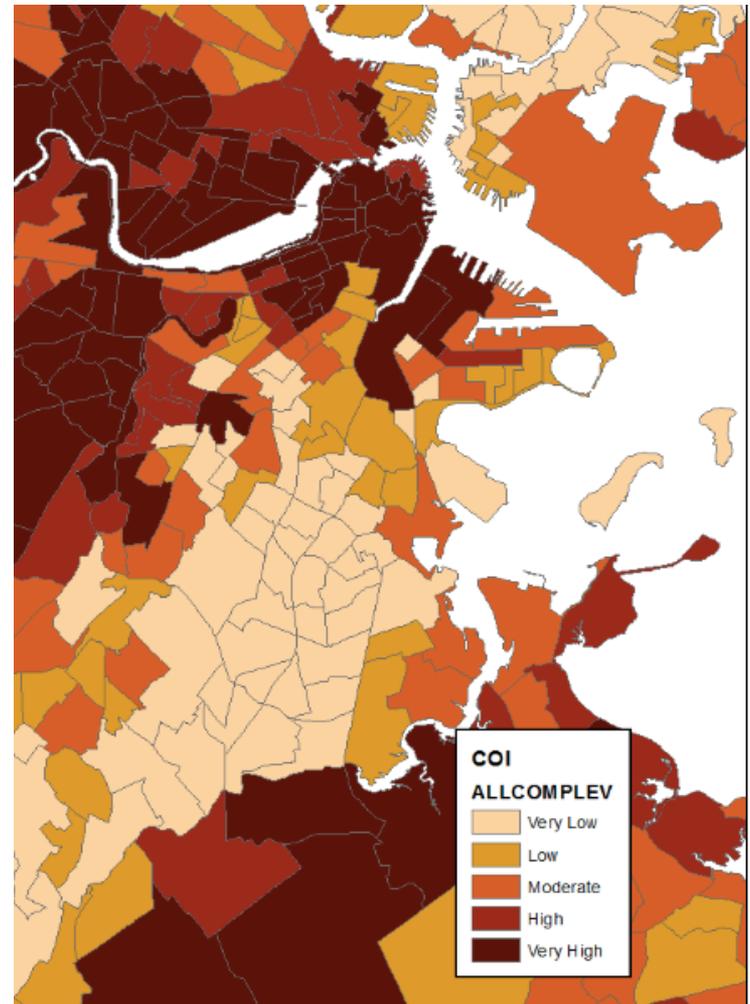
- Proximity to health facilities
- Retail healthy food environment
- Proximity to toxic waste and release sites
- Volume of nearby toxic release
- Proximity to parks and open spaces
- Housing vacancy rates

Social & Economic Opportunity

- Foreclosure rate
- Poverty rate
- Unemployment rate
- Public assistance rate
- Proximity to employment

Opportunity Varies across Boston Neighborhoods

Child Opportunity Index

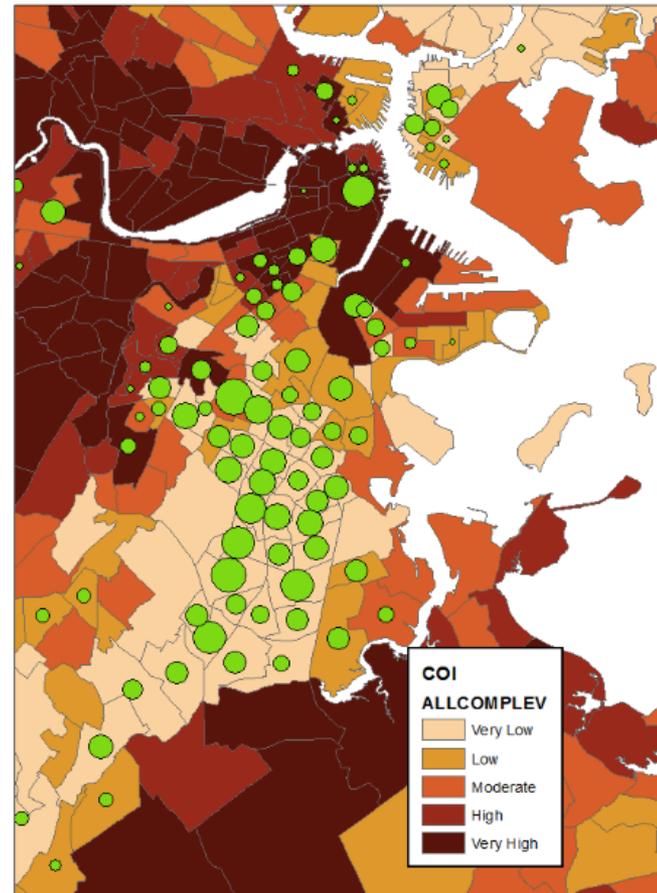


Opportunity Varies across Boston Neighborhoods

Violent Crime Rate

- Childhood adversities affect chronic disease risk.
- High violent crime rate is associated with very low Child Opportunity
 - 2009 Boston Police Department violent incidents (robbery, assault, murder)
 - Aggregated census-tract level crime rates as incidents per square mile.

Child Opportunity Index and Violent Crime Rate

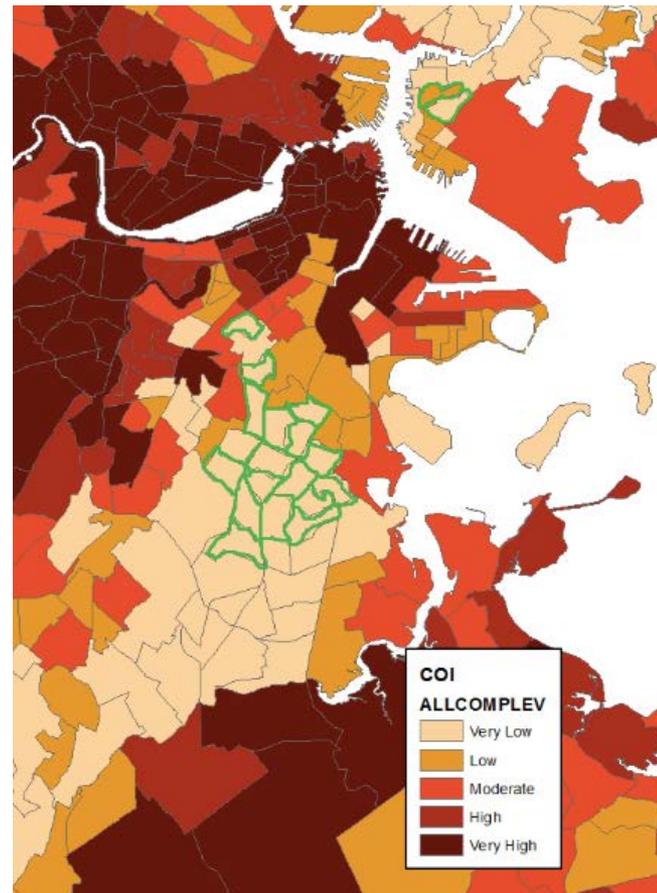


Opportunity Varies across Boston Neighborhoods

Clustering of Violent Crime

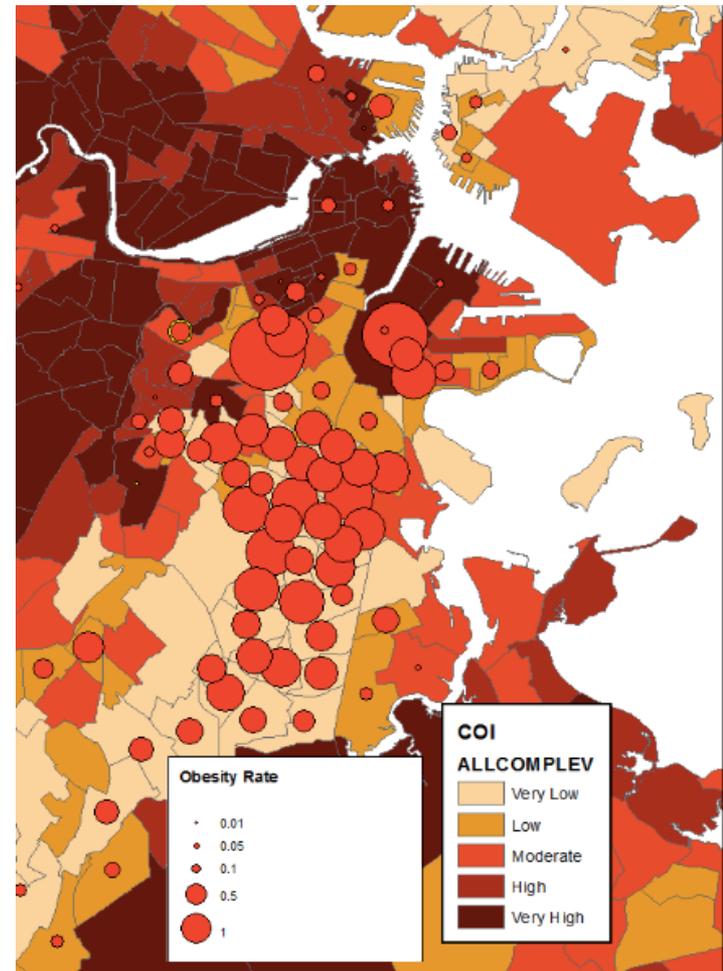
- Patterning of risk for low opportunity and crime is regional
- Clustering of census tracts with high violent crime rates (green highlight) overlaid clustering of very low Child Opportunity

Child Opportunity Index and High Violent Crime Clusters



Child Opportunity Index & Obesity Rate

- BMC aggregate EMR data on obesity for children ages 3-18 years old.
- Rates of obesity correlate with very low opportunity (COI), but outliers are present.
- Census tract violent crime is significantly associated with rates of childhood obesity.



Multivariable Poisson models for childhood obesity rate by Boston census tract

Obesity	Neighborhood FE - IRR	Neighborhood FE - Robust SE
Constant	15.49**	3.52
Hypertension	1.04**	0.04
Proportion black	1.32*	0.15
Proportion female	1.01	0.26
Average age	1.00	0.19
Median income	0.99**	0.00
Opportunity index	0.73**	0.05
Violent Incidents/mi ²	1.01**	0.00
Spatial Lag (Rho)	-	-
AIC	551.238	
Global Moran's I p-value	0.394	

*p<0.05

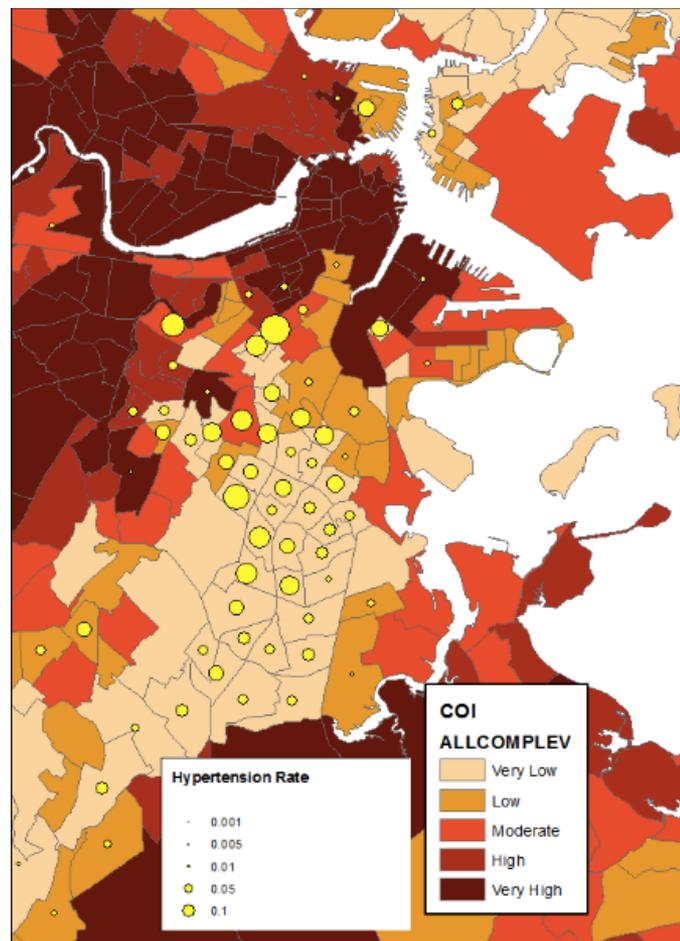
**p<0.001

IRR: Incidence Rate Ratio

FE: Fixed Effects

COI & Hypertension Rate among Children in MHDR

- BMC aggregate EMR data on hypertension for children 3-18 years old.
- Hypertension for children associated with COI.
- Clusters of high crime census tracts are significantly associated with high rates of hypertension



Multivariable Poisson models for child hypertension rate by Boston census tract

Hypertension	Neighborhood FE - IRR	Neighborhood FE - Robust SE
Constant	11.80**	5.30
Obesity	1.01**	0.00
Proportion black	2.35*	0.84
Proportion female	1.67	1.12
Average age	1.53	1.07
Median income	0.99**	0.00
Opportunity index	1.31	0.28
Violent Incidents/mi ²	1.00	0.01
Spatial Lag (Rho)	-	-
AIC	173.433	
Global Moran's I p-value	0.267	

*p<0.05

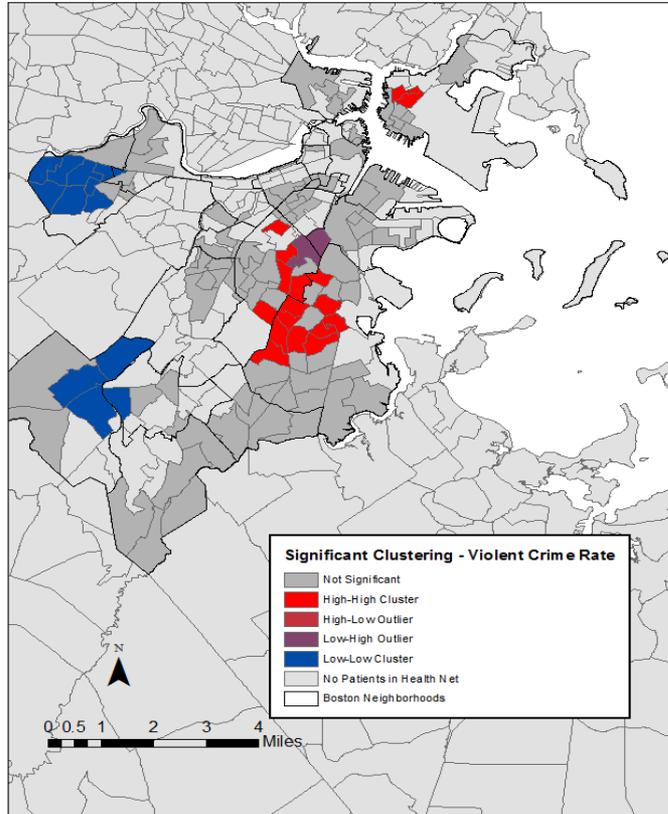
**p<0.001

IRR: Incidence Rate Ratio

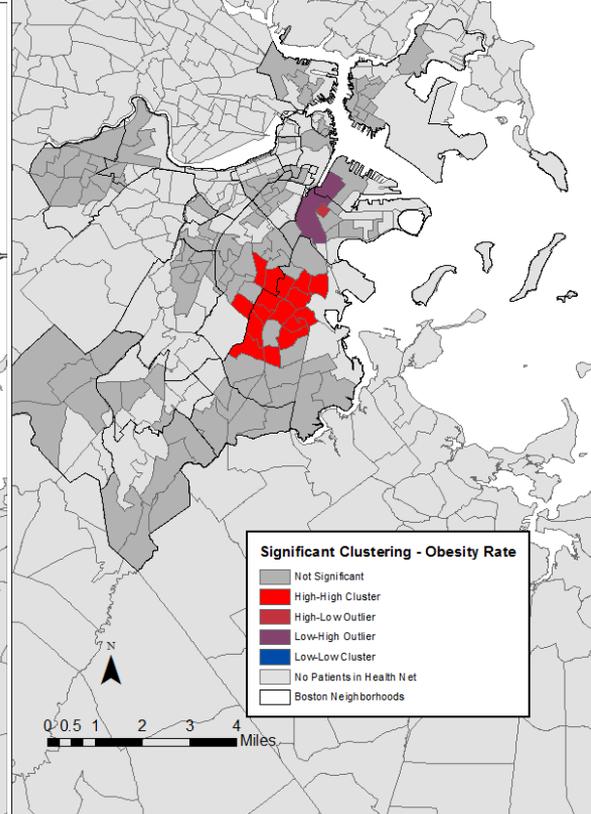
FE: Fixed Effects

Spatial Analysis

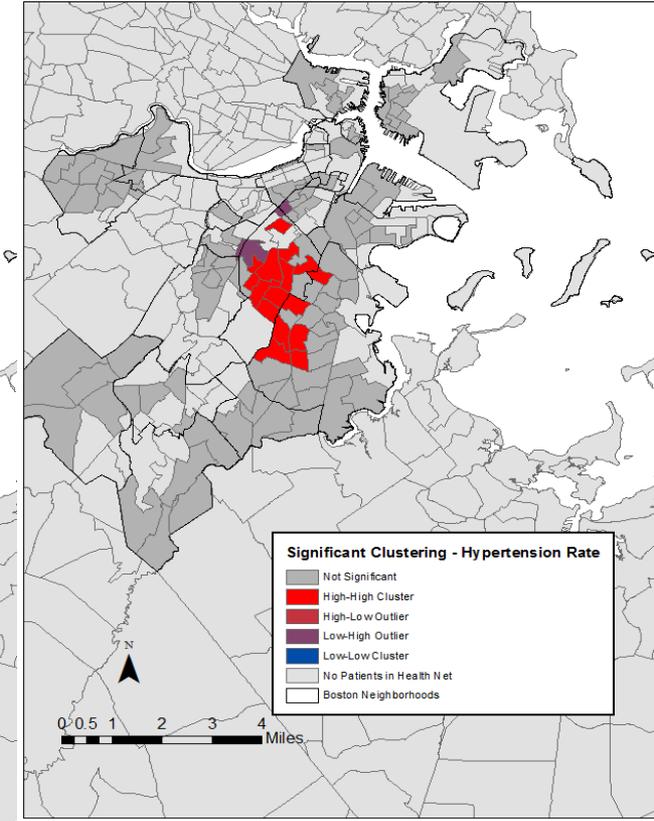
Violent Crime Rate



Child Obesity Crime Rate



Child Hypertension Rate



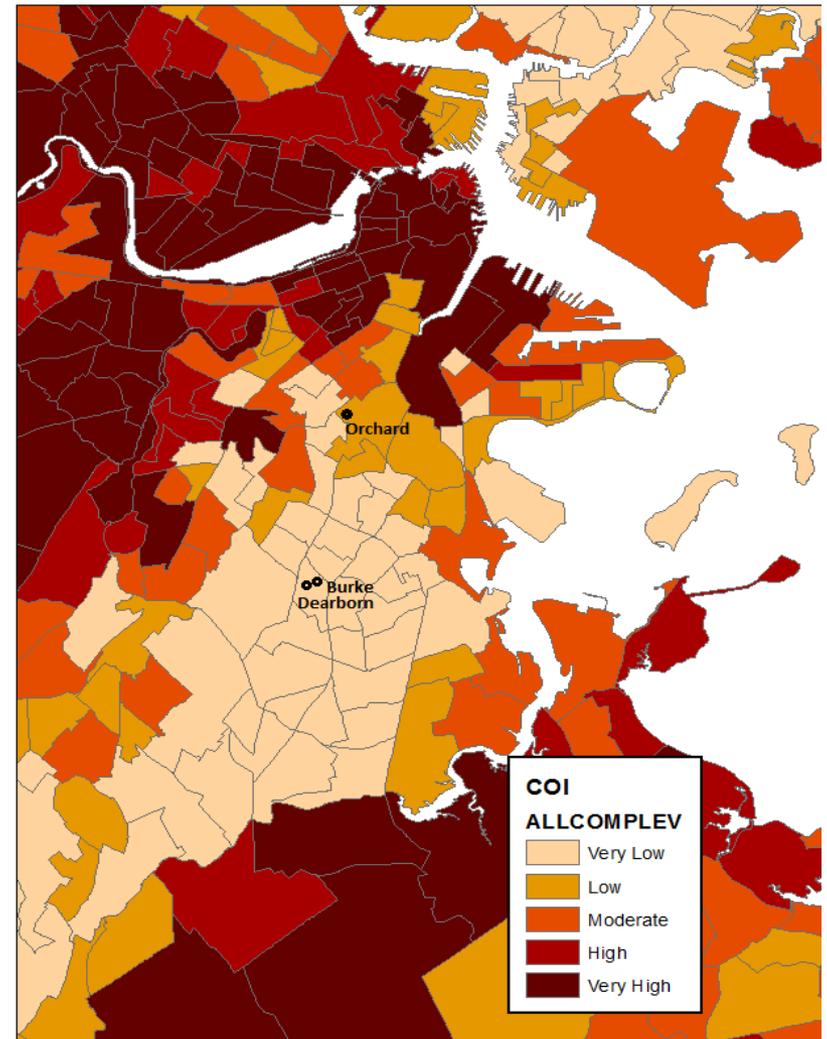
Local Moran's I Spatial analysis with False Discovery Rate adjustment

Adjacent Possibilities

Vital Village Network and Boston Promise Initiative
Partnership to share data, resources, and accountability

Child Opportunity Index and School Climate

Measure	Census Tract 902 (Burke & Dearborn)	Census Tract 801 (Orchard)
BPD Violent Crime Rate (incidents per sq mile in 2009)	8.4	4.6
Safe Travel to School (% strongly disagree/ disagree)	14.25	9.43
School Safety (% strongly disagree/disagree)	19.62	7.55
Average Physical Activity (% ≤2 days)	32.78	26.47
Will be Successful (% definitely or probably not)	5.0	3.92



“I guess like the more people around my neighborhood get hurt and it comes closer to home. Not literally but emotionally. One by one as more get hurt. And then it will be someone close to me.”

Danielle, age 14

From mixed-methods study involving 40 caregiver-child dyads



The Geography of Opportunity

- Child Opportunity Index allows exploration of:
 - Multiple neighborhood-level factors
 - Adjacent geographic regional context
- Identification of positive deviance and outliers
- Enhanced opportunity for:
 - Comprehensive metrics and evaluation tools within place-based efforts
 - Comparison across place-based efforts
 - Population-level change surveillance model

Implications

- High crime rates are associated with very low child opportunity and both associated with poorer school climate.
- Both crime and child opportunity index are associated with early predictors of cardiovascular health risk: obesity and hypertension.
- Policy makers may use this information to consider the population health benefit of crime reduction and building community assets.

Community Engagement with Data

Village Vital Signs Design Process



Vital Village is a network of residents and agencies committed to maximizing child, family, and community wellbeing.



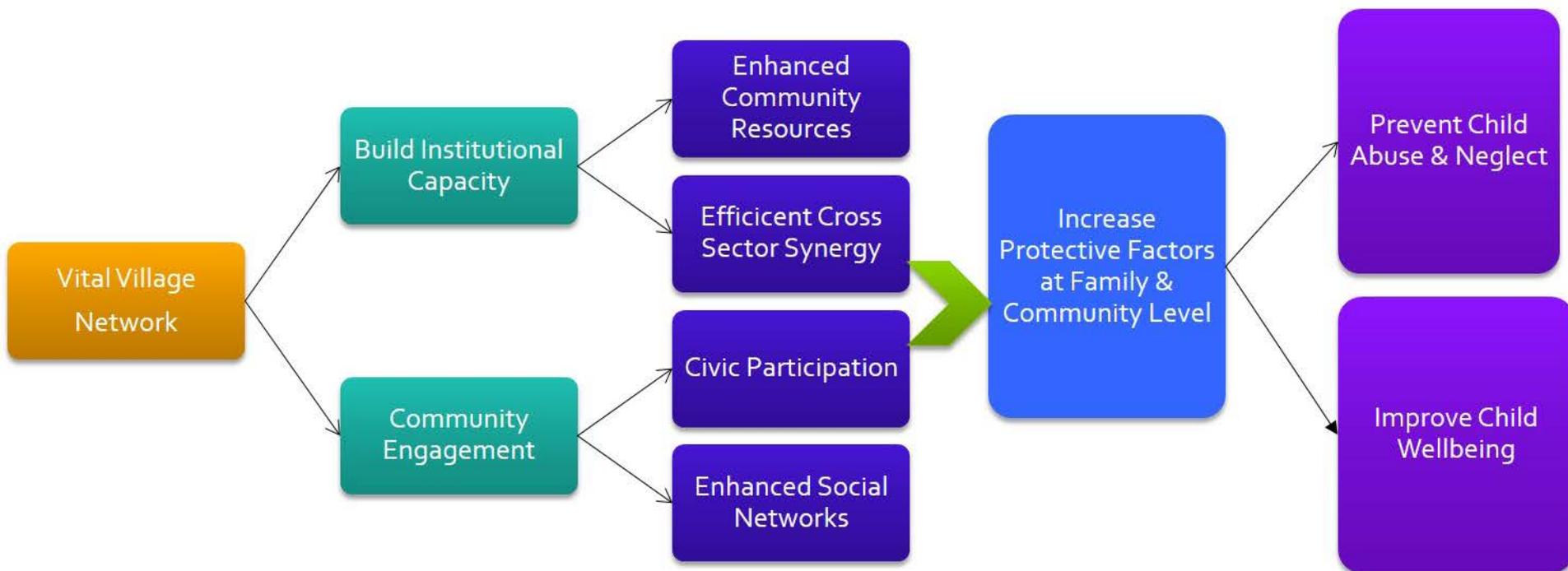
Vital Village Network



- **Building community capacity** to promote healthy social and emotional development in early childhood.
- Integrating a **trauma-informed framework** for preventing childhood adversity into the context of **existing systems** and community-based efforts for early childhood health and education.



Vital Village Network Theory of Change

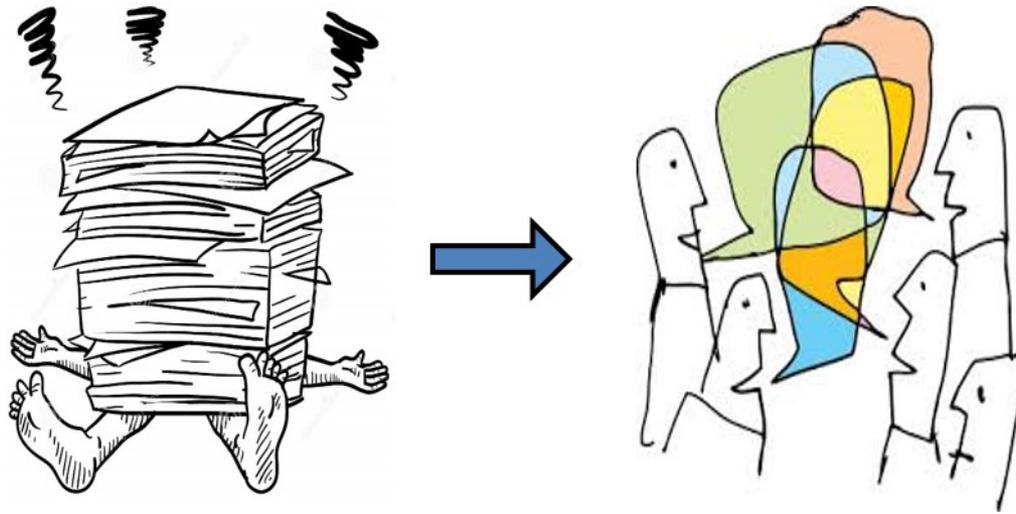


Participatory Model



- A participatory model to drive the design and dissemination process for Vital Village Signs, including:
 - determining indicators
 - sharing findings
 - formulating action plans
 - highlighting community assets and resources

Idea behind the Postcard



SOCIAL COHESION

Neighborhood Engagement & Connectivity

The majority of community members surveyed agreed that people around their neighborhoods are willing to help each other.

74%

None

41%

1 or 2

41%

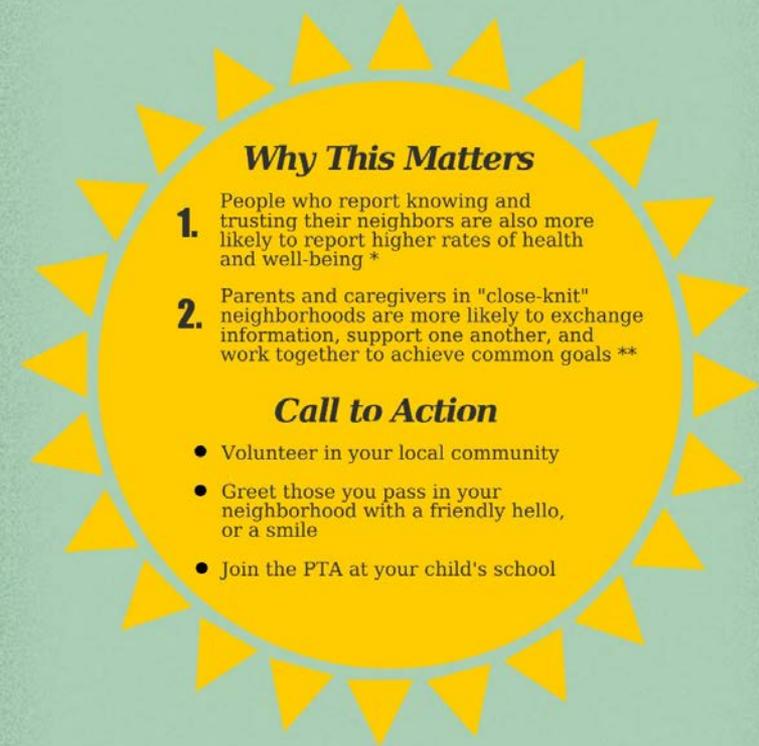
3 or 4

9%

5 or more

9%

Number of neighbors that community members said they could ask for help with childcare:



Why This Matters

1. People who report knowing and trusting their neighbors are also more likely to report higher rates of health and well-being *
2. Parents and caregivers in "close-knit" neighborhoods are more likely to exchange information, support one another, and work together to achieve common goals **

Call to Action

- Volunteer in your local community
- Greet those you pass in your neighborhood with a friendly hello, or a smile
- Join the PTA at your child's school

* Eileen E.S. Bjornstrom, "The Neighborhood Context of Relative Position, Trust, and Self-Related Health," Social Science and Medicine, 2011; 73 (1): 42

** Commission to Build a Healthier America



Objective: Enhance qualitative data with human narrative

The Iterative Process

Receptiveness Feedback Form

Parent	Date	Parent Gender	Child's Estimated Age	Estimated Duration of Conversation	Receptive body language (smiled, turned body towards us, nodded) (X)	Did they find the information useful? (Yes/No)
30	2/24/16	F	7 + 12	3 min	Happy, receptive	Maybe
31	2/24/16	F	3 mo	10 min	Warm, welcoming, chatty	Maybe
32	2/24/16	F+M	2 mo	5 min	Nice, receptive	Maybe
33	2/24/16	F+M	4	5 min	Nice, receptive	Maybe
34	2/24/16	M	3 + 7	5 min	Nice, receptive	Yes
35	2/24/16	F+M	7 + 10	10 min	Nice, receptive	Yes
36	2/25/16	F	10 yrs	2 min	Not receptive	no, not from neighborhood
38	2/25/16	F	7, 10, 12	4 mins	receptive, chatty	yes
39	2/25/16	F+M	11 yrs	3 mins	receptive	yes
40	2/25/16	F	5 mos	3 mins	receptive	yes
41	2/25/16	F	~6 mos	5 min	receptive	yes!
42	2/25/16	F	~7 mos	4 min	receptive	yes!

Language barrier f



Village Vital Signs

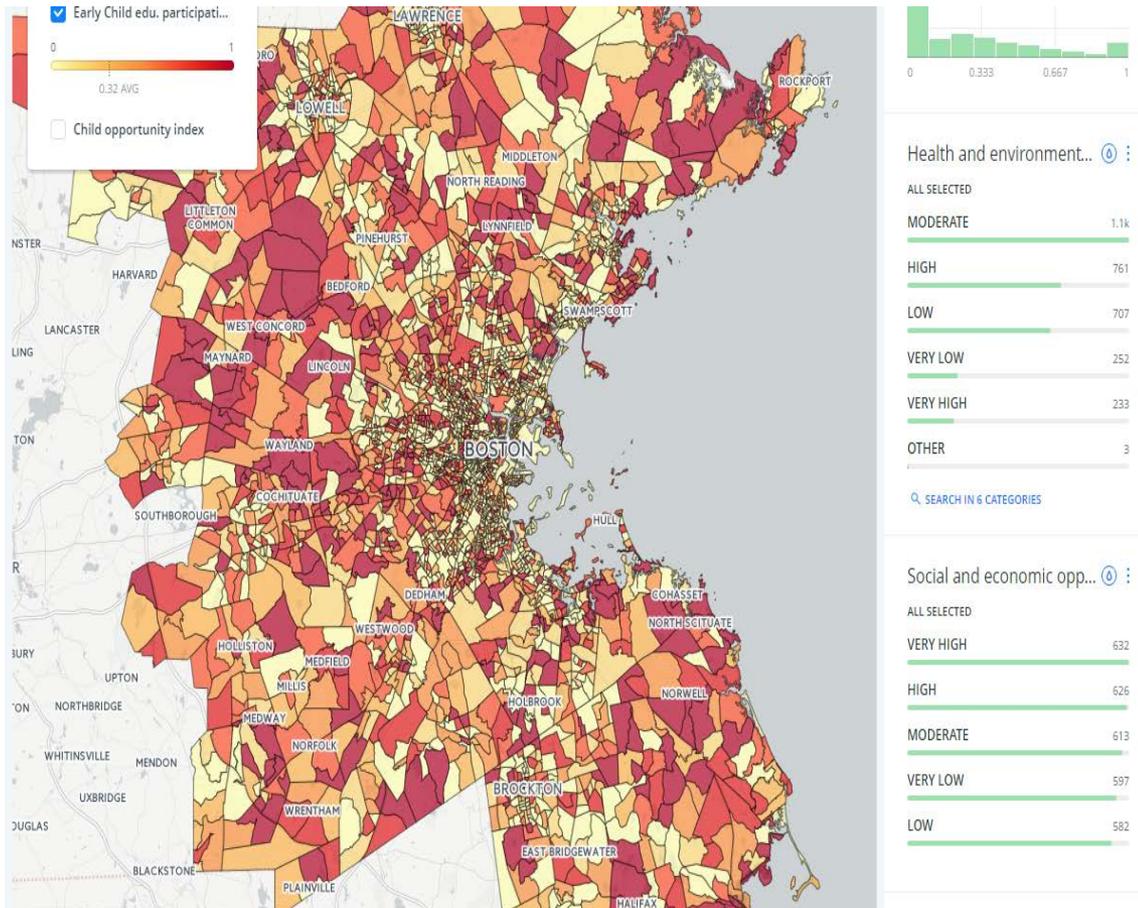
Empowering Communities through Shared Data

Goals

- To serve as a resource for residents to obtain useful information on local community resources and child outcomes
- To provide a tool to track benchmarks for child well-being and to evaluate progress of the network and of resource management
- To allow cyclical flow of information between community residents and the data system, in order to ask new questions

Early Childhood Education Neighborhood Participation Patterns

Definition: Ratio of number of children (3 years and older) attending preschool or nursery school in the block group to total number of children < 5 years old in the block group.



Participation rate classification

Rate = 0

Extremely low: either do not have children < 5 yo or no participation in the pre-K education

Rate < 0.18

Very low: very little neighborhoods actively send their children less than 5 yo to the pre-K program

Rate < 0.28

Low: Median, but below average participation patterns

Rate < 0.38

Moderate: On average, block-group level participation rate is 0.31 in the Boston metro

Rate < 0.52

Very high: over half of the neighborhoods send their children under 5 yo to the pre-K program. 0.49 is the 3rd quantile.

Rate < 0.75

High: 50% to 70% of the neighborhoods with children under 5 yo are actively participated in the pre-K program

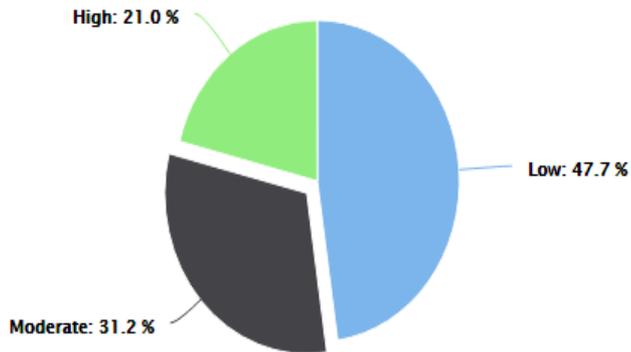
Rate < or =1

Extremely high: almost all the neighborhoods with children under 5 yo in the block-group participated in the pre-K program

Early Childhood Education Neighborhood Participation Patterns (cont)

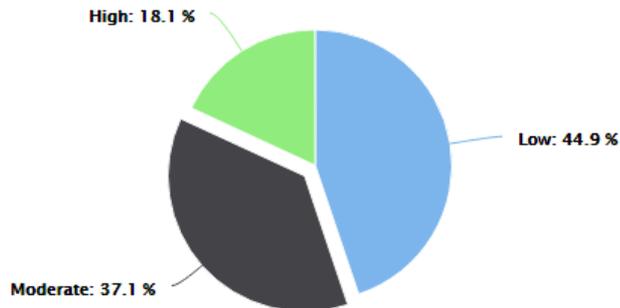
Early Child Education Participation Pattern

In Boston city, compared to Boston metro



Early Child Education Participation Pattern

In Dorchester, Roxbury and Mattapan, compared to Boston metro

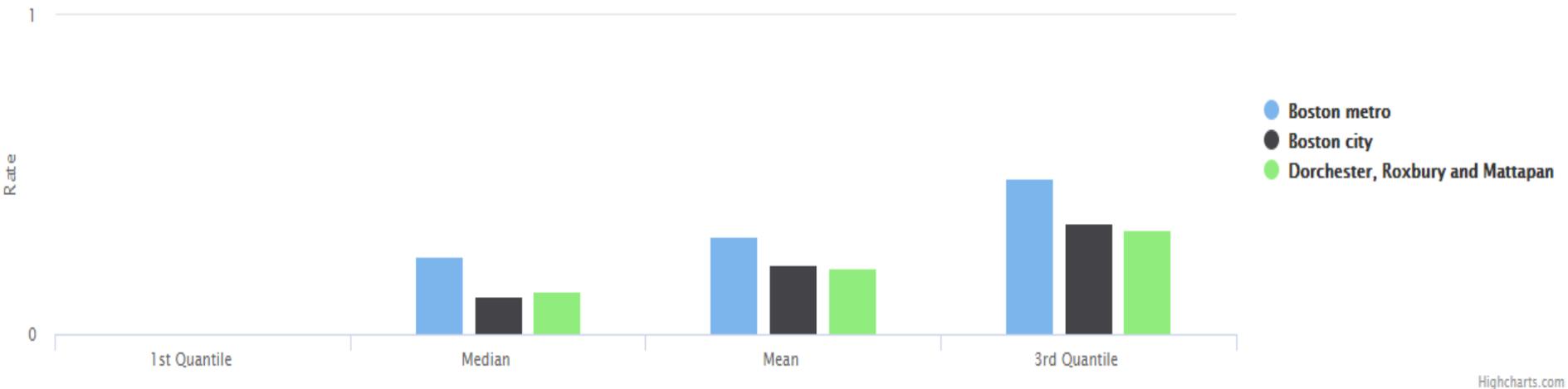


- **Quick Facts**
- Average ratio of early child education participation in **Boston metro** is 0.32, 6% higher than Boston city
- Boston city neighborhoods generally have a lower early childhood education participation rates compared to the Boston Metro area.
- Block groups which have higher participation rates often have higher Child Opportunity Index (COI) scores

Early Childhood Education Neighborhood Participation Rate (cont)

Early Child Education Participation Rate

comparison between Boston metro, Boston city and Dorchester, Roxbury and Mattapan



Highcharts.com

Boston city neighborhoods generally have a **lower** early childhood education participation rates compared to the Boston Metro area.

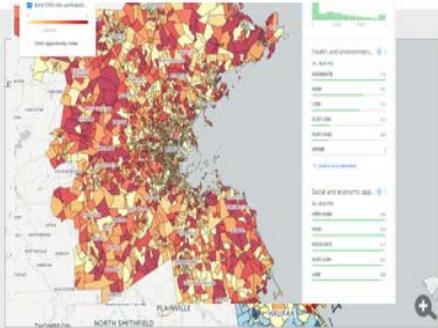


VILLAGE VITAL SIGNS

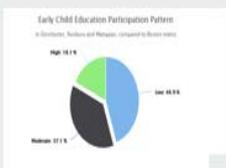
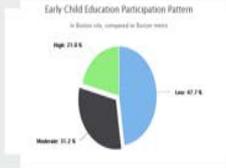
Our publically shared community data dashboard.

CHOOSE A FILTER TO FIND MORE DATA

FILTER 1 FILTER 2 FILTER 3



FEATURED DATA STORY
Lorem ipsum dolor sit amet, consectetur adipiscing elit.
Sed et urna est. Quisque lacus mi, tempor vel lacinia eget, imperdiet sed nisl. Curabitur vulputate justo ex, sed interdum nisl convallis at. Pellentesque sed efficitur tortor, ut accumsan mauris. Curabitur a tincidunt sem. Fusce sagittis luctus vulputate.



DATA TABLE OR FACTS

Sources: Sed et urna est. Quisque lacus mi, tempor vel lacinia eget, imperdiet sed nisl. Curabitur vulputate justo ex, sed interdum nisl convallis at. Pellentesque sed efficitur tortor, ut accumsan mauris. Curabitur a tincidunt sem. Fusce sagittis luctus vulputate
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RECENT UPDATES

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DATA DOMAINS

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CONTACT US

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Neighborhood-Level Interventions to Improve Childhood Opportunity and Lift Children Out of Poverty



ACADEMIC PEDIATRICS 2016;16:S128-S135

Megan Sandel, MD, MPH; Elena Faugno, BS; Angela Mingo, MCRP; Jessie Cannon, BS; Kymberly Byrd, MPH, MSW; Dolores Acevedo Garcia, PhD, MPA-URP; Sheena Collier, EdM; Elizabeth McClure, MS; Renée Boynton Jarrett, MD, ScD

Defined geographic area and population



Investment by and in community



Multi-sector partnerships and funding



Multi-faceted, community-level interventions

Scale & Sustainability



- Strategic focus on key aspects of community capacity building:
 - Mobilizing broader community engagement
 - Evaluating, measuring, and using data to monitor work
 - Effectively communicating and sharing knowledge with public stakeholders and policy makers

Acknowledgements



Futu Chen, MPH,
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William Adams, MD, MPH
Anthony Braga, PhD
Sheena Collier



DORIS DUKE
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Thank you



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SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

Exploring the link between housing conditions, lead exposure, and kindergarten readiness using IDS

Claudia J. Coulton, Ph.D., Professor

Center on Urban Poverty and Community Development

Agenda

- Report highlights of a recent study that examined the link between housing, lead exposure and kindergarten readiness.

**Coulton, C.J., Richter, F.C.G., Kim, S.J., Cho, Y. & Fischer, R. (2016).
Temporal effects of distressed housing on early childhood risk factors
and kindergarten readiness. *Children and Youth Services Review*, 68, 59-
72.**

Funded by John D. and Catherine T. MacArthur Foundation

- Demonstrate the use of an Integrated Data Systems
- Map the clusters of children testing positive for lead and along with historical forces affecting housing

Motivation for the study

- Cleveland has gone through a housing crisis, but we don't know the impact on children.
- Cleveland has a disproportionate number of children that test positive for lead and are behind when they enter kindergarten
- Raises question of how do housing problems affect child development
- Community concerned about these problems, but lack concerted action

Housing, Lead and Kg. Readiness: Birth to 6 study of children in Cleveland

- Sampling criteria
 - All children that entered CMUSD kindergarten for the first time in AY 2007-2010 (**N=13,762**)
- Research design
 - Retrospective longitudinal study of family/child risk factors, housing and neighborhood exposures, elevated lead and KRA-L
 - Monthly data on housing and risk factors from birth to Kg.
 - Dynamic selection models--examine cumulative effects of these exposures on Lead levels and KRA-L, controlling for family/child characteristics and housing and neighborhood selection

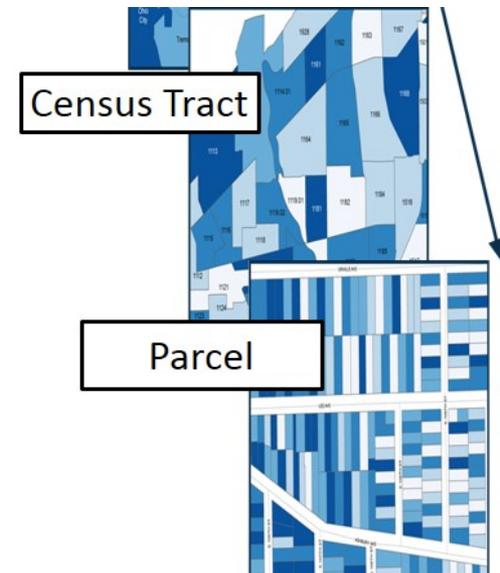
Study Data: Linked records from IDS with neighborhood and housing information via address/parcel history

CHILD system



NEO CANDO

Property and neighborhood data system



Key variables-descriptive statistics

Kg Readiness literacy

15.8 (Lower 1/3 of distribution)

Average KRA-L score (0-29)

Housing Quality

Poor condition	Low value	Public/subsidized
36 %	59%	18%

Housing mkt distress

Tax delinquency, Foreclosure, Owned by speculator

50%
Percent ever

Neighborhood distress

Concentrated disadvantage (>70p)

0.66
Mean share of time

Elevated lead level

39%
Tested positive (>5 µg/dL)

Child maltreatment investigation

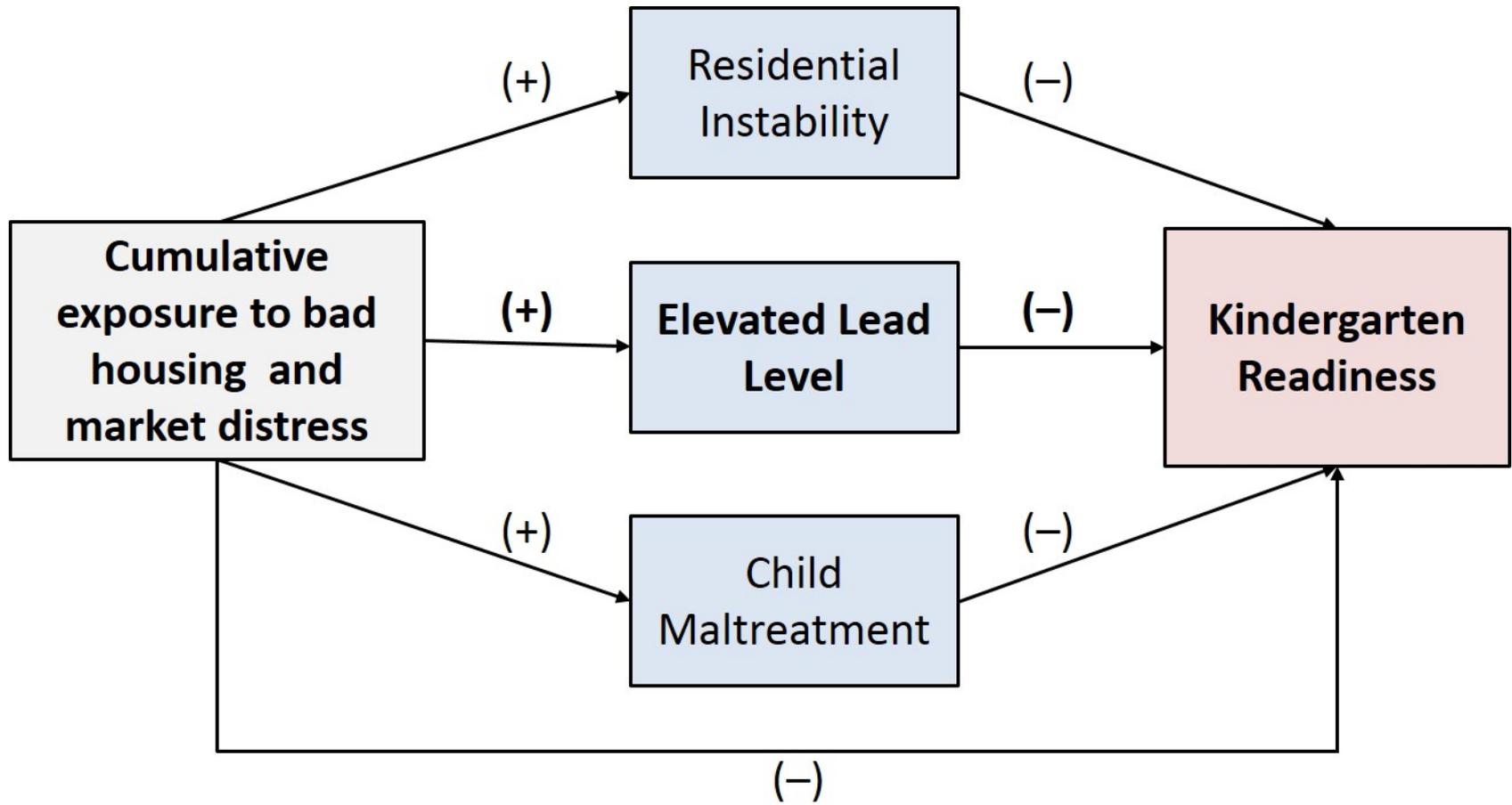
40%
Percent ever

Residential mobility

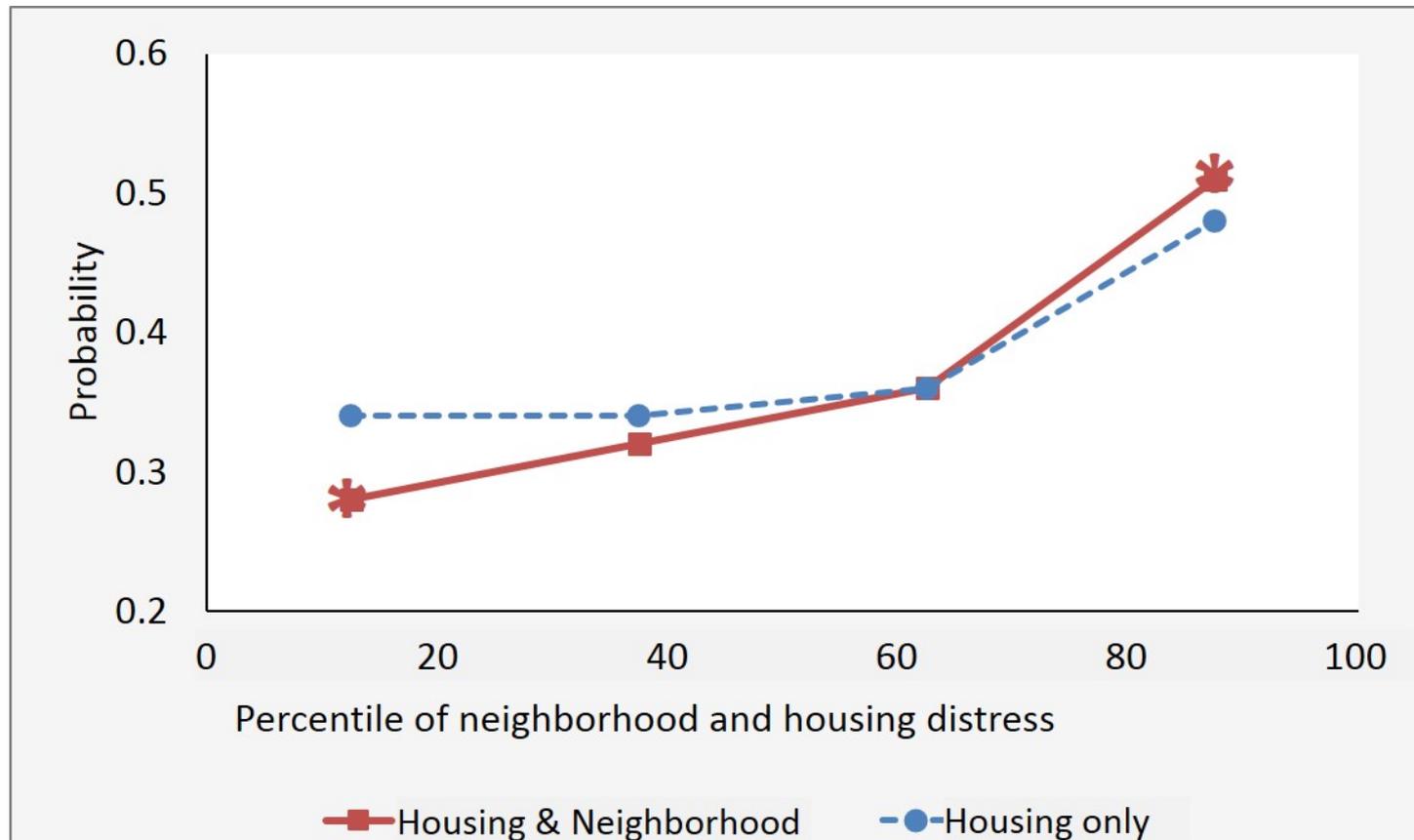
Concentrated disadvantage (>70p)

3.3
Average # of moves

Summary of results



Probabilities of a positive lead test for levels of housing and neighborhood distress

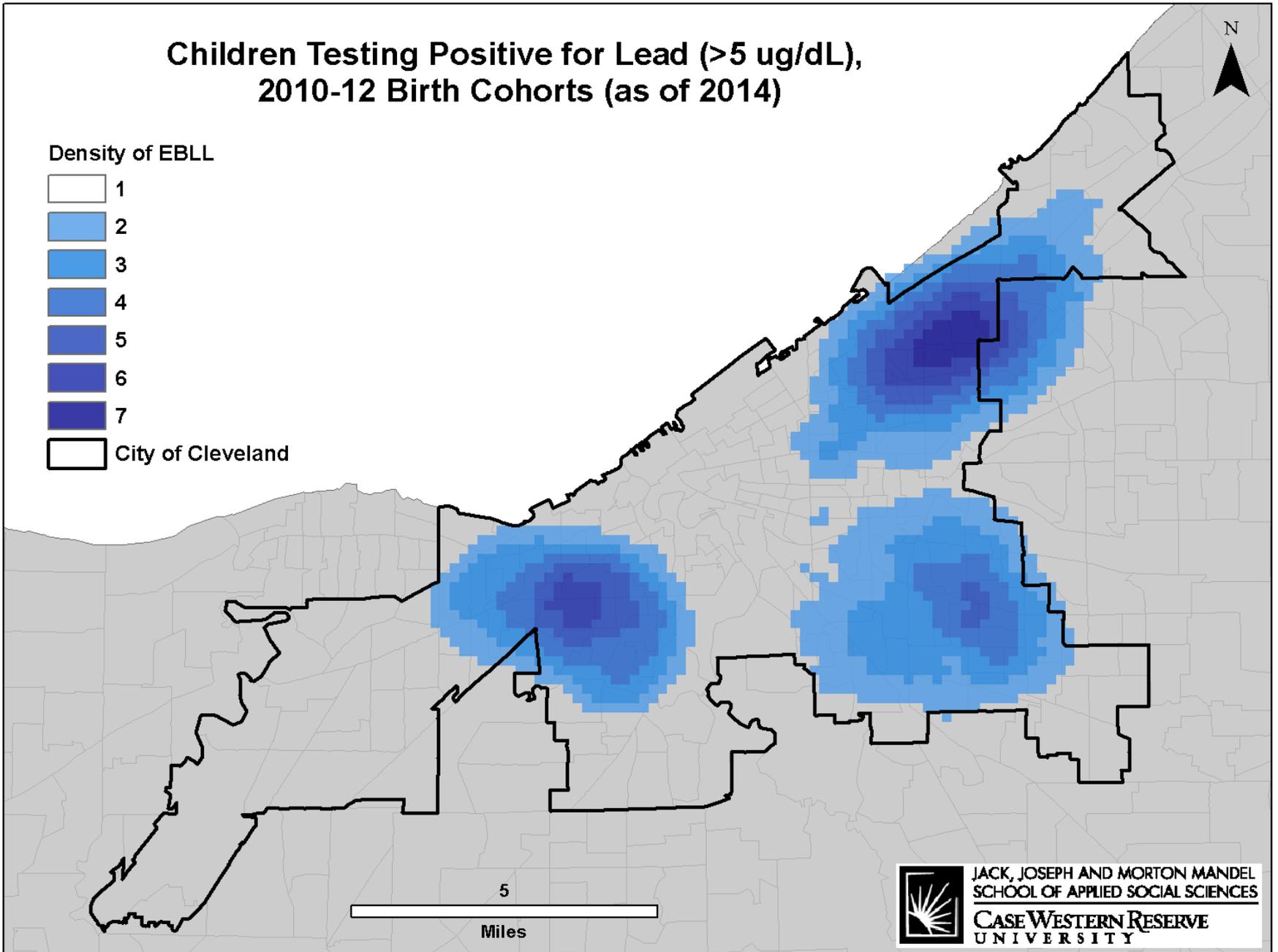
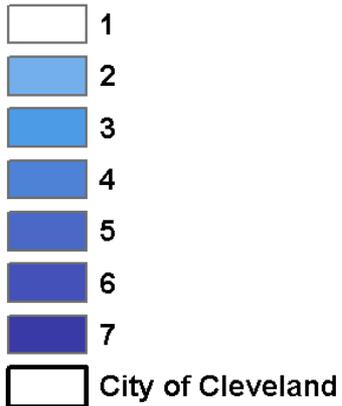


Conclusions and implications

- **Lead exposure** is a major contributor to low KRA-L scores.
- The **state of repair** of families' housing has direct effects on KRA-L and indirect effects through elevated lead levels.
- **Housing market forces such as foreclosure** exacerbate housing problems and their effects on children.
- **Interventions** that reduce chance of living in or near problematic **housing** could **prevent lead exposure** and **improve kindergarten readiness**.
- Focus prevention on **chronically hard hit areas** of city
- **Mobilize city building department, health department and community groups to act together**

Children Testing Positive for Lead (>5 ug/dL), 2010-12 Birth Cohorts (as of 2014)

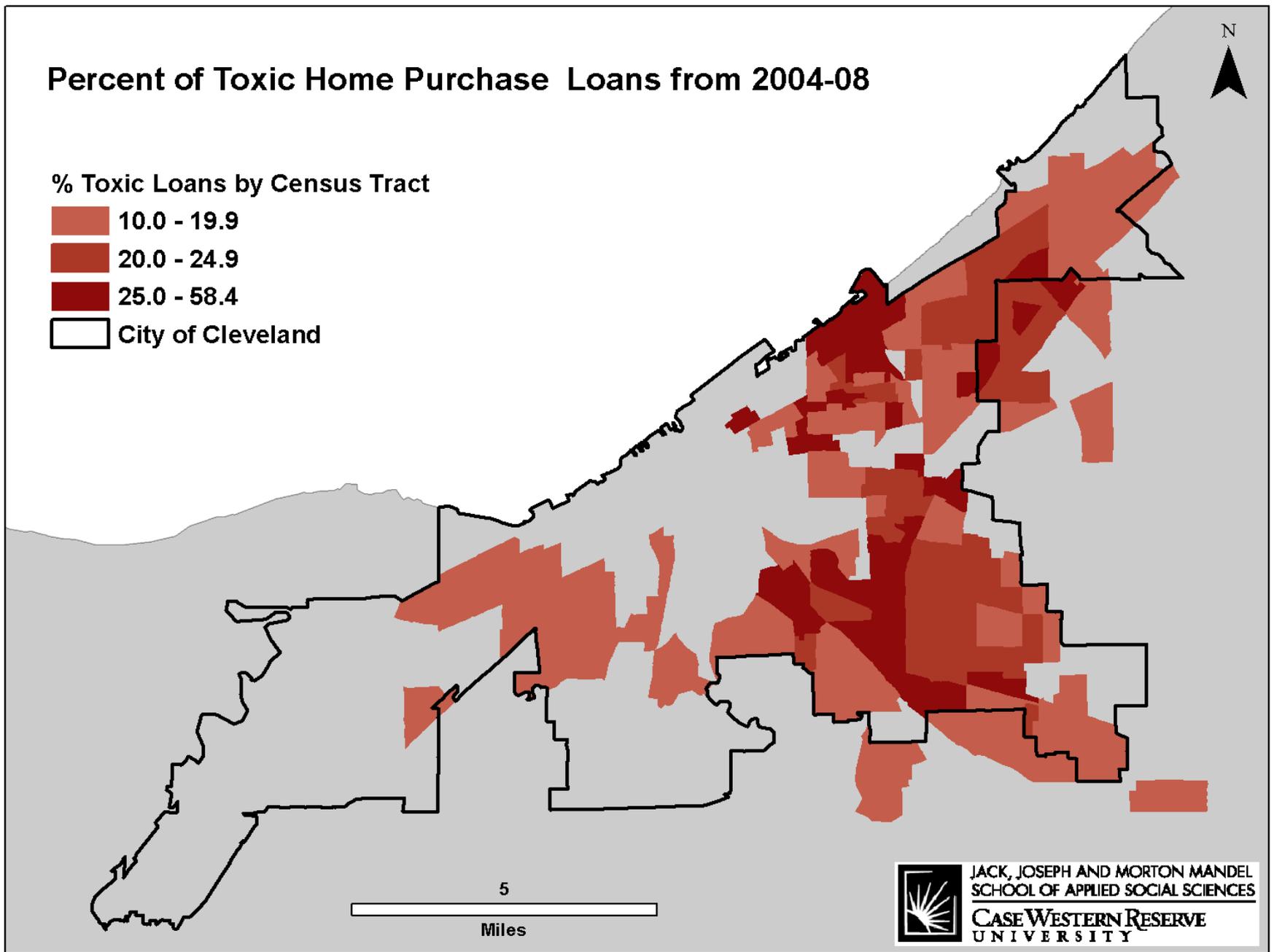
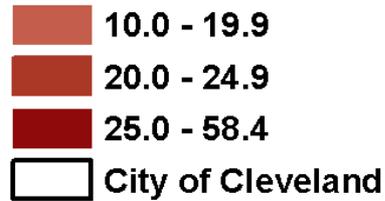
Density of EBLL



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Percent of Toxic Home Purchase Loans from 2004-08

% Toxic Loans by Census Tract

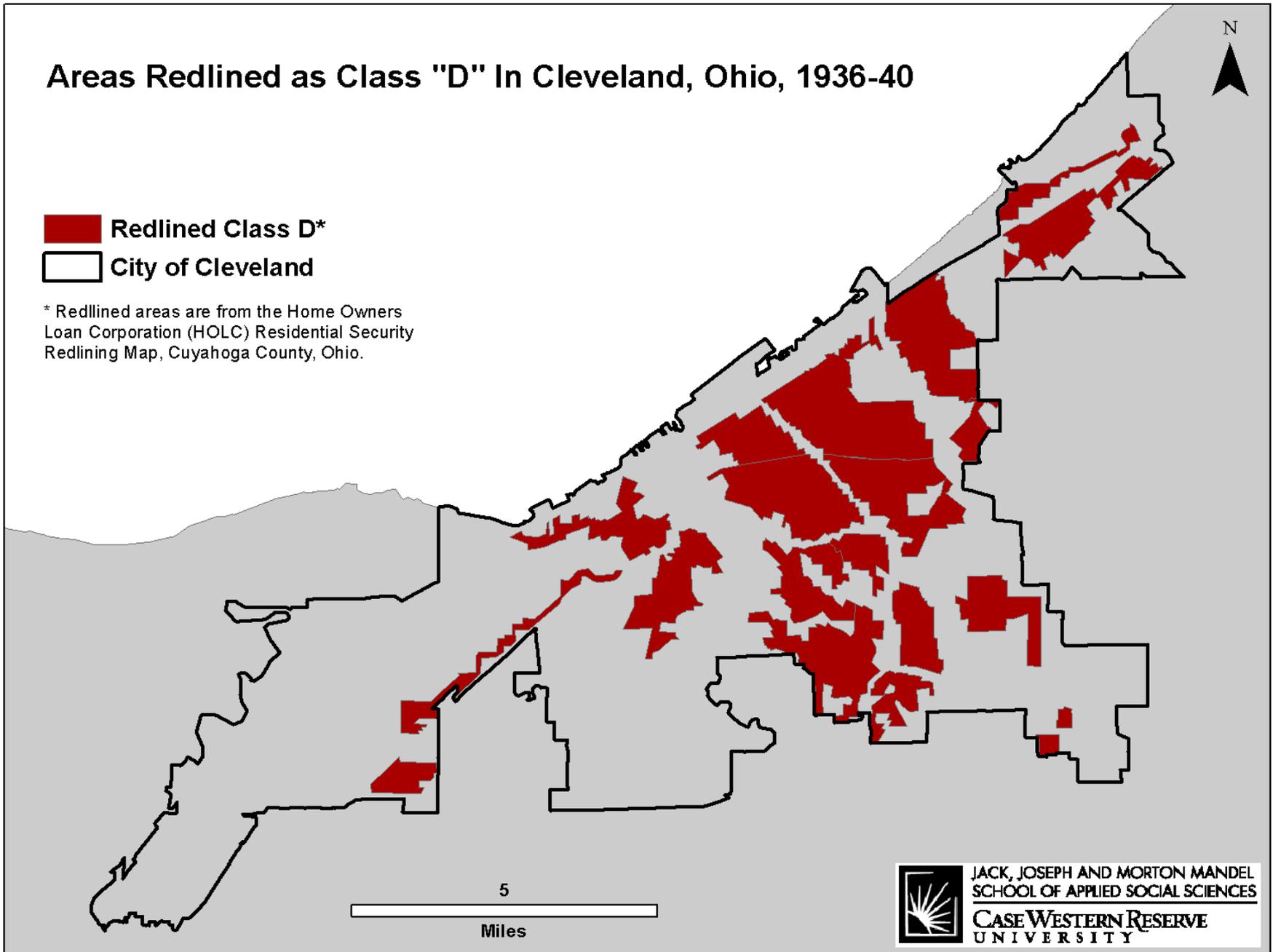


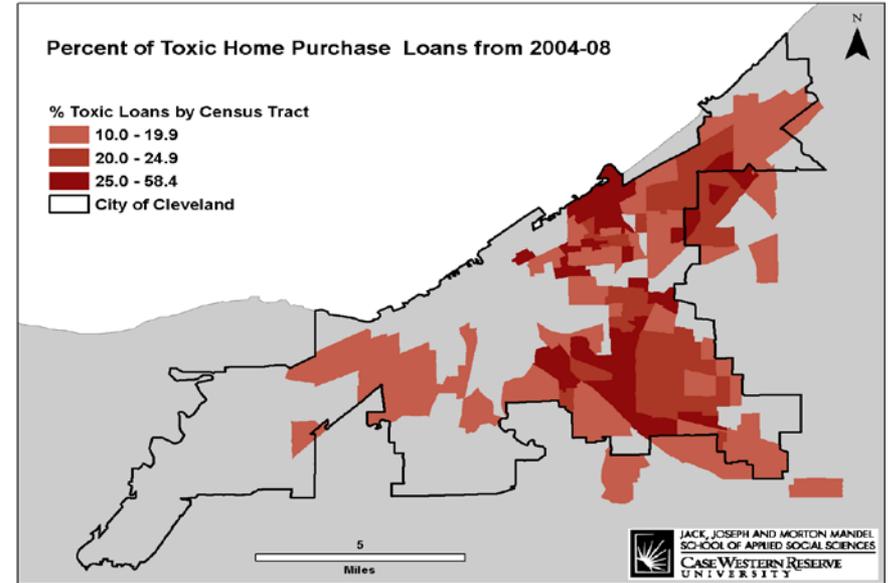
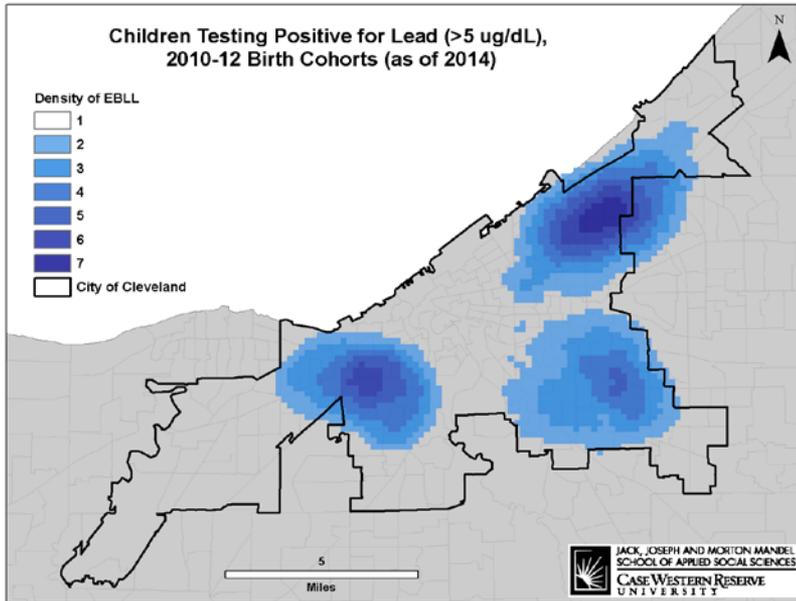
Areas Redlined as Class "D" In Cleveland, Ohio, 1936-40



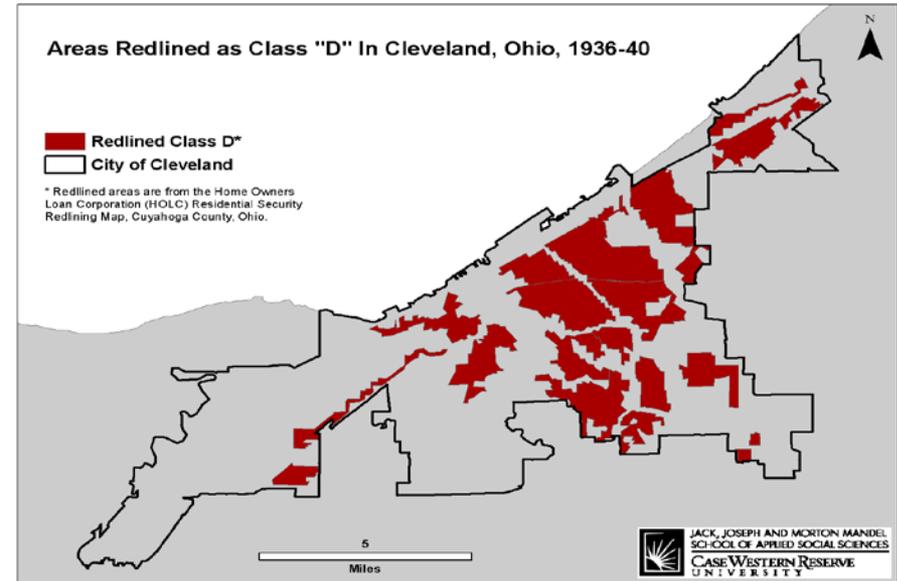
-  Redlined Class D*
-  City of Cleveland

* Redlined areas are from the Home Owners Loan Corporation (HOLC) Residential Security Redlining Map, Cuyahoga County, Ohio.





How can we overcome the durable geography of racial inequity?



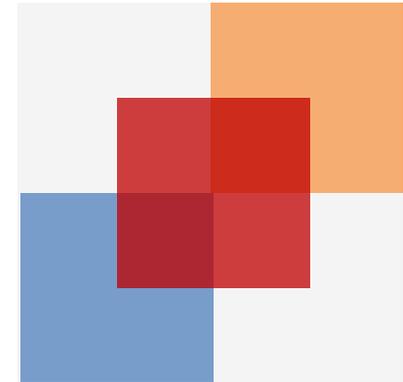


JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

Link to summary of study

http://povertycenter.case.edu/wp-content/uploads/2016/04/Briefly_Stated_No_16-02_Housing_Deterioration_Contributes_to_Elevated_Lead.pdf



Contact Information

- Claudia J. Coulton, Ph.D. (claudia.coulton@case.edu)

Resources

- Center on Urban Poverty & Community Development: <http://povertycenter.case.edu/>
- NEO CANDO: <http://neocando.case.edu/>

Using Data to Drive Discussions on Urban Child Health

Lisa Sontag-Padilla, Ph.D.

The RAND Corporation

DataSpeak Webinar Series

July 24, 2017



OFF TO A GOOD START

THE URBAN CHILD INSTITUTE

RAND CORPORATION

Social and Emotional Development of Memphis' Children



Overview

- Background
 - RAND and The Urban Child Institute
 - Focus on ages 0 to 3 years
- Data Book: Off to a Good Start
 - Data Highlight: The CANDLE Study
 - Making Data Accessible and Relevant
 - Data Challenges and Future Directions

The RAND Corporation and The Urban Child Institute

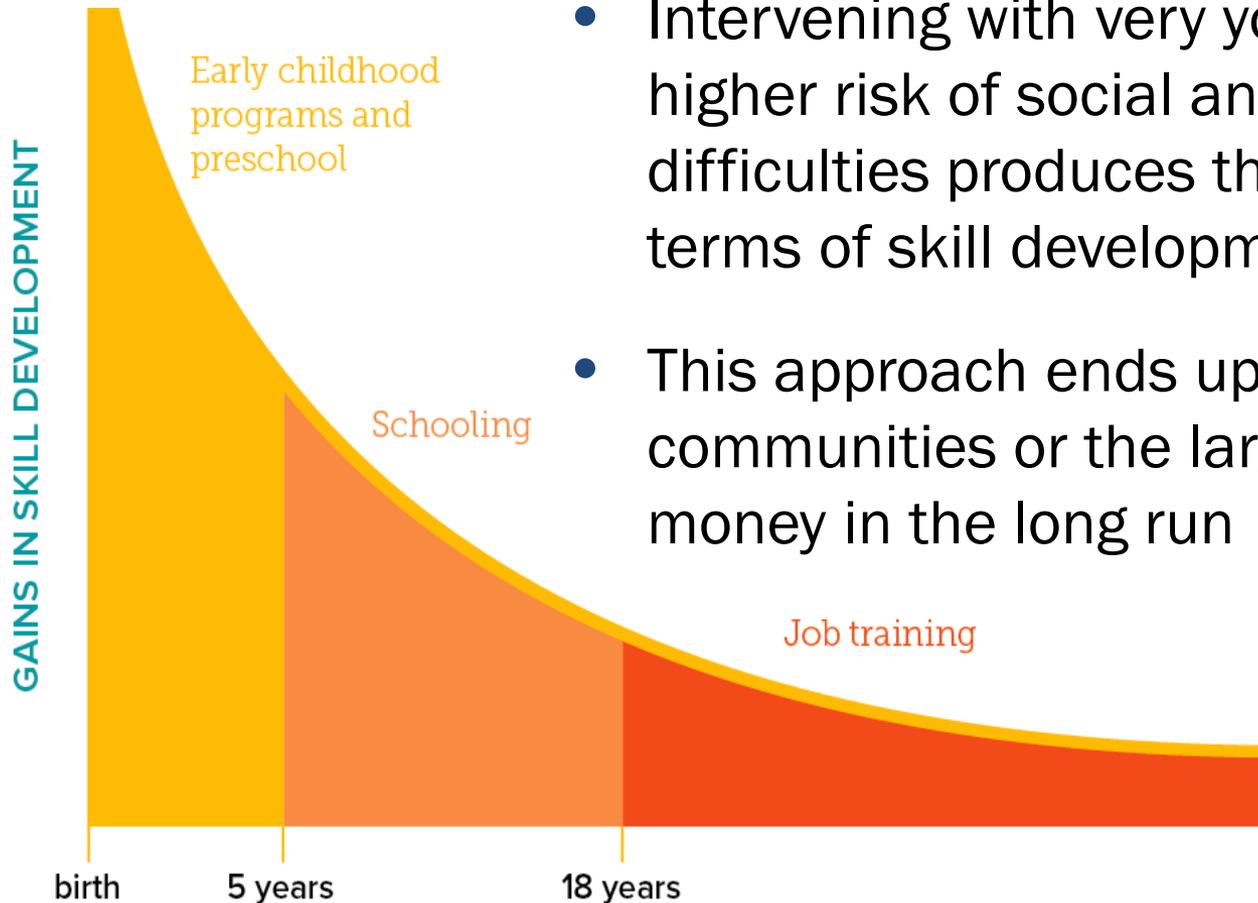
- The RAND Corporation (www.rand.org)
 - Nonprofit institution that helps improve policy and decisionmaking through research and analysis.
 - RAND research on children covers prenatal period up to age 18, includes child health and the role of the family unit, neighborhoods, and community influence on child well-being
- The Urban Child Institute (www.urbanchildinstitute.org/)
 - Promotes health and well-being of children ages 0 to 3 in Memphis and Shelby County, TN
 - Conducts research, advocates for public policy, launches early intervention programs and prevention-based strategies
 - Serves as a trusted community expert

The UCI and RAND Collaboration

- From 2011 to 2016, RAND partnered with UCI to develop and execute a new strategic vision for the organization focused on social and emotional development of young children.
- As part of this collaborative, RAND developed a new report on child social and emotional health using data from the CANDLE study and other data sets on families in Memphis and Shelby county, TN.



Why Focus on Ages 0 to 3?



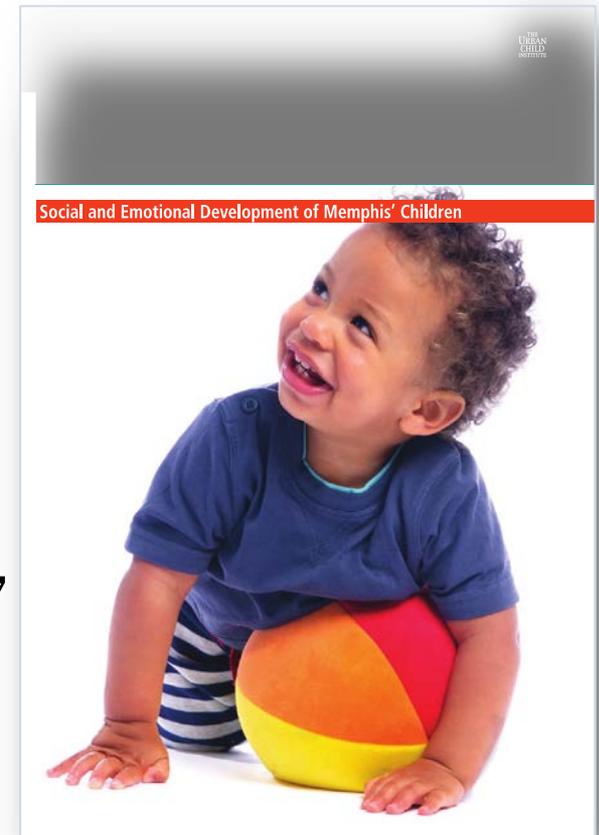
- Intervening with very young children at higher risk of social and emotional difficulties produces the largest gains in terms of skill development over time.
- This approach ends up costing communities or the larger society less money in the long run

AGE

SOURCE: Adapted from <http://heckmanequation.org/heckman-equation>

DataBook: Off to a Good Start

- UCI partnered with RAND to explore social and emotional well-being of children in Memphis and Shelby County, TN
- Draws on national, state, and local data
- Highlights essential factors in home, child care setting, and community
- Vehicle to engage academics, practitioners, grant-making agencies, and public policy entities



Off to a Good Start: Data Sources

- Combination of urban child health studies, public data banks, federally funded national studies, and privately operated data collection efforts

Data Sources	Level of Information Available
The CANDLE Study	County/city
U.S. Census Bureau, American Community Survey (1-Year estimates 2013 and 5-Year estimates 2008-2012)	National, County/city
Tennessee Child Care Management System for September 2014, provided by Child Care Resource and Referral (LeBonheur Community Health and Well Being Division)	National, County/city
Childcare Capacity numbers provided through Department of Human Services Child-Care Providers Zip Code List—Shelby County	National, County/city
NAEYC Accredited Program Search	National, county/city
Early Childhood Longitudinal Study	National
Early Head Start Family and Child Experiences (Baby FACES)	National
National Household Education Surveys Program, Early Childhood Surveys	National, regional
Study of Early Child Care and Youth Development	National

Data Highlight: CANDLE Study

- The Conditions Affecting Neurocognitive Development and Learning in Early Childhood (CANDLE) Study
- UCI developed and provided funding to University of Tennessee Dept of Preventive Medicine to launch CANDLE in 2006
- CANDLE to support collection of prenatal and early-childhood data on a healthy and ethnically diverse sample.



CANDLE Study Goals

- Investigate separate and combined effects of:
 - Mother's prenatal experiences
 - Child's home environment and early childhood experiences
 - Child's exposure to potentially harmful toxins
 - Genetic makeup
- Long-term objective:
 - Inform improvements in the health, development, and well-being of children in Shelby County, Tennessee through interventions and policy enforcement or development.

CANDLE Data Collection

- Roughly 1,500 pregnant women enrolled beginning in 2006 through 2011.
- Data collection began during the second trimester and continued until child's 3rd birthday.
- 8 in-person data-collection points per family:
 - 2 prenatal clinic visits
 - 1 hospital visit at delivery
 - 3 annual clinic visits
 - 2 home visits
- 9 phone-based assessments occurred every 3 months starting at 3 months old

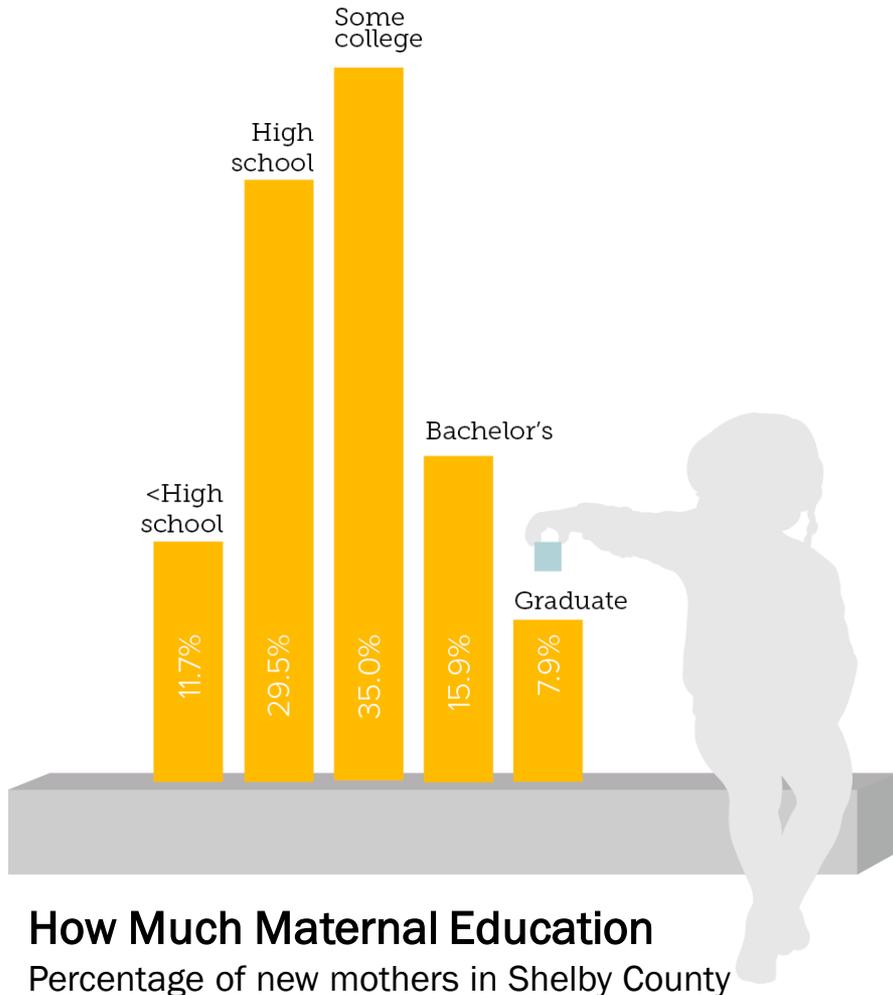
CANDLE Study Information

- For the full report on CANDLE, go to:
https://www.rand.org/pubs/research_reports/RR1336.html
- For additional information about CANDLE, go to: <http://www.candlestudy.org/>

Making Data Accessible and Relevant

- Use variety of tactics to make information relevant, relatable and easily usable for practitioners, grant-making agencies, policy-makers, etc.

Making Data Accessible and Relevant - 2



Making Data Accessible and Relevant - 3

Did you know?

- If a child is living with only one parent, it is more common for him/her to live with his/her mother, but many children live only with their father (**Figure 2.11**).
- Areas where more than 10 percent of children live only with their father include: 38114 (19 percent), 38122 (13 percent), 38106 (12 percent), 38119 (12 percent), 38134 (12 percent), 38107 (11 percent), and 38053 (11 percent).

SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates 2008–2012, Table B09002



HOW YOU CAN **help**

Create or support opportunities where single parents (including single fathers) can come together and support one another.

Strengthen fatherhood initiatives and support father involvement in child rearing.

Consider whether your program addresses the unique needs of single parents or grandparents raising their grandchildren, and whether these services could be expanded into new geographic areas of high need.

Making Data Accessible and Relevant - 4

What do we know about the health of newborn children?

In 2013, approximately 13,760 babies were born in Shelby County. While most are born healthy, many are born too early or too small. Infants born preterm (less than 37 weeks gestation) and at low birth weight (less than 2,500 grams or 5.5 pounds) are at greater risk for physical and developmental health problems, from poor lung functioning and language delays to infant death (death occurring in the first year of life).

Preterm birth can affect development.

In addition to physical problems, children born early tend to have more behavioral and social difficulties in the first few years of life [14].

Early birth affects the structure of the brain. When a baby is born early, the parts of the brain that receive, transfer, and store information have not had time

to fully develop [15]. Why? At 34 weeks gestation, a baby's brain is only about 65 percent of the weight it would be if the baby were full-term (40 weeks). Preterm birth can also make child-parent bonding difficult because children born early often spend their first days, weeks, or months in the hospital, separated from their parents [15].

DATA FACTS:

- In 2013, 13 percent of babies born in Shelby County were preterm (1,790). While this percentage has remained relatively stable over time, it consistently hovers above the national figure of 12 percent.
- More black babies in Shelby County are born preterm (15 percent) than white babies (9 percent).

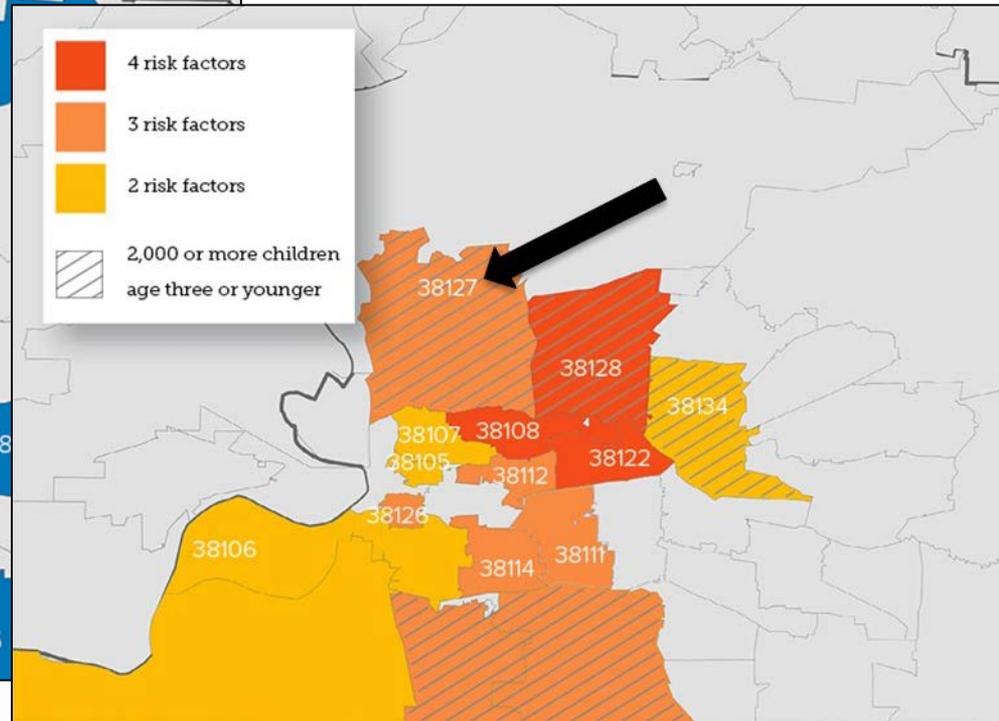
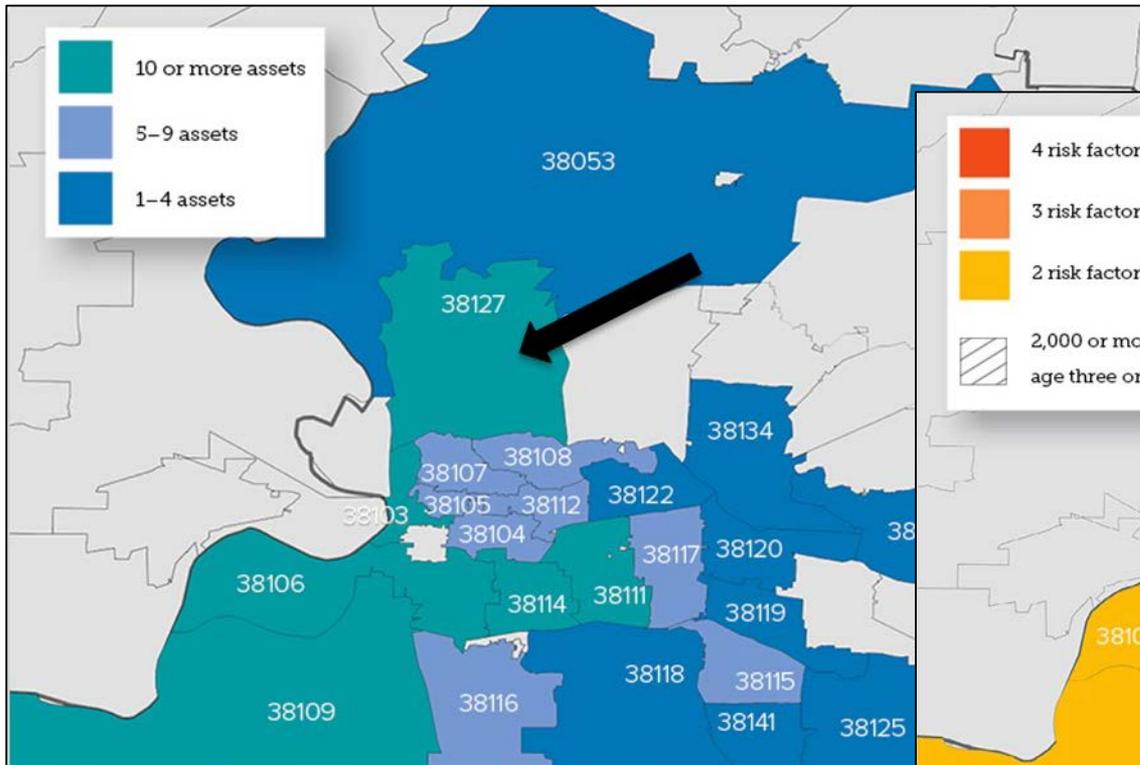
SOURCE: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. Number of live births with number and percentage preterm, by race of mother and county of residence of mother, Tennessee, 2013

Low birth weight remains high in Shelby County.

Making Data Accessible and Relevant - 5

- Highlight community assets and not just deficits
- Synthesize multiple sources of information

Making Data Accessible and Relevant - 6



Community Assets

Areas with community assets such as libraries, zoos, museums, parks, playgrounds, and community gardens

Areas of Higher Risk

Young children at higher risk for poorer social and emotional outcomes

Data Challenges and Future Directions

- With the exception of CANDLE, little information was available at a local level to inform decisionmaking in the community
- Need for central data repository for agencies/organizations/decision-makers to access standardized, reliable data
- Facilitation of conversations among key decisionmakers AND academics/researchers within the community



For follow-up questions or additional information, contact Dr. Lisa Sontag-Padilla at lsontag@rand.org

Question & Answer Period

- **To ask a question on the Web:**
 - Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.
- **To ask a question via phone:**
 - Press ***1** to indicate that you have a question.

Additional Questions

- If you have any additional questions, you can email them to:

dataspeak@altarum.org

Thank You

Thank you for participating. **Please click on this link to complete feedback on today's program.**

(the link will open in a new window)