



# PLACE MATTERS

# Cuyahoga County Accomplishments Report

[ JANUARY 2013 ]



CITY PLANNING COMMISSION

# Introduction

## Overview

The Cuyahoga County PLACE MATTERS (CCPM) team, out of Northeast Ohio, is guided by its vision for a county where people can thrive because there is equitable access to resources and opportunities, whether, economic, social or environmental, that are necessary to attain the highest quality of life.

The team informs, influences and engages policy makers and community members to use an overarching health equity lens for the development of policies that create conditions for optimal health such as safe housing, adequate green space, clean air and water, access to healthy foods, access to quality health care, healthy community design, and quality education. The long-term impact of these efforts will be improved health outcomes and reduced inequities, allowing urban and low-income communities to prosper.

### Team members and participating organizations

**Co-Team Leader: Martha Halko**

Deputy Director, Prevention and Wellness – Cuyahoga County Board of Health

**Co-Team Leader: Sandra Chappelle**

Senior Program Officer, Strong Communities – Saint Luke’s Foundation

**Michele Benko**

Program Manager, Prevention and Wellness – Cuyahoga County Board of Health

**Karen Butler**

Director of Cleveland Department of Public Health – Cleveland Department of Health

**Claire Kilbane**

Interim Director – Cuyahoga County Planning Commission

**Sabrina Roberts**

Administrator of Health Policy and Programs, Health and Human Services – Cuyahoga County

**Joyce Rhyan**

Vice President, Community Planning – Neighborhood Progress, Inc.

**Janise Bayne**

Senior Development Finance Analyst – Cuyahoga County Department of Development

**Tanisha Tate**

Ph.D. candidate – Case Western Reserve Prevention, Freshlink Initiative

**Vedette Gavin**

Francis H. Beam Community Health Fellow – Saint Luke’s Foundation Fellow  
at the Center for Reducing Health Disparities

**Freddy Collier Jr.**

Chief City Planner, Executive Assistant for Neighborhoods – Cleveland City Planning Commission

**Marka Fields**

City Planner – Cleveland City Planning Commission

## **Vision**

Cuyahoga County is a place where people can thrive because there is equitable access to resources and opportunities, whether, economic, social or environmental, that are necessary to attain the highest quality of life.

## **Goals**

Focus on a broader definition of health: Health is not simply the absence of disease. Health begins where we live, work, learn, and play. Health includes the social conditions one lives in such as the jobs we do, the money we're paid, the schools we attend, the neighborhoods we live in, as well as our genes, our behaviors, and even our medical care.

- [1] Inform, influence and engage policy makers and community members to develop policies, using an overarching health equity lens, that have long-term impacts, create conditions for optimal health and reduce inequities; and
- [2] Utilize “place-based” interventions to engage and empower residents in under-resourced communities to revitalize their communities.

## **Guiding Principles:**

- [1] **Build effective partnerships** – Create a cohesive agenda and message(s) upon which to act
- [2] **Strive for equal opportunity for all** – A community where there is equal access to economic, social, and environmental resources and opportunities which impact health
- [3] **Equity** – Everyone has the ability to achieve his or her full potential and no one is disadvantaged because of social position or circumstances
- [4] **Place** – Recognize that “neighborhood condition” is the context in which health and well-being begins
- [5] **Policy/advocacy** – We subscribe to the principle of “health and equity in all policies” (e.g. efforts to inform policy makers on relevant issues and influence institutions, systems and community members on issues related to making policy, plans and system changes using a health equity lens)
- [6] **Mobilize community for action** – Create capacity to empower individuals and groups to take action, which facilitates change within the environment and/or people within a defined geographic area
- [7] **Measure indicators of social determinants of health** – Capture impact that the PM team is making toward improving selected determinants, using a dashboard of indicators; will include information from projects that have infused CCPM principles into work efforts (eg. CCPM core team organizational initiatives).

# Team’s Strategic Platform and Goals & Objectives

## What are your team’s policies and systems change goals and objectives?

The CCPM team seeks to address health and equity at all levels. Our systems change approach ensures that the work activities of the team achieve the following goals and objectives:

System Change Goals	Objectives	Activities
<b>Values</b>	Raise awareness among local policy makers and community stakeholders by engaging national experts to promote interest and understanding of the social, environmental and economical conditions that influence health	<ul style="list-style-type: none"> <li>• Ohio Grant Makers Forum</li> <li>• “Why Place Matters” Speaker Series</li> <li>• Health &amp; Land Use Summits</li> <li>• Healthy Cleveland Summit</li> </ul>
<b>Policy</b>	Work with policy makers to infuse health and equity considerations in all policy.	<ul style="list-style-type: none"> <li>• Urban Agricultural Overlay Health Impact Assessment</li> <li>• Euclid Transportation for Livable Communities Initiative, Health Impact Assessment</li> <li>• Creating Healthy Communities</li> <li>• North East Ohio Sustainable Communities Consortium’s Existing Conditions &amp; Trends Platform</li> <li>• Cuyahoga Health Access Partnership</li> </ul>
<b>Organizational Practices</b>	Facilitate and work with organizations to examine existing policies and programs infusing health and equity considerations	<ul style="list-style-type: none"> <li>• City of Cleveland</li> <li>• Saint Luke’s Foundation</li> <li>• Cuyahoga County Board of Health</li> <li>• Northeast Ohio Area Coordinating Agency</li> <li>• City Planning Commission</li> </ul>
<b>Cross Sector Collaborations</b>	Develop mechanisms and a platform that encourages and promotes non-traditional partnerships among various sectors	<ul style="list-style-type: none"> <li>• Northeast Ohio Health Impact Assessment Partnership</li> <li>• Health &amp; Land Use Summit</li> <li>• Healthy Cleveland</li> <li>• Health Improvement Partnership, Cuyahoga</li> <li>• East Cleveland Kresge Project</li> </ul>
<b>Access</b>	Work with institutions to facilitate the expansion of services in a way that addresses the needs of all segments of the community, particularly the most vulnerable populations	<ul style="list-style-type: none"> <li>• Cuyahoga Health Access Partnership</li> <li>• Buckeye Botanical Garden Urban Farm</li> <li>• Buckeye/Larchmere/Woodland Hills HEAL Initiative</li> <li>• Creating Healthy Communities</li> </ul>
<b>Community Knowledge</b>	Work at the neighborhood level to educate community organizations that serve the community directly - educate them on approaches to engage their residents	<ul style="list-style-type: none"> <li>• Buckeye/Larchmere/ Woodland Hills Initiative</li> <li>• Social Work Community of Practice Conference</li> <li>• Health &amp; Land Use Summits I. and II.</li> <li>• WCPN</li> <li>• Civic Commons</li> <li>• Creating Healthy Communities</li> </ul>
<b>Individual Knowledge</b>	Work with community residents to empower them through grassroots activities by providing them with real-world experience that influence their individual behaviors and the decisions of policy makers.	<ul style="list-style-type: none"> <li>• Healthy Eating Active Living</li> <li>• Buckeye/Larchmere/ Woodland Hills Initiative</li> <li>• Environmental Health Watch</li> <li>• Buckeye Area Development Corporation</li> </ul>

## **Target Audience**

Inform, influence and engage policy makers and community members to develop policies, using an overarching health equity lens.

- **Elected officials** – persons with the ability to create legislative change, enact policy, create systems or organizational change:  
Examples include: Mayor, City of Cleveland; Mayor, East Cleveland; Cuyahoga County Executive; Cleveland City Council Members and Mayor’s Cabinet Members; Cuyahoga County Suburban Mayors
- **Decision makers** – organizational and policy makers (local, state, federal) – persons with ability to enact, legislate or influence change at the organizational, systems or policy level
- **Organizational partners (community-based organizations)** – ability to identify issues, create community based storytelling framework, identify unintended consequences
- **Community members** – persons with ability to envision, implement and sustain culture change; engage political leaders on behalf of a group or constituency

# CCPM's Continuous Learnings

## Health Impact Assessment [HIA] Trainings: Supporting health and equity in all policies

**HIA:** is a means to make health considerations a routine part of any planning or decision-making process that is likely to affect human health or the social, economic or environmental conditions that are related to human health.



## The Urban Agriculture Overlay [UAO] District HIA:

The goal of the UAO Health Impact Assessment is to assess the health impacts of the proposed Urban Agriculture Overlay District legislation as a means to educate the public about the benefits of the proposal and to identify any necessary modifications to mitigate possible adverse impacts of the proposed legislation. In addition, the effort seeks to demonstrate how health and equity considerations can be infused into policy making.

## Design Labs:

Participating teams targeted improvements directed at social determinants of health through policy innovation, community engagement, advocacy, and activism. An integral part of the strategy is to convene the teams in a national learning experience called "Design Labs". The Design Labs focused on themes such as structural racism, housing inequities, economic inequities, youth violence, environmental justice, land use, and capacity building. The first Design Lab took place in the summer of 2006 in Washington, DC. Design lab #13 was hosted by the CCPM team in Cleveland, OH in October 2010. The CCPM team members attended all 14 Design Labs over the past six years.

After 14 successful Design Labs, as many teams are gaining momentum in addressing determinants of health, the national initiative is at a pivotal point moving from a design to action phase. Thus, while the change of the name from Design to Action is important, it is symbolic of a larger shift in what will be asked of the teams, the structure of the Labs themselves, and how the technical assistance is provided to the teams.



## Capacity Building

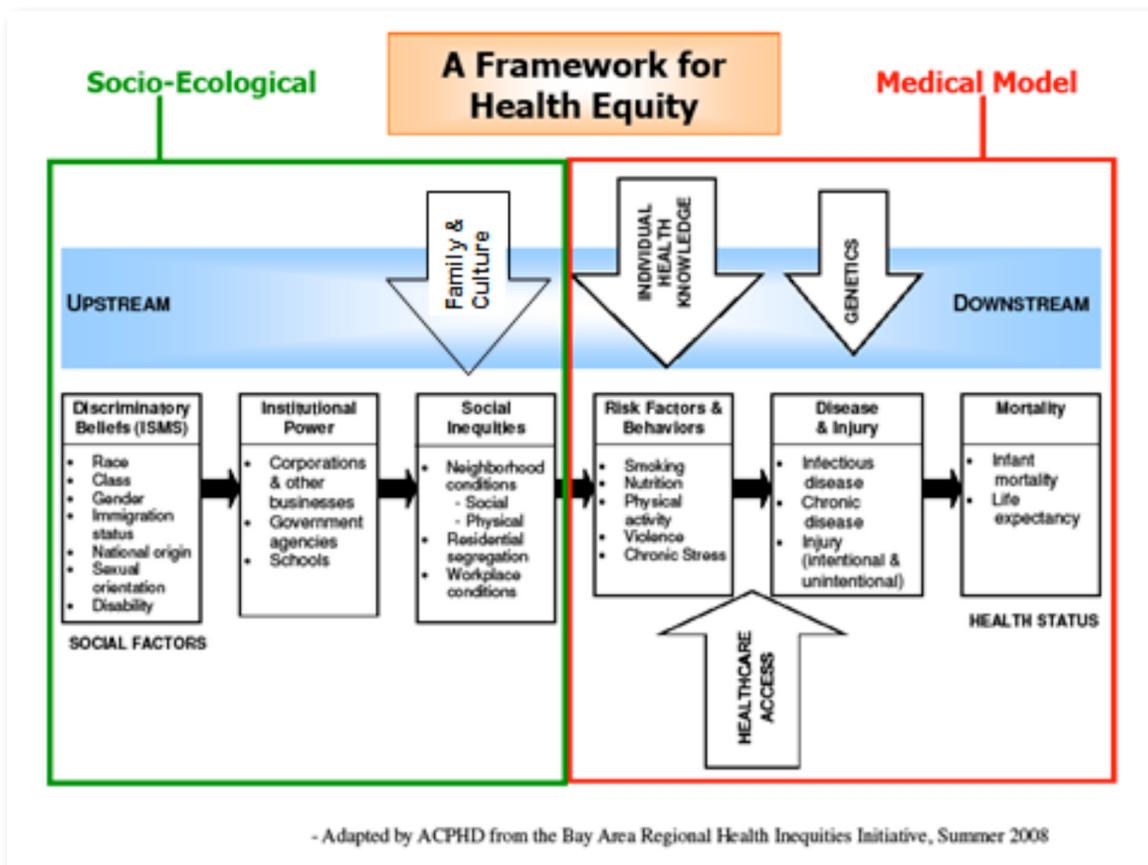
- Attended first annual National PLACE MATTERS Conference – 2011
- Technical assistance – Common Health Action - 2009-2010
- Team retreats – 2008-2012
- City Club Speaker Series (team and community-wide learning; viral rebroadcast) - 2012
- Inaugural National HIA Conference –2012

## The Social Determinants of Health as a Construct

Health begins where people live, work, play and learn. The choices we make are shaped by the choices we have.

CCPM’s social determinants of health included:

- Neighborhood conditions
- Culture
- Transportation
- Land Use
- Housing
- Health access
- Food access
- Health equity
- Healthy eating
- Community design
- Active living



**Other Broad-Based Social Determinants of Health Considered Include:**

- Policy and advocacy through conscientiousness raising
- Income and social status
- Structural racism
- Social support and networks
- Education and literacy
- Employment and working conditions
- Social environments
- Life skills
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture
- Sexual orientation



**STRUCTURAL RACISM**

Structural racism is racial bias *across institutions and*

**DIFFERENT LEVELS OF RACISM**



Applied Research Center

Source: World Health Organization [2005]

# Engraining CCPM Framework Into the Conversation

We've infused this framework internally by integrating "place matters" and "place based" conversation in our own organizations with the following examples:

## Cuyahoga County Board of Health [CCBH]

Efforts to address the leading causes of death in East Cleveland, Ohio coupled with learning opportunities provided by PLACE MATTERS served as the foundation for CCBH to shift its focus to one that addresses health through the social, environmental and economic issues at the root of poor health outcomes. Prior to the start of our agency's involvement with the national PLACE MATTERS organization in 2006, CCBH addressed disease prevention and health promotion in communities like East Cleveland and across the county by encouraging behavior modification with an emphasis on personal responsibility, limitation of risk, and expanding access to health care. These behavior changes routinely involved the adoption of healthy eating habits, engaging in daily exercise, tobacco cessation and other lifestyle changes.



While it is understood that behavior change is necessary to improve health, CCBH has come to recognize that where a person lives, works, and plays impacts their health and life expectancy in fundamental ways. To achieve the greatest impact on health, intervention strategies must shift upstream to focus on socioeconomic factors, institutional decision-making and policies that can improve community resources and conditions. CCBH and CCPM partners are working collaboratively with decision makers, organizational partners and community members to implement evidence-based and "place-based" solutions which improve food access, provide safe and accessible opportunities to be physically active, reduce pollution, and improve water quality. Assessing community needs and engaging the community in decision-making is at the forefront of our work.

To sustain efforts to create healthier communities, CCBH is actively integrating principles and practices associated with health equity and social justice into the agency's chronic disease prevention, tobacco control, maternal and child health and environmental health program, with the goal of achieving agency-wide integration and system changes. A Healthy Places Committee was established to develop a health equity framework for our current chronic disease prevention and environmental public health programs and services.

## Saint Luke's Foundation

Saint Luke's Foundation, a private hospital conversion foundation located in Cleveland, Ohio, is dedicated to improving and transforming the health and well-being of individuals, families and communities. Our program strategy framework positions us to build sustainable solutions to key issues that impact Greater Cleveland. Current program strategies include: Healthy People, Strong Communities, Resilient Families. All three strategies work interdependently to contribute to achieving our desired outcomes. As a private foundation, however, our core strategy is grantmaking.



We offer the following types of grants: Discretionary; Operating Support; Program Support; Capital Support; and Program-related Investments. We also offer our grantees support to improve organizational effectiveness through Capacity Building Grants to increase their potential for successful goal attainment in the areas of outcomes and learning, collaboration, communication, policy/advocacy, and leadership development. (con't)

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Our Strong Communities strategy addresses the social determinants that impact places where people live, learn, work, play and age. We focus on partnering with residents, community-based organizations and public/private partners to improve physical environments and social conditions, and to support policies and plans that promote healthy community design. It is in this context that the Foundation has supported the work of the Cuyahoga County PlaceMatters team and advanced the concept of “health and equity in all policies.”

## **Cuyahoga County Health and Human Services (HHS)**

Incorporating Place Matters vision for equitable access to resources an opportunity, Cuyahoga County Health and Human Services initiated the formation of the Cuyahoga Health Access Partnership (CHAP), which champions equitable access to both primary and specialty care for underinsured and uninsured residents, particularly those who fall through the current public health safety net.

CHAP was founded on the principle that all stakeholders have a shared responsibility to address the uninsured crisis in Cuyahoga County. Incorporated in 2009, CHAP is a collaboration of public and private organizations that have formed a countywide partnership to provide a coordinated system of healthcare access for Cuyahoga County’s low-income, uninsured adults.



## **Cuyahoga County Department of Development (DOD)**

Cuyahoga County DOD incorporated health viewed through an equity lens into the first Economic Development Plan under the first Cuyahoga County Government Charter (2011). Specifically into the Department of Developments 2011 mission statement: “Improve the County’s global competitiveness through economic growth and ensure that Cuyahoga County is a vibrant, healthy and welcoming place.

And in DOD’s 2011 vision statement: “ Through innovation, education, strategic investments, and collaboration, Cuyahoga County is a place which offers opportunities for businesses to prosper and for residents to have meaningful, gainful employment, and to live healthy lives.

The Economic Development Plan initiated in 2011 views infrastructure as part of Economic Growth, Human Capital and Quality Places. These Quality Places are measured by increases in population, property values and energy efficiencies. The Human Capital component of the economic development plan will measure education attainment, racial inclusion and income equity factors. The priorities of the plan strongly suggest greater collaboration between county agencies in particular for the Department of Development to work more closely with the Health and Human Services, Workforce Development and other regional partners to ensure an integration of services that support the development of human capital countywide.



## **Cuyahoga County Human Capital and Quality Places Committee Transition Team (HCQP)**

Two members of the Place Matters team helped guide the Human Capital and Quality Places Subcommittee of the of Cuyahoga County Government Transition Team. The committee incorporated language that speaks to the use of an equity lens to create conditions for optimal health when developing plans and policies in our communities.

HCQP's tasks are as follows:

1. To connect and align economic development, community development, county planning, workforce development, human services and public health investments, initiatives, and advocacy efforts to promote and enhance the prosperity of all County Residents.
2. To encourage the workforce Investment Board to act as the center of an integrated workforce system including economic development, employees, educatrs, and barrier-removers in an effort to create a world class skilled versatile labor pool



## **Cuyahoga County Planning Commission (CCPC)**

CCPC, as an intrinsic member of the Place Matters Team, is incorporating the Place Matters purpose, which is to inform, influence, engage, and assist our communities to use an equity lens in their master planning efforts to create conditions for optimal health for all community residents. Thereby, proactively responding to the rapidly evolving economic, social, cultural, and demographic changes throughout Cuyahoga County and northeastern Ohio region.

As vested by the State of Ohio, CCPC has the duty to study, plan, and recommend regional goals and objectives. CCPC will assist in incorporating policies and procedure recommendations that insure that Cuyahoga County residents have equitable access to resources and opportunities whether economic, social, or environmental that is necessary to attain the highest quality of life for all residents.



## **Cleveland City Planning Commission (CPC)**

The Cleveland City Planning Commission is now in the process of transitioning our work program to become more health-centric in our approach. The knowledge gained through the establishment of non-traditional partnerships working with the Cuyahoga County Place Matters Team, and Cuyahoga County Board of Health operating under the umbrella of the Northeast Ohio Health Impact Assessment Partnership has allowed The Cleveland Planning Commission to be deliberate about infusing health into planning and policy development utilizing Health Impact Assessment. The Planning Commission is advancing the efforts of Place Matters through the use of its planning and regulatory authority in the following initiatives;

1. HIA UAO District & Urban Agriculture Zoning - The City of Cleveland ranks second in the nation in urban agriculture. The City of Cleveland Planning Commission seeks to integrate agriculture uses into the urban landscape in a way that will not hinder the potential for future development in Cleveland while ensuring that land use decisions promotes community, prosperity, and health.
2. Adopted innovative zoning districts in Cleveland to protect and preserve selected open space and urban garden sites
3. Updated zoning and health regulations to remove unnecessary obstacles to the keeping of small farm animals and bee hives in the City of Cleveland, and drafted regulations to create Urban Agriculture Overlay Districts for more intensive farming
4. Integration of health into design review process to seek out opportunities and threats in neighborhood health assessments (Healthy Community Checklist)
5. Integration of health into planning for the Northeast Ohio Sustainable Communities Consortium
6. Integration of Health into Vacant Land Re-Use efforts (Re-imagining Cleveland).



# Creating Awareness Through Collaboration & Partnerships

**Initiative:**  
Health and Land Use Summit I.

**Date:** Fall 2009

**Attendees:** More than 85+ attendees representing County and City government, planning and development, public health, health care, academic institutions, public and environmental service agencies, local foundations and others.

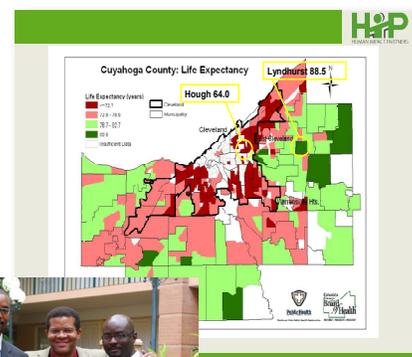
To enhance partnerships and focus on impacts of land use practices on community health, the CCBH and CCPM hosted two land use summits.

Speaker: Anthony B. Iton, M.D., J.D., M.P.H, from California Endowment (formerly the Director and Health Officer at the Alameda County Public Health Department) provided an inspiring and engaging keynote address.

**The Summit I. presentation described:**

- Efforts in Alameda County to address the health of disadvantaged populations and the contributions of race, class, wealth, education, geography and employment to health status.
- Alameda County’s success has stemmed from a sustainable approach to eliminating health inequities through the design of intensive, multi-sector, “place-based” interventions that are specifically designed to identify existing assets and build social, political and economic power among a critical mass of community residents in historically under-resourced communities.
- The role of land use policies on improving quality of life was described in the context of an overall health equity framework.

During the summit, data was presented that revealed a twenty-four and a half (24.5) year difference between those that live the longest in Cuyahoga County and those whose lives were the shortest. This finding clearly demonstrates that where you live, learn, work and play impacts health and ultimately, life expectancy. CCBH utilized this data point and map to begin shaping a broader movement through the CCPM initiative for communicating the scope and magnitude of health disparities in East Cleveland, as well as to further explore evidence-based and “place-based” approaches to addressing health inequities county-wide.



**Initiative:**  
**Health and Land Use Summit II.**

**Date: August 19, 2010**

**Attendees:** 170+ local representatives from diverse health and non-health sectors county-wide.

To continue the movement and build upon Summit I. in advancing the concept of health equity through land use planning, the CCBH, with CCPM and planning partners, held Cuyahoga County PLACE MATTERS' Cuyahoga County Health and Land Use Summit II.

Expected outcomes of this event were to enhance partnerships and build local capacity for addressing and measuring health and equity impacts of land use decisions. The summit generated tremendous interest throughout these sectors and raised awareness about the importance of "place" and "equitable planning" practices.

To date, several key planning initiatives in the city of Cleveland and Cuyahoga County, are actively working to incorporate the role of "place matters" into their work, based on the momentum generated from this summit.

**Results that stemmed from  
Land Use Summits**

- Community "Buy In" achieved as evidenced by the infusion of PLACE MATTERS principles into the design of the Healthy Cleveland Initiative.

**Initiative:**  
**Healthy Cleveland**

The Healthy Cleveland initiative is a collaboration between Mayor Frank Jackson, Cleveland City Council, and Cleveland's four major healthcare institutions that include University Hospitals, MetroHealth Medical Center, The Cleveland Clinic, and St. Vincent Charity Hospitals. The goal of the collaboration is to change the culture of health in Cleveland and create equitable health outcomes for residents in neighborhoods throughout the City.

**CCPM's Role:** Infuse the principles of "place matters" as a framework through which the Healthy Cleveland Initiative develops; continue partnership with the Chair of the Health Committee, Councilman Cimperman, who is the community champion driving conceptual change with the Mayor, his cabinet, and City Council.

Part of the Healthy Cleveland effort includes a resolution that was adopted by Cleveland City Council and endorsed by Mayor Frank Jackson's Administration. The resolution will guide specific activities to address critical health issues in Cleveland, including the issue of obesity.

The CCPM team is working with the City of Cleveland by serving on the leadership team with the Administration and the many organizations who are involved in the effort to focus on the social determinants of health and equity issue as key tents of the effort. CCPM understands that in order to change the culture of health in Cleveland and create equitable health outcomes it will require working within multiple levels at the social hierarchy.

**Initiative:**  
Health Improvement Partnership - Cuyahoga [HIP-C]

**HIP-C Players:** Public Health Collaborative, Core CCBH Planning Staff, Case Western Reserve University: PRCHN, 40+ Community Partner Organizations

**CCPM's Role:** Infuse the principles of "health and equity" as a framework into HIP-C's planning initiatives

HIP-C is a collaborative, countywide planning process focused on developing a comprehensive guide for improving the health status and quality of life for all people who live, work, learn, and play in Cuyahoga County, OH.

**HIP-C provides a strategic framework for:**

- Identification and prioritization of community health issues and needs
- Formulation of goals and strategies that address the root causes of health inequities, to achieve the highest level of health for all people
- HIP-C embodies many of the organizations, entities, and individuals who together can create social and physical environments that promote good health for all



**Initiative:**  
Northeast Ohio Health Impact Assessment Partnership (NEO HIA P)

**CCPM's Role:** HIA is a work stream of the CCPM Initiative

**Mission:** The NEO HIA P will utilize evidence-based strategies and tools to ensure that health and equity are considered in decision making; thus transforming policies, organizational systems and communities in Cuyahoga County.

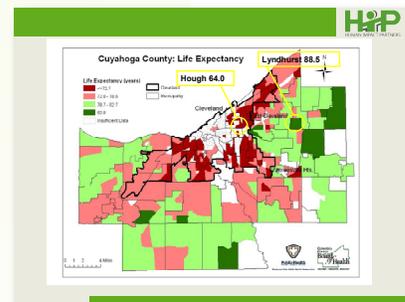
The purpose of the committee is to enhance partnerships, build capacity for HIA, actively participate in conducting, reporting and evaluating HIAs, establish screening criteria for accepting future HIA requests and facilitate the institutionalization of HIA in our region.

HIA is a promising tool for health and equity in all policies because it is a flexible approach that translates health data into practical, balanced information to inform an active decision-making process. In addition, the process improves interagency and cross-sector collaboration, as well as engages community members in the process.

# CCPM Marketing Communications Initiatives

## Communication Materials:

- [Cuyahoga County Profile](#)
- County Profile for Design Lab #13 in Cleveland
- [Life Expectancy Map](#)
- Economic Development Plan
- Access to a Medical Home Business Case Plan
- [Brand Identity: First efforts at branding the team's work](#)
- ATSDR report



## Place-Based/CCPM Fostered Events:

- **Saint Luke's Speaker Series at City Club**
  - Angela Glover Blackwell
  - Ron Sims
  - Gail Christopher
  - Dr. Camara Phyllis Jones
- **Ohio Grantmaker Forum PLACE MATTERS convening at Saint Luke's Foundation**
- **Pre-Summit dinners for Land Use Summits**
- **Health and Land Use Summits I. and II. and reports**
- **Health Impact Assessment Training**
- **Creating Healthy Communities**
- **Healthy Cleveland Summit**
- **East Cleveland Teen Collaborative (Kresge sponsored project)**



## **Presentations Lead by CCPM Team Members:**

- **Healthy Community Active Transportation** | Najeebah Shine and Martha Halko
- **Community-Based Practice Conferences** | Sandra Byrd Chappelle and Freddy Collier, Jr.
- **Environmental Studies, Case Western Reserve University** | Martha Halko
- **College of Public Health, OSU** | Freddy Collier, Jr.
- **W. 25th Corridor Initiative** | Sandra Byrd Chappelle and Freddy Collier, Jr.
- **Lutheran Metropolitan Ministry Alliance Staff Retreat** | Freddy Collier, Jr.
- **Cuyahoga County Board of Health Environments Group** | Freddy Collier, Jr.
- **Healthy Cleveland Summit** | Sandra Byrd Chappelle and Freddy Collier, Jr.
- **Ohio Environmental Health Association Conference** | Freddy Collier, Jr.
- **Neighborhood Progress, Inc., Neighborhood Revitalization Summit**  
Joyce Rhyan and Freddy Collier, Jr.
- **American Planning Association** | Joyce Rhyan, Sandra Byrd Chappelle and Freddy Collier, Jr.
- **The MetroHealth System Advisory Council** | Freddy Collier, Jr.
- **Ohio State University College of Public Health** | Vedette Gavin
- **Case Western Reserve University School of Public Health** | Vedette Gavin
- **Case Western Reserve University Mandel School of Applied Social Sciences** | Vedette Gavin
- **Cleveland Planning Commission** | Freddy Collier, Jr.
- **Leadership Cleveland** | Terrence Allan
- **Saint Luke's Foundation, Board of Trustees** | Sandra Byrd Chappelle
- **March of Dimes Program Services Committee** | Sabrina Roberts
- **Cuyahoga County Planning Commission** | Sandra Byrd Chappelle, Najeebah Shine, Martha Halko and Paul Alsensas
- **Environmental Health Watch** | Terrance Allan
- **Lutheran Metropolitan Ministry, Ministerial Alliance** | Sandra Byrd Chappelle and Freddy Collier, Jr.
- **Northeast Ohio Area Coordinating Agency** | Martha Halko
- **Buckeye-Larchmere-Woodland Hills Healthy Eating Active Living Initiative** | Vedette Gavin

## CCPM Supporters

Funding Cycle	Source of Funding	Amount of Funding	What the dollars were used for...
3/1/07 thru 6/30/07	Place Matters: Joint Center Grant	\$3,000.00	Provided funding for the HIA Consultant, staff attendance to the Vacant Properties Conference and East Cleveland 1st community workshop.
2008-2009	Agency for Toxic Substance & Disease Registry (ATSDR)	\$18,996.00	Provided CCBH staff time, Health & Land Use Summit I. support, and the HIA consultant
2009-2010	Agency for Toxic Substance & Disease Registry (ATSDR)	\$21,483.12	Provided CCBH staff time, Health & Land Use Summit II. support, and the HIA consultant
8/1/09 thru 12/31/09	Place Matters: Capacity Building Grant	\$11,000.00	Provided support for the Health & Land Use Summit I., HIA consultant and staff time for PM
2011	Saint Luke's Foundation: City Club Speakers Series	\$37,063.00	Why Place Matters Speakers Series: Gail Christopher, Ron Sims, Angela Glover Blackwell, Dr. Camara Phyllis Jones
2011	Saint Luke's Foundation Cleveland –Discretionary Funds: Health Impact Assessment (HIA)training	\$18,634.00	Supported 2 HIA trainings – June Webinar training and a two day HIA training in October. Funding supported the food costs, consultant fee (Human impact partners), facilities, resources and materials.
April 2012	Saint Luke's Foundation Cleveland - Discretionary Funds: National HIA Meeting	\$5,262.00	Funded a delegation of Cleveland representatives to attend the Inaugural National HIA Meeting in Washington, DC
4/15/12 thru 4/13/13	Saint Luke's Foundation Cleveland - Grant: Advancing HIA	\$59,032.22	Supports the completion of 2 HIA's, technical support from HIP, 1 HIA training, 1 grant makers forum, staff support and support the multi-sector HIA partnership
FY 2008	ODH - Cardiovascular Health Grant	\$5,500.00	Supported the HIA consultant (not including staff time)
FY 2009	ODH - Cardiovascular Health Grant	\$2,227.15	Supported resources for the Health & Land Use Summit I. (not including staff time)
FY 2010	ODH – Creating Healthy Communities Grant	\$941.56	Supported resources for Health & Land Use Summit II. (not including staff time)
2012	National Health Equity Conference	\$3,500.00	National Conference costs
2011	Community Based Practice Conference	\$1,500.00	Outreach to non-profit sector; local conference support
2010	Land Use Summit II	\$3,994.00	Support to Cuyahoga County Board of Health For conference costs
2012	National Health Equity Conference	\$1,542.00	Support for additional team members to attend National Health Equity Conference
<b>Total Amount to Support PM Activities</b>		<b>\$193,675.05</b>	

# SWOT Analysis Towards Impacting Root Causes of Social Determinants of Health

## SWOT Analysis in Achieving CCPM's Goals

### Strengths

- Dedicated team members
- Wealth of knowledge and expertise
- Team's willingness to learn
- Support from national PM

### Weaknesses

- Time to dedicate in-kind from each team member and his/her organization
- Coordinating team's schedules
- Training, seminars and conferences are not able to be attended by all team members

### Opportunities

- Community interest
- Openness and interest from community organization on collaboration projects
- Alarming enough local statistics on [life disparities](#) that this may reach beyond Cuyahoga County

### Threats

- Funding
- Complicated subject matter for general audiences
- Lots of change over within political arena that new members continually need to be briefed and brought up to speed on importance of CCPM work and initiatives

# Moving Forward with CCPM in Cuyahoga County

## Reach and Impact

CCPM's capacity has grown and will continue to do so and we have garnered interest and have started to build awareness in Cuyahoga County. It is our hope, that as we embark on solidifying our objectives, we'll be able to extend our reach and make further impact when bringing health and equity into the conversation.

### Next steps include:

- Build further engagement and relationships with:
  - Cleveland City Council
  - County government
  - Community members
  - Philanthropic community
- Establish relationships with:
  - UAO Legislation – food movement connection
  - Food Policy Coalitions – contributing to as members
- Complete and Green Street Legislation – HIA process
- Solicit additional funding support from other local funders

## Contact Us

### Martha Halko | Place Matters Co-Chair

**Cuyahoga County Board of Health**  
Deputy Director, Prevention and Wellness

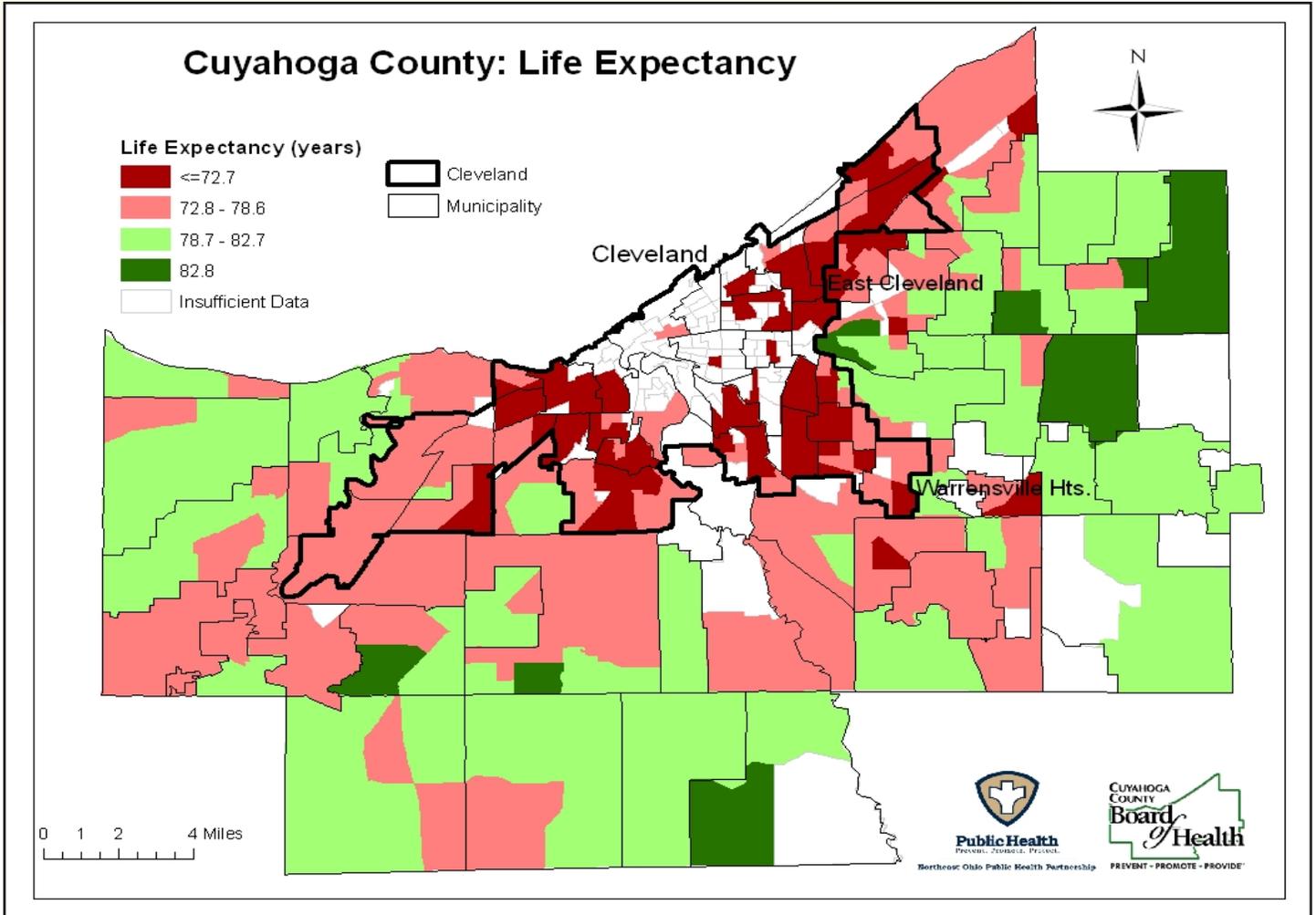
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**Website  
coming in  
2013!**



# Cuyahoga County PlaceMatters Team Profile

5-13-11

Decades of disjointed federal, state, and local policies have caused social and structural issues that impact urban community health. The Cuyahoga County PLACEMATTERS team is guided by its vision for a Cuyahoga County where people can thrive because there is equitable access to resources and opportunities, whether, economic, social or environmental, that are necessary to attain the highest quality of life. The team informs, influences, and engages policy makers and community members to use an overarching health equity lens for the development of policies that create conditions for optimal health such as safe housing, adequate green space, clean air and water, access to healthy foods, access to quality health care, and quality education. It is intended that the long-term impact of these efforts will improve health outcomes and reduce inequities, allowing urban communities to thrive.

**For additional information, please contact:**

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**Touring Cuyahoga County**  
(Contributed by the **Cuyahoga County PLACEMATTERS Team**)

**Cuyahoga County** is located in the northern portion of Ohio and covers 458 square miles. It is Ohio's most heavily populated county. Of the 1,393,978 residents in the county, 47.24% are male and 52.76% are female with a median age of 37.3 years. This population is racially/ethnically distributed as follows: 67.4% White; 27.4% Black or African American; 2% American Indian and Alaska Native; 1.8% Asian; and 3.4% Hispanic, with trace numbers of Native Hawaiian and Other Pacific Islander or individuals self-reporting being mixed race. Cleveland is the county seat and is also the county's largest city, with a population of, 478,403 people in 2000.<sup>1</sup> Beyond the city of Cleveland, there are 58 other municipalities, villages and townships in the county.

Cuyahoga County was established in 1807; just four years after Ohio became a state.<sup>2</sup> The Village of Cleaveland (as it was called prior to 1831) was selected as the county's seat. In 1810, the county saw business being first conducted at Public Square and the county's first two commissioners were elected. The third commissioner joined the group in 1813, developing a system of three commissioners that has remained in place until now.<sup>3</sup>

Cuyahoga County came to prosper as a trade center due to its desirable location on Lake Erie and the completion of the Ohio and Erie Canal, which provided a well-traveled link between the lake and the Ohio River. In the 1800's, the area was at the heart of the manufacturing revolution and the population boomed as did wealth. The region became recognized for inventions such as the first streetlight, the first streetcar, the whole-body scanner and x-ray machine, and even life saver candy.<sup>3</sup>

By the 1960's, the industrial city of Cleveland began to decline steadily like others across the nation, and more and more residents migrated outward. The dramatic loss of traditional manufacturing jobs that followed in more recent years had a significant impact on the county's economy.

Economically, Cuyahoga County has an average per capita income of \$22,272, with a median household income of \$39,168. These figures translate to 13.1% of individuals and 10.3% of families in the County living below the poverty level.<sup>1</sup> The county is experiencing many challenges as a result of the recession including high levels of unemployment. In August of 2010, Cuyahoga County ranked 47<sup>th</sup> out of 88 counties in unemployment.<sup>4</sup>

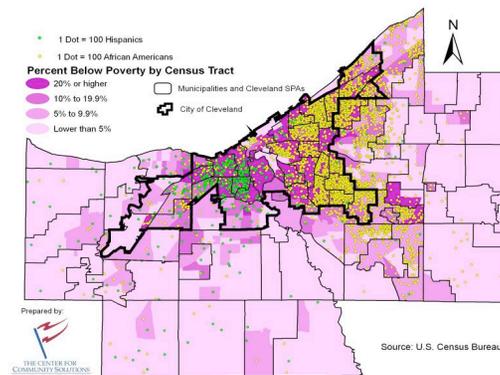
One of the primary challenges the county faces is the continuing stress on the housing market caused by the foreclosure epidemic. Foreclosure filings hit Cuyahoga County hard in 2009, and the economic impact is spreading deeper into the suburbs. The county saw nearly 14,800 new foreclosure filings in 2009 and this number remains virtually unchanged from 2008. It was the fourth year in a row that new filings topped 13,800. These numbers include both mortgage and tax foreclosures actions.<sup>5</sup>

Manufacturing remains a mainstay of Cuyahoga County, despite the impacts of a changing economy. Manufacturing is a \$19.8 billion business, proof that Cuyahoga County endures as a leader in the manufacture of machinery, paints and other products. The latest US Census figures show that 13% of workers in the county have manufacturing jobs. The county today is also known as a center for advanced developments in technology, internationally renowned health care, groundbreaking medical research, education and business. A full 24% of jobs in 2005 were in educational services, health care and social assistance.<sup>2</sup> The Cleveland Clinic and University Hospitals are leaders in the Cleveland health care market. The Clinic is the regions' largest employer with more than 30,000 workers followed by University Hospitals, the regions second largest private employer with about 17,000 employees.<sup>6</sup>

2010 - 2011 will go down as a historic year for Cuyahoga County as the county transitions from the three county commissioner government structure that has been in place for 200 years to a new county government that is being formed with the goal of significantly improving the County's economic competitiveness. In November of 2009, the voters adopted the county's first charter establishing an Executive/Council form of government, eliminating the Board of County Commissioners and all elected offices except the Prosecutor, fully effective January 2011.

Not unlike many metropolitan regions, Cuyahoga County's inequities are geographically concentrated in the urban core (Cleveland and Inner Ring Suburbs) of the county. It is in these low income communities where we see the highest concentration of African Americans and Hispanics, as well as the highest concentrations of poverty (see figure 1). The poverty rate in Cleveland is 26.27% compared to 13.13% for the county. The highest poverty rate is seen in the East Side of Cleveland (30.57%), followed by west side of Cleveland (20.24%), East Inner Ring Suburbs (10.97%), West Inner Ring Suburbs (5.69%), and Outer Ring Suburbs (3.88%).<sup>7</sup> The city of East Cleveland has the highest poverty rate in the county with a rate of 32%. In these areas, residents suffer more from negative environmental factors including: poor air quality, poorly maintained homes, lack of healthy food options, the lack of clean and safe green spaces such as parks and playgrounds and are less healthy overall than the general population.

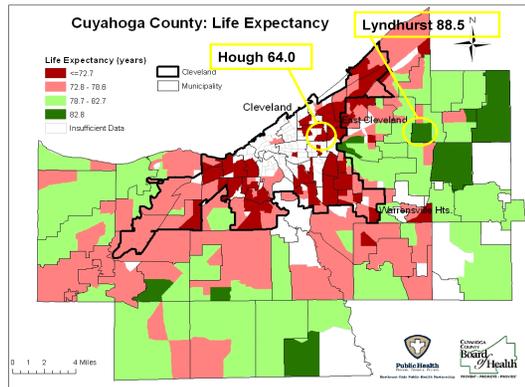
**Figure 1**



A recent analysis of life expectancy data by the Cuyahoga County Board of Health shows that residents in the outer ring suburban areas of our county live nearly a quarter century longer than their urban counter parts. The data reveals that there is a **twenty-four (24) year difference** between those that live the longest in Cuyahoga County and those whose lives were the shortest. Individuals with the longest life expectancy in our county live over 88 years and are concentrated particularly in the neighborhood of Lyndhurst. The data reveals that those with the shortest life expectancy in our county (64 years) are concentrated in Hough, an inner-city neighborhood of Cleveland (See Figure 2). Even more striking is

that the geographic distance between the Hough neighborhood and Lyndhurst is only about 8.5 miles, which on average commute time represents an eighteen (18) minute drive.

Figure 2



Vital Statistics data obtained from : The Ohio Department of Health  
Life Expectancy data calculated by: Cuyahoga County Board of Health and the Alameda County Public Health Dept. (CA)

**Cuyahoga County Inequities - at a Glance:**

**Workforce and Economic Development**

- In Cuyahoga County, median household income was lowest on the East Side of Cleveland (\$22,277), followed by the West Side of Cleveland (\$31,064), East Inner Ring Suburbs (\$39,904), West Side Inner Ring Suburbs (\$43,701) and Outer Ring Suburbs (\$54,768).<sup>7</sup>
- 23.3% of Cuyahoga County’s children lived in poverty in 2007, an increase of 4.3% since 2001.<sup>8</sup>
- African Americans and Hispanic/Latinos combined comprise 62% of those individuals in Cuyahoga County living below the poverty level.<sup>1</sup>

**Family Support and Child Welfare**

- 2009 data on the Supplemental Nutrition Assistance Program (SNAP- federal food stamp program) shows that 32% of children, 8% of whites and 40% of African Americans rely on the SNAP program. More than one out of three African-Americans in Cuyahoga County depends on SNAP to feed their family.<sup>9</sup>
- Public assistance for single parents through ADC/TANF (Temporary Assistance to Needy Families) was utilized by 3,893 whites as compared to 14,946 African Americans in April 2010.<sup>7</sup>

**Education**

- Education levels across the county indicate that out of the population ages 25 years or older, 81.6% have high school diplomas or higher, however, only 17% of African Americans have a high school diploma or higher in Cuyahoga County.<sup>1</sup>

**Housing**

- Housing units in below average condition (fair to unsound as classified by county auditor) in 2001 are concentrated in the County’s urban core with 42% in Cleveland and 5% in suburbs.

- In 2000, African Americans comprised 39% of the 210,477 residents living in renter-occupied housing units in the county.<sup>1</sup>

**Health**

- Heart Disease is the leading cause of death in Cuyahoga County. According to 2004-2006 data from the Ohio Department of Health, the average annual age-adjusted mortality rate (per 100,000 population) for heart disease among African American males in Cuyahoga County was 406.2 compared to 303.8 for white males and 260 for all residents.<sup>10</sup>
- According to 2005-2007 data from the Center for Community Solutions, infant deaths per 1,000 live births were significantly higher among African Americans (17.3) compared to whites (5.4) in Cuyahoga County.<sup>11</sup>

The **Cuyahoga County PLACEMATTERS** team is guided by its vision for a Cuyahoga County where people can thrive because there is equitable access to resources and opportunities, whether, economic, social or environmental, that are necessary to attain the highest quality of life. The team advocates for the development of policies that create the conditions for optimal health such as safe housing, adequate green space, clean air and water, access to healthy foods, access to quality health care, and quality education. It is intended that the long-term impact of these efforts will allow urban communities to thrive because they will have equal access to economic, social and environmental resources.

The team is building multi-sector partnerships to advance health equity county-wide and is utilizing “place-based” interventions to engage and empower residents in revitalizing their communities in two under-resourced communities – The Buckeye neighborhood in Cleveland and the City of East Cleveland. As part of PLACEMATTERS, the CCBH and team members are developing policy strategies to integrate health and equity considerations into land use planning, neighborhood revitalization and redevelopment and community design. The goal is to improve health outcomes, decrease premature death and reduce health inequities. The movement for advancing health equity through land use planning was jump started through two Health and Land Use Summits, the second of which was held August 19th, 2010. The event brought together over 170 local planners, developers, public health professionals, municipal officials, philanthropic organizations and community representatives to continue the movement for advancing health equity through land use planning started through the first Health and Land Use Summit in the fall of 2009. An outcome of this event and pre-summit action meeting was to enhance partnerships and build local capacity for addressing and measuring health and equity impacts of land use decisions. The Health Impact Assessment (HIA) Tool was introduced by national experts and best practices were shared to provide a foundation for how HIA can be used for land use and other key decision making processes. The Summit has generated tremendous interest throughout these sectors and raised awareness about the importance of place and equitable planning practices. To date, several key planning initiatives in the city of Cleveland and the County of Cuyahoga, are actively working to incorporate the role of “place” and “place-based strategies” into their work, e.g. the Mayor’s Sustainability Summit, Re-Imagining Cleveland, Transforming Cuyahoga County Government, and The Healthy Cleveland Initiative.

In addition, the team has advanced a county-wide health access initiative. Enrollment is scheduled to begin in late 2010 and should advance equitable access to both primary and specialty care for underinsured and uninsured residents, particularly those who fall through the current public health safety net. The initiative will be highlighted at this years APHA conference to be held in Denver, CO.

**Cuyahoga County PLACEMATTERS Team Members**

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**Saint Luke's Foundation** – Sandra Byrd Chappelle

**Cuyahoga County Office of Health and Human Services** – Sabrina Roberts

**Cuyahoga County Planning Commission** – Paul Alsenas, Claire Kilbane

**Cuyahoga County Department of Development** – Janise Bayne

**Cleveland City Planning Commission** – Fred Collier

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**References and Data Sources:**

1. 2000 Census. US Census Bureau.
2. Seward, J. (2007). Cuyahoga County Ohio Economic Resource Guide.
3. History of Cuyahoga County. Retrieved from <http://www.cuyahogacounty.us/home/history.asp>
4. Ranking report. (August, 2010). Ohio Unemployment Rates by County. Ohio Department of Job and Family Services. Office of Workforce Development. Retrieved from <http://mi.state.oh.us/LAUS/Ranking.pdf>
5. Livingston, S. (2010, February 1). New foreclosure filings in cuyahoga county remain high and advance in the suburbs. The Plain Dealer. Retrieved from [http://blog.cleveland.com/metro/2010/02/new\\_foreclosure\\_filings\\_in\\_cuya.html](http://blog.cleveland.com/metro/2010/02/new_foreclosure_filings_in_cuya.html)
6. Katz, S., Bond, A., Carrier, ER., Docteur, E., Quach, CW., Yee, T. (2010, September) Community Report. Washington, DC: Health System Change (Number 2 of 12).
7. NEO CANDO system, Center on Urban Poverty and Community Development, MSASS, Case Western Reserve University (<http://neocando.case.edu>)
8. 2007 Kids Count Data. Children's Defense Fund-Ohio.
9. Food stamp usage across the country. (2009, November 28). The New York Times. Retrieved from <http://www.nytimes.com/interactive/2009/11/28/us/20091128-foodstamps.html>
10. Ohio Department of Health. Healthy Ohio Community Profiles. Office of Healthy Ohio, Columbus, Ohio. December, 2008.
11. Lenehan, T. (2010, January). Data confirms community needs family planning and health services. Planning & Action, The Journal of The Center for Community Solutions. Vol. 63, No.1, p. 9.