PLACEMATTERS
Cuyahoga County

Cleveland would look different

Institute of Medicine Presentation
Freddy L. Collier Jr.,Deputy Director
Cleveland Planning Commission
9/19/2013

If viewed through the lens of Health

Sponsored by   In partnership with   CDPH   HIP HUMAN IMPACT PARTNERS   Joint Center PLACEMATTERS CUYAHOGA [OH]

PLACEMATTERS
Cuyahoga County

Place Matters (PM) is a national initiative of the Joint Center for Economic and Political Studies Health Policy Institute.

Place Matters was designed to improve the health of communities by addressing social conditions through policy and/or systems change.

The Cuyahoga County Place Matters team engages policy makers and community members to use an overarching health equity lens for the development of policies that create conditions for optimal health.

The Cuyahoga County **PLACEMATTERS** Team

Health Equity Readiness
Competencies

- Values Ideology
- Scientific Evidence
- Theories
- Data Analysis

SDOH Knowledge

Public Policy, Political Efficacy

Multi-Sectored Collaboration

Social Change Ethos

- Agenda Setting
- Social Movements
- Community Organizing

Neutral implementer of policy directives emanating from the policymaker, or the public administrator as an agent of change, using automonous judgment to operate in ways that may change societal arrangements

Team Members

Cuyahoga County Planning Commission
Paul Alsenas
Claire Kilbaine
Cleveland Planning Commission
Fred Collier
Marka Fields
Cleveland Department of Public Health
Karen Butler
Neighborhood Progress Inc.
Joyce Ryan
Cuyahoga County Board of Health
Martha Halko
Najeebah Shine
Michele Benko
Terry Allen
Saint Luke's Foundation
Sandra Chappelle
Cuyahoga Country Office of Health and Human Services
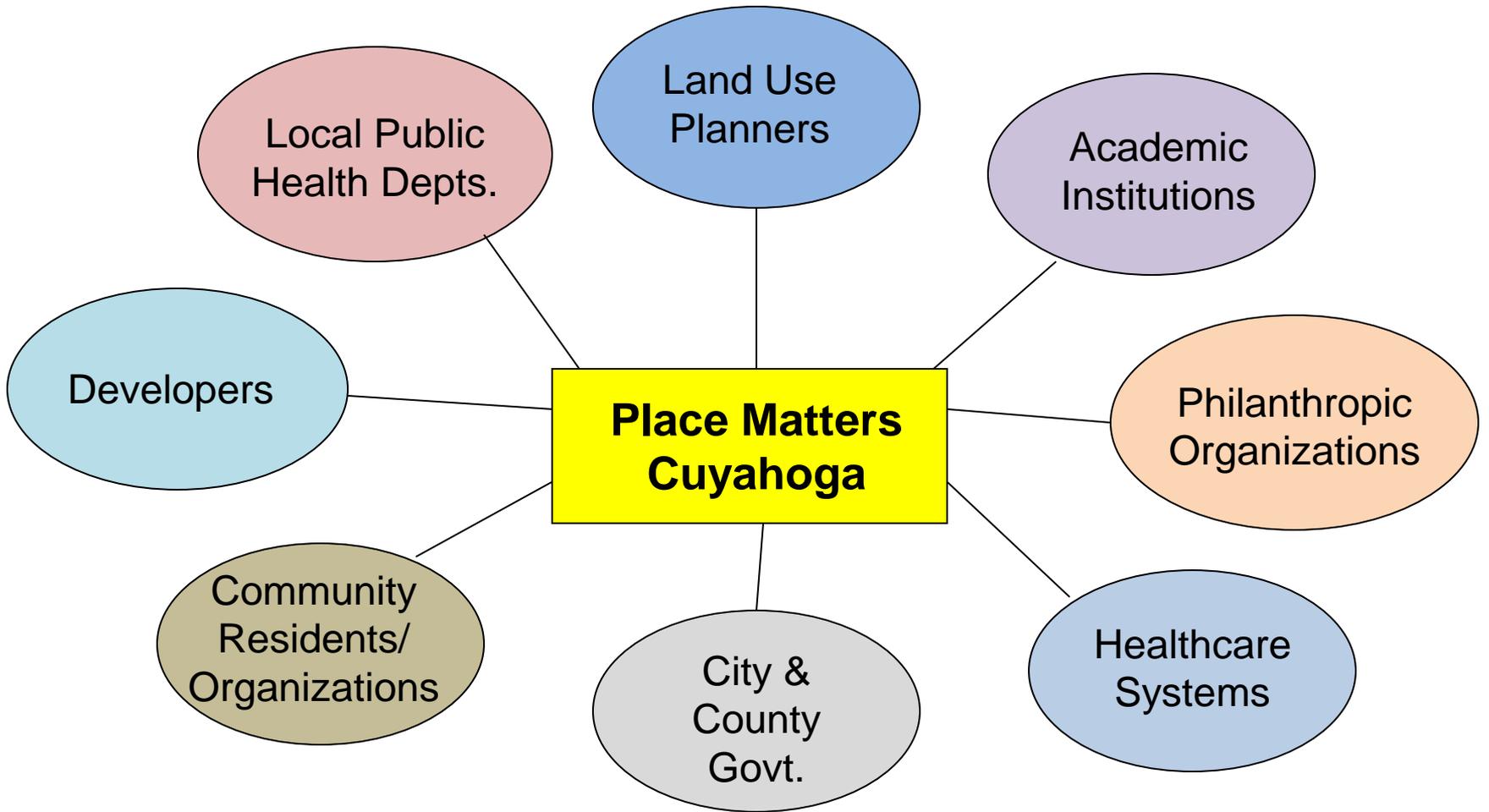Sabrina Roberts
Metro Health
Vedette Gavin
Case Western Reserve University Prevention Research Center
Tenisha Tate

2020 Vision

"**A model for healthy living** and sustainable development, with walkable neighborhoods, bike routes, ecological design, and community partnerships to provide recreation opportunities to Clevelanders of all ages, incomes and ability levels "

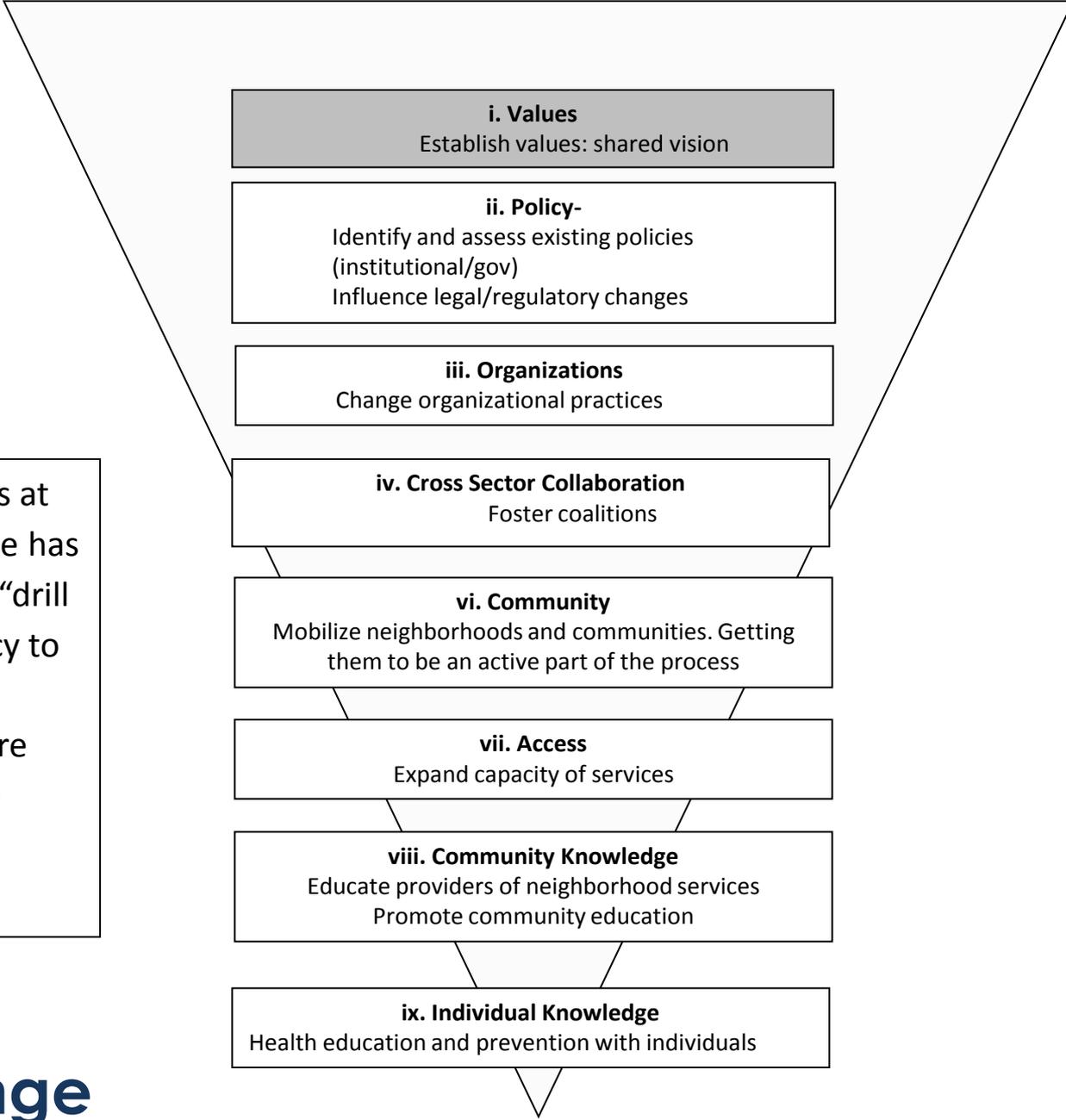*Connecting Cleveland 2020 Citywide Plan*

Freddy L. Collier

Healthy Cleveland

"Everyone agrees that having a healthier population is good not just for individuals, families and the community, but in a personal and financial sense. We want to create a culture and lifestyle of health."

Mayor Frank Jackson

4 biggest health systems team with city to create 'Healthy Cleveland' plan

1 No smoking in Cleveland parks, playgrounds or near city buildings.

2 No sugar-based drinks or trans fats in city vending machines.

3 Hospitals will work with schools to develop healthy menus.

Goal: Address the issues at multiple levels. Everyone has a role to play. We must "drill down" to get from policy to actual neighborhood transformation - "culture change and measurable outcomes"

i. Values
Establish values: shared vision

ii. Policy-
Identify and assess existing policies (institutional/gov)
Influence legal/regulatory changes

iii. Organizations
Change organizational practices

iv. Cross Sector Collaboration
Foster coalitions

vi. Community
Mobilize neighborhoods and communities. Getting them to be an active part of the process

vii. Access
Expand capacity of services

viii. Community Knowledge
Educate providers of neighborhood services
Promote community education

ix. Individual Knowledge
Health education and prevention with individuals

System Change

What makes us healthy?

Exercise

Access to Care

Food

Medicine

Is it all about personal responsibility?

PLACEMATTERS

Race/ethnicity

Class

Gender

| Discrimin-atory Belief Systems | → | Institutional Power | → | Neighbor-hood Conditions | → | Risk Behaviors | → | Disease and Injury | → | Mortality |

Immigration status

A Framework for Health Equity

Socio-Ecological — Medical Model
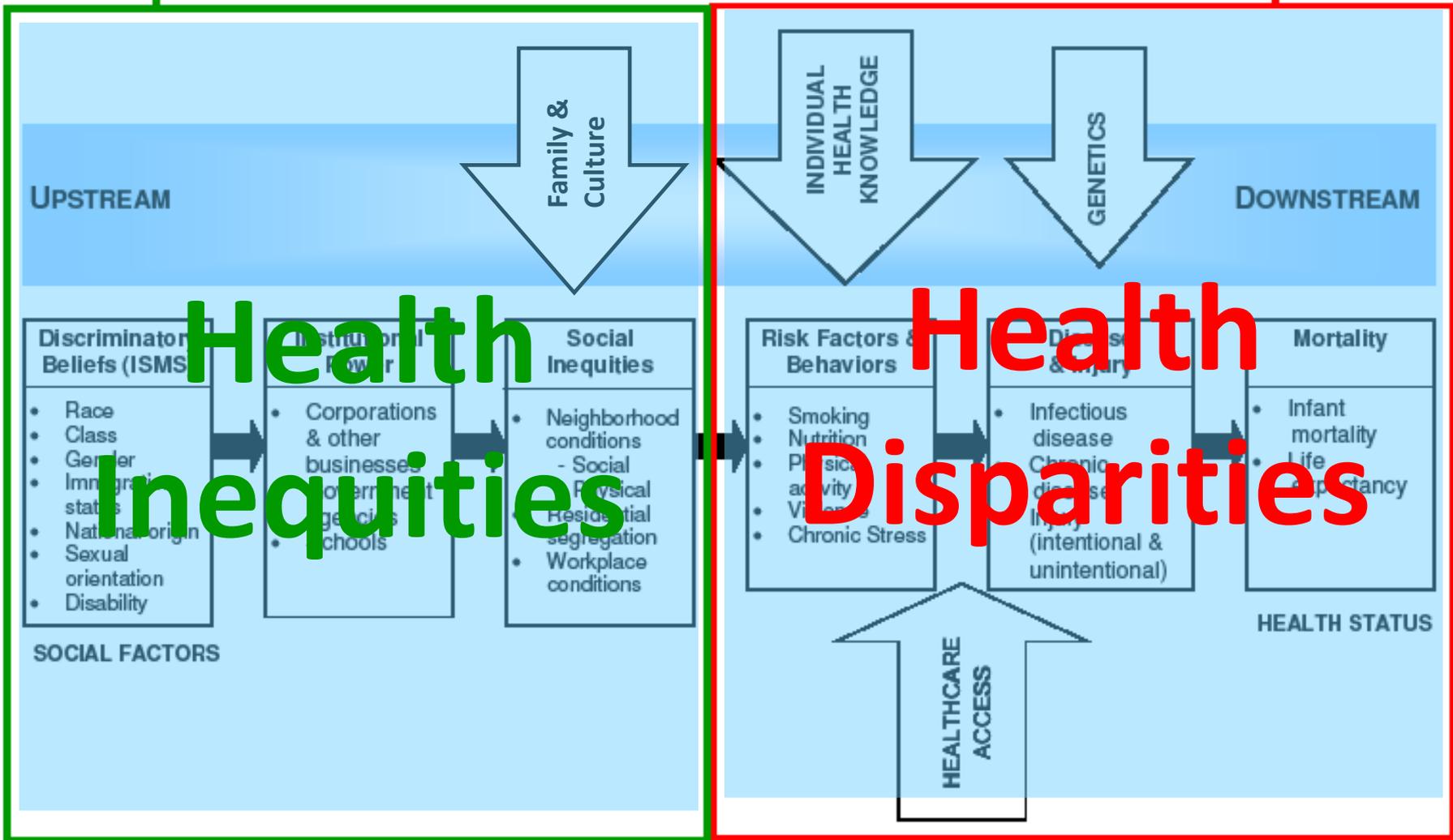
UPSTREAM ... DOWNSTREAM

Family & Culture

INDIVIDUAL HEALTH KNOWLEDGE

GENETICS

Discriminatory Beliefs (ISMS)
- Race
- Class
- Gender
- Immigration status
- National origin
- Sexual orientation
- Disability

Institutional Power
- Corporations & other businesses
- Government agencies
- Schools

Social Inequities
- Neighborhood conditions
  - Social
  - Physical
- Residential segregation
- Workplace conditions

SOCIAL FACTORS

Risk Factors & Behaviors
- Smoking
- Nutrition
- Physical activity
- Violence
- Chronic Stress

Disease & Injury
- Infectious disease
- Chronic disease
- Injury (intentional & unintentional)

Mortality
- Infant mortality
- Life expectancy

HEALTH STATUS

HEALTHCARE ACCESS

Health Inequities

Health Disparities

- Adapted by ACPHD from the Bay Area Regional Health Inequities Initiative, Summer 2008

Key Terms

Health

- Is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Social Determinants of Health

- The **economic**, **environmental**, and **social** conditions that influence the health of individuals, communities and jurisdictions as a whole.

"Why should we be able to use a zip code to predict life expectancy?

Poor ventilation, mold, and rodents
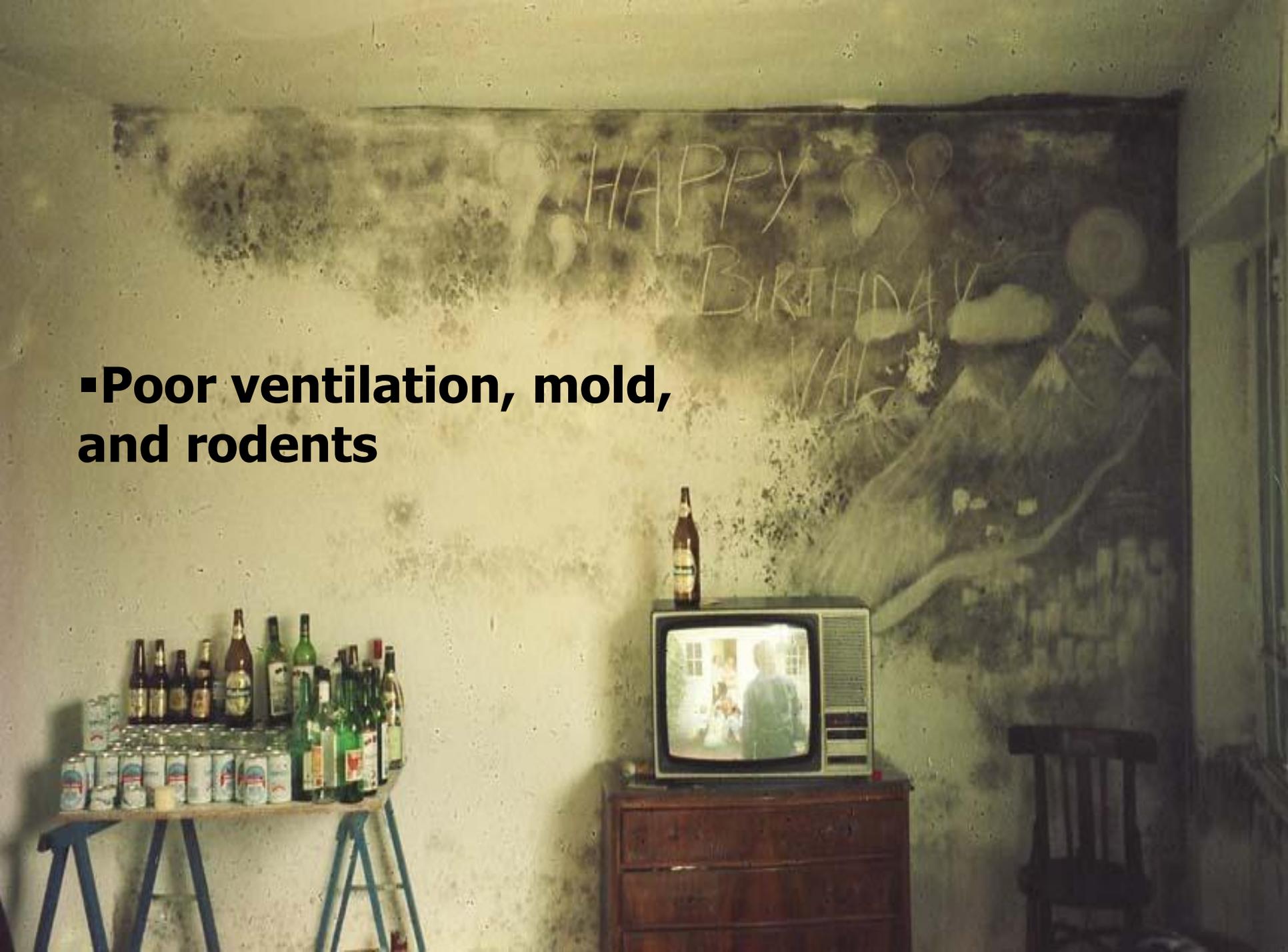
- **crowding**
- **hunger**

Dangerous streets

▪Worsening traffic and longer commutes
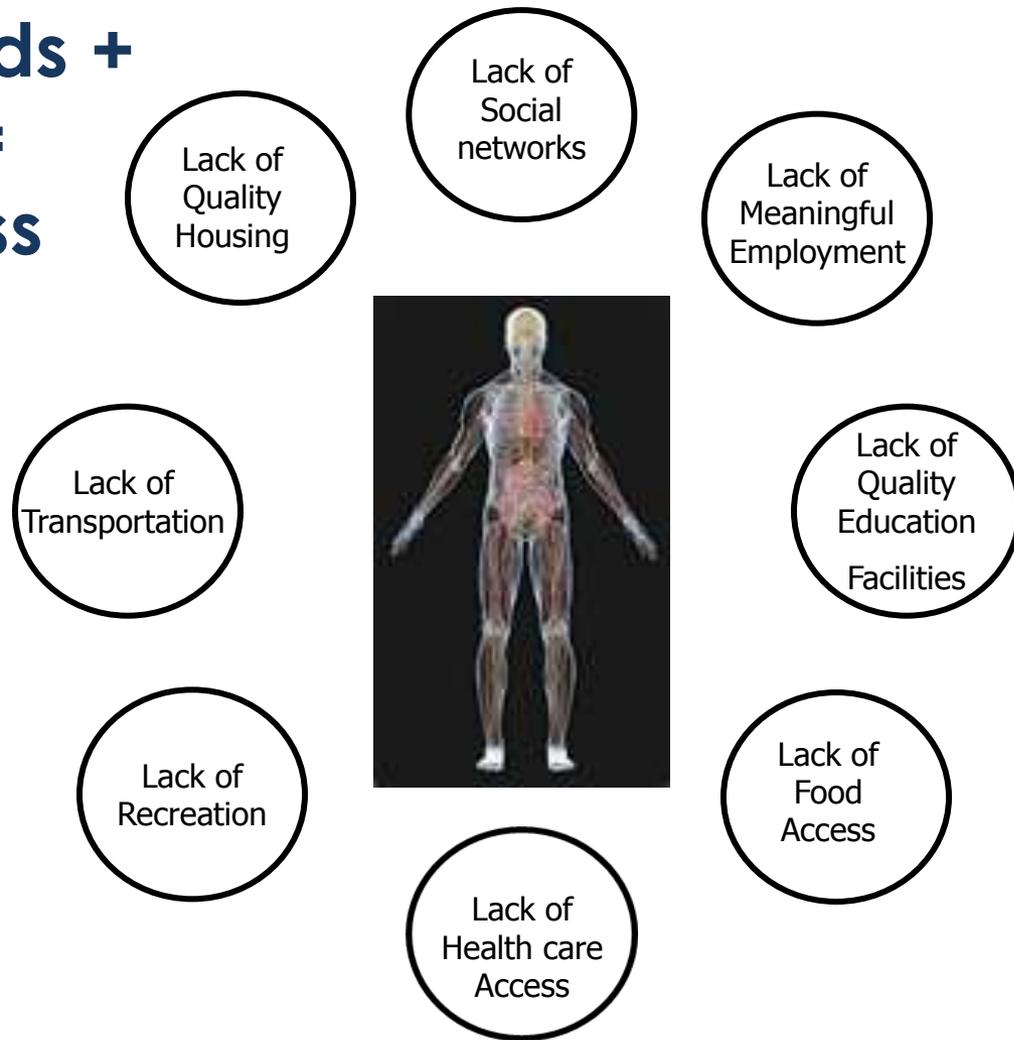
- **Poor food quality**

No places for play

Declining moderate wage jobs and economic diversity

Limited access to Jobs, Health Care, and Friends and families

7. 3. 2000

High Demands + Low Control= Chronic Stress

Lack of Quality Housing

Lack of Social networks

Lack of Meaningful Employment

Lack of Transportation

Lack of Quality Education Facilities

Lack of Recreation

Lack of Health care Access

Lack of Food Access

Freddy L. Collier

Stress pathway from brain to body
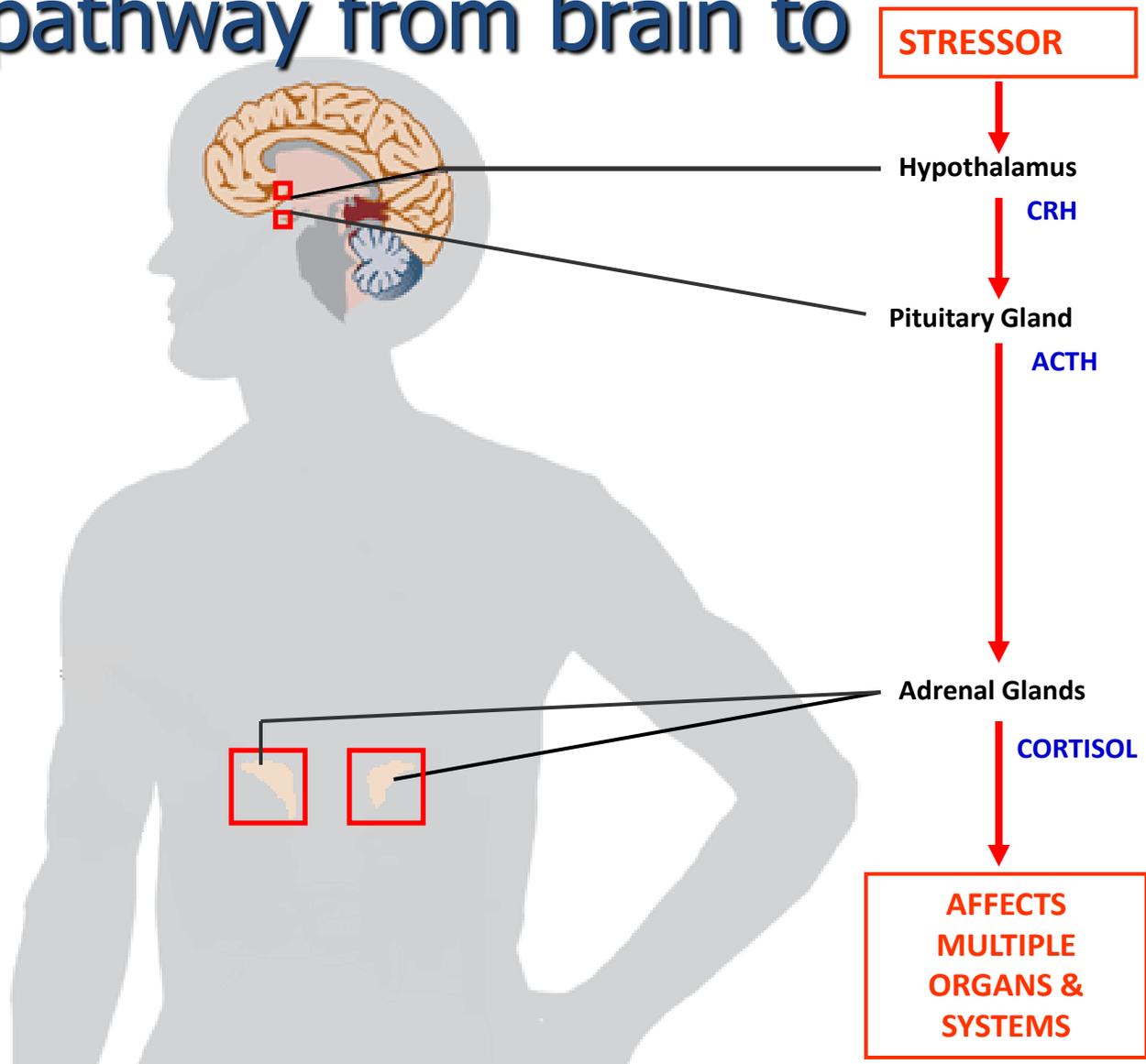
STRESSOR

Hypothalamus

CRH

Pituitary Gland

ACTH

Adrenal Glands

CORTISOL

AFFECTS MULTIPLE ORGANS & SYSTEMS

Health Equity

- A fair opportunity to attain full health potential.

- No one should be at a disadvantage from achieving this potential, if it can be avoided.
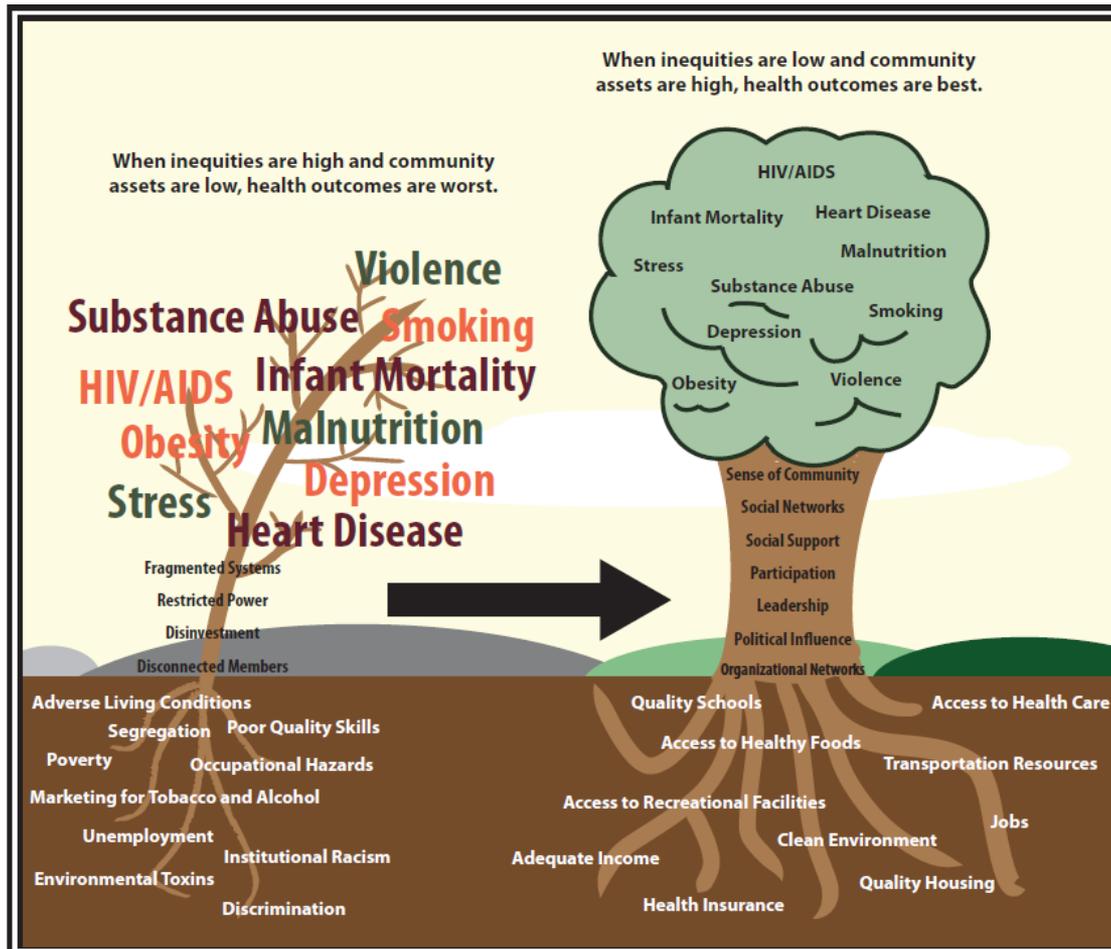
Inequity

- Differences in well-being between and within communities that are systematic, patterned, unfair, and can be changed.

- These differences are not random, as they are caused by our past and current decisions, systems of power and privilege, policies and the implementation of those policies.

The Choices we make are shaped by the choices we have!!

Freddy L. Collier

Race Maps by Eric Fischer

Legend for Race and Ethnicity maps
Red is White,
Blue is Black,
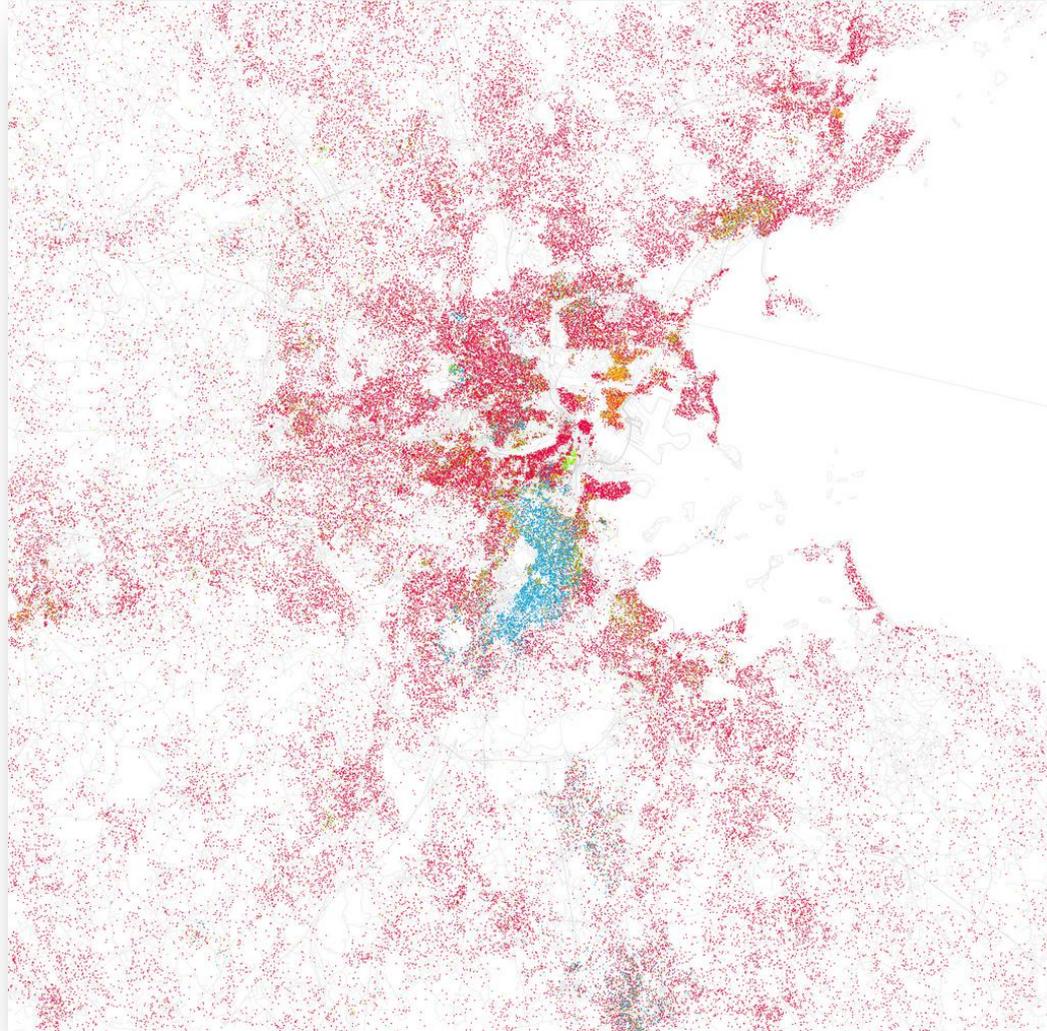**Green is Asian,**
Orange is Hispanic,
Gray is Other, and each dot is 25 people. Data from Census 2000.

Note: that all of these cities are on different ends of the economic spectrum "race matters when it comes to place"

Atlanta

Boston

Buffalo
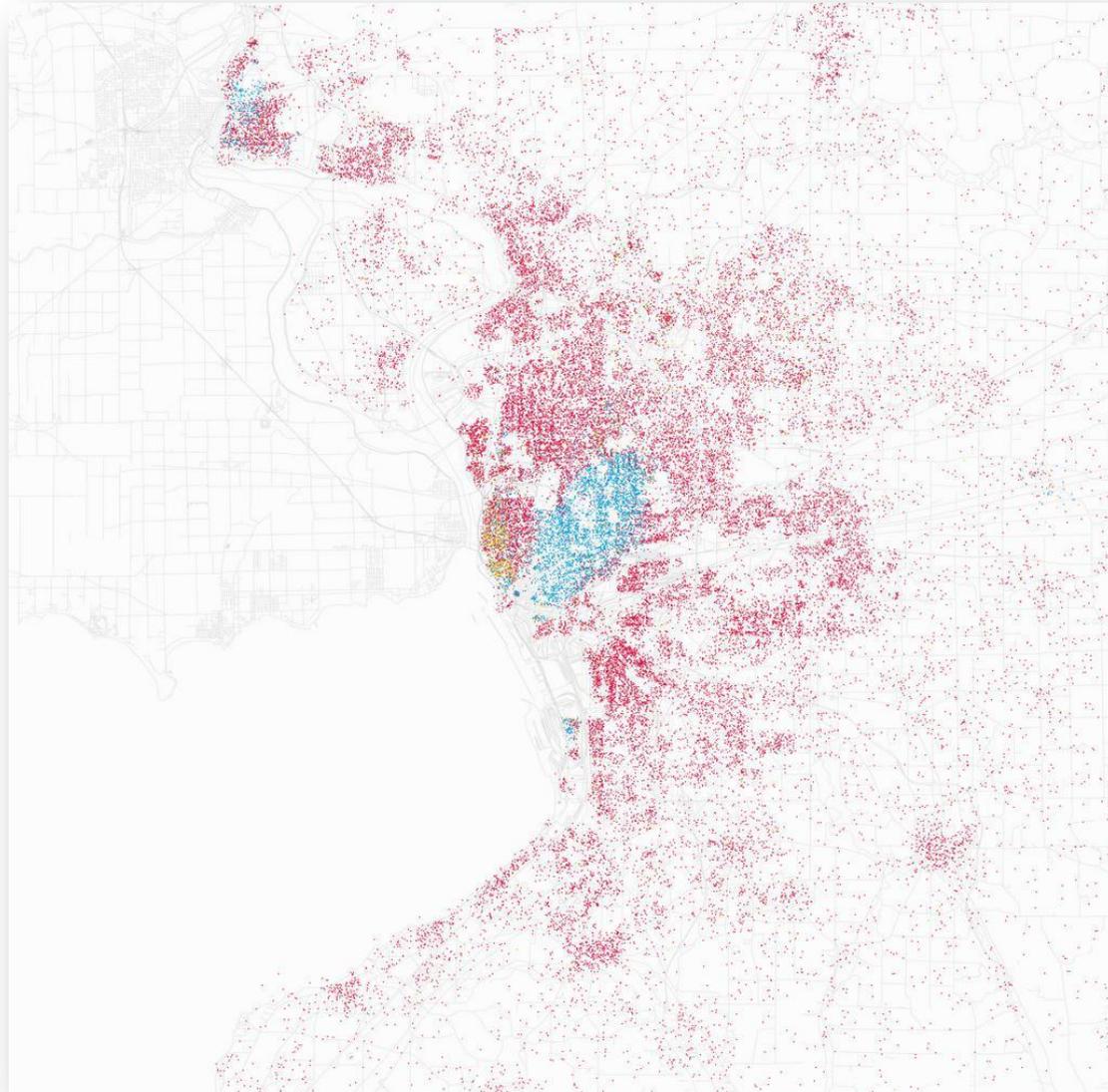
Charlotte
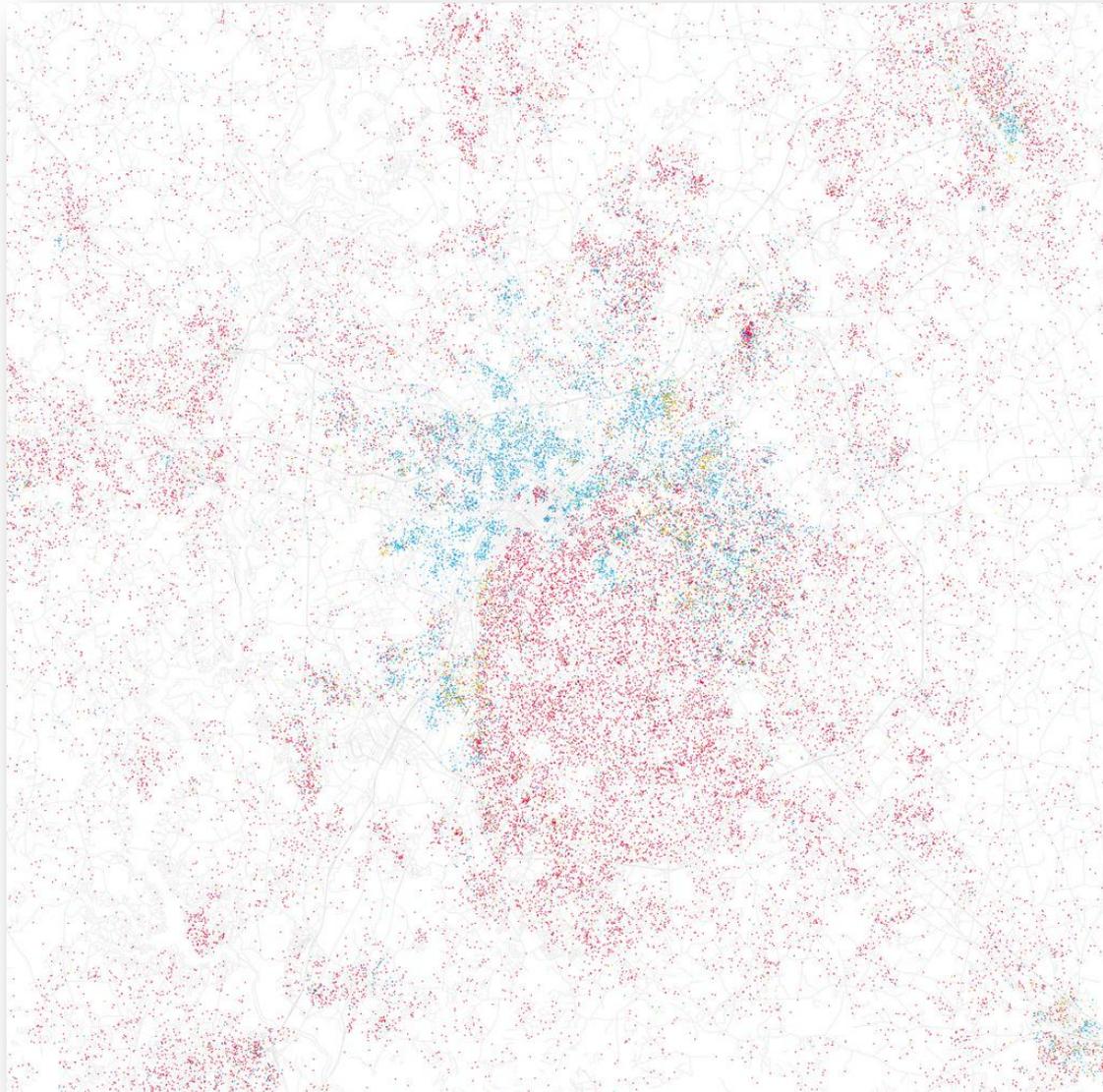
Cincinnati
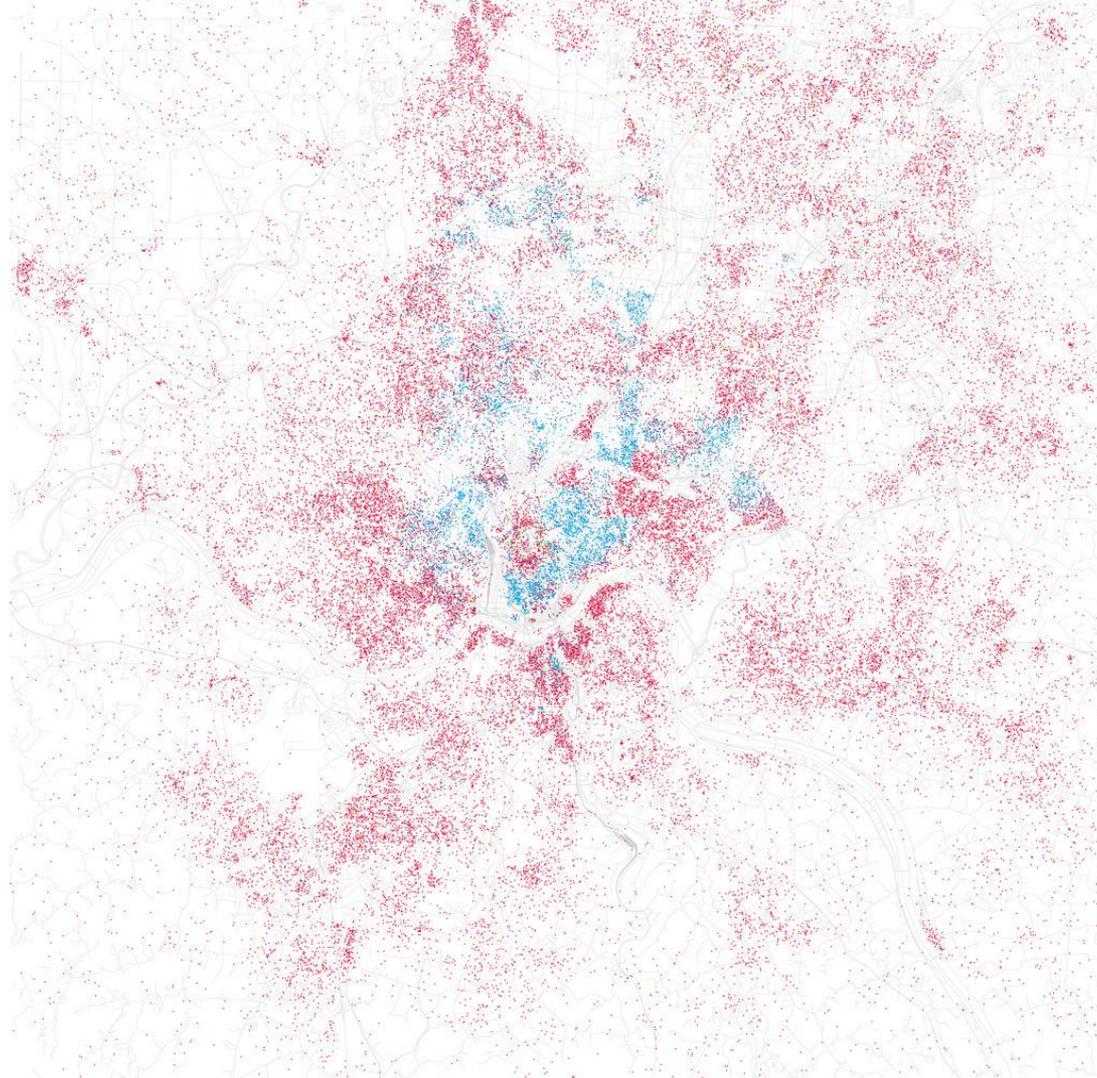
Columbus
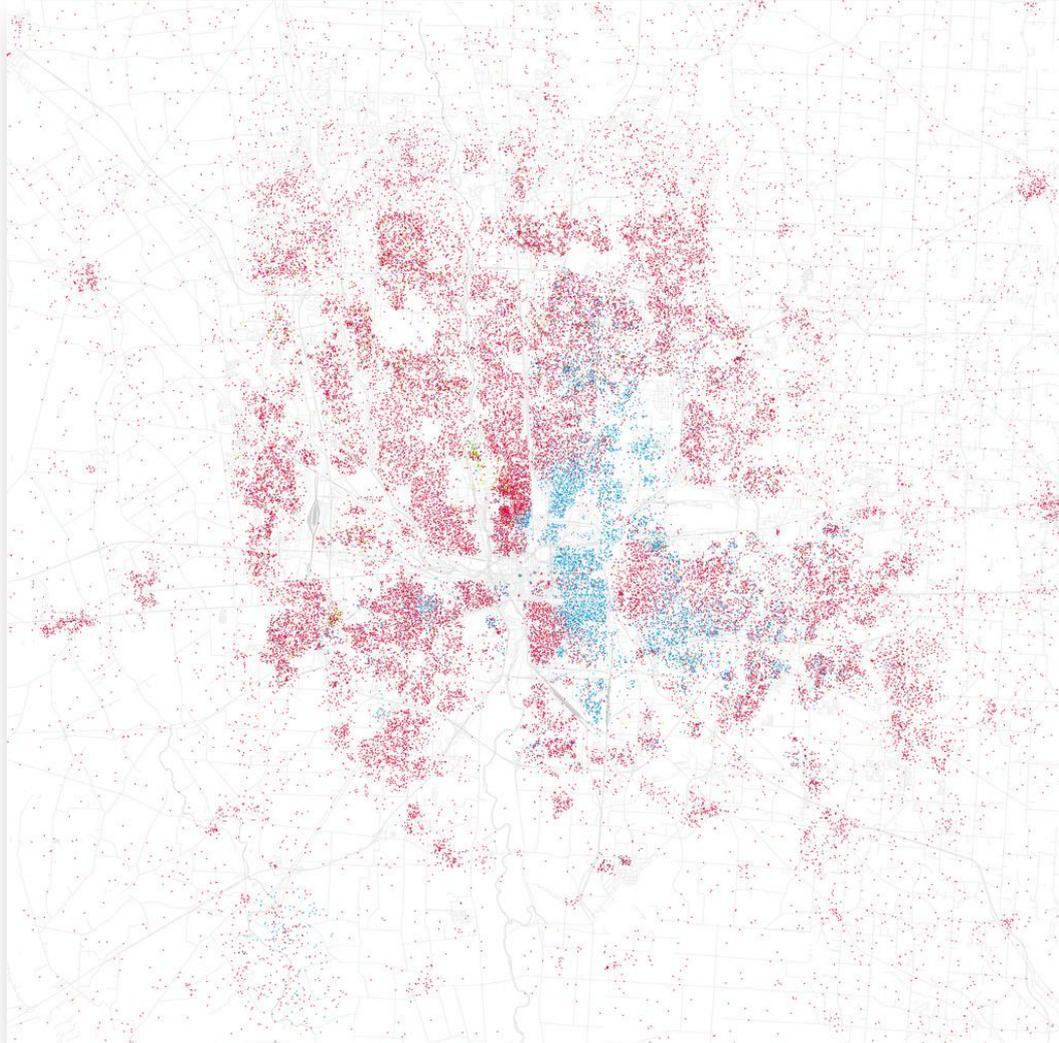
Washington DC
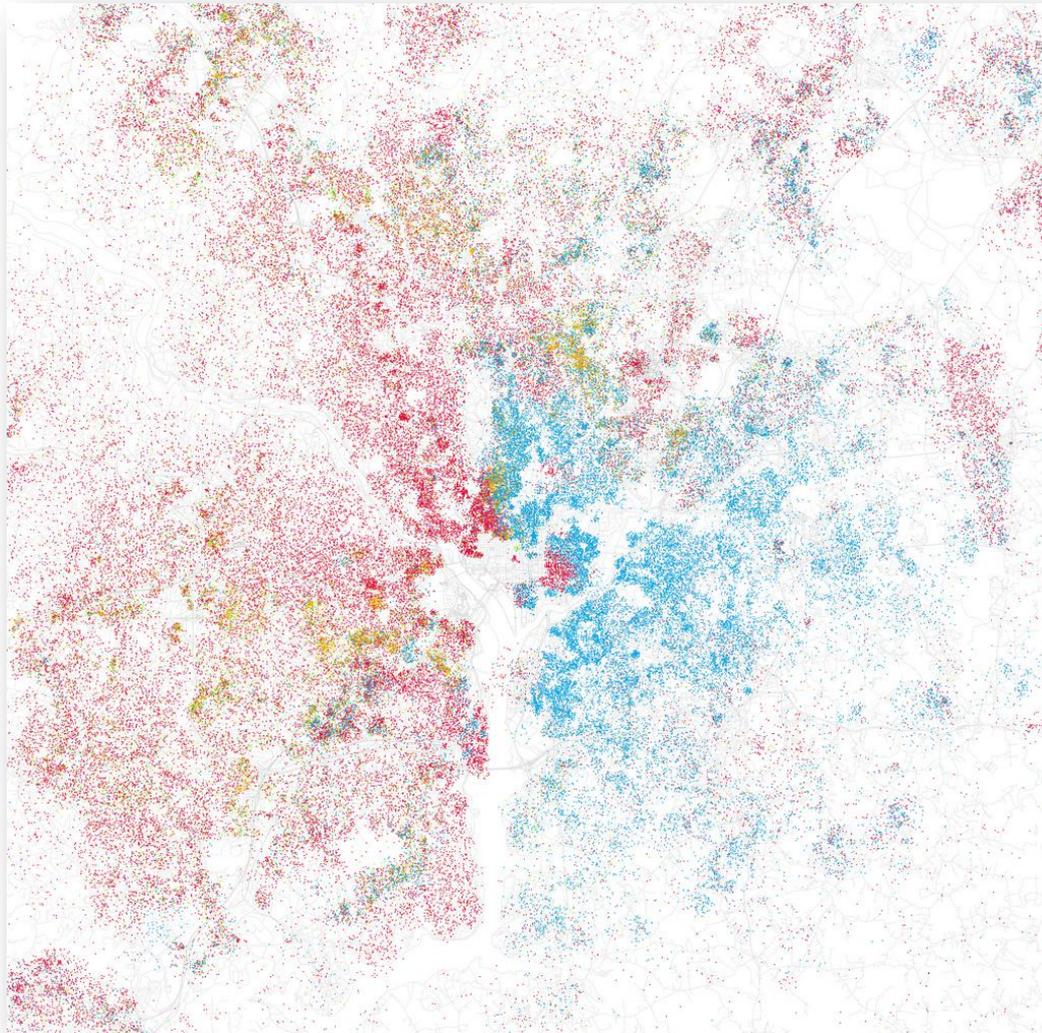
Detroit
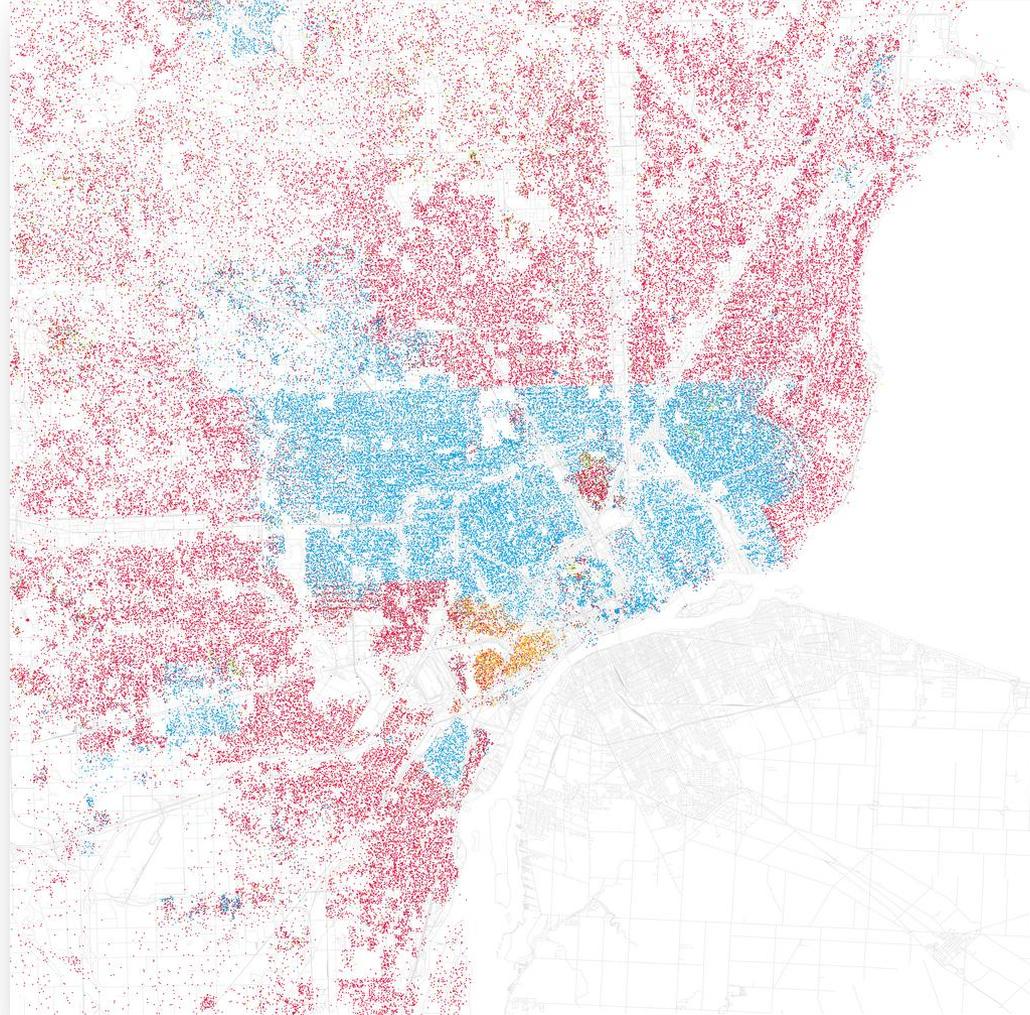
Cleveland
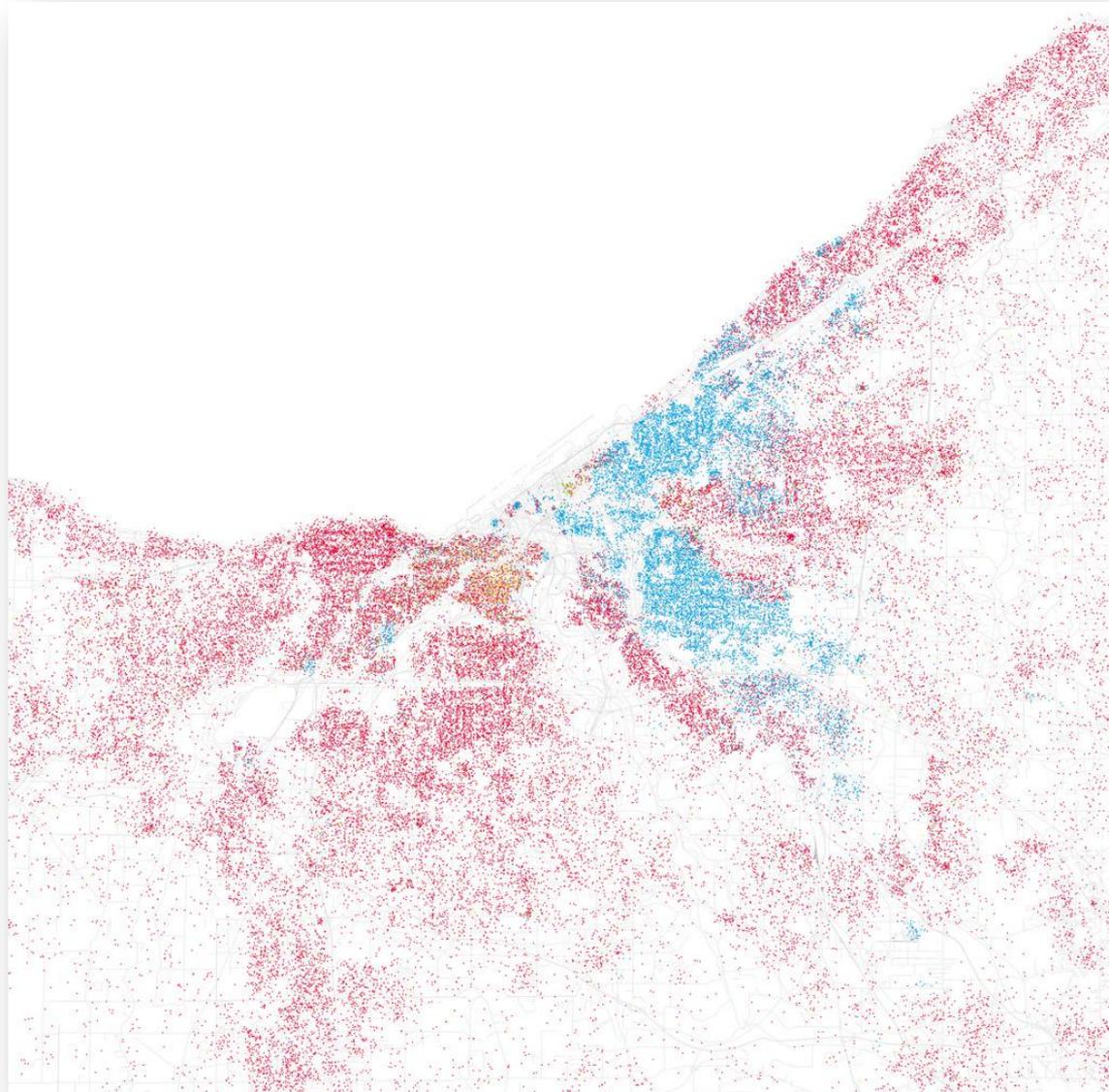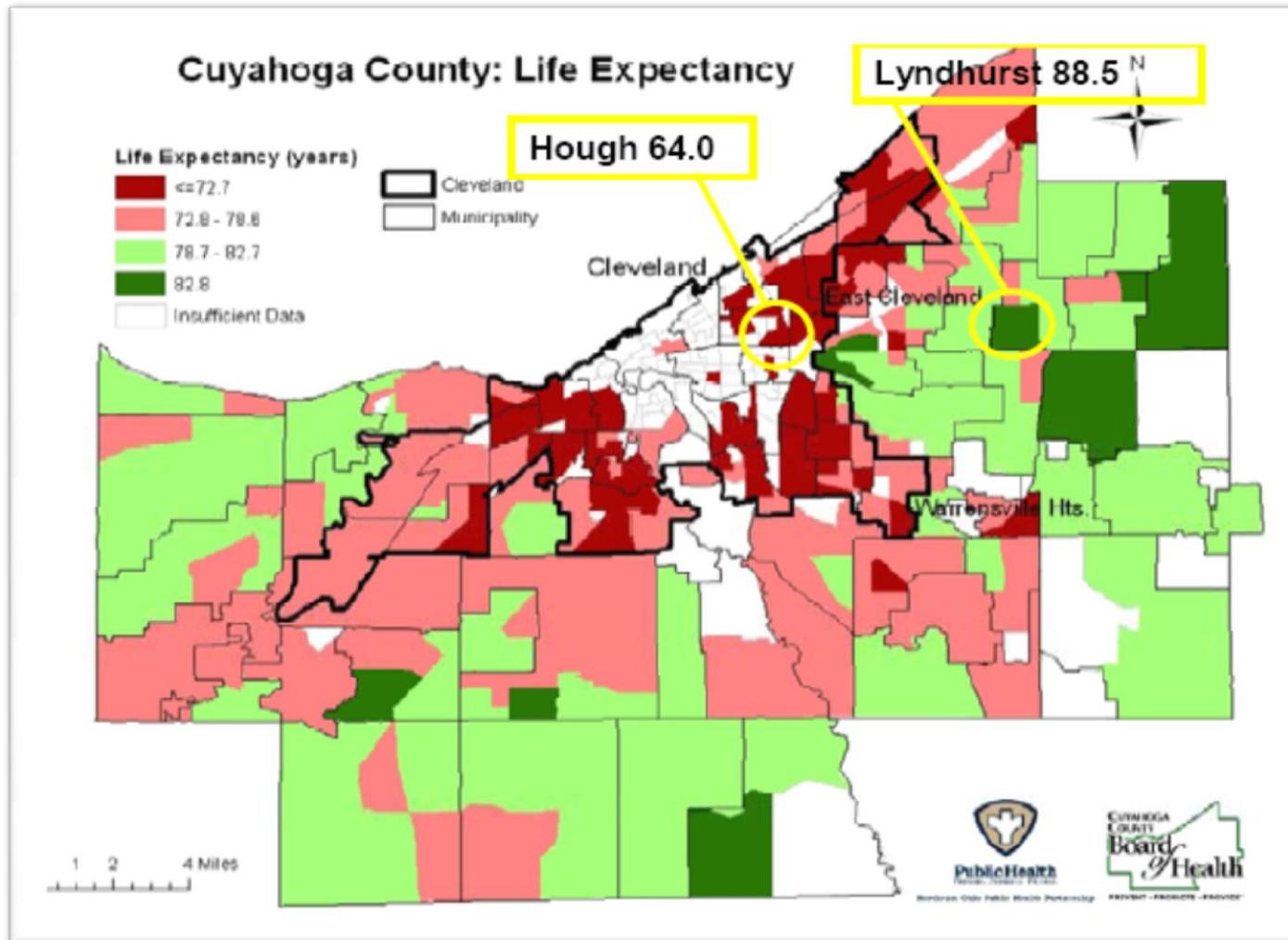
Bronchitis and Asthma Discharges, Ages 0 to 17
Per 10,000 Persons Ages 0 to 17*
13-County Area, Ohio, 2005

Rate by ZCTA

- 50 or more
- 40 to 49
- 30 to 39
- Fewer than 30

Ohio Counties
13-County Area
Cleveland

LAKE
ASHTABULA
GEAUGA
TRUMBULL
ERIE
CUYAHOGA
LORAIN
HURON
SUMMIT
PORTAGE
MEDINA
ASHLAND
WAYNE
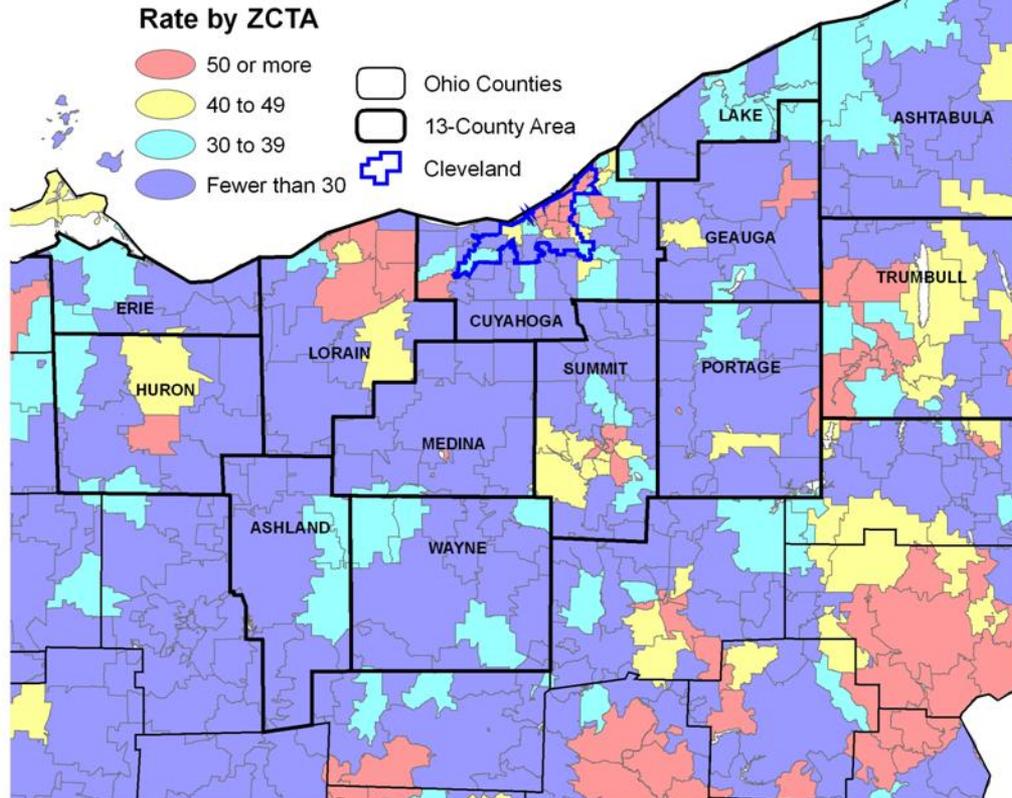
Ohio by ZCTA and County With 13-County Outline

Toledo
Cleveland
Columbus
Cincinnati
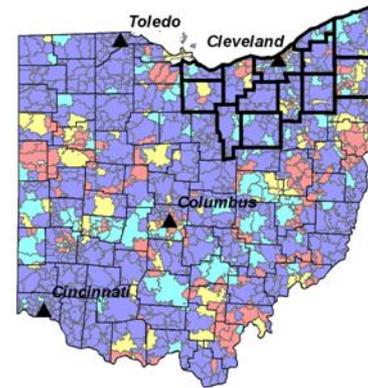
* DRG 098, Bronchitis and Asthma, ages 0 to 17 (8,592 Ohio discharges)
Rate calculated using 2000 population.
Source: Ohio Hospital Association Database
Note: No data for Grace Hospital, Louis Stokes Cleveland VA
Medical Center, UHHS Heather Hill Hospital, Regency Hospital,
Cleveland Clinic Children's Hospital for Rehabilitation

Prepared by:

THE CENTER FOR
COMMUNITY SOLUTIONS
RESEARCH • PLANNING • ACTION

TJL 8/07 M:\CHA\HSC children with asthma RATE 13 cty2.mxd

Number of housing units in below average condition*

Cleveland
Municipalities and Cleveland SPAs
Number by Census Tract
500 or more
250 to 499
100 to 249
1 to 100
None or No Data

*fair to unsound in 2001

Source: Cuyahoga County Auditor

1 Dot = 100 Hispanics

1 Dot = 100 African Americans

Percent Below Poverty by Census Tract

20% or higher

10% to 19.9%

5% to 9.9%

Lower than 5%

Municipalities and Cleveland SPAs

City of Cleveland

N

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Source: U.S. Census Bureau

Low-Weight Birth Rate in Northeast Ohio

Legend:
- Counties
- Major Cities
- Municipalities

Low-Weight Births per 1,000 Births by Census Tract
- 150 or more
- 100 to 149.9
- Less than 100 (Blank)

Cuyahoga

Ashtabula

Geauga

Averages by Race
U.S.: White: 6.6%, Black: 13.0%
Ohio: White: 6.8%, Black: 13.3%
Cuyahoga County: White: 6.6%, Black: 13.6%
Summit County: White: 7.1%, Black: 13.9%

Lorain

Summit

Portage

Medina

Healthy People 2010 goal is
50 low-weight births per 1,000 births.

Source: Ohio Department of Health

Low Birth Weight

2007 through 2009

LBW = Less than 2,500 grams or 5 pounds, eight ounces

NEO Region

Percent

1.0% - 5.4%
5.5% - 7.2%
7.3% - 8.9%
9.0% - 11.4%
11.5% - 30.2%

ASHTABULA

LAKE

GEAUGA

COYAHOGA

ERIE

LORAIN

TRUMBULL

HURON

MEDINA

SUMMIT

PORTAGE

MAHONING

CRAWFORD

ASHLAND

WAYNE

STARK

COLU

RICHLAND

0   5   10   20 Miles

HOLMES

TUSCARAWAS

CARROLL

Years of Potential Life Lost
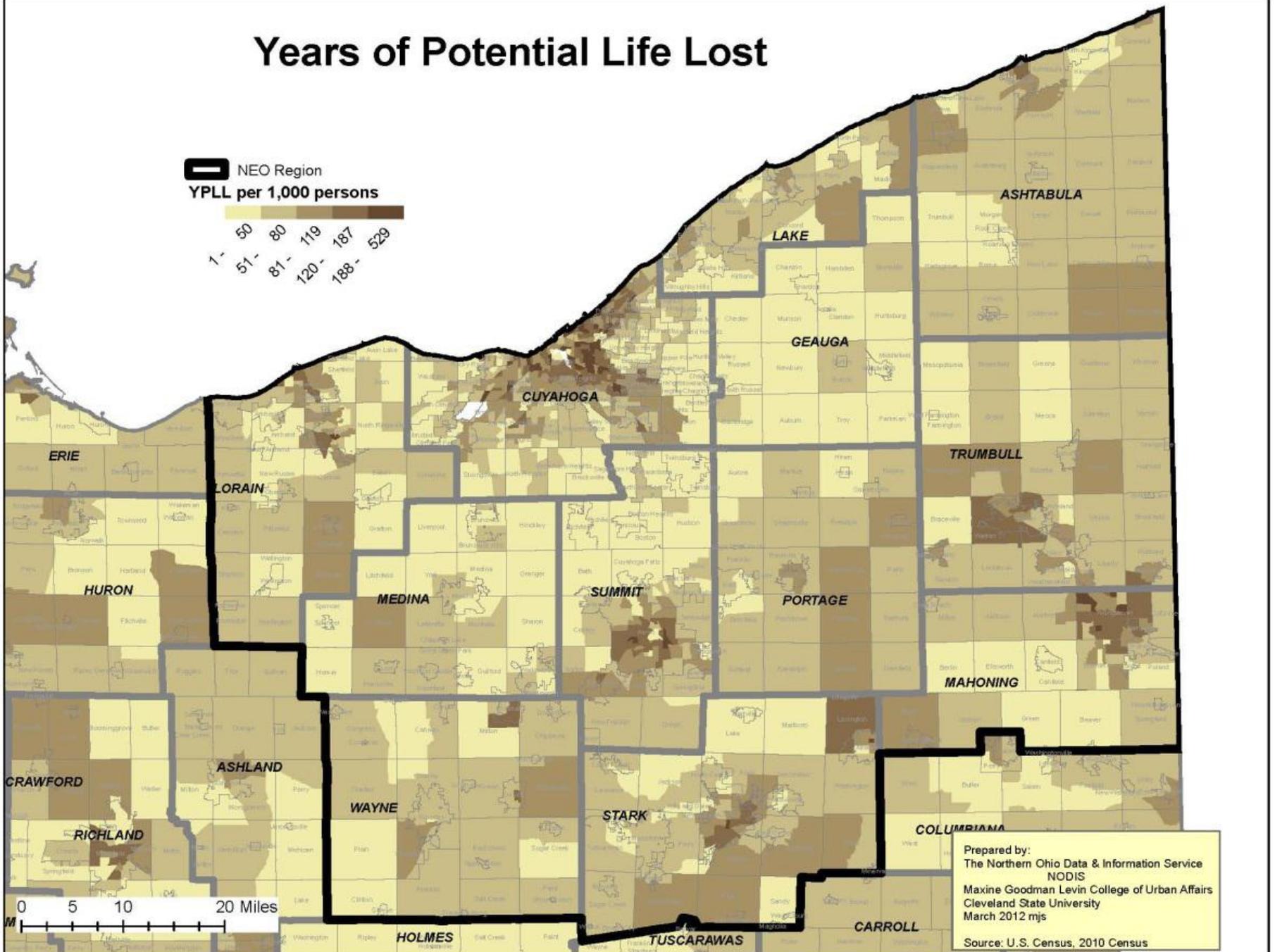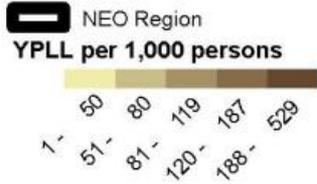
NEO Region

YPLL per 1,000 persons

| 1 - 50 | 51 - 80 | 81 - 119 | 120 - 187 | 188 - 529 |

ERIE

LORAIN

HURON

LAKE

ASHTABULA

GEAUGA

CUYAHOGA

TRUMBULL

MEDINA

SUMMIT

PORTAGE

MAHONING

CRAWFORD

ASHLAND

WAYNE

STARK

COLUMBIANA

RICHLAND

HOLMES

TUSCARAWAS

CARROLL

0   5   10   20 Miles

Northeast Ohio
High School Graduation Rate By District

2009-2010 School Year
Source: Ohio Department of Education

Graduation Rate

<80% 80.1% - 85% 85.1% - 90% 90.1% - 95% >95.1%

NEO region

LAKE

ASHTABULA

GEAUGA

CUYAHOGA

TRUMBULL

LORAIN

PORTAGE

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SUMMIT

MAHONING

ASHLAND

WAYNE

STARK

COLUMBIANA

RICHLAND

CARROLL

0   30   60
Miles

N
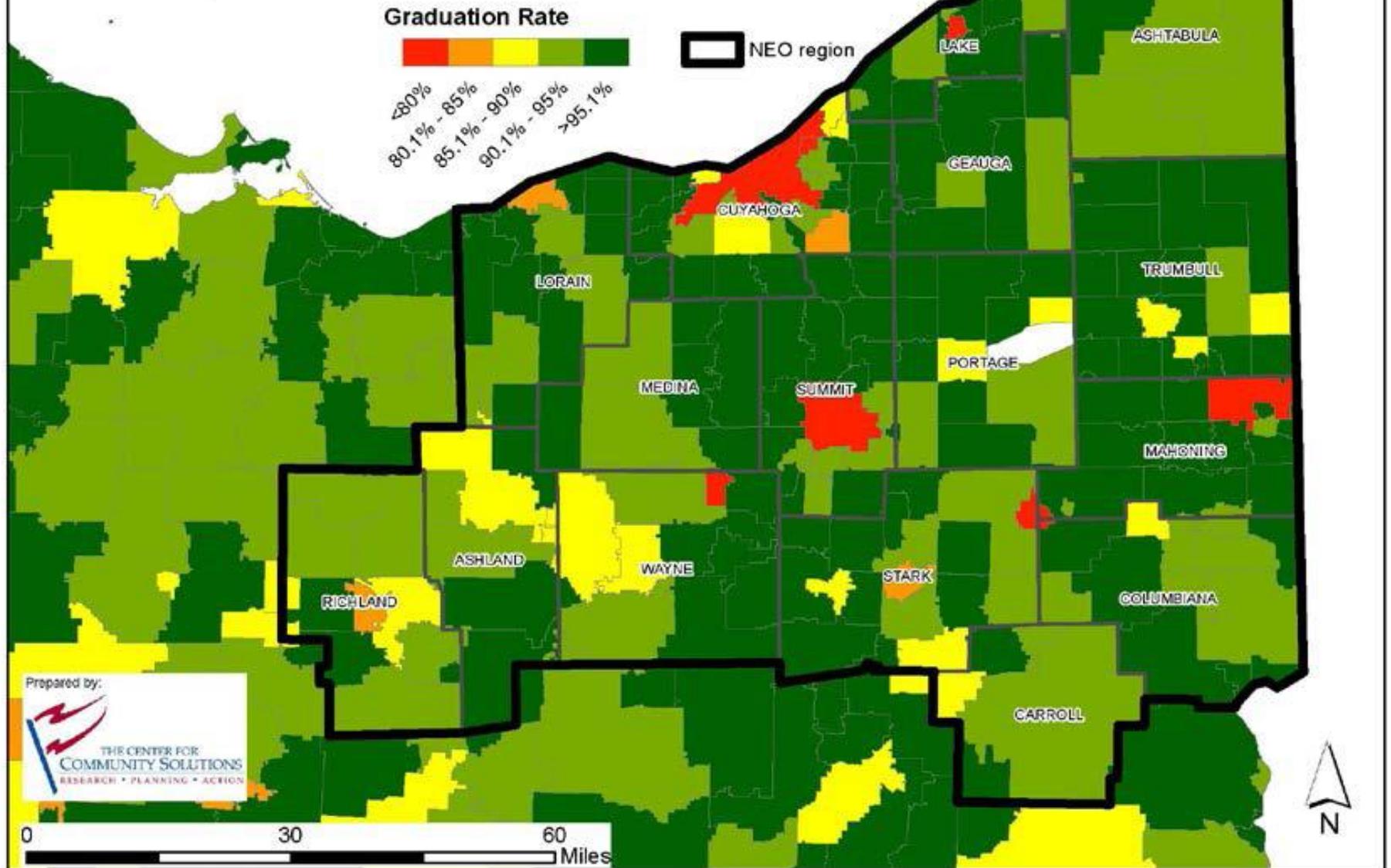
Northeast Ohio
Percent of Persons Ages 25 to 34 with an
Associate's Degree or Higher

2006-2010
Source: American Community Survey

Percent of Persons 25 to 34

<20%
20.1% - 30%
30.1% - 40%
40.1% - 50%
>50.1%

NEO region

LAKE

ASHTABULA

GEAUGA

CUYAHOGA

TRUMBULL

LORAIN

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COLUMBIANA

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0   30   60
Miles

N
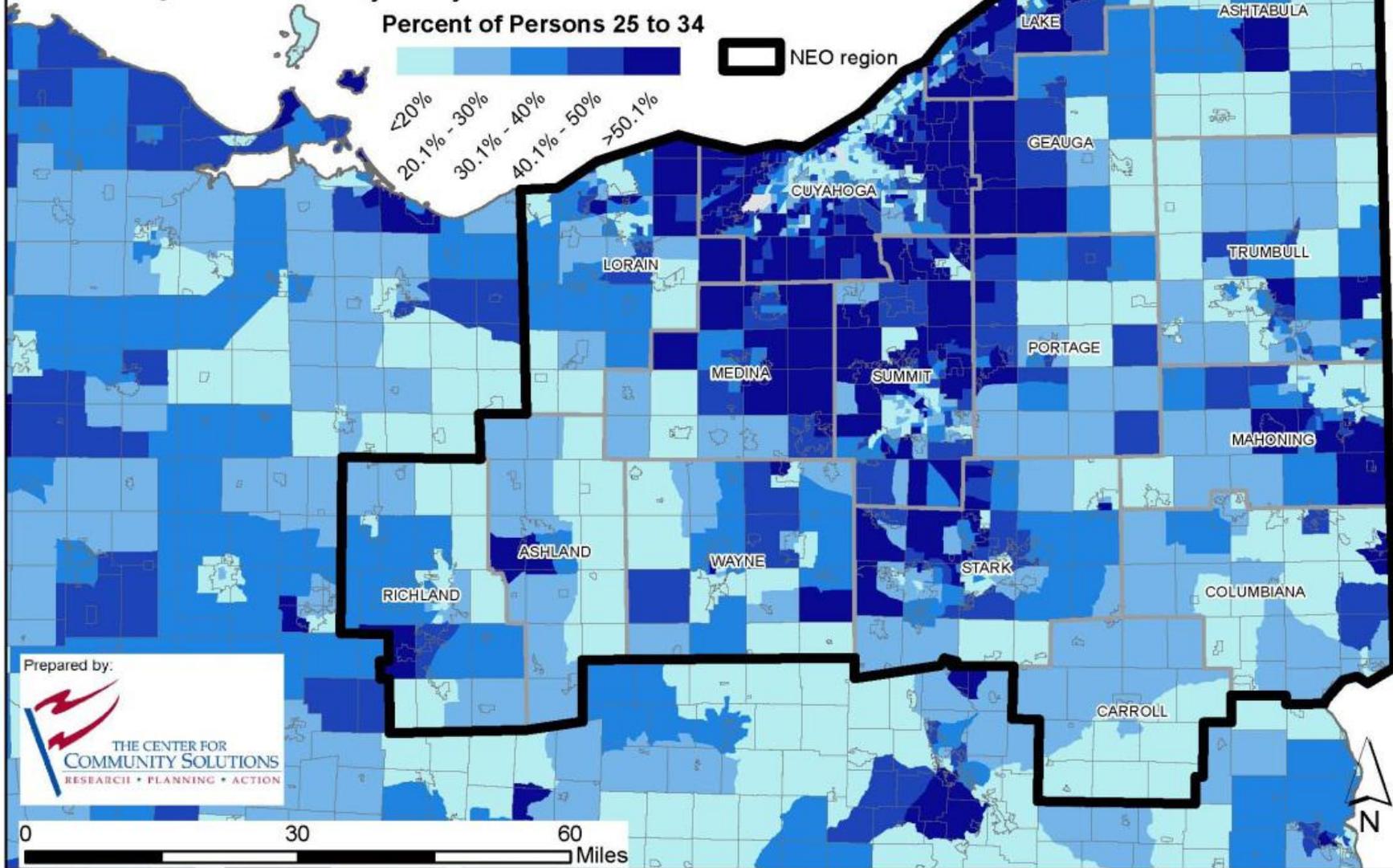
Planning/Public Health Chronology (from a planner's perspective)

1850 - 1920s: The public health roots of planning

1920 – 1930s: Zoning and subdivision regulations emerge to deal with nuisance issues, property values, and quality of life

1945 – present: Urban decentralization, vast changes in jobs/housing proximity, consumer preferences, wealth; (now) conventional development patterns become norm

1970 – 1985: State growth management movement

1990 – present: Major change in Federal transportation priorities ISTEA (1990); TEA-21 (1997); TEA 3 (2003 reauthorization)

1990 – present: Smart growth movement

1997 – present: Public health and planning renew their marriage vows

Health Impacts of Land Use Policy

Air pollution

Car crashes

Pedestrian injuries

Water quality

Mental health

Social capital

Physical activity

Chronic Illness

Health Conditions	Place Based Contributors
Lead levels	• Poor Housing • vacant land
Obesity	• Lack of Grocery Stores • Oversaturation of Fast Food • Lack of Parks and Openspaces
Heart Disease	• unsafe environments • Lack of job opportunities
High Blood Pressure	• Lack of access to job mobility due to institutional racism • Unsafe neighborhoods
HIV	• Culture of promoting promiscuity through media & music adult venues
Lung Cancer/liver disorders'	• Tobacco sales, convenient stores • Billboards & advertisements that promote use of tobacco & alcohol
Infant mortality	• Teen pregnancy • Poverty • Education
Low Birth Weight	• Poverty • Jobs • Education
Asthma	• Poor Air Quality • Poor Housing conditions

An Approach for addressing Health Issues in Cleveland

Determine Condition	Identify and Understand The Social Determinant (root cause)	Identify the appropriate Intervention utilizing community level input	Assess the impact	Who is being impacted the most	Where is the condition most prevalent
Pre Condition What are the pre-existing health conditions prior to intervention? (Obesity)	**External (Place)** (social, environmental, & economic conditions) **Internal (People)** Personal behavior Genes	Bike paths, walkable neighborhoods, community gardens, recreation facilities, diet and exercise, changes in public policies, and strategic investments	**Post Condition** What are the post health conditions after the intervention?	Are there significant differences among segments of the population?	Determine if this condition is more prevalent in one location vs. another

Freddy Collier

What are some of the activities that the Cuyahoga Place Matters Team are working on locally to help infuse health into policy decisions?

Goal: Address the issues at multiple levels. Everyone has a role to play. We must "drill down" to get from policy to actual neighborhood transformation - "culture change and measurable outcomes"

i. Values
Establish values: shared vision

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Identify and assess existing policies (institutional/gov)
Influence legal/regulatory changes

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Change organizational practices

iv. Cross Sector Collaboration
Foster coalitions

vi. Community
Mobilize neighborhoods and communities. Getting them to be an active part of the process

vii. Access
Expand capacity of services

viii. Community Knowledge
Educate providers of neighborhood services
Promote community education

ix. Individual Knowledge
Health education and prevention with individuals
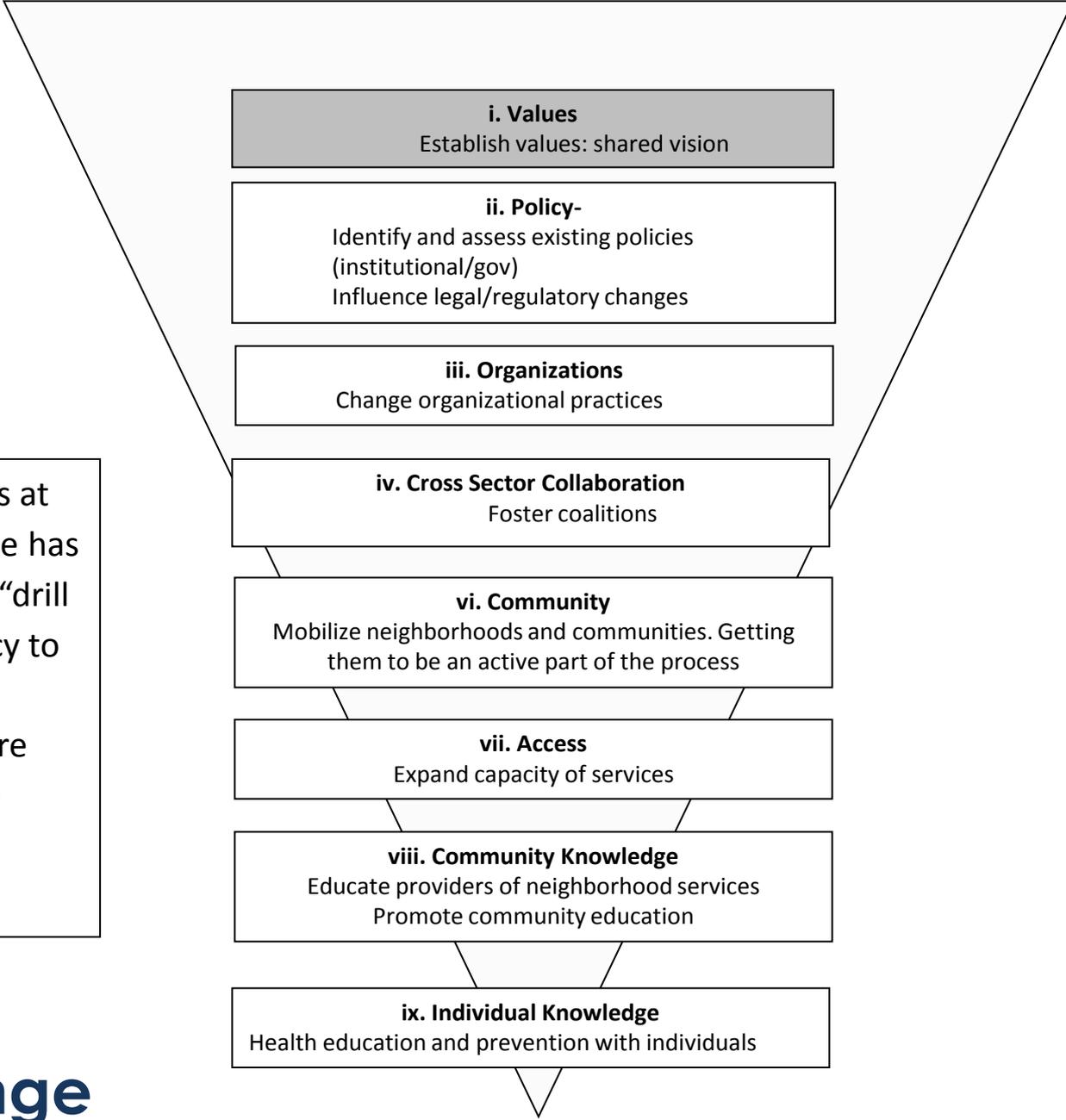
System Change

City Club Speaker Series: Why Place Matters?

Ron Simms, Former HUD
secretary

Gail Christopher, Founder
of Place Matters

Angela Glover Blackwell
CEO Policy Link

Utilize national experts to influence and educate policy makers to discuss values that lead to better policy.

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HIA Definition

- A combination of procedures, methods and tools that systematically judges the potential, and sometimes unintended, effects of a policy, plan, program or project on the health of a population and the distribution of those effects within the population. HIA identifies appropriate actions to manage those effects.

OXFORD

health impact assessment

edited by

JOHN KEMM | JAYNE PARRY | STEPHEN PALMER
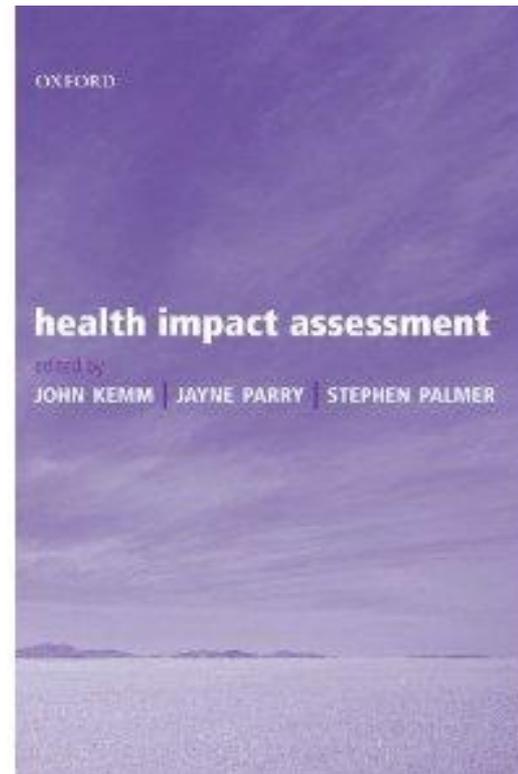
International Association for Impact Assessment, 2006

Policy Level

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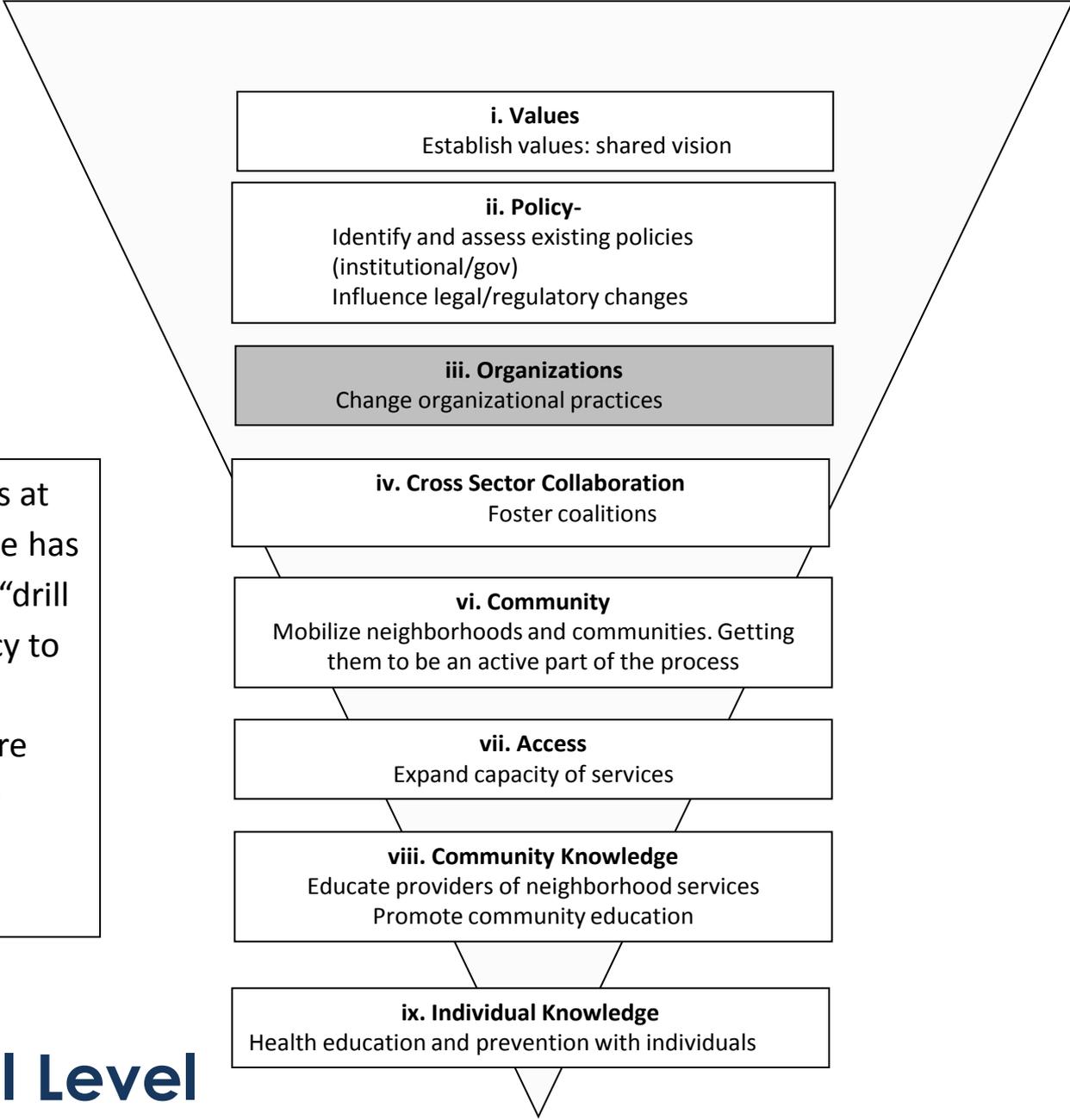
Organizational Level

The Saint Luke's Foundation's mission is to improve and transform the health and well-being of individuals, families and communities in Greater Cleveland.

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Across Multiple Sectors

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

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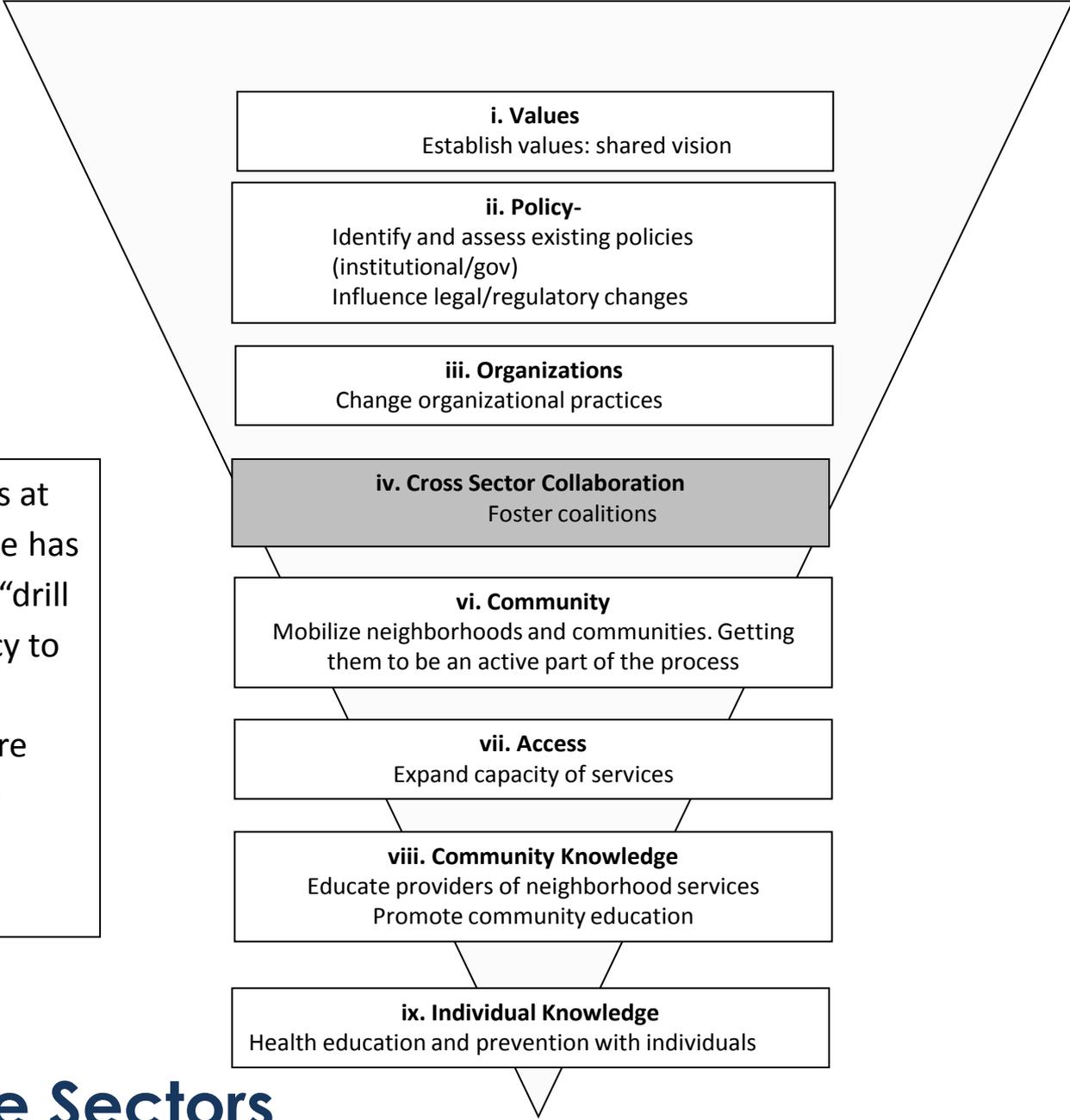
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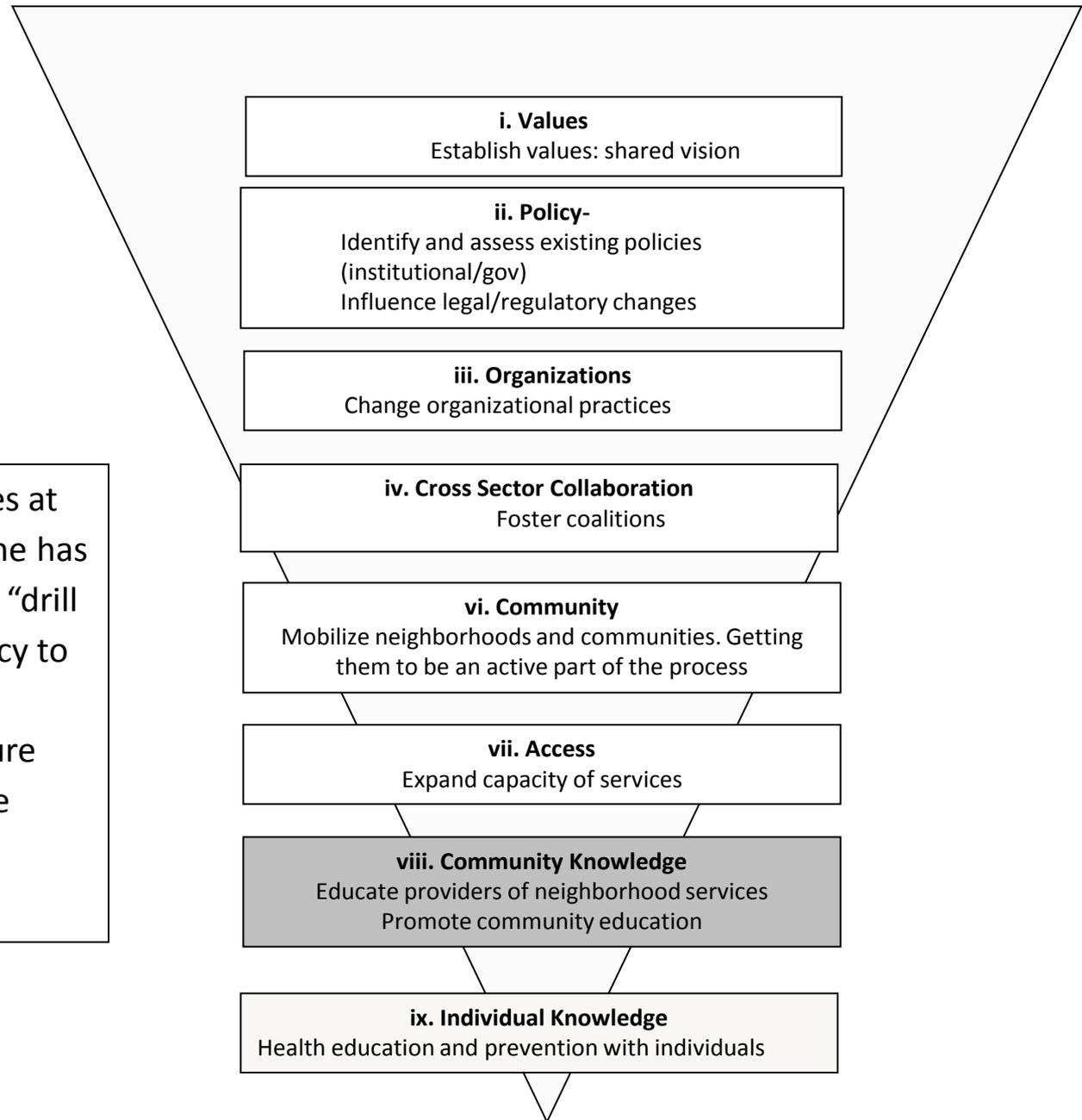
H.E.A.L
BUCKEYE INITIATIVE

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Mayor Frank Jackson

4 biggest health systems team with city to create 'Healthy Cleveland' plan

1 No smoking in Cleveland parks, playgrounds or near city buildings.

2 No sugar-based drinks or trans fats in city vending machines.

3 Hospitals will work with schools to develop healthy menus.

PLACE MATTERS
Cuyahoga County

NEO Sustainable Communities Consortium

A $4.2 million initiative bringing together a 12 county consortium to produce a regional plan for Northeast Ohio

http://neoscc.org/

PLACEMATTERS
Cuyahoga County

- **Health Impact Assessment**
- **NEOSCC**
- **Connecting Cleveland 2020**
- **Master Bikeway Plan**
- **Sustainability 2019**
- **Urban Agriculture Zoning**
- **Healthy Cleveland**
- **Re-imagining Cleveland**
- **HIP Cuyahoga**
- **Buckeye HEAL initiative**

How do we make the healthy choice the default choice in neighborhoods?

Evidence is Clear: "Place" Effects Health and Health Inequities

Housing

Childcare

Medical Care

Jobs

Healthy Food

Clean Air

We each have a role

Parks and Activities
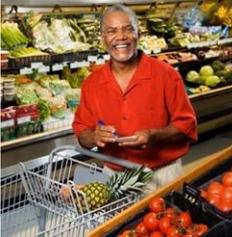
Policy Makers

Education

Economic Justice

Preschool

Safe Neighbor-hoods

Residents
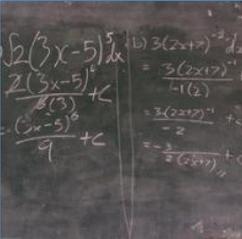
Transportation

Culture

- Is the sum total of ways of living, including
    - 1) values,
    - 2) beliefs,
    - 3) aesthetic standards,
    - 4) linguistic expression,
    - 5) patterns of thinking,
    - 6) behavioral norms, and
    - 7) styles of communication which a group of people has developed to assure its survival in a particular environment.

- We are socialized through "cultural conditioning" to adopt to the ways of thinking of our own group.

Evidence is Clear: "Place" Effects Health and Health Inequities
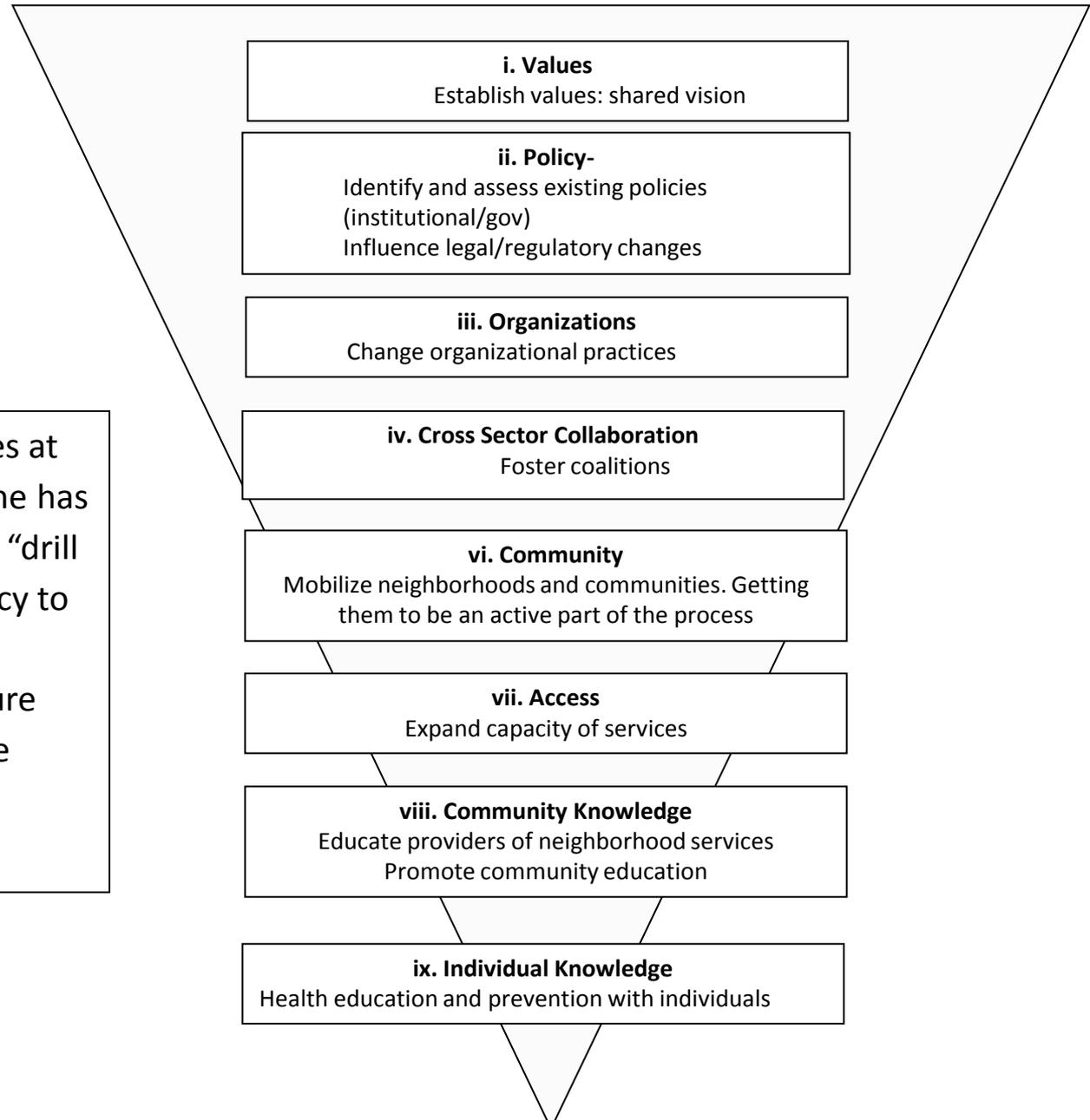
Place Matters Team Drill Down Model

Goal: Address the issues at multiple levels. Everyone has a role to play. We must "drill down" to get from policy to actual neighborhood transformation - "culture change and measurable outcomes"

"Drill down"

i. Values
Establish values: shared vision

ii. Policy-
Identify and assess existing policies (institutional/gov)
Influence legal/regulatory changes

iii. Organizations
Change organizational practices

iv. Cross Sector Collaboration
Foster coalitions

vi. Community
Mobilize neighborhoods and communities. Getting them to be an active part of the process

vii. Access
Expand capacity of services

viii. Community Knowledge
Educate providers of neighborhood services
Promote community education

ix. Individual Knowledge
Health education and prevention with individuals

What can we do more of?

- **Counter Negative Messaging:** Our behaviors are shaped by our external environment. There are subliminal messages we take in daily that influence our behaviors that can lead to poor health.
  – Billboards
  – Signage

Regulation and policy

- **Alcohol Advertising Restrictions**
  - policies that limit advertising of alcoholic beverages, particularly advertising that exposes young people to alcohol messages.

- **City of Chicago**
  - City of Chicago Alcohol Ordinance: On September 10, 1997, the City Council of the City of Chicago passed an ordinance regulating outdoor cigarette and alcoholic beverage advertisements.

- **Compton Bans Tobacco, Alcohol Billboards**
  - Ads: City is first in state to enact such a prohibition. Backers cite provocative nature of many displays; spokeswoman for a sign firm calls measure unnecessary.

PLACEMATTERS
Cuyahoga County

Urban Agriculture Overlay District

Health Impact Assessment

Urban Agriculture Overlay (UAO) District – Food Access

```
Urban Agriculture Overlay (UAO) District
  ├─→ Community Gardens, Green Houses, Hoop houses established ──→ Increased Local food production
  ├─→ Urban Farms established ──→ Increased Access to Healthy Foods
  ├─→ Market Gardens established ──→ Vacant Lot Revitalization & Reuse
  └─→ Farm Animals/Bees/Live stock established ──→ Increased Agricultural Entrepreneurship/ Employment
```

Increased Consumption of local healthy food :
Δ fresh fruits/vegetables
Δ honey
Δ eggs

Community Revitalization:
Δ Decreased blight
Δ Increased property values
Δ Increased green space
Δ Increased revenue
Δ Improved urban environments

- Improved Nutrition
- Decreased Obesity
- Decreased chronic disease
- Increased Social Cohesion
- Improved Mental Health
- Positive Economic Impacts

• Health impacts of chronic disease includes: heart disease, diabetes, hypertension

| Policy | → | immediate | → | intermediate | → | Long Term |

```
Farm                 Increased            Decrease in
Animals/Bees     →   noise          →     neighborhood          ┐
allowed within       generated by         quality of life       │
UOA District         certain animals                            │        Increased stress
                                                                 ├──→
                     Increased            Decrease              │
                 →   odors          →     community             │
                                          perception by         ┘
                                          residents and
                                          visitors
```

- Increased noise generated by certain animals → Decrease in neighborhood quality of life
- Increased odors → Decrease community perception by residents and visitors
- Increased in animal waste → Increases in greenhouse gas caused by waste → Increase in land degradation, air and water pollution, and loss of biodiversity → Increase in infectious disease
- Increased infestation → Unsanitary conditions → Increase use of pesticides/insecticides/ herbicides /rodenticides/fungisides → Potential Increased in negative impacts on nervous systems Potential skin irritation and exposure to possible carcinogens
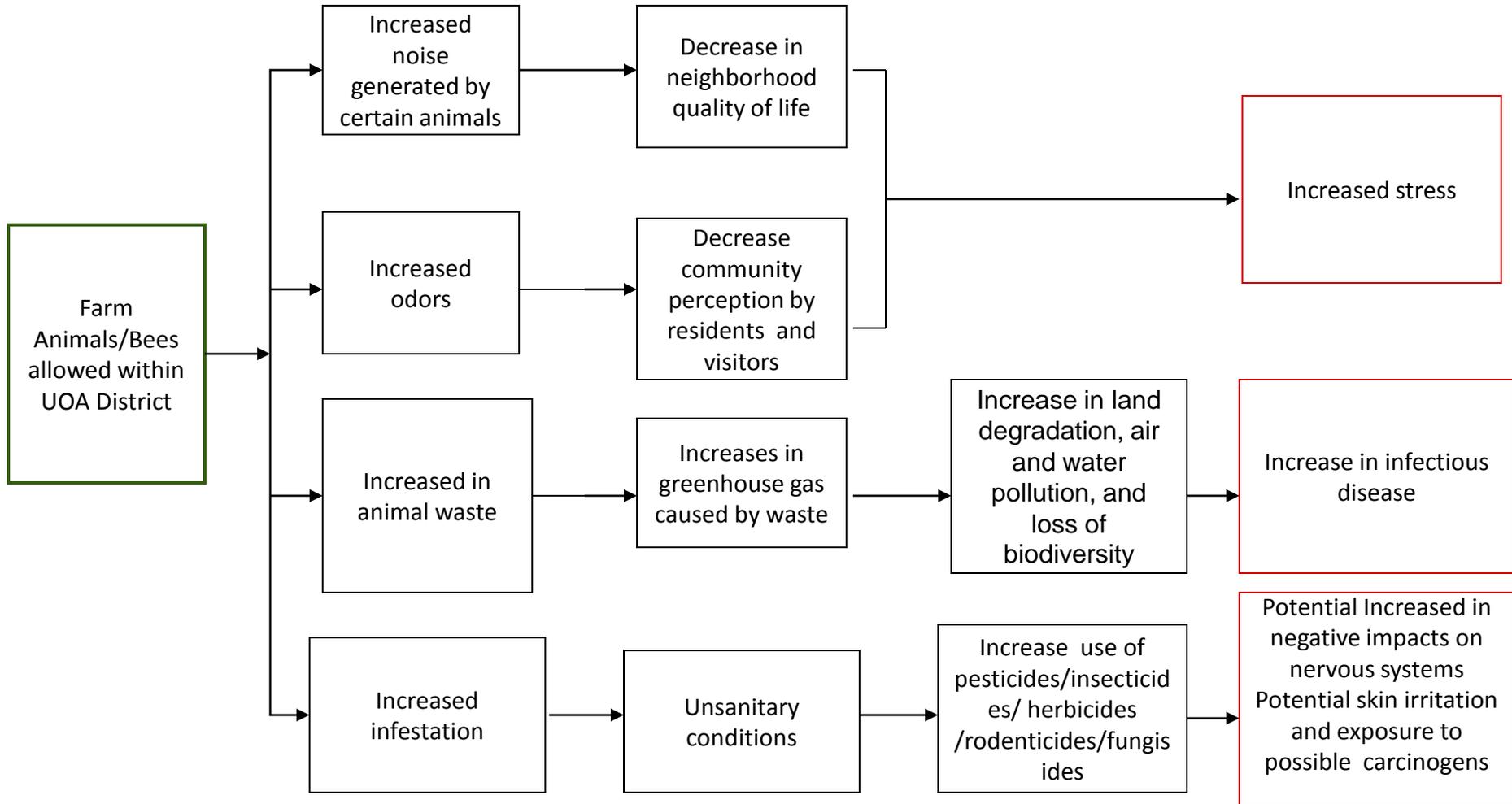
Urban Agriculture Overlay (UAO) District – Environment (Hazards)

- Health impacts of chronic disease includes: heart disease, diabetes, hypertension

Provide a place based response to identified health conditions: Ensure that land resources and development activities provide a place based response to the human conditions faced by the community be they economic, environmental or social.

View Health issues through a Health Equity Lens

Obesity-don't just look at the issue and implement activities, but identify, alter, or eliminate the conditions that cause it.

- what are the root causes of this issue?

- what are the social, environmental, and economic factors that contribute to making this condition a public health issue?

- why is it prevalent in one location verses another?

- why is it more prevalent among one segment of the population versus another?

Evidence is Clear: "Place" Effects Health and Health Inequities

Health Impacts of Land Use Policy

Air pollution

Car crashes

Pedestrian injuries

Water quality

Mental health

Social capital

Physical activity

Chronic Illness

Health Conditions	Place Based Contributors
Lead levels	• Poor Housing • vacant land
Obesity	• Lack of Grocery Stores • Oversaturation of Fast Food • Lack of Parks and Openspaces
Heart Disease	• unsafe environments • Lack of job opportunities
High Blood Pressure	• Lack of access to job mobility due to institutional racism • Unsafe neighborhoods
HIV	• Culture of promoting promiscuity through media & music adult venues
Lung Cancer/liver disorders'	• Tobacco sales, convenient stores • Billboards & advertisements that promote use of tobacco & alcohol
Infant mortality	• Teen pregnancy • Poverty • Education
Low Birth Weight	• Poverty • Jobs • Education
Asthma	• Poor Air Quality • Poor Housing conditions

An Approach for addressing Health Issues in Cleveland

Determine Condition	Identify and Understand The Social Determinant (root cause)	Identify the appropriate Intervention utilizing community level input	Assess the impact	Who is being impacted the most	Where is the condition most prevalent
Pre Condition What are the pre-existing health conditions prior to intervention? (Obesity)	**External (Place)** (social, environmental, & economic conditions) **Internal (People)** Personal behavior Genes	Bike paths, walkable neighborhoods, community gardens, recreation facilities, diet and exercise, changes in public policies, and strategic investments	**Post Condition** What are the post health conditions after the intervention?	Are there significant differences among segments of the population?	Determine if this condition is more prevalent in one location vs. another

Freddy Collier

R$_x$: **Healthy Planning**

- Connect problems and issues
- Value local knowledge and experience
- Apply public health research
- Develop inter-disciplinary partnerships
- Build consensus / reduce conflict
- Ensure accountability

Commitment by Elected Officials & the Community to influence and change the culture of health in Cleveland, the County and the Region.

All City Departments have a role to play

- Public Health
- City Planning
- Parks & Recreation
- Public Works
- Community Development
- Building & Housing
- Economic Development
- CMSD
- Mayor's Office . City Council

Evidence is Clear: "Place" Effects Health and Health Inequities

Final Thoughts

- Healthy Cleveland is more than a series of initiatives rather it marks a shift in trajectory for the City. We must view everything we do through the lens of Public Health, It must become a part of our mission.

Evidence is Clear: "Place" Effects Health and Health Inequities

PLACEMATTERS

a four-hour documentary series exploring America's racial and socioeconomic inequities in health
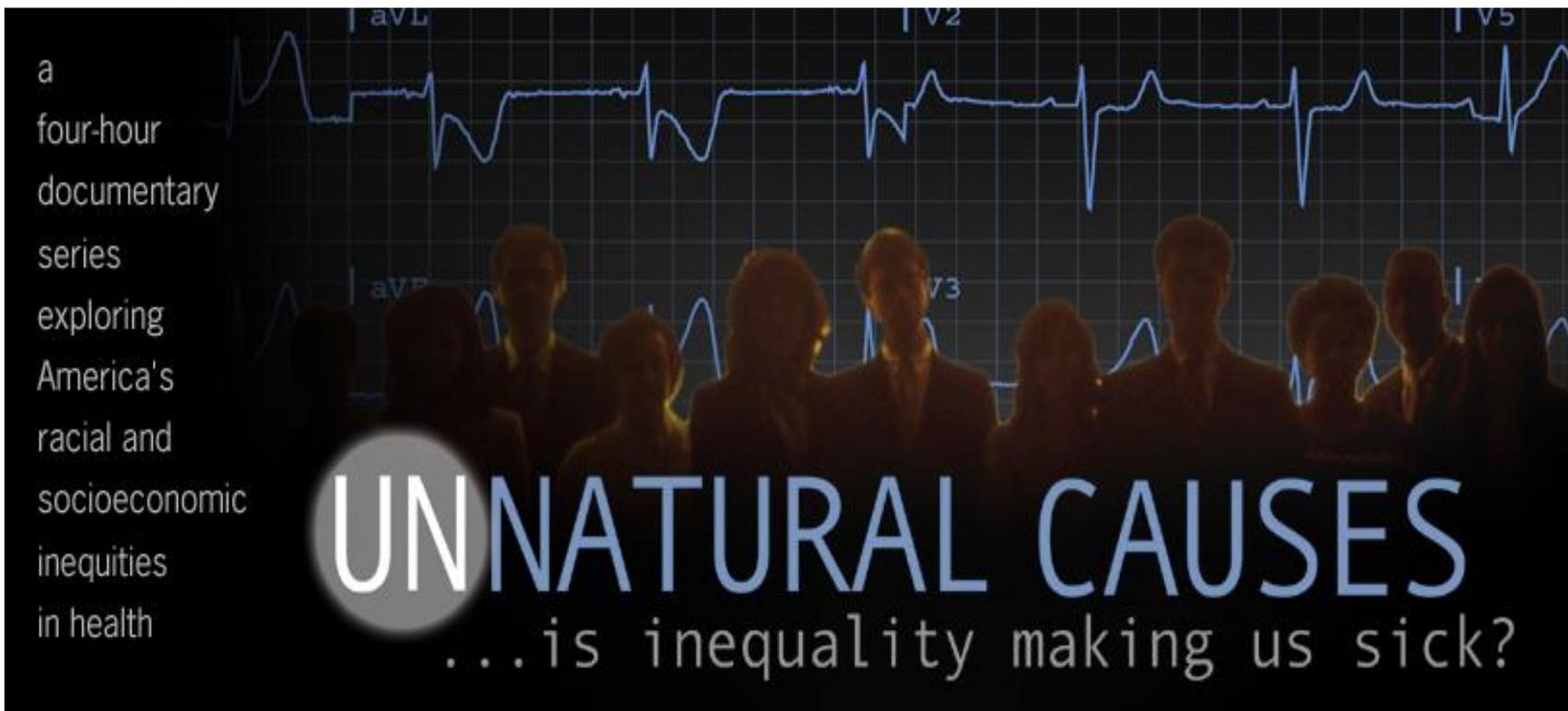
UNNATURAL CAUSES
...is inequality making us sick?

A documentary series & public impact campaign
www.unnaturalcauses.org

Evidence is Clear: "Place" Effects Health and Health Inequities