




BUCKEYE • CENTRAL • KINSMAN

# Neighborhood-Level Community Health Needs Assessment



MARY ANN SWETLAND  
CENTER FOR  
ENVIRONMENTAL HEALTH





Burten, Bell, Carr Development, Inc. (BBC) is a non-profit community development corporation founded in 1990 that empowers residents and revitalizes blighted and underserved communities in Cleveland's Buckeye, Central and Kinsman neighborhoods.

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# Introduction

1.1 Executive Summary



# Executive Summary

## Project Summary

According to the World Health Organization, Social Determinants of Health (SDOH) contribute to 30-55% of health outcomes, making them more influential than healthcare access and individual lifestyle choices. Neighborhood level Community Health Needs Assessments (CHNA's) are one way to measure, document, and highlight key SDOH-shaping health opportunities within specific communities. A community-engaged approach was adopted to conduct a neighborhood-level Community Health Needs Assessment for the Buckeye, Central, and Kinsman neighborhoods with two primary goals: 1) raise awareness of the drivers of neighborhood health trends, and 2) inform decision-making that can improve community health by responsively addressing neighborhood specific drivers of health opportunity.

## Background

The neighborhood-level CHNA for the Buckeye, Central, and Kinsman neighborhoods was conducted by Burten, Bell, Carr Development, Inc. (BBC) in collaboration with Old Brooklyn Community Development Corporation (OBCDC) and the Mary Ann Swetland Center for Environmental Health at Case Western Reserve University. The CHNA was conducted to inform and secure support for future neighborhood-based and health-related program development, and policy initiatives that align with community needs and desires for change. This process was informed by: (a) focus groups with residents and stakeholders that were used to guide priority areas for survey development, (b) surveys completed by residents with data collection supported by the use of a trained community "street team", and (c) frequent discussions among partner organizations (BBC, OBCDC, and the Swetland Center). The results of this process are presented in three outputs:

### **Buckeye, Central, and Kinsman Neighborhood Level Community Health Needs Assessment Main Text (this document):**

Provides a summary of our process, findings, and recommendations based on participant feedback.

**Technical Report:** A comprehensive list of survey questions and responses both in aggregate and by neighborhood.

**Community Health Snapshot:** These one-page summary sheets include a snapshot of the Buckeye, Central, and Kinsman neighborhoods through the lens of health priorities. These Community Health Snapshots highlight neighborhood specific issues and opportunities.

## Our Process

A community engaged participatory approach was adopted in all stages of the neighborhood-level CHNA process, which included community partners and residents. The data collection methods were informed by five listening sessions conducted with residents, community partners, and organizations. These sessions allowed us to identify six areas of concern, and the survey was designed to probe them in greater depth. Surveys were completed by **1,402 residents** (with the help of street team members) across all three neighborhoods. Responses were analyzed separately within each neighborhood and across all neighborhoods to generate the overall results and findings.

## Results

There were key survey findings in each of the six focus areas.

### **Access to information and Resources**

Local news/TV was seen as the most effective way to get information to residents. Almost half of the respondents (48%) reported calling United Way 211, and 77% of those noted that the resources provided by United Way 211 were “extremely helpful.”

### **Green Space and Recreational Infrastructure**

Buckeye and Kinsman each have a highly utilized park (75 and 70% of participants), however no green spaces were highly utilized in Central. Central also had the highest levels of endorsement for “more green spaces” as an infrastructure investment.

### **Food Access and Resources**

Among all CHNA survey participants, 32% reported skipping meals while they were hungry because there wasn't enough food, and for each neighborhood, a grocery store was the top response for new business that residents would like to see (endorsed by 72% of participants).

### **Health Care Access, Physical, and Mental Health**

Over 74% of households had used the Emergency Room (ER) in the last 12 months, even though 76% stated that they had a regular primary care provider. Local forces driving high ER utilization need further study. Cocaine, methamphetamines, and alcohol were reported as highly concerning drugs in the community. Lack of counseling services for children elicited high levels of concern among participants.

### **Transportation and Traffic Safety**

Speeding was the number one traffic safety issue (82% of participants). The top three roads with safety concerns were Buckeye Road, Kinsman Road, and East 55th Street.

### **Neighborhood Satisfaction and Safety**

Across all participants, 60% felt welcomed and 59% wanted to remain in their neighborhood. Grocery stores, laundromats, and pharmacies were the most desired businesses. Most participants (55%) reported that they or members of their households had been affected by gun violence and 54% worry about becoming victims of gun violence. Specifically, gun violence was identified as negatively affecting residents' mental health (50%), physical health (45%), neighborhood enjoyment (55%), and their children's ability to play outside (54%).

## Recommendations and Conclusion

This survey-based neighborhood-level CHNA yielded actionable insights in each of the six focus areas. Overall, the evidence collected in this work illuminates the need for infrastructure improvements. Specifically, it suggests investments in new grocery store placement, improved access to physical and mental health services, measures to ensure traffic safety and reduced gun violence, green space development, as well as United Way 211 services. Coordinated efforts among government, nonprofits, businesses, residents, neighborhood organizations, and other stakeholders could improve the SDOH within these neighborhoods.



**2.0**

# Background and Processes

2.1 Project Background

2.2 Neighborhood Profiles

2.3 Our Process

2.4 Common Abbreviations





# Project Background

## The Need for Neighborhood Level Data

Healthcare access alone does not determine individual health outcomes. There are other factors, the SDOH, that impact human health outcomes and opportunities both positively and negatively. These social determinants include environmental factors that are present in the places where people live, work, and play. They also include norms of social behaviors, policies, and other systemic practices. Some specific examples of SDOH include things like employment status, housing conditions, racial and other forms of discrimination, food access, and social support. According to the World Health Organization (WHO), SDOH determine 30-55% of health outcomes, making it more influential than healthcare access and individual lifestyle choices.<sup>1</sup> Thus, there is a strong need to measure and address SDOH whenever we seek to improve community health.

In the past, hospitals were required by the Internal Revenue Service (IRS) to conduct traditional CHNAs to better understand the health trends of the populations they serve and allocate resources accordingly.<sup>2</sup> These assessments may not include extensive community engagement that can help to characterize root SDOH problems that lie outside the provision of the healthcare system. A new form of CHNA is emerging, one that uses extensive community input to identify SDOH issues and potential solutions that encompass a broader scope of settings shaping health opportunities within communities.

Cuyahoga County is fortunate to have one of these extensive community-input CHNAs, which was conducted in 2022 by a community health partnership involving multiple local institutions.<sup>3</sup> While the county-level evidence is critical, some problems might be better understood from a hyper-local perspective. In short, neighborhood-level CHNAs may be useful for identifying solutions that are responsive to the specific needs and priorities of each community.

The Old Brooklyn Community Development Corporation (OBCDC) conducted one of these neighborhood-level CHNAs in 2018,<sup>4</sup> which served as a model for our current work. Here we summarize findings from three neighborhood-level CHNAs that we conducted in the Central, Buckeye, and Kinsman neighborhoods in the fall of 2022. Ultimately, this approach had two primary goals:

1. Raise awareness of the drivers of neighborhood health trends and
2. Inform decision-making that can improve community health by responsively addressing neighborhood-specific drivers of health opportunity.

# Neighborhood Profiles

Buckeye, Central, and Kinsman are three of the 34 neighborhoods in Cleveland, Ohio and primary service areas of Burten, Bell, Carr Development, Inc. (BBC). Major thoroughfares in the approximately four-square-mile area include Cedar, Central, Quincy, and Woodland Avenues; Kinsman and Buckeye Roads; and E 55th Street.

The Buckeye neighborhood is a combination of the Buckeye-Shaker Square and Buckeye-Woodhill Statistical Planning Area. The Buckeye neighborhood settled many Hungarian immigrants that moved to Cleveland in the early 1900s. As of 2019, Buckeye-Shaker Square had 11,680 residents (79% Black/African Americans) with a median household income of \$30,448, 5,984 residents (92% Black/African Americans) with a median household income of \$18,185 in 2019.<sup>5</sup>

The Central neighborhood is one of the oldest neighborhoods in Cleveland known for its early settlement of several ethnic groups including Germans, Jews, Italians, African Americans, Czech, and Hungarians. As of 2019, Central had over 11,000 residents (89% Black/African Americans) with a median household income of \$10,440.<sup>5</sup>

The Kinsman neighborhood is known for attracting heavy industries, such as oil refineries, steel mills producing machinery, and jobs in the 1800s. Early settlers were predominantly Jewish. As of 2019, Kinsman had 5,877 residents (95% Black/African Americans) with a median household income of \$18,046.<sup>5</sup>

Each neighborhood has a rich history and a strong sense of pride from residents. Residents look to history makers from the distant past, such as John D. Rockefeller, Langston Hughes, and Jesse Owens, to recent history makers such as R&B singer Avant, actor Bill Cobbs, and former WNBA star and current coach Barbara Turner as inspiration.

These neighborhoods boast several regionally-renowned institutions, including Cuyahoga Community College Metropolitan Campus, Cleveland State University, St. Vincent Charity Hospital, and Vocational Guidance Services. They are collectively located just minutes from Downtown Cleveland, the Health Tech Corridor, University Circle, Maingate Business District, and celebrated arts, culture, medical, and educational institutions.

Over the last 20 years, the neighborhoods have received millions of dollars in investment in housing stock, streets, sidewalks, and sewer infrastructure, new public school buildings, new public libraries, new commercial centers, and more. Since 2000, over a thousand units of affordable and market-rate housing have been constructed in the community, and every year, Central leads east-side neighborhoods in housing sales of over \$100,000

In addition to above-mentioned assets, the Buckeye, Central, and Kinsman neighborhoods are becoming the home of some of the most creative development projects, such as BoxSpot, WOVI 95.9 FM, and a possible new sixty-acre metropark. Active and engaged resident leaders are also pursuing their own projects to make their neighborhoods great places to live, work, and play.

Residents of Buckeye, Central, and Kinsman are resilient and creative achievers in spite of the challenges that exist in their surroundings. There are numerous resident leader networks that provide residents with opportunities to implement grassroots solutions to community problems.



**Table 1: Demographic and Economic Data for all Three Neighborhoods**

	Buckeye		Central	Kinsman	Cleveland	Cuyahoga County	Ohio
	Shaker Square	Woodhill					
Total Population	11,680	5,984	11,689	5,887	380,989	1,235,072	11,689,100
Less than 18 years	15%	28%	41%	32%	22%	21%	22%
18-64 years	65%	56%	53%	53%	64%	61%	61%
65+ years	20%	16%	7%	15%	14%	19%	18%
Black/African American	79%	92%	89%	95%	53%	32%	14%
Median household income	\$30,448	\$18,185	\$10,440	\$18,046	\$30,907	\$52,423	\$58,642
Persons living below poverty	25%	48%	69%	48%	33%	16%	13%
Labor force participation rate	60%	50%	54%	55%	59%	64%	64%



# Our Process

Two community development corporations in Cleveland (BBC and OBCDC) collaborated with the Mary Ann Swetland Center for Environmental Health at Case Western Reserve University to translate the OBCDC CHNA process for the Buckeye, Central, and Kinsman neighborhoods in Cleveland. A community engaged participatory approach was adopted in all stages of the neighborhood-level CHNA process, which included community partners and residents (see detailed process in Appendix 5.3.1). In April 2022, five listening sessions were conducted in the three neighborhoods (Central-2, Buckeye-1, and Kinsman-2) with 27 residents and 8 community partners and organizations (see focus group summary in Appendix 5.3.2). The feedback from these sessions informed the survey design (see survey tool in Appendix 5.3.3). Surveys were completed by 1,402 residents (with the help of street team members) across all three neighborhoods between August 31 and October 16, 2022: Buckeye (n=465), Central (n=453), and Kinsman (n=484). The goal was to

recruit at least 400 participants (goal of 1,200 total) from each neighborhood that were representative of the neighborhoods' demographics. Surveys were primarily completed using a street team. Additional surveys were completed online by participants through survey links that were distributed on social media, newspapers, and other listservs. All survey participants received a \$10 gas gift card and were entered into a drawing (if interested) to receive additional incentives totaling \$500 (\$200, \$100, and four, \$50 increments were given out following the data collection period).

Responses were analyzed separately within each neighborhood and across all neighborhoods to generate aggregate findings. Findings from these surveys were then presented back to the community through two community feedback meetings. All results from the survey are presented in the tables of the technical report found in Appendix 5.3.4.

# Common Abbreviations

The background image shows two men standing on a paved area, possibly a street or parking lot, holding red fire hoses. The man on the left is wearing a white short-sleeved shirt and dark pants, with sunglasses on his head. The man on the right is wearing a light blue t-shirt with a 'CITY OF CLEVELAND OHIO' logo and blue jeans. Behind them is a red van with 'Great Dog' and 'Our Great' written on it. In the background, there are utility poles, a brick building, and a white tent with a dog illustration. The entire image has a warm, reddish-orange tint.

BBC	Burten, Bell, Carr Development, Inc.
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CDPH	Cleveland Department of Public Health
CHNA	Community Health Needs Assessment
CWRU	Case Western Reserve University
ER	Emergency Room
IRB	Institutional Review Board
IRS	Internal Revenue Service
OBCDC	Old Brooklyn Community Development Corporation
SDOH	Social Determinants of Health
SES	Socioeconomic Status
SNAP	Supplemental Nutrition Assistance Program
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
TV	Television
US	United States
WHO	World Health Organization
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

**3.0**

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# Results

## 3.1 Profile of Survey Participants

3.1.1 Neighborhood Data

## 3.2 Priority Areas for CHNA

3.2.1 Access to Information and Resources

3.2.2 Green Space and Recreational Infrastructure

3.2.3 Food Access and Resources

3.2.4 Health Care Access, Physical, and Mental Health

3.2.5 Transportation and Traffic Safety

3.2.6 Neighborhood Satisfaction and Safety



# Profile of Survey Participants - All Neighborhoods

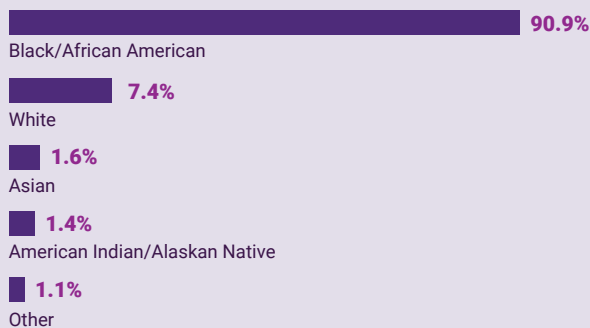
Data and infographics shared in this section is based on the entire sample (N=1402). Participants' profiles by neighborhoods are presented in the next section. Overall, 1,402 surveys were completed across all three neighborhoods. Participants represent all census tracts in the three neighborhoods (see map in Appendix 5.3.5).

## Demographics

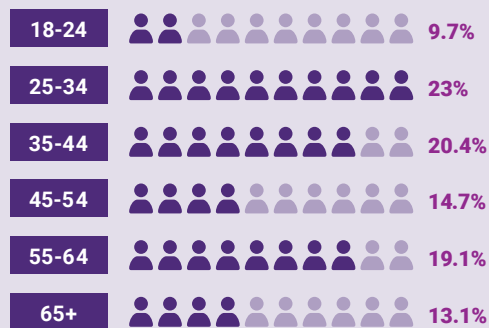
### a. Race, age, and gender

Across all three neighborhoods most (over 90%) of the survey participants identified their race as Black/African American. About 1 in 4 were between the ages of 25 and 34 years and 50% identified as female.

#### Race



#### Age



#### Gender

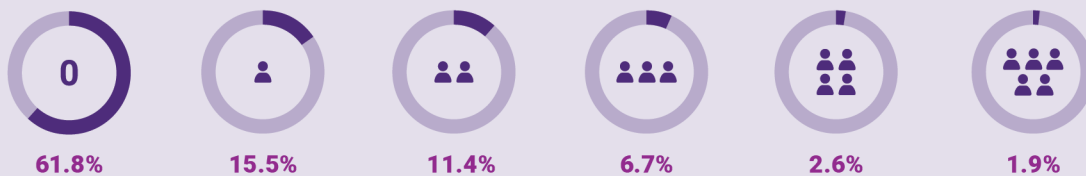




**b. Household Composition, living arrangement, and length of stay in neighborhood**

About one in four participants had no children under 18 years in their household. For those with children, the total number of children ranged from one to five.

**Number of Children in Household**



**Length of Stay in Neighborhood**





## Socioeconomic

### a. Educational Status

Overall, 87% of all participants had a high school diploma or higher, which is a greater percentage than that of Cleveland (82%) but less than Cuyahoga County (91%).<sup>6</sup>

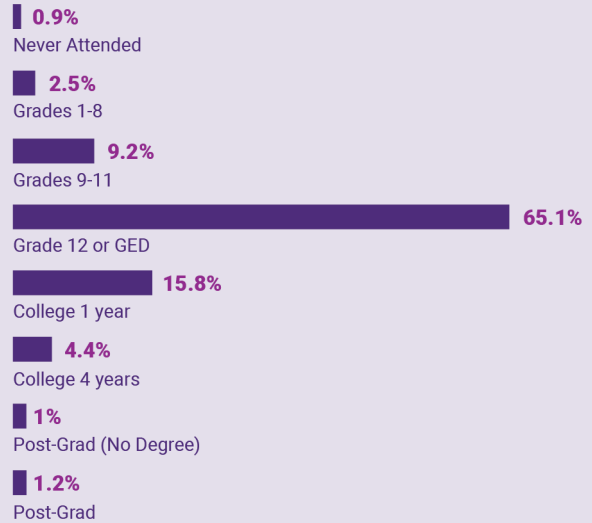
### b. Income and Employment

The employment rate among participants is lower compared to the city of Cleveland (60%) and Cuyahoga County (63%).<sup>6</sup> Among all participants, about half reported annual household income less than \$20,000, which is lower than median annual income in Cleveland (\$31,838) and Cuyahoga County (\$51,741).<sup>6</sup> The lowest median income was in Central.

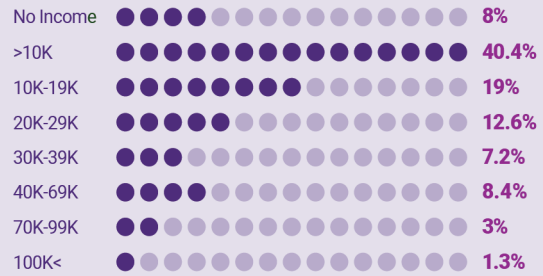
### c. Supplemental Benefits

Supplemental benefits are forms of government assistance used to help those with resources and income below a designated level. SNAP and housing assistance were highly used among participants in Central, TANF, WIC, and SSI were utilized more in Buckeye compared to the other two neighborhoods. Overall, SNAP use was higher among survey participants compared to Cleveland (31.9%) and Cuyahoga County (16.5%).<sup>6</sup>

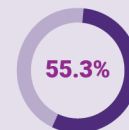
## Education



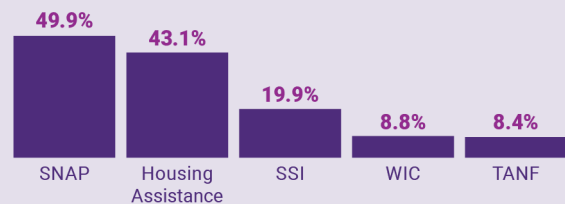
## Income



## Employed for Wages



## Supplemental Benefits



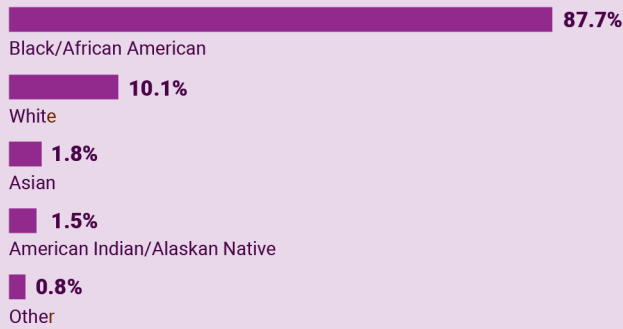


# Profile of Survey Participants by Neighborhood

About a third of all survey participants were recruited from each neighborhood: Buckeye (n=465, 33% of total), Central (n=453, 32%), and Kinsman (n=484, 35%). Across all three neighborhoods, over 80% of participants identified as Black/African American. The proportion of senior participants (65 years and older) were higher in Buckeye and Central (17%) compared to Kinsman (5.5%). Over 60% of participants in Kinsman were employed compared to 49.9% in Buckeye and 48.3% in Central. The median household income for participants in Central was less than \$10,000 compared to \$10,000-\$19,000 in both Buckeye and Kinsman. Overall, dependence on supplemental benefits were higher in Central. The most common living arrangement in each neighborhood was: private renter in Buckeye (40%) and Kinsman (44%), and subsidized housing in Central (19%). The demographic and socioeconomic characteristics of the sample are similar to the patterns observed across the three neighborhoods in the American Community Survey (Table 1).<sup>6</sup>

# Buckeye

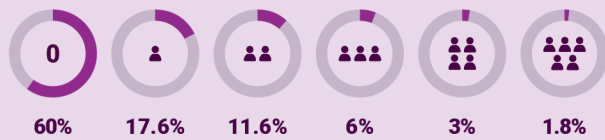
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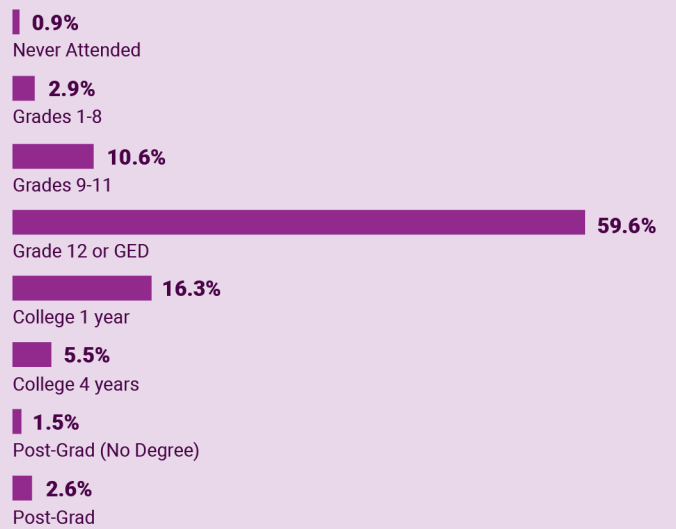
## Age



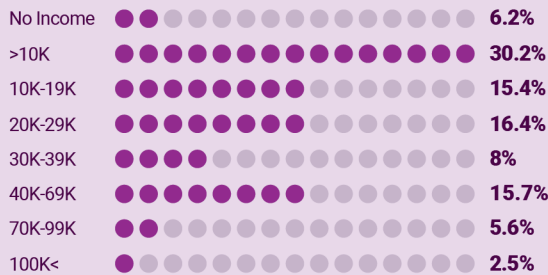
## Number of Children in Household



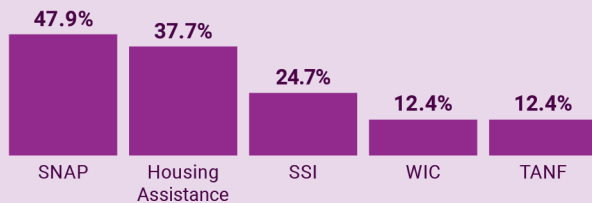
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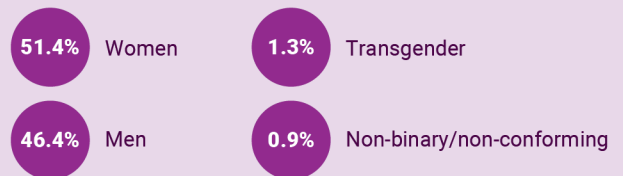
## Income



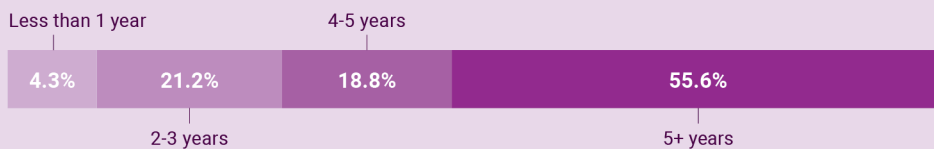
## Supplemental Benefits



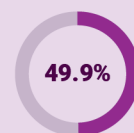
## Gender



## Length of Stay in Neighborhood

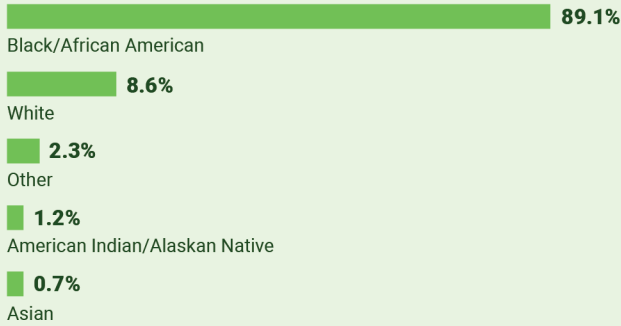


## Employed for Wages

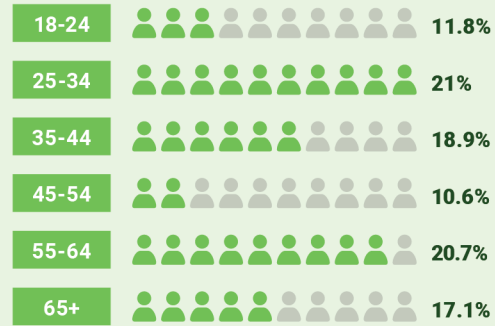


# Central

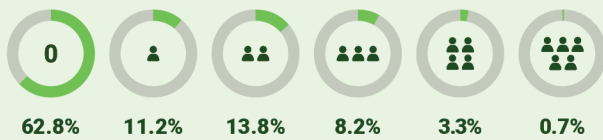
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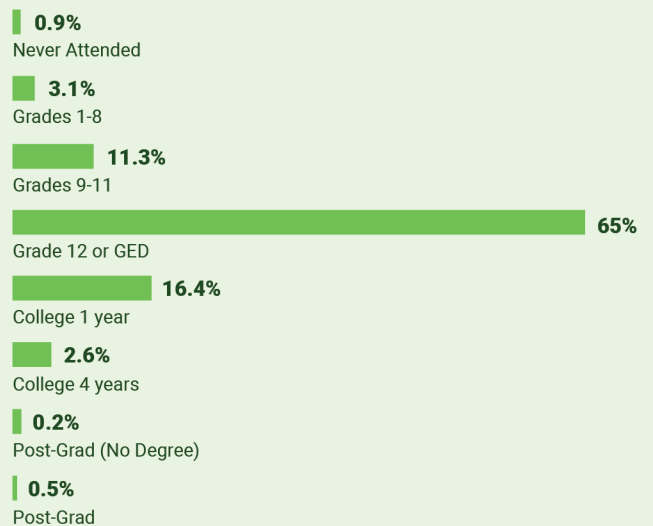
## Age



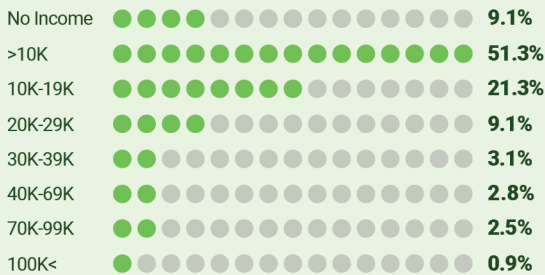
## Number of Children in Household



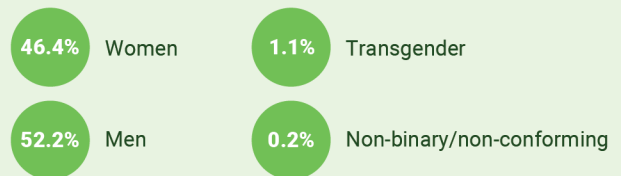
## Education



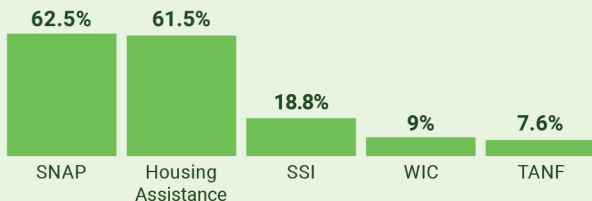
## Income



## Gender



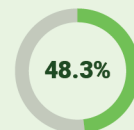
## Supplemental Benefits



## Length of Stay in Neighborhood

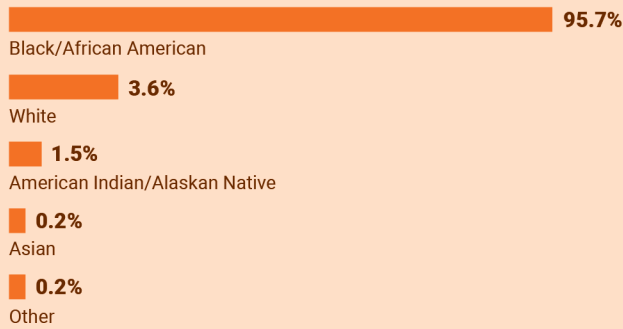


## Employed for Wages

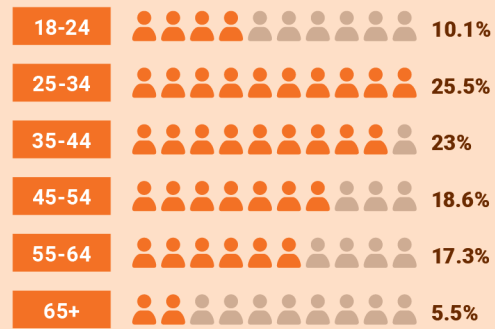


# Kinsman

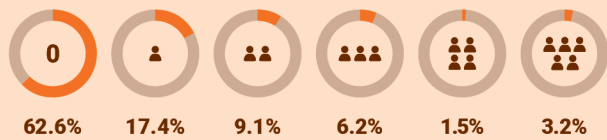
## Race



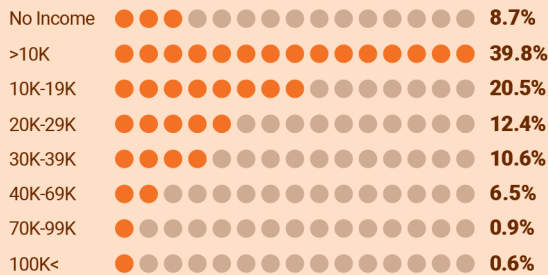
## Age



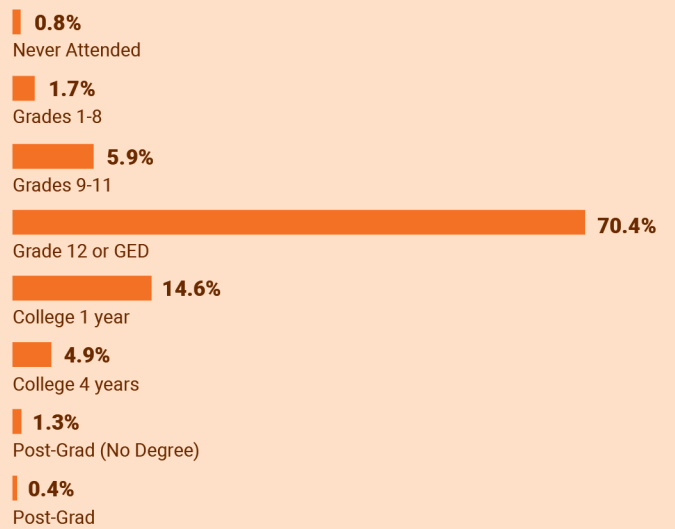
## Number of Children in Household



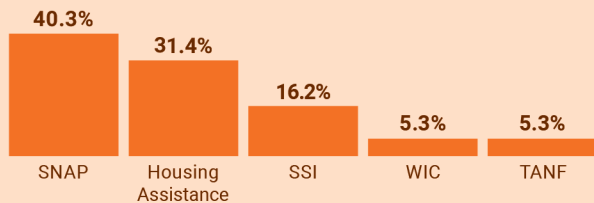
## Income



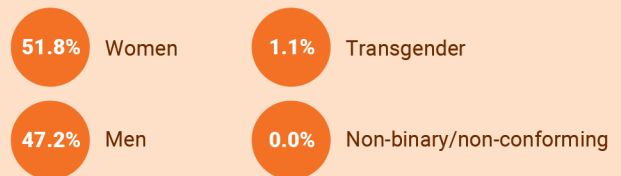
## Education



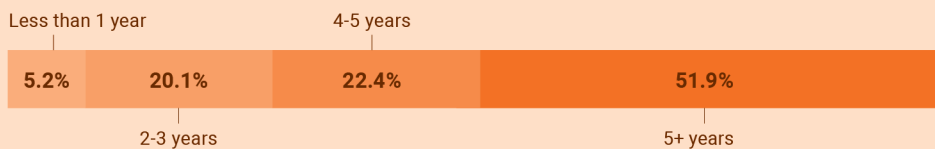
## Supplemental Benefits



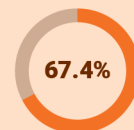
## Gender



## Length of Stay in Neighborhood




## Employed for Wages



# Priority Areas for CHNA

Six priority areas were examined in the CHNA. These were determined by feedback from community listening sessions about areas of concern related to health opportunities in Buckeye, Central, and Kinsman neighborhoods. Within each priority area, we highlight key results across the three neighborhoods and provide a data point for comparison (city of Cleveland, Cuyahoga County, Ohio or the US, where applicable)

The Six Priority Areas		
 Information Access & Resources <b>1</b>	 Green Spaces <b>2</b>	 Food Access & Resources <b>3</b>
 Health Care Access, Physical & Mental Health <b>4</b>	 Transportation & Traffic Safety <b>5</b>	 Neighborhood Satisfaction & Safety <b>6</b>



# Access to Information and Resources

Connecting residents to information and existing resources has the potential to reduce poverty, enhance community empowerment, and improve livelihoods. More than half of the survey participants (53%) endorsed “local news/TV” as the most effective way for getting information to residents across all three neighborhoods. “Flyers/posters/postcards/information boards” (31%), and “community/ward meetings” (25%) were also positively endorsed channels for sharing information. Electronic methods of communication, such as emails, phone calls, and text messages, were the least effective means of sharing information with residents across the three neighborhoods at 12%.

The United Way 211 service is one way to connect residents with existing resources and information across the country. About 48% of participants indicated that they called United Way 211 at least once in their lifetime. The top five reasons across all neighborhoods for calling United Way 211 included “utility assistance” (66%), “housing” (61%), “food” (58%), “tax preparation” (25%), and “legal service” (28%).

United Way 211 utilization varied slightly among the three neighborhoods with lower utilization in Central (42%) compared to Buckeye (52%) and Kinsman (50%).

United Way 211 calls for housing, utility, child and family support, drug and alcohol treatment, transportation, employment services, and veteran services were higher in Buckeye compared to Central and Kinsman. Calls for medical, tax preparation, and legal services were higher in Central compared to the other two neighborhoods while calls for food assistance were higher in Kinsman.

Of those who had called United Way 211, 92% contacted the resources provided, and 77% indicated that the resources were “extremely helpful”.

**Table 2: Top 5 Reasons for Calling United Way 211 per neighborhood**

All Participants		Buckeye		Central		Kinsman	
Utility assistance	66%	Utility assistance	69%	Utility assistance	65%	Utility assistance	67%
Housing	61%	Food	59%	Housing	60%	Food	63%
Food	58%	Housing	64%	Food	51%	Housing	62%
Legal services	28%	Child and family support	26%	Legal services	36%	Legal services	27%
Tax preparation	25%	Transportation	11%	Tax preparation	33%	Tax preparation	24%



## Green Space and Recreational Infrastructure

Green spaces provide both aesthetic, environmental, and health benefits for communities. Recreational facilities offer space for communities to relax, play, and exercise. Among all participants, parks and greenspaces were mostly used for relaxation (47%), individual sports (42%), and serve as a place where residents spend time with family and friends (40%). Other ways participants utilized greenspaces and parks in their neighborhood included organized sports, exercise/fitness, and special events.

Participants within all three neighborhoods utilized several parks and recreational facilities in their neighborhoods. However, certain parks were highly utilized: in Buckeye, 75% utilized Luke Easter Park/Pool, and in Kinsman, 70% used Easton Park. In Central, the most utilized recreational facilities among participants were Cleveland Lonnie Burton center (26%) and Portland-Outwaite recreation center (18%). When asked about the infrastructure that could improve the health of residents, “More green spaces” was highly endorsed in Central (32%), when compared to Buckeye and Kinsman (20% and 25% respectively).



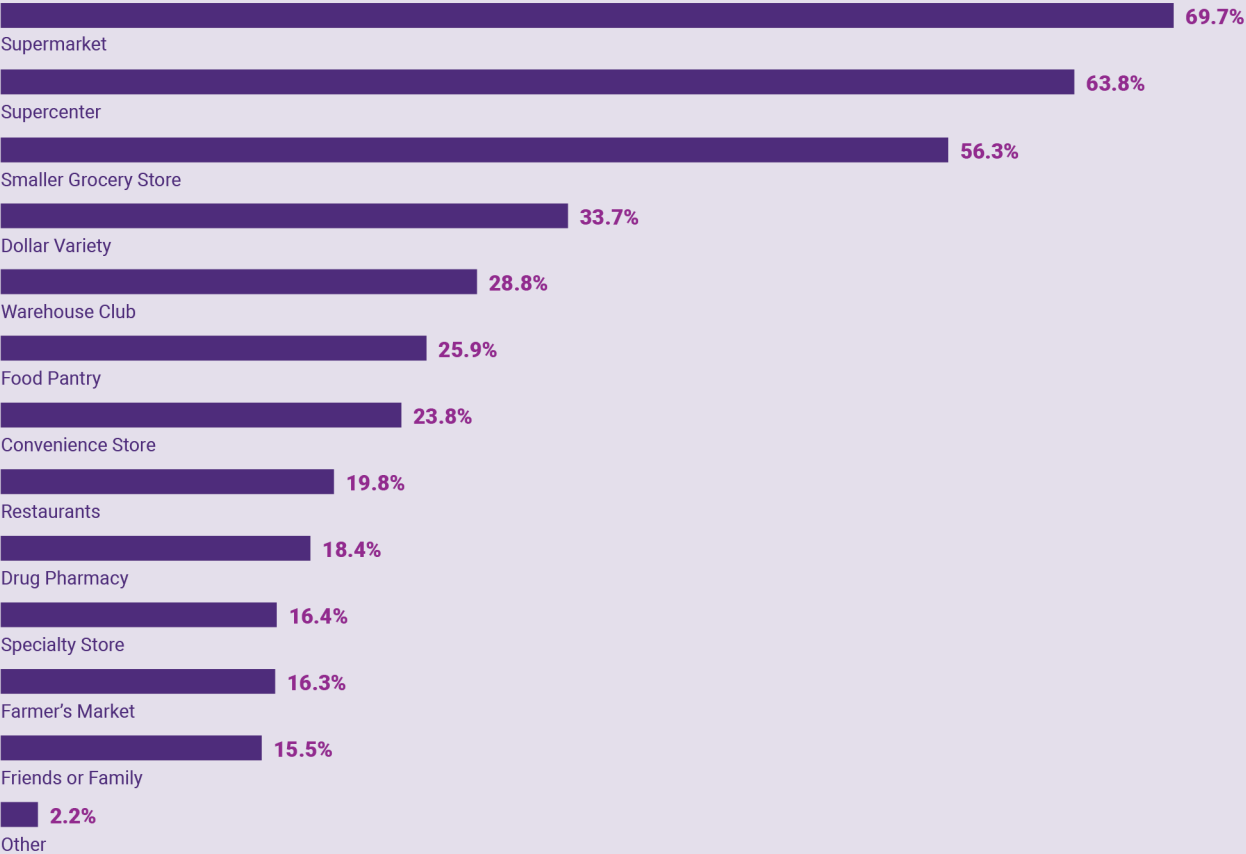
# Food Access and Resources

Food is an SDOH with strong associations with health outcomes. Across all three neighborhoods, access to adequate, fresh, and healthy foods was identified as a key priority by participants. Among all CHNA survey participants, 32% reported skipping meals while they were hungry because there wasn't enough food, which is an indicator of food security. This is higher than the proportion of the population who were food insecure in Cleveland (20%) and about two times higher than the food insecurity rate in Cuyahoga County (15%) in 2021.<sup>8</sup>

Additionally, while over 50% of all participants purchased at least half of the food they consumed within their neighborhoods, a neighborhood grocery store was identified as the most needed retail business by survey participants from all three neighborhoods. Nearly three out of four participants (72%) prioritized grocery retail development in the neighborhood.

Overall, 27% of participants indicated that transportation barriers impacted their ability to shop for groceries. Investments in healthy food access within these neighborhoods have the potential to reduce diet-related negative health outcomes such as diabetes, hypertension, and obesity.

## Where do participants shop for food?



# Health Care Access, Physical, and Mental Health

## Health Care Access

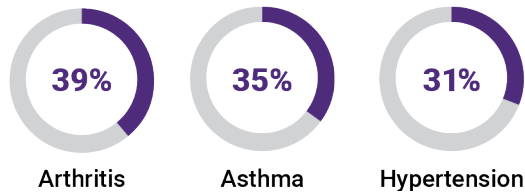
Having a regular primary health care provider offers efficient preventive care that may reduce the need for hospitalizations.<sup>9</sup> In this way, primary care services may reduce costs for both the individual and the healthcare system.<sup>10</sup> Among the survey participants, 74% noted that a member of their household had used the Emergency Room (ER) in the past 12 months. About 22% of American adults visited an ER at least once in the last 12 months.<sup>11</sup>

76% of participants stated that they or members of their household had a regular primary care provider. This aligns with national trends wherein 75% of Americans had a primary care doctor in 2015.<sup>12</sup> Overall, these responses are consistent with the interpretation that ED use is high in these neighborhoods despite some access to primary care services. This is a pattern that has been previously observed in low socioeconomic status (SES) communities and it may relate to the presence of 1) high-need patients that are living in socially unstable conditions 2) low-need patients that find it hard to get timely high-quality care.<sup>13</sup>

## Physical Health

Participants were asked to identify if they or someone in their household had been diagnosed with any of 14 listed health conditions. The most reported health conditions across all neighborhoods were arthritis (39%), asthma (35%), and hypertension (31%). When broken down by neighborhood, the top three reported health conditions were similar except that cavities/dental abscess entered the top three for Buckeye (36%) and anxiety entered the top three for Kinsman (31%). In comparison, the individual level rates for arthritis, asthma, and hypertension among American adults in 2021 were 25%, 10%, and 33%, respectively.<sup>14</sup> These patterns are consistent with the interpretation that asthma and arthritis rates are relatively high in these neighborhoods. County level rates were only available for 2020 but they further support the interpretation that arthritis and asthma are disproportionately high in these neighborhoods: 28% of Cuyahoga County adults had arthritis and 11% had asthma.<sup>7</sup>

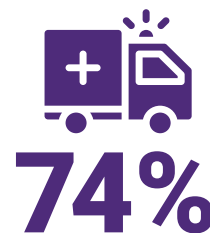
### Top three reported conditions



## Mental Health

When asked about mental health, 29% of participants indicated that someone in their household had been told they had anxiety. The 2019 National Health Interview Survey found that 16% of Americans had anxiety symptoms.<sup>15</sup> Major depression in the household was reported by 19% of participants. This percentage was higher in Buckeye (21%) and Kinsman (21%) and lower in Central (14%). In 2020, rates of depression were 22% in Cuyahoga County and 18% in the U.S.<sup>7</sup> Among the survey participants with children, 60% reported that their children have no access to counseling services. In sum, anxiety levels are high and counseling services are sparse in these three neighborhoods. In terms of substance use, the top three drugs identified as concerning were cocaine, methamphetamines, and alcohol (*Table 3*).

According to the Ohio Substance Abuse Monitoring Network, cocaine in both forms (powdered and crack) "remains highly available in the Cleveland area".<sup>16</sup> During a 6-month period between June 2019 and January 2020 the Cuyahoga County Medical Examiner's Office reported that 42% of the 283 drug-related deaths processed involved cocaine (powdered and/or crack cocaine). Methamphetamines were also reported to be highly accessible in the same report.



of respondents said they or someone in their household had utilized an ER at least once in the last year



of respondents said that no one in their household had a primary care doctor

# Transportation and Traffic Safety

Transportation barriers can limit access to basic necessities and services, including food, health care, education, and job opportunities. Overall, personal vehicles were the most utilized mode of transport (69%) among all participants. Public transportation was utilized by 11% of participants, which is substantially higher than the overall public transportation use in Ohio in 2021 (1%).<sup>17</sup> Public transportation was more frequently utilized among participants from Buckeye (12%) and Kinsman (12%) compared to Central (8%). Relatedly, personal vehicle use was higher in Central (72%), than in Buckeye (65%), or Kinsman (69%). For participants who utilized public transportation, most (80%) reported that they rode it to work.



In terms of barriers related to public transportation, 26% indicated that it took too long to get to destinations when they traveled by public transport compared to personal vehicles. Transportation barriers affected participants' daily routines, including grocery shopping, children's transportation to school/daycare, work, and medical appointments.

Traffic safety concerns across all neighborhoods included reckless driving (e.g., driving too fast, changing lanes frequently), poor pavement conditions, and distracted driving. Additionally, over 50% of all participants felt unsafe in their neighborhoods when driving, biking or walking, with much higher rates in Kinsman (driving-63% , biking-70%, and walking-69%) compared to the other two neighborhoods.

While the Opportunity Corridor was discussed as a major traffic safety concern during the listening sessions, only about 10% of participants reported that the Opportunity Corridor made it harder to drive, walk, ride a bike, take a bus or use their neighborhood resources such as a library. Survey participants did identify other roads and intersections as major areas of traffic safety concern within the neighborhoods. The top three "safety concern" roads identified were Buckeye, Kinsman, and East 55th streets.

## Most Frequently Used Mode of Transport



Personal Vehicle | **68.5%**



Vehicle of Family/Friends | **14.9%**



Public Transportation | **10.9%**



Walk | **4%**



Taxi/Ride Service | **1.4%**



Bike | **0.4%**

# Neighborhood Satisfaction and Safety

## 1. Neighborhood Satisfaction

Across all neighborhoods, more than half of residents reported a strong sense of connection to their neighborhood, and a desire to remain in their neighborhood. 60.5% felt that there were places to gather in their neighborhood, 60% felt welcomed in their neighborhood, and 59% wanted to remain in their neighborhood.

However, there appeared to be differences across neighborhoods about whether their neighborhood was changing for the better. Central stood out, as participants had less optimism about their neighborhood changing for the better (43%) compared to Buckeye (59%), and Kinsman (59%).

While generally participants had strong satisfaction in their neighborhood, there is an opportunity for establishing businesses to help meet basic needs.\* Of all participants, less than half (42%) felt they could get what they needed in their neighborhood. Participants were asked to select the top three retail businesses that would help them meet their basic needs.

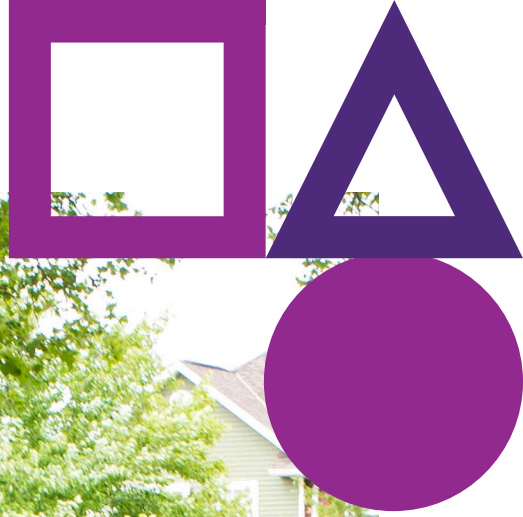
## 2. Gun Violence

Gun violence was identified as a major concern for participants within all neighborhoods. 55% of all participants reported that they or members of their households had been affected by gun violence and 54% worry about being victims of gun violence. Participants also shared that the gun violence in their neighborhood negatively affected their overall mental health (50%), physical health (45%), children’s ability to play outside (54%), and participants’ ability to enjoy their neighborhoods (55%).

The concerns about gun violence are noteworthy given that in 2019 the rate of homicide by firearms was 31 per 100,000 residents in Cleveland 2019<sup>18</sup> compared to 13 per 100,000 in Ohio in 2019.<sup>19</sup>

Participants ranked proposed solutions to safety in their neighborhoods that were informed by the earlier listening sessions.





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# Community Health Snapshots

4.1 Buckeye

4.2 Central

4.3 Kinsman



The neighborhoods of focus in this Community Health Needs Assessment are unique and should be recognized as such. The assets, strengths, needs and opportunities that have arisen may share similarities but create a distinct picture of community health needs and priorities as described by residents in each neighborhood.



### The following snapshots are organized as follows:

**Demographic Information:** this includes information about characteristics such as race, employment, education and length of stay in the neighborhood.

**Significant highlights from the following priority areas:** neighborhood satisfaction, food access and resources, health care access, physical, and mental health, and neighborhood safety.

It should be noted that these snapshots do not contain a summary of all questions asked within the CHNA survey, rather it sheds light on some of the more striking and actionable neighborhood health priorities.

For a full set of questions and responses by neighborhood asked within the CHNA survey, please consult the Technical Report found in the 'Additional Documents' section of this report.

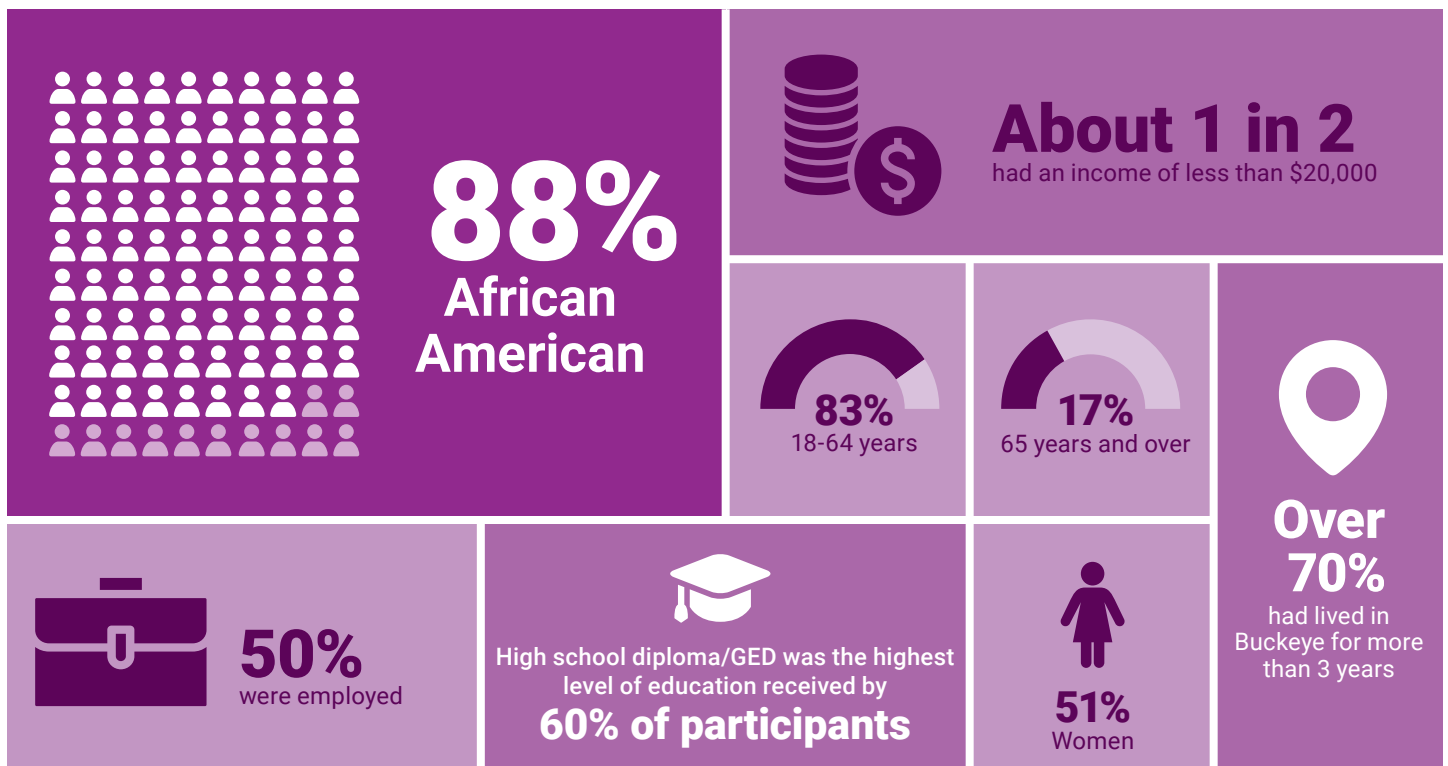
# Buckeye Neighborhood

## About this Assessment

You know what is needed to make your neighborhood flourish, we know that. A Community Health Needs Assessment (CHNA) uplifts residents' voices to identify the causes of health problems in their neighborhoods. Your input informs future actions to address these problems. This summary sheet highlights findings from the Buckeye neighborhood. The full report can be found at [bbcdevelopment.org/community-health](http://bbcdevelopment.org/community-health).

## We asked your neighbors...

We surveyed **465 adult residents** in your neighborhood for this assessment. The information below shares more about the characteristics of the residents who took this survey.









## Your neighbors said...


They feel a strong sense of community and believe in your neighborhood, but there are major issues with healthy food, mental health care access, and safety.

### They felt optimistic about your neighborhood.

-  **70%** feel connected .
-  **68%** believe your neighborhood is changing for the better.
-  **59%** want to remain in your neighborhood.
-  **62%** say there is a strong sense of community spirit.

### One park in the neighborhood is highly used and more greenspaces are desired.




 **Luke Easter Park/Pool** is regularly used by **3 out of 4** participants from Buckeye.

 **1 in 5 participants** felt that more green spaces in their neighborhood would improve the health of their neighborhood.






### Access to healthy foods is limited.

-  **84%** said that they would purchase healthy food in their neighborhood if it was available.
-  **84%** would like to learn more about how to cook healthy food
-  **40%** of participants believed they could not purchase healthy food in their neighborhood.
-  **About half (48%)** of the participants in Buckeye were receiving SNAP (Supplemental Nutrition Assistance Program).
-  **Almost a third (31%)** reported that there was a time in the last 12 months when they were hungry but didn't eat because there wasn't enough food.

### Emergency Room use is high and there is a need for mental health care.





-  **78%** had a primary care physician.
-  **About 75%** of participants' households visited the Emergency Room at least once in the last year.
-  **30%** of participants said that they or someone in their household had been diagnosed with anxiety and **21%** with major depression.

### Lack of safety is a threat to residents' enjoyment of their neighborhood.

-  "Increased Safety" was one of the top three things that could improve the health of the Buckeye neighborhood (selected by **51%** of participants)
-  "More lighting" was the top response for how to improve safety (selected by **65%** of participants).
-  The top reported traffic safety concern was people driving too fast (**79%**)
-  The second highest reported traffic safety concern was poor pavement condition (**50%**).
-  **60%** worry very often about being a victim of gun violence.

## What your neighbors want...

After hearing from your neighbors, here are some things that can help your neighborhood flourish

-  A grocery store with fresh and healthy food options to address diet and food security needs.
-  Neighborhood infrastructure improvements such as more lighting, and traffic calming measures could start to address safety concerns.
-  Activated and improved green and recreational spaces to increase use of community spaces.
-  Providing 24/7 access to mental health and primary care.



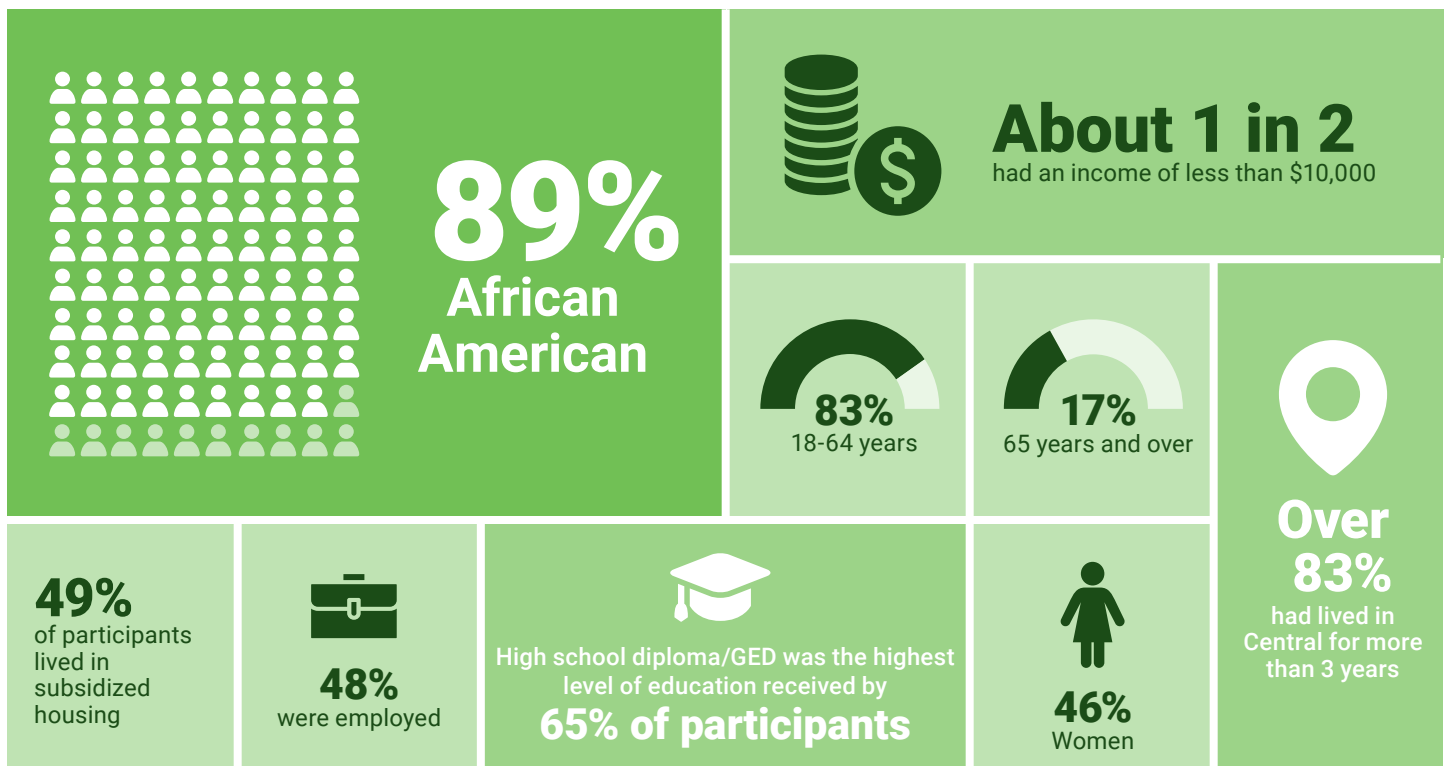
# Central Neighborhood

## About this Assessment

You know what is needed to make your neighborhood flourish, we know that. A Community Health Needs Assessment (CHNA) uplifts residents' voices to identify the causes of health problems in their neighborhoods. Your input informs future actions to address these problems. This summary sheet highlights findings from the Central neighborhood. The full report can be found at [bbcdevelopment.org/community-health](http://bbcdevelopment.org/community-health).

## We asked your neighbors...





We surveyed **453 adult residents** in your neighborhood for this assessment. The information below shares more about the characteristics of the residents who took this survey.





## Your neighbors said...

They like your neighborhood but there are major challenges with greenspaces/recreational centers, healthy food access, healthcare access, and safety.

### There was a high sense of belonging in your neighborhood but overall optimism was low.

-  **69%** felt connected
-  **57% disagreed** that your neighborhood was changing for the better
-  **Less than 1 in 2 participants** wanted to remain in your neighborhood
-  **73% disagreed** that they could get what they needed in your neighborhood




### The quality and number of greenspaces and recreation sites were not enough.

-  **32%** said “more green spaces” would improve the health of the neighborhood.
-  **Nearly 1 in 4 people** were unsatisfied with parks and recreational sites for children and seniors.






### Access to healthy foods is limited.

-  **77%** wanted to learn more about how to cook healthy food.
-  **78%** said that they would purchase healthy food if it was available in their neighborhood.
-  **79%** reported that “more fresh and healthy food options” would improve the health of the neighborhood.
-  There was a high desire for a grocery store (**81%**).
-  **Over half (63%)** of participants were receiving SNAP (Supplemental Nutrition Assistance Program).

### There are a lot of barriers to healthcare access.





-  **76%** had a primary care physician.
-  **50%** of participants' households visited the Emergency Room at least once in the last year.
-  **40%** of participants said that they or someone in their household had hypertension (high blood pressure).

### Neighborhood safety is a concern.

-  **62%** reported that increased safety would improve the health of the neighborhood.
-  **52%** of participants felt that “more lighting” would improve safety
-  **Over 50%** rated road conditions and sidewalks unsafe as a driver, a walker, and as a biker.
-  **59% agreed** that they or their family had been affected by gun violence.
-  **65%** felt unsafe in their neighborhood at night.

## What your neighbors want...

After hearing from your neighbors, here are some things that can help your neighborhood flourish

-  A grocery store with fresh and healthy food options to address diet and food security needs.
-  More lighting and enforcement of traffic calming measures could start to address safety concerns.
-  Activated and improved green and recreational spaces to increase use of community spaces.
-  Increased access to healthcare and pharmacies.

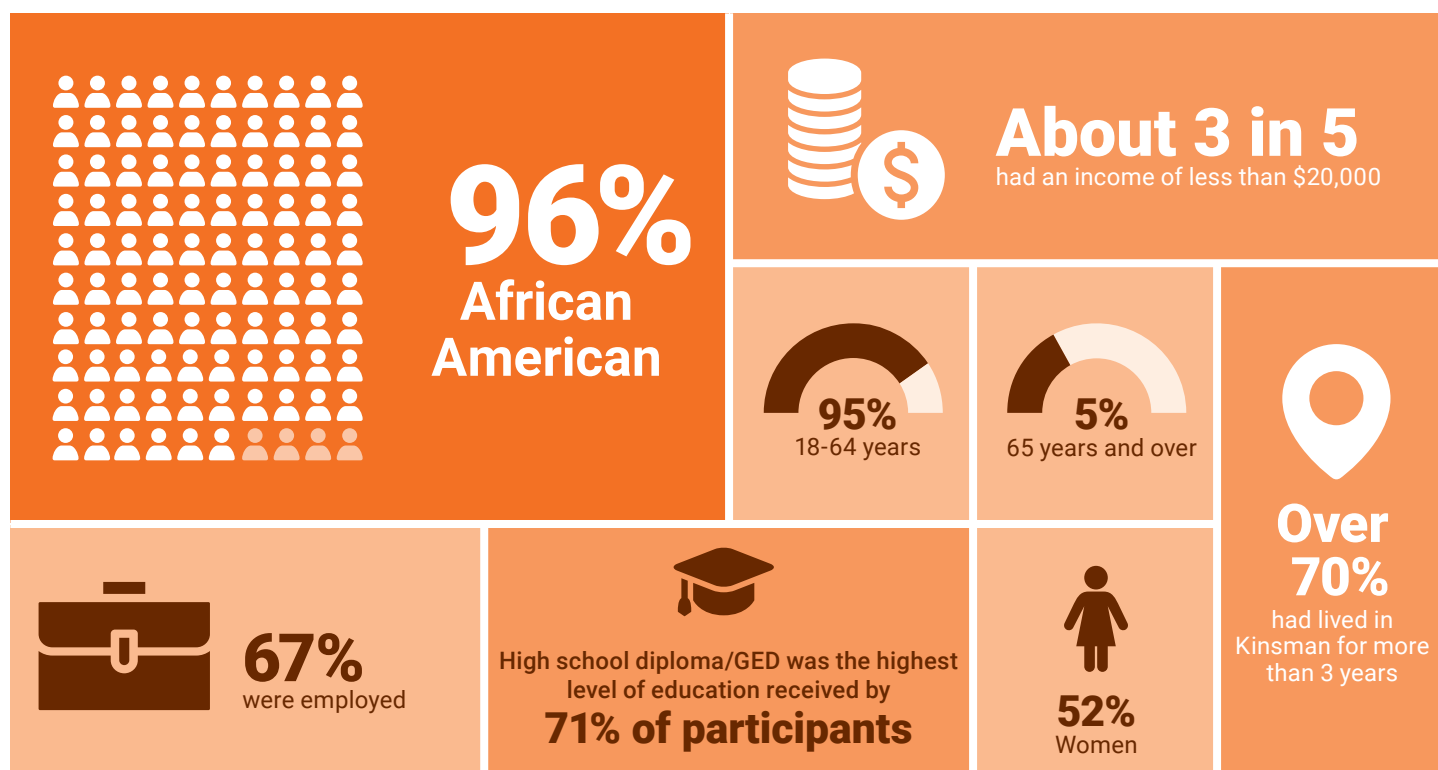
# Kinsman Neighborhood

## About this Assessment

You know what is needed to make your neighborhood flourish, we know that. A Community Health Needs Assessment (CHNA) uplifts residents' voices to identify the causes of health problems in their neighborhoods. Your input informs future actions to address these problems. This summary sheet highlights findings from the Kinsman neighborhood. The full report can be found at [bbcdevelopment.org/community-health](http://bbcdevelopment.org/community-health).

## We asked your neighbors...





We surveyed **484 adult residents** in your neighborhood for this assessment. The information below shares more about the characteristics of the residents who took this survey.



## Your neighbors said...

They like your neighborhood and want to remain here, but there are major issues with healthy food, healthcare access, and safety.

### There is a high desire among residents to remain in your neighborhood.

-  69% feel connected to your neighborhood.
-  59% **agree** that your neighborhood was changing for the better.
-  62% want to remain in your neighborhood.
-  60% feel welcome in your neighborhood.

### More recreational and green spaces would make your neighbors healthy.




 **Over half of the participants were satisfied (60%)** with green and recreational spaces in the neighborhood.

 **1 in 4 participants** felt that more green spaces in their neighborhood would improve the health of their neighborhood.






### There is a high need and desire for fresh and healthy foods in your neighborhood

-  76% would like to learn more about how to cook healthy food
-  71% of participants said the top need to improve the health of the neighborhood was “more fresh and healthy food options”.
-  The number one retail desire was “grocery store” (72%).
-  40% of participants were receiving SNAP (Supplemental Nutrition Assistance Program) benefits.
-  35% reported that there was a time in the past 12 months when they were hungry but didn't eat because there wasn't enough food.

### There is a desire for increased access to healthcare services.





-  Pharmacies were identified as a top retail desire. (51%)
-  55% of participants' households visited the Emergency Room at least once in the last year.
-  40% of participants said that they or someone in their household had arthritis.

### Gun violence and traffic safety are an issue, but neighborhood investments could help them feel safer.

-  **Over 90%** said that ‘More lighting,’ ‘More active retail businesses,’ and ‘Cleaner, well-kept streets’ would help them feel safe in the neighborhood.
-  84% reported “people driving too fast” as a traffic safety issue in the neighborhood.
-  54% said they or someone in their household had been affected by gun violence.
-  51% said gun violence in the neighborhood prevents them from enjoying their neighborhood.
-  58% felt unsafe in their neighborhood at night.

## What your neighbors want...

After hearing from your neighbors, here are some things that can help your neighborhood flourish

-  A grocery store with fresh and healthy food options or increasing the amount of fresh and healthy foods in the existing stores could address diet and food security needs.
-  Neighborhood infrastructure investments such as lighting, street cleaning, and traffic calming measures could start to address safety concerns.
-  Activated and improved green and recreational spaces to increase use of community spaces.
-  A pharmacy to improve access to basic health services.

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# Recommendations and Conclusion



Results from this CHNA can motivate changes in: local policy, the built environment, neighborhood health programming and infrastructure, and the building of synergistic collaborations to support health opportunities to achieve holistic health among residents. We provide a summary of opportunities for action within the 6 priority areas. These opportunities are a means for individuals, grassroots organizations, government, nonprofit, and businesses with a shared mission and goals to act upon the health needs and priorities of the Central, Kinsman, and Buckeye neighborhoods.

## 1. Access to information

- Explore ways to expand the effectiveness and impact of United Way 211 services. United Way 211 is highly valued and utilized by residents for several needs. Improvements could include the use of evidence-based resource navigation models such as Community Health Workers or Community Resource Navigators that would help callers follow up on referrals and navigate social service systems.
- Ensure that United Way 211 resources are responsive. Referral sources should be current and target utility, housing, and food needs which is evident in the reasons for United Way 211 calls.

## 2. Green spaces

- Support safe spaces and programs for all ages. Park and recreational facilities/programs that are tailored to specific age groups including children, teens, and seniors are desired across all three neighborhoods. Existing programs and facilities can be identified for such investments.
- Invest in Parks and Recreational Infrastructure Improvements. Opportunity to coordinate strategically with key partners to further invest in infrastructure improvements (e.g., lighting to promote safety, updating equipment) and programming in parks that already have high demand among residents.

### The Six Priority Areas



Information Access & Resources

1



Green Spaces

2



Food Access & Resources

3



Health Care Access, Physical & Mental Health

4



Transportation & Traffic Safety

5



Neighborhood Satisfaction & Safety

6

### 3. Food Access

- Implement policies and programs to improve healthy food access. There is an opportunity to implement/promote policies and programs focused on eliminating food insecurity, promoting healthy food consumption, and removing all barriers to healthy food access.
- Explore the available potential market for healthy food retail stores. The high patronage of supermarkets, supercenters, and small grocery stores, and the level of within-neighborhood food purchasing is evidence of a potential market base to support grocery retail options that stock healthy options within the neighborhoods.

### 4. Health

- Identify root causes of high ER Utilization. Do people need better transportation options or local ordinances to allow time off for primary care visits? Are there sufficient same-day, evening, or weekend appointments available? This may allow them to avoid the ER. This is key for better and affordable care.
- Increase mental health services and research into the local drivers of anxiety. By ensuring both adults and children have access to needed mental health support, there is the opportunity to reduce the effects of anxiety, depression, and other mental health conditions for individuals in the neighborhood. Anxiety may come from preventable community-level causes, so treatment services alone will not be enough.
- Invest in evidence-based substance use and mental health disorder services. Priority investments in these interventions are needed to reduce concern about drug and alcohol abuse.

- Research the drivers of Arthritis and Asthma in these areas and enact policies and practices to mitigate risk. Inflammation-driven diseases may be partially preventable. Identifying the prominent local drivers of excessive inflammation (e.g. poor diet, air pollution) may help to lower the risk of these conditions.

### 5. Transportation and Traffic Safety

- Implement traffic calming measures. Traffic safety issues are prominent, spreading, and traffic calming interventions may be needed.
- Improve access to reliable and affordable public transportation to support workforce development and the day to day living of households.

### 6. Neighborhood Satisfaction and Safety

- Invest in neighborhood retail businesses. This includes laundromats, pharmacies, and food retail stores. As resources become available, priority investments should be made toward the establishment of the retail operations identified by residents to help them meet their basic needs.
- Invest in street infrastructure improvements to increase safety. This may include adding/fixing lighting and other street fixtures.
- Implement city-wide evidence-based gun violence interventions. This issue transcends the neighborhoods in this CHNA and continues to be the focus of local government and public health officials. Ongoing support is needed to expand existing programs, implement evidence-based practices, and evaluate the impact of these programs.

This CHNA report highlights key drivers of neighborhood health trends that have the potential to inform decision-making that can improve community health by responsively addressing neighborhood specific needs. While there are current efforts within these neighborhoods to address some of the gaps identified, including targeted recreation and greenspace improvement (e.g. Sidaway bridge redevelopment), ongoing discussions with residents and key stakeholders regarding a new grocery store, and continued engagements with key stakeholders to address the root causes of these gaps, the results reveal that there are several opportunities to improve the overall health of residents in these neighborhoods.





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# Appendices

5.1 Acknowledgements

5.2 References

5.3 Additional Document

5.3.1 Neighborhood CHNA Process

5.3.2 Focus Group Summary

5.3.3 Survey Tool

5.3.4 Technical Report

5.3.5 Map of Survey Distribution

5.3.6 Promotional Materials

# Acknowledgements

The members of CHNA team would like to thank everyone who contributed to the process of creating this CHNA. It was a collaborative effort that would not have been possible without the passion and commitment of all individuals involved including survey and listening session participants.

## Neighborhood Community Health Needs Assessment Leadership Team

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## Key Collaborators:

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- 2. Mary Ann Swetland Center for Environmental Health at Case Western Reserve University:** Darcy Freedman, PhD, MPH, Director; Owusua Yamoah, PhD, MA; Research Scientist; Timothy Ciesielski, ScD, MD, MPH, Senior Research Associate; Rachael Sommer, LISW, MSSA, Senior Director of Operations and Partnerships; and Eleanor Gillerlane Hinkes, MA, Graduate Research Assistant
- 3. United Way of Greater Cleveland:** Shelby Kaemmerer, MPH, Director, Health Pathways, United Way

## Dissemination Partners

1. United Way of Greater Cleveland
2. Better Health Partnership
3. Cuyahoga County Board of Health

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<https://www.bbcdevelopment.org/community-health/>

## Contact Information

If you want to be involved in action steps towards the implementation of the suggested recommendations, please contact BBC at [info@bbcdevelopment.org](mailto:info@bbcdevelopment.org) or by calling 216-341-1455

Data and Evaluation Questions: Rachael Sommer, Director of Operations and Partnerships, Mary Ann Swetland Center for Environmental Health at Case Western Reserve University, [ras333@case.edu](mailto:ras333@case.edu)

# References

1. World Health Organization, Social determinants of health Retrieved January 4, 2023 from [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)
2. IRS, (2022) Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r) (3), July 15 2022, (accessed 1/9/2022) <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>
3. 2022 Cuyahoga County Community Health Needs Assessment (2022) [https://hipcuyahoga.org/wp-content/uploads/2022/12/FINAL\\_Cuyahoga-County-Ohio-CHNA-Report\\_11\\_1\\_22.pdf](https://hipcuyahoga.org/wp-content/uploads/2022/12/FINAL_Cuyahoga-County-Ohio-CHNA-Report_11_1_22.pdf) (accessed 1/9/2022)
4. King, J. (2018). Health in Action: Building a Culture of Community Health in Cleveland. Retrieved January 17, 2023, from [https://static1.squarespace.com/static/55143082e4b08d9b665dc859/t/5b9c157cc2241b2a5403faf3/1536955867333/obcdc+community+health+report\\_08-31-18\\_final.pdf](https://static1.squarespace.com/static/55143082e4b08d9b665dc859/t/5b9c157cc2241b2a5403faf3/1536955867333/obcdc+community+health+report_08-31-18_final.pdf)
5. Center for Community Solutions - in collaboration with the Northern Ohio Data & Information Service (NODIS), Maxine Goodman Levin College of Urban Affairs, Cleveland State University (2022, July 11). New Cleveland Ward Fact Sheets. Cleveland Neighborhood and Wards. Retrieved January 5, 2023, from <https://www.communitysolutions.com/resources/community-fact-sheets/cleveland-neighborhoods-and-wards/>
6. U.S. Census Bureau. (2021). 2019 American Community Survey 5-Year Estimates Retrieved from <https://www.census.gov/programs-surveys/acs/news/data-releases.2019.html>
7. Healthy Northeast Ohio: Sharing Knowledge to Create Healthier Communities. Retrieved from [www.healthynco.org](http://www.healthynco.org) (accessed 1/6/2023)
8. Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.
9. Bazemore A, Petterson S, Peterson LE, Bruno R, Chung Y, Phillips RL Jr. Higher Primary Care Physician Continuity is Associated With Lower Costs and Hospitalizations. *Ann Fam Med*. 2018 Nov; 16(6):492-497. doi: 10.1370/afm.2308. PMID: 30420363; PMCID: PMC6231930.
10. UnitedHealth Group (2019) Data Brief: 18 Million Avoidable Hospital Emergency Department Visits Add \$32 Billion in Costs to the Health Care System Each Year July 2019 <https://www.unitedhealthgroup.com/content/dam/UHG/PDF/2019/UHG-Avoidable-ED-Visits.pdf> (accessed 1/13/2023)
11. Centers for Disease Control and Prevention. (2022, October 4). Places: Local data for Better Health, Place Data 2022 release. Centers for Disease Control and Prevention. Retrieved December 20, 2022, from <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-Place-Data-202/eav7-hnsx>
12. Levine DM, Linder JA, Landon BE. Characteristics of Americans with Primary Care and Changes over Time, 2002-2015. *JAMA Intern Med*. 2020; 180(3):463-466. doi:10.1001/jamainternmed.2019.6282
13. Kangovi S, Barg FK, Carter T, Long JA, Shannon R, Grande D. Understanding why patients of low socioeconomic status prefer hospitals over ambulatory care. *Health Aff (Millwood)*. 2013 Jul; 32(7):1196-203. doi: 10.1377/hlthaff.2012.0825. PMID: 23836734.
14. United Health Foundation. (2023) America's Health Rankings analysis of America's Health Rankings composite measure, [AmericasHealthRankings.org](https://AmericasHealthRankings.org), (accessed 1/6/2023)
15. Zablotsky, B., Weeks J.D., Terlizzi E.P., Madans J.H., and Blumberg, S.J., (2022) Centers for Disease Control and Prevention, National Center for Health Statistics, Assessing Anxiety and Depression: A Comparison of National Health Interview Survey Measures National Health Statistics Reports, 172, July 11, 2022

16. Ohio Substance Abuse Monitoring Network (2020) OSAM Drug Trend Report June 2019 - January 2020, Drug Abuse Trends in the Cleveland Region <https://mha.ohio.gov/static/Portals/0/assets/ResearchersAndMedia/Workgroups%20and%20Networks/OSAM/DrugTrendReports/2020/OSAM%20Cleveland%20January%202020.pdf> (accessed 1/13/2023)
17. Bureau of Transportation Statistics. (n.d.). Commute mode. Commute Mode | Bureau of Transportation Statistics. Retrieved January 5, 2023, from <https://www.bts.gov/browse-statistical-products-and-data/state-transportation-statistics/commute-mode>
18. Cleveland Department of Health. (n.d.). City of Cleveland Violence & Injury Data Report 2017-2021. Data Statistics & Reports. Retrieved January 5, 2023, from [https://www.clevelandhealth.org/programs/health/data\\_reports/](https://www.clevelandhealth.org/programs/health/data_reports/)
19. Centers for Disease Control and Prevention. (b) (2022, March 1). Stats of the States - Firearm Mortality 2019. Centers for Disease Control and Prevention. Retrieved December 16, 2022, from [https://www.cdc.gov/nchs/pressroom/sosmap/firearm\\_mortality/firearm.htm](https://www.cdc.gov/nchs/pressroom/sosmap/firearm_mortality/firearm.htm)

# Additional Documents

Additional appendices documents are described below and can be found online at <https://www.bbcdevelopment.org/community-health/>

## Neighborhood CHNA Process

A detailed description of the community engaged participatory approach used across the neighborhood-level CHNA process, including listening sessions, survey design, data collection and analysis.

## Focus Group Summary

High level summary of themes from the five listening sessions conducted across the three neighborhoods (Central-2, Buckeye-1, and Kinsman-2).

## Survey Tool

Full list of questions asked to participants who completed surveys that informed the results shared in this report.

## Technical Report

Report containing all data collected from surveys from all three neighborhoods.

## Map of Survey Distribution

Map showcasing how neighborhoods were divided for canvassing and survey distribution.

## Promotional Materials

Materials made, posters, hotcards, flyers, to distribute around all three neighborhoods for project promotion and survey distribution.



