



Health in Action

Building a Culture of Community Health in Cleveland



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Introduction

Cleveland is back. Well, Cleveland is back for some of its residents. According to dominant narratives, Cleveland—like many urban centers nationwide—is a tale of two cities. Disparities between those realities are no longer between the city and suburbs; they are between zip codes within our own borders.

In this mix of realities Old Brooklyn has positioned itself as a neighborhood for all: a place where young professionals can build their future while at the same time provide residents of limited means with a safe and affordable place to call home. To do so, Old Brooklyn Community Development Corporation (OBCDC) has prioritized community health as a marker for success.

Our health is determined in large part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. Data have shown time and again that where you live greatly affects how long you will live, how healthy those years of life will be, how much you might earn, and beyond. In the 21st century CDCs are not limited to improving homes or small businesses. Rather they occupy the Zip Code Improvement Business – the intersection of community development and public health. The adoption of a community health strategy addresses the interconnected nature of underlying issues in a neighborhood.

Old Brooklyn stands apart from other community organizations in applying this type of strategy at the neighborhood level. This Community Health Report disrupts how community development and public health practitioners approach their work as we now move into a period of **Health in Action**.

Aligned with our partners, informed by comprehensive and deep data, and working hand-in-hand with our residents, Old Brooklyn will address one of the most critical questions for a neighborhood: how to make our lives healthier. We encourage you to join us on this journey for a healthier Old Brooklyn, a new model for community development, and a stronger Cleveland.

This bold direction would not be possible without the leadership and support offered by Enterprise Community Partners, the Cleveland Foundation, and Cleveland Neighborhood Progress. Dozens of hands shaped the Old Brooklyn Community Health Needs Assessment and without partnership, none of it would be possible.

- Baldwin Wallace University – Department of Public Health and Prevention Sciences
 - Better Health Partnership
 - Build Healthy Places Network
 - Case Western Reserve University
 - City of Cleveland
 - Cleveland Neighborhood Progress*
 - Community Health Committee
 - Enterprise Community Partners*
 - Federal Reserve Bank of Cleveland
 - Senior Citizen Resources
 - Sisters of Charity
 - The Center for Community Solutions
 - The Cleveland Clinic
 - The Cleveland Foundation*
 - The MetroHealth System
 - The Prevention Research Center for Healthy Neighborhoods
- *denotes contributor to Community Health pilot funding*



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Old Brooklyn is a neighborhood situated between its legacy of stability and future of change.

Background

Historically a blue-collar neighborhood of white immigrants, Old Brooklyn is the fastest growing place for African-Americans in Cleveland and the fastest growing community in the northeast Ohio region for Hispanics, more than doubling population size between 2000 and today. The community boasts over 6,000 children under the age of 18 and a roughly equal number of residents over the age of 60. Simultaneously, it is one of a few Cleveland neighborhoods experiencing a transformation featuring substantial demand from young professionals.



Accordingly, Old Brooklyn Community Development Corporation (OBCDC) recognizes the need for organizational change. With over 30,000 residents OBCDC serves Cleveland's largest neighborhood, and our work has been anchored in the community since incorporation in 1974.

For most of OBCDC's history we followed traditional community development capacities: (1) residential, low-income housing development, (2) small business support, and (3) a block club model of community engagement. Staffing structures, programming, and funding streams were institutionalized using this structure. The result was a system focused on place, but it was a system without consideration for how place impacts the health of its people.

The adoption of Old Brooklyn 2020 – a five year strategic plan – guided OBCDC toward a new paradigm of community health. At the intersection of community development and public health, the organization committed to a realignment that effectively addresses the needs of communities in 2018 and beyond.

Foster a Healthy Community in Old Brooklyn

- A focus on quality of life ensures that all in Old Brooklyn can live rewarding and healthy lives; the neighborhood is enhanced as a community of choice and opportunity.
- Great communities thrive because of social networks that are supportive, inclusive, and meet neighborhood needs.
- Collective impact of housing, safety, education, and organizing can be leveraged through collaboration, partnerships, and a focus on coordinating neighborhood services.

OBCDC recognizes that health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their race, socioeconomic status, sexual orientation, or other discriminations. These disparities are rooted in the social, economic, and environmental context in which people live. A healthy community requires addressing these social and environmental determinants through both neighborhood wide assessments and targeted approaches focused on these issues.

Starting in 2016 OBCDC began a shift of the entire organization toward a community-health-as-community-development model. Within this shift OBCDC has learned that large-scale healthcare providers and government entities are the primary organizations trying to address social determinants of health. However, their top-down approach and focus on patients or populations without geographic continuity limit their ability to effectively create interventions on a targeted community. OBCDC's effort combines the effectiveness of a true, data-driven health needs assessment with the grassroots capabilities of a community development corporation to spark a new and promising effort around health interventions.

Unlike approaches seen in other public health entities that focus on a social determinant of health and then seek a population effected by disparities, OBCDC's community health initiative will develop solutions to the explicit and current needs of the community in relation to best practices from the field. Those needs from the neighborhood were identified and analyzed through a rigorous and comprehensive community health needs assessment, which is detailed in further throughout this report.

Community Health Initiative Timeline



Methodology

Development & Design

Two cross-sectional survey instruments were designed for this study: one for adults and one for youth*. Potential sources of valid and reliable survey items appropriate for assessing the health status and health needs of both audiences derived mainly from the Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System surveys.

From its inception, residents were actively engaged in the planning process to help define the content and scope of the study. Their perceived understanding of health and how it is affected by place was captured through participation in focus groups and completion of brief surveys at local summer 2017 events. In addition to resident input, which was regarded as an important step in completing a valid needs assessment, Dr. King developed the CHNA with the guidance of advisory committee members' prior experience of surveying other populations throughout the region. These processes, paired with the recognition that the quality of health directly relates to the quality and vibrancy of a community, produced an instrument that embedded five overarching factors of health (i.e. social determinants)⁹ highlighted by eight areas of focus. The focal themes were investigated to provide an accurate representation of the social determinants of health within Old Brooklyn include the following:

- 1. Cultural Diversity & Awareness**
- 2. Community Engagement & Social Connectivity**
- 3. Neighborhood Resource Use**
 - Greenspace
- 4. Neighborhood Health Resources**
- 5. Quality of Life & Chronic Disease**
- 6. Environmental Risk Factors**
 - Food Accessibility
 - Housing
 - Safety
- 7. Behavioral Risk Factors**
- 8. Child Health**

The final version included thirty-eight questions with an additional seven items if the resident reported children under the age of 18 residing in the home. Approval for this study was provided by Baldwin Wallace University's Institutional Review Board.

Procedure

The CHNA was launched January 2018 via electronic and hardcopy survey administration.

Electronic distribution of the assessment was coordinated by OBCDC's Marketing and Promotions department, which provided a Qualtrics link to potential participants via the organization's social media platforms (Instagram, Facebook, and Twitter) and bi-weekly electronic newsletter. Members of OBCDC staff engaged in targeted outreach to ensure all residents fitting the inclusion criteria had the opportunity to participate in the assessment, especially those of whom which the organization previously lacked communication. Sites of particular interest included Crestview Estates, Senior Citizen Resources, Spring Hill Villa, Estabrook Recreation Center, as well as local public libraries and barbershops. To encourage increased response, the assessment was incentivized. Once the assessment closed in April 2018, the data were transferred from Qualtrics to Microsoft Excel for organization and imported to IBM Statistical Package for the Social Sciences software for analysis.

Limitations

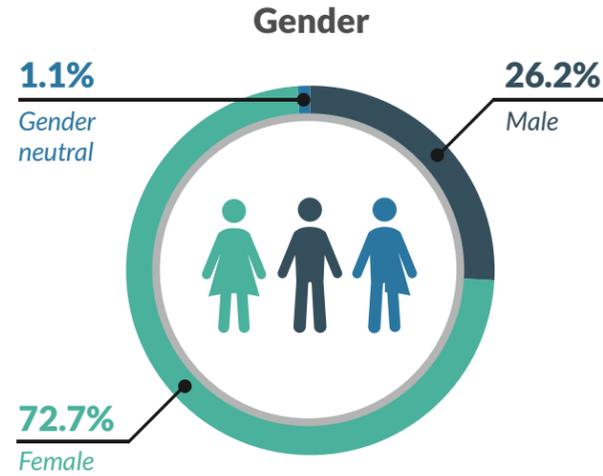
While current literature provided foundation to conduct this assessment and address the determinants of health among Old Brooklyn residents, it was not without limitations. Not unique to OBCDC's approach to data collection, length of the assessment was a significant constraint to balance data collection on as many factors of health as possible with the need to keep the survey short enough to garner good response rate. Responses were collected across several strata to ensure adequate representation of all Old Brooklyn residents; however, due to the cross-sectional design, the findings cannot be generalized to all whom reside in the neighborhood nor the City of Cleveland and thus no causal inference can be made. Additionally, the instrument required self-reported data that heavily relied on subjective honesty and accuracy, which may have resulted in recall and social desirability biases. The electronic version of the instrument also included skip patterns that may have excluded responses that would have otherwise provided a more accurate depiction of perceived health among the sample population.

**Note that this report will primarily highlight processes, results, and outcomes of the adult assessment. The full analysis of adult and youth data are available by request.*

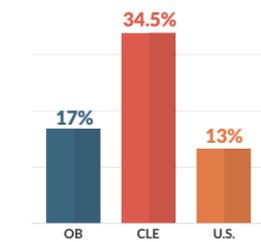
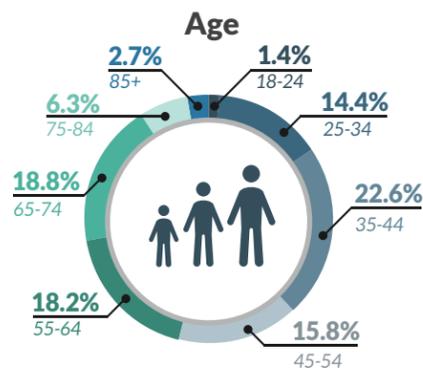
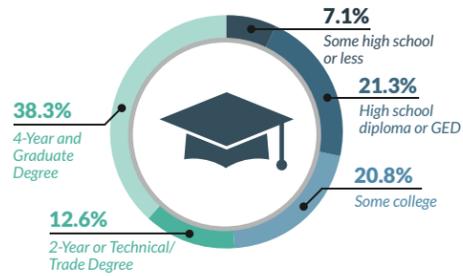


Health is characterized by more than dietary behaviors, physical activity, and medical care – it is the very characteristic of the community.

Assessment Overview



Highest Level Of Education



Unemployment in Old Brooklyn compared to national average^b



45% of respondents had incomes below the neighborhood's median household income of \$37,600 per year.

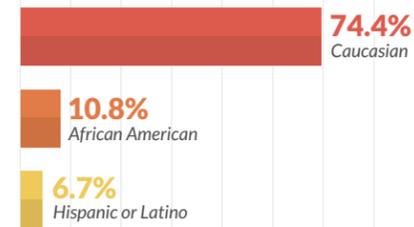
Cultural Diversity & Awareness

Similar to the overall adult population in Old Brooklyn, the majority of residents surveyed were Caucasian. Nearly **11% (10.8%)** were African American, and **6.7%** were Hispanic or Latino.

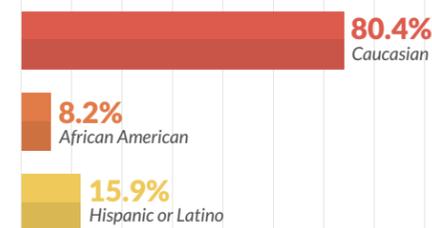
Additional races/ethnicities represented included those who self-identified as mixed or multiple races, American Indian, Asian/Pacific Islander, and "other".

With **16.5%** of homes being bilingual, it is a neighborhood full of diverse experiences and voices. This presents a changing community with new and different needs.

Race of respondents

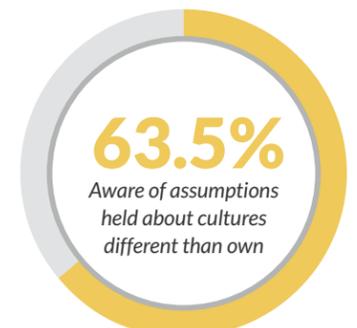
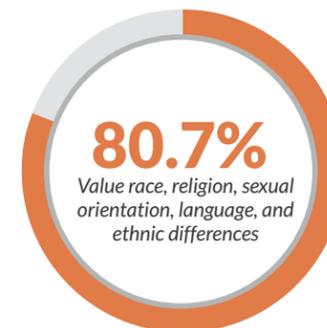


Race of neighborhood^c



In 2018, Old Brooklyn is Cleveland's largest neighborhood and is experiencing the fastest growth in both Hispanic / Latino and African American community members.

Residents were asked about their recognition of cultural diversity in Old Brooklyn. Survey results showed the following:



Community Engagement & Social Connectivity

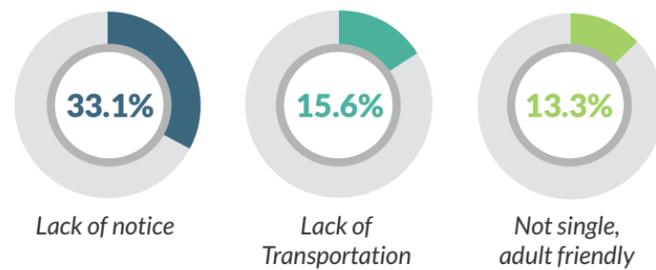
The assessment also noted barriers that limited resident attendance and participation in Old Brooklyn events. These perceived barriers to

engagement are often not unique to one specific neighborhood, but have been found to contribute to social isolation experienced by residents.

I attend community and social events in Old Brooklyn because...



The leading reason why an Old Brooklyn resident may not attend a community or social event are:



are involved with at least **one** community organization

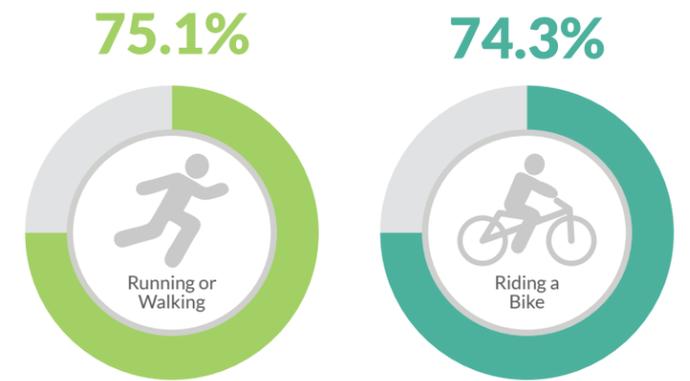
Most common groups:

- Ben Franklin Community Garden
- Big Creek Connects
- Brooklyn Cleveland Kiwanis Club
- Faith-Based Groups
 - Brooklyn Heights United Church of Christ
 - Grace Church
 - Gateway Church Old Brooklyn
 - Knights of Columbus
 - Mary Queen of Peace Church
 - St James Lutheran Church
 - St Leo the Great Church
 - Unity Lutheran Church
- Männerchor
- Old Brooklyn Area Little League (OBALL)
- Old Brooklyn Youth League (OBYL)
- Old Brooklyn Crime Watch
- Old Brooklyn Families Group
- Old Brooklyn Historical Society
- Parent-Teacher Group
- Second District Community Relations Committee
- Senior Citizen Resources

Safety

Neighborhood safety directly impacts how residents engage in and with their community. Approximately 75% of respondents reported their perceived sense of safety when either walking and running, or riding a bike in Old Brooklyn.

Old Brooklyn Residents Who Feel Safe



Neighborhood Resource Use



Most used to least used parks:

- 1 Loew
- 2 Brookside
- 3 Estabrook
- 4 Harmody/Treadway Creek Trail
- 5 Archmere
- 6 Henritze
- 7 Goudreau

■ Greenspace desert

Though 41.7% of respondents reported that they use at least one Old Brooklyn park, there is a substantial lack of parks near the center of the neighborhood, thus creating greenspace inequity for residents that live in those areas.

Access to greenspace such as parks, open spaces, and playgrounds is associated with better perceived general health through increased physical activity, reduced stress levels, and opportunity for engagement with neighbors.

Food Accessibility

Food is a basic human right - essential for survival and wellbeing. One's limited or uncertain access to high quality, healthy, and affordable food is an ongoing, high priority public health issue that "[...] is part of a complex of potentially serious health and developmental

conditions".^d According to the Cuyahoga County Board of Health, inadequate food accessibility presents an urgent issue for over 137,000 county residents.^e This lack of access directly impacts neighborhood and economic stability, access to jobs, and overall quality of life.

The most frequently reported locations include:

- 1 **Giant Eagle**
(Biddulph Road)
- 2 **Aldi**
(Steelyard Commons)
- 3 **Save-A-Lot**
(Memphis-Fulton or Brookpark)
- 4 **Walmart**
(Steelyard Commons)

Frequently reported food location:



Note: map icon color is representative of frequently reported locations

Average distance traveled:

4.2
miles

Average minutes (driving):

10.6
minutes

Average minutes (walking):

89
minutes

Food Shortage

19.4%

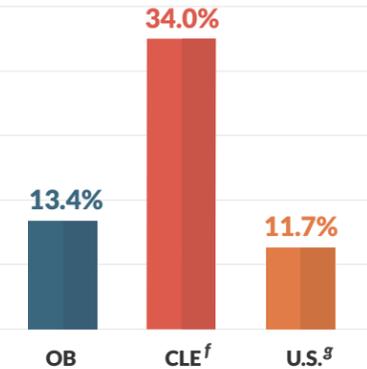
Worried food would run out

Old Brooklyn is no exception to the multitude of households that are located more than two miles from the nearest grocery store or supermarket. Though the neighborhood is home to two Save-A-Lot grocery stores, which are categorized as offering fewer options compared to a larger store, such as Giant Eagle, the neighborhood is a food desert.

This limited access is highlighted by residents reporting a fear of food running out before there was enough money to purchase more and engaging in tactics to extend the availability of food in the home.

For example, respondents noted that they skipped or ate smaller meals because there was no enough money for food.

Skipped or ate smaller meals



20.0% of respondents chose between food and housing



14.6% of respondents chose between food and medical expenses



16.7% of respondents chose between food and clothes



18.2% of respondents chose between food and education

Housing

Housing maintenance and conditions are associated with a wide range of factors impacting one's health and overall quality of life, including chronic disease development, physical injury, and financial stability. Strategies such as enforcing

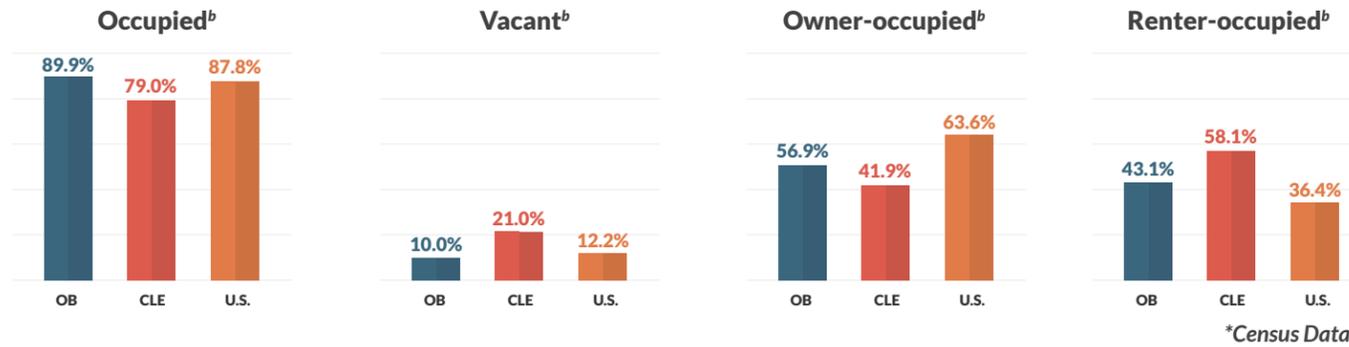
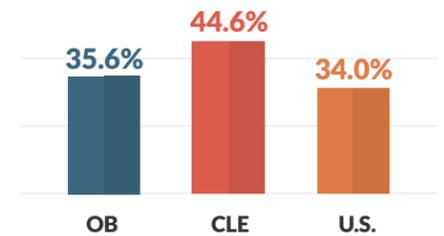
housing guidelines and codes, assessing interior and exterior conditions, and advocating for affordable housing collectively assure quality and accessible housing as critical facets to improving community health.

Housing burden is defined as housing expenditures that exceed 30 percent of household income, or more than 30 percent of income spent on housing.

Over one-third (35.6%) of Old Brooklyn residents experience housing burden, which can result in code violations and residential foreclosure – both impacting neighborhood health and viability.

Approximately 28% (28.4%) of Old Brooklyn senior citizens, aged 65 years or older, experience housing burden and account for 33.9% of those who report that it is important to remain in their homes as they age.

Housing Burden^b



Types Of Homes (Top 3)



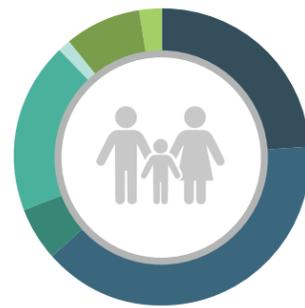
- Single family (71.7%)
- Apartment (16.4%)
- Multiple family (9.3%)

Owning vs. Renting



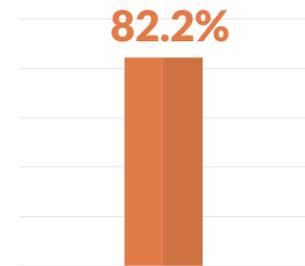
- Own their homes (68.9%)
- Rent their homes (31.1%)

Occupancy



- Single (24.1%)
- Spouse/Partner (39.5%)
- Parent (5.6%)
- Children (<18) (18.6%)
- Grandchildren (1.5%)
- Other Relatives (8.3%)
- Roommates (2.4%)

House Affordability



82.2% of respondents can afford current housing



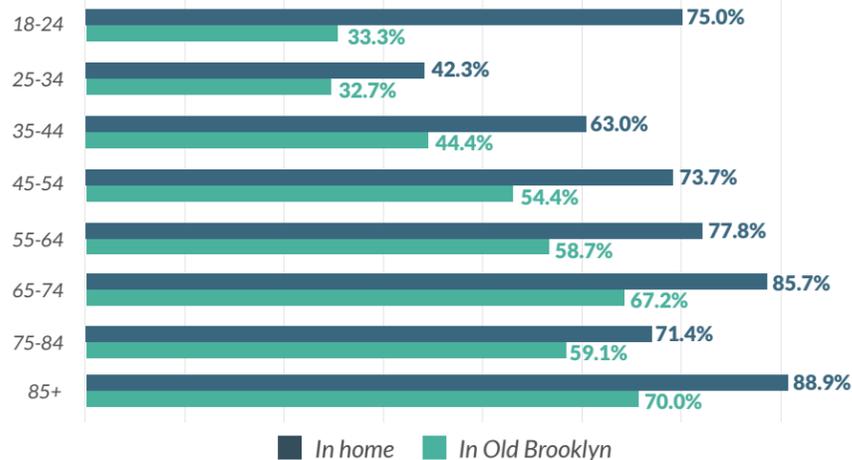
25% of which are among the area's century-old homes

Behavioral Risk Factors

Substance use, including alcohol, tobacco, and prescription drug misuse, are among the nation's most costly and complex public health challenges. Even occasional usage results in serious impacts to individual health status and neighborhood economic viability. For example, smoking costs more than \$300 billion in annual medical expenses and lost productivity due to increased susceptibility to chronic diseases.^h

Additionally, addiction and overdose are deadly risks associated with substance use. Over 500 opiate-related overdose deaths occurred in 2016 in Cuyahoga County.ⁱ Old Brooklyn is not exempt from the damage of substance of use.

Important to Remain



Residency Maintenance (For Renters)



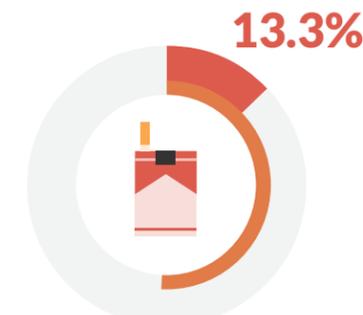
16.7% Peeling paint in home

Alcohol



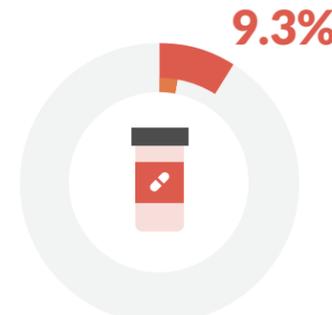
of which 4.5% are trying to quit

Tobacco



of which 51.5% are trying to quit

Prescription Drugs Misuse

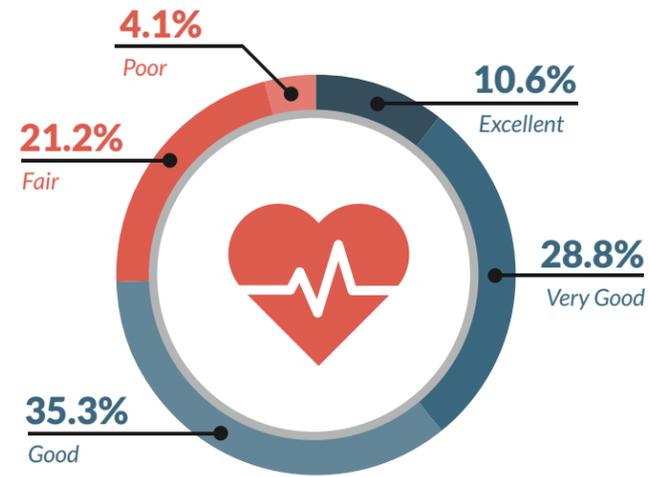
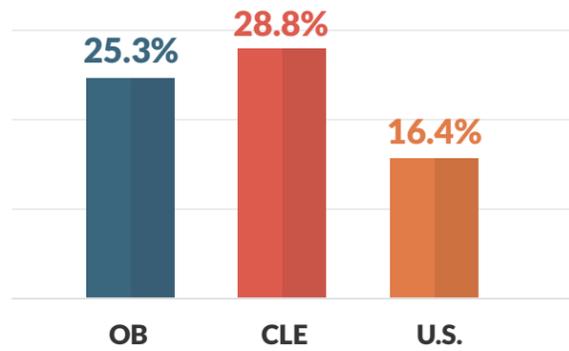


97% of which are not intending to quit

Quality of Life & Chronic Disease

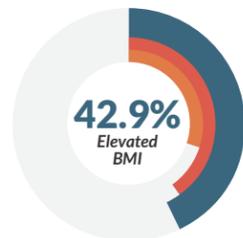
The most common, costly, and preventable of all diseases are heart disease, stroke, cancer, type 2 diabetes, obesity and arthritis according to the National Center for Chronic Disease Prevention and Health Promotion.^j

Reported poor to fair overall health^{k,l}

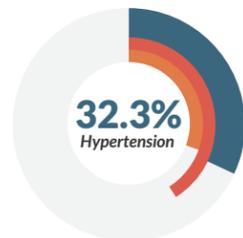


Though over half (55.3%) of Old Brooklyn residents indicate strong confidence in managing their health, 25.3% report their overall health status as poor to fair.

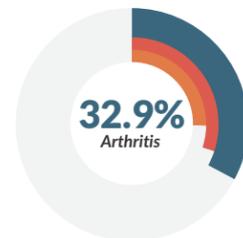
The leading health issues reported in Old Brooklyn:^{m,n,o}



Compared to 39.8% of Cleveland's and 29.8% adults reported being obese.



Compared to 40.7% of Cleveland's and 30.9% of U.S.'s adults reported having high blood pressure.



Compared to 29.8% of Cleveland's and 25.3% of U.S.'s adults reported having arthritis.

Top healthcare systems for respondents:



Child Health

Literature has shown that high quality educational experiences, whether provided in early childhood or school-age settings, have a significant impact on youth wellbeing and lead to long-lasting positive outcomes for both the individual and society.

The youth assessment data were collected via two different instruments. The first was through the adult assessment where parents self-reported

their child's health status. The second was through the cross-sectional youth survey administered at Cleveland Metropolitan School District's Facing History New Tech High School (FHNT). Secondary data was also utilized to identify areas in need throughout the neighborhood among all Old Brooklyn schools and early childhood education programs.

ECE Programs

Early care and education (ECE) programs are an area of interest due to the substantial amount of data that shows the impact of high-quality programs on a child's life. Early developmental opportunities can provide a foundation for children's academic success, health, and general-well-being. There are only 24 ECE programs within the neighborhood, which is insufficient to serve the number of children who currently reside here.

Of those, only 9 are Step Up to Quality (SUTQ) rated; however, many are engaged in the process. This 1-5 star quality-rating and improvement

system for early learning and development programs in Ohio is funded by the state's Departments of Education and Job and Family Services q. By 2020, all programs that receive federal funding must be SUTQ-rated.



School Data

As children move from Early Childhood Education programs, it is essential for them to remain in high-quality educational settings. Old Brooklyn is fortunate to have a total of 15 schools in the neighborhood, 8 public, 3 charters, and 4 private, giving parents many options for their children.

Upon review of our neighborhood schools utilizing the Ohio School Report Card Index, many of the schools are underperforming.* OBCDC recognizes the complexities of evaluating school effectiveness

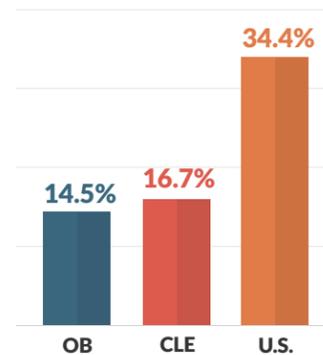
and believes that Old Brooklyn schools have established strengths that have led to their strong reputations for neighborhood families. In addition, the disparity between urban schools and their counterparts across the state make universal comparisons a challenge. Yet these benchmarks show obvious room for improvement. Substandard results lead children to have long-term inequities in both academic and general health development and achievement.

Mental Health

13.3% of respondents reported that they have previously or are currently experiencing mental and/or emotional distress, including anxiety and depression.

Over 50% (53.1) of survey respondents reported that they were not aware of where to receive social and emotional support or resources in Old Brooklyn.

Mental health was not good for more than 14 days out of 30 days^{m,p}

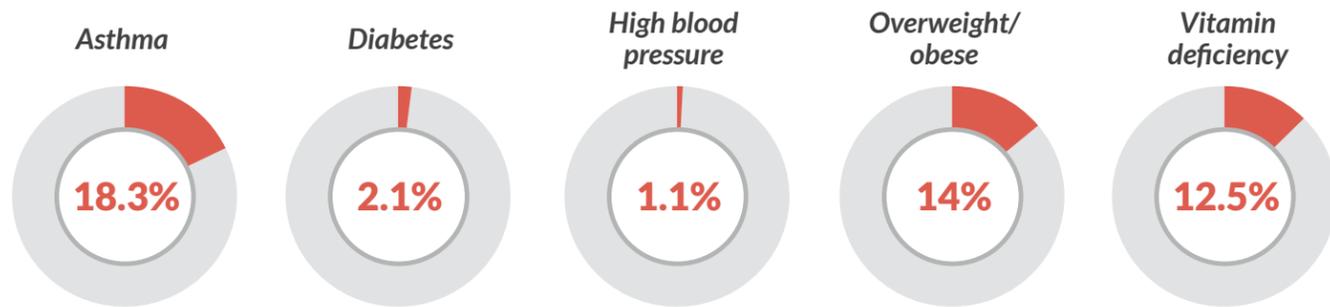


Child Health (continued)

Health Outcomes

Twenty percent of FHNT students rated their health status as poor or fair. The major drivers of illness are similar to the chronic disease identified in the Old Brooklyn adult sample and are often attributable to a short list of key risk factors – many of which are creating generational patterns of disease development.

When asked about health services in their child's schools, Old Brooklyn parents specified that they would like to see health clinics offer more services than first aid. These included services such as weight management, which may help reduce the risk of chronic disease development at an earlier age.



Mental Health

Today's youth are not exempt from experiencing mental or emotional distress.



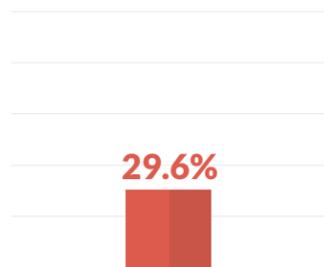
12.8% are currently or have previously experienced anxiety



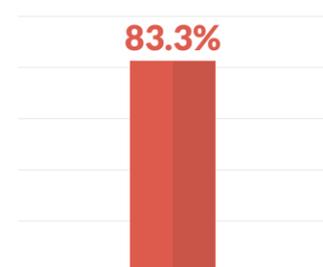
5.4% are currently or have previously experienced depression

A significant contributor to distress among youth is bullying that is either experienced or witnessed. Approximately one-third of school aged youth have been involved in bullying as a victim, spectator, or perpetrator.^f

Parents who reported that their child has been a victim of bullying



FHNT students who witnessed acts of bullying



“Bullying affects mental and physical health [...] increasing self-harm.”

Not only did FHNT students report bullying as a cause of distress, they discussed additional sources of stress and coping mechanisms in a focus group setting.

Stressors included:

Post high school decisions – “[...] pressure from parents, teachers, and friends about the future.”

Balance between personal and academic responsibilities including school assignments, home-life, employment, and social relationships – “Student life is a challenge.”

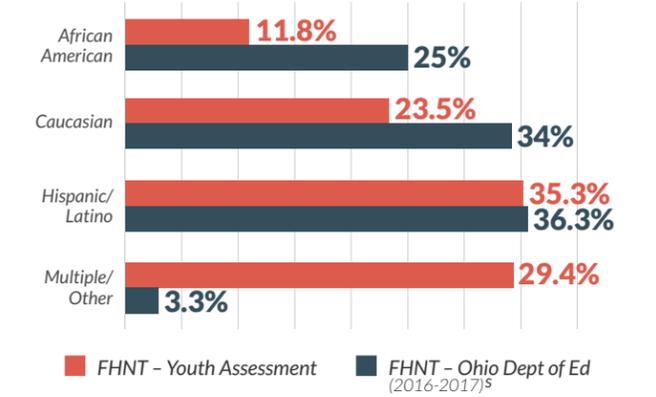
Some specific effects of home-life were identified as being of lower income status, lack of food, and lack of parental guidance/involvement.

Gun Violence at school – “It could happen here.”

15% skipped school at least one day due to concerns for their safety.

Racial Tension – Though the student body is diverse in racial and ethnic demographic composition), focus group discussions revealed a lack of open dialogue not only between students, but also between staff and students.

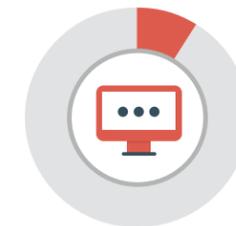
“It’s still an issue, it’s not talked about enough”



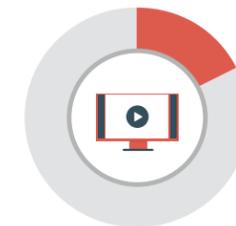
Coping Mechanisms for FHNT Students



17.4%
Talk to someone



8.7%
Find inspirational messages on the internet



17.4%
Watch TV or movies



30.4%
Keep to myself or avoid interacting with others

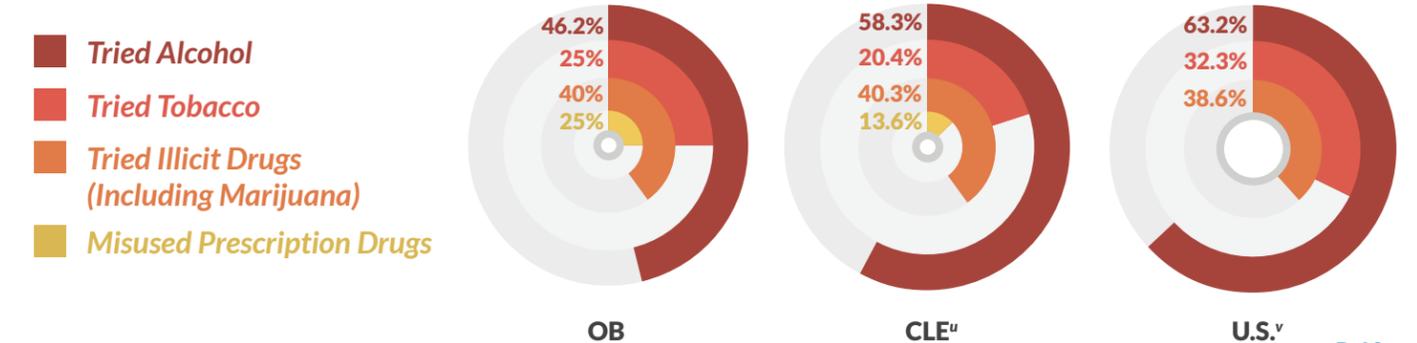


21.7%
Listen to music

Substance Use

Substance use among youth is attributed to multiple reasons, including but not limited to, the desire for engage in a new experience, a coping mechanism for distress, or simple peer pressure. According to the

National Institute on Drug Abuse, it is most common for substance use and abuse to start in adolescence and young adulthood.[†]



The efforts around community health can be found everywhere.

The impact of community health can be found everywhere.

Community Health In Old Brooklyn

The efforts around community health can be found everywhere, from national foundations to hospital systems, insurance companies to municipalities. The one area where community health is least integrated is also the one institution that has the strongest ability to analyze and understand the needs of the individuals for which an intervention is meant.

Though significant literature notes that social determinants are responsible for the complete picture of an individual's health, the current efforts around these interventions remain disconnected from the community. Old Brooklyn Community Development Corporation's community health initiative connects the latest efforts to improve quality of life outcomes for individuals with the only organization embedded into the communities, and social fabric, they live in.

As the only organization within the community development field taking on this comprehensive approach, OBCDC will distill its findings on the impact to the community and the effects of shifting the culture within the CDC, and share them with partners and the entire field. By sharing our successes and failures, as well as analysis of why certain interventions worked while others were unable to achieve effectiveness, OBCDC will not only be able to support interventions elsewhere but also learn from other communities efforts. Each community is unique with its own dynamics, social and economic realities and baseline social supports, therefore the results of any intervention may vary based on community. Additionally, tools can be adjusted and tailored to fit the needs of different communities creating a diverse and wide-reaching set of approaches.

At the hyper-local level, interventions will be assessed through the development and administration of follow-up surveys and focus groups with the community members. Utilizing a mixed methodology of both qualitative and quantitative data OBCDC will evaluate the effects of specific interventions. Evaluative measures may include medical data, interviews, or other measurable changes as they relate to specific intervention.

A broader level of success will be determined through the use of partner data and longitudinal studies related to metrics of public health. Examples include, but are not limited to, educational achievement, life expectancy, infant mortality and prevalence of disease within the geographic boundaries of the community. By evaluating the specific successes, and challenges, of interventions and comparing results with broader scale public health indicators OBCDC will be able to determine a correlation of impact between the Community Health initiative and the underlying health of our community.

OBCDC understands that success is not merely the accomplishments of its specific programs, but results of a broad shift in the organization of the CDC and the methods of implementing traditional programs. OBCDC will reorient its departments, utilizing community health data, to ensure that programs and initiatives are targeting the needs of the community most effectively. This restructuring of priorities will shift, not only the work of the organization, but also the way in which it and collaborating partners coordinate delivery of resources to the community. Success in this highest-level goal will be evaluated by the shift in focus by partners and funders that work with OBCDC, and resembles the structuring of a new system focused on how place impacts health.



Health in Action

The efforts around social determinants of health can be found in many places from national foundations to hospital systems, insurance companies to municipalities. The one area least integrated is also the one institution with the strongest ability to understand the needs of the individuals and their neighborhoods – community development. OBCDC connects the latest efforts to improve quality of life outcomes with the only type of organization embedded into the communities of those lives.

OBCDC recognizes that it occupies the zip code improvement business, and that place matters. Place matters for economic and community development and health outcomes among residents. Through its adoption of a data-informed community health strategy, the organization commits to addressing the interconnected and underlying issues in Old Brooklyn.

From this point forward OBCDC will evaluate its success not solely on programmatic outcomes but instead on the outcomes of the lives in Old Brooklyn. Those lives are impacted by what is around them, the social determinants of health. This comprehensive assessment represents a benchmark and a starting point for how OBCDC will align resources with our partners and in collaboration with our residents.

While numerous barriers to health were identified through the assessment, the priority risk factors are most prevalent, most inequitable, or most critical

Our priorities are matters most critical and relevant to our residents. These areas of focus run deeper than the rooftops and storefronts of community development, but are the very foundation for those who live in Old Brooklyn.

Food Access

Housing Injustice

Greenspace Equity

Chronic Disease

Neighborhood Resource Access and Usage

Substance Use

to the current conditions in Old Brooklyn. We recognize our limitations as a community development corporation. While all of the identified barriers to health are important and demand attention, these 6 are where OBCDC aims to concentrate on. These

areas will be addressed through a variety of interventions and strategies and working hand-in-hand with our partners and residents OBCDC will pilot, test, adapt, and grow ideas that will ultimately improve the health outcomes identified in this report.

All the factors discussed throughout this report are mostly out of resident control. They are often influenced by their environment and lead to toxic stress. Worries about food accessibility and housing maintenance can increase susceptibility to chronic disease. Inadequate educational opportunities set youth on a cyclical path of poor economic opportunity and increase exposure to substance use. Poor or no access to inclusive and programmed greenspaces leads to social isolation

and disease. Social isolation prevents access to neighborhood resources or community networks that can help mitigate risks.

The interconnected nature of a community's health is complex. The potential solutions that a community integrated solution can offer are endless.

Acknowledgements

This report on community health in Old Brooklyn, and the assessment that powered it, would not have been possible with the contributions of time and talent from the OBCDC staff. Their insights, experiences, and commitment to Old Brooklyn deserve recognition.

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