



Strategic Plan 2024–2027

Interdepartmental Equity Team



CITY OF CLEVELAND

Mayor Justin M. Bibb

Developed by:

The Division of Health Equity & Social Justice, Department of Health
The Office of Equal Opportunity

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Mayor Justin Bibb’s 2022 Transition Report identified the need to operationalize equity. The 2024-2027 Interdepartmental Equity Team (IET) Strategic Plan responds to this Call to Action and is necessary to moving towards justice and health for all in our community.

The IET identifies current strategies and processes within our city governmental structures that contribute to or detract from meeting our health and equity goals. It also outlines the path forward to understand our governmental system, improve the collection of equity data, and make incremental changes over time.

Background

The IET Strategic Plan is a culmination of many years of work within the City of Cleveland. The Office of Minority Health at the City of Cleveland Department of Public Health (CDPH) has supported health equity for decades. In 2017, the Community Relations Board produced *Transforming Cleveland: Building Equity for all to Thrive* a report on racial and ethnic relations. The plan, armed with local data, set forth a call to action to create effective policies, systems, and practices as well as effective evaluation of the policies over time.

In November 2019, the YWCA Greater Cleveland and First Year Cleveland hosted the *400 Years of Inequity National Summit* in Cleveland. The event commemorated the 400-year anniversary of the onset of slavery in America and aimed to enhance understanding of the relationship between past and present and spark action toward an equitable future.

In June of 2020, the City of Cleveland adopted Resolution 296-2020 declaring Racism a Public Health Crisis. The declaration authorized the creation of the Racism as a Public Health Crisis Working Group, tasked with creating a path forward with the Health, Human Services, and Arts (HHSA) Committee. The working group eventually evolved into the Racism as a Public Health Crisis Coalition (RAPHHC-C), a coalition of partners leading the community-based response to Racism as a Public Health Crisis in tandem with the City.

By March of 2021, Ordinance No. 843-2020 established the Division of Health Equity & Social Justice (HESJ) at CDPH. The Division of HESJ’s mission is to improve the health outcomes and the overall quality of life and to remove barriers to resources in order to create thriving neighborhoods and a thriving city.

In December 2022, HESJ and the Office of Equal Opportunity (OEO) launched the IET with the goal of creating the strategic plan to address equity within the city of Cleveland using the Social Determinants of Health as a framework.

Framing Health and Equity

Health and equity are intertwined within the work of all city departments and offices, not just the Department of Health and Office of Equal Opportunity. Despite the efforts of each department to ensure equity considerations are included in their operations, health and equity disparities continue to plague Cleveland. This is the result of decades of both intended and unintended consequences of policies, processes, programs, and decisions.

The building blocks of this strategic plan come from core concepts in both health and equity. Important terms are defined below to ensure that all readers are starting with the same information. Models and language for equity continue to evolve as the work expands. For a complete glossary of terms, see Appendix B.

Equity - Removing the predictability of success or failure that currently correlates with any social or cultural factor (such as race), examining biases, and creating inclusive environments, refers to fairness and equality in outcomes, not just in supports and opportunity.

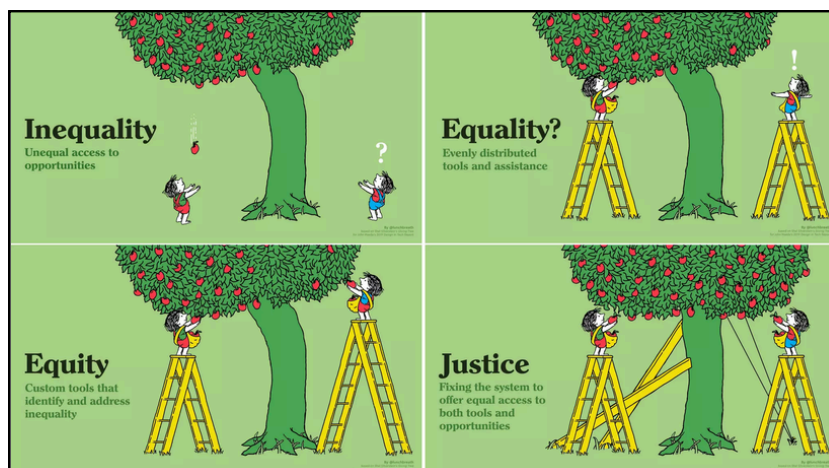
Equality - Treating everyone the same and giving everyone access to the same opportunities.

Health - A state of complete physical, mental, and social well-being; not just the absence of sickness or disease.

Health Equity - The assurance that everyone has a fair and just opportunity to attain the highest level of health.

Health Disparity - Differences in health or its key determinants (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.

Social Determinants of Health - Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.



A graphic depiction for thinking about equity and justice, where justice is fixing the broken system.

Framing Health and Equity



Image Credit: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services.

The Social Determinants of Health (SDOH)

This graphic shows the six pillars of the Center for Disease Control and Prevention’s (CDC) work to address SDOH which is depicted as the interplay of social and structural conditions. SDOH is one factor that contributes to overall equity.

CDC is using this framework to guide agencies and leadership to make decisions about where to invest SDOH resources.



Image Credit: Centers for Disease Control and Prevention

Structure of the IET

After establishing shared objectives and understanding of core health and equity principles, IET members divided into four workgroups modeled after the SDOH:

- Built Environment and Neighborhood
- Economic Mobility and Stability
- Health and Public Health
- Safety and Community Supports

The fifth pillar, education, is disbursed throughout each workgroup, as a cross-cutting strategy. Education, in the context of the IET, addresses outreach, engagement, and education.

IET Meeting Schedule

The IET Strategic Plan was created over a series of in-person and virtual meetings:

Nov 2022 Meet and Greet

Jan 2023 Shared Vision of Equity

Mar 2023 Connecting our work to SDOH

Mar 2023 Breaking into Pillars

Jun 2023 Results-Based Accountability

Jul 2023 Data Indicators

Aug 2023 Finalize Strategies

Sept 2023 Reconvening

Nov 2023 Selecting a Health & Equity Assessment

Dec 2023 Finalizing the Strategic Plan

IET Department and Office Representation

The IET recruited representatives from city departments, offices, commissions, and boards. Directors and Chiefs identified participants with frontline experience in their field and in-depth knowledge of the day-to-day operations impacting equity and health. While not every department or office was represented in the initial creation of this plan, there is room to expand and grow through the implementation and evaluation phase.

- City Planning Commission
- Community Relations Board
 - Street Outreach Program
- Department of Aging
- Department of Building & Housing
- Department of Development
 - Previously Economic Development and Community Development
- Department of Finance
 - Information Technology - Services
- Department of Port Control
 - Division of Cleveland Hopkins International Airport
- Office of Equal Opportunity
- Office of Prevention, Intervention, & Opportunity for Youth and Young Adults (PIOYYA)
- Department of Public Health
 - Division of Health Equity & Social Justice
 - Division of Environment
- Department of Public Utilities
- Department of Public Safety
 - Division of Emergency Medical Services
- Office of Sustainability

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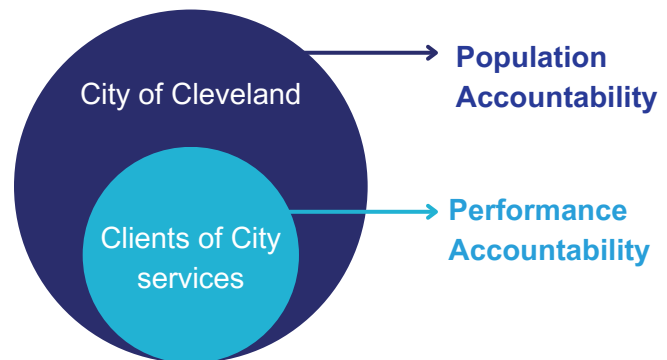
Creating the Strategic Plan

The IET Strategic Plan utilizes the Results Based Accountability (RBA) framework to examine existing city operations and processes that may be impacting equity and health. The process of creating this plan relied on consistent meetings and feedback loops where the IET connected the SDOH to our program, policies, and systems.

Results Based Accountability (RBA)

RBA uses a data-driven, decision-making process to help communities and organizations solve complex social problems. It uses simple shared language. RBA starts with ends and works backward towards means. The “end result” or goals use aspirational language, focusing on ideal outcomes; they are not written in the traditional SMART format. The SMART components of this work appear in the subsequent indicators, strategies, and performance measures in the model. The population versus performance distinction is what separates RBA from other frameworks by determining who is responsible for what. Population accountability organizes our work with co-equal partners to promote city well-being. In contrast, Performance Accountability organizes the city’s work to have the greatest impact on residents. What the city does for residents is ultimately contributes to community impact.

The RAPH-C is also using the RBA model to establish the community response to race equity. Additionally, federal, state, and local governments as well as non-profits around the U.S. have deployed the RBA model to address issues of racism, health, economics, program services delivery, and more.



Prioritizing Strategies

Using the RBA framework, IET members used multiple methods to identify and prioritize strategies to include in the IET Strategic Plan. This included small-group discussions, creating process maps, world cafes, and ranking activities.

Equity is a continual process and there is plenty of work to be done. The IET prioritized a focused and manageable scope for the time frame of the plan. Additional results, indicators, and strategies can be found in Appendix E. The intent is to reference and use the entire list of results, indicators, and strategies as plan implementation progresses and as the team’s bandwidth allows.

Reading the Plan

Reading this Report

In order to read this report, it is important to establish shared language:

- Result** - the overall goal, desired state of being in Cleveland.
- Indicator** - data that tell us how we are doing in relation to our result.
- Strategy** - existing programs, policies, and practices that may impact our indicators.



Look for the connector symbol beneath Indicators.
In brief, the text in italics describes the indicator’s connection to the result.

See the example below for the layout of each piece of the plan:

Result 1: All Cleveland neighborhoods are complete and supportive of residents living long and fulfilling lives.	
	Indicator 1: The # of average monthly RTA riders. <i>Transportation and mobility increases access to services, employment, educational opportunities, and resources that support health.</i>
	Strategies: 1. Implementing Transit-Oriented Design (TOD) 2. City employee commuter benefits & discounts
	Who is responsible? Planning Human Resources and Personnel

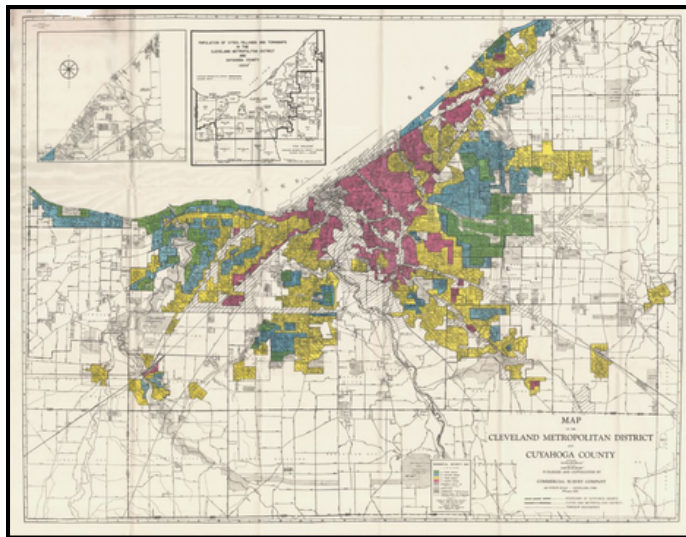
The IET Strategic Plan is a living document. It is meant to guide the work of an active team, expanding and contracting to support the accomplishments and setbacks every collaborative team faces. The IET is committed to annual updates of the plan, examining what has been completed, what needs to be updated and what should be addressed in the future.

Understanding the Data

Historical Context

In order to address Racism as a Public Health Crisis, it is important to look at disaggregated data; data that helps us understand the differences in social and health outcomes among different races and ethnicities in Cleveland. While some sources collect robust data on race, ethnicity, sexual orientation, gender, etc., others do not. In this plan we also rely on geographic locations, like Cleveland Neighborhoods, to understand health disparities.

Geographic location is a good method of disaggregating data because of the long lasting effects of the historical practice of redlining. In the 1930s and 1940s, real estate agents and the federal government assigned neighborhoods security grades to gauge the riskiness of home financing. The safest grade A areas were colored green and the riskiest grade D areas were colored red. Many of the "redlined" neighborhoods were middle-class, but considered risky investments based largely on race or ethnicity. Systematically denying home loans to residents had an immediate effect on housing instability, particularly in the Black community. Redlining set in motion decades of community disinvestment that has plagued many of these neighborhoods ever since.



Map of the Cleveland Metropolitan District and Cuyahoga County
Image Credit: Home Owner's Loan Corporation (HOLC) in 1940

Understanding race, geography, and equity today

When looking at almost any map of health outcomes in the City of Cleveland today, there is a strong similarity to the Redlining Map. This demonstrates that neighborhoods with predominantly African American/Black residents experience worse health outcomes.

In reading this report and understanding the indicators, keep in mind the historical context of the City of Cleveland and how neighborhood geographies play an important role in the social determinants of health.

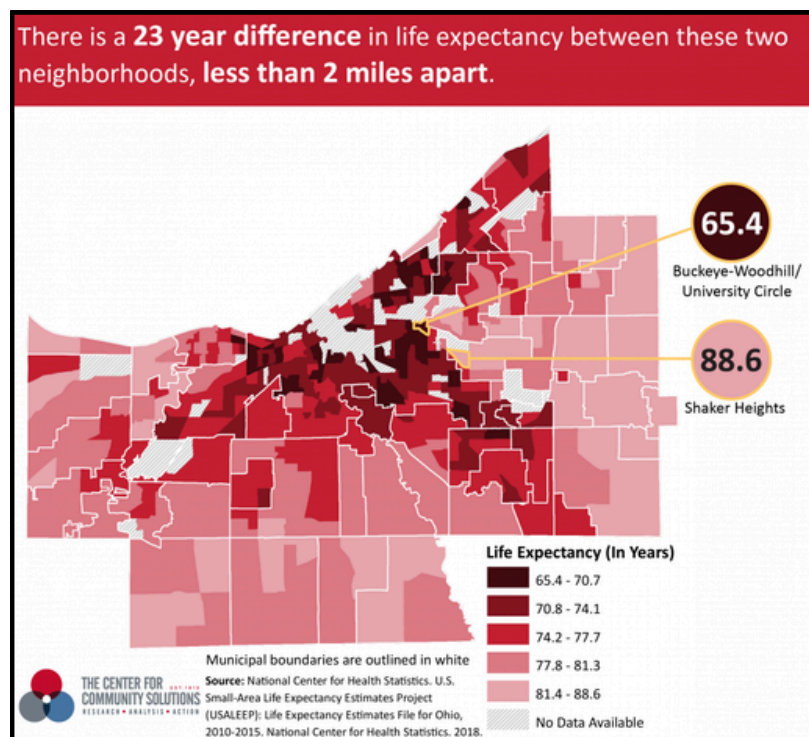


Image Credit: The Center for Community Solutions

Strategies Impacting Health and Equity

Built Environment and Neighborhoods

Economic Mobility and Stability

Health and Public Health

Safety and Community Supports





Built Environment and Neighborhoods

The neighborhoods people live in have a major impact on their health and well-being. This pillar focuses on the physical attributes and the natural landscape of neighborhoods in Cleveland, such as housing, roads, transit infrastructure, parks, and green spaces.

Result 1: All Cleveland neighborhoods are complete and supportive of residents living long and fulfilling lives.

Indicator 1: The # of average monthly RTA riders.



Transportation and mobility increases access to services, employment, educational opportunities, and resources that support health.

Strategies:

- 1. Implementing Transit-Oriented Design (TOD)
- 2. City employee commuter benefits & discounts

Influence and Impact

- Planning
- Human Resources and Personnel

Indicator 2: The % of residents who have access to healthy food options.



Food insecurity and food apartheid are impacted by availability of full service grocery stores, bodegas, community gardens, markets, and food co-ops.

Strategies:

- 1. Implementing the 15-minute city
- 2. Zoning code and land use
- 3. Food systems planning

Influence and Impact

- Planning
- Public Health

Indicator 3: City Park Equity Score from The Trust for Public Land.



Green space and parks impact residents' physical and mental health. Access and availability support complete and healthy neighborhoods.

Strategies:

- 1. Land Bank requests
- 2. Demolition Board
- 3. Urban Forestry Commission

Influence and Impact

- Development
- Building & Housing
- Sustainability



Result 2: All neighborhoods have affordable and healthy housing options for all stages of life.

Indicator 1: The # of lead safe certifications.



Eliminating lead in both owner-occupied and rental homes improves children and families' health.

Strategies:

- 1. Lead safe housing education and outreach
- 2. Lead Hazard Control Program

Influence and Impact

Public Health
Development

Indicator 2: The average sale price of houses.



Housing affordability improves home ownership and can contribute to generational wealth building.

Strategies:

- 1. Tax abatements
- 2. Neighborhood Historic Preservation and Heritage Homes

Influence and Impact

Development

Indicator 3: The # of residential foreclosures.



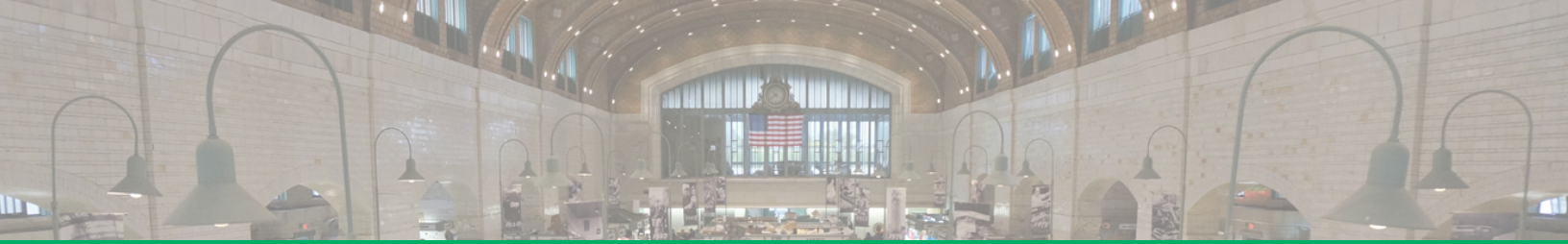
Housing affordability is linked to upkeep and maintenance costs. Foreclosures in a neighborhood link back to reduced neighborhood health and investment.

Strategies:

- 1. Code enforcement and violation notices
- 2. Discounts for leak repairs
- 3. Homestead discount program

Influence and Impact

Building & Housing
Public Utilities



Economic Mobility and Stability

Employment programs, career counseling, and high-quality child care opportunities can help people find and keep jobs. This pillar focuses on gainful employment that promotes economic mobility and generational wealth. This pillar also focuses on the City’s role in creating stable neighborhoods that support resident needs.

Result 1: All Cleveland residents live within 15 minutes of anchor institutions and community resources.

Indicator 1: The % residents living in a 15-minute city zone, disaggregated by zip code.



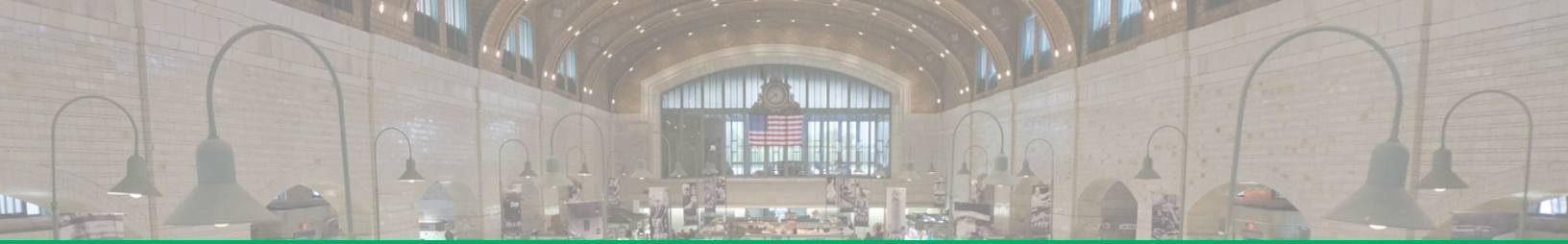
Mobility and accessing resources within a community supports jobs and economic opportunity.

Strategies:

1. Zoning
2. Development projects that support business
3. Bidding contracts and contractors
4. Neighborhood revitalization
5. Hoops After Dark
6. Cleveland Land Bank

Influence and Impact

Building & Housing
City Planning
Development
Law
Port Control
Public Safety
Southeast Strategist



Result 2: The workforce landscape is equitable and supportive, where all Cleveland businesses can access the capital needed to grow.

Indicator 1: The # of minority-owned and women-owned businesses.



Business ownership supports economic mobility.

Strategies:

1. Contract monitoring
2. City supports for women & minority businesses
3. Bank Relations
4. Contract Monitoring

Influence and Impact

Development
Finance
Law
OEO

Indicator 2: Employment rate in the City.



Gainful employment supports families and residents in securing housing and health.

Strategies:

1. Barriers to employment at the City of Cleveland
2. Modernize employment requirements and job descriptions
3. Green businesses
4. Ohio Means Jobs partnership
5. Circular economy initiatives

Influence and Impact

Development
Human Resources
OEO
Port Control
Sustainability

Indicator 3: The # of people moving out of the city.



Lack of economic opportunity, i.e. jobs, may result in migration out of the city.

Strategies:

1. Barriers to employment in the City of Cleveland
2. Digital Equity Plan
3. Community Land Bank
4. Site Funds

Influence and Impact

Building & Housing
Development
Human Resources
IT
Planning



Health and Public Health

Healthcare access and quality public health services are an important part of eliminating disparities in health outcomes and promoting overall community safety. This pillar focuses on the access to and delivery of services as well as the prevention of community violence.

Result 1: There are no health disparities between neighborhoods in Cleveland.

Indicator 1: Prevalence of heart disease and hypertension, disaggregated by zip code.

 *Chronic disease health disparities are important to overall health.*


Strategies:

- 1. Health screenings
- 2. Outreach and education
- 3. Mobile units
- 4. Electronic Health Records (EHR)
- 5. Telehealth initiatives
- 6. Community Health Workers (CHW)
- 7. Culturally and Linguistically Appropriate Services (CLAS)

Influence and Impact

- Aging
- Finance
- Public Health

Indicator 2: The # of drug overdoses, disaggregated by zip code.

 *Substance use disorders impact all aspects of health.*

Strategies:

- 1. 911 Call Center
- 2. Trauma informed care social workers
- 3. Project Dawn
- 4. Care Response Program

Influence and Impact

- EMS
- PIO
- Public Health
- Public Safety



Indicator 3: The % of children with elevated blood-lead levels, disaggregated by race.



Lead exposure can affect child development with lasting impacts on education, health, and economic outcomes.

Strategies:

1. Healthy Homes Program
2. Lead inspections
3. Lead education and outreach

Influence and Impact

- Building and Housing
- Housing Court
- Law
- Public Health

Indicator 4: Infant mortality rate, disaggregated by race.



Infant mortality is an indicator of overall community health.

Strategies:

1. MomsFirst Program
2. NRRC Programming

Influence and Impact

- Public Health
- PIO

Indicator 5: Early stage cancer diagnosis data for breast, cervical, colon, and prostate cancers.



Chronic disease health disparities are important to overall health. Many cancers can be prevented or treated with early detection.

Strategies:

1. Minority health screenings events
2. Minority health outreach and education
3. Partnership with hospitals

Influence and Impact

- Public Health



Safety and Community Supports

People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. This pillar focuses on supporting safe and just systems that build and reinforce the fabric of our community.

Result 1: All Cleveland residents live in safe communities, free from violence.

Indicator 1: The # gunshot wound hospital visits.



Preventing gun violence in the community is deeply linked to all social determinants of health.

Strategies:

- 1. Community Police Commission
- 2. Trauma informed care social workers
- 3. Violence interruption programs

Influence and Impact

Community Relations Board
PIO
Public Safety

Indicator 2: The # of domestic violence incidents.



Domestic violence includes intimate partner violence, child abuse, and elder abuse.

Strategies:

- 1. Crisis Intervention Team
- 2. Robocalls and messaging to seniors
- 3. Domestic violence shelter partnerships

Influence and Impact

Aging
Community Relations
PIO
Public Health
Public Safety

Indicator 3: Recidivism rates in the City of Cleveland.



Reentry and reintegration are important to health outcomes and preventing future incarceration.

Strategies:

- 1. Street Outreach Team
- 2. Youth Diversion Program
- 3. Hoops after Dark
- 4. Community engagement efforts.
- 5. Thrive violence prevention program
- 6. Community Safety Prevention Funds

Influence and Impact

Community Relations
PIO
Public Safety
Recreation Centers



Result 2: The City of Cleveland is made up of just, non-discriminatory systems that support all residents.

Indicator 1: The sentencing rates in the City of Cleveland, disaggregated by race.



Addressing inequitable criminal justice systems reduces the disparities between communities of color and their white counterparts.

Strategies:

- 1. Community Police Commission
- 2. Youth Diversion Program

Influence and Impact

- Community Relations
- PIO
- Public Safety
- Sustainability

Indicator 2: The % of residents who are unhoused.



An isolated and under-addressed population that experiences high levels of inequity in care, resulting in health disparities.

Strategies:

- 1. Crisis Intervention Team
- 2. Police training, neighborhood meetings
- 3. Faith-based orgs/outreach partnerships
- 4. Faith Liaisons
- 5. A Home for Every Neighbor

Influence and Impact

- Development
- Public Health
- Public Safety

Indicator 3: Educational attainment, disaggregated by race.



Creating more just systems of education improves health and social outcomes in communities of color.

Strategies:

- 1. Relationships with CMSD and Laurel Schools

Influence and Impact

- Chief of Education
- PIO

Regular IET Meetings

Moving into implementation, the IET will continue to meet on a regular basis. Membership and commitment will be determined annually to ensure that new members can be introduced as old members conclude their participation. During the implementation and evaluation phase, IET members will focus on assessing existing policies, programs, and processes. The IET will also focus on establishing regular systems of data collection and monitoring.

Health and Equity Assessments

Conducting Health and Equity Assessments is a core component of strategic plan implementation. The IET adapted the *Micro Toolkit: Equity Assessment Framework for Public Health Laws and Policies* from the Network for Public Health Law. For the City of Cleveland, the adapted tool is titled the *Health and Equity Assessment*. The tool's intended to be used for existing and new policies, programs, and processes. The IET will engage in quality improvement (QI) and performance management processes in adapting its use. It is important to understand the burden of the tool, the results, and the intended outcomes and unintended consequences. The initial process for implementing the tool will be as follows:

1. The IET will remain in smaller groups centered around the SDOH pillars.
2. Each pillar will work with their identified strategies.
3. Pillars will apply the Health and Equity Assessment to at least two strategies in year one.
4. The team will work with the departments and offices associated with each strategy to review results and look at health and equity related data.
5. The results of assessment will be made available to all IET members.
6. The IET will track the proposed changes, implemented changes, and related performance management RBA data points.

Annual Reports

Each year, the IET will produce an annual report of results that identifies:

- IET meetings, attendance, and representation.
- Number of Health and Equity Assessments conducted.
- Outcomes and performance management data
- Strategic Plan updates.

The annual report shall be shared with city leadership and made available to the public.

Support from the Equity Advisory Group

In 2023, the City of Cleveland launched the Equity Advisory Group. The purpose of the group is to identify and support Diversity, Equity and Inclusion (DEI) efforts within the City of Cleveland government. This includes short, intermediate, and long term efforts to implement evidence-based strategies that support DEI. The efforts of the Equity Advisory Group and the IET will be mutually reinforcing; the board focusing on high level, cross-cutting policies and the IET focusing on the everyday, frontline services and systems operating within the city. Representation will also differ, as the Equity Advisory Group seeks directors, commissioners, and other decision-makers while the IET seeks diverse representation from frontline staff.

Health and Equity in All Policies

The City of Cleveland engages in health and equity work everyday, but there is a need to ensure this work is coordinated and continuous. The IET and the Equity Advisory Group is the beginning of a solution. Each group is adopting evidence-based and promising practices that bring health and equity to the forefront. Testing and re-testing strategies will serve as the basis for wider change. Through the actions of the IET, the City should explore policy options that create permanent structures that engrain equity into the planning, budgeting, implementation, and evaluation of offices, departments, and divisions.

Health and Equity in All Policies (HEiAP) is a collaborative approach to systems change that acknowledges the SDOH and incorporates health and equity considerations into decision-making across sectors and policy areas. The goal is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. HEiAP are flexible and there is no one size fits all. Implementing HEiAP may be considered a natural progression of the IET and a demonstration of Cleveland's commitment to public health, health equity, and racial equity.

Appendix

A. IET Process Report

B. Glossary of terms

C. Prioritized results and indicators

D. Process mapping exercise

E. RBA

