

CLARK-FULTON/METROHEALTH ECODISTRICT IMPERATIVES COMMITMENT

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Adoption Method: Reviewed in two phases, an outline followed by full draft format, by the Imperatives Working Group and key stakeholders with comments provided and incorporated.

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INTRODUCTION

The Clark-Fulton/MetroHealth District Team (the “District Team”), a diverse set of cross-sector, forward thinking visionaries convened under the auspices of the MetroHealth System, the healthcare anchor institution that has cared for the Clark-Fulton neighborhood and the wider community for over 180 years, desires to work collectively towards a healthy, sustainable and just district. The District Team engaged a stakeholder body representative of the district to contribute their expertise and experience towards accomplishing this goal. A self-selected sub-set of the District Team joined an Imperatives Working Group that worked over a period of five months to create this collectively written commitment statement intended to be representative of district residents, businesses and stakeholders. The District Team drafted this Imperatives Commitment with leadership by and input from Imperatives Working Group and with assistance from ReThink Advisors, Inc., the EcoDistricts Consultant, after five, two-hour in-person work sessions with imperative presentations and collaborative group exercises to determine a census of local imperative measures as well as various homework assignments preceding each workshop.

The District Team seeks to capitalize on the \$1B commitment toward a Transformation Plan launched in 2016 by MetroHealth, a plan that commits to not just a transformation of the hospital campus but also the surrounding community. Like other leading innovating hospitals across the nation, MetroHealth is reconceiving its role in a rapidly transforming healthcare sector starting by focusing on the community’s understanding of its health, the social determinants of health and policy and systems change toward health equity. A focus on equity is consistent with MetroHealth’s longstanding mission to serve its community. With over 100 community-based programs and a commitment to the most vulnerable since 1837, MetroHealth fundamentally views health in its community as much more than the “absence of sickness,” and it recognizes and appreciates that various definitions of “health” likely exist within the community. Additionally, MetroHealth’s mission not only includes the health of the local residents, but also those who work in the neighborhood and those who deliver social and health services in the neighborhood.

The Clark-Fulton neighborhood is one of the most diverse but also one of the poorest in the city with both blacks and whites sharing in economic hardship. The neighborhood was settled in the mid-1800’s primarily by Central and Eastern European immigrants, the majority of whom were Germans, Czechs, Italians, Slovaks and Poles, who chose the area to be close to the employment opportunities to be found in Cleveland’s nearby factories. Some of their descendants still reside in this neighborhood, and a large and growing Hispanic community and an increasing number of African-Americans join them today. The physical development of the neighborhood was dramatically changed during the 1960’s and 1970’s by the construction of I-71 and I-90, both of which act to isolate the Clark-Fulton neighborhood from the surrounding neighborhoods.

Current Conditions and Demographics (present/baseline conditions) for the Clark-Fulton neighborhood vs. the wider City of Cleveland are as follows (data provided by The Center for Community Solutions):

Demographics (2010-2014 ACS 5-Year Estimates)				
	Clark-Fulton		City of Cleveland	
	Count	%	Count	%
<i>Total Population</i>	7,451		392,114	
Under age 18	1,901	25.5%	92,121	23.5%
Age 18-64	4,804	64.5%	251,135	64.1%
Age 65+	746	10.0%	48,788	12.4%
<i>Race and Ethnicity</i>				
White	4,733	63.5%	157,419	40.1%

Black/African American	1,379	18.5%	204,249	52.1%
Asian/Pacific Islander	68	0.9%	6,711	1.7%
Other/More than one race	1,271	17.1%	23,735	6.1%
Hispanic or Latino (of any race)	3,586	48.1%	39,406	10.0%
Household Makeup				
Families with own children	730	25.5%	40,180	24.1%
Single-parent families w/ children	510	17.8%	28,154	16.9%
Health Coverage (2010-2014 ACS 5-Year Estimates)				
	Clark-Fulton		City of Cleveland	
<i>Note: Current uninsured rates are likely lower due to the implementation of the ACA</i>				
Percent of people with no health insurance coverage	21%		16%	

Employment and Income (2010-2014 ACS 5-Year Estimates)				
	Clark-Fulton		City of Cleveland	
	Count	%	Count	%
Labor Force Participation, age 16+	3,040	52.0%	182,834	58.9%
Median Household Income	\$21,983		\$26,179	
Public Benefits Income				
Households w/ Social Security Income	827	29.6%	46,237	27.7%
Households w/ Cash Public Assistance Income	342	12.3%	11,977	7.2%
Households that received SNAP	1,368	49.0%	57,501	34.5%
Poverty (2010-2014 ACS 5-Year Estimates)				
	Clark-Fulton		City of Cleveland	
	Count	%	Count	%
Persons living below poverty	3,434	46.6%	136,860	35.9%
Children (Age 0-17) living below poverty	1,127	61.6%	48,267	53.5%
Families w/ children living below poverty	504	58.3%	21,622	46.3%
Seniors (Age 65+) living below poverty	171	25.0%	9,819	21.0%
Persons in deep poverty (under 50% of poverty)	1,797	24.4%	68,532	18.0%
Persons in or near poverty (under 200% of poverty)	5,335	72.4%	233,518	61.2%
Education (2010-2014 ACS 5-Year Estimates)				

	Clark-Fulton		City of Cleveland	
	Count	%	Count	%
Persons (Age 25+) w/ High School diploma or less	3,466	71.1%	141,855	55.6%
Persons (Age 25+) w/ Bachelor's degree or higher	305	6.2%	38,705	15.2%
Youth who are high school dropouts	15	-	2,045	-
Housing Affordability (2010-2014 ACS 5-Year Estimates)				
	Clark-Fulton		City of Cleveland	
Unaffordable housing: <i>Housing costs are more than 30% of household income</i>				
Owner-occupied households in unaffordable housing	36.6%		32.6%	
Renter-occupied households in unaffordable housing	69.0%		52.8%	
Overall households in unaffordable housing	55.0%		44.0%	
Teen Birth (2010-2014 Ohio Department of Health, U.S. Census Bureau)				
	Clark-Fulton		City of Cleveland	
Rates are per 1,000 Females	5-Year Total	Rate	5-Year Total	Rate
Teen Births	177	126	4,172	59

Sources: 2010-2014 ACS 5-Year Estimates for Cleveland neighborhoods were calculated by NODIS at Cleveland State University. Because geographies are small, margins of error may be high, and differences between geographies should be interpreted with caution. 2010-2014 Teen Birth Rate data are from Ohio Department of Health, compiled by The Center for Community Solutions. Rates are calculated using U.S. Census Bureau population data.

As required by the Affordable Care Act of 2010, MetroHealth completed, most recently in 2017, a Community Health Needs Assessment (CHNA) to focus on improving community health outcomes and deepen its understanding of the needs of its community and how those needs impact the overall health of the community. MetroHealth realizes that it cannot improve community health outcomes alone and needs to partner with other community-based organizations around a common agenda. The priorities of the CHNA include the following:

- **Reducing infant mortality:** This effort to reduce infant mortality will utilize clinical programs, outreach initiatives and community partnerships, like First Year Cleveland (of which MetroHealth is a founding member), and it affirms MetroHealth's existing commitment and leadership on this issue.
- **Addressing the opioid epidemic:** Through its Office of Opioid Safety and the Know the Risks campaign, MetroHealth is a leader in addressing this epidemic through education, advocacy, risk management and treatment. Naming this as a community health priority underscores MetroHealth's commitment to save lives and reduce the burden of this epidemic.
- **Eliminating the racial and ethnic disparities in chronic disease outcomes for MetroHealth patients:** With support from Better Health Partnership, MetroHealth has made significant progress toward the elimination of racial and ethnic disparities in the standards of care provided to its patients, particularly those with diabetes and hypertension. Despite this, disparities in health outcomes persist, and MetroHealth will explore new ways to improve outcomes, with an emphasis on bridging clinical care and community programs.

- **Community building in the Clark-Fulton neighborhood:** As MetroHealth transforms its main campus, an anchor institution on West 25th Street in Cleveland, it aims to positively influence the surrounding community. This commitment to Community Transformation includes ongoing support for the many initiatives already underway in the Clark-Fulton neighborhood as well as additional opportunities for community health improvement and economic development.
- **Addressing community trauma in East Side neighborhoods:** As an emerging area of focus, MetroHealth will partner with faith-based leaders and communities to develop ways to address adverse community conditions and experiences in an effort to build community resilience

These five priorities will form the basis of MetroHealth’s overall institutional strategy for the next three years.

EQUITY COMMITMENT

VISION AND SCOPE

The District Team defines Equity as full and equal access to housing, employment, health and healthcare, safety, mobility, political representation, technology, and a clean environment. The process of achieving Equity is ongoing and requires honest and explicit dialogue about the issues of social and economic injustice, structural racism, and historical power imbalances that have caused inequity, and a commitment to a transparent and collaborative agenda moving forward.

Motivated by MetroHealth’s guiding values of service to others, teamwork, accountability, respect, inclusion and diversity, and excellence and its mission to realize a healthier you and a healthier community, the District Team is committed to advancing procedural, structural, distributional, and cross-generational equity in all district activities.

The District Team will serve as connectors, conveners and collaborators rather than merely representatives. The District Team commits to inclusive and authentic engagement of local residents and the diverse organizations that serve the vulnerable populations of the Clark-Fulton neighborhood and the surrounding neighborhoods, including, but not limited to, the following:

- The MetroHealth System
- The Office of Councilwoman Jasmin Santana (Ward 14)
- The Cleveland Foundation
- Metro West Community Development Corporation
- Scranton Road Ministries
- Hispanic Business Center
- Greater Cleveland Regional Transit Authority (GCRTA)
- Towards Employment
- Cleveland Neighborhood Progress
- Esperanza
- Boys and Girls Clubs
- Cuyahoga County Equity Planning

The District Team commits to transparent decision-making that fully considers historic inequities that may have subordinated vulnerable populations in the past. Finally, the District Team commits to fair distribution of the burdens and the benefits of district projects and programs across all populations and both current and future generations, as well as equity in all programs and health in all policies.

CURRENT CONDITIONS

The Clark-Fulton neighborhood is a community of color, 48% Hispanic or Latinx (compared to a city wide average of 10%), and, as such, the District Team recognizes that any conversation about equity must occur within the existing framework of race and class. The District Team believes it is supremely important that, to build a brighter future, we need to reckon with the past by explicitly addressing issues of social and economic injustice and structural racism. As well, it is necessary to fully understand and acknowledge the power dynamics at play within this context and the

historical imbalances that exist primarily along racial and economic lines. The District Team will facilitate and support the means for sharing power and building the capacity to use it, and it will spend time understanding the differences in context, goals, and power.

The District Team commits to employing a community development approach to engagement and to especially connect with people at the margins, those that don't typically have a seat at the table. As one of the most socially and ethnically diverse neighborhoods in the City of Cleveland, the Clark-Fulton neighborhood is also home to many vulnerable groups who are likely to be affected by district activities, including, but not limited to, the following:

- People of Color
- People of Latinx heritage
- Immigrants and migrants, including those for whom English is a second language
- LGBTQ
- People with low-income
- People experiencing homelessness
- Unemployed or underemployed
- Senior citizens
- Youth
- Disabled persons
- Survivors of trauma
- Users of mental health services
- Sick and frail
- Small, local businesses
- Renters
- Gang members
- Formerly incarcerated

The conditions that have historically subordinated the vulnerable groups in the Clark-Fulton neighborhood are similar to those of many legacy cities and include the following:

- Structural racism
- Redlining
- Xenophobia
- Resource constraints
- Classism
- Job dislocation
- Inferior education
- Poor food access and food security
- Inferior housing and presence of lead
- Health and education disparities
- No protection for affordable housing
- Strained police-community relationship
- Lack of community trust
- Lack of multi-modal transportation options
- Lack of sustainable capital investment

There exists a substantial number of state and local equity policies and plans that are applicable to the district, including the following:

- City of Cleveland Equity Planning
- Connecting Cleveland 2020 Citywide Plan
- Mayors Transformation Initiative
- Lead Safe Cleveland Coalition
- Racial Equity and Inclusion (Cleveland Neighborhood Progress)
- Shared Prosperity Partnership
- West 25th Corridor Plan
- Employee Housing Initiative
- Center for Reducing Health Disparities
- Health Improvement Partnership (HIP Cuyahoga)
- Nurse Family Partnership
- Community Benefits Agreements
- School-based Health Program
- The Open Table
- Opportunity Zones
- La Villa Hispana
- Redline Greenway Planning
- Scranton Road Bike Infrastructure

WORK PLAN

The District Team will incorporate and integrate the following tasks and actions into the planning, implementation, and certification processes during each phase to endeavor to remove inequalities and strengthen equitable outcomes.

Equity in the Formation Phase

- Procedural Equity
 - Task 1: Utilizing an authentic Community Engagement Process to explain Formation steps and participation opportunities, including but not limited to: Town Hall Meetings, Equity-Centered Design Process, Racial Equity and Inclusion Training (REI, Black and Latinx tracks) and the Racial Equity Screening Tool (Cleveland Climate Action Plan), reach out to identified vulnerable groups (including all appropriate language translations).
- Structural Equity
 - Task 2: Recruit and develop community leaders from historically underrepresented or oppressed groups, (e.g. African American, Latinx, people with low-income, immigrants and refugees, trauma survivors)

Equity in the Roadmap Phase

- Procedural Equity
 - Task 3: Enable and encourage participation of vulnerable groups in Roadmap development, including language translation, process orientations and workshops
- Structural Equity
 - Task 4: Choose performance indicators that reflect a commitment to equity and address historic inequities that may have subordinated vulnerable populations
- Distributional and Cross-Generational Equity
 - Task 5: Evaluate the distributional and cross-generational impacts of project and program proposals during strategy ranking

Equity in the Performance Phase

- Procedural Equity
 - Task 6: Continued education of stakeholders and allies who are in positions of power on issues of systemic oppression and practices in equity and inclusion
 - Task 7: As part of biennial progress reporting, prepare an evaluation of Equity results to date and recommend strategy adjustments to improve outcomes
 - Task 8: Ensure district performance is transparent and accessible to ensure the results can be used to adjust and strengthen the Equity commitment. Report out via website, social media, community meetings, newsletters and any additional methods deemed appropriate, meaningful and effective for the district
 - Task 9: Meet with vulnerable groups to review the equity of burdens and benefits from Roadmap execution, creating an indicator feedback loop that gauges progress made, highlights persistent inequalities and recommends strategy adjustments

RESPONSIBILITIES AND SCHEDULE

Task 1 (Equity in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from Cleveland Neighborhood Progress (REI).
- Process: Community outreach, engagement, REI Trainings
- Schedule/Timetable: Target completion for December 2019

Task 2 (Equity in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from Neighborhood Connections
 - Process: Leadership development and community organizing
 - Schedule/Timetable: Target completion for December 2019
- Task 3 (Equity in the Roadmap Phase)
- Organization(s) with primary responsibility: District Team with assistance from Neighborhood Connections
 - Process: Leadership development and community organizing
 - Schedule/Timetable: Target completion for December 2020
- Task 4 (Equity in the Roadmap Phase)
- Organization(s) with primary responsibility: District Team with assistance from Center for Healthcare Research and Policy, Center for Community Solutions, School of Social Work and Medical School at CWRU.
 - Process: Data design and research
 - Schedule/Timetable: Target completion for December 2020
- Task 5 (Equity in the Roadmap Phase)
- Organization(s) with primary responsibility: District Team with assistance from Center for Healthcare Research and Policy, Center for Community Solutions, School of Social Work and Medical School at CWRU.
 - Process: Data analysis, evaluation and research
 - Schedule/Timetable: Target completion for December 2020
- Task 6 (Equity in the Performance Phase)
- Organization(s) with primary responsibility: Backbone Organization with assistance from Cleveland Neighborhood Progress (REI).
 - Process: Community outreach, engagement, REI Trainings
 - Schedule/Timetable: Ongoing
- Task 7 (Equity in the Performance Phase)
- Organization(s) with primary responsibility: Backbone Organization with assistance from Center for Healthcare Research and Policy, Center for Community Solutions, School of Social Work and Medical School at CWRU.
 - Process: Data analysis, evaluation and research
 - Schedule/Timetable: Ongoing
- Task 8 (Equity in the Performance Phase)
- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections
 - Process: Leadership development and community organizing
 - Schedule/Timetable: Ongoing
- Task 9 (Equity in the Performance Phase)
- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections
 - Process: Leadership development and community organizing
 - Schedule/Timetable: Ongoing

INDICATORS

The following indicators of Equity developed to date by the District Team are illustrative and not meant to be exhaustive. The indicators most relevant and meaningful to the neighborhood will be confirmed in the Formation and Roadmap Phases:

- Wealth Distribution by Race and Ethnicity
- Employment rates by Race and Ethnicity
- Poverty Rates by Race and Ethnicity
- Median Income by Race and Ethnicity
- Population receiving Social Assistance
- Rates of Diabetes, Hypertension by Race and Ethnicity

- Rates of Obesity by Race and Ethnicity
- Healthy Food Access
- Premature Mortality by Race and Ethnicity
- Morbidity Rates by Race and Ethnicity
- Eligible Registered Voters
- People of Color on Boards and Decision-making Committees
- Number of REI Workshops
- Percent Affordable Housing Units
- Percent of Monthly Income Spent on Housing
- Local Eviction Rate
- Educational Attainment Rates/Graduation Rates
- Access to Vocational and Technical Training
- Graduation to Employment Rates
- Access to Formal Banking Services/Percent Un-Banked

EVALUATION AND ADJUSTMENT

Equity conditions are regularly updated as new data becomes available (using REAL and Racial Equity Tool), and the findings inform program and project prioritization for ensuing work plans. Biennial performance report used as feedback to be cross-referenced for adaptation and adjustment within each Performance Phase Work Plan.

LETTERS OF SUPPORT FOR THE EQUITY IMPERATIVE

- Brad Whitehead, Fund for Our Economic Future
- Joel Ratner, Cleveland Neighborhood Progress
- Pastor Joe Abraham, Scranton Road Ministries

RESILIENCE COMMITMENT

VISION AND SCOPE

The District Team defines Resilience as the capacity of district residents, business owners and stakeholders to survive, adapt, and thrive when confronting the economic, environmental, and social stresses and shocks they experience. Stresses, such as unemployment, aging housing stock, or crime, weaken a district on a chronic basis, while shocks, such as heat waves, winter storms, or the foreclosure crisis, are sudden, single-event disruptions that threaten a district. Through the collaborative activities of informal social networks, community and faith-based organizations, and other local actors, the most vulnerable among us are better equipped to overcome these stresses and shocks.

The District Team is committed to building resilience knowledge and expertise that empowers action through robust organizations and networks, enabling people and places to thrive in the face of social, economic, and environmental stresses and shocks. Great care must be taken to protect and strengthen the local culture and cultural history while amplifying support for local leaders, institutions, businesses and the arts.

The District Team, commits to leadership and governance that empowers residents, businesses and stakeholders, integrates resilience into the Roadmap and effectively manages resilience initiatives such as the Climate Ambassador Project, Block Clubs, etc. The District Team will include social groups and economic structures that provide collective identity, social stability and security, and financial resources such as HBC, ECDI, HFLA, County Emergency Management and Disaster Preparedness. Finally, the District Team will strive to mitigate existing and potential social, economic and environmental shocks and stresses and seek varied and authentic means to build wealth in the community.

The District Team is pursuing holistic community transformation and, given the core mission of MetroHealth, the convening healthcare anchor institution, that transformation includes a special emphasis on improving the health and well-being of the community and health equity in the community. This process occurs during an era of seismic transitions in healthcare nationwide, a transition toward health management and a preventative medicine approach. Emphasizing value-based healthcare and risk sharing, MetroHealth embraces new thinking about the relationship

between community development and community health and well-being. The District Team acknowledges the importance of cross-sector collaboration between healthcare systems, public health and social service/community service, and it recognizes the need to move from isolated projects and programs to systems that are deeply interrelated and mutually reinforcing.

The District Team acknowledges that a primary risk factor for lack of health is a lack of agency or a feeling of control over one's choices. A personal sense of agency extends to a group's collective agency and, therefore, impacts the ability of the community to come together to create change. Hospitals and public health agencies have important messages for the community, but these messages often fail to resonate with community members primarily focused on the day-to-day realities of their own lives. Similarly, the District Team knows that building trust with community stakeholders can only be accomplished through authentic, personal connections developed over an extended period of collaboration, and the District Team seeks to utilize the transformed campus as a civic commons to realize this vision.

Finally, the District Team understands that differences exist between a resilient hospital and a resilient neighborhood. Resilience for the hospital incorporates factors such as risks to energy, water, air, patient room services, employee health and wellness. A resilient neighborhood shares many of the same elements, including risks to energy, water, and air. That said, neighborhoods also have exposure to loss of connectivity and community connections. Neighborhoods benefit from a process neutral, redundant design approach and must seek smaller, hyper-local economic systems for necessities such as healthy food, clean water, reliable energy, affordable energy-efficient housing, efficient and inexpensive mobility and high-quality education.

CURRENT CONDITIONS

Place-based, mission-driven local neighborhood institutions have a long-standing history of supporting the community during shocks and stresses including Scranton Road Ministries, Merrick House, Jones Home, Lincoln West High School, the Second District Police Headquarters and, of course, MetroHealth Hospital. The MetroHealth campus has historically provided resilience through its Level I Trauma Center, its disaster-readiness, and its presence as a place of refuge for members of the community. It has already launched a Live Local program to encourage MetroHealth employees to live in the nearby communities, an initiative which has the added benefit of allowing rapid mobilization in times of emergency and crisis. MetroHealth has also launched a Trauma Informed Community Response Institute, an initiative designed to be a mitigation-focused, comprehensive response to the impact of chronic complex trauma in our community. Furthermore, MetroHealth supports its employees and community residents through robust health and wellness programs.

The Clark-Fulton neighborhood and its surrounding neighbors are subject to the chronic stresses and potential shocks most experienced by vulnerable populations. The vulnerable groups who are likely to be affected by district activities, include, but are not limited to, the following:

- People of Color
- People of Latinx heritage
- Immigrants and migrants, including those for whom English is a second language
- LGTBQ
- People with low income
- People experiencing homelessness
- Unemployed or underemployed
- Senior citizens
- Youth
- Disabled
- Survivors of trauma
- Users of mental health services
- Sick and frail
- Small, local businesses
- People without access to health insurance

The chronic stresses that impact the community include:

- Structural racism
- Poverty and lack of community investment
- Job dislocation
- Gentrification and displacement
- Deteriorated social cohesion and social isolation
- Political disenfranchisement
- Xenophobia
- Aging housing stock
- Car dependency and urban sprawl

- Built environment and surrounding land use (industry and highways)
- Poor sidewalk conditions
- Lead poisoning
- Health disparities especially those noted in the Community Health Needs Assessment
- Public safety
- Police violence
- Food insecurity and lack of healthy food
- Environmental factors such as loss of tree canopy, reduced air quality, etc.

In addition to these persistent challenges, the neighborhood faces a number of potential shocks to the status quo including:

- Crime and violence including gun violence
- Unemployment
- Sudden economic downturns including a foreclosure crisis
- Businesses or local stores closing
- Health trauma
- Climate related heat waves and extreme cold
- Extreme rainfall and flooding
- Power outages
- Migration

In response to these challenges, the District Team commits to supporting and fostering current local/state resilience measures applicable to the district including the following:

- MetroHealth Medical Center Campus Central Utility Plant
- MetroHealth Police Headquarters on West 25th St.
- West 25th Street Bus Rapid Transit
- MetroHealth System's Arts in Medicine Program
- First Year Cleveland
- Project DAWN
- West 25th Street Corridor Development
- Digital Divide
- Grid Resilience
- MetroHealth System's Community Trauma Initiative
- Trauma-informed Care Approach
- MetroHealth System's and other employers' Employee Housing Initiative
- NEORSD Consent Decree on CSOs
- City of Cleveland's Complete and Green Streets Ordinance
- BUILD Health 2.0
- City of Cleveland's Bikeway Master Plan

WORK PLAN

The District Team will incorporate and integrate the following tasks and actions into the planning, implementation and certification processes during each phase to endeavor to minimize and avoid stresses and shocks when possible and, when unavoidable, mitigate their negative side effects.

Resilience in the Formation Phase

- Knowledge/Expertise & Organizations/Networks
 - Task 1: Inclusive outreach and authentic engagement of stakeholders, particularly vulnerable populations and the organizations that serve them.
- People & Place

- Task 2: Recruit and develop community leaders from groups that are historically most vulnerable to stresses and shocks, (e.g. African American, Latinx, people with low income, youth, ESL).

Resilience in the Roadmap Phase

- Knowledge/Expertise & Organizations/Networks
 - Task 3: Enable and encourage participation of vulnerable groups in Roadmap development, including language translation, process orientations and workshops
- People & Place
 - Task 4: Evaluate the robustness of strategies to withstand anticipated stresses and shocks and the degree to which they possess the redundancy and diverse capacity to avoid overreliance on single assets

Resilience in the Performance Phase

- Knowledge/Expertise & Organizations/Networks
 - Task 5: As part of biennial progress reporting, prepare an evaluation of Resilience results to date and recommend strategy adjustments to improve outcomes
- People & Place
 - Task 6: Ensure district performance is transparent and accessible to ensure the results can be used to adjust and strengthen the Resilience commitment. Report out via website, social media, community meetings, newsletters and any additional methods deemed appropriate for the district
 - Task 7: Meet with vulnerable groups to review the burdens and benefits from Roadmap execution, creating an indicator feedback loop that gauges progress made and recommends strategy adjustments

RESPONSIBILITIES AND SCHEDULE

Task 1 (Resilience in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Target completion for December 2019

Task 2 (Resilience in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Target completion for December 2019

Task 3 (Resilience in the Roadmap Phase)

- Organization(s) with primary responsibility: District Team with assistance from Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Target completion for December 2020

Task 4 (Resilience in the Roadmap Phase)

- Organization(s) with primary responsibility: District Team with assistance from Center for Healthcare Research and Policy, Center for Community Solutions, School of Social Work and Medical School at CWRU.
- Process: Data analysis, evaluation and research
- Schedule/Timetable: Target completion for December 2020

Task 5 (Resilience in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from Center for Healthcare Research and Policy, Center for Community Solutions, School of Social Work and Medical School at CWRU.
- Process: Data analysis, evaluation and research
- Schedule/Timetable: Ongoing

Task 6 (Resilience in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Ongoing

Task 7 (Resilience in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Ongoing

INDICATORS

The following indicators of Resilience developed to date by the District Team are illustrative and not meant to be exhaustive. The indicators most relevant and meaningful to the neighborhood will be confirmed in the Formation and Roadmap Phases:

- | | |
|---|--|
| • Educational Attainment by Race and Ethnicity | • Number of Evictions |
| • Language Competency, ESL | • Rates of Chronic Disease and Illness |
| • Percent of Population with Health Insurance | • Transportation Access |
| • Percent land area with Impervious Surface or Number of Rain Gardens | • Small Business Formation Rates |
| • Local Employment Rate | • Unbanked Population |
| • Number of Climate Resilience Training Workshops Held | • Crime Rate |
| • Households Headed by a Single Parent | • Poverty Rate |
| • Number of Foreclosures | |

EVALUATION AND ADJUSTMENT

Resilience conditions are regularly updated as new data becomes available, and the findings inform program and project prioritization for ensuing work plans. Biennial performance report used as feedback to be cross-referenced for adaptation and adjustment within each Performance Phase Work Plan.

LETTERS OF SUPPORT FOR THE RESILIENCE IMPERATIVE

- Roland Anglin, Dean, Levin College of Urban Affairs
- Jill Rizika, Towards Employment
- Robert Koonce, Boys & Girls Club

CLIMATE PROTECTION COMMITMENT

VISION AND SCOPE

The District Team defines Climate Protection as actions taken to eliminate greenhouse gas emissions and reduce climate change. These types of actions, including supporting public transit, initiating beautification projects such as green spaces and tree plantings, and localizing food and

energy production, and improving storm water management will not only positively impact the climate, but they will also enhance the quality of life and health of residents. Working collaboratively and in the interests of the greater good, local actors can confront the complexities of climate change, strengthen their communities, and provide an inspiring example to surrounding communities.

The District Team commits to reaching carbon neutrality in the district by eliminating, sequestering, and/or off-setting direct and indirect operational CO₂ and CO₂ equivalent emissions from building, water, and infrastructure energy use and production, solid waste and hazardous waste management and transportation within and connected to the district. Seeking to capitalize on the \$1B commitment toward a Campus Transformation Plan launched in 2016 by The MetroHealth System, the District Team supports not just a transformation of the hospital campus but also of the wider community surrounding it.

Another key aspect of the District Team's climate protection efforts will be a major expansion of the urban tree canopy on the hospital campus and within the district, an effort consistent with a primary citywide goal of the City of Cleveland. The benefits of this strategy include cleaner air, reduction of the urban heat island effect, carbon sequestration, and water filtration and retention. Additionally, the District Team will pursue the following greenhouse gas (GhG) reduction strategies:

- Energy efficiency in buildings
- Smart Growth and density seeking to reduce VMT, in particular transit oriented development along West 25th Street
- Incentivizing transit, car share, biking and walking opportunities
- Increased use of tele-presence where appropriate
- Use of renewable energy
- Increased local food production, distribution and advanced water technologies
- Deployment of zero emission auto fleets

And, as part of its physical transformation, the MetroHealth System will pursue both LEED for Building Design and Construction (LEED BD+C v4) for Healthcare Silver level and WELL Building Standard v2 certifications, including Energy Use Intensity (EUI) and other operational targets for the new hospital itself and the campus more broadly. The key strategies in achieving these certifications will be sustainable sites, heat island reduction, outdoor water use, optimizing energy performance and demand response, materials and resources used, waste and water management and evidence-based design for healthy spaces.

CURRENT CONDITIONS

Like most urban neighborhoods nationally, energy consumption in Clark-Fulton is on the rise with high levels of car ownership, a dense fabric of homes – many are older with limited insulation and filled with appliances – and commercial buildings and several large industrial businesses. Perhaps the largest and most variable user of energy, the MetroHealth campus, each day, serves thousands of employees, patients, and visitors. To achieve this level of service 24 hours per day, the campus must use a great deal of energy for purposes such as lighting, space heating and cooling, ventilation, the operation of medical equipment, computers, refrigeration and cooking, among others.

The following state and local climate protection measures will influence the District Team's approach to the climate protection imperative:

- Clean Power Plan (Federal)
- Clean Energy Standards (State)
- Energy Efficiency Resource Standard (EERS) and Renewable Portfolio Standard (RPS) in Ohio
- Cleveland Green Building Standards
- 2030 Districts

- Cleveland Climate Action Plan (CAP)
- Cuyahoga County 5-year Sustainability Strategic Plan and Climate Change Action Plan
- NOACA (Northeast Ohio Areawide Coordinating Agency) regional transportation plans, biking plans, Transportation for Livable Communities Study results
- Storm Water Master Plans and Watershed Management Standards reviewed and adopted by Watershed Advisory Committees of the NEORS (NE Ohio Regional Sewer District)
- District and other local organizations' Climate Action Plans (corporate, government, non-profits)

In 2017, the United States announced its intention to pull out of the Paris Climate Agreement. Mayor Frank Jackson, along with 400 other Mayors across the country, re-affirmed the city's commitment to climate action. The 2018 Update to the Cleveland CAP, initially launched in 2013, builds off previous work by establishing the following crosscutting priorities that serve as a model to pursue within our district:

- Social and racial equity
- Good jobs, Green jobs
- Resilience to the impacts of climate change
- Business leadership

The following is an excerpt from the 2018 update to the Cleveland CAP:

“Collectively, we’ve made progress since the first Cleveland Climate Action Plan launched in 2013. We’ve reduced carbon pollution while growing the economy. Water quality and air quality have continued to improve. The City has been recognized for supporting solar and wind energy. More than 70 miles of bike infrastructure were installed and bike share system launched. Dozens of organizations created and are now implementing the Cleveland Tree Plan. The Cleveland Climate Action Fund has supported more than 50 resident-led, neighborhood-based projects. Finally, the number of Clevelanders who would recommend the city as a place to visit has more than doubled.”

WORK PLAN

The District Team will incorporate and integrate the following tasks and actions into the planning, implementation and certification processes during each phase to endeavor to minimize energy demand, maximize energy efficiency, produce energy from clean and renewable sources, and sequester or off-set CO2 emissions.

Climate Protection in the Formation Phase

- Task 1: Outreach to key stakeholders (major energy users such as MetroHealth, Nestle, Lincoln West High School, Steelyard Commons (adjacent retail development), design professionals, waste and transportation system operators, energy utilities such as First Energy and Cleveland Public Power), to understand climate protection goals and participation opportunities and explain both to the community all held in multiple population appropriate languages
- Task 2: Recruit and develop climate protection practitioners and interested community group representatives to participate in decision-making

Climate Protection in the Roadmap Phase

- Task 3: Enable and encourage participation of vulnerable groups in Roadmap development, process orientations and workshops all held in multiple population appropriate languages
- Task 4: Evaluate the carbon footprint of all projects and programs while ranking strategies to achieve carbon neutrality

Climate Protection in the Performance Phase

- Task 5: As part of biennial progress reporting, prepare an evaluation of carbon reduction results to date and recommend strategy adjustments to accelerate the rate of reduction
- Task 6: Ensure district performance is transparent and accessible to ensure the results can be used to adjust and strengthen the Climate Protection commitment. Report out via website, social media, community meetings, newsletters and any additional methods deemed appropriate for the district
- Task 7: Meet with stakeholder groups to review the burdens and benefits from Roadmap execution, creating an indicator feedback loop that gauges progress made and recommends strategy adjustments

RESPONSIBILITIES AND SCHEDULE

Task 1 (Climate Protection in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from City of Cleveland Office of Sustainability
- Process: Stakeholder engagement
- Schedule/Timetable: Target completion for December 2019

Task 2 (Climate Protection in the Formation Phase)

- Organization(s) with primary responsibility: District Team with assistance from City of Cleveland Office of Sustainability
- Process: Leadership development and training
- Schedule/Timetable: Target completion for December 2019

Task 3 (Climate Protection in the Roadmap Phase)

- Organization(s) with primary responsibility: District Team with assistance from Cleveland Neighborhood Progress and Neighborhood Connections
- Process: Leadership development and community organizing
- Schedule/Timetable: Target completion for December 2020

Task 4 (Climate Protection in the Roadmap Phase)

- Organization(s) with primary responsibility: District Team with assistance from City of Cleveland Office of Sustainability, NEORS, NOACA, City of Cleveland Department of Public Health Division of Air Quality Management
- Process: Data analysis, evaluation and research
- Schedule/Timetable: Target completion for December 2020

Task 5 (Climate Protection in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from City of Cleveland Office of Sustainability, NEORS, NOACA, City of Cleveland Department of Public Health Division of Air Quality Management
- Process: Data analysis, evaluation and research
- Schedule/Timetable: Ongoing

Task 6 (Climate Protection in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections and City of Cleveland Office of Sustainability
- Process: Leadership development and community organizing
- Schedule/Timetable: Ongoing

Task 7 (Climate Protection in the Performance Phase)

- Organization(s) with primary responsibility: Backbone Organization with assistance from Neighborhood Connections and City of Cleveland Office of Sustainability

- Process: Leadership development and community organizing
- Schedule/Timetable: Ongoing

INDICATORS

The following indicators of Climate Protection developed to date by the District Team are illustrative and not meant to be exhaustive. The indicators most relevant and meaningful to the neighborhood will be confirmed in the Formation and Roadmap Phases:

- Zero Energy Performance Index for major building types
- EUI targets for major building types
- Household vehicle fuel use
- Large employers' employee commuting mode split
- Transit ridership
- Air quality
- Number of asthma cases, heat-related illnesses
- Per capita total energy use
- Clean-fueled thermal energy produced
- Renewable power generated in the district
- Renewable power used in the district
- Per capita net tons of CO2 emissions in the district
- Volume of reclaimed and reused materials
- Number of homes weatherized/solarized
- Number of green jobs created
- Urban tree canopy percentage
- Number of green infrastructure projects in the district
- Gallons of storm water diverted from combined sewer overflow
- Acres of green space open to the public
- Acres of food-bearing community gardens
- Percent of food sourced locally

EVALUATION AND ADJUSTMENT

Climate Protection conditions are regularly updated as new data becomes available, and the findings inform program and project prioritization for ensuing work plans. Biennial performance report used as feedback to be cross-referenced for adaptation and adjustment within each Performance Phase Work Plan.

LETTERS OF SUPPORT FOR THE CLIMATE PROTECTION IMPERATIVE

- Brian Zimmerman, Cleveland Metroparks
- Marc Lefkowitz, GreenCityBlueLake
- Mike Foley, Cuyahoga County Office of Sustainability