

First breakdown of public health data for Cleveland neighborhoods

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Today, the Prevention Research Center for Healthy Neighborhoods of Case Western Reserve University release new health data from Cleveland neighborhood groups on three of the most pressing public health concerns: obesity, hypertension, and diabetes.

The three data briefs – statistical public health publications – group Cleveland neighborhoods and provide prevalence estimates for <u>diabetes</u>, hypertension awareness and obesity using five years of local survey data. Previously, these measures were only available for the city of Cleveland.

"This data allow the local public health community to measure chronic diseases such as diabetes, obesity, and high blood pressure down to the neighborhood level. We are committed to ongoing data collection to show how 'place matters' – where you live makes a difference," says Elaine Borawski, PhD, the Angela Bowen Williamson Professorship in Community Nutrition at Case Western Reserve School of Medicine, primary investigator and co-director of the PRCHN at Case Western Reserve University, and co-author of the data briefs. "Most important, we now have a tool to examine how local initiatives to prevent and reduce chronic disease in our community can be shown to be effective." Dr. Borawski's co-author was David Bruckman, MS, PhD candidate in the Department of Epidemiology and Biostatistics in the School of Medicine and core faculty, PRCHN of Case Western Reserve University. He also serves as the biostatistician for the City of Cleveland Department of Public Health.



This new research reveals trends and differences by neighborhood group, age, race and sex among Cleveland <u>adults</u>. The local survey data comes from the Cleveland-Cuyahoga County Behavioral Risk Factor Surveillance System (BRFSS) collected from 2005 through 2009.

"These very compelling data briefs illuminate the impact of race and place on health disparities related to the burden of diabetes, hypertension and obesity in Greater Cleveland," says Terry Allan, MPH, health commissioner, Cuyahoga County Board of Health. "They offer the opportunity to focus increasingly precious resources on community programs and academic research initiatives to reduce this unacceptable gap."

New findings detailed in the data briefs include:

- Overall, the highest levels of hypertension, diabetes and obesity were consistently found in the city's southeast neighborhoods, which include South Broadway, Union-Miles, Corlett, Mt. Pleasant and Lee-Miles.
- Hypertension, or high blood pressure, is a highly prevalent chronic disease among Cleveland adults and far higher than elsewhere in the state or the nation. Nearly 70 percent of Cleveland's older adults reported being diagnosed with hypertension. From 2005 through 2009, hypertension was reported more often in Cleveland black adults than among Cleveland white adults (40.8 versus 32.9 percent). However, the disease's prevalence increased significantly in 2008-2009 among Cleveland white adults. High blood pressure awareness prevalence did not change significantly among black Cleveland adults in 2008-2009 compared to 2005-2007. Throughout the survey time span, hypertension prevalence was highest among residents in southeast Cleveland (South Broadway, Union-Miles,



Corlett, Mt. Pleasant and Lee-Miles) that among west and southwest Cleveland residents, which includes Cleveland neighborhoods from Riverside and Kamm's Corners to Old Brooklyn and Brooklyn-Center.

- The percent of obese Cleveland adults was greatest among those 30-49, females and black. Obesity prevalence was highest among adults living in southeast neighborhoods.
- Diabetes prevalence is most common among Cleveland adults age 65 years and older; one in four survey respondents said they were told that he/she has diabetes by a health professional at some time during the survey period. Diabetes is as common among Cleveland females as males and between white and black Cleveland adults. The percent of adults with diabetes did not differ across the seven Cleveland neighborhood groups.

"The collection and analysis of this critical information will help to inform and guide the City of Cleveland's public health policies and strategies. It will also serve as an important assessment tool for the Healthy Cleveland Initiative," says Karen K. Butler, director of public health, City of Cleveland.

Seven groups of Cleveland neighborhoods are included in the data briefs: East (Downtown, Central, Goodrich-Kirtland Park, St. Clair-Superior, Fairfax, Hough, and University); Northeast (Glenville, Forest Hills, North and South Collinwood, and Euclid-Green); Eastern Corridor (Industrial Valley, North Broadway, Kinsman, Woodland Hills, and Buckeye-Shaker); Southeast (South Broadway, Union-Miles, Corlett, Mt. Pleasant, and Lee-Miles); Northwest (Edgewater, Cudell, Detroit-Shoreway, and Ohio City/Near West Side and Tremont); South/Southwest (West Boulevard, Stockyards, Clark-Fulton, Brooklyn-Center, and Old Brooklyn); and West (Riverside, Puritas-Longmead, Kamms Corner, and Jefferson).



The data briefs use maps, tables and charts to illustrate differences in these conditions by age, sex, race, across study periods 2005-2007 and 2008-2009, and by Cleveland neighborhoods. These three reports continue Case Western Reserve's legacy of providing research-based health information, education, and opportunities for improved well-being to the community. The briefs and more detailed statistical information can be found at http://prchn.org/cleveland-neighborhood-data-br/.

Provided by Case Western Reserve University

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