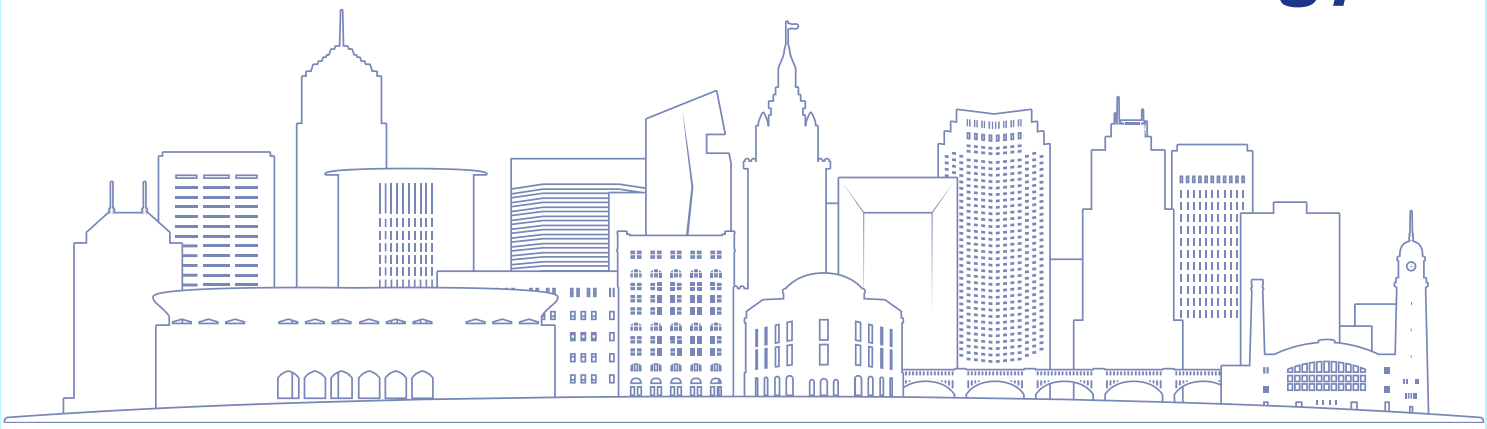
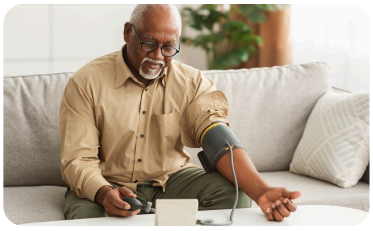
www.prchn.org/clehealthsurvey

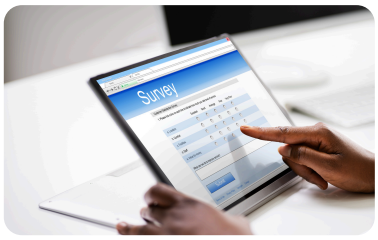
2025

Cleveland Health Survey

Methodology







CITY OF CLEVELAND
Mayor Justin M. Bibb
PUBLIC HEALTH

CASE WESTERN RESERVE UNIVERSITY
School of Medicine

Healthy Neighborhoods
Prevention Research Center for Healthy Neighborhoods
at Case Western Reserve University

Table of Contents

Important Note

It is expected that this report will continue to be appended to reflect methods applied throughout our exploration of the data.

This current document is **Version 1** (released April 2, 2025).

Recommended Citation:

Case Western Reserve University and Cleveland Department of Public Health. (2025). *Cleveland Health Survey, Methodology Report (v1), 2025*. Prevention Research Center for Healthy Neighborhoods. https://prchn.org/clehealthsurvey/results.

Acknowledgements

This Cleveland Health Survey is the result of a long-term collaboration between the Prevention Research Center for Healthy Neighborhoods at Case Western Reserve University and the Cleveland Department of Public Health.

The Cleveland Health Survey has been a team effort, and we wish to thank individuals who contributed to the development and execution of this project—CDPH: David Margolius, Frances Mills, Katrese Minor, Richard Stewart, Elizabeth Svoboda; CWRU: Elaine Borawski, Darcy Freedman, Heidi Gullett, Jin Kim-Mozeleski, David Miller, Stephanie Pike Moore, Daniel Tisch, Erika Trapl; and Christopher Mundorf at Better Health Partnership.

We also wish to thank our CWRU students: undergraduates Zion Kang and Nyah Brown, MPH students Keno Benjamin, Gabriella Malz, Austin Van De Ven, MS student Brooke Bhattacharya, and PhD student Anthony Orsino; and CWRU staff Latasha Ross for their support in project development and conducting the Cleveland Health Survey by phone. We would like to also thank our technical specialist, Catherine Osborn, for work in database development as well as Laura Fernandez and Sarah Koopman Gonzalez for providing support for Spanish translation in materials and survey administration.

Most importantly, we wish to thank the residents of the City of Cleveland who have trusted us to collect and act on this important information that they have shared with us.

Funding for the 2025 Cleveland Health Survey Comes From:

MT. SINAI HEALTH FOUNDATION

UnitedHealthcare Community Plan

CASE WESTERN RESERVE UNIVERSITY Clinical and Translational Science Collaborative

CASE WESTERN RESERVE UNIVERSITY Mary Ann Swetland Center for Environmental Health

Contact Information

For more information on the methods used or questions asked in the Cleveland Health Survey, please visit the PRCHN website: www.prchn.org/clehealthsurvey. If you would like to be added to our mailing list to receive more information about future results or to participate in other surveys or studies, please visit: https://clehs2024.org

For questions about data, methods or to make a data request, please contact:

Stephanie Pike Moore
Assistant Professor
Prevention Research Center for Healthy Neighborhoods
Case Western Reserve University
1974 E 66th Street, Suite 300
Cleveland, OH 44103
E: Stephanie.pike@case.edu
W: 216-368-1918

Survey Procedures

The Cleveland Health Survey was open for responses between November 21, 2024 and January 21, 2025. Residents had the option to complete the survey over the phone (between the hours of 8am and 8pm) or on a secure, web-based platform (available 24 hours). The survey was also available in both English and Spanish. All procedures were approved by the Case Western Reserve University Institutional Review Board under Protocol STUDY20230282.

Individuals were first screened for eligibility which was determined by the following criteria: 1) primary residence in the City of Cleveland, 2) being 18 years of age or older, 3) no one else in their household completed the survey, and 4) provided consent to participate. Eligible residents were displayed (online) or read the consent information (over the phone) as well as sent a copy of the consent form. Eligible individuals could complete the survey if they provided consent.

Those who completed 80% or more of the survey questions could opt in to be entered into a drawing for $50 where every 1 in 10 respondents was selected to receive a $50 check. Drawings were held on a weekly basis while the survey was open. Surveys were considered usable if individuals completed sufficient responses used in survey weighting (described in the *Survey Weighting Procedures* section).

Survey Flow

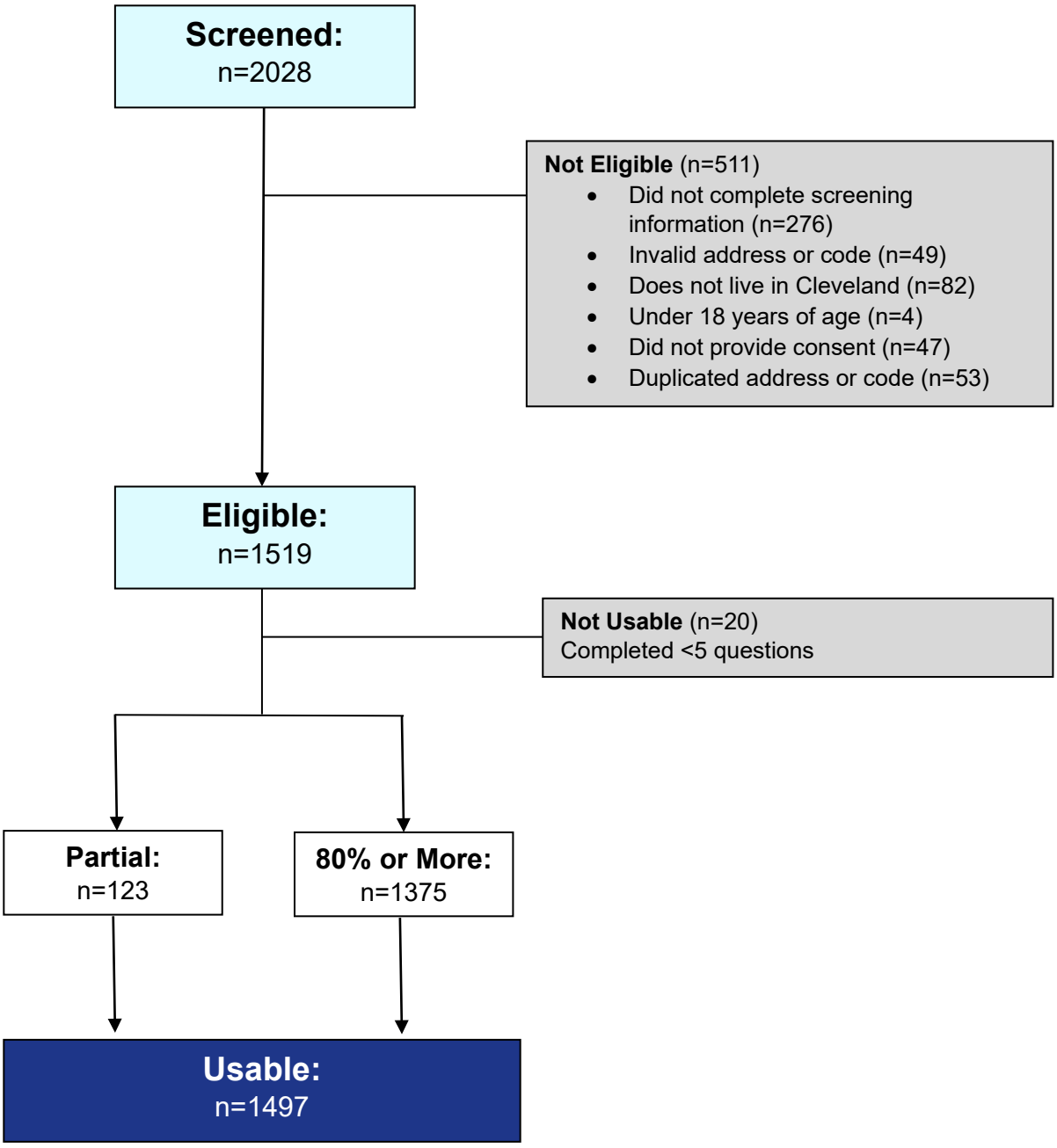
A total of 2028 individuals were screened for eligibility, 42 of whom selected the Spanish language option (Table 1). Of those screened, 1845 were screened online and 181 were screened over the phone. Overall, most individuals completed the screener in the afternoon between the hours of 12pm and 6pm. On average, individuals who took the survey online spent 27 minutes to complete online and 59 minutes to complete it over the phone.

Table 1. Characteristics of Individuals Screened for the 2025 Cleveland Health Survey

Characteristics	Overall N=2028	Web-Based n=1845	Phone-Based n=181
Language			
English	1984	1805	179
Spanish	42	40	2
Survey Duration			
Average (in minutes)	29.5	27.0	58.5
Time of Day			
Morning (6a-12p)	499	448	51
Afternoon (12p-6p)	961	846	115
Evening (6p-12a)	484	470	14
Night (12a-6a)	52	51	1
Note: Totals do not add up to 2028 due to 2 individuals missing information.			

Overall, about 25% (n=511) individuals who were screened were *not* eligible to participate (Figure 1). The most common reason individuals were not eligible was because they did not complete the screening information. Of those 1519 who were eligible, 20 did not answer enough questions to be considered a usable survey leaving a total usable sample of 1497.

Figure 1. Participant Flow of the 2025 Cleveland Health Survey



Key Metrics

Invited (INV): Number of households invited to participate as part of the probability sample.

Screened (S): Number of individuals who answered 1 or more questions to the screener.

Eligible (EL): Number of individuals who completed the screener and met the criteria of being a Cleveland resident, over the age of 18, no one else having completed the survey in their household, and providing consent.

Not Eligible (INEL): Number of individuals who completed screening questions and did provide a valid address or access code associated with a valid address, did not live in the City of Cleveland, were <18 years of age, or someone else at their address had completed the survey.

Unknown Eligibility (UNKEL): Number of invited individuals who did not start take the survey and the number of invited and those who started the screening questions but did not complete them.

Terminations or Refusals (TERE): Number of eligible individuals who did not provide consent or did not answer enough questions to be considered a partial interview

Completed Interviews (COIN): Number of eligible individuals who submitted a partial (5 or more questions) or completed interview (80% or more of questions).

Eligibility Factor (E):
E=EL/(EL+INEL)
Proportion of individuals who were eligible out of those who were determined to be eligible or not eligible.

Interview Completion Rate (ICR):
ICR=(COIN/(COIN+TERE))*100
Proportion of individuals who completed the survey out of those who were determined to be eligible.

Response Rate (RR):
RR=(COIN/((EL+(E*UNKEL)))*100
Proportion of individuals who submitted partial or complete interviews out of the estimated number of eligible units in the sample. This estimate is calculated based on the assumption that the number of eligible households among those who were not reached had the same likelihood of being eligible to participate. Note that response rates are only calculated for the probability sample.

Sampling Procedures

Rationale for Hybrid Sampling

A hybrid sampling approach was used for the Cleveland Health Survey. Hybrid sampling involves both probability and nonprobability sampling techniques. We identified around 163,000 residential addresses. Notably, these residential addresses do not include those residing in long-term care facilities, transitional housing, or shelters due to challenges in identifying room and unit numbers to allow for random selection of households. As a result, we applied a hybrid sampling approach using non-random sampling to complement random sampling.

Sample Size

To achieve a generalizable sample size with 95% confidence and a margin of error of +/- 3%, the minimum sample size was calculated to be 1061. This number was inflated by 25% to account for potential partial responses for a total target number of 1327. Sampling was stratified by Cleveland's statistical planning areas (SPA), or neighborhoods. Proportional targets were set for each neighborhood to ensure adequate representation across Cleveland (Table 2). While the target was set at 1327, once the goal was reached, the survey continued to be available for an additional three weeks (January 1, 2025-January 21, 2025) to capture those neighborhoods who did not meet 75% of the target goal through non-probability sampling techniques. Thus, the target goal was exceeded by 170 survey responses for a total sample of **1497**. Only two neighborhoods, Collinwood-Nottingham and Mount Pleasant, did not reach 75% of their target number of responses.

Probability Sampling

Stratified, random address-based sampling was applied wherein households were selected at random within each neighborhood stratum, or 2012 Statistical Planning Area (SPA). In Cleveland, there are 34 unique SPAs. The number of addresses randomly selected within each SPA was directly proportional to the number of addresses identified within each SPA.

Recruitment

Selected addresses received a 5.5" by 8" postcard in the mail (Figure 2). Each mailer provided information about the survey and directed interested individuals to complete the survey online or over the phone. A unique, address-associated access code was provided to associate respondents with their respective SPA and their inclusion in the probability sample.

Figure 2. 2025 Recruitment Postcard

Table 2. Cleveland Health Survey Target Sample Size by Neighborhood

Neighborhood	Total # Addresses	Target Sample Size	# Completed / Partial Surveys	% of Target Reached
Bellaire-Puritas	5824	47	52	110.6%
Broadway-Slavic Village	8351	68	69	101.5%
Brooklyn Centre	3564	29	28	96.6%
Buckeye-Shaker Square	5656	46	63	137.0%
Buckeye-Woodhill	2088	17	18	105.9%
Central	3707	30	30	100.0%
Clark-Fulton	2918	24	29	120.8%
Collinwood-Nottingham	4304	35	18	51.4%*
Cudell	3166	26	25	96.2%
Cuyahoga Valley	87	1	1	100.0%
Detroit Shoreway	4101	33	42	127.3%
Downtown	6090	49	50	102.0%
Edgewater	2896	24	43	179.2%
Euclid-Green	2279	19	16	84.2%
Fairfax	2533	21	34	161.9%
Glenville	9843	80	76	95.0%
Goodrich-Kirtland Pk	1506	12	15	125.0%
Hopkins	17	0	0	-
Hough	4457	36	37	102.8%
Jefferson	7132	58	61	105.2%
Kamm's	11099	90	171	190.0%
Kinsman	2581	21	19	90.5%
Lee-Harvard	4532	37	33	89.2%
Lee-Seville	2038	17	16	94.1%
Mount Pleasant	6872	56	41	73.2%*
North Shore Collinwood	7143	58	67	115.5%
Ohio City	5864	49	61	124.5%
Old Brooklyn	14946	121	151	124.8%
St. Clair-Superior	2565	21	23	109.5%
Stockyards	3448	28	24	85.7%
Tremont	3796	31	42	135.5%
Union-Miles	7626	62	55	88.7%
University	2984	24	36	150.0%
West Boulevard	7065	57	51	89.5%
TOTAL	**163078**	**1327**	**1497**	**112.8%**

*Did not reach target of 75%

Postcards were batched into 10 waves of mass mailings (Table 3) to occur across 4 weeks with an expected response rate of 1.24% based on findings from a 2023 pilot study. The final two waves of mailers were adjusted based on the observed proportion of target responses among each SPA after Wave 5 (December 6, 2025). Those neighborhoods with greater than 30% of the target number of responses through Wave 5 did not receive mailers in Wave 9 and 10, those with 20.1%-30% received the same proportion of mailers as in previous waves, those with 10.1%-20% received 2x the number of postcards in previous waves and those with 10% or less of the expected number of responses received 3x as many. Thus, a total of 108,178 households were invited to as part of the probability sampling strategy.

Of those invited, 1629 were started the screening process (1.5%) and most (88.0%) were eligible to participate. Among those who were 1434 who were eligible, 1373 of them submitted a partial or completed survey which is reflected in the high interview completion rates (95.7%). Response rates were at or above the expected level (1.24%) until Waves 9 and 10 which likely resulted from increased sampling from lower-response neighborhoods (Table 4).

While the reported response rates are lower than what is reported in the national BRFSS, it is important to note that the proportion of individuals who were eligible out of those screened was much greater compared to those screened in national BRFSS. Furthermore, of those who were eligible, the interview completion rate was greater in the Cleveland Health Survey compared to the national BRFSS. What this likely reflects is that, the sampling strategy is effective at reaching eligible individuals but it may take a greater scope of recruitment to achieve the desired sample size.

Table 3. Categories of Eligibility and Completion by Recruitment Wave

Wave	INV	S	EL	INEL	UNKEL	TERE	COIN	ICR	RR
Wave 1: 11/21	9996	167	152	1	9829	4	148	97.4	1.5
Wave 2: 11/22	9997	151	136	2	9846	2	134	98.5	1.4
Wave 3: 12/02	11997	186	159	7	11811	7	152	95.6	1.3
Wave 4: 12/03	11989	201	182	3	11788	12	170	93.4	1.4
Wave 5: 12/04	10994	185	161	4	10809	10	151	93.8	1.4
Wave 6: 12/10	11990	169	149	2	11821	6	143	96.0	1.2
Wave 7: 12/11	11995	194	172	1	11801	4	168	97.7	1.4
Wave 8: 12/12	10993	175	151	4	10818	7	144	95.4	1.3
Wave 9*: 12/16	10742	122	105	0	10620	4	101	96.2	0.9
Wave 10*: 12/17	7485	76	67	0	7409	5	62	92.5	0.8
TOTAL	**108178**	**1629**	**1434**	**24**	**106552**	**61**	**1373**	**95.7**	**1.3**

INV: Invited; EL: Eligible; INEL: Not Eligible; UNKEL: Unknown Eligibility; TERE: Terminations or Refusals; COIN: Completed Interviews; S: Screened; ICR: Interview Completion Rate; RR: Response Rate
*After Wave 5, the sample for Wave 9 and 10 was redrawn to improve representation of those neighborhoods with lower response rates.

Table 4. Probability Sampling Metrics by Neighborhood

Neighborhood	INV	S	EL	INEL	UNKEL	TERE	COIN	ICR	RR
Bellaire-Puritas	3818	54	50	1	3767	0	50	100	1.3
Broadway-Slavic Village	5474	81	67	2	5393	1	66	98.5	1.2
Brooklyn Centre	2698	35	28	0	2663	2	26	92.9	1.0
Buckeye-Shaker Square	3120	77	66	1	3043	5	61	92.4	2.0
Buckeye-Woodhill	1588	19	18	0	1569	0	18	100	1.1
Central	2820	31	27	1	2789	3	24	88.9	0.9
Clark-Fulton	2218	31	27	0	2187	0	27	100	1.2
Collinwood-Nottingham	2821	23	18	0	2798	1	17	94.4	0.6
Cudell	2392	27	21	0	2365	0	21	100	0.9
Cuyahoga Valley	82	1	1	0	81	0	1	100	1.2
Detroit Shoreway	2264	40	39	0	2224	0	39	100	1.7
Downtown	5244	52	46	0	5192	1	45	97.8	0.9
Edgewater	1596	46	42	0	1550	2	40	95.2	2.5
Euclid-Green	1728	23	17	2	1705	2	15	88.2	1.0
Fairfax	1655	32	30	0	1623	2	28	93.3	1.7
Glenville	7474	87	75	0	7387	7	68	90.7	0.9
Goodrich-Kirtland Pk	832	14	13	0	818	0	13	100	1.6
Hopkins	10	0	0	0	10	0	0	-	-
Hough	2926	40	36	0	2886	1	35	97.2	1.2
Jefferson	5424	67	61	1	5357	2	59	96.7	1.1
Kamm's	6130	180	165	5	5950	3	162	98.2	2.7
Kinsman	1964	17	16	0	1947	0	16	100	0.8
Lee-Harvard	3440	40	33	1	3400	2	31	93.9	0.9
Lee-Seville	1335	15	13	1	1320	1	12	92.3	1.0
Mount Pleasant	5215	42	37	1	5173	2	35	94.6	0.7
North Shore Collinwood	3939	81	65	3	3858	4	61	93.8	1.6
Ohio City	3844	55	50	1	3789	1	49	98.0	1.3
Old Brooklyn	8241	159	147	0	8082	6	141	95.9	1.7
St. Clair-Superior	1954	32	24	1	1922	2	22	91.7	1.2
Stockyards	2266	27	24	1	2239	0	24	100	1.1
Tremont	2097	39	37	0	2058	1	36	97.3	1.7
Union-Miles	4998	61	55	1	4937	5	50	90.9	1.0
University	1936	38	35	0	1898	2	33	94.3	1.7
West Boulevard	4634	60	51	1	4574	3	48	94.1	1.1
TOTAL	**108177**	**1629**	**1434**	**27**	**106548**	**61**	**1373**	**95.7**	**1.3**

S: Screened; EL: Eligible; INEL: Not Eligible; UNKEL: Unknown Eligibility; TERE: Terminations or Refusals; COIN: Completed Interviews; ICR: Interview Completion Rate; RR: Response Rate

Non-Probability Sampling

To supplement the probability sample, a non-probability convenience sampling was used. This involved using referrals (or snowball sampling) and targeted marketing. Collaborators at the Cleveland Department of Public Health (CDPH) developed and implemented a marketing plan that was launched with a press release on 12/6/2024. CDPH posted informational flyers to various social media outlets and engaged with local news media outlets, local radio, community-serving organizations, and City Council. In addition, individuals who completed the survey had the option to share an electronic link with someone they know.

Through non-probability sampling, a total of 270 individuals answered one or more questions in the screener. In examining how individuals in the non-probability sample heard about the survey, 29% of them learned about the survey from someone they know, 27% learned from a flyer or newsletter, and 21% heard about it through the news (Table 5). Eligibility of the non-probability sample was comparatively lower than those in the probability sample (86% compared to 47%). The primary reason for individuals not being eligible was largely due to not living in Cleveland which likely highlights a broader reach of the various media outside of city limits. However, nearly all those who were eligible (99%), or 125 individuals, submitted a usable survey as part of the non-probability sample.

The reach of the non-probability sampling was variable across neighborhoods but provided an important opportunity to reach individuals in neighborhoods with low response rates from the probability sample (Table 6). Findings suggest additional sampling approaches may be needed in low-response neighborhoods. Despite variability in geographic reach, there were no sociodemographic differences observed between those in the probability sample and those in the non-probability sample (Table 7).

Table 5. Recruitment Methods from the Non-Probability Sample

How Individuals Learned About Survey	S	EL	INEL	UNKEL	TERE	COIN	ICR
Someone Else	78	35	39	4	1	34	97.1
Flyer / Newsletter	74	41	21	12	4	37	90.2
Online News	56	19	36	1	1	18	94.7
Social Media	27	14	12	1	0	14	100
Radio	7	1	2	0	0	1	100
Television	4	2	2	0	0	2	100
City of Cleveland	3	19	1	2	0	19	100
Other	30	35	39	4	1	34	97.1
TOTAL	**270**	**130**	**121**	**19**	**6**	**124**	**95.4**

Note: Individuals may have heard about the survey in multiple ways.
S: Screened; EL: Eligible; INEL: Not Eligible; UNKEL: Unknown Eligibility; TERE: Terminations or Refusals; COIN: Completed Interviews; ICR: Interview Completion Rate

Table 6. Non-Probability Sampling Metrics by Neighborhood

Neighborhood	S	EL	INEL	UNKEL	TERE	COIN	ICR
Bellaire-Puritas	3	2	0	1	0	2	100
Broadway-Slavic Village	7	4	3	0	1	3	75.0
Brooklyn Centre	3	2	1	0	0	2	100
Buckeye-Shaker Square	4	2	2	0	0	2	100
Buckeye-Woodhill	1	0	1	0	0	0	-
Central	9	6	1	2	0	6	100
Clark-Fulton	3	3	0	0	1	2	66.7
Collinwood-Nottingham	2	1	1	0	0	1	100
Cudell	5	4	0	1	0	4	100
Cuyahoga Valley	0	0	0	0	0	0	-
Detroit Shoreway	6	3	3	0	0	3	100
Downtown	6	5	1	0	0	5	100
Edgewater	6	3	2	1	0	3	100
Euclid-Green	2	1	1	0	0	1	100
Fairfax	6	6	0	0	0	6	100
Glenville	12	8	1	3	0	8	100
Goodrich-Kirtland Pk	4	3	1	0	1	2	66.7
Hopkins	0	0	0	0	0	0	-
Hough	3	2	0	1	0	2	100
Jefferson	5	2	3	0	0	2	100
Kamm's	14	9	3	2	0	9	100
Kinsman	5	3	1	1	0	3	100
Lee-Harvard	3	2	0	1	0	2	100
Lee-Seville	6	4	1	1	0	4	100
Mount Pleasant	8	6	0	2	0	6	100
North Shore Collinwood	9	7	1	1	1	6	85.7
Ohio City	15	12	3	0	0	12	100
Old Brooklyn	12	10	1	1	0	10	100
St. Clair-Superior	1	1	0	0	0	1	100
Stockyards	0	0	0	0	0	0	-
Tremont	6	6	0	0	0	6	100
Union-Miles	5	5	0	0	0	5	100
University	6	5	0	1	2	3	60.0
West Boulevard	3	3	0	0	0	3	100
TOTAL	**270**	**130**	**121**	**19**	**6**	**124**	**95.4**

Note: Individuals outside the City are included in the total.
S: Screened EL: Eligible; INEL: Not Eligible; UNKEL: Unknown Eligibility; TERE: Terminations or Refusals; COIN: Completed Interviews; ICR: Interview Completion Rate

Of note, there were 129 additional individuals who began the screening process but their respective sampling frame, probability or non-probability, could not be determined. They were not eligible due to not completing screening information. The reach of the non-probability sampling was variable across neighborhoods but provided an important opportunity to reach individuals in neighborhoods with low response rates from the probability sample (Table 6). Findings suggest additional sampling approaches may be needed in low-response neighborhoods. Despite variability in geographic reach, there were no sociodemographic differences observed between those in the probability sample and those in the non-probability sample (Table 7).

Table 7. Comparison of Demographic Characteristics by Sample Type

	Full Sample N=1497		Probability Sample n=1373		Non-Probability Sample n=124		
	n	%	n	%	n	%	p-value*
Age							0.65
18-24 years	44	2.9%	40	2.9%	4	3.2%	
25-34 years	218	14.6%	197	14.3%	21	16.9%	
35-44 years	233	15.6%	211	15.4%	22	17.7%	
45-54 years	229	15.3%	208	15.1%	21	16.9%	
55-64 years	321	21.4%	294	21.4%	27	21.8%	
65-74 years	336	22.4%	312	22.7%	24	19.4%	
75+ years	116	7.7%	111	8.1%	5	4.0%	
Sex							0.38
Male	490	32.7%	445	32.4%	45	36.3%	
Female	1007	67.3%	928	67.6%	79	63.7%	
Race and Ethnicity							0.13
NH Black	553	36.9%	498	36.3%	55	44.4%	
NH White	743	49.6%	693	50.5%	50	40.3%	
NH Asian	25	1.7%	23	1.7%	2	1.6%	
NH Other	20	1.3%	16	1.2%	4	3.2%	
NH Multiracial	46	3.1%	41	3.0%	5	4.0%	
Hispanic	110	7.3%	102	7.4%	8	6.5%	

NH: Non-Hispanic
*p-value based on chi-square test or Fisher's exact test when cell size was less than 10.

Survey Weighting Procedures

Design Weights

Design weights for the probability sample were calculated using the product of the inverse probability of receiving a mailer, which was subsequently adjusted for non-response, and the inverse probability of being the adult in the household who completed the survey within each SPA. Design weights for the non-probability sample were assigned a value of 1.

Inverse Probability of Being Sampled		**Non-Response Adjustment**		**Inverse Probability of Being the Adult in the House who Completed the Survey**
$\frac{\text{Total \# Addresses}}{\text{Total \# Addresses Sampled (I)}}$	X	$\frac{\text{\# Addresses Sampled (I)}}{\text{\# Usable Surveys (U)}}$	X	$\frac{\text{\# Adults in Household}}{\text{\# Usable Surveys (U)}}$

Final Weights

Imputation of Missing Demographic Variables

Hot deck imputation was used for individuals missing key demographic information. Imputation was only used among those individuals missing one demographic variable used in weighting procedures. Those missing more than one were not included as a usable survey.

Census Data

Each census tract in the City of Cleveland was spatially joined to the Statistical Planning Area (SPA), or neighborhood, in which its centroid fell within. The 2023 American Community Survey (ACS) 5-Year Estimates were used to obtain Census tract-level data information for each SPA. Census information was gathered from ACS tables B01001B though B01001I which include age groups by sex across race and ethnicity categories. Racial and ethnic categories used for weighting included Black or African American Only (B01001B), White Only (B01001H), Hispanic (B01001I), and all other groups were combined due to sample sizes including American Indian or Alaska Native Only (B01001C), Asian Only (B01001D), Native Hawaiian or Other Pacific Islander Only (B01001E), Some Other Race Only (B01001F), and Multiracial (B01001G). Across neighborhoods data were aggregated to reflect census counts and proportions of individuals 18 years of age or older by sex.

Corrections

Given the hybrid design using both probability and non-probability sampling strategies, design weights were first normalized to increase comparability of the samples. Design weights were then truncated to decrease the value of extremely high or increase the value of extremely low design weights which could occur when the sample size within an SPA was low (e.g., Cuyahoga Valley) or much higher than expected (e.g., Kamms). The purpose of this was to reduce errors in the prevalence estimates that can be caused by extreme weights. These design weights were then raked by SPA and sex by race/ethnicity. The final weight assigned to each participant is denoted as *fw*. Final weights were then calibrated to represent the population size of adults 18 years of age and older across the City.

Overall Prevalence Report

Cleveland Health Survey

The 2025 questionnaire is available in both English and Spanish in addition to an item-level crosswalk describing the questions asked and their respective response options. To view these, please visit our the **PRCHN website**.

The *Overall Prevalence* report provides an overview of the prevalence, or proportion of response options for each question in the survey, which have been categorized into 10 sections including:

- **Demographic Characteristics**
- **General Health Status**
- **Chronic Health Conditions**
- **Cancer Screening**
- **Mental Health**
- **Social Determinants of Health**
- **Racial & Ethnic Discrimination**
- **Neighborhood Safety & Violence**
- **Tobacco & Nicotine Product Use**
- **Alcohol & Other Drug Use**

The prevalence is provided in bold with 95% confidence intervals below. Prevalence estimates and 95% confidence intervals were computed to allow for rapid comparisons with the state and national estimates when information was available.

U.S. Behavioral Risk Factor Surveillance System (BRFSS)

For national estimates, data from the 2023 Centers for Disease Control and Prevention (CDC) BRFSS was used. This is the most current version of data available. The BRFSS represents the nation's premier behavioral and health surveillance system that has been capturing data dating back to 1984. The BRFSS is the largest health surveillance system in the world, capturing more than 400,00 surveys annually. Additional information about the BRFSS can be found on the **CDC website** in addition to publicly available data downloads**.**

While the Cleveland Health Survey is based on the BRFSS, there are some distinct differences. The BRFSS is conducted by state health departments with technical and methodological assistance from the CDC. Through random digit dialing, individual cell and landline phone numbers are selected to participate in a phone-based survey. All states administer the same core questions. Some states, like Ohio, also ask a series of questions from standard modules or questions that are of interest to their jurisdiction. This methodology is distinct in sampling methodology and questionnaire content compared to the Cleveland Health Survey.

Ohio Behavioral Risk Factor Surveillance System (BRFSS)

Data from the 2023 Ohio BRFSS, which is the most current version of the data available at the state level. The Ohio BRFSS is collected by the Ohio Department of Health (ODH) with support from the Centers for Disease Control and Prevention. In 2023, the Ohio BRFSS included information from 13,384 adults across the state of Ohio. Additional information about the Ohio

BRFSS can be found on the **ODH website**. Broadly, however, the Ohio BRFSS includes core questions, or standard questions used by the CDC each year, as well as optional modules and state-added questions. Due to broad interests in a variety of health topics covered in the optional modules and state-added questions, the 2023 questionnaire includes two survey splits. A split represents a select group of additional questions that are asked to a smaller group of individuals to gain information about these topics while ensuring that a sufficient sample size is maintained. In the data tables presented, items that were administered as part of Split 1 or Split 2 are denoted with a (*)

Unlike the national BRFSS, the Ohio BRFSS data are not available without providing a data use agreement. However, responses to core questions as well as some optional modules from the 2023 Ohio administration were made available to the CDC and are included the national BRFSS dataset. For this report, data from the ODH was accessed after submitting a Data Use Agreement, to gain access to information collected as part of the survey splits.