Executive Summary

This site profile is part of a series that spotlights mixed-income community transformations that emphasize health and wellness in their strategic interventions. The Mixed-Income Strategic Alliance produced these profiles to better understand the health implications of creating thriving and inclusive communities with a socioeconomically and racially diverse population. This site profile, which focuses on Avondale, was developed through interviews with local stakeholders as well as a review of publicly-available and internal documents.

Avondale is a neighborhood in Cincinnati, Ohio that received a Choice Neighborhoods Implementation Grant in 2012. Transformed from five HUD-assisted subsidized housing developments, today Avondale consists of renovated affordable housing units and market-rate units with all of the original units re-occupied. Sixty new units have been built and significant additional development is planned, with an expected total of 179 newly developed units, for an overall total of 319 units.

Concern about residents’ health and about the systemic conditions that can contribute to poor health have been a driving force behind Avondale’s redevelopment from inception. The lead developer for the Choice Neighborhoods grant, The Community Builders, Inc. (TCB), and their Choice partners crafted a comprehensive redevelopment strategy intended to address chronic conditions and improve health with strategies ranging from connecting individual residents to healthcare providers to investing in large scale infrastructure improvements that support residents’ health. Specific strategies have included creating high quality affordable housing, increasing residents’ connections to valued services, and developing neighborhood amenities to contribute directly and indirectly to health and well-being, such as plans to bring a new (and only) grocery store to the neighborhood, developing a new Federally Qualified Health Center, and improving neighborhood safety.

Five years into the process, the Avondale Choice Neighborhood redevelopment has contributed to improvements in health outcomes as well as to much higher quality housing. To sustain these gains, the presence of Choice Neighborhoods also laid the foundation for Avondale Children Thrive (ACT), an additional health improvement initiative that aims to more fully implement the vision of improving health by combining one-on-one resident support with more systemic change.

The Avondale redevelopment illustrates the benefits of having a collaborative of health sector actors with deep expertise and sustained commitment to improving outcomes for residents in a neighborhood, and shows how they can use their assets to implement health strategies at both individual and policy levels. Additionally, the approaches taken in Avondale suggest the importance of combining individual and structural interventions to affect long-term change. While the Avondale story is still in motion, the original philosophy behind the Avondale redevelopment continues to be operationalized as partners invest in multiple ways to create a healthy mixed-income community.

Background & Context

Like many cities, Cincinnati is experiencing continued improvements in some economic measures while still...
grappling with the legacy of deep and persistent poverty in many neighborhoods. A 2017 Comprehensive Housing Market Analysis conducted by the U.S. Department of Housing and Urban Development found that Cincinnati’s housing market has improved steadily in recent years as economic conditions have become more stable. The sales vacancy rate in 2017 was estimated at 1.5%, and the estimated rental vacancy rate was estimated at 7.3%. Demand for housing was projected to grow much faster than the number of units currently being constructed, with a 3-year projected demand of 9,525 market-rate units but only 2,450 units being built.

Despite recent upward trends in the city’s economy, however, many Cincinnati neighborhoods continue to experience deep poverty. The city as a whole has the third highest child poverty rate in the nation, with nearly 50% of children living in families with incomes below the poverty line, many in extreme poverty. Between 2013 and 2017, Hamilton County, where Cincinnati is situated, reported other serious problems in child and family well-being that are related to poverty; for example, the county’s infant mortality rate was among the bottom 10% for counties nationwide (with an average of 8.98 infant deaths per 1000 children compared to the national average of 5.9). Cincinnati is addressing infant mortality in a comprehensive and deeply serious way—and still has much ground to cover. Despite continuing challenges in addressing infant mortality, the city has made great strides towards addressing these issues through partnerships among local hospitals, non-profit organizations, and community members.

The Avondale neighborhood reflects some of this same “tale of two cities” pattern in its combination of significant civic assets with deeply entrenched challenges to residents’ well-being. Avondale is home to the renowned Cincinnati Zoo and Botanical Gardens, as well as one of the premier children’s hospitals in the nation, Cincinnati Children’s Hospital Medical Center (CCHMC). Yet despite being a destination for city, regional, and even national visitors, Avondale presents tough conditions for residents living there, with few resources and many conditions that can contribute to poor health. Neighborhood housing stock has been deteriorating for years. Twenty-five percent of housing units in the Avondale neighborhood stand vacant, and only 24 percent are owner occupied units. Avondale is the fourth largest neighborhood in Cincinnati, with a population of approximately 12,500, 90% of whom are African American. Yet the neighborhood lacks even a single grocery store, laundromat, or pharmacy. The neighborhood’s median income is $18,100, with nearly two-thirds of residents living below the poverty line.

Avondale residents include a very high percentage of children and youth, and residents continue to face tough economic conditions. According to a recent Choice Neighborhoods data report on Avondale, there were 484 residents residing in the Avondale Choice developments in 2017. Of those, 311 were under the age of nineteen, with only 11 residents over age 62. The average household income was $8,190, and in 2016-17, 89% of Choice Neighborhoods residents were living below the federal poverty line, a decrease of 4% from comparable 2013-14 data. The picture that emerges is of a continuing struggle for many, many residents with the conditions of poverty and the resulting negative impact on health and well-being. People interviewed for this profile said that, regardless of income, all Avondale residents feel the lack of community resources, although with potentially differing levels of impact.

As of 2018, 76% of residents of the Avondale redevelopment identify as African American/Black; 20% declined to report race; 3% identified as White, and 2% reported as being of more than one race or “other.”

Avondale Unit Mix and Resident Profile

<table>
<thead>
<tr>
<th>Phase</th>
<th>Unit Mix</th>
<th>Resident Profile</th>
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<tr>
<td>I</td>
<td>160 subsidized units, 20 units for residents with incomes up to 50-60% AMI, and 20 units at full market-rate units.</td>
<td>311 residents under the age of nineteen, with only 11 residents over age 62. The average household income was $8,190.</td>
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<td>II</td>
<td>Phase III and IV (currently under construction) will add units with the goal of getting a broader income mix. When done, these phases will add 55 units at 120% of AMI, 14 units at 90% of AMI, 42 units at 60% of AMI, and 8 units at 30% of AMI. The final phase of development (expected to be completed in 2019) will include further mixed-income, mixed-use development with 69 market-rate residential units and 50 units designated as affordable housing.</td>
<td>89% of Choice Neighborhoods residents were living below the federal poverty line.</td>
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Choice Site Redevelopment

In the early 2000s, doctors and researchers at CCHMC began noticing connections between pediatric patients with repeated emergency room visits and hospitalizations related to asthma and other health issues and the places where those patients lived. Partnering with Legal Aid, in 2008 CCHMC sought to assist their patients in advocating for improved housing conditions by forming the Cincinnati Child Health-Law Partnership (Child HeLP). This partnership gathered and presented data demonstrating that five housing developments in Avondale had high reports of asthma, lead poisoning among children, pest infestations, and mold. Child HeLP championed the cause of holding the existing property owners accountable for addressing infrastructure issues that were contributing to the children’s illnesses. This led to a lawsuit against the developers at the time, and in 2011,
the five properties were foreclosed. Soon after, The Community Builders purchased them and worked with local partners to apply for redevelopment funding that would assist them in addressing residents’ health conditions and improve their quality of life.7

In 2012, TCB was awarded a Choice Neighborhood Implementation grant, in partnership with CCHMC, INNOVATIONS in Community Research and Program Evaluation (the hospital’s community research and evaluation program), the Cincinnati Department of Public Health, Avondale Development Corporation, the Urban League of Greater Cincinnati, Cincinnati Public Schools, and The Center for Closing the Health Gap in Greater Cincinnati. The applicant partnership sought to redevelop the five affordable housing properties into mixed-income housing, with the hope that this revitalization would in turn improve conditions in the Avondale neighborhood more broadly and boost the housing market neighborhood-wide. TCB and its partners planned to provide major infrastructure investments to the area and to address education, safety, employment, and other resource needs among residents.

The five targeted developments—Alameda Apartments, Crescent Court Apartments, Poinciana Apartments, Maple Apartments, and Somerset Apartments—are historic early 20th century buildings along Avondale’s main street, Reading Road.11 Prior to their acquisition by TCB, they were HUD assisted affordable housing. Now redeveloped, the properties are known as The Pointes at Avondale. As of 2018, all 140 original units have been redeveloped, and 60 new units have been built. TCB’s aim is to redevelop property over a span of eight city blocks, building an additional 119 units in the final two phases of the project, totaling 319 housing units (140 preserved rehabbed units and 179 newly developed units). When done, the redevelopment will include nine properties12 and will include a health center, a grocery store, and a town center.13 TCB is also in the process of building and renovating other sites throughout the Avondale neighborhood to improve its long declining infrastructure.

**Key Actors/Stakeholders**

As identified above, the partnership that applied for the Choice Neighborhoods Implementation Grant was a broad one. Those stakeholders have stayed active and committed to the redevelopment, with important contributions coming from (in addition to TCB) CCHMC, The Urban League of Greater Cincinnati, Cincinnati Public Schools, Avondale Development Corporation, Center for Closing the Health Gap, and the Cincinnati Health Department (CHD). Many additional local organizations outside the Choice partnership have also shown commitment to addressing Avondale community challenges.

**Funding**

In addition to the $29.5 million Choice Neighborhoods Implementation Grant, TCB secured $3 million from Ohio State Historic Tax Credits, funding from the HUD Neighborhood Stabilization Program (NSP), Low-Income Housing Tax Credits, Federal Historic Preservation Tax Credit, Ohio Historic Preservation Tax Credit. In addition, a host of other funding was generated from the City of Cincinnati, KCDC Investment, LLC, Ohio Housing Finance Agency, Metropolitan Sewer District, and the Ohio Department of Transportation.14 TCB’s 2018 report to HUD cites a total of $114.7 million in leveraged investments to date, including grant spending, public/private loans, grants and equity. Of the initial $29.5 million in Choice
Neighborhoods dollars, $21,002,000 was spent on Housing, $4,326,000 was spent on People, $3,147,000 was spent on Neighborhood, and $1,025,000 was spent on administrative expenses.\textsuperscript{15}

In addition to these funds, the BUILD Health Challenge Grant program awarded $250,000 to TCB in 2017 to fund an additional initiative and partnership specifically aimed at the health of the neighborhood’s children and youth: Avondale Children Thrive, an offshoot of CCHMC’s broader All Children Thrive program. CCHMC in turn contributed matching funds of $500,000 to this initiative.\textsuperscript{16}

**Design & Implementation of Strategies**

The partners who initially applied for the Avondale Choice Neighborhoods grant and the subset of those partners who would later apply for and receive the BUILD Health Challenge grant (CCHMC, TCB, and the Cincinnati Health Department (CHD)), took a broad view of the type of change required if health outcomes were to be improved. They identified the need to empower residents, create long-term impact in the area, and strengthen and utilize existing resources in their efforts to combat the environmental conditions that contributed to Avondale residents’ poor health outcomes.

In preparing for the initial Choice Implementation grant application, TCB conducted a survey to identify residents’ main needs. Not unexpectedly, the survey found that there were quality of life concerns in nearly every area measured: safety concerns due to crime; high levels of unemployment; an overall lack of connection to healthcare providers; health issues linked to poor housing conditions; lack of access to basic amenities; and a deep culture of social isolation among residents, despite the developments’ location on one of Avondale’s busiest main streets. Using this information, TCB established goals of improving social and physical integration between the Avondale site residents and the surrounding community; investing in and promoting a healthy real estate market; and improving education, health, employment, and safety for Avondale residents, with a particular emphasis on children.

**Key Health Strategies**

**Choice Neighborhood Strategies**

The Avondale Choice Neighborhoods implementation strategy, like all Choice Neighborhoods’ strategies, includes activities in the three Choice Neighborhoods target areas:\textsuperscript{17} Housing, Neighborhood, and People. All strategies to address health needs, and the conditions which either exacerbate or improve health conditions, are included in each of these three, as follows:

- **Housing:** The health-related strategies within Avondale’s “Housing” plan include removing physical contributors to asthma within units such as replacing old carpets, providing air conditioning, and rehabbing units to remove pest and mold issues; installing safety measures such as CO detectors, electrical outlet covers, and non-slip tub adhesives; and improving on-site amenities such as adding a laundry room in each building.

- **Neighborhood:** “Neighborhood” strategies include the revitalization of the business district through real estate investment in the commercial business district, notably the Avondale Town Center North, and these plans include several amenities that are directly tied to creating the conditions of a healthy community, including locating a grocery store in the neighborhood; establishing a Federally Qualified Health Center (FQHC) through a partnership with the University of Cincinnati, thereby strengthening the connection to the nearby Uptown District; connecting park and recreation resources to Avondale residents; and improving public safety.

- **People:** As part of the Avondale plan’s “People” strategies, direct health initiatives are led by the Choice Neighborhoods grantee partner, The Center for Closing the Health Gap in Greater Cincinnati (The Center). The Center has five initiatives designed to address health issues through Choice funding: (1) quarterly events designed to connect residents to primary care physicians and to offer education on health; (2) a series of health insurance enrollment sessions held in collaboration with other local partners; (3) a campaign to engage residents with local community gardens; (4) mini health awareness fairs for children throughout the school year; and (5) social media live chats facilitated by Choice residents that focus on addressing chronic health issues.

Thinking of neighborhood health in its broadest sense, many local leaders also view responding to residents’ safety concerns as a health-related strategy, since perceptions of safety can contribute significantly to residents’ sense of both physical and emotional well-being. The lead partner for neighborhood outreach and engagement, the Avondale Development Corporation (ADC), was able to use Choice funding to create a staff position that specifically focuses on safety in the developments, responding to high priority concerns of residents surveyed. The position enables greater responsiveness to resident complaints about safety, and the person holding this position relays residents’ reports to the Cincinnati Police Department in monthly meetings. This “bridge” from residents to institutional resources goes in both directions, as the ADC also hosts resident association meetings where information from the Police Department and other institutional partners is shared with community members. ADC also holds trainings for residents on crime prevention through environmental design. According to local leaders, the ADC’s work is made effective through the consistency of their presence (e.g., door to
Avondale Children Thrive: the BUILD Health Challenge Grant

Avondale Children Thrive (ACT)\(^\text{18}\) is a cross-sector collaborative effort created by TCB, CHD, and CCHMC that builds on the health-focused work begun by the Choice Neighborhoods implementation grant. The program has a similar aim of improving health outcomes in Avondale by addressing the social determinants of health through both micro and macro focused initiatives. Beginning in late 2017, the two-year initiative combines $250,000 awarded through the BUILD Health Challenge Grant with an additional $500,000 contributed by CCHMC. ACT seeks to promote policy initiatives targeted at improving health for Avondale residents while implementing an intervention model of recruiting and training area residents to become peer support coaches called Health Champions. Health Champions offer one-on-one coaching to families who have children ages 0-6. They assess the needs of the families they work with, connect them with area service providers and other resources, and provide direct supports to them along the way.\(^\text{19}\)

More specifically, ACT’s three stated aims are to:

1. **Recruit and train a network of trusted Health Champions:** Residents recruited into this program are paid a stipend and benefit from a training curriculum developed by all three partners, including leadership and research training through CCHMC.

2. **Coach families with young children to adopt health habits:** The Health Champions act as peer coaches for families with children from birth to age 6, to promote practices and programs to support good health outcomes. Coaching, support, and advice are provided around prenatal care and breastfeeding, early literacy, quality preschool enrollment, connection to school based health centers, access to healthy foods, the importance of smoke-free environments, and gaining access to stable housing.

3. **Create a healthier environment:** Led by CHD, the partners work to craft policies that support healthy conditions and environments, including, for example, smoke free housing policies, policies that encourage breastfeeding-friendly environments, and policies that increase residents’ access and connections to fresh produce and healthy foods.

ACT’s Health Champions model is based on a system of trust and dedicated support. As of July 2018, the program had recruited six of the ten residents they ultimately want to have on staff. Half of the Health Champions live in subsidized Avondale developments on Reading Road, and the other half live in the greater Avondale community. The Health Champions work an average of 15-20 hours per month. As of summer 2018, the Health Champions were providing coaching to 89 families with children birth through age six.

ACT has been intentional in compensating the Health Champions through stipends as well as in providing skill-building and professional networking. The intention is to provide residents with opportunities to advance their economic and personal growth longer term, and the stipends are structured in a way to compensate residents who have their rent subsidized in a way that does not expose them to the risk of having their rent raised or of losing other valued benefits.

**Professional Development**

In their initial onboarding in January of 2018, the Health Champions participated in a two-day training on learning styles, and since then have attended nearly 200 hours of community meetings and trainings, including opportunities to build their research skills and capacity.\(^\text{20}\) As a result of one such training, the Health Champions received a small grant to conduct their own research. They chose to focus on the evaluation of the healthy harvest Mobile Market program, designed to bring fresh produce to the Avondale food desert. The Health Champion community researchers will be conducting their research of utilization of, and barriers to, the program through 2018. The partner agencies stress that fostering further connections to employment for the Champions is a priority for the program, with one resident so far connected to part-time employment.

**Policy Work: Creating a healthier environment**

In addition to the individual focus of Health Champions, ACT also targets systems change at the policy level. In partnership with CCHMC and TCB, CHD has worked proactively to advance smoke-free housing policies. Having previously worked with the Cincinnati Metropolitan Housing Authority (CMHA), CHD chose to address children’s asthma issues by working with developers in the area to ensure that children are protected and adults do not suffer from the negative health effects associated with smoking. Similarly, CHD works with another local partner, Breastfeeding Outreach for Our Beautiful Sisters, or BOOBS, to develop policies that are breastfeeding-friendly in order to foster environments that supportive of nursing mothers. Additionally, ACT is particularly active in the coalition campaigning to bring a grocery store to Avondale. In the meantime, they are supporting the Mobile Market program and other initiatives designed to increase residents’ access to healthy produce.
Evidence of Progress

As part of the grant conditions, Avondale Choice Neighborhoods tracks and reports data on their health initiative outcomes. TCB’s Community Life department also conducts annual surveys that incorporate HUD’s required evaluative measures. The BUILD Health Challenge grant, still in its first year, has not yet released reports on their program outcomes.

INNOVATIONS in Community Research and Program Evaluation at CCHMC is the data evaluation partner for the Avondale Choice grant. INNOVATIONS is charged with gathering and tracking data on education for Choice Neighborhoods residents enrolled in Cincinnati Public Schools. Data on other outcomes are collected and reported to INNOVATIONS by other partners (and thus INNOVATIONS cannot be responsible for variance in data collection methods and reporting). In addition, as with many Choice Neighborhoods initiatives, there are other challenges to data collection and analysis, as cited on the Avondale Choice Neighborhoods Data Dashboard. These include small sample sizes, lack of comparison data for all measurements, and the self-report method of data collection. In addition, data collection and analysis was not able to track individual residents over time. As a result, Avondale data reflect a cross-section of the residents inhabiting the buildings in the year reported, but cannot necessarily be taken to reflect changes in the initial population.

Outcomes

Local leaders point to several sources of information that indicate progress has been made. Note that local leaders include safety-related data as they recount how living conditions have improved for Avondale residents, thus further contributing to the overall health of the community. This reflects the breadth of the local perspective on the relevant social determinants of health.

Primary Care Provider and Health Insurance Access

The Center for Closing the Health Gap in Greater Cincinnati’s robust efforts to connect Avondale residents to healthcare seem to have been very successful, building on the greater opportunities for healthcare coverage provided by the Affordable Care Act. Between 2014 and 2017, there was a 30% increase in residents reporting that they have a primary care provider (PCP), moving from 54.3% to 84.3% of residents completing the survey. In the same period of time, the percentage of Avondale children with a primary care provider also jumped sharply upward, from 44% to 95%. Similarly, between 2013 and 2017, there was a 34% increase in residents who reported having health insurance, going from 65.1% to 99.3% of residents. These conditions were measured consistently over the period of the residents surveyed felt safe in their apartment building (a 21% increase since 2014), while 62% reported feeling safe in the broader Avondale neighborhood. As noted, these are not health-related findings per se, but they reflect a significant change in residents’ perceptions about their broader well-being, and thus in the social determinants framework used by the Avondale partners, this information is viewed as a marker in a positive direction.

Key Takeaways

Consciousness of residents’ health needs and the broader economic, social, and environmental conditions that affect health outcomes—i.e., the social determinants of health—have been a central theme of redevelopment in Avondale since its earliest days (and even before). That focus on health and health outcomes has continued as redevelopment has moved through several phases. Thus, even though it is early (and data are too limited) to track the impact of the health strategies deployed, there are several interesting takeaways from the story of Avondale so far.
The strong presence of health partners in Avondale’s redevelopment partnership has provided deep knowledge of the health sector, a broad perspective on the social determinants of health, and the potential for considerable investment in addressing health needs. The impact of having CCMHC, CHD, INNOVATIONS, and the Center for Closing the Health Gap in Greater Cincinnati as such strong and active partners provided a wealth of expertise and sustained commitment in developing health and health-related strategies as part of Avondale’s plan. It also provided a unifying framework and viewpoint about health: a focus not just on immediate health needs of residents but on the broader conditions that affect those needs and a recognition that ultimately solutions have to be structurally and systemically oriented, not focused narrowly on healthcare or on treating (rather than preventing) chronic conditions. A further benefit of having these stakeholders at the table is the investments they were able to make or leverage. CCMCH contributed a half million dollars to ACT, and before that these partners helped to leverage local commitments that augmented the Choice Neighborhoods Implementation Grant. This unusual and productive constellation of stakeholders from the health sector seems to have been organic to the redevelopment process in Cincinnati and Avondale. However, it provides lessons and a useful model to other jurisdictions, where health stakeholders are not as involved—but should be.

Even with a strong overall focus on health, Avondale found it useful to create a more focused partnership to galvanize and sustain specific health and health-related strategies. The lesson here seems to be that, while it is important to infuse a consciousness of health and the social determinants of health broadly throughout a mixed-income community development, that may not be sufficient to manage long-term implementation. The Avondale partners found it useful to pursue additional funding (e.g., the BUILD grant) and to create a visible and more focused partnership nested within the broader partnership (i.e., ACT) in order to implement additional specific health strategies.

The impacts of Avondale strategies on improving rates of health insurance coverage for residents, as well as access to a primary care provider, are impressive and significant. They illustrate the importance of attending to the fundamentals of health coverage and access, which too many residents of low-income neighborhoods still lack. Accomplishments in these areas not only have real and concrete benefits for residents, they can help marshal energy for subsequent health strategies which tackle even more systemic and structural barriers to improving health outcomes.

Avondale illustrates the importance of implementing health strategies at both the individual level and at the broader policy level—suggesting that neither is sufficient alone. It is too early to draw conclusions about the impact of ACT’s strategies, but the “two track” nature of their activities is noteworthy:

- At the individual and community levels, the Health Champions approach provides a personalized approach to ensuring that residents’ needs are met. Champions are recruited from the neighborhood; they are given access to knowledge and resources that will make a difference to the people whom they in turn support; and their own opportunities and career advancement are prioritized, modeling the type of attention to residents’ needs that would be desirable in all redevelopment activities.

- At the policy level, ACT is still gearing up. Already, however, the focus on policy changes related to smoking and creating friendly environments for nursing mothers have the potential to make concrete differences in residents’ lives. Over time, ACT is likely to target a wider range of city and/or county policies (e.g., access to transit lines, school discipline or school culture issues, etc.) that can affect health outcomes. The important lesson from these early stages seems to be the importance of launching service-driven strategies (i.e., the Health Champions) and policy strategies simultaneously.

Recognizing that Avondale redevelopment is still in process, there may need to be greater attention to connections between individual and structural level interventions. The Choice and ACT initiatives share the goal of positively impacting the Avondale community as a whole, in the hope that work focused on the Reading Road developments will positively impact the health of the entire neighborhood. Indeed, Avondale Choice Neighborhoods and Avondale Children Thrive have both seen positive impacts from their health initiatives, particularly as they relate to service provision and infrastructure investment. The Choice grant allowed for a massive investment in the housing market through new and redeveloped construction, and while some of those investments are directly aimed at health, such as the grocery store and the FQHC, others such as area-wide Wi-Fi will impact residents on a broader level. While recognizing the important groundwork laid by Choice strategies, the strong and lasting integration of micro-level and macro-level interventions should be considered imperative in the quest toward resident health and well-being. The impressive strides made towards investing in Avondale’s amenities and housing market may ultimately not provide a long-term benefit to low-income residents if no strategy is created that targets how the social component of mixed-income communities may impact them.

Finally, the Avondale story illustrates the ongoing challenges of having consistent data, reliably gathered, to track progress and impact. Avondale redevelopment partners are candid in describing the limitations of the data they are able to gather and use. (It should be noted
that their data collection and analysis are still in process, so more and better data may be available in the near future.) However, given the sophisticated nature of the health partners in Avondale, and the resources and experience they could bring to data collection, it is daunting to recognize how much work remains to be done to generate data that can be used for continuous improvement, for high levels of accountability, and for the learning that residents and their organizational partners would like to have as the redevelopment of Avondale continues.

References


5 Department of Planning and Buildings, City of Cincinnati. Avondale Statistical Neighborhood Approximation. Available at: https://www.cincinnati-oh.gov/planning/linkservid/B470BBBE-9866-80BE-F6BB6C36AE290FB0/showMeta/0/.


10 Table 1—2018 Survey Respondent Demographics. The Community Builders, Incorporated. 2018.


20 The Community Builders, Incorporated. Avondale Children Thrive Collaborators and Initiatives.


Ibid.


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