

Summit County Community Health Improvement Plan

2015 Update



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Akron General Health Center	Catholic Social Services	Let’s Grow Akron	Summit County First Things First
Akron Global Business Accelerator	Child and Family Health Services	Medina County Park District	Summit County Juvenile Court
Akron Metropolitan Housing Authority	Child Guidance and Family Solutions	Metro RTA	Summit County Libraries
Akron Public Schools	City of Akron	Mustard Seed Market	Summit County Master Gardeners
Akron Regional Air Quality Management District	Center for Community Solutions	Northeast Ohio Council on Higher Education	Summit County Reentry Network
Akron Summit Community Action (ASCA)	Community Legal Aid	Ohio Breast and Cervical Cancer Project	Summit County Social Services Advisory Board
Akron Urban League	Countryside Conservancy	Ohio Means Jobs Center	Summit Education Initiative
Akron-Canton Regional Foodbank	County of Summit	Open-M	Summit for Kids
AM Transit Authority	County of Summit Alcohol, Drug Addiction and Mental Health Services Board	Project GRAD Quality of Life Project	Summit Lake Farmers’ Market
Area Agency on Aging	Cuyahoga Health Access Partnership	Single Parents Project	United Way of Summit County
Asian Services in Action Inc.	Ed Davis Senior Center	Summa Health System	Women’s Network of Northeast Ohio
AxessPointe	GAR Foundation	Summit 2020: A Quality of Life Project	
Barberton Free Clinic	Haven of Rest	Summit County Better Birth Outcomes Collaborative	
Bridges Out of Poverty		Summit County Children Services Board	

INTRODUCTION

In 2011, Summit County Public Health (SCPH) released its first Community Health Improvement Plan (CHIP). The CHIP set community-wide goals in four major areas that were meant to lead to a healthier population: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. The purpose of the 2015 update is to provide the community with a progress report on efforts to improve the health of all Summit County residents. It achieves this by updating the progress made over the past four years on a series of initiatives adopted in 2011 to promote a coordinated, collaborative approach to health of the public. These initiatives address both the internal aspects of health (things people can do to improve their own health) and the external aspects of health (factors that impact their health from the outside).

As readers move through the report, they will see that Summit County's collective health has changed over the past four years. Many outcomes have improved, while a few have gotten worse. For several others, it is still too early to tell whether any progress has been made yet.

What has not changed in the past four years are the things that make people healthy or unhealthy. Good health starts with people taking care of themselves: eating good food and exercising; not smoking; getting all recommended immunizations and screenings; and seeing a doctor when sick or injured. These are the things that make up the internal aspects of being healthy.

However, good health goes beyond maintaining a healthy lifestyle. It depends on several factors that on the surface may not seem to be linked to health. Many of the factors that impact health are external: things like the kind of social and economic opportunities available; the physical condition of people's homes, schools and businesses; the safety and vitality of the neighborhoods they live in; the education they receive; and the work they do. People's health also depends on things like access to clean water, food and air, and effective and affordable health care.

The report that follows contains a great deal of statistics. Collectively, they show the complex web of personal, social, economic, and environmental factors that help determine at a community-wide level who is healthy and who is unhealthy. But statistics alone do not tell the whole story. Health outcomes improve by combining individual commitment to healthier living with a commitment to the design and implementation of effective programming by public agencies and their private, non-profit, and faith-based partners.

In addition to statistics, this report highlights several critical issues impacting health in Summit County. These sections present the background of each issue and discuss the community partners engaged in addressing the issues. These sections also include some of the major challenges and opportunities that will help determine success in the years ahead. The goal is that the 2015 CHIP Update will continue to be a guiding document for the whole community, allowing for better coordination of the many resources that exist in Summit County and advancing the goal of maintaining healthy lives for all Summit County residents.

DETERMINING HEALTH PRIORITIES

HOW DID WE GET HERE?

The Roots of the CHIP: The Summit 2010: A Quality of Life Project

In 2003, the Summit 2010: A Quality of Life Project began as a comprehensive health and social service planning initiative that would improve the economic competitiveness and quality of life of residents in Summit County. Started by then-Summit County Executive James B. McCarthy, and conducted under the oversight of the Summit County Social Services Advisory Board (SSAB), the purpose of Summit 2010 was to strengthen collaboration between the county's major public systems and smaller community partnerships in order to improve the quality of health and social service delivery.

The organizing agencies include, but are not limited to: Summit County Department of Job & Family Services; Summit County Children Services; County of Summit Alcohol, Drug Addiction and Mental Health Services (ADM) Board; Summit County Developmental Disabilities Board; Akron Metropolitan Housing Authority; Akron Metropolitan Transit Authority; Summit County Juvenile Court; Summit County Public Health; Area Agency on Aging; and Center for Community Solutions.

The high point of the first phase of the project was SSAB's creation in 2004 of ten major initiatives that had the goal of creating high-impact changes to the health and social services system. In addition, 20 Priority Indicators were created to monitor the community's health and social conditions over time. These initiatives and indicators became the foundation of the county's first Comprehensive Health and Social Services Plan. They were also the foundation for several other planning efforts, including the Workforce Development and Economic Opportunity Plan, the Partnerships for Success Plan, and three neighborhood-level strategic plans in Barberton, Buchtel, and Lakemore.

Implementation of these plans began in 2004, and over the next six years the project took root in the community, with as many as 300 volunteers putting in hundreds of man-hours working on 15 separate committees. Nearly all 15 committees met either monthly or quarterly between 2004 and 2010, and each one made a meaningful contribution to the overall work of the project.

By 2010, all ten major initiatives were either accomplished or had made a great deal of progress. In addition, reports showing changes over time to the 20 priority indicators were released in 2007 and 2009.

Transitioning from Summit 2010 to Summit 2020

As the new decade began, the SSAB held a planning retreat to review the Health and Social Services Plan, evaluate what was accomplished, consider changes to the priority indicators, and create a new vision for taking the community to 2020. New partner agencies were identified and invited to become a part of the planning process, including the GAR Foundation, Child Guidance and Family Solutions, Akron Community Foundation, Akron Public Schools, Summit for Kids, and the Summit Education Initiative.

As the planning process unfolded, it became clear that the project needed a more streamlined and coordinated structure as it set goals for 2020. The existing structure of 15 committees and aggressive meeting schedules was becoming too big a burden for the many project volunteers and their committee chairs. Therefore, the SSAB decided that the project, now renamed Summit 2020, would focus on five broad initiative areas: Economic Stability and Prosperity, First Things First, Older Adults, Health and Health Disparities, and Government Efficiency and Effectiveness.

These priority areas would work differently than the old committee structure. Using a model originally developed in the First Things First initiative, each of the five priority areas would maintain an aggressive meeting schedule early in the planning process and produce its own strategic plan that would be implemented over time.

Public Health Transformation in Summit County

These changes to the Summit 2010 / Summit 2020 were widespread across the community. At the same time, community and public health leaders began considering a merger of the county's three health departments: the Akron Health Department, the Barberton Health Department, and the Summit County Health Department. A feasibility study was then commissioned, which was headed by Mr. William Considine, President and CEO of Akron Children's Hospital and conducted by the Cleveland-based Center for Community Solutions.

In January of 2011, the three health departments in Summit County merged to become one health department, now called Summit County Public Health. Among the first major accomplishments of the combined county-wide health department was the creation of the first Community Health Improvement Plan (CHIP), released in late 2011. The 2011 CHIP, which was based on the findings of the 2011 Community Health Assessment, included leadership and community involvement as well as suggested interventions and strategies to improve health and decrease health disparities.

A second important event occurred in 2012; the development of the Summit County Public Health 2012 Strategic Plan. This plan was purposely designed to align with the existing priorities as established by the community through the Summit 2020 project. As stated in the plan's introduction, "This plan will allow SCPH to respond quickly to depressed economic conditions, changing health care environment and emerging opportunities in the field of public health nationally." This alignment was achieved primarily through three of the 2012 plan's five strategic goals:

- Addressing Social Inequities
- Improving Health
- Transitioning to Care Coordination

The alignment with the goals and objectives of the Summit 2020 project continues through the 2014 SCPH Strategic Plan. The revised Strategic Plan includes the establishment of the Health Equity and Social Determinants Unit (HE/SDU). This unit has the goal of continuing and expanding a wide range of major public health initiatives and Summit 2020 programs that address critical issues impacting population health. These programs are also deeply interwoven with one or more of the five Summit 2020 initiatives. Some examples of these programs include:

Summit 2020 Initiative: Early Childhood

HealthChek – This collaboration between SCPH, the county's First Things First initiative, and Buckeye Community Health Plan, one of Ohio's Medicaid Health Maintenance Organizations (HMOs), analyzes data provided by Buckeye and prepares maps and other analyses to identify areas of potential outreach and intervention among Summit County's early childhood Medicaid-eligible population.

Summit 2020 Initiative: Older Adults

- Adult Protective Services (APS) – This collaboration between SCPH and the Department of Job and Family Services developed a successful model of providing APS services to the community. In this model, APS caseworkers respond to cases in conjunction with public health nurses, sanitarians, social workers, and law enforcement officers. Care coordination services provided by SCPH ensure that clients receive effective wrap-around care.

Summit 2020 Initiative: Economic Stability and Prosperity

- Employment Resource Guides – This effort, conducted by the Summit 2020 Income, Education, and Workforce Development Committee, produces several guides for broad distribution to first-time workers, children aging out of foster care, ex-offenders, long-term unemployed persons, and other special populations. These include the Job Seeker Guide, Career Guide, and Soft Skills Guide.

Summit 2020 Initiative: Government Efficiency and Effectiveness

- Levy Funded Agency Financial Condition Report – This report, prepared annually by staff of the Health Equity and Social Determinants Unit, helps SSAB in its efforts to monitor the financial health of the agencies which are the backbone of the county's social service delivery system. These agencies include the ADM Board, the Developmental Disabilities Board, and Summit County Children Services.

Summit 2020 Initiative: Health and Health Disparities

- Health Equity/Social Determinants Unit (HE/SDU) was established to help transition the community transformation work of the Austin Bioinnovation Institute to SCPH, to coordinate implementation of these programs with Summit 2020 initiatives, and accomplish objectives laid out in the 2014 SCPH Strategic Plan.
- Projects being implemented by HE/SDU focus on obesity prevention, worksite wellness, health in all policies, the built environment, and several others.

GOAL 1: IMPROVE ESSENTIAL HEALTH BEHAVIORS OF SUMMIT COUNTY RESIDENTS

STRATEGIC PLANNING

The purpose behind Goal 1 was to develop and implement a comprehensive plan to promote improved health and reduce health disparities for all Summit County residents. The plan was to address such critical, longstanding issues as the cost of and access to health care and medications, coordination of care and/or case management (particularly among those with both behavioral health and physical health issues), as well as individual behaviors that erode the health of the population as a whole. An integral part of this plan was the construction of a county health assessment system largely based on the University of Wisconsin Population Health Institute's county health rankings reports (a system which relies primarily on well-established social determinants of health to provide insight into the long-term health prospects of communities).

INDICATORS AND TARGETS FOR IMPROVEMENT

1. Estimated tobacco use – Reduce tobacco use from 19% to the national average of 15% by 2020.
2. Percent who exercise regularly – Increase the percentage of adults who say they exercise regularly from 77.9% to 80.0% by 2020.
3. Percent of population who abuse alcohol – Reduce the percent of adults who drink heavily from 4.7% to 4.0% by 2020.
4. Number of STD cases per 100,000 population – Reduce the rate of STD cases from 580.1 per 100,000 to 500.0 cases per 100,000 by 2020.
5. African-American teen birth rate per 1,000 – Reduce the rate of African-American teen births from 48.2 per 1,000 to 40.0 per 1,000 by 2020.

COMMUNITY ENGAGEMENT STRATEGIES

Office on Minority Health – Expand health behavior-related outreach to targeted minority communities.

Summit 2010 Disparities Report – Identify those geographic areas of the county with the poorest health behavior outcomes so programming can be targeted in those areas.

Summit County Re-Entry Network – Develop programming to promote healthy lifestyles among Summit County's returning ex-offenders.

Minority Health Roundtable – Develop joint programs between the Minority Health Roundtable and other key community partners to improve the health of minority populations in Summit County.

Access To Care – Expand Access To Care's outreach into its target population through forming and expanding key partnerships throughout Summit County. Provide primary care, dental and RX access

Pharmaceutical Access Program – Expand the Pharmaceutical Access Program, particularly among seniors.

Accountable Care Community – Continue implementing ABIA's Healthier by Design project along with the City of Akron, Summit County, other community healthcare providers and citizens. This project works to promote wellness and improved healthcare outcomes. The establishment of this national model, in Akron, takes on great significance in light of recent reforms to healthcare at the federal level that aim to reduce factors leading to chronic disease and reach risk groups in convenient, accessible ways.

SUGGESTED INTERVENTION STRATEGIES

- Develop community-wide walking programs and increase health educational opportunities about the benefits of regular exercise
- Design communities that support physical activity
- Work with community leaders to increase the number of neighborhoods with sidewalks and adequate street lighting
- Make healthy food choices more affordable and readily accessible in schools, worksites and communities.
- Increase public awareness of free health care facilities such as OPEN-M
- Expand the capacity of non-profit health care facilities such as OPEN-M to provide free healthcare to the uninsured
- Develop community-wide screening opportunities for people with behavioral health issues (i.e. alcohol and drug and mental health).
- Develop culturally-competent care delivery systems
- Improve health literacy as a means to increase access to health care services
- Educate the community regarding appropriate preventive care services
- Increase the effectiveness of the partner notification program for selected communicable disease
- Develop new and enhance existing STD awareness programs in schools and universities
- Develop new and enhance existing programs to encourage male involvement in STD and family planning programs
- Work with school districts and municipal governments to provide additional opportunities to engage teens in after school activities to help discourage sexual activity
- Educate parents of teenagers on strategies to discourage early sexual activity, drug and alcohol use
- Educate parents about the risks (and potential liability) of serving alcohol to underage kids at home
- Increase awareness of smoking cessation programs, as well as programs for discouraging the use and abuse of alcohol and other drugs
- Develop an intervention strategy to combat alcohol abuse among the elderly
- Implement the CDC's Million Hearts Campaign
- Develop an implementation strategy to help pregnant women learn how to control their blood sugar before and during pregnancy, with the goal of helping to prevent birth defects and other poor outcomes, such as miscarriages or stillbirths
- Work with health care providers and other interested stakeholders to set targets for reducing the incidence of three chronic diseases, diabetes, hypertension, and COPD

GOAL ONE:

IMPROVE ESSENTIAL HEALTH BEHAVIORS



22.4%

Tobacco Use

Residents who use tobacco



77.6%

Exercise regularly

Percentage of Summit County residents who exercise



647.6

STD cases per 100,000

STDs like chlamydia and gonorrhea increased by 10% since 2010

41.7

Black teen births per 1,000

The rate significantly decreased from 48.2 teen births per 1,000 in 2005



7.9%

Abuse alcohol

Percentage of residents who say they abuse alcohol

Increased & Improved ↑ Decreased & Improved ↓

No Significant Change = No Data Available ---

Increased & worsened ↑ Decreased & worsened ↓

Communities Preventing Chronic Disease

1

Component 1 of the grant supports developing programs and initiatives to promote health, encourage healthful behaviors and lifestyle improvements.



1

Promote healthy food and beverage guidelines.

2

Encourage healthful food environments.

3

Increase physical activity and active living opportunities.



#175

out of 190 was the Akron area's ranking for measures of healthy behavior in 2011.

63%

of African-American children in Summit County were overweight in 2010.

1/3

of Summit County's poor population lives in a food desert area.

40%

of African-American residents in Summit County reported that a healthcare provider had diagnosed them with diabetes.

Communities Preventing Chronic Disease

2

Component 2 of the grant supports interventions in health care settings, and initiatives that work to build strong relationships between clinicians and the community.



1

Help develop referrals between public health and primary care providers.

2

Promote the use of health technology to improve chronic disease care.

3

Provide lifestyle change resources for individuals at risk for developing chronic disease.



35.3

per 100,000 was the stroke death rate in Summit County in 2010.

157.9

per 100,000 was the heart attack mortality rate in Summit County in 2010.

ACCOUNTABLE CARE COMMUNITY

BACKGROUND

In 2012, the Austen Biolnnovation Institute in Akron (ABIA) released a white paper titled "Healthier by Design: Creating Accountable Care Communities" which detailed a framework for fostering community collaborations to transform health. That paper defined the Accountable Care Community (ACC) as a collaborative, integrated, and measurable multi-institutional approach that emphasizes shared responsibility for the health of the community, including health promotion and disease prevention, access to quality services, and healthcare delivery. Live Healthy Summit County began as collaboration between ABIA and its partners to establish Summit County as an Accountable Care Community and transform health in Northeast Ohio.

This project was funded largely by the CDC Community Transformation Grant Program, which supported public health efforts to reduce chronic diseases, promote healthier lifestyles, reduce health disparities, and control health care spending. Supported by this grant, ABIA, Summit County Public Health (SCPH) and many other partners launched coordinated initiatives to promote active living, healthy eating, tobacco-free living, and improve quality clinical care.

When that funding ended in 2013, SCPH assumed responsibility for sustaining the Live Healthy Summit County project, expanded community partnerships and is continuing to transform health in Summit County. In 2015, SCPH established the Health Equity and Social Determinants Unit within the division of Community Health, which primarily serves as the staffing support for Live Healthy Summit County.

Much of the current work of Live Healthy Summit County is centered on building a "Culture of Health" in Summit County, using the Robert Wood Johnson Foundation's (RWJF) health action framework. Much of the previous and current work of the Live Healthy Summit County is closely consistent with this framework. The current overall goal of Live Healthy Summit is to improve population health, well-being, and equity through work in the three action areas outlined in the RWJF framework; work in all of these action areas is inherently necessary to establish an Accountable Care Community project. The three action areas are:

1. Cross-Sector Collaboration

Cross-sector collaboration continues to be a major strength of the Live Healthy Summit County project. Transformative community health improvement requires buy-in from the entire community, not a single organization. Two multi-sectoral coalitions currently guide the work of Live Healthy Summit: the Summit Coalition for Community Health Improvement (SCCHI) and the Social Services Advisory Board (SSAB).

2. Social Services Advisory Board of Summit County

The Social Services Advisory Board of Summit County represents the large levy-funded social service agencies in Summit County and advises the Summit County Executive on health and human services issues. SSAB establishes priorities for significant governmental funding to support initiatives to improve health, such as Live Healthy Summit.

3. Summit Coalition for Community Health Improvement

The Summit Coalition for Community Health Improvement is an inter-agency collaborative committed to identifying key health priorities in Summit County and coordinating action to improve health outcomes and promote health equity for all.

COMMUNITY RESPONSE

The Health Equity and Social Determinants Unit at Summit County Public Health are currently working on several grant projects aimed at improving the health of the community through policy, systems and environmental changes. These projects include:

Communities Preventing Chronic Disease - a grant from the Ohio Department of Health focused on increasing access to healthy foods, creating opportunities for physical activity and creating clinical-community linkages to prevent chronic disease in Summit County.

Creating Healthy Communities - a grant from the Ohio Department of Health focused on increasing access to healthy foods, opportunities for physical activity, and smoke-free environments in priority communities.

American Planning Association / American Public Health Association Plan4Health Grant - This grant from the APA and APHA focuses on building partnerships between planning and public health professionals to build healthier environments and increase access to healthy foods and opportunities for physical activity.

NACCHO Health in All Policies Grant - This grant from the National Association of City and County Health Officials provides support for creating community dialogue around policies, systems, and environmental changes to improve the health of the community. Additionally, work is currently underway to redesign and relaunch the Live Healthy Summit County website. This on-line resource will be both a central repository of information regarding community health programming for residents, as well as a location to provide community leaders and organizations with information on how they can become a partner in the Accountable Care Community initiative in Summit County.

CHALLENGES AND OPPORTUNITIES

Summit County Public Health will continue to move forward on these initiatives as the health care systems in Ohio transform from a fee-for-service sick care delivery model to one of prevention. There will be a continued role to increase the availability of community-based services for chronic disease management and wellness opportunities. As a community, the commitment will need to be made to address the three biggest drivers of chronic disease prevention: eliminate tobacco use, increase physical activity, and access to healthy food choices.



Behavioral & Mental Health



Comprehensive public health includes the management and care of behavioral and mental health within different communities across the county.

1.9
Heroin OVERDOSES
per day
based on Akron
EMS responses

8,782
Pounds of prescription drugs
incinerated through the
Summit County
DUMP PROGRAM

21
per 1,000 live births
diagnosed with
NEONATAL ABSTINENCE
SYNDROME

34.1%
Those in need screened with
MATERNAL DEPRESSION

648
Police officers and officers of
the court trained for the
CRISIS INTERVENTION TEAM

29.4%
One out of every three
high school students report
feelings of clinically significant
depressive sadness

13.9
SUICIDES
per 100,000
population



In 2015, Project DAWN (Death Avoided With Naloxone) distributed 207 kits to residents with opiate addictions.



ACCESS

7.5

Average
number of
waiting days
for detox
services

67.7

Opiates and
pain relievers
dispensed per capita
in 2014

130

Recovery Coaches
trained in
Summit County

72.5

Hours of training
in Motivational
Interviewing for
over 90 behavioral
health staff in
Summit County

40

Average number of waiting days for
residential addiction treatment services

RETENTION

abuse safety Health DRUGS diagnose Awareness opiates
crisis Treatment heroin Intervention
ALCOHOL Detoxify MENTAL HEALTH



BEHAVIORAL AND MENTAL HEALTH

County of Summit Alcohol, Drug and Mental Health Services Board (ADM Board)

The County of Summit ADM Board is responsible for planning, funding, monitoring, and evaluating treatment and prevention services for people who experience alcoholism, drug addiction and/or mental illness. The ADM Board does not provide any direct service, but contracts with local agencies to provide quality, affordable services for people in need who are uninsured, under-insured, or require services that may not be covered under existing healthcare plans. With Medicaid expansion, more Ohioans will have coverage for some essential treatment services. This allows the ADM Board to fund recovery supports and prevention services critical to successful recovery not covered through Medicaid and other insurance plans.

In Ohio, local Alcohol, Drug Addiction and Mental Health Services Boards are given the statutory responsibility for seeing that services and facilities are available locally to help people with mental illness or alcohol / drug addictions. The ADM Board of Directors is comprised of 14 community volunteers who provide leadership in policy formation and fund allocation. They, along with ADM Board staff, assess community needs, plan, and manage public resources in order to ensure essential services are available.

On an annual basis, the ADM Board funds services and supports for over 25,000 Summit County residents in need of treatment for mental health and substance abuse issues, whether they are children or adults. The Board also funds prevention services to over 22,000 people with a high concentration of child and adolescent programs.

SUMMIT COUNTY SUICIDE PREVENTION COALITION

The mission of the Summit County Suicide Prevention Coalition is to reduce the number of deaths by suicide in Summit County, especially in the identified high-risk populations such as youth, middle-aged men (ages 25-44) and the elderly. The Coalition offers free training and consultation for community groups to raise awareness of suicide as a public health issue and to educate the public about how to recognize and respond to someone who needs help. To arrange for an educational program on suicide prevention, contact preventsuicide@admboard.org or call (330) 434-1214, extension 106.

The Summit County Suicide Prevention Coalition focused on four primary areas over the last two years:

Increase Clinician Competencies by providing Assessing and Managing Suicide Risk (AMSR): Core Competencies for Mental Health Professionals training. There were 120 local clinicians trained on this model in 2014. (<http://www.sprc.org/training-institute/amr>)

Increase Community Competencies by providing education / resources for concerned others. Gatekeeper trainings continue with 183 attendees in 2015 Y-T-D and over 6551 cumulative total since the coalition's inception.

Develop Clinical Resource tools to support clinicians who work with suicidal clients and/or other professionals who have experienced the loss of a client by suicide.

Identify best practices: Investigate initiatives that have had success in decreasing lives lost to suicide through the Zero Suicide Learning Collaborative. (<http://zerosuicide.sprc.org/>)

ADM Board provider agencies completed the zero suicide organizational self-assessment, both on an individual organization and system-aggregate basis. Plans are underway to form a team of representatives from the clinical leader's team and the coalition to review the summary results and make recommendations for agency and system enhancements.

OPIATE EPIDEMIC

Over the last several decades we have seen different drug trends hit northeast Ohio: alcohol in the 70s, cocaine in the 80s, and crack cocaine in the 90s. This past decade has witnessed a tremendous increase in street heroin. More recently, this problem has been compounded by the diversion of prescription opiates (OxyContin, hydrocodone, and fentanyl). This diversion can be partly attributed to the over-prescribing of opiate medications by healthcare providers. Between April 1 and June 30 of this year, there were 8,388,779 doses of opiate pain medication dispensed to Summit County residents; annualized, this equates to 16 doses for every man, woman, and child living in Summit County. Opiates are now the number one drug of choice among all women entering ADM funded treatment, and number two drug of choice among all men. Opiates are involved in over two-thirds of our detoxifications, and opiate-involved residential clients have the highest attrition rates. These factors contribute to the much higher treatment costs for persons involved in this drug, and an increased demand for high cost services like sub-acute detox and residential treatment.

ACCESS AND RETENTION

We know from research that access to and retention in treatment are the greatest predictors of successful recovery. For this reason, we are collecting data related to the length of time a person must wait for services (e.g. days to psychiatry, days to residential treatment for addiction, days to detox, etc.), and will measure our ability to improve access and retention.

ADM funded services act as the community safety net for the uninsured and under-insured, including persons in jails and juvenile detention who are not eligible for Medicaid. The ADM Board aspires to fund programs, services, or initiatives that are demonstrated to be effective and have a reach throughout Summit County. Within this array of programs and services framework are multiple levels of care that can provide help to adults, youth, and families. Aside from our crisis services, the following are some examples of what make our system strong, especially in comparison to other counties in Ohio:

Hospital Access

Since 1990, Ohio has gone from over 4,000 to 1,081 state hospital beds. Through careful planning, a community psychiatric rotation allows us to primarily use psychiatric beds at our local hospitals and the ADM Crisis Center. This enables our citizens the opportunity to remain connected to their families and/or support systems while stabilizing in the least restrictive environment their condition allows. Our utilization of beds in the state hospital system remains low for a county of our size.

Collaboration with the Criminal Justice System

The Board has focused on enhancing services, programs, and infrastructure to best align our criminal justice system with mental health and addiction services and supports. Summit County has been recognized by the Treatment Advocacy Center (TAC) as a model community in diverting persons with mental illnesses and addictions from local jails to treatment.

The TAC's report (2013) cites Ohio as being one of four states to be graded as an "A" for our efforts. Within the state, Summit County has pioneered practices to divert persons with mental illnesses from the criminal justice system. Akron has the oldest Mental Health Court in Ohio, and the ADM Board supports the first Crisis Intervention Training (CIT) for local law enforcement in the state, with classes offered twice a year since 2000.

Other strategies include:

- CIT Outreach Program**
 The development of a CIT outreach program that partners a clinician with a police officer to outreach to persons who have not followed up with treatment in an effort to re-engage them.
- Mental Health Courts**
 A long standing investment in mental health courts, including assisting in the development of Mental Health Courts in Barberton and Stow.
- Drug Courts**
 Akron Municipal Court and Summit County Court of Common Pleas provide a special docket Drug Court. This can offer enhanced court programming and treatment for misdemeanants and felons with addictions.
- Summit County Jail**
 The Board funds an array of treatment and support services at the Summit County Jail for persons with mental illnesses. During 2014, services were provided to 3,334 incarcerated citizens; 36 more than 2013. Despite this volume, 100% of critical intakes were seen within three days of referral.
- Behavioral Health Criminal Justice Linkages Project**
 The Board developed and funds a Behavioral Health Criminal Justice Linkages Project. There is a full time linkage coordinator housed at the Summit County Jail who can ensure efficient and effective community referrals for mental illness or addiction-involved persons reentering the community from incarceration.
- Forensic Assertive Community Treatment Team (FACT)**
 Funding a Forensic Assertive Community Treatment Team (FACT), with specialized interventions adapted for persons with mental illnesses who are involved with the criminal justice system. FACT is proven to reduce arrests, jail days, crisis episodes, and hospital days while increasing housing stability, treatment adherence, and employment opportunities. Presently this program is embedded within the Akron Municipal Court, with plans to explore expansion into other courts in 2016.
- Summit County Juvenile Court**
 The ADM Board works with Summit County Juvenile Court on several of their initiatives designed to reduce recidivism among criminal justice-involved youth. This includes the Crossroads Program and the Juvenile Detention Alternative Initiative. In 2015, the Board funded additional mental health addiction treatment and psychiatry services in the juvenile detention center.



Youth Behavioral Risk



Monitoring the health risk and protective factors that impact our youth allows the community to strategically address areas that contribute to their long term success.



16.9%

Summit County high school students seriously considered suicide

56.6%

More than half of high school students say they talk with their parents almost every day about school



3x

Middle school females are three times more likely than males to display intentional self-harm



2x

High school females are two times more likely than males to display intentional self-harm



88.9%

High school students reported that they had at least one trusted friend

60.8%

Nearly two-thirds of middle school students say they talk to their parents almost every day about school

Female high school students report higher rates of clinically significant depressive sadness than male high school students at 39% versus 20%.



28.9%

Youth report using marijuana before the age of 13



16.2%

High school students report drinking alcohol before the age of 13



15.6%

High school students in Summit County report using prescription pain reliever without a prescription



21.0%

High school students report they have attended a party where parents permitted underage alcohol use



YOUTH RISK BEHAVIOR SURVEY

Through collaborations between the Prevention Research Center for Healthy Neighborhoods at Case Western University and a youth-focused consortium represented by Summit County Public Health and the ADM Board, the Youth Behavioral Risk Behavior Survey (YRBS) was administered for the first time in middle and high schools in the county in 2013. Survey results were obtained from 19,338 students from 22 Summit County schools. The school response rate was 84.6% and the student response rate was 81.7%. Questions covered health-related behavior categories including:

- Behaviors that contribute to unintentional injuries
- Behaviors that contribute to violence including self-injurious behaviors
- Tobacco use
- Alcohol use
- Marijuana and other drug use
- Gambling
- Behaviors that contribute to unintended pregnancy and STDs including HIV
- Obesity and weight control
- Dietary behaviors
- Physical activity
- Other health-related topics, e.g., amount of sleep, routine check-ups by doctor or nurse, dental visits, etc.
- Positive youth development

The full report on these categories can be found on the websites of both the ADM Board and SCPH. Based on an analysis of the survey results, the ADM Board invested over \$800,000 in new prevention programming. These prevention initiatives address emotional wellness, family engagement, youth-led prevention, school mini grants, and the implementation of the PAX Good Behavior Game. The survey will be repeated periodically to determine if there are any changes as a result of these interventions.

GOAL 2: IMPROVE ESSENTIAL CLINICAL CARE SERVICES TO SUMMIT COUNTY RESIDENTS

STRATEGIC PLANNING

The purpose behind Goal 2 was to develop and implement a comprehensive plan to promote improved health and reduce health disparities for all Summit County residents. The plan was to address such critical, long standing issues as the cost of and access to health care and medications, coordination of care and/or case management (particularly among those with both behavioral health and physical health issues), as well as individual behaviors that erode the health of the population as a whole. An integral part of this plan was to be the construction of a county health assessment system largely based on the University of Wisconsin Population Health Institute's county health rankings reports (a system which relies primarily on well-established social determinants of health to provide insight into the long-term health prospects of communities).

INDICATORS AND TARGETS FOR IMPROVEMENT

1. Percent of adults who have health insurance – Decrease the percentage of adults who do not have health insurance from 19.6% to 13% (the national average) by 2020.
2. Number of Medicare enrollees with Ambulatory Care Sensitive Conditions per 1,000 – Decrease the percentage of adults with Ambulatory Care Sensitive Conditions from 80.0 to 70.0 by 2020.
3. Percent of population living in Health Professional Shortage Areas (HPSAs) – Reduce the percent of adults living in HPSAs from 4.7% to 3.8% (2003 levels) by 2020.
4. Percent of children receiving immunizations by their 2nd birthday – Increase the percent of children receiving the 4:3:1 immunization by age 24 months from 68.1% to 90.0% by 2020.
5. Percent of pregnant women receiving 1st trimester prenatal care – Increase the percentage of pregnant women receiving 1st trimester prenatal care from 92.3% to 98.0% by 2020.

COMMUNITY ENGAGEMENT STRATEGIES

Office on Minority Health – Expand health behavior-related outreach to targeted minority communities.

Summit 2010 Disparities Report – Identify those geographic areas of the county with the poorest health behavior outcomes so programming can be targeted in those areas.

Summit County Re-Entry Network – Develop programming to promote healthy lifestyles among Summit County's returning ex-offenders.

Minority Health Roundtable – Develop joint programs between the Minority Health Roundtable and other key community partners to improve the health of minority populations in Summit County.

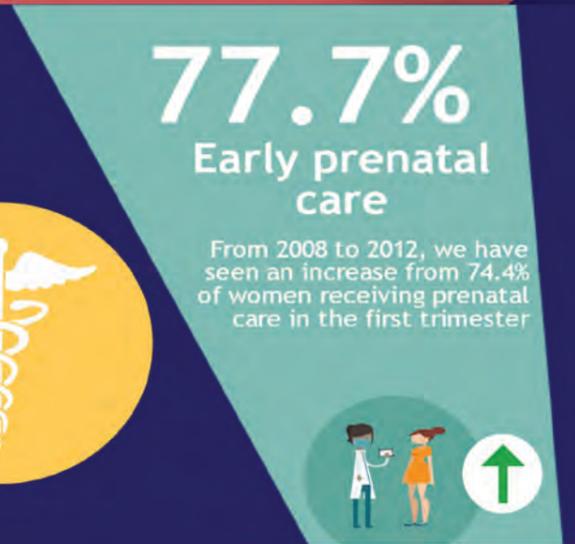
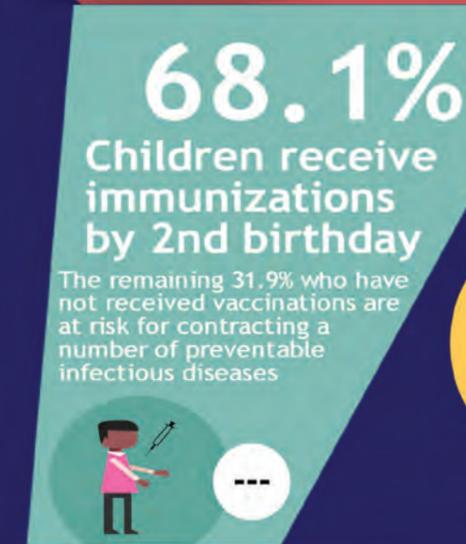
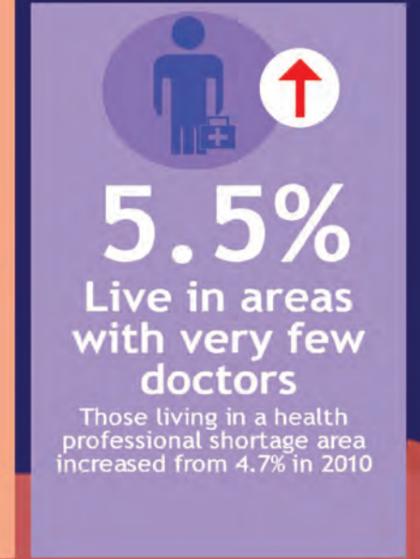
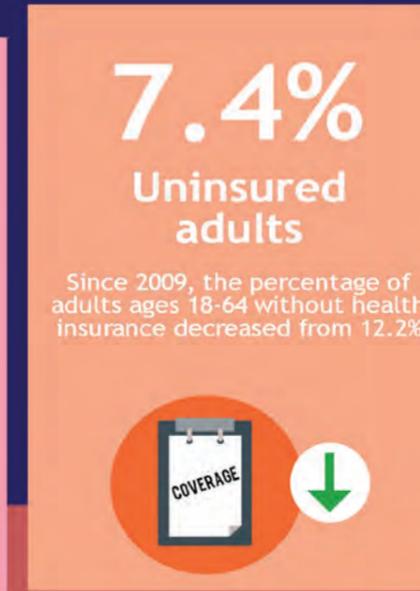
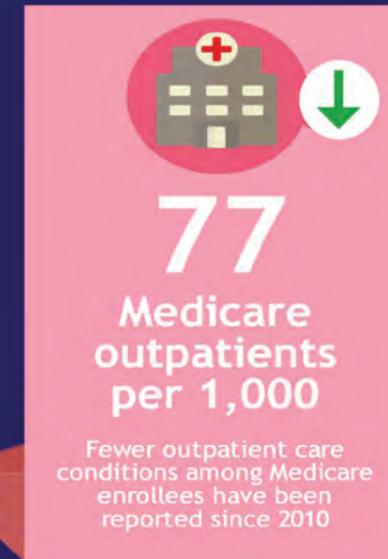
Access To Care – Expand Access To Care's outreach into its target population through forming and expanding key partnerships throughout Summit County.

Pharmaceutical Access Program – Expand the Pharmaceutical Access Program, particularly among seniors.

SUGGESTED INTERVENTION STRATEGIES

- Work with Akron Metro to develop a comprehensive public transportation strategy to help people living in medically under-served areas to reach essential health care services
- Increase efforts to identify potentially eligible clients to the county Department of Job and Family Service and the state's Benefit Bank program
- Increase educational opportunities for parents on the importance and benefits of timely childhood immunizations
- Increase outreach efforts in neighborhoods with high percentages of high-risk populations utilizing the Community Health Care Worker Model
- Advocate to decrease barriers to health care provision
- Develop culturally-competent care delivery systems
- Improve health literacy as a means to increase access to health care services
- Advocate to increase screening into health care services at all clinical service locations
- Promote increased use of depression and anxiety screenings
- Increase awareness of available EAP benefit programs for employees
- Work with the local ADM Board and other service providers on ways to expand available mental health services
- Increase the pool of adolescent and child psychiatry residents based in Summit County
- Work with selected community partners to expand dental services to dentally under-served census tracts

GOAL TWO: IMPROVE ESSENTIAL CLINICAL CARE SERVICES TO RESIDENTS



Increased & Improved Decreased & Improved No Significant Change = No Data Available Increased & Worsened Decreased & Worsened



Access to Health Services



Access to quality health services means promoting overall physical, social, mental health, and well being. Our goal is to ensure our community has access to quality healthcare services so that our residents can have the best possible health outcomes.

Barriers to Care

- High Cost Care
- Lack of Availability
- Lack of Health Insurance



Impact of Barriers

- Receive Less Care
- More Chronic Diseases
- Premature Death

In 2009, 12.2% of Summit County residents were uninsured. As of 2014, only 7.4% remained uninsured, a decrease of about 39% since 2009. We expect to see a marked decrease in coming years with the Affordable Care Act.

2014



Medicaid expanded to cover people living under 138% of federal poverty line



22,000

Residents insured through Medicaid Expansion



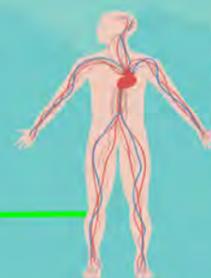
2x

Hispanic/Other groups are twice as likely to lack health insurance than whites



1 in 5

Residents of the Akron Central cluster lack health insurance



ACCESS TO HEALTH SERVICES

BACKGROUND

Two ground-breaking changes to the nation's health care system are helping to shape access to health care in Summit County: the 2010 Affordable Care Act (ACA), and the related expansion of Ohio's Medicaid program in 2014. The goal of the ACA was to reduce the number of Americans without health insurance by creating state and federal health marketplaces (also called exchanges) that would offer affordable private insurance plans subsidized by the federal government. The ACA also expanded the Medicaid program to millions of low-income Americans. The federal government will fully fund Medicaid expansion through 2016 with a subsidy planned post-2016.

22,000
Residents added to Medicaid

The ACA provided states three healthcare exchange options: create their own, partner with the federal government, or let the federal government set-up and operate their exchanges. Ohio and 25 other states chose the federally-operated exchange. The state also agreed to expand its Medicaid program to cover nearly everyone up to 138 percent of the federal poverty level starting in January 2014. The debate on Ohio's Medicaid expansion continues in this year's budget process, and appears to be on its way to renewal. Here in Summit County, Medicaid expansion provided health insurance to 22,000 additional adults as of October 2014 according to a study conducted by the Health Policy Institute of Ohio; that's about 13 percent more than projected before expansion took place.

COMMUNITY RESPONSE

Summit County Public Health (SCPH) is positioned as a leader in the community for information regarding access to health care. Since the first open enrollment period, SCPH has been involved in multiple activities aimed at both educating communities and providing access. SCPH became certified through the Centers for Medicare and Medicaid Services (CMS), which allowed us to train staff members to facilitate educational campaigns and assist with the

application process for health insurance coverage through the newly implemented Affordable Care Act. Additionally, the State of Ohio voted to expand Medicaid coverage to include those with incomes at or below 138 percent of the Federal Poverty Level. This

allowed many individuals who had previously not qualified the ability to obtain coverage. The implementation of this legislation proved to be a challenging time for the public as there was a lot of confusion and technological barriers. In order to ensure success and reduce barriers, Summit County Public Health believes it is important to engage at many different levels of the community. Because of this belief, SCPH is able to partner with many organizations and educate at many different levels.

Access to Health Indicators

Indicators	Base Year	Current Year	2015 Goal	Progress
Adults without health insurance	11.6%	7.4%	6.8%	Improved
Preventable hospital stay	80.0%	77.0%	70%	Improved
People living in health professional shortage areas	4.7%	5.5%	3.8%	Worsened
Childhood Immunizations	68.1%	NA	90.0%	NA
Pregnant women receiving 1st trimester prenatal care	74.4%	77.7%	80.0%	Improved

In addition to community venues and events, SCPH dedicates staff time to assist with one-on-one applications for community members who are ready to enroll in a health insurance plan. In order to expedite processes, SCPH also utilizes a unique partnership with the Summit County Department of Job and Family Services to help individuals apply for Medicaid coverage over the phone. Through the commitment of SCPH and its partners, Summit County has made strides in improving health care access.

Many community agencies have committed to improving access to health services in their strategic planning. This commitment shows the overwhelming support for an initiative aimed at truly improving health outcomes among Summit County residents. Both adult hospital systems in Summit County, County Executive Russ Pry's First Things First Initiative, the Senior Independent Living Coalition, and the County of Summit Alcohol, Drug Addiction, and Mental Health Services Board, all committed, in their own realm of expertise, to improving access among the populations they serve.

CHALLENGES AND OPPORTUNITIES

Even with the state expansion of Medicaid, and an increase in the number of Summit County residents with medical insurance, access to health services still remains a challenge for many. When exploring the rates of residents with medical insurance coverage, significant age, gender, racial, and geographic disparities were found. Summit County residents between the ages of 18-64 have the highest percentage of persons without health insurance (15.7%) when compared to residents of other age groups. Male residents are considerably more likely to lack health insurance than females (12.8% versus 9.6% respectively). Black residents are nearly one and a half times more likely to lack coverage (16.9%) than white residents (9.9%), while residents of other races were nearly twice as likely to be uninsured (19.8%). Geographically, Akron Central (20.2%) and Akron West (19.3%) have the highest concentration of uninsured residents, compared to Twinsburg (4.1%) and Hudson (3.5%) with the lowest.

1 IN 5

Residents of the Akron Central cluster lack health insurance from 2008 and 2012

Additionally, while the ACA now requires some health plans to cover behavioral health services, those seeking help often find it difficult to access mental health and substance abuse treatment. For this reason, community initiatives work to help all in our community “connect with high quality and affordable alcohol, drug addiction, and mental health services.” Yet, there are substantial behavioral health disparities that continue to exist among specific populations, including select racial and ethnic groups; lesbian, gay, bisexual, transgender, and questioning (LGBTQ) persons; people with disabilities; transition-age youth; and young adults.

Even with such challenges, work continues in an ongoing effort to address disparities and improve access to health services for all Summit County residents. Partners across different sectors are working to create clinical-community linkages between primary care providers and community-based services. A bi-directional referral network of this type promises to meet residents “where they are” and improve patient outcomes and care quality. Efforts by the Summit County Better Birth Outcomes collaborative seek to improve access to health services for expectant mothers and infants. Summit County Public Health's Care Coordination Unit operates as a vital resource to individuals and organizations in need of assistance accessing services. Collaboration continues between ADM Board and SCPH to enhance alcohol and other drug-related addiction services. Across the board, opportunities abound to eliminate disparity in access to health services and improve the health status for all Summit County residents.

MILLION HEARTS CAMPAIGN

BACKGROUND

Heart disease and stroke are the first- and fourth-leading causes of death in Ohio, respectively. Cardiovascular disease is responsible for 37 percent of all deaths in Ohio, and stroke is the leading cause of serious long-term disability in adults. In Ohio, African-American men have a stroke mortality rate that is 38% higher than any other population in the state. More than half of the stroke deaths among African-American men occurred before the age of 75. This disparity was consistent with Healthy People 2010 midpoint reviews showing that minority and low-income populations were falling behind on benchmarks related to chronic conditions, including cardiovascular disease. Hypertension is a primary risk factor for stroke, and research has shown blood pressure tends to be harder to control for African Americans. Although the evidence is inconclusive to explain why African Americans are at higher risk for hypertension, research suggests that both genetic and environmental factors play a role.

Through ASTHO's Million Hearts State Learning Collaborative, with support from the CDC, ODH partnered with the Ohio Academy of Family Physicians (OAFP), Summit County Public Health (SCPH), Ohio Keystone Peer Review Organization (KePRO), the state quality improvement organization (QIO), and 11 family practices in Summit County to develop an integrated community-clinical system to screen, identify, manage, and refer individuals with hypertension—particularly African-American males—to clinical and community resources to support better self-management of blood pressure.

COMMUNITY RESPONSE

The above noted key partners were involved in three different core components of the overall initiative:

1. Developing community blood pressure referral resources and a screening referral system.

Summit County has a large refugee population. These community members, and other individuals in the county, face significant barriers to effective blood pressure management, including lack of transportation, financial barriers to affording medication, and others. Summit County Public Health operates a Care Coordination Unit. Care coordination units—often supported by local health departments—offer services that connect county residents with community services such as health care access, medication assistance, transportation, housing, counseling, dental care, food assistance, utility assistance, and vision and hearing needs. Establishing systematic referral processes to these types of community resources supports patient blood pressure self-management and addresses critical barriers to care such as lack of transportation or medication costs.

In addition, SCPH staff provided an orientation to the Care Coordination Unit for the 11 participating family practices, and established referral protocols which allowed physicians to refer patients with hypertension to the unit. Most providers did not know the local health department offered those kinds of services, and were very enthusiastic about the new resources. SCPH also offered direct assistance to the practices to help them learn how to use the referral form and system. Internally, SCPH developed a referral checklist to determine the additional needs of referred clients.

In 2015, Summit County Public Health expanded their partnership with local fire departments to include three additional jurisdictions. Fire departments in Bath, Akron, Cuyahoga Falls, and Twinsburg are now offering *Check it. Change it. Control it.* toolkits to residents who come in for free blood pressure checks. If residents have a high blood pressure reading (>140/90 mm Hg), fire department staff will provide them with a free home blood pressure monitor and make a referral to the Care Coordination Unit at SCPH. SCPH Care Coordination staff, who are public health nurses, follow up with individuals identified as needing additional support and access to community resources.

2. Using electronic health record (EHR) data to create hypertension registries and monitor hypertension control rates.

Ohio KePRO provided direct technical assistance to 11 family practices in Summit County to develop hypertension registries and track their overall hypertension control rates (measured using the National Quality Forum (NQF) 0018 measure Controlling High Blood Pressure). The registries used information in each practice's electronic health record (EHR) system, and created patient lists to allow providers to identify individuals to target for clinical management. KePRO encountered several challenges during this process, including lack of standardization of EHR system vendors across the practices. In fact, the 11 practices used six different EHR systems. This meant KePRO had to develop a different process for extracting data from each system and generating a registry. It also meant KePRO could not create a single registry across all of the practices. When necessary, KePRO leveraged its access to the nationwide QIO network to learn from QIOs in other states about how to work with different EHR systems to create the registries.

3. Facilitating clinical quality improvement

The Ohio Academy of Family Physicians (OAFP) and the Ohio Department of Health (ODH) partnered to facilitate a five-month clinical quality improvement initiative with 11 family practices in Summit County. The goal of the initiative was to convene multi-disciplinary care teams from participating practices (including family physicians, nurses, medical assistants, pharmacists, and social workers) to identify opportunities to improve care for patients with hypertension—particularly African-American males—by improving follow-up appointment rates. The initiative was based on a model OAFP had developed for colorectal cancer screening quality improvement and built upon a successful hypertension toolkit ODH and OAFP co-developed for African-American males and their health care providers called *Check it. Change it. Control it.* Each practice sent a team of clinical team members to an in-person training day to engage in action planning and, throughout the course of the initiative, the practices developed and implemented clinical protocols to better identify, diagnose, manage, and follow up with hypertension among their patient populations. Each practice reported monthly on their progress, and OAFP staff provided technical support as requested. Each practice received continuing education credits, a practice stipend, and incentives for patients for participation. In March 2015, OAFP offered an additional Million Hearts quality improvement team training day and worked closely with ODH and local health departments to recruit family physician practices to attend the training.

RESULTS

Participating family practices identified close to 12,000 patients with uncontrolled hypertension (defined as having a diagnosis of hypertension AND most recent blood pressure reading of >140/90 mmHg):

- Within three months during the first year of the project, hypertension control rates among the 8 family practices that reported data increased from 69.7 percent to 73.4 percent, and the percent of patients with hypertension who had a follow-up appointment scheduled increased from 66.0 percent to 68.8 percent.

- All 11 family practices adopted and implemented protocols for scheduling follow-up appointments with patients diagnosed with hypertension, affecting 6,993 patients.
- 28 patients were referred to SCPH's Care Coordination Unit.
- Provider awareness of hypertension, both diagnosed and undiagnosed, as well as uncontrolled hypertension also increased. Post program narratives submitted by participating practices unanimously said the QI project was successful in improving care for patients with high blood pressure, in instituting protocols that will be maintained after the project ends, and in engaging other team members in caring for patients with high blood pressure.
- Practices increased meaningful use of EHR systems. For example, creating chronic disease patient registries and introducing clinical quality measures such as NQF 0018 into chronic disease dashboards, has become a key component of both local and state interventions to improve chronic disease outcomes.
- The community-clinical linkages between SCPH and the physician practices not only helped patients gain access to additional non-medical services they needed, but also helped the physician practices learn about the programs and links available through public health through clinical care coordination services.
- ODH has included the development of local hypertension learning collaboratives and establishment of bi-directional referral networks between providers and community resources as key strategies in their funding proposals for communities. With CDC's 1422 funding, ODH granted 4-year sub-awards to other local health districts across the state to provide increased sustainability for chronic disease prevention and community-clinical linkage interventions.

CHALLENGES AND OPPORTUNITIES

SCPH will continue expanding the bidirectional referral network, including community-clinical linkages to offer Care Coordination Unit services to the 11 practices. SCPH expects referrals to increase as providers continue integrating protocols into their practices. The Health Services Advisory Group, the current QIO in Ohio, will assume the role initially served by Ohio KePRO, supporting practices in data collection and surveillance of their patient populations through health IT technical assistance. ODH will leverage CDC's 1305 and 1422 funding to continue partnering with OAFP to offer the quality improvement training for patient-centered medical homes across the state. Some of the lessons learned include:

- Strong partnerships must be a foundation. A strong partnership between ODH and OAFP was critical to the overall project's success. OAFP provided important statewide access to a network of health care providers. SCPH was very engaged from the beginning and had active staff champions and capacity to establish and support a community- and clinic-based referral system. In addition, Ohio KePRO's experience with different EHR systems and capacity to provide training and technical assistance to each family practice to develop patient registries was critical to developing all partners' data capacity.
- Be prepared for challenges working with EHR data. ODH staff caution that EHR systems aren't necessarily easy and quick to work with, at least at first. Establishing efficient electronic data transmission systems is an ongoing challenge that may take a long time. In particular, obtaining patient-level data from individual practices can be difficult. Even aggregate data is a challenge.
- Provider engagement can be challenging due to staff time and turnover.
- It can be difficult to obtain local level data from state partners.

GOAL 3: IMPROVE KEY SOCIAL AND ECONOMIC FACTORS

STRATEGIC PLANNING

The purpose behind Goal 3 was to develop and implement a comprehensive plan to promote the economic stability and prosperity of all Summit County residents, particularly those of working age and their families. This plan was to utilize cutting-edge approaches to address long-term, systemic problems that undercut stability and prosperity, such as poverty, educational attainment, housing affordability and foreclosures, employment and retraining, and basic financial literacy. This initiative was also to promote stability and prosperity by addressing issues unique to special populations such as ex-offender re-entry and children aging out of the foster care system.

INDICATORS AND TARGETS FOR IMPROVEMENT

1. Percent of Persons Age 25+ With A 2-Year or Higher Degree – Increase the percentage of adults age 25+ from 37.8% to the national average of 57.0% by 2020.
2. Percent rating proficient or better on 4th grade reading proficiency test – Increase the percentage of 4th graders rating as proficient or better from 81.1% to 90.0% by 2020.
3. Graduation rate – Increase the longitudinal graduation rate from 92.2% to 95.0% by 2020.
4. Unemployment rate – Decrease the unemployment rate from 11.6% to 5.0% in 2020.
5. Poverty Rate – Reduce the overall poverty rate from 15.3% to 10.0% in 2020.
6. African-American Poverty Rate – Reduce the African-American poverty rate from 31.0% to 20.0% in 2020.
7. Percent of female-headed households in poverty – Reduce the female-headed household poverty rate from 41.2% to 30.0% by 2020.
8. Childhood poverty – Reduce the childhood poverty rate from 21.9% to 10.0% by 2020.
9. Percent with an Ohio Direction Card – Reduce the percent of the households receiving an ODC card from 14.4% to 6.2% in 2020.
10. Percent of Households Paying More than 30 percent of Income on Housing – Reduce the percent of homeowners (and renters) who pay more than 30% of their income for housing or rent from 27.0% to 20.0% in 2020.
11. Percent of adults without adequate social / emotional support – Reduce the percent of adults without adequate social / emotional support from 18.0% to 9.0% in 2020.
12. Number of substantiated / indicated incidents for Assessment of Child Abuse or Neglect per 1,000 children– Decrease the incidence rate from 8.1 per 1,000 to 5.0 per 1,000 by 2020.
13. Number of violent crime arrests per 1,000 population – Achieve a county-wide rate of 3.15 violent crimes per 1,000 by 2020 (the 2010 national rate per 1,000).
14. Elder Abuse, Neglect, Self-Neglect, or Exploitation Referrals per 1,000 – Decrease the incidence rate from 7.6 per 1,000 to 7.0 per 1,000 by 2020.

COMMUNITY ENGAGEMENT STRATEGIES

Income, Education, and Workforce Collaborative – Update the Job Seeker Guide, Employer Resource Guide, Career Guide, and Soft Skills Training Catalog. Develop and implement a large-scale distribution plan to get these resources into the hands of their respective target audiences. Work with other community partners to begin developing plans for addressing workforce issues for special populations such as older adults, children aging out of foster care, persons with little or no work history, long-term unemployed workers, and others.

Bridges Out of Poverty Initiative – Expand the coalition of organizations implementing the Bridges Out of Poverty program. Set long-term targets for number of “investigators” taking and passing Getting Ahead classes as well as targets for the size of the volunteer corps of allies to work with clients.

Circles Campaign – Work with Akron Summit Community Action and other community partners to develop and formally launch the Circles Campaign in Summit County. Continue to coordinate Circles activities with Bridges Out of Poverty. Set long-term targets for the number of Circles “leaders” coming from Bridges Out of Poverty’s Getting Ahead groups and private sector allies to work with them.

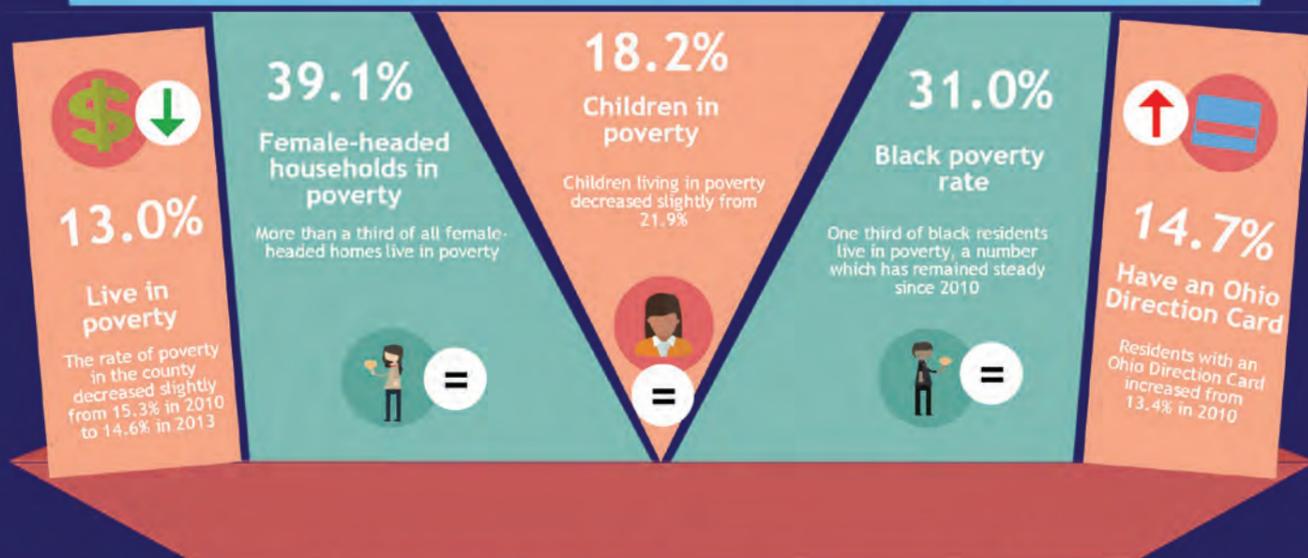
Elder Abuse and Neglect – Continue to work with Tuff Stuff and other community partners to continue implementing the Senior Independent Living Coalition’s elder abuse and neglect awareness campaign through the distribution of educational fliers and public service announcements at area theaters.

SUGGESTED INTERVENTION STRATEGIES

- Work with Akron Metro to develop a comprehensive public transportation strategy to help people living in medically under-served areas to reach essential services
- Increase efforts to identify potentially eligible clients to the county Department of Job and Family Service and the state’s Benefit Bank program
- Advocate to decrease barriers to health care provision
- Advocate to increase screening into health care services at all clinical service locations
- Promote increased use of depression and anxiety screenings
- Increase awareness of available EAP benefit programs for employees
- Work with the local ADM Board and other service providers on ways to expand available mental health services
- Work with law enforcement and other key community partners to develop a strategy to prevent intimate partner violence through the promotion of respectful, nonviolent intimate partner relationships
- Work with Summit County Children Services, the Summit County ADM Board, and other community partners to develop a plan for addressing behavioral health-related causes of child abuse and neglect, such as parents with a known history of mistreatment as a child, depression and/or anxiety, or substance abuse

GOAL THREE:

IMPROVE KEY SOCIAL AND ECONOMIC FACTORS



Educational Attainment

Education plays a huge role in physical, mental, and emotional health. More education often leads to a healthier lifestyle and better health.



The 4-year high school graduation rate of Summit County increased from 87.3% in 2011



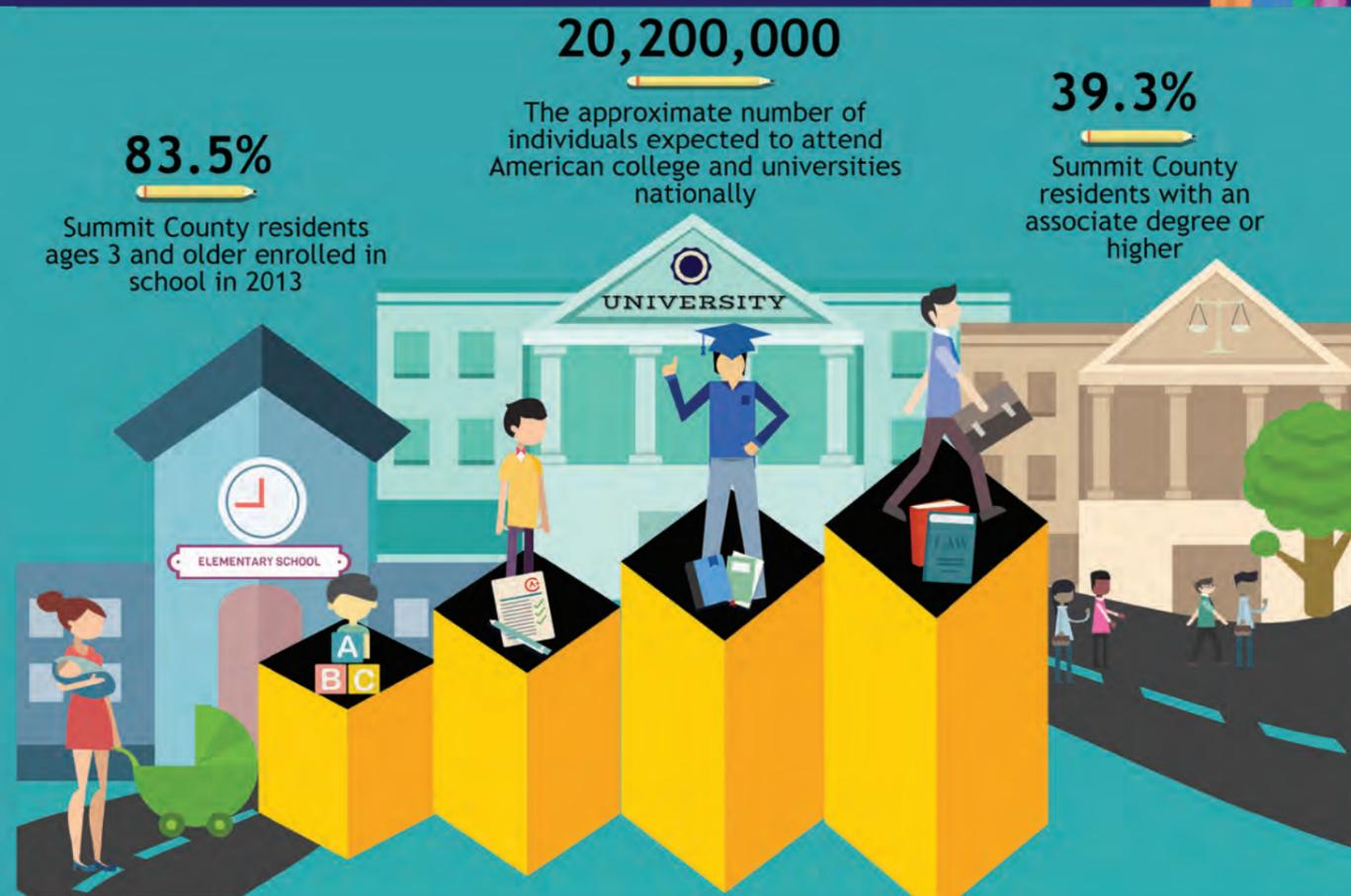
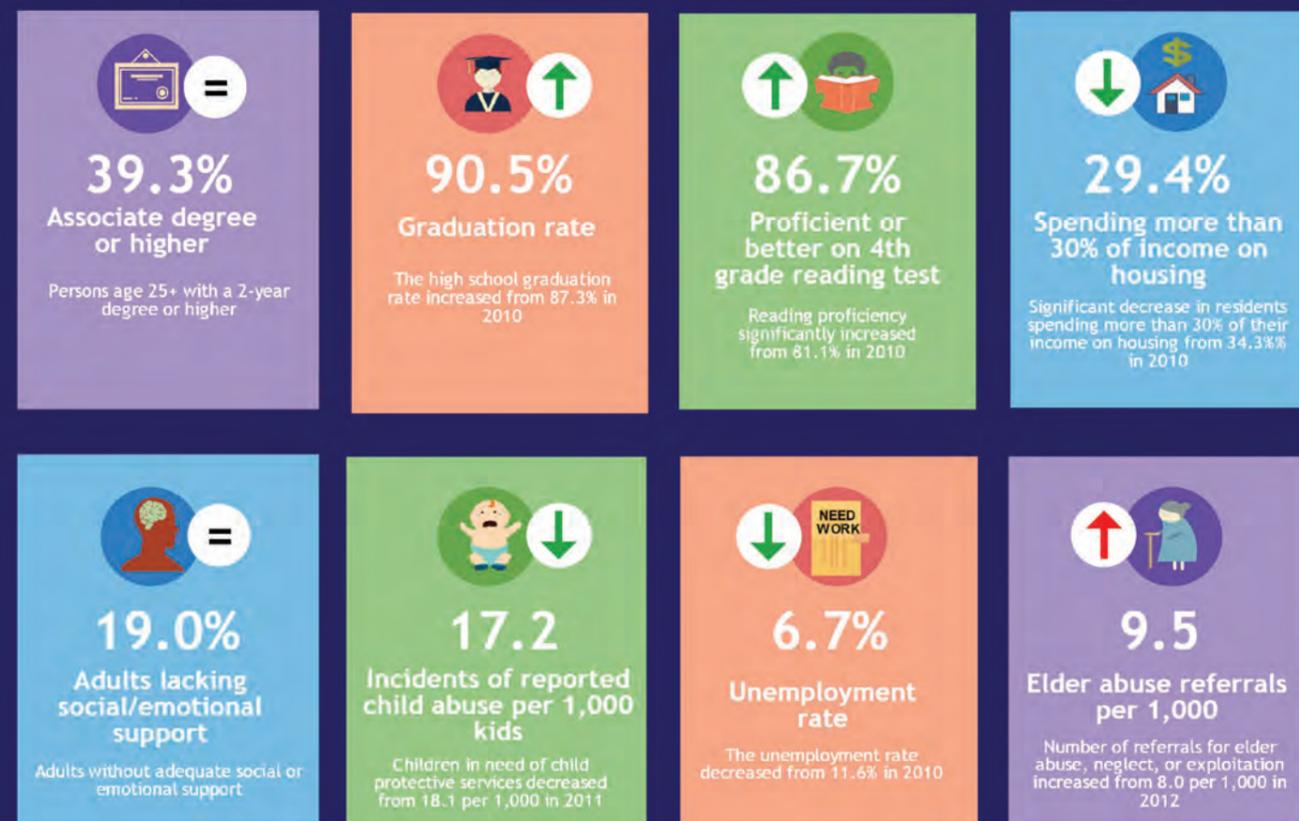
Students proficient or higher on 4th grade reading test in 4th grade



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In 2010, 10.7% of Summit County adults age 25 and older did not have a high school diploma or GED. As of 2014, this number has decreased to 8.9% of adults.



Increased & Improved ↑ Decreased & Improved ↓

No Significant Change =

No Data Available ---

Increased & Worsened ↑ Decreased & Worsened ↓

EDUCATIONAL ATTAINMENT

BACKGROUND

There are three major factors impacting education in Summit County. The first two factors are the No Child Left Behind Act of 2001 (NCLB) and an increased focus on standards and accountability by the state of Ohio and local public schools. The combinations of NCLB and efforts by the state of Ohio and local public school districts to improve educational outcomes have begun to show results. Student performance on key proficiency tests, such as the 3rd grade and 4th grade reading proficiency tests, are improving both statewide and in Summit County. The 4-year graduation rate (the percentage of 9th graders who graduate on-time four years later) has also improved.

Demographic and migration patterns are also changing the face of education in Summit County. In short, as people have migrated into and out of Summit County over the last couple of decades, more people with college degrees have moved in, and more people without college degrees have moved out of the county or passed away. Combined with improvements in the county's education system, these changing demographics and migration patterns have resulted in a more educated population.

COMMUNITY RESPONSE

Summit County's approach to education includes organization with a direct stake in classroom performance and those that focus on providing the support necessary for children to succeed in school and beyond. There are many organizations helping to improve education in addition to the county's public, community, and private schools. The Summit Education Initiative (SEI) was established in 1996 to mobilize a broad, multi-sector coalition of people and organizations to improve educational attainment for all children in Summit County.

Through a variety of initiatives such as its Cradle-To-Career Alliance, SEI programs help improve educational outcomes for children and adults, from early childhood to college and beyond. SEI also implements the Transition Skills Summary, which evaluates the readiness of preschool-age children for Kindergarten. Other organizations include

Project GRAD, which works with at-risk youth and administers the county's GED testing program, the Northeast Ohio Council on Higher Education, the Summit County Educational Services Center, and Akron-Summit Community Action, which administers the county's Head Start and Early Start programs. These programs focus on different aspects of the education system and work to improve outcomes, support students, as well as train and equip teachers.

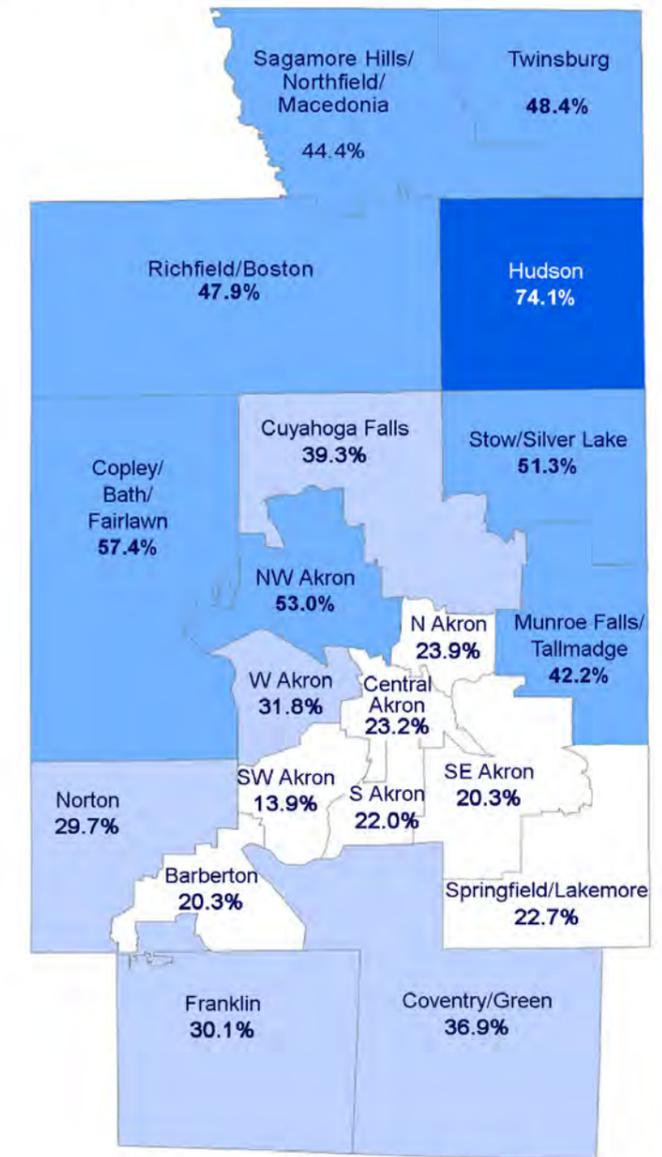
Educational Attainment				
Education Indicators	Base Year	Current Year	2015 Goal	Progress
Population age 25+ with a 2-year or greater degree	37.8%	39.3%	57%	No significant change
Percent of students rating as proficient or higher on 4th grade reading test	81.1%	86.7%	90.0%	Improved
4-year high school graduation rate	87.3%	90.5%	93.8%	Improved

There are also several organizations and initiatives that provide indirect support for education. The Summit County First Things First (FTF) initiative is focused on all aspects of early childhood. Through its six committees, FTF impacts maternal and child health, birth outcomes, social-emotional and developmental screening, family supports, maternal depression, mental health, and developmental disabilities. Other programs work with specific populations in need of assistance. These include the Bridges Out of Poverty and the related Circles initiatives, which help people improve their education and skill level, and increase the chances they will find and keep living-wage jobs, and the Summit County Reentry Network, which encourages ex-offenders to pursue educational opportunities. The Summit 2020: A Quality of Life Project addresses educational attainment for special populations through its Income, Education, and Workforce Development committee (IEWD). The IEWD includes representatives from public agencies, non-profit service providers, employment and training organizations, vocational education providers and a variety of other members with diverse backgrounds. Initiatives from the IEWD include producing a Job Seeker's Guide, a Soft Skills Guide, and a Career Guide, which helps students and individuals changing careers by providing information about a variety of career options and the salary ranges and the education necessary for each. IEWD also works with SEI and public school guidance counselors to provide these tools to students to help them with their postgraduate and career planning.

Finally, a variety of government agencies and non-profit organizations, including Summit County Public Health, support children's health and nutrition, both of which are vital to a child's ability to learn and thrive. In addition to participating in many of the initiatives named above, additional SCPH programs that help children stay healthy and prepared to learn include Women, Infants, and Children (WIC), Bureau for Children with Medical Handicaps, Immunization Action Project, Child and Family Health Services, and the Healthy Homes program that provides lead testing and lead hazard reduction. Other agencies such as the Alcohol, Drug Addiction, and Mental Health Services Board, Summit County Children Services, and Summit County Department of Developmental Disabilities also directly impact the health, quality of life, and educational experience of children in Summit County.

Map 1: Estimated Percent of Persons Age 25+ with a 2-Year Degree or Higher by Cluster, 2008-2012

Estimated Percent of Persons Age 25 + With A 2-yr Degree or More, Summit County by Cluster, 2008-2012



Source: American Community Survey

CHALLENGES AND OPPORTUNITIES

One of the biggest challenges Summit County faces in promoting educational attainment is the changing nature of the job market. Because of the transformation of the national and world economies, nearly everyone looking for stable careers and living wages will need at least some education and/or job training after high school. Employment opportunities that do not require high levels of education and pay a livable wage are rare today. This puts many workers, including older workers, those between jobs, and those from low socioeconomic backgrounds at a disadvantage.

Another challenge is that big disparities in education exist for some groups in the community. For example, white residents are most likely of all racial groups to have a high school diploma and post secondary education or lower education level (nearly 9%), while blacks and those of another race are more likely to have a low education level (12% and 14%, respectively). Also, as Map 1 (Estimated Percent of Persons Age 25+ with a 2-year degree or higher by cluster, 2008-2012) illustrates those living in Akron, Barberton, or the Springfield/Lakemore clusters are less likely to have at least a 2-year degree than those in many other clusters.

A third challenge is to address the barriers to increasing education for populations with specific disadvantages. These include people who have never been in the workforce (either teens entering the workforce for the first time or people with little or no work history), ex-offenders trying to reestablish themselves in the community, or workers who find themselves having to change careers and learn new skills.

However, opportunities exist as well. One of those opportunities is the growing realization across many different parts of the public, non-profit, and business sectors that education goes far beyond the traditional K-12th grade experience. As a growing body of research demonstrates, maintaining a high quality of life during our children's first four years of life can greatly boost the quality of their education, and lead to a higher return on the resources the community chooses to invest in their success. The growing number of organizations and initiatives that are implementing programs around early childhood issues are providing many children with opportunities for advancement that weren't available in the past.

A second opportunity is the growing focus on the needs of special populations. Like early childhood, many Summit County organizations are beginning to make investments in these populations. New initiatives like Bridges Out of Poverty / Circles and the Summit County Reentry Network are based on models that have shown results in other regions and results that could be reproduced here.

A third opportunity is a formal collaboration of the home visiting providers to create a network that enhances service provision and delivery through a succinct effort to serve the families most in need. Within Summit County, there are over ten home visiting providers that provide pre-Kindergarten services to families in an effort to promote economic stability, kindergarten readiness, and parent-child relationships. Almost half of the providers use an evidence-based curriculum called Parents as Teachers to provide activities and materials to families that will enrich and promote early learning foundational skills. There are opportunities for collaboration across these agencies via referrals, resource sharing, and development of best practices for the families in Summit County. In addition, there are opportunities to measure success of these programs through the utilization of one or more shared indicators such as the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire for Social and Emotional Health (ASQ-SE) and connect these indicators with other existing benchmarks. These kinds of opportunities can help close the gap between these special populations and the community at large, and help make the phrase "no child left behind" a reality in Summit County.

Poverty



Populations in poverty are known to have poorer health outcomes because they have less access to health and preventive care and are less likely to have health insurance.



39.1%

Percent of female-headed households living in poverty in 2014



In 2011, the poverty rate in Summit County was 16.6%, the highest since 1990. In 2014, this number improved to 13.0%. However, the poverty rates for black residents and female-headed households saw no significant improvement.



50.9%
The estimated poverty rate in the Central Akron cluster

31.0%
The black poverty rate in Summit County, which is more than three times that of whites

1 in 5
The number of children that live in poverty in Summit County

28.9%
The poverty rate of individuals without a high school diploma, which is more than three times that of those with a high school diploma



POVERTY

BACKGROUND

The fall and rise of poverty has had a significant impact on Summit County’s quality of life over the past 25 years. After a brief recession in 1991, the national economy began the longest expansion in U.S. history, with low unemployment, rising incomes and stock prices, and falling poverty rates bringing prosperous times to Northeast Ohio. During that time, poverty in Summit County fell from 12 percent in 1990 to just below 10 percent in 2000. Unfortunately, the past 15 years have been a different story. The 2001 recession increased unemployment and drove poverty rates back up to 1990 levels by 2006. Just as the economy was beginning to show signs of recovery, the Great Recession hit in 2008. Despite the passage of the American Recovery and Reinvestment Act of 2009 and other federal, state, and local government efforts, the recession hit the entire nation very hard. The next three years brought sharply higher unemployment to Summit County, thousands of home foreclosures and a big increase in the poverty rate, which rose to nearly 17 percent by 2011. Summit County's economy has been slowly recovering since 2012, with gradual improvement in both poverty and unemployment

COMMUNITY RESPONSE

Summit County residents who live in poverty have a large and diverse number of non-profit, faith-based, and government agencies that they can turn to for help. Government agencies form the backbone of the community’s response to poverty, with Summit County Department of Job and Family Services (DJFS) leading the way. DJFS provides services to low-income residents like subsidized child care, food assistance, Medicaid coverage, long-term care and disability services, public assistance, refugee resettlement, adult protective services, and employment and training services. Other agencies provide services to low-income families as well, including the

Summit County ADM Board, the Summit County Developmental Disabilities Board, Akron Metropolitan Housing Authority, and Summit County Children Services. Summit County Public Health provides many services that benefit low income residents, including the Women, Infants, and

Children program (WIC), alcohol and drug counseling, Benefit Bank, dental, immunization, and refugee health screening services. Other programs include Bureau for Children with Medical Handicaps (BCMh), Child and Family Health Services (CFHS), and the Ohio Breast and Cervical Cancer Project (BCCP).

Summit County Poverty				
Poverty Indicators	Base Year	Current Year	2015 Goal	Progress
Poverty Rate	15.3%	13.0%	10.0%	Goal Not yet reached
Black Poverty	31.0%	31.0%	20.0%	Goal Not yet reached
Female-headed Household Poverty Rate	41.2%	39.1%	30%	Goal Not yet reached
Child Poverty Rate	21.9%	18.2%	10.0%	Goal Not yet reached

Because female-headed households experience significant disparity relating to poverty, a project was launched under Healthy Summit 2020 to study the challenges faced by single parent families and their impact on social services. The Single Parents Project collected information from available data sources, interviews with executives and staff from various public and private institutions, and compiled a report detailing the efforts and resources being deployed to support single parent families in Summit County.

In addition to public services, there are many private, non-profit, and faith-based services that also help low-income residents. Some of these include United Way of Summit County, which coordinates charitable giving in the areas of education, income, health, and basic needs; Akron-Summit Community Action, which administers the Head Start and Early Start programs in Summit County, along with utility food, clothing, rent, medical and dental assistance; and the Akron Urban League, which provides education and employment services. Faith-based organizations that provide services to low-income families include OPEN-M, the Salvation Army, Haven of Rest, Catholic Social Services, Jewish Family Services, and many others.

Finally, there are several key collaborative programs that help low-income people involving one or more of the agencies mentioned above. The Bridges Out of Poverty and Circles programs provide pathways for those trapped in poverty to connect with educational and employment opportunities that were previously unavailable. Many organizations and businesses are now running the Getting Ahead classes (Bridges) and Circles meetings (Circles) that help connect low-income people with the wider community. In addition, programs like the Summit County Reentry Network help ex-offenders reintegrate into the economic and social life of the community.

CHALLENGES AND OPPORTUNITIES

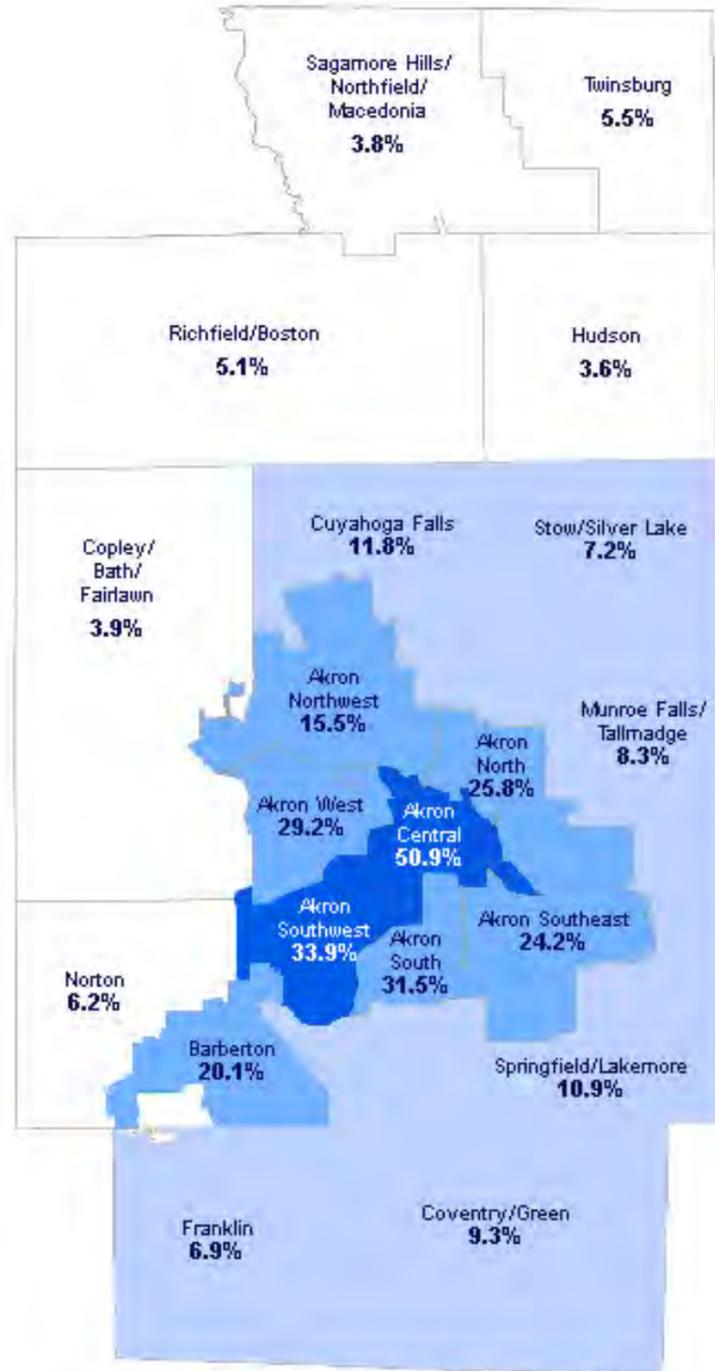
Reducing poverty is always a challenge in Northeast Ohio, and it is especially challenging today with the ongoing recovery from the one of the worst recessions since the 1930s. Here in Summit County, the overall poverty rate is still nearly 13 percent; a little higher than it was in 1990. Summit County’s labor market, the primary engine for reducing poverty, has been recovering slowly. When the recession began in December 2007 the unemployment rate was 5.0 percent. It took until December 2014 for the unemployment rate to reach that level again, even though the recession officially ended in June 2009. Despite the lower unemployment rate, there are almost 12,000 fewer people working in Summit County today than when the recession began.

Another challenge is that large disparities in poverty exist for different groups in the community by age, race, education, geography, and marital status:

- More than one in five children live in poverty.
- The black poverty rate of 31 percent is more than three times higher than the rate for whites (9.3%).
- The poverty rate for people without a high school diploma is also three times higher than it is for people with a high school diploma (28.9% and 9.0%, respectively).
- The concentration of poverty within the City of Akron has also been a problem for decades (see Map 2 for current figures). Poverty rates in most Akron clusters are between one-quarter and one-third of the population, with more than half the population in Central Akron. However, most suburban clusters have poverty rates well below 10 percent.

- Biggest of all is the disparity between married couple households with children and female-headed single parent households. The current poverty rate for married couples with children is only four percent. However, the poverty rate for female-headed households with children is nearly 39 percent; more than 11 times higher.

Map 2: Estimated Poverty Rate, Summit County by Cluster 2009-2013



Source: American Community Survey 2009-2013 5-year estimate

Despite the challenges, there are opportunities to make an impact on poverty. The Bridges Out of Poverty and Circles programs mentioned earlier offer real hope of a better life to those trapped in generational poverty. The Summit County Reentry Network coordinates services for ex-offenders and connects them to the targeted services and networking opportunities they need to help them rebuild their lives. State initiatives such as the creation of the Certificate of Qualification for Employment and the Ban the Box campaign also help ex-offenders find work. In addition, programs like the Akron Global Business Accelerator, the Akron Urban League’s Minority Business Accelerator, the Women’s Network of Northeast Ohio, JumpStart, and many others are actively promoting entrepreneurialism within our communities. Funders such as the Akron Community Foundation and the Burton D. Morgan Foundation also provide support for educational and employment programs that help create opportunities for people in poverty. Collectively, these efforts have the potential to significantly reduce the poverty and disparities that hold back so many Summit County residents.

GOAL 4: IMPROVE SUMMIT COUNTY’S PHYSICAL ENVIRONMENT

STRATEGIC PLANNING

The purpose behind Goal 4 was to develop and implement a comprehensive plan to improve the natural and built environments in which Summit County residents live and work. This plan was to build a broad-based community coalition to promote reductions in air and water pollution, as well as to promote healthier living through affordable and ready access to healthy food sources and recreational exercise opportunities.

INDICATORS AND TARGETS FOR IMPROVEMENT

1. Mobile and Major Sources of toxic air emissions (millions of tons)– Reduce the amount of mobile and major sources of toxic air emissions by 5% by 2020.
2. Gallons of Water Used Per Person, 2010 – Maintain the current amount of water use (108.0 gallons per person per day) through 2020.
3. Age and condition of residential structures, 2010– Reduce the current rate of homes in below average or worse condition from the current 6.1% to 5.0% by 2020.
4. Percent of zip codes in a county with a healthy food outlet – Increase the percent of zip codes with at least one healthy food outlet from the current 74% to 100% by 2020.
5. Recreational facilities per 100,000 – Increase the number of recreational facilities per 100,000 from 56.0 to 58.0 by 2020.

COMMUNITY ENGAGEMENT STRATEGIES

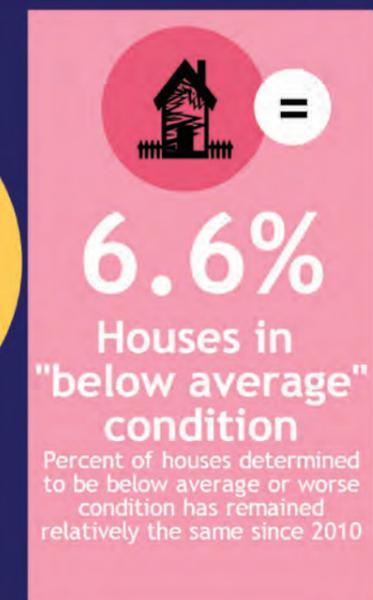
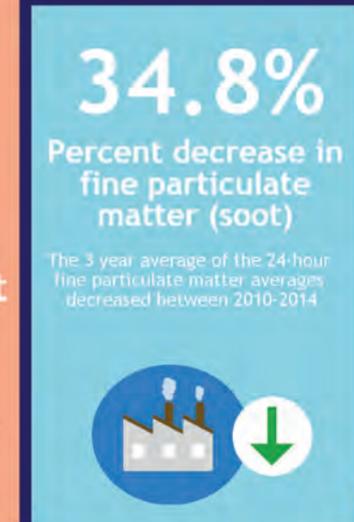
Home Repair Network Database – Continue to work with the county Department of Development and other home repair service providers to develop and implement a database of repair service providers and clients to better coordinate use of available home repair dollars.

Abandoned and Vacant Property Database – Continue to work with various community partners to develop and implement an interactive and frequently-updated database of abandoned and vacant properties in Summit County.

SUGGESTED INTERVENTION STRATEGIES

- Expand the county's pharmaceutical reclamation program
- Initiate a new reclamation program, based on the pharmaceutical reclamation program, to reclaim unused personal care products before they are introduced into the environment
- Begin routine testing of groundwater supplies within the county to monitor change in pollution levels over time
- Design new buildings (homes, schools, and businesses) with features that help produce indoor environments that help minimize occupants' risk of developing asthma
- Enhance tax and other incentives for local grocers to maintain larger grocery stores in the inner city
- Encourage public school districts to leave school buildings open after hours and offer enhanced sport and recreational exercise opportunities for the general public
- Develop strategies to keep municipally-owned recreational facility costs affordable for all socioeconomic classes
- Develop an advocacy strategy to encourage municipalities that haven't already done so to enact and enforce regulations against open burning

GOAL FOUR: IMPROVE THE PHYSICAL ENVIRONMENT



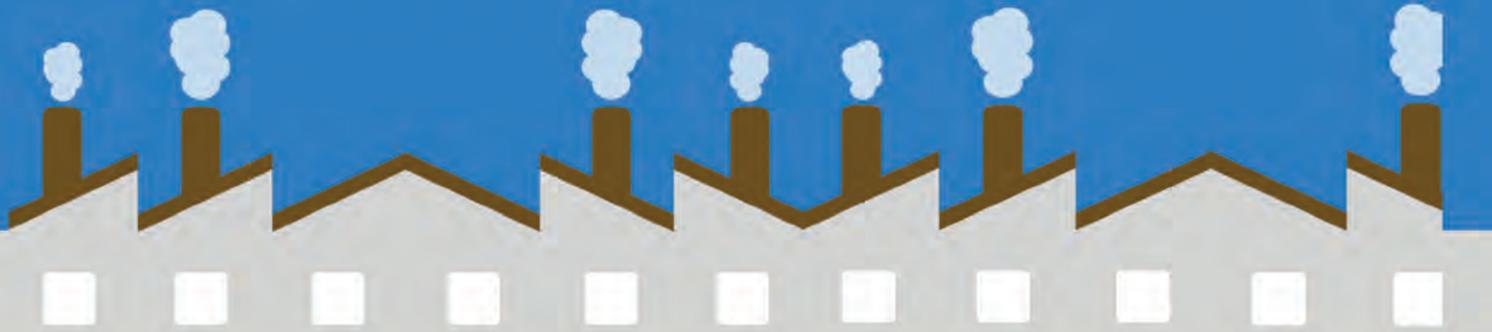
Increased & Improved ↑ ↓ Decreased & Improved

No Significant Change = --- No Data Available

Increased & Worsened ↑ ↓ Decreased & Worsened

Air Quality

Air quality not only affects the environment but it also contributes to chronic diseases such as asthma. By monitoring ambient air quality levels and fostering community engagement, air quality in Summit County is on target to continuously improve in the future. The US EPA outlines National Ambient Air Quality Standards (NAAQS) which allows us to correlate air quality standards to overall public health. In Summit County, the Akron Regional Air Quality Management District (ARAQMD) is the local agency that monitors and enforces these standards to ensure the air you breathe is in compliance with standards.



Summit County's air quality has steadily improved over the last 40 years with the county being in compliance with three out of four NAAQS required for monitoring according to the US Environmental Protection Agency.



15%

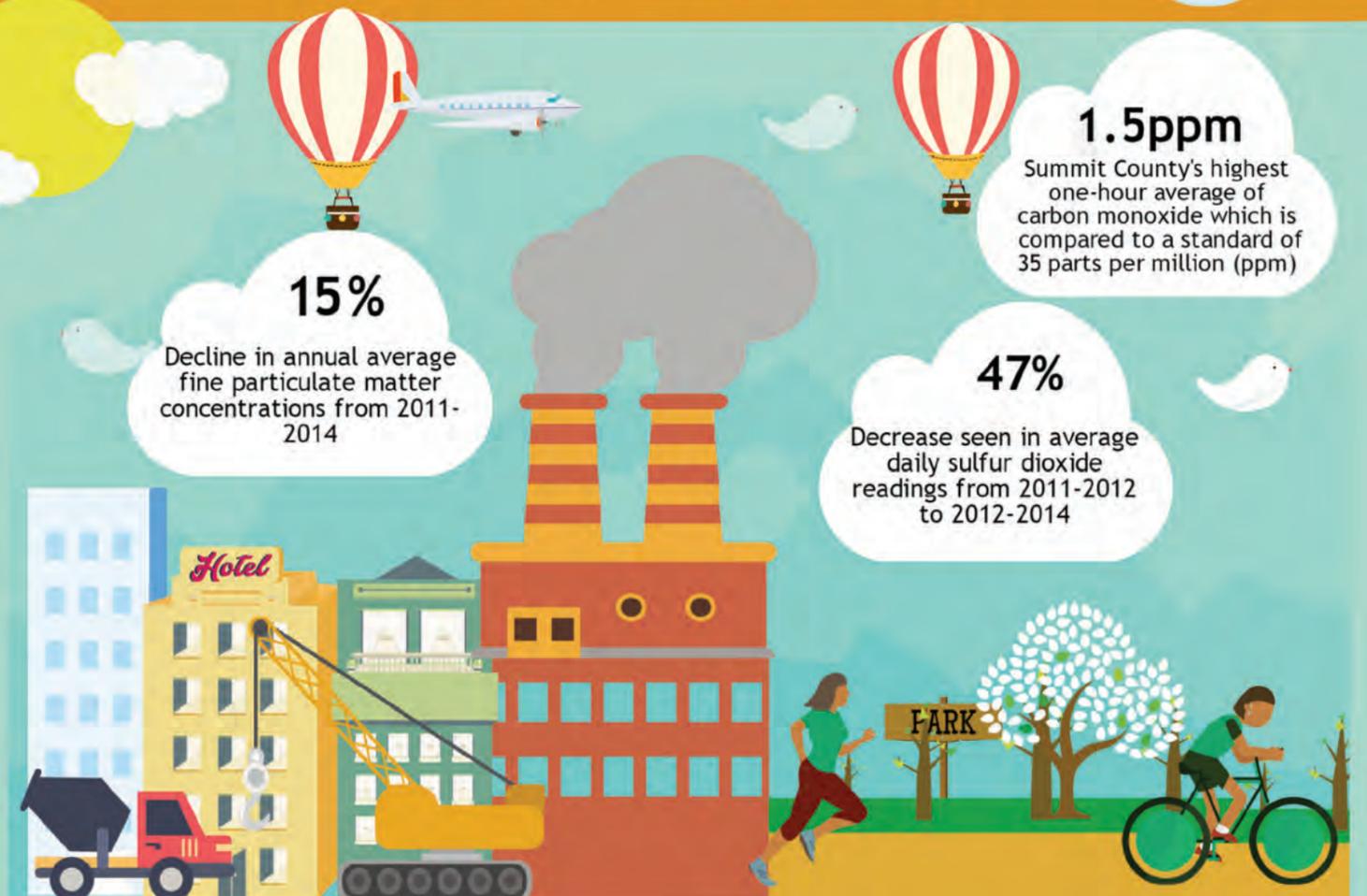
Decline in annual average fine particulate matter concentrations from 2011-2014

1.5ppm

Summit County's highest one-hour average of carbon monoxide which is compared to a standard of 35 parts per million (ppm)

47%

Decrease seen in average daily sulfur dioxide readings from 2011-2012 to 2012-2014



AIR QUALITY

BACKGROUND

The quality of the air breathed shapes the environment and quality of life for the people in a community. Poor air quality is known to exacerbate health issues such as cardiovascular diseases, asthma, and chronic obstructive pulmonary disease (COPD). The air quality of Summit County has vastly improved over the last 25 years. The Clean Air Act requires that the United States Environmental Protection Agency (US EPA) sets National Ambient Air Quality Standards (NAAQS). These NAAQS help monitor pollutants that can be considered harmful to the overall health of the public.

COMMUNITY RESPONSE

Akron Regional Air Quality Management District (ARAQMD) has been a leader in air quality regulation for over 50 years. ARAQMD serves Summit, Medina, and Portage counties for the Ohio EPA and is currently a program of Summit County Public Health (SCPH).

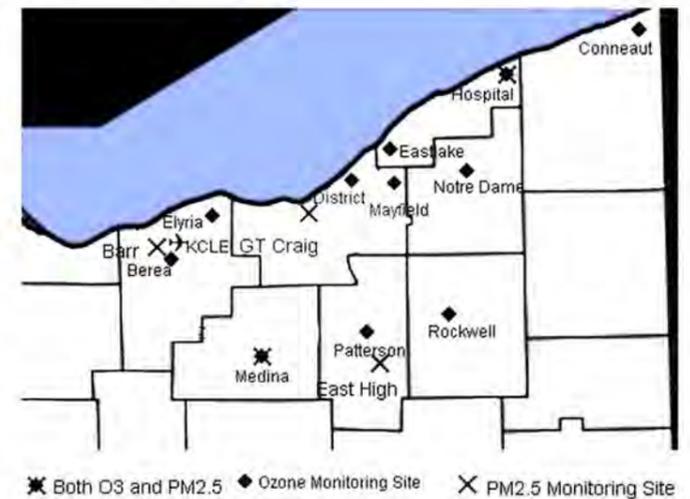
ARAQMD focuses on three major components of air quality management: monitoring, enforcement, and engineering.

The monitoring staff collects air quality data from several monitoring instruments located throughout the management district. This data is used to determine if the region is in compliance with the US EPA National Ambient Air Quality Standards (NAAQS) for Sulfur Dioxide, Fine Particulate Matter, Ozone, and Carbon Monoxide (see Appendix B).

Map 3: Air Quality Monitoring Site Locations

The monitoring data shows levels in compliance with three out of four current NAAQS. In addition to the ambient air monitoring, the pollen count for the service area is monitored daily during pollen season. This provides the community with information that may help them optimally manage their seasonal allergies.

The enforcement staff of ARAQMD relies on public interaction and community outreach to address concerns of air quality. Members of the public can call and report a concern about odors, dust, and open burning. ARAQMD investigates each complaint and works with the source of valid issues to bring them into compliance according to the applicable regulations. Engaging with the public and creating transparency promotes a two-way relationship where the public has vested interest in air quality. ARAQMD is responsive to the needs of the people that live in the three-county region. The following table is a small snapshot of those interactions in Summit County over the years since ARAQMD joined SCPH.



Engineering, the final component of ARAQMD, is charged with the permitting and inspecting of industrial and commercial facilities and the appropriate enforcement if a facility is not in compliance. This is highly technical work and the backbone of our region's ability to be in compliance with the NAAQS.

In 2015, ARAQMD was awarded the Excellence in Permit Writing Gold Award for permitting efficiency across the state from the Ohio Environmental Protection Agency Division of Air Pollution Control.

Air Quality Citizen Concerns Summary				
	2011	2012	2013	2014
Residential Open Burning	27	31	14	26
COMMERCIAL				
Fugitive Dust	21	24	23	10
Odors	10	13	15	15
Misc.	7	4	1	6
Indoor Air Quality	132	87	147	139

CHALLENGES AND OPPORTUNITIES

Looking ahead, ARAQMD is increasing its efforts to promote public education and awareness on the importance of air quality and its role in experiencing optimal quality of life. Through initiatives like "Air Quality Awareness Week" and the quarterly newsletter "The Air You Breathe" published by ARAQMD, Summit County Public Health is taking a lead role in communicating air quality to Summit County residents so they may make informed decisions for their health. By monitoring ambient air quality levels and fostering community engagement, air quality in Summit County is on target to continuously improve in the future.

Food Access

Access to nutritious and reliable food sources is critical for maintaining health in our community. Without it, people are more at risk for developing a number of chronic diseases including heart disease, diabetes, cancer and stroke. Multiple agencies across Summit County are engaged in improving food access.



Individuals are food insecure

Food Insecure / food-in-secure
adjective

lack of reliable access to healthy and nutritious foods.



Between 2014 and 2015, the food environment index in Summit County dropped from 7.1 to 6.8. This indicates that there are more people living in poverty without access to a grocery store and more residents who did not have access to a reliable food source in the past year.

7,964,227

Number of meals served in 2014 by the Akron-Canton Regional Foodbank in Summit County

20%

Poverty rate threshold used by the USDA to determine food deserts based on a one-mile radius of one area

30,000,000

Number of people nationally who live in low-income areas with limited access to supermarkets

15,700,000

Number of meals missed in Summit County in 2014



FOOD ACCESS

BACKGROUND

In the past five years, hunger and food insecurity have skyrocketed to the forefront of public policy discussions both nationally and regionally. During that same period of time, over 170 studies have been published demonstrating the impact of healthy food access on individual and community health. What these studies have revealed is that “food environments” directly impact eating habits, which in turn decrease or increase risk factors for obesity and chronic disease. This reality is seen most significantly within low-income communities and communities of color, highlighting serious disparities and the need for equity. As the research has evolved, so too have the measures of food access. From food deserts to food insecurity, there are now standards by which communities can track progress.

A 2014 Local Food Systems Assessment commissioned by the Akron Community Foundation revealed assets and challenges to be considered as organizations move forward in addressing health improvement. The assessment prioritizes important issues requiring attention; chief among these is improving access to healthy food for all Summit County residents. What both national and local research affirms is that neighborhoods need accessible, affordable healthy foods to thrive. In far too many communities, that is not happening, limiting an individual’s ability to make healthier choices and increasing their risk for obesity and chronic disease.

COMMUNITY RESPONSE

Summit County can count many initiatives and community-based organizations that are currently working to improve the local food environment. In 2012, the Summit County Food Policy Coalition worked with Summit County Executive Russ Pry and Summit County Council to pass legislation endorsing a food charter. The charter seeks to create supportive policy environments throughout the county to prioritize food access and enable creative solutions.

Work around healthy food access has seen multi-sectorial collaborations emerge between grassroots organizations, not-for-profits, educational institutions, and public health. The Akron-Canton Regional Foodbank, which feeds approximately 263,200 people each year, is working to expand their Client Choice Food Pantry program throughout their network. Let’s Grow Akron is creating and supporting community gardens in underserved areas, as well as providing technical assistance in methods of using urban lands for food production. Summit County Master Gardeners are assisting neighborhood champions with the skills needed to maintain their community gardens. Countryside Conservancy is engaged in farm-to-community activities, including the growth of the Summit Lake Farmers Market. Summit County Public Health, through its Health Equity and Social Determinants Unit, launched a healthy corner store initiative in 2015, assisting local retailers in offering healthy food options. Together, through a grant from the American Planning Association, these organizations are linking efforts to accelerate the pace of progress around healthy food access. Also in 2015, Mustard Seed Market opened in Highland Square, and Hattie Larlham’s plans for an innovative food hub in Southwest Akron.

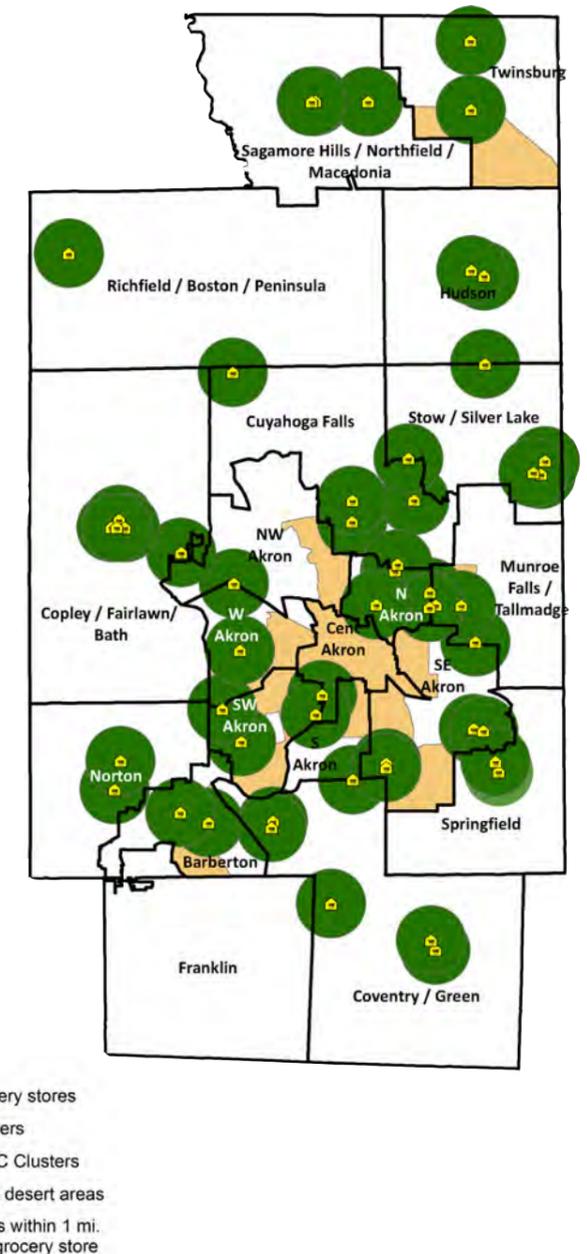
Food education has also proved to be a critical strategy toward improvement. Crown Pointe Ecology Center provides youth and adult programming that integrate their core values of community, justice, spirituality, and sustainability. Akron-Summit Community Action’s Talking in the Garden Series utilizes urban community gardens as the setting for comprehensive education around meal preparation and healthy living. Hattie Larlham provides education and training opportunities through Hattie’s Gardens, located at the Akron Zoo and Old Trail School. Hattie’s is also teaming up with Akron Public Schools through a USDA Farm to School grant to develop a curriculum to align with the concept of making healthy choices, promoting the importance of eating locally grown foods, and the benefits that sustainable farming brings to people and the environment.

CHALLENGES AND OPPORTUNITIES

While there has been a burst of interest and activity around improving food environments within our region in recent years, significant challenges remain. The Community Health Improvement Plan utilizes the Food Environment Index, generating a score (zero being the worst and ten being the best), which can then be compared across the nation. The Index uses two factors to calculate the score. The first is the percent of low-income households that do not live within 1 mile of a grocery store, the second being the percentage of people who did not have access to a reliable source of food during the past year. As noted in this report, Summit County’s Food Environment Index score fell from 7.1 to 6.8 in just one year – validating the recent focus on this issue.

Disparities and the need to ensure that all Summit County residents have access to healthier food choices loom large as activities progress. As Map 4 reveals, significant “food deserts” remain, placing neighborhoods at increased risk for poor health outcomes. The challenges of poverty and transportation continue to play a key role in addressing food environments. As this need for equity is being demonstrated, opportunities are being created for more multi-sectorial collaborations and effective partnerships within priority communities. As the Akron Community Foundation assessment noted, coordination of activities, communication, and outreach is key to any future successes. As access and affordability of healthy foods improves, educational opportunities must also be seized to assist individuals and neighborhoods in making healthier choices. In the end, personal health behaviors and community systems may need to change for healthy food access efforts to achieve impact.

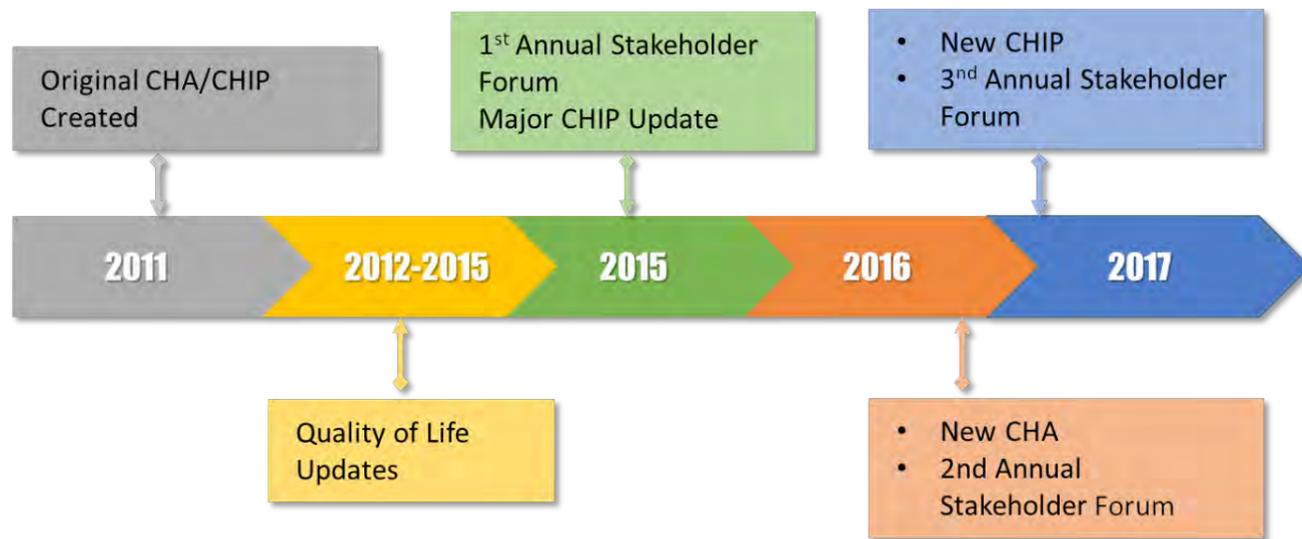
Map 4: Food Deserts in Summit County 2015



LOOKING FORWARD TO 2016

As mentioned previously, this report provides the community with a report on the progress made on Summit County Public Health's efforts to promote a coordinated, collaborative approach to public health. Additionally, it sets the stage for the 2016 Community Health Assessment (CHA) and 2017 Community Health Improvement Plan (CHIP), the second CHIP since the merger creating the combined county-wide health department. Once complete, the 2017 plan will become the community's blueprint for getting to 2020 and beyond, building on the accomplishments made in the previous five years and expanding the number of community partners contributing to the improvement of public health and quality of life in Summit County.

PLANNING TIMELINE



COMING UP

- 2016:**
- Community Environmental Health Assessment Phases II and III - April
 - Environmental Health Annual Report - May
 - Behavioral Risk Factor Surveillance System Survey (BRFSS) - January-December
 - New Community Health Assessment - January-December
 - 2nd Annual State of the County's Health Stakeholders' Forum - December
- 2017:**
- New Community Health Improvement Plan - January-July
 - 3rd Annual State of the County's Health Stakeholders' forum - December

DATA SOURCES

Goal	Data Source
Goal 1: Improve essential health behaviors of Summit County residents	
1. Estimated tobacco use (BRFSS)	Behavioral Risk Factor Surveillance Survey, 2008 & 2012
2. Percent who exercise regularly (BRFSS)	Behavioral Risk Factor Surveillance Survey, 2008 & 2012
3. Percent of population who abuse alcohol (BRFSS)	Behavioral Risk Factor Surveillance Survey, 2008 & 2012
4. Number of STD cases per 100,000 population	Ohio Department of Health, Ohio Disease Reporting System (ODRS), 2010 & 2014
5. Black teen birth rate per 1,000	Summit County Public Health birth records, 2008-2012
Goal 2: Improve essential clinical care services to Summit County residents	
6. Percent of persons age 18-64 who had no health insurance	American Community Survey, 2009 & 2014
7. Preventable medical conditions per 1,000 Medicare enrollees	University of Wisconsin County Health Rankings, 2011 & 2014
8. Percent of Population Living In Health Professional Shortage Areas	US HHS Health Resources and Services Administration, 2010 & 2015
9. Percent of children receiving immunizations by their 2nd birthdays	Summit County Public Health Retrospective Immunization Survey, 2008
10. Percent of pregnant women receiving 1st trimester prenatal care	Summit County Public Health birth records, 2008-2012
Goal 3: Improve Key Social and Economic Factors	
11. Percent of persons age 25+ with a 2-year or higher degree	American Community Survey, 2009 & 2014
12. Percent rating proficient or better on 4th grade reading proficiency test	Ohio Department of Education, 2010 & 2014
13. Graduation rate	Ohio Department of Education, 2010 & 2014
14. Unemployment rate	American Community Survey, 2009 & 2014
15. Poverty rate	American Community Survey, 2009 & 2014
16. Black poverty rate	American Community Survey, 2009 & 2014
17. Female-headed household poverty rate	American Community Survey, 2009 & 2014
18. Child poverty rate	American Community Survey, 2009 & 2014
19. Percent receiving food stamps	American Community Survey, 2009 & 2014
20. Percent of households paying more than 30 percent of income on housing	American Community Survey, 2009 & 2014
21. Percent of adults without adequate social / emotional support	Behavioral Risk Factor Surveillance Survey, 2008 & 2010
22. Children in need of protective services per 1,000 children	Summit County Children Services, 2010 & 2012
23. Number of violent crime arrests per 1,000 population	Ohio Department of Public Safety, Office of Criminal Justice Services, 2007-09 & 2010-12
24. Elder abuse, neglect, self-neglect, or exploitation referrals per 1,000	Summit County Adult Protective Services, 2012 & 2014
Goal 4: Improve Summit County's Physical Environment	
25. Fine Particulate Matter Pollution (PM 2.5)	Akron Regional Air Quality Management District, 2009-11 & 2012-14
26. Gallons of Water Used Per Person, 2010	US Geological Survey, 2010
27. Age and condition of residential structures, 2010	Summit County Fiscal Office, 2010 & 2015
28. Food Environment Index	University of Wisconsin County Health Rankings, 2014 & 2015
29. Recreational facilities per 100,000	University of Wisconsin County Health Rankings, 2010 & 2013

ADDITIONAL REFERENCES

Summit County Youth Risk Behavior Survey. Summit County Public Health and County of Summit ADM Board. [Online] 2014. <http://www.scphoh.org/PAGES/REPORTS.html>

U.S. Census Bureau. American Community Survey. 2013

Centers for Disease Control and Prevention. A Report of the 2012 Summit Partners for Accountable Care Community Transformation to the CDC. 2012.

Gallup-Healthways Wellbeing Index. State of Wellbeing, State, City, Congressional District Wellbeing Report for Ohio. 2011.

Summit County Public Health. Summit County Community Health Needs Assessment, 2011.

Summit County Public Health. Dispose of Unused Medications Properly (DUMP) program, 2015.

Data about the following behavioral health programs was provided by the County of Summit ADM Board:

- Opiates and pain relievers dispensed per capita, 2014-2015.
- Heroin overdoses per day, through September 2015.
- Detoxification and residential treatment services, 2013-2015.
- Crisis Intervention Team (CIT) trainings conducted, March 2014-October 2015.
- Number of Neonatal Abstinence Syndrome births per 1,000 live births, 2013-2015.
- Number of suicides per 100,000 people, 2010-2014.
- Project DAWN, 2015.
- Maternal Depression Network, 2014.
- BHCJ Linkage Grant, 2015.
- Average number of waiting days for detox services, 2015.
- Average number of waiting days for residential treatment services, 2015.
- Dollars invested in long-term injectable medication for opiate addiction and psychosis in the Summit County Jail, 2015.
- Hours of motivational interviewing training for behavioral health staff, 2015.
- Number of Recovery Coaches trained in Summit County, 2015.

NOTES FOR FOLLOWING TABLE

¹ The original data source (Ohio Family Health Survey) is no longer available by county. Therefore, data from the American Community Survey for the years 2010 and 2014 were used instead. Because the data source changed, the original goal was also adjusted to reflect a comparable amount of improvement as was expected with the original version of the indicator.

² Ohio changed the way it calculates 1st trimester prenatal care rates in 2006, which means comparing current data to the original base year data would be invalid. Therefore, this indicator calculates data for the earliest and most current years available under the new definition.

³ Since the 2011 CHIP was published, the state redefined the graduation rate as the percent of students who began 9th grade 4 years before who graduate in the current year. They also published the actual numbers of students for the first time, not just a total rate by district. Therefore, this indicator was changed to include data from the 2009-2010 and 2012-2013 school years and added up total numbers of graduates and non-graduates to get a true combined 4-year graduation rate for the county.

⁴ SCPH changed the base year for the poverty indicator from 2010 to 2011 to better reflect the impact of the 2007-2009 recession on Summit County. The original base year for the 2011 CHIP poverty indicator was 2010, when the estimated poverty rate was 15.3%. The estimated 2014 poverty rate was 13.0%. Because of error rates surrounding the estimates, the differences between these two years was not statistically significant. However, the estimated poverty rate worsened in 2011, hitting a 20-year high of 16.6%. When compared with the 2011 rate, the 2014 estimated poverty rate did represent a statistically significant improvement. If the base year were left at 2010, the 2010 & 2014 comparison would fail to show both the worsening and the improvement of the poverty rate during the period covered by the 2011 CHIP. So, it was decided that moving the base year to reflect this reality was the most accurate way to capture the impact of poverty on the community. The black, female-headed household and child poverty rates were adjusted in the same way.

⁵ SCPH staff worked with Summit County Children Services to come up with a new definition for this indicator that more accurately reflected the prevalence of child abuse and neglect in Summit County. The former definition, “Number of substantiated / indicated incidents for Assessment of Child Abuse or Neglect per 1,000 children” has been changed to “Children in need of protective services per 1,000 children” instead. Therefore, comparisons with past years’ data is no longer valid. As with prenatal care, this indicator calculates data for the earliest and most current years available under the new definition.

⁶ Because crime data is not available for all police departments in any year, the CHIP presented crime data for those departments that had 2010 data available. Because current year data are only available for some of the same police departments from the base year, year-to-year comparisons aren’t valid.

⁷ Adult Protective Services is now operating under a new model and data collections methods have changed since the 2011 CHIP, making current comparisons with older data invalid. Therefore, this indicator calculates data for the earliest and most current years available under the current system of data tracking.

⁸ As the US EPA measures air toxic emissions at the regional level, not locally in Summit County, the indicator that measures Summit County’s air quality was changed to Fine Particulate Matter pollution, defined as the number of micrograms of fine particulate matter that is less than 2.5 microns in size per cubic meter of air. To put the 2.5 micron figure into perspective, there are roughly 25,000 microns in one inch. Data presented here is from the East High School air quality monitoring station.

⁹ Wisconsin County Health Rankings tracked “Access to Healthy Food” as described in the 2011 CHIP, but changed the definition in more recent releases of their Rankings. Since that data is no longer comparable, it was replaced with the “Food environment index,” which runs from a 0 (worst) to 10 (best), and includes two factors. The first is the percent of low income households that do not live within 1 mile of a grocery store and the percent of people that do not have access to a reliable source of food during the past year. Data with that definition is presented here for the earliest and most current years available.

¹⁰ Wisconsin County Health Rankings tracked recreational facilities per 100,000 persons up through the 2013 rankings. However, the measure appears to have been dropped from the 2014 and 2015 Rankings. No comparable indicator has been included.

APPENDIX A - PROGRESS ON CHIP 2011 GOALS

GOAL	Base Year	Current Year
Goal 1: Improve essential health behaviors of Summit County residents		
1. Estimated tobacco use	2008	2012
2. Percent who exercise regularly	2008	2012
3. Percent of population who abuse alcohol	2008	2012
4. Number of STD cases per 100,000 population	2010	2014
5. Black teen birth rate per 1,000	2005	2008-12
Goal 2: Improve essential clinical care services to Summit County residents		
6. Percent of persons age 18-64 who had no health insurance ¹	2010	2014
7. Preventable medical conditions per 1,000 Medicare enrollees	2010	2014
8. Percent of population living in Health Professional Shortage Areas	2010	2015
9. Percent of children receiving immunizations by their second birthdays	2008	--
10. Percent of pregnant women receiving first trimester prenatal care ²	2008	2012
Goal 3: Improve key social and economic factors		
11. Percent of persons age 25+ with a 2-year or higher degree	2010	2014
12. Percent rating proficient or better on 4th grade reading proficiency test	2010	2014
13. Graduation rate ³	2010	2013
14. Unemployment rate	2010	2014
15. Poverty rate ⁴	2010	2014
16. Black poverty rate ⁴	2010	2014
17. Female-headed household poverty rate ⁴	2010	2014
18. Child poverty rate ⁴	2010	2014
19. Percent with an Ohio Direction Card	2010	2014
20. Percent of households paying more than 30 percent of income on housing	2010	2014
21. Percent of adults without adequate social / emotional support	2008	2010
22. Children in need of protective services per 1,000 children ⁵	2010	2012
23. Number of violent crime arrests per 1,000 population ⁶	2007-09	2010-12
24. Elder abuse, neglect, self-neglect, or exploitation referrals per 1,000 ⁷	2012	2014
Goal 4: Improve Summit County's physical environment		
25. Fine Particulate Matter Pollution (PM 2.5) ⁸	2010	2014
26. Gallons of water used per person	2010	--
27. Percent of housing in below average or worse condition	2010	2015
28. Food environment index ⁹	2014	2015
29. Recreational facilities per 100,000 ¹⁰	2010	2013

* "No significant difference" means that the change between the base year value and the current year value is not large enough to be considered statistically valid and should be viewed with caution.

Base Year Data	Current Year Data	Which way SHOULD the indicator move?	Which way DID the indicator move?	Percent change	2011 CHIP Goal	Got Better/Got Worse/No Significant Difference*	2011 CHIP Goal Reached?
19.2%	22.4%	↓	↑	16.7%	15.0%	No significant difference	No
77.9%	77.6%	↑	↓	(0.4%)	80.0%	No significant difference	No
4.7%	7.9%	↓	↑	68.1%	4.0%	No significant difference	No
580.1	647.6	↓	↑	11.6%	500.0	Worse	No
48.2	41.7	↓	↓	(13.5%)	40.0	Better	No
11.6%	7.4%	↓	↓	(36.2%)	6.8%	Better	No
80.0	77.0	↓	↓	(3.8%)	70.0	Better	No
4.7%	5.5%	↓	↑	17.0%	3.8%	Worse	No
68.1%	--	↑	--	NA	90.0%	NA	NA
74.4%	77.7%	↑	↑	4.4%	80.0%	Better	No
37.8%	39.3%	↑	↑	4.0%	57.0%	No significant difference	No
81.1%	86.7%	↑	↑	6.9%	90.0%	Better	No
87.3%	90.5%	↑	↑	3.7%	93.8%	Better	No
11.6%	6.7%	↓	↓	(42.2%)	5.3%	Better	No
15.3%	13.0%	↓	↓	(15.0%)	10.0%	Better	No
31.0%	31.0%	↓	--	0.0%	20.0%	No significant difference	No
41.2%	39.1%	↑	↓	(5.1%)	30.0%	No significant difference	No
21.9%	18.2%	↓	↓	(16.9%)	10.0%	No significant difference	No
13.4%	14.7%	↓	↑	9.7%	6.2%	No significant difference	No
34.3%	29.4%	↓	↓	(14.3%)	20.0%	Better	No
18.0%	19.0%	↓	↑	5.6%	9.0%	No significant difference	No
18.1	17.2	↓	↓	(5.0%)	11.2	Better	No
427	406	↓	↓	(4.9%)	386.0	Better	No
8.0	9.5	↓	↑	18.8%	7.0	Worse	No
34.5	22.5	↓	↓	(34.8%)	32.8	Better	Yes
108.0	--	↓	--	NA	1.08	NA	NA
6.62%	6.56%	↓	↓	(0.9%)	5.0%	Better	No
7.1	6.8	↓	↑	(4.2%)	9.6	Worse	No
10.0	9.2	↓	↑	(8.0%)	10.4	Worse	No

APPENDIX B - ARAQMD 2010-2014 AIR MONITORING DATA SUMMARY

Sulfur Dioxide (SO ₂)		National Ambient Air Quality Standards				
Units: Parts Per Billion (ppb)		1 Hour Avg - 75 ppb				
	2010	2011	2012	2013	2014	
East High	42	38	35	54	42	
Downtown Akron	46	45	61	81	54	

Fine Particulate Matter (PM _{2.5})		National Ambient Air Quality Standards				
Units: Micrograms per cubic meter (ug/m ³)		24 Hour Avg - 35 ug/m ³ Annual Mean - 12 ug/m ³				
4 th Highest 24 Hour Average						
	2010	2011	2012	2013	2014	
East High	34.5	26.4	20.3	24.7	22.5	
5 Points	28.6	23.0	19.7	23.9	21.1	
Ravenna	26.9	22.5	18.1	18.7	18.8	
Chippewa	25.1	23.6	18.1	19.4	19.2	
Annual Mean						
East High	12.7	11.8	10.9	10.3	10.7	
5 Points	12.1	11.0	10.0	9.9	9.9	
Ravenna	10.8	10.5	9.3	9.1	9.3	
Chippewa	10.3	10.5	9.2	9.2	8.7	
4 th Highest Maximum 8 Hour Average						
	2010	2011	2012	2013	2014	
Patterson Park	76	76	70	64	58	
Lake Rockwell	71	69	74	58	61	
Chippewa	70	70	74	65	64	

Carbon Monoxide (CO)		National Ambient Air Quality Standards				
Units: Parts Per Million (ppm)		1 Hour Avg - 35 ppm 8 Hour Avg - 9 ppm				
Maximum 1 Hour Average						
	2010	2011	2012	2013	2014	
Patterson Park	2.2	1.2	1.7	1.4	1.5	
Downtown Akron	2.1	1.6	1.5	1.5	1.3	
Maximum 8 Hour Average						
Patterson Park	1.2	1.2	1.3	0.9	0.8	
Downtown Akron	1.8	1.5	1.2	1.0	0.7	



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