SUMMIT COUNTY PUBLIC HEALTH

Summit County Infant Mortality Profile, 2020-2024

Maternal & Child Health Data Brief, August 2026

The Maternal & Child Health Data Brief series is dedicated to monitoring maternal outcomes, infant mortality trends, and birth equities in Summit County. By tracking key clinical indicators and population health trends, these reports provide transparent data on prematurity, safe sleep, and health equity gaps to inform healthcare providers, policymakers, and public health partners on critical opportunities for community intervention.

For those interested in obtaining detailed data and statistics, please visit our website at https://www.scph.org/assessments-reports. There, visitors can access our interactive Data Dashboards, which allow users to explore custom data views, graphics, and tables for their own planning and community work.

QR code link to SCPH Matern & Child Health Page

Maternal & Child Health Data Brief Series:

The data compiled throughout this report reveals a critical truth: while clinical healthcare is vital, medical interventions alone cannot fully resolve the infant mortality crisis in Summit County. Achieving meaningful, lasting progress requires a comprehensive public health response, one that addresses the root social determinants of health, dismantles systemic barriers, and provides targeted support directly within our communities. To move Summit County toward the Healthy People 2030 target of 5.0 deaths per 1,000 live births, local initiatives must bridge the gap between healthcare systems and everyday living conditions, ensuring every pregnant person and infant receives the resources necessary to thrive.

Data & Methodology Notes:

- **5-Year Rolling Averages:** In accordance with public health standards, 5-year aggregate totals (2020–2024) are utilized to ensure statistical stability when analyzing localized trends.
- **Data Sources:** Vital statistics, maternal outcomes, and birth data were extracted directly from the Ohio Department of Health (ODH) Data Portal (data.ohio.gov) via specialized epidemiology access. Case-level infant and child mortality details, specifically regarding sudden unexplained infant deaths and sleep environment factors, were incorporated from the National Center for Fatality Review and Prevention (NCFRP) database. Socioeconomic metrics and community profiles are sourced from the U.S. Census Bureau (American Community Survey 5-Year Estimates).
- **Action-Oriented Focus:** This brief is designed to highlight critical equity gaps, specifically the 2024 mortality spike in Akron and ongoing sleep-related disparities, to directly inform local clinical interventions and community resource allocation.

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INFANT MORTALITY TRENDS IN SUMMIT COUNTY, 2020-2024

Understanding Infant Mortality & Leading Causes

Infant mortality, defined as the death of an infant before their first birthday, is a vital baseline indicator of community health and healthcare access. Rates across Ohio and Summit County are primarily driven by three leading causes: premature births (<37 weeks gestation), congenital birth defects, and unsafe sleep environments resulting in Sudden Unexpected Infant Deaths (SUID).

County Outcomes, Geographic Disparities & The Akron Gap

Between 2020 and 2024, Summit County recorded 177 infant deaths out of 27,091 live births, yielding a 5-year Infant Mortality Rate (IMR) of 6.5 per 1,000. While slightly better than Ohio's average (6.9), it remains above the Healthy People 2030 target (5.0). Disparities are heavily concentrated in the city of Akron, where 113 infant deaths out of 13,121 births resulted in a significantly higher IMR of 8.6, driven by structural barriers to care and concentrated poverty.

Recent Trends & The 2024 Spike

Between 2020 and 2023, annual infant death counts in Summit County remained relatively stable, averaging around 33 deaths per year. However, 2024 saw an alarming surge, with 46 total infant deaths recorded across the county. This sharp increase was driven heavily by the City of Akron, where 36 infant deaths occurred, a 50% single-year spike compared to 2023. This tragic upward shift underscores an urgent need for targeted, immediate public health interventions and coordinated community support to protect our most vulnerable families.

Local Rates vs. Ohio's Average (2020-2024 Aggregate)

8.6
per 1,000 Births
City of Akron IMR, 2020-2024

6.9
per 1,000 Births
State of Ohio IMR, 2020-2024

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020-2024); Infant Mortality Protected File (2020-2024).

2024 Infant Deaths and Trends

46
Total Infant Deaths
Summit County Overall, 2024

Driven by 36 deaths within the city of Akron, a **50% increase from 2023**.

Source: Ohio Department of Health, Office of Vital Statistics, Infant Mortality Protected File (2020-2024).

Table 1: Key Infant Mortality Indicators (2020-2024 Aggregate)

Region	Total Births (2020-2024)	Total Infant Deaths (2020-2024)	5-Year Avg. IMR
Summit County	27,091	177	6.5
The City of Akron	13,121	113	8.6
The State of Ohio	641,394	4,437	6.9
Healthy People 2030 Goal	---	---	5.0

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020-2024); Infant Mortality Protected File (2020-2024).

RACIAL DISPARITIES & SOCIAL DETERMINANTS OF HEALTH

The Persistence of Racial Inequity

In Summit County, the most significant health equity challenge is the persistent disparity in infant mortality across racial groups. While countywide trends show overall progress, Black infants die at rates disproportionately higher than their share of total births. Between 2020 and 2024, the 5-year average Black infant mortality rate in Summit County reached 13.3 per 1,000 live births, compared to 4.8 per 1,000 for White infants. This means Black infants are 2.8 times more likely to die before their first birthday than White infants in Summit County, significantly exceeding both local baseline metrics and national health targets.

2.8X

Black infants are nearly **three times more likely to die** than White infants in Summit County.

Source: Ohio Department of Health, Office of Vital Statistics, Infant Mortality Protected File (2020-2024).

Social Determinants: Environmental & Economic Context

Racial health inequities in Summit County do not exist in isolation, they are deeply tied to historical and ongoing resource gaps concentrated in the City of Akron. Looking closely at Akron's social determinants of health helps pinpoint the root causes driving countywide infant mortality trends. Data from the U.S. Census Bureau highlights concentrated economic and housing challenges in the City of Akron that compound maternal health risks compared to Summit County overall:

- **Poverty Rates:** Akron's poverty rate (23.3%) is nearly double that of Summit County overall (12.1%).
- **Median Household Income:** Akron's median household income ($48,076) lags significantly behind the countywide average ($70,449).
- **Housing & Insurance Access:** Nearly half of Akron housing units are renter-occupied (49.3% vs. 32.5% countywide), and 10.0% of residents under 65 in Akron lack health insurance (vs. 5.6% countywide).

23.3%

Akron's elevated **poverty rate**, compared to Summit County.

Source: U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates.

Housing instability, financial strain, and coverage gaps drive chronic maternal stress and delay prenatal care. These socio-economic drivers directly mirror the stark birth and mortality disparities between the City of Akron and Summit County overall.

Table 2: Comparison of Core Birth & Mortality Indicators: Summit County vs. City of Akron (2020–2024 Aggregate)

Region	Total Births	Total Infant Deaths	5-Year Avg. IMR (per 1,000 births)	Preterm Birth Rate (%)	Low Birth Weight Rate (%)
Summit County Overall	27,091	177	6.5	10.6%	9.4%
The City of Akron	13,121	113	8.6	12.9%	11.5%

Source: Ohio Department of Health, Office of Vital Statistics (Birth Comprehensive File 2020-2024; Infant Mortality Protected File 2020-2024); U.S. Census Bureau, American Community Survey (5-Year Estimates).

PRETERM BIRTHS & LOW BIRTH WEIGHT COMPLICATIONS

Understanding Clinical Risk Factors

Premature birth (babies born before 37 weeks of gestation) and low birth weight (babies born weighing less than 2,500 grams, or ~5.5 lbs) are the leading clinical risk factors contributing to infant mortality. Infants born prematurely or at low birth weight face elevated risks of respiratory distress, underdeveloped organs, infections, and long-term developmental challenges. Addressing these clinical complications requires early, consistent prenatal care, comprehensive maternal nutrition, and targeted community support.

Disparities in Birth Outcomes

While clinical complications affect families across all demographics, 5-year aggregate data across Summit County demonstrates significant racial inequities in birth outcomes. Between 2020 and 2024, Non-Hispanic Black mothers experienced an average preterm birth rate of 14.9%, compared to 9.3% for Non-Hispanic White mothers, while low birth weight affected an average of 15.5% of births among Non-Hispanic Black mothers compared to 6.8% among Non-Hispanic White mothers. These clinical disparities directly reflect underlying environmental and economic headwinds, where concentrated poverty, housing instability, and coverage gaps compound maternal risk.

Table 3: Preterm and Low Birth Weight Indicators by Year & Race/Ethnicity (2020–2024)

Indicator	2020	2021	2022	2023	2024	5-Year Avg.
Preterm Birth (<37 Weeks)						
Non-Hispanic Black Infants	14.8%	14.6%	14.1%	16.2%	14.8%	14.9%
Non-Hispanic White Infants	8.0%	9.2%	9.9%	9.9%	9.3%	9.3%
Summit County	9.9%	10.2%	10.9%	11.4%	10.8%	10.6%
Low Birth Weight (<2,500g)						
Non-Hispanic Black Infants	14.5%	13.7%	15.3%	17.7%	16.2%	15.5%
Non-Hispanic White Infants	7.3%	7.5%	7.4%	7.1%	7.8%	7.4%
Summit County	9.5%	9.1%	9.3%	9.7%	9.6%	9.4%

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020–2024).

SLEEP-RELATED INFANT DEATHS & SAFE SLEEP

Understanding Sleep-Related Deaths

Sleep-related infant deaths represent one of the most tragic, yet largely preventable, causes of infant mortality in our community. Factors such as unsafe sleep environments, soft bedding, co-sleeping, and exposure to secondhand smoke significantly increase the risk of sleep-related complications.

The Impact of Systemic Inequities

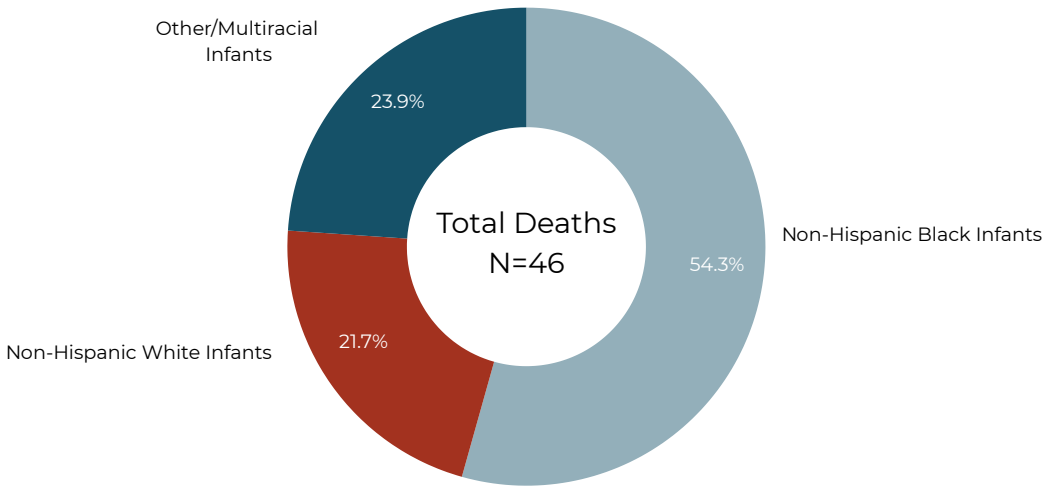
Beyond immediate clinical risks, sleep-related infant deaths are deeply rooted in social determinants of health such as housing instability, crib shortages, limited parental education, and inflexible work schedules. These structural barriers contribute directly to unsafe sleep environments, which account for nearly all sleep-related deaths in our community. Racial inequities are especially pronounced: Non-Hispanic Black infants account for 54.3% of all sleep-related infant deaths in Summit County, despite representing under 20% of live births, while Non-Hispanic White infants account for only 21.7%.

Safe Sleep Interventions: The ABCs of Safe Infant Sleep

To protect infants during sleep, public health guidelines emphasize four fundamental rules:

- **A – ALONE:** Infants should always sleep alone in their own dedicated sleep space, free of parents, siblings, or pets.
- **B – BACK:** Infants should always be placed on their back to sleep for every sleep session (naps and nighttime).
- **C – CRIB:** Infants should sleep in a firm, flat crib, bassinet, or play yard with a tight-fitting sheet.

5-Year Sleep-Related Deaths by Demographic Group
Summit County (2020-2024)



Source: National Center for Fatality Review & Prevention (2020-2024).

MATERNAL HEALTH & PRENATAL CARE ACCESS

The Foundation of Early & Adequate Prenatal Care

Early prenatal care, specifically care initiated during the first trimester (weeks 1–12 of pregnancy), is essential for identifying clinical risk factors, managing pre-existing conditions, and supporting fetal development. Delayed or inadequate care significantly increases the risk of premature birth, low birth weight, and severe maternal morbidity. Structural barriers such as insurance gaps, transportation challenges, and provider shortages frequently prevent women from receiving timely clinical support.

Chronic Health Conditions & Preconception Wellness

Pre-existing chronic conditions and delayed prenatal care heavily impact local birth outcomes, with risks heavily concentrated among Non-Hispanic Black mothers and City of Akron residents. Between 2020 and 2024 in Summit County, pre-pregnancy hypertension affected 4.5% of mothers countywide (7.1% Black, 4.9% Akron, 4.1% White), while pre-pregnancy diabetes affected 1.7% (2.5% Black, 1.8% Akron, 1.4% White).

Notably, the City of Akron accounted for over half of all countywide pre-pregnancy diabetes cases (240 of 470) and over half of all late or missing prenatal care cases across Summit County (412 of 748). First-trimester care initiation lagged significantly for Non-Hispanic Black mothers countywide (64.7%) and City of Akron residents (64.1%), compared to 70.2% countywide overall and 75.7% for White mothers. Unmet care needs were even sharper in the overall concentration of late or missing prenatal care, where Akron residents represented 55.1% of the total countywide burden and Non-Hispanic Black mothers accounted for 27.5%, compared to just 3.1% for White mothers and an overall county rate of 2.8%.

70.2%

First Trimester Care: Total mothers in Summit County receiving early prenatal care (70.2% countywide vs. 64.1% in Akron).

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020–2024).

1.7X

Non-Hispanic Black mothers experience hypertension at nearly 1.7x the rate of White mothers (7.1% vs 4.1%).

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020–2024).

Table 4: Prenatal Care Timing & Maternal Risk Factors (2020–2024 Aggregate)

Demographic and Geographic Group	1st Trimester Prenatal Care	Late/No Prenatal Care	Pre-pregnancy Diabetes	Pre-pregnancy Hypertension
Non-Hispanic Black Mothers	64.7%	27.5%	2.5%	7.1%
Non-Hispanic White Mothers	75.7%	3.1%	1.4%	4.1%
The City of Akron	64.1%	55.1%	1.8%	4.9%
Summit County	**70.2%**	2.8%	1.7%	4.5%

Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive File (2020–2024).

BRIDGING THE GAP: STRATEGIC COMMUNITY ACTION

Moving From Data to Sustainable Outcomes

Addressing infant mortality and severe health disparities in Summit County requires moving beyond clinical settings into holistic, community-centered public health initiatives. The data compiled throughout this report underscores a clear reality: medical care alone cannot bridge the health equity gap. Achieving lasting progress demands targeted investments that directly dismantle structural barriers, economic stress, housing instability, and implicit healthcare challenges where families live, work, and grow.

To safeguard our most vulnerable infants and move Summit County toward the Healthy People 2030 target of 5.0 deaths per 1,000 live births, local public health efforts must prioritize comprehensive, preconception-to-postpartum care. Expanding mobile health units and community health worker networks across high-poverty Akron zip codes will help ensure mothers receive early, first-trimester prenatal care. Simultaneously, integrating culturally grounded doula services and provider implicit bias training remains essential to closing the persistent Black infant mortality disparity gap.

Finally, eliminating preventable sleep-related deaths requires sustained, community-led outreach that combines direct crib distribution with culturally tailored Safe Sleep education. By managing maternal chronic conditions like hypertension and diabetes before conception and addressing key social determinants of health, Summit County can build a resilient support system that protects every infant and ensures a healthier future for all families.