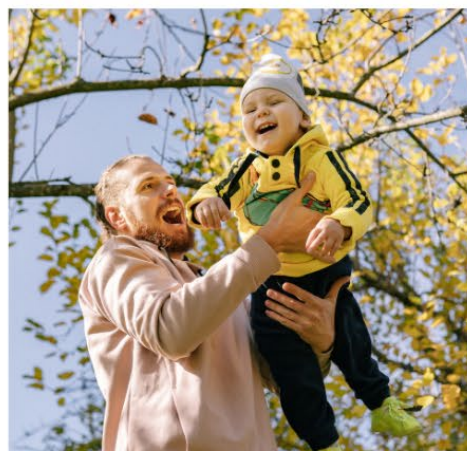
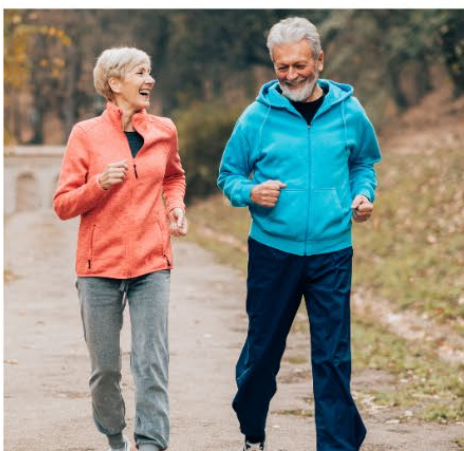




# Summit County Public Health

## 2025 Community Health Assessment



# Key Community Partners

SCPH partners with key community organizations to create its Community Health Assessment every three years. These partners help collect data, provide context, and finalize a CHA that serves the entire community. This collaborative approach ensures a more comprehensive, accurate, and actionable understanding of our community's health needs.

We are grateful for the insight and partnership of the County of Summit, the County of Summit Alcohol, Drug Addiction, and Mental Health Services Board (ADM), Summa Health, the Akron Community Foundation, Summit County Children Services, and the Summit County Developmental Disabilities Board. Their contributions strengthened this assessment and reinforced a shared commitment to improving community health.



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## Acknowledgements



Summit County Public Health was tasked to conduct this Community Health Needs Assessment under the direction of the Summit Coalition for Community Health Improvement (SCCHI) that was comprised of representatives from the following:

Aetna  
 Akron Area YMCA  
 Akron Children's Hospital  
 Akron Community Foundation \*  
 Akron Metropolitan Housing Authority  
 Akron-Summit County Public Library  
 Akron Zoo  
 Alzheimer's Association  
 American Heart Association  
 Arts Now  
 Asian Services In Action  
 Axesspointe  
 Black Health Coalition  
 Blick Center  
 Center for Community Solutions  
 CHC Addiction Services  
 Child Guidance and Family Solutions  
 Choices  
 City of Akron  
 City of Tallmadge  
 Community Action  
 Community Legal Aid  
 Direction Home  
 Fair Housing Akron  
 Full Term First Birthday  
 Green Leaf Family Center  
 Hope and Healing  
 International Institute of Akron  
 Kent State University  
 Let's Grow Akron  
 Mental Health and Addiction Advocacy Coalition  
 Northeast Ohio Medical University  
 Ohio Guidestone  
 Planned Parenthood of Greater Ohio  
 Project Learn of Summit County  
 Stark State University  
 Summa Health \*  
 Summit County ADM Board \*  
 Summit County Children's Services \*  
 Summit County Developmental Disabilities Board \*  
 Summit County Executive \*  
 Summit County Jobs and Family Services \*  
 Summit Education Initiative  
 Summit MetroParks  
 United Way of Summit and Medina Counties  
 University of Akron

\* Primary Community Health Assessment Partners

# Introduction

In 2011, Summit County Public Health (SCPH) released its first Community Health Assessment (CHA). The original CHA included 29 indicators organized into four broad categories: Clinical Care, Health Behaviors, Social and Economic Factors, and Physical Environment. In its current version, the 2025 CHA includes nearly 195 indicators that dive deeper into Summit County's priority areas. As readers move through the report, they will see that Summit County's collective health has changed over the past three years. Some outcomes have improved, while others have gotten worse, and in some cases, it is still too early to tell if progress has been made.

While personal habits are important, a person's health is also shaped by factors outside of their control. For example, the safety of a person's neighborhood, the quality of their home and local schools, and the availability of jobs all play a role in health. A person's health also depends on having easy and affordable access to essentials like healthy food, clean air and water, and healthcare.

Decisions made by governments and private companies can also make it easier or harder for a community to be healthy. Laws and policies about taxes, where new buildings are constructed, or which entities receive subsidies and/or tax breaks can create an uneven playing field.

A clear example of how yesterday's policies can harm today's community health was a practice called redlining. Starting in the 1930s, banks would literally draw a red line on a map around certain neighborhoods, often those with minority, immigrant, or low-income families. For decades, banks did not provide home loans to people living inside those red-lined areas. This made it nearly impossible for residents to buy or improve their homes. At the same time, banks would funnel money and investment into mostly white, wealthier neighborhoods where they anticipated a better return on their investment. Those decisions led to decades of disinvestment, which, in turn, led to run-down neighborhoods and poor-quality housing. As later sections of the report will show, poor quality housing directly harms the health of thousands of families.

# Report Structure

**In addition to the report's 195 indicators (presented in the Data Appendix), the CHA contains a section on themes that arise from the analysis of the report's indicators.** The report also includes several breakout sections that focus on key population health issues and the impact those issues are having on the collective health of the people of Summit County.

**The report also contains three data sources that focus on community input.**

Community voices are included throughout the report through **survey results, focus group analysis, and key informant input**. The Summit County Adult Wellbeing Survey, which included the views of over 600 residents on the health of our community. Focus groups were conducted with various groups across the county and the results of a thematic analysis are presented in relevant sections. Community leaders in the public, private, non-profit, and faith-based sectors were interviewed as key informants to get their views on the state of the community's health.



Summit County  
Adult Wellbeing  
Survey



Community focus  
groups



Key informant  
interviews with  
community leaders

**Our goal is that the 2025 CHA will be a guiding document for all of Summit County to improve coordination of the many resources and services that are available in Summit County to improve health outcomes.**



# Methodology

## The MAPP Process

The 2025 Community Health Assessment (CHA) was completed using the National Association of County and City Health Officials (NACCHO) modified- Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community driven planning process for improving community health facilitated by Summit County Public Health and conducted with the Summit Coalition for Community Health Improvement (SCCHI). SCCHI is a 40+ member collaborative with the mission of identifying key health priorities in Summit County and coordinating action to improve population health and promote health equity for all.

Two of our community partners, Better Health Partnership and The Center for Community Solutions, facilitated the development of the Adult Community Survey and the focus group interviews (The Center for Community Solutions) and conducted key informant interviews (Better Health Partnership).

## Indicator Selection

The CHA indicators were originally developed with the assistance and guidance of SCCHI during an intensive year-long planning process in 2016 and then refined in 2025 based on availability of data. SCCHI came together for an afternoon to have an in-depth discussion where an intensive review of indicators, topics, subject matter, currently accessible data, as well as what was missing from the CHA occurred. From smaller breakout groups, direct engagement data (Menti meter) and feedback from the event, decisions regarding what to include, revise, and omit from previous CHAs were made.

The CHA indicators are organized using the County Health Rankings model of population health, developed jointly by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This model, outlined in a graphic on page 11, reproduced from the County Health Rankings website, provides a comprehensive methodology for understanding how a community's collective efforts to improve health and social conditions interact with prevailing socioeconomic and health conditions.

# Data Sources

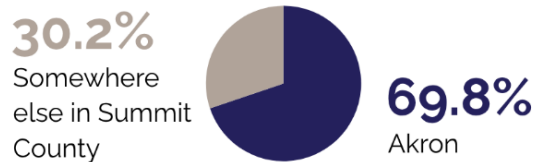
## Community Survey

The community survey was conducted online through social media posts, partner emails, and flyers posted in partner waiting rooms.

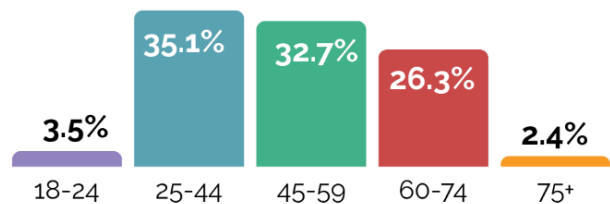
## Demographics of Survey Respondents

Overall, 620 individuals qualified for the survey, through indicating they were Summit County residents.

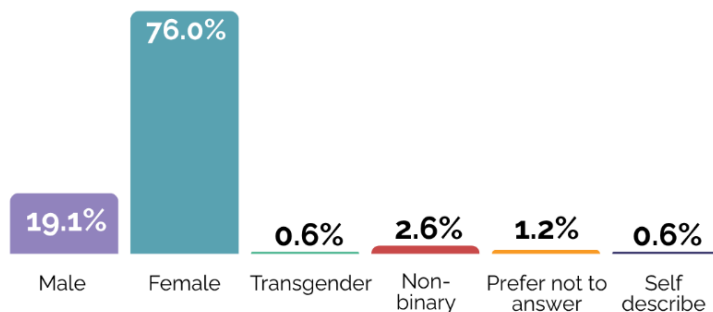
### Geography



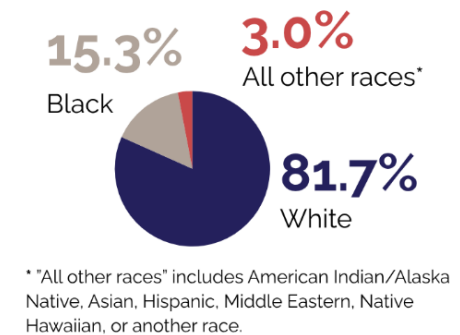
### Age



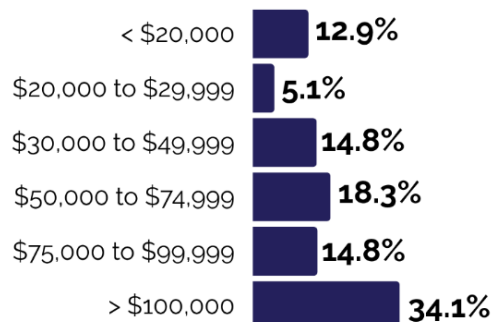
### Gender



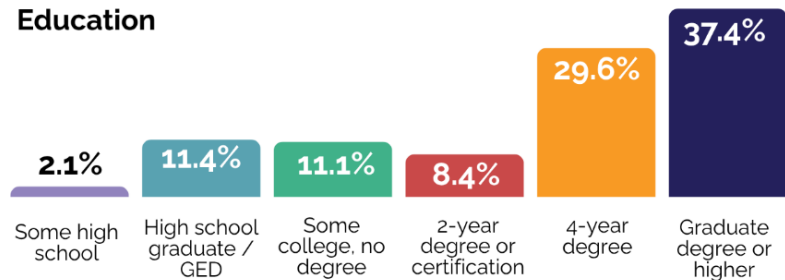
### Race and Ethnicity



### Household Income Range



### Education



**4.0%** of survey respondents were **Veterans**

## Qualitative Assessments

SCCHI and SCPH also completed two qualitative MAPP assessments: Community Themes and Strengths and the Forces of Change. These assessments identified key themes regarding Summit County's strengths, weaknesses, opportunities, and threats. Focus groups, key information interviews, and a community survey was conducted and distributed throughout the community in 2025 to identify barriers and opportunities through the lens of the community member. All information obtained through both quantitative and qualitative data sources are presented in this report.

## Focus Groups

Eight focus groups were held in Summit County from July-August 2025 with community members and service providers who work with the community. In total, over 140 individuals participated in conversations about what health and wellness looks like in Summit County.

## Key Informant Interviews

Starting in November 2024, Better Health Partnership held one-on-one interviews with key stakeholders in Summit County. These interviews were conducted to help identify high-level trends around health needs and outcomes, as well as feedback on improving the health assessment process.

Participants, identified by Summit County Public Health, were individuals that had been engaged with health improvement planning process in past cycles, or represent an organization that traditionally partners with the health department on key health initiatives. Interviews were conducted both in-person or virtually and followed a broad set of prompts on major trends and changes in Summit County.

## Data Insights

SCPH Epidemiology gathered data from a variety of sources including County Health Rankings, American Community Survey, and Community Health Status Indicators. SCPH also utilized the 2023 Youth Risk Behavioral Survey, the Ohio Department of Health Birth and Death Data, as well as EpiCenter emergency department visit data. A full list of data sources can be found in the Data Appendix.



# Executive Summary

## Community Survey | Executive Summary

Survey respondents indicated significant issues that affect health and wellness in their communities.

### **Which issues have the greatest impact on your community's health and wellness?**

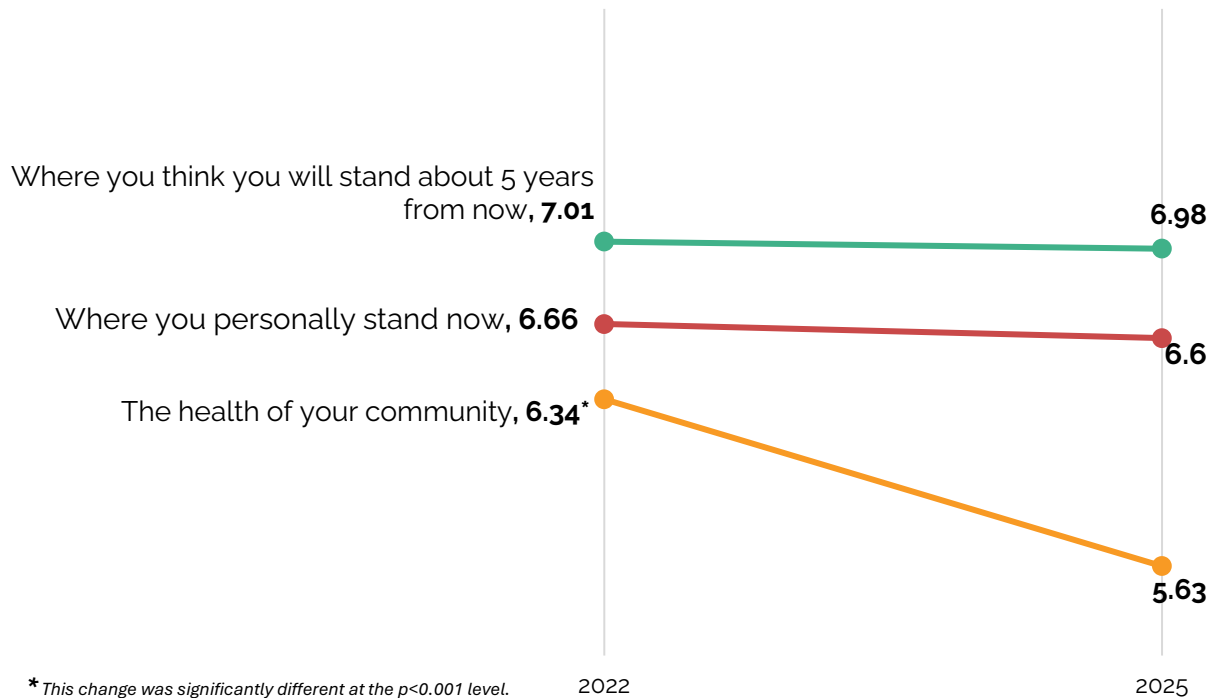
1. Illegal drug use (41.7%)
2. Lack of affordable housing (41.7%)
3. Homelessness (40.6%)
4. Distracted driving (such as cell phone use, texting while driving; 36.7%)
5. Domestic violence (32.2%)
6. Gun-related injuries (32.2%)

### **Which health conditions have the greatest impact on your community's overall health and wellness?**

1. Mental health issues (depression, anxiety, bipolar, ADHD, etc.; 61.8%)
2. Alcohol/substance abuse (60.8%)
3. Overweight/obesity (45.8%)
4. Chronic stress (35.0%)
5. Tobacco use, including vaping (30.8%)
6. Racism (27.4%)

Using a visual ladder scale from 1 to 10, in which 1 is the lowest rating and 10 is the highest rating, respondents rated both their current and future health, as well as the health of their community. On average, community health was rated **6.66**, while respondents expressed optimism about their future health, averaging a rating of **7.01** for where they expect to be in five years.

**The view of the health of the community significantly decreased from 2022 to 2025.**



Survey respondents in Akron also had a significantly **lower mean ranking of the health of their community** compared to the rest of Summit County.

**5.34**  
Akron

**6.24**  
Summit County

# Focus Groups | Executive Summary

Participants were asked to identify populations who may struggle more to seek health care. Several populations were frequently mentioned, and their barriers were identified:

## People in recovery with Substance Use Disorders:

- Stigma/discrimination when seeking health care
- Housing barriers
- Wait time for treatment
- System navigation

## Reentry population

- Employment discrimination
- Gaps in insurance coverage upon release
- System gaps; need for program to link to physical health and mental health providers before reentry

## Older adults

- Lack of reliable rides to medical appointments
- Isolation and disconnection from services
- Medicare gaps

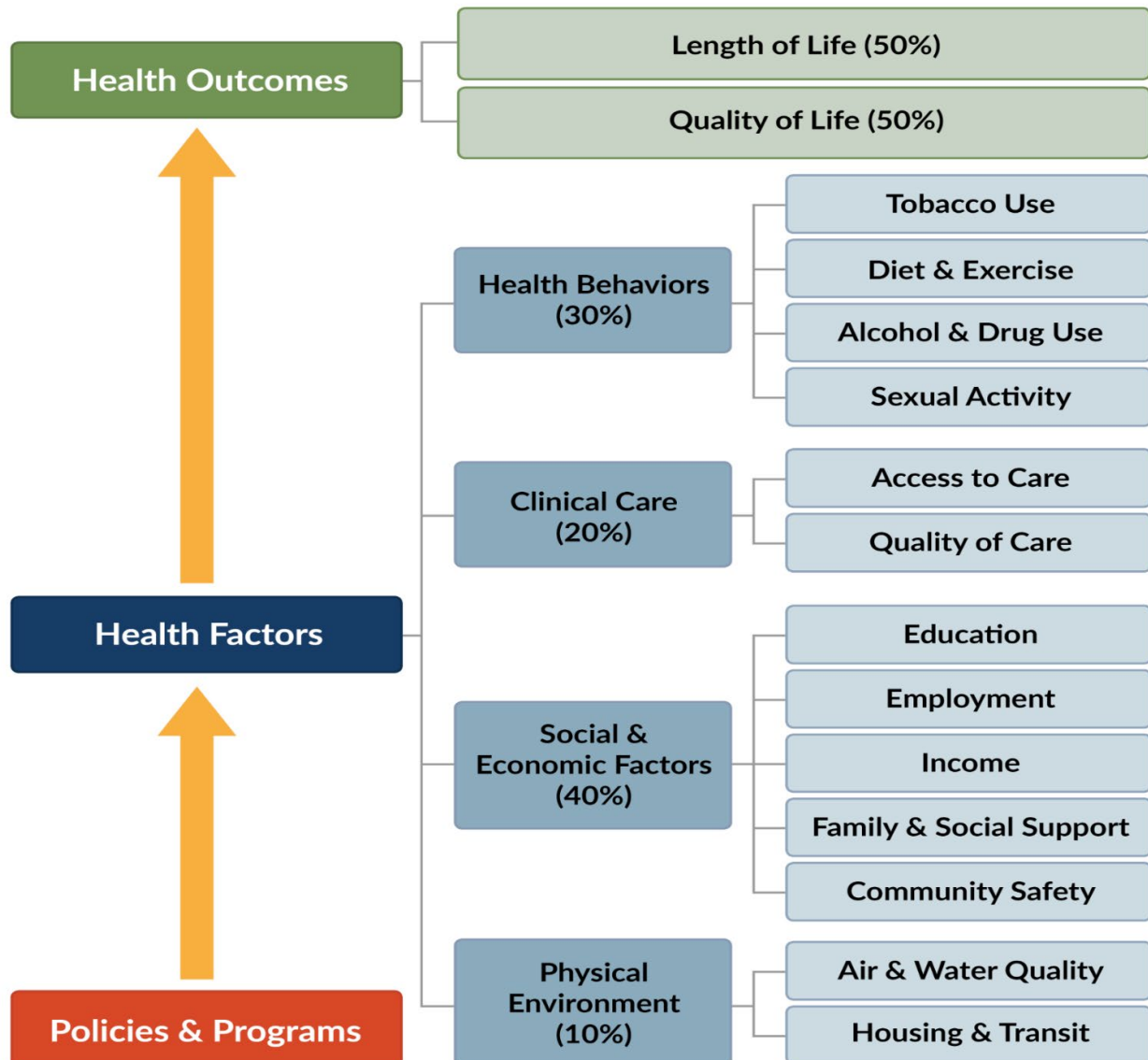
## People experiencing housing instability/homelessness

- Unsafe shelters
- No stable place to recover from illness
- System gaps

# Data Insights | Executive Summary

Summit County Public Health's Community Health Assessments follow the 2014 Wisconsin Model of Health.

## 2014 Wisconsin Model of Health



County Health Rankings model © 2014 UWPHI

On the following pages, we present a summary of the results of the 2025 CHA organized by the Health Factors identified in the Wisconsin model.

## Health Behaviors

### Tobacco use

Adult cigarette smoking rates remained steady at nearly one-fifth of adults while current youth smoking dropped to less than 2% of high school students and 1% of middle school students since the 2022 CHA.

### Diet and exercise

Even though 95% of residents live close to a location for physical activities, about one in four people still say they engage in any leisure-time physical activity, a number that has not changed since at least the 2019 CHA. The overall chronic disease picture is mixed. While death rates for all types of cancer combined have gone down, deaths from other chronic conditions, like Alzheimer's disease and dementia, kidney disease, and heart disease, have increased since the 2022 CHA.

### Substance use

Despite an increase in binge drinking among adults, alcohol use among all populations decreased. Overdose deaths are up from 15 years ago but are beginning to decrease in recent years. Self-reported illegal drug use is down for youth, with only 20% reporting ever trying marijuana. Marijuana use among high-school-aged youth in 2023 was more than 11 percentage points lower than in 2018.

### Sexual activity

The percentage of high school students reporting ever having had sex has declined steadily since 2013 (to about 25%). In addition, fewer youth are reporting ever having had sex before age 13 in 2023 than in 2018 (just 3%). The percentage of sexually active youth saying they used condoms remained unchanged, though at a low level (less than half of sexually active teens say they use a condom). Chlamydia rates among the total population have dropped significantly, gonorrhea rates have remained about the same, while HIV/AIDS and syphilis rates have risen.

## Clinical Care

### Access to care

The percentage of people without health insurance has improved compared to 15 years ago. However, the pace of improvement has leveled off since 2019, especially for adults



aged 19-64 years. Provider-to-client ratios for primary care, mental health, and dentists all improved since the 2022 CHA. Despite the improvement in access to dental services, annual dental visits for youth have not gotten any better. Preventable hospital stays have improved since the 2019 and 2022 CHAs.

### Quality of care

Mammography screenings have increased but pap testing and colorectal cancer screenings have not. Despite the improvement in mammography, the incidence of late-stage diagnosis of breast cancer worsened. In addition, first trimester prenatal care visits to doctors have increased slightly, while the percentage of infants born with a low birth weight remained at about 9% of all births.

## Social and Economic Factors

### Education

Nearly 44% of adults in Summit County have a 2-year degree or higher. Approximately two-thirds of 3<sup>rd</sup> graders are reading at grade level (a key marker for academic success). Educational attainment and 3<sup>rd</sup> grade reading proficiency both improved slightly since the 2022 CHA. Though high school attendance and graduation rates remain at high levels across districts, the percentage of youth aged 16-19 who are not either in school and/or working worsened slightly (to 5%).

### Employment

Unemployment rates have recovered from the spike caused by the COVID-19 pandemic and are just above full-employment levels (5.2%). However, there are still 5,000 fewer people working now than before the pandemic. Just over 50% of the Akron metro area's jobs are classified as Top Jobs, in-demand or critical jobs, according to the Governor's Office on Workforce Transformation. Also, fewer than 10% of households now lack internet access, which is critical for finding work in today's economy.

### Income

Poverty remained at about 13% of the population, though poverty rates for groups like foreign-born residents, children, and especially female heads-of-household were significantly higher. The poverty rate has remained at about this level since the 2009-2013 period. Median earnings of full-time, year-round workers increased by 4% over the past 15

years. At the same time, the ratios of female-to-male and Black-to-white median household income both improved during that time.

### Family and social support

SNAP/food stamp reliance remained level at about 14% of households since the 2019 CHA. Akron Public Schools continue to offer universal free or reduced lunches, while the number of students eligible in suburban districts as a group rose significantly since the 2019 CHA. Calls to 211 Summit for assistance with utility and/or rent decreased since the 2022 CHA.

### Community safety

Reported crime rates for the most common types of violent crime went down since the 2022 CHA, including murder, rape, robbery, and aggravated assault. Property crime rates also went down, including burglary, larceny, and motor vehicle theft. However, the rate of children in custody of Summit County Children Services per 1,000 children increased since the 2019 and 2022 CHA reports. Substance abuse by parents is a major factor in about 40% of cases where children are removed from their homes.

### Housing affordability

Housing affordability remained relatively the same for both homeowners and renters, but affordability remains far lower for renters. Over 46% of renters are overburdened vs. 17% of owners; figures that have remained at those levels for at least 15 years. The cost of a market-rate 2-bedroom rental unit is over \$1,100 per month and continues to climb, while the hours of work necessary for low-income residents to afford such units remains unacceptably high.

## Physical Environment

### Air and water quality

Air quality has been declining, with the Air Quality Index (AQI) spending more days in the *moderate* range and fewer in the *good* range since the 2019 CHA. The number of reported violations of Ohio's indoor smoking law (ORC 3794.02) nearly doubled since the 2022 CHA (up to 72). However, subsequent investigations resulted in only two of these reported violations receiving enforcement action.

The 2025 CHA water quality indicators both show that no change has occurred since the 2022 CHA; at least 90% of water samples show no lead or only trace amounts of lead from

Summit County's 32 active community public water systems. In addition, fluoride levels in Summit County drinking water remain in the normal range (0.1 - 1.32 parts per million), as they have in the previous two Community Health Assessments.

### **Transportation**

Public transit usage remains very low (less than 1% of those who commute to their jobs). Even though self-reported public transit usage remains at very low levels, the number of unlinked passenger trips for Metro vehicles began to rise. This may be due, in part, to a revised and updated route system that debuted in 2023. Vehicle miles traveled dropped during the pandemic years, likely as a result of the rise of working at home as an option for many employees (tripling in the past 10 years, from 4% to 12% of the workforce). Among those who commute to work, the percentage with a long commute (45 minutes or more) remained at about 10%; the same level as reported in both the 2019 and 2022 CHA reports.

### **Housing stock**

About 13% of the housing stock had one or more severe problems. Just over 8% of homes were abandoned or vacant as of 2019-2023. From 2021 to 2023, just over 12% of children under age 6 who were assessed for lead poisoning had elevated blood-lead levels. Over 71% of homes in Summit County were built before 1978, the year that lead-based paint was banned for use in homes.

# Summit County Demographics

## Demographic Summary, 2019-2023

Summit County, Ohio is made up of nine townships, nine villages, and thirteen cities. It is located in the northeastern part of the state and covers 412.7 square miles. As of 2023, it had approximately 533,087 residents, making it the fourth most populous county in Ohio. The county seat is Akron and houses almost 35% of the county's population.

### Age and Sex

The largest proportion of Summit County residents are between ages of 25 to 54, which makes up about 38% of the population. Those under 18 account for almost 21% of the population, followed by seniors over age 64 who account for about 19% of the population. The median age is 41.2 years, which is the same as in the two previous assessments. Sex distribution has also remained steady within the county with 51% females and 49% males.

### Race, Ethnicity, and Nationality

Three-quarters (75%) of Summit County residents identify as white. The next largest racial group consists of those who identify as Black, accounting for about 14% of the population. Approximately 3% of the population identify as Hispanic or Latino. An additional 5% of Summit County residents identify as Asian or Pacific Islander. About 31,000 Summit County residents were foreign born; 6.4% of the population. A little under 8% of households speak a language other than English in the home.

### Educational Attainment

Nearly 46% of Summit County residents have a 2-year, 4-year, or advanced degree. Another 48% have either a high school diploma (or equivalent) or some college-level education but no degree. Only about 6% have less than a high school education.

Additional demographic information can be found in data appendix.

# 2025 Summit County Community Health Assessment Themes

1. Life expectancy and Years of Potential Life Lost (YPLL) have continued to move in the wrong direction.
2. Overall suicide rates are higher than in the past but have remained relatively constant in recent years. Depression remains a reality for many Summit County residents regardless of age.
3. COVID-19 evolved from an immediate threat to an ongoing challenge, but other communicable diseases show mixed trends.
4. Chronic disease rates are increasing overall, but chronic disease rates among youth show some positive trends.
5. Violent death rates have increased.
6. The lack of affordable housing is still a reality for too many Summit County residents.
7. Issues related to substance use are still having a significant impact on community health, but Summit County is far better equipped to deal with it than a decade ago.
8. Socioeconomic conditions have not yet improved enough to make a long-term impact on the health of Summit County residents.
9. Racial disparities in health have not improved.
10. The population health impact of the Baby Boom generation is growing.



# 2025 Summit County Community Health Assessment Themes

In 2022, the SCPH Community Health Assessment documented the serious damage done to community health by the COVID-19 pandemic, a related wave of economic challenges, and a rising tide of drug overdose deaths. While overdoses and COVID-19 remain problems in 2025, it appears that both issues are beginning to recede.

**Several themes arise from the data included in the 2025 Community Health Assessment.** Much of this data shows that while the most immediate health threats identified in the 2022 CHA have improved, they continue to impact the health of our communities. In addition, several of the chronic threats to public health our community has faced over the years have not gone away, and new challenges have arisen.

## 1. Life expectancy and Years of Potential Life Lost (YPLL) have continued to move in the wrong direction.

Life expectancy at birth in Summit County has declined from 78.5 years to 76.3 years between the periods of 2014–2018 and 2019–2023, a drop of 2.2 years. This decline is largely due to two major factors: the impact of COVID-19 and a rise in drug overdose deaths since 2016.

From the start of the COVID-19 pandemic in 2020 through the end of 2023, 1,933 residents died from the virus, an average of 79 deaths per month.

Drug overdose deaths also rose sharply. Between 2016 and 2023, as highly potent drugs like fentanyl became more common in the illegal drug supply, more than 2,600 people died from accidental overdoses, an average of 22 deaths per month.

Although data for 2024 and 2025 is still incomplete, at least 79 additional COVID-19 deaths and 173 drug overdose deaths have been recorded since the beginning of 2023.

**The years of potential life lost (YPLL) per 100,000 people, a measure of premature death based on the number of years lost by those who die before age 75, has also**

**increased.** YPLL rose from 7,431 between 2009–2013 to 9,654 between 2019–2023, a 30% increase. Similar to the trend in life expectancy, COVID-19 and drug overdoses were the main contributors to this rise in premature deaths.

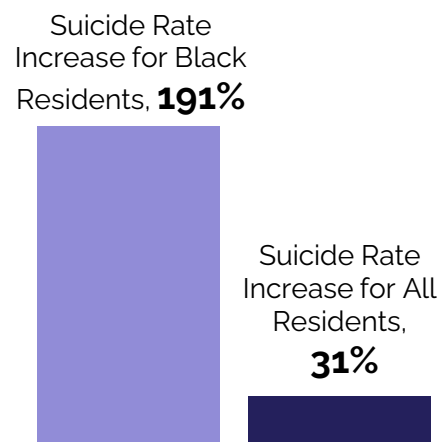
## 2. Overall suicide rates are higher than in the past but have remained relatively constant in recent years. Depression remains a reality for many Summit County residents regardless of age.

Suicide rates for all Summit County residents are higher in the past 10 years (2014–2023) than they were from 2009–2013, rising from 11.9 to 15.6 per 100,000 during that span. However, suicide rates among African Americans have shown a more aggressive increase, rising from 4.4 per 100,000 (2009–2013) to 7.9 (2014–2018) and again to 12.8 (2019–2023).

Fortunately, one major concern raised in the 2022 Community Health Assessment, that COVID-19 might lead to increased depression and suicide rates among teens, did not materialize.

In fact, suicide death rates among individuals aged 15–24 followed the same trend as overall suicide rates: they increased from the 2009–2013 period to 2014–2018, but showed no statistically significant change between 2014–2018 and 2019–2023.

**The overall suicide rate has increased over time, but the suicide rate for Black individuals has *increased* at a much higher rate.**



## 3. COVID-19 evolved from an immediate threat to an ongoing challenge, but other communicable diseases show mixed trends.

In the 2022 Community Health Assessment, COVID-19 was identified as Summit County's top communicable disease threat. Since then, widespread exposure, vaccination, and a milder dominant strain of the virus have shifted COVID-19 from an acute crisis to a chronic concern. It remains a serious health risk for vulnerable populations.

As COVID-19's immediate threat has declined, other diseases have gained attention:

- Overall reportable communicable disease rates (excluding COVID-19) dropped from 1,302 per 100,000 in 2019 to 1,081 in 2024.
- Influenza and pneumonia deaths fell from 32.3 to 10.1 per 1,000 (2014–2021) and remained steady at 10.3 per 1,000 in 2024.
- Viral meningitis cases declined from 6.5 to 1.5 per 100,000 and held at 1.3 in 2024.
- Sexually transmitted infection (STI) trends were mixed:
  - The chlamydia rate declined.
  - The gonorrhea rate remained stable.
  - The rate of syphilis infections tripled, rising from 19.1 per 100,000 in 2020 to 57.3 in 2023.
  - HIV/AIDS prevalence rose from 198.4 per 100,000 in 2020 to 213.7 in 2023.
- Enteric (intestinal) disease rates increased from 47.6 per 100,000 in 2021 to 80.1 in 2024.

#### **4. Chronic disease rates are increasing overall, but chronic disease rates among youth show some positive trends.**

Since the 2019 Community Health Assessment (CHA), death rates from several common chronic diseases, such as breast cancer, colorectal cancer, stroke, and chronic lower respiratory disease, have either stayed the same or declined slightly. This is particularly encouraging for breast and colorectal cancers, as these are among the easiest to detect early through screening. Overall, cancer death rates have decreased by about 2%.

Unfortunately, not all the trends are positive. Death rates related to chronic kidney disease and prostate cancer have increased. Heart disease and Alzheimer's/dementia death rates have also risen, both were identified as growing concerns in the 2022 CHA.

#### **Lifestyle and behavioral health risks continue to impact the health of our population.**

The Behavioral Risk Factor Surveillance Survey (BRFSS) shows that nearly two-thirds of adults are overweight or obese. About one-third have been told they have high blood pressure or high cholesterol.

Obesity is also rising among youth, 13% of high school students were obese in 2013, compared to 17% in 2023. Additionally, around one in four adults report smoking and the same proportion say they get little or no physical activity. These unhealthy behaviors have shown little to no improvement over the past three Community Health Assessments.

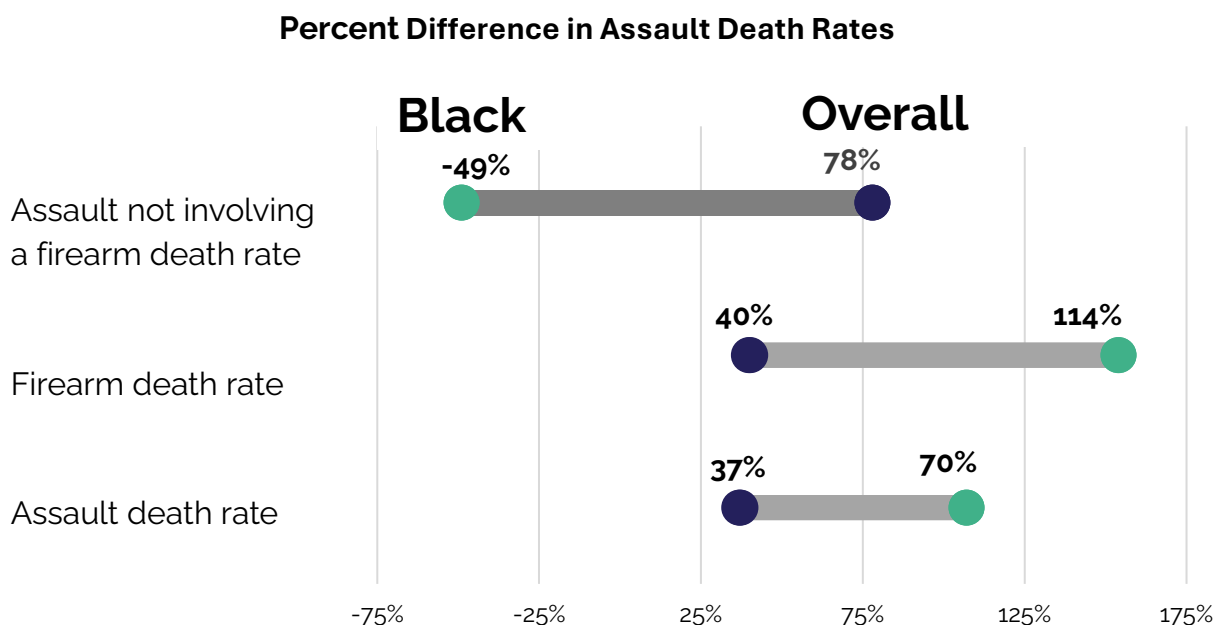
On a positive note, the 2023 Youth Risk Behavior Survey (YRBS) shows a decline in the use of tobacco, e-cigarettes, alcohol, marijuana, and other drugs among middle and high school students. If these trends continue, they could contribute to lower rates of certain chronic diseases in the future.

Still, not all groups are experiencing the same improvements. The 2023 YRBS found that between 2018 and 2023, marijuana use remained higher among females, Black and multiracial individuals, and members of the LGBTQ+ community. Similarly, alcohol use increased among females, non-Black individuals, and LGBTQ+ youth. These trends highlight the need for targeted prevention efforts in specific populations.

## 5. Violent death rates have increased.

Death by assault has increased compared to both the 2019 and 2022 Community Health Assessments, with firearm assault deaths leading the way. Total assault death rates rose from 5.6 per 100,000 (2009-13), to 7.6 (2014-18) to 7.7 (2019-23); a 37% increase over the past 15 years. The crisis is especially serious among Black individuals. Assault death rates among Black individuals rose from 22.7 per 100,000 (2009-13), to 31.1 (2014-18) to 46.9 (2019-23); a 107% increase over the past 15 years.

Firearm death rates are even higher, for both Black and non-Black individuals. Firearm assault death rates rose by 40% overall, and by 154% among Black individuals. Assault deaths not involving a firearm also increased by 29% overall, though it dropped significantly (by 49%) among Black individuals.



## 6. The lack of affordable housing is still a reality for too many Summit County residents.

The 2019 and 2022 Community Health Assessments both highlighted the issue of affordable housing. Unfortunately, the problem has not gone away. Nearly 17% of homeowners still pay 30% of their total income for housing; a widely accepted definition of being overburdened by housing costs. The situation is even harder for renters. Despite minor improvement since the 2009-2013 period, nearly half of renters still pay 30% or more of their income for rent. The monthly fair market rent for a two-bedroom rental unit in Summit County rose from \$810 in 2018 to \$849 in 2021, and again to \$1,131 in 2024; a 40% increase. However, the average wage earned by renters rose by only 25% over those same years.

The wage needed to afford that two-bedroom unit currently stands at \$21.75 per hour; 25% higher than the \$17.36 average hourly wage earned by renters. Put another way, someone earning \$17.36 per hour would need a 25% raise to afford a market rate unit while keeping overall housing costs to less than 30% of their income. Those earning a minimum wage would have to work 81 hours per week to afford that fair market 2-bedroom unit; the equivalent of two full-time jobs. In terms of an hourly wage, a worker making Ohio's \$10.70 per hour minimum wage would need to more than double their pay to afford a market rate unit while keeping their housing costs down to **only 30% of their total income**.

Why is  
**30%**  
so important?<sup>1</sup>

It is important because once housing costs begin to move beyond 30% of total income, they begin to force unacceptable trade-offs on households and families. **These trade-offs involve having to choose between paying rent and other "must have" items like buying groceries, paying utility or medical bills, paying for childcare, or buying a bus pass.**

Since the cost of housing is an unavoidable expense, the easiest way out of a bind like this is to give up on market-rate housing and look for something cheaper. Unfortunately, "something cheaper" often means units in poor condition. Many such units have mold, lead, insects, and other physical defects that can seriously harm those living there. Ironically, making this choice may allow a family to make ends meet in the short run, but can end up costing them more in the long run through higher health care costs, insurance premiums, and lost work time because of illness or injury. This is only one example of the many impossible trade-offs that often trap low-income people in the "tyranny of the moment," unable to plan for the future as they cope with the emergencies of the present.<sup>2</sup>



To address the affordable housing issue, Summit County launched a new housing initiative called the Housing Research Collaborative, involving a wide variety of stakeholders across the government, non-profit, and private sectors. In June 2025, the collaborative released a list of thirty-five recommendations to address affordable housing problems in Summit County. These included efforts to strengthen the financial prospects of buyers, streamline and modernize planning and zoning issues, increased accountability for owners of rental property, and make more resources available for home maintenance and repair. It also seeks to provide additional resources and coordination to address homelessness and make resources available for redevelopment efforts.

## **7. Issues related to substance use are still having a significant impact on community health, but Summit County is far better equipped to deal with it than a decade ago.**

Drug overdose (OD) deaths per 100,000 population rose sharply over the past 15 years. The OD death rate rose from 13.2 between 2019 and 2023 to 39.3 in the 2019-2023 period. However, most of that dramatic increase came between the 2009-2013 and the 2014-2018 periods, when rates rose 178%. Then, 2019-2023, the OD death rate only rose by 7%.

**Every Community Health Assessment since 2015 has highlighted the serious harm caused by illegal drug use in Summit County.**

This damage is reflected in our life expectancy and premature death statistics, **but those numbers only tell part of the story.**

As noted earlier, more than 2,600 Summit County residents have died from drug overdoses since 2016. However, during those same years there have also been 12,000 emergency room (ER) visits because of overdoses that did not result in death. Another 1,800 visits were flagged as “suspected drug overdoses,” cases that did not fully meet the criteria but were still connected to drug use. Nearly 800 of these involved drug-related suicide attempts.

Beyond overdoses, another 25,000 ER visits were related to drug use in other ways. Many of these involved people seeking detox services or experiencing withdrawal symptoms severe enough to need emergency care. Others came in with symptoms or complications from drug use, including severe nausea or vomiting, hallucinations, injuries from falls, cuts, or car accidents caused by intoxication from drugs and/or alcohol.

These numbers show just how wide and deep the impact of substance use is in the community, an impact far beyond what the overdose death figures can show by themselves.

Unlike the early years of the crisis, however, Summit County has made major investments in addressing substance use. Widespread distribution of naloxone and the adoption of other vital harm reduction strategies by public, private, and non-profit agencies have helped people trapped in substance use get the help they need.

In addition to naloxone, Medication Assisted Treatment (MAT) is another recognized evidence-based best practice Summit County is using to help those with Opioid Use Disorder enter and remain in recovery. MAT is provided in the community by providers in the ADM network such as IBH, CHC, Oriana, and PPBH. There are more MAT providers in the community, but they are not in the ADM funded network. Summa Hospital's First Step program was the first Emergency Department based MAT program available locally. They combine medical professionals with specialized training specific to issues related to substance use, and licensed peer support specialists to connect patients who wish to enter treatment with resources and support. With funding received from the Opioid Abatement Settlement, Summa has begun expanding from Akron and Barberton to their other Emergency Department locations across the county. In addition, Cleveland Clinic Akron General is using this funding to incorporate their own MAT program, Recovery's in Reach, in their Emergency Departments as well.

**Community-based agencies and combined professional, peer and faith-based coalitions are working together to help provide resources and help to those who need it most.** This includes organizational policies working towards diverse and equitable access to behavioral health care for several populations in Summit County including some specific to Black individuals, LGBTQ+, and local refugee communities.

Combined with increasing awareness in the community, these efforts have made a huge difference to people struggling with substance use related issues as well as to their families. For more details, please refer to the "Substance Use and Mental Health" section later in this report.

## **8. Socioeconomic conditions have not yet improved enough to make a long-term impact on the health of Summit County residents.**

As later sections will explain in more detail, the Great Recession of 2007–2009 had a lasting impact on Summit County's economy. Its direct effects were felt for at least five years afterward, and echoes of that crisis still ripple through our economy today. One clear

sign of this is the poverty rate, which has stayed around 13% for the past 15 years, even though unemployment has dropped by more than half since that recession.

In fact, except for the temporary spike to 8% unemployment during the COVID-19 lockdowns, Summit County has maintained near full employment since 2015. So, why hasn't that led to stronger economic growth?

Three major factors help explain why:

- **The high cost of living:** Finding affordable and safe housing is an ongoing problem, and prices for essentials like groceries, gas and utilities have risen sharply in recent years. These increases have made inflation a factor again for the first time since the 1970s.
- **There are a lot of people who are not in the labor force but who also are not considered unemployed:** The official definition of “labor force” includes only those who are working or looking for work. As of 2019-2023, there were roughly 45,000 Summit County adults between ages 25-64 who were not in the labor force and who did not count as unemployed. Many of these people live on the economic margin, entering and leaving the labor force as opportunities come and go (see the Unemployment section for more details).

The combination of higher prices and lower buying power hit low-income people the hardest. Between 2019 and 2023, about 4,100 people in Summit County were both poor and working full-time, year-round. Another 17,000 were working part-time and living in poverty.

When wages do not keep up with the cost of basic needs like food, fuel, and rent, many families struggle to make ends meet, even when they are working. This economic stagnation limits access to resources and opportunities, especially for the most vulnerable residents, and ultimately harms the overall health of our community.

## 9. Racial disparities in health have not improved.

One theme that repeats itself in each of Summit County’s Community Health Assessments is the persistence of health disparities between the county’s two largest racial groups: white people and Black people. The 2025 CHA is no exception. These differences show up again and again across multiple indicators and outcome measurements.

Here are just a few examples:

**Compared to white individuals, Black individuals have:**

**8%  
lower**

life  
expectancy  
at birth

**2.1 times  
greater**

premature  
death rate

**1.9 times  
greater**

infant mortality

**1.3 times  
greater**

age-adjusted  
heart disease  
death rates

**1.2 times  
greater**

age-adjusted  
cancer death  
rates

**1.4 times  
greater**

age-adjusted  
overdose  
death rates

Findings such as these were the reason the 2022 CHA identified racism as a public health crisis. Unfortunately, the results of the 2025 CHA do not provide evidence that that situation has improved in any meaningful way.

**Even though we have seen overall improvements in outcomes, large differences between groups often remain.** It is important to note that these are not the only health disparities we experience; many health disparities exist between whites and other racial/ethnic groups, too. Health disparities also exist between males and females, sexual majorities and minorities, between rich and poor, and between native and foreign-born.

## **10. The population health impact of the Baby Boom generation is growing.**

The aging of the Baby Boom generation has led to a dramatic increase in the proportion of older adults within the population, both here and around the nation. With Boomers now spanning the ages of 61 to 79, the number of seniors living in Summit County grew from 80,000 in 2010 to 107,000 in 2023; a 34% increase in just 13 years.<sup>3</sup> As people age, the prevalence of chronic diseases rises, and healthcare needs become more complex and expensive.

**The sudden arrival of so many people into old age at one time is reshaping the nation's population health and placing new demands on the healthcare system, public health infrastructure, and social services.**

Chronic conditions like cardiovascular disease, diabetes, cancer, arthritis, and dementia are widespread in this generation. The Centers for Disease Control and Prevention reports that over 24% of adults aged 65 and older live with one chronic condition, while another 64% live with two or more.<sup>4</sup> As noted earlier, chronic kidney disease, prostate cancer, heart disease and Alzheimer's and dementia death rates have all been rising in Summit County.

External causes of injury have also risen, with rates of fall- and traumatic brain injury-related emergency room visits both rising for Summit County seniors. As the Boomers continue to age, the burden of chronic illness and injury is expected to grow, leading to increased demand for medical services, long-term care, and home health assistance.

Importantly, the health impacts of aging are not evenly distributed. Racial, ethnic, and socioeconomic differences persist among older adults, reflecting and magnifying life-long gaps in access to care, education, income, and housing. Individuals from marginalized communities are more likely to experience poor health outcomes, higher rates of disability, and lower life expectancy (CDC, 2023).<sup>5</sup>

**There's  
good  
news, too.**

**Communities, public health agencies, and health systems are working to promote healthy aging.** Programs that encourage exercise, better nutrition, regular checkups, and social engagement can help people stay healthier, longer.

There is also a growing movement to create “age-friendly” neighborhoods, with better transportation, safer housing, and more support for caregivers and older adults. Both the city of Akron and Summit County have such initiatives.





# Poverty

Over the past three decades, poverty in Summit County has fluctuated with broader economic shifts, falling during periods of growth and rising sharply during the Great Recession. Yet behind the countywide averages, disparities are clear.

Poverty disproportionately affects Black residents, female-headed households with children, individuals without a high school diploma, and those working part-time. Seniors, while generally protected by Social Security and Medicare, also face financial vulnerability, with many living just above the poverty line and struggling with unexpected expenses.

**These patterns underscore how poverty intersects with race, education, employment, and age, shaping the well-being of diverse groups across the county.**



## Community Perspectives



### Community Survey

#### What changes would you make to impact the health and well-being of your community?

- “Access to good paying jobs where families can live above the poverty line and comfortably.”
- “... support [for] social services programs aimed toward individuals in poverty and lower SES.”
- “Better health care; better jobs training; life skills training (banking, managing money, etc)”

In the past 6 months, at least a fourth of respondents indicated some level of difficulty paying for food or utilities. (Respondents may have reported one or both difficulties.)



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

#### Impact on Health and Daily Living

- Both community members and community providers described that often times, survival takes priority over health prevention. **One individual described that people living in poverty were, “too busy in survival to care about their mental health.”**

#### Social Drivers Connected to Poverty

- A lack of transportation was mentioned as a barrier to climbing out of poverty. Participants described that without transportation, it was impossible to get to job interviews or doctor’s appointments.
- Participants mentioned that healthy food costs more and noted a lack of available healthy food in their neighborhoods.

## Data Insights

**Over the past 30 years, changes in the poverty rate have significantly affected quality of life in Summit County.**

In 2000, the poverty rate dropped to 9.9% thanks to the strong economy of the 1990s. However, during the Great Recession (2007–2009), poverty surged, reaching 15.4% between 2009 and 2013, about the same level as it was in 1990.

But poverty is not experienced the same way by everyone. A person's race, family structure, education level, and employment status can all influence their risk of living in poverty. Since 1990, the poverty rate for Black residents in Summit County has consistently been more than double the countywide average. Between 2019 and 2023, 24.0% of Black individuals lived in poverty, 2.6 times higher than the 9.0% poverty rate for white residents.

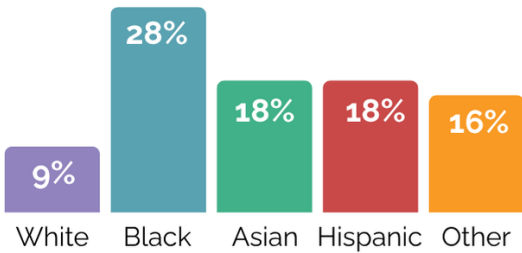
**Education plays a major role in poverty.** For people without a high school diploma, the poverty rate is 26.0%, which is more than twice the overall rate of 12.6%. By contrast, individuals with a four-year college degree or higher have a poverty rate of just 3.9%.

Working full-time also greatly reduces the risk of poverty. The poverty rate for full-time workers is only 2.2%, while it jumps to 16.6% for part-time workers. Many part-time workers living in poverty want full-time jobs but cannot find them. In Summit County, over 17,000 working-age people (ages 16–64) worked part-time but were living in poverty between 2019 and 2023.<sup>6</sup>

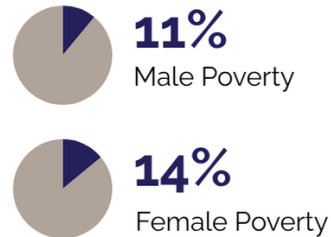
## Poverty in Summit County, 2019-2023

Overall poverty between 2019 and 2023 was 12.6%; about where it was during the years 2014-2018.

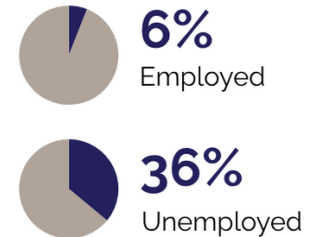
### Poverty by Race



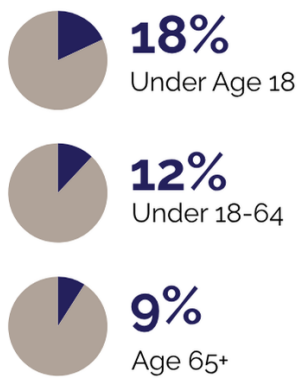
### Poverty by Sex



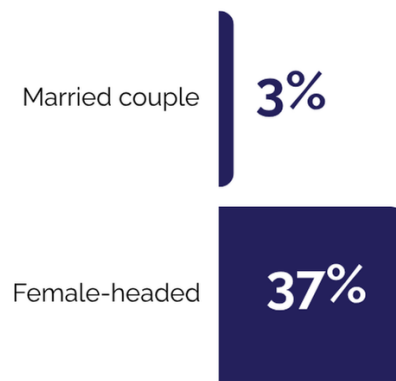
### Poverty by Employment



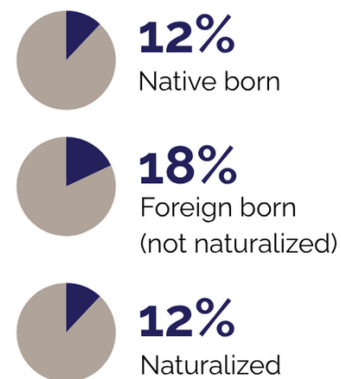
### Poverty by Age



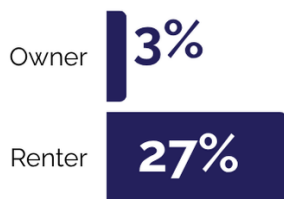
### Poverty by Family Type



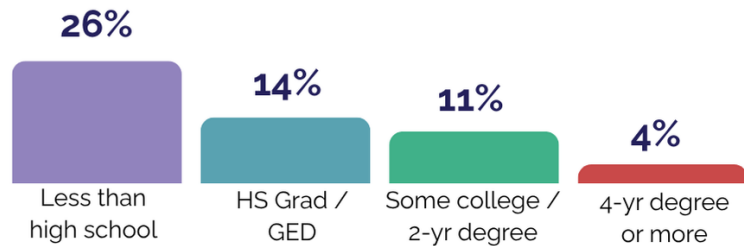
### Poverty by Citizenship Status



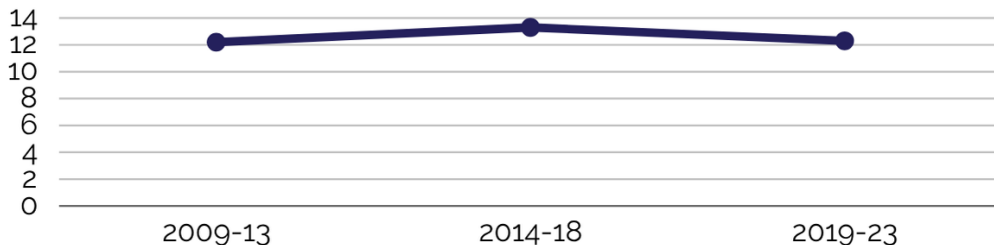
### Poverty by Housing Type



### Poverty by Educational Attainment



### Change in Poverty Rate



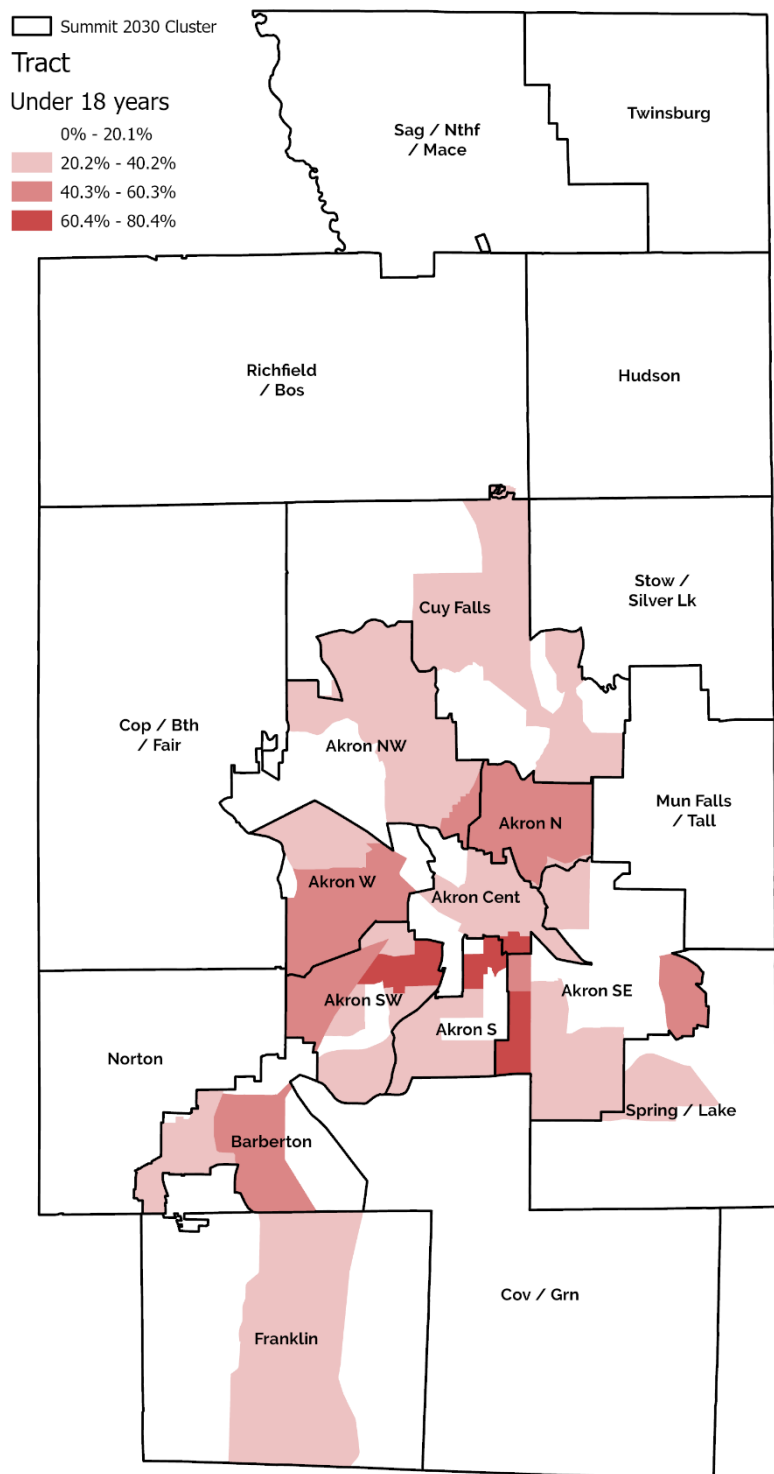
Poverty rates for several other demographic groups are also much higher than the average. As of 2019-2023, 37% of female-headed households with children were living in poverty, as were 18% of foreign-born people, and 18% of households with children. All of these rates are above the county's overall poverty rate of 13%.

There are also racial disparities among seniors. From 2019 to 2023, 7.2% of white seniors in Summit County lived in poverty, compared to 15.4% of Black seniors.

Overall, seniors (65 and older) have a relatively low poverty rate (8.6%). This is partly due to support from programs like Social Security and Medicare.<sup>7</sup> Still, many other seniors live just above the poverty line. Between 2019 and 2023, over 17,000 seniors, 18% of the senior population, had incomes between 100% and 200% of the poverty threshold.

Seniors living just above the poverty line often face financial instability. Fixed incomes make them vulnerable to unanticipated expenses, like medical bills, which can quickly push them below the poverty line and into serious hardship.

### Child Poverty Rate by Census Tract, 2019-2023



Source: American Community Survey



# Unemployment

**Economic downturns have repeatedly shaped Summit County's workforce.**

The Great Recession and the COVID-19 pandemic both caused major job losses and declines in the labor force, followed by slow recoveries. Today, while unemployment rates have improved, overall job growth remains limited, and an aging population continues to shrink the labor force.

Significant barriers to employment, like a lack of affordable childcare or a criminal record, were identified by community members.

**These patterns highlight the close connection between employment, economic stability, and community health.**



## Community Perspectives



### Community Survey

- **A lack of childcare can be a significant barrier in seeking employment.** **1 in 10** individuals who took the survey indicated that in the past 6 months, they have experienced problems finding childcare and almost one in six stated that they have had issues affording childcare.

# 1 in 5

individuals experienced a loss of employment or a reduction in hours within the past six months.



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

### Barriers to Employment

- Childcare was mentioned as a barrier to employment, with participants describing the unaffordability of care.
- Individuals with criminal records mentioned the difficulty around securing a job and finding places willing to hire individuals with records.

### Connection to Poverty

- **Participants mentioned that employment was essential to be able to afford housing, food, and health care.** Part-time jobs were easier to come by than full-time, but these jobs often did not have benefits, like health insurance.

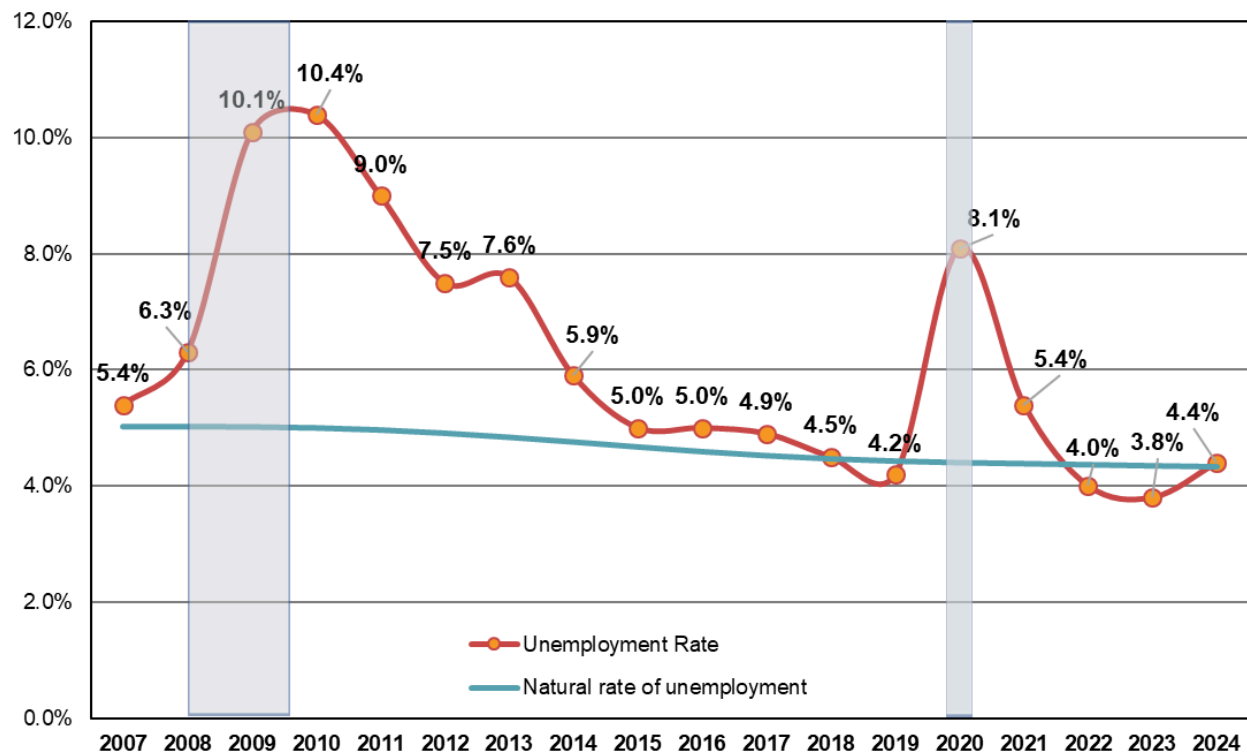
## Data Insights

The recession from December 2007 to June 2009 caused a housing crisis and sharp job losses both here and around the nation. The 2007-2009 recession was so severe, the number of employed people kept dropping for a year after the recession was over. The impact on the size of the labor force was even greater, with the number of people in Summit County either working or looking for work dropping until 2014.

From 2014 until the start of the pandemic in 2020, Summit County's job market had started to stabilize; the number of jobs began to grow again, and the labor force stopped getting smaller. The unemployment rate leveled off at about the rate that economists call "full employment" (currently 4.3%). Unfortunately, the sudden arrival of COVID-19 in early 2020 caused a massive wave of business closures, more than doubling the unemployment rate (to nearly 9%). During that period, the county lost more than 17,000 jobs and the size of the labor force dropped sharply again.

### Unemployment Rate in Summit County, 2007-2024

*Shaded areas represent recessions*



Source: Ohio Labor Market Information

Once the closures and restrictions ended, the unemployment rate recovered quickly. However, the total number of jobs in Summit County is only now returning to pre-pandemic levels. The size of the labor force grew by just over 1% between the end of the lockdowns in 2020 and the end of 2024.

The pandemic is not the only thing holding down the size of the labor force; growth is also being undercut by the rising number of retirees from the Baby Boom era. In 2020, 54% of Boomers were under age 65; only 23% are under age 65 as of 2025. Of those over age 65, only 20% work full-time, and another 19% work part-time.<sup>8</sup> In addition, from the 2009-2013 period, 8,300 additional households started receiving Social Security income. Another



10,000 started receiving other types of retirement income as of the 2019-2023 period as well.

Northeast Ohio tends to experience sharp recessions and long recoveries. That means long periods of high unemployment, and the public health challenges that come with it. As Healthy People 2030 states, “unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis.”<sup>9</sup>

## People “Not in the Labor Force” - A Look at the Overlooked

As mentioned earlier, official unemployment numbers only count people who are working or actively looking for work. Anyone age 16 or older who is not working and not looking for work is considered “not in the labor force.” Many of these people face the same health problems as those officially counted as unemployed, but they are often overlooked.

**Those who are not in the labor force include two groups, those who do not want a job now and those who do.** According to the U.S. Bureau of Labor Statistics (BLS), those who do not want a job are defined as not having looked for work in the last 12 months or who are not available to take a job. Examples of people in this category include those who are permanently disabled and unable to work, retirees, full-time students or stay-at-home parents raising children full-time.

The BLS defines ***marginally attached*** workers as people who have looked for work sometime in the last year, but not in the last four weeks. This includes people who are temporarily caring for children or family members, recovering from a short-term disability, or attending school or job training. They make up the majority, 74%, of those who want a job but are not in the labor force, which is about 1.2 million people nationwide in 2024.

***Discouraged workers*** (a subset of those who are marginally attached to the labor force) are people who haven’t looked for work for at least four weeks, for reasons like believing there are no jobs available that they qualify for, have been unable to find work, or feel they are too young or too old to be eligible. Nationally, discouraged workers made up about a quarter of those who want a job but were not in the labor force in 2024 (about 400,000 people).

**There is another group that often gets overlooked: those who are working but underemployed.** As of 2024, that group included about 135,000 people in Ohio.<sup>10</sup> These individuals want full-time work but cannot find it, either because they cannot find a full-time job, do not get enough hours, or have seasonal jobs. Like the unemployed,

underemployed workers often experience stress, financial problems, and poorer physical health.<sup>11</sup>



Source: U.S. Bureau of Labor Statistics

# Housing

**Housing has a powerful impact on population health.**

According to Healthy People 2030, “Poor housing quality and inadequate conditions, such as the presence of lead, mold, or asbestos, poor air quality, and overcrowding, can contribute to negative health outcomes, including chronic disease and injury.”<sup>1</sup>

The quality of a home’s neighborhood is shaped in part by how well individual homes are maintained, and widespread residential deterioration in a neighborhood can negatively affect mental health.

**Like most long-established communities around the nation, Summit County has its share of housing-related issues.**



## Community Perspectives



### Community Survey

- Within the past six months,
  - **1 in 10** survey respondents indicated that they experienced unstable housing
  - **1 in 5** worried about losing their housing
- Affordable housing was top of mind for many survey respondents, with lack of affordable housing and homelessness being in the top three issues that affect the health of their communities.

# 36.7%

of respondents say that they have **access to affordable housing**

Affordable housing or rent support is the **3<sup>rd</sup> most unmet need** (22.1%)

**Community members identified housing as a key issue in Summit County.**  
(Respondents could select up to 5 issues.)



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

### Affordability and Access

- Wages have stayed the same, but rent is increasing.
- Long waitlists for public housing and individuals have difficulty finding housing because there are not a lot of choices.

### Quality and Safety

- Individuals expressed concern around landlord neglect of properties, leading to unsafe properties and neighborhood blight.

### Homelessness and Insecurity

- Shelter gaps were described by participants, with some local shelters having specific requirements to obtain services.
- Both community members and service providers stated that when housing needs are not met, it is hard to address other needs.



### Key Informant Interviews

#### Complexity behind homelessness

- Public (and leaders) want immediate results to housing initiatives, yet improvements require more time.
- “Housing first” policies need multi-sector partnerships to address underlying trauma, resource constraints, and issues related to substance use.

#### Limitations of data/research

- Many of those interviewed wished that better research existed to evaluate barriers to housing, even capturing qualitative data. For example, one interview with a service provider believed that many lose/avoid housing options due to priority of keeping their pet(s) and lack pet-friendly options in the county.

## Data Insights

### Age

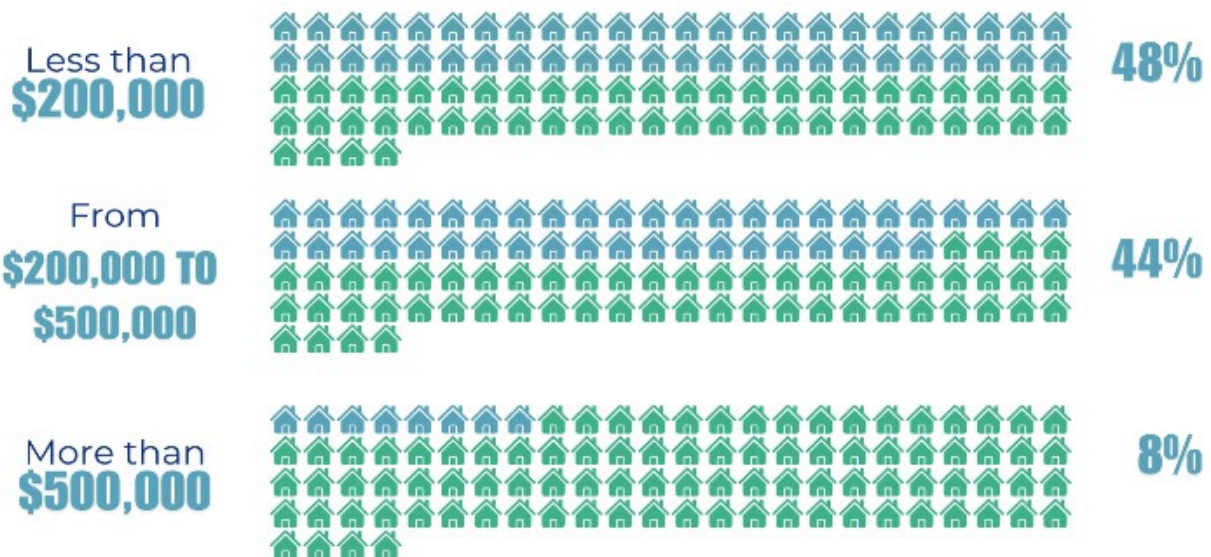
The median age of homes in Summit County is 66 years, with the average construction year being 1959. Housing in Akron is significantly older than in the suburbs, the median home in Akron is 81 years old, compared to 53 years in the surrounding areas. Nearly 25% of the county's homes were built before 1940, and almost 75% were built before 1978. This is important because lead-based paint was legal until 1978, meaning many of these older homes may still contain this hazardous material.

### Housing Condition

According to the American Community Survey (ACS), a small but meaningful number of occupied housing units lacks one or more basic facilities that most people take for granted. These homes lack either complete kitchen facilities (500 units), plumbing facilities (2,400 units), telephone service (7,200 units), or heating equipment (940 units); or a combination of the above. Because of the relatively high cost of housing in Summit County (see below), units like these are often still in demand despite the lack of basic facilities.

### Appraised Value

According to the data from the Summit County Fiscal Office, in 2025 the median appraised value of the county's housing units is \$132,270. 48% of housing units are valued at \$200,000 or less, while 8% are valued at \$500,000 or more.



## Housing Burden (Owners and Renters)

The median cost of a home for homeowners with a mortgage is \$1,407 per month; more than 2.4 times the monthly cost for homeowners without a mortgage (\$580 per month). According to the 2019-2023 ACS, about 20% of Summit County homeowners with a mortgage are paying 30% or more of their income for their home; a figure which falls to just 12% for those without a mortgage.

Spending more than 30% of your income on housing is considered too heavy of a financial burden. When people pay more than that, they often have to cut back on other basic needs like food, health care, or transportation. This creates serious challenges for day-to-day living.

Renters usually carry a heavier burden than homeowners. Between 2019 and 2023, nearly half of renters in Summit County (47%) were spending at least 30% of their income on rent. During that time, median rent as measured by the ACS rose from \$815 a month in 2019 to \$1,007 in 2023.

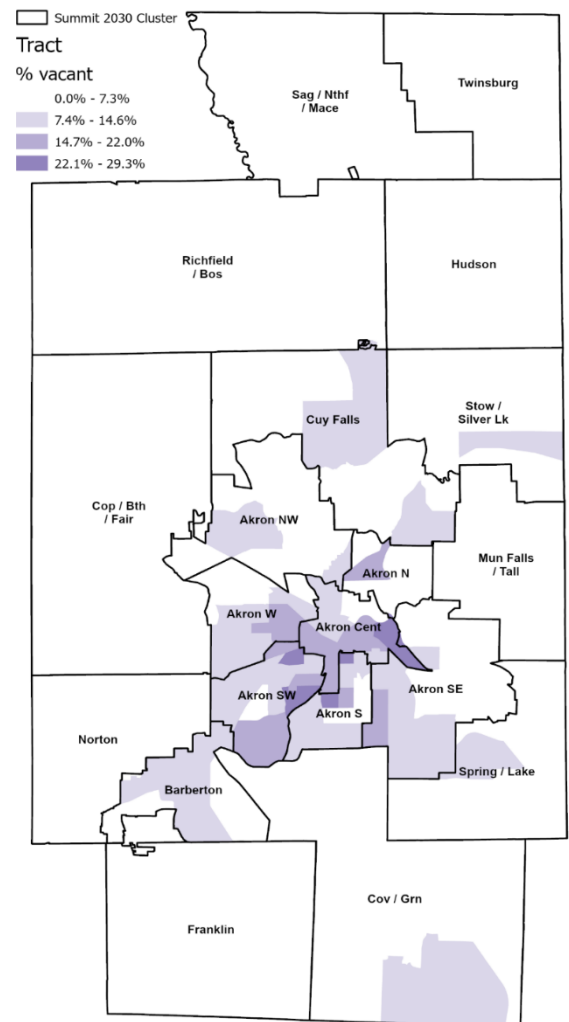
In 2024, a renter earning the median income could afford \$1,060 per month, \$71 less than what an average two-bedroom unit costs at fair market rent in Summit County. But someone earning the minimum wage could only afford to pay \$556 a month, far below the cost of even a zero-bedroom unit, which rents for about \$799.

To afford that zero-bedroom unit, a minimum wage worker would need to work at least 57 hours a week. To afford a one-bedroom unit, they would have to work at least 63 hours a week; 81 hours for a two-bedroom.

**See the next page about housing costs in Summit County.**

## Occupancy and Type

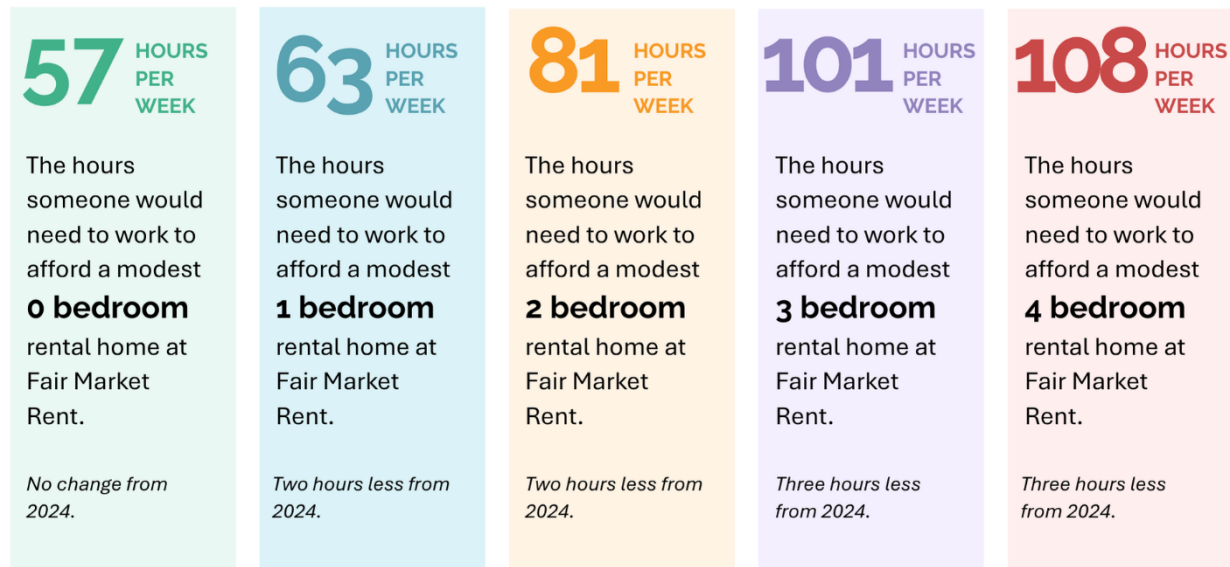
Just over 94% of housing units in Summit County are occupied, while 6% are vacant (about 15,000 units). Of the county's 232,000 occupied housing units, 67% are owner-occupied, while the rest are renter-occupied. Renter-occupied units grew by 4.7% from 2014-2018 to 2019-2023, while owner-occupied units dropped by 2.4%.





## Housing Options at the Minimum Wage of \$10.70 per hour in Summit County, 2024

According to the National Low Income Housing Coalition, these are the housing options facing those working at the minimum wage...



## Loan Denials

Another important part of affordable housing is the ability to get home purchase and/or improvement loans. For home purchase loans, both low income and non-white applicants are twice as likely to be denied as middle- or upper-income applicants. For example, from 2020 to 2023, Black applicants were nearly three times as likely to be denied a home loan as white applicants (15%, 11%, and 10% for Black, Hispanic, and Asian applicants, respectively, vs. 5% for white applicants). For home improvement loans, which are essential to maintain home value and neighborhood viability, low income and non-white applicants are also twice as likely to be denied (62%, 58%, and 50% for Black, Hispanic, and Asian applicants, vs. 34% for white applicants).

## Housing Disparities

Most parts of Summit County have stable, good-quality housing. However, many low-income individuals and families face housing problems that others do not. These problems are especially common among racial and ethnic minorities and low-income people of all backgrounds. They are more likely to live in homes that are:

- Older
- Lower in quality
- More costly to rent, buy, or keep up
- More likely to have health and safety issues like lead poisoning and mold



# Family Structure

Family structure in Summit County has shifted significantly over the past several decades, with the number of children growing up in two-parent households decreasing and more being raised by single parents or grandparents.

These changes affect household stability, economic security, and child well-being. While supportive parenting and strong community resources can help children thrive in any family arrangement, the growing number of families facing instability underscores the importance of targeted support for parents and caregivers.

**Local families wished for more opportunities for families to be together, like flexible working arrangements and more resources to promote family stability.**



## Community Perspectives



### Community Survey

**What changes would you make to impact the health and wellbeing of your community?**

- *“Make it easier for families to be with each other and support each other, [like] flexible work schedules and more opened to parental obligations during the “normal” workday.”*
- *“Offer more parenting skill development to the community”*
- *“Stability in the home, responsible parents”*



### Key Informant Interviews

#### Generational change in family structure

- Seen as a root cause by many key stakeholders, around changes in health behavior.
- Within a generation, a massive shift in social dynamics in single-parent households is now becoming the norm in lower socio-economic communities. Service providers express concern that public health and social services need to adapt to the reality that few children have multiple parents in the same home.

## Data Insights

Family structure can be defined as the makeup and organization of a family unit, including the relationships between its members and how they interact with one another. As contemporary definitions of a family evolve, the role of family structure and its impact on child well-being has received increased attention. Frequent or unexpected changes in family structure can have negative effects on children, though not all children or all families will be affected in the same way.<sup>12</sup>

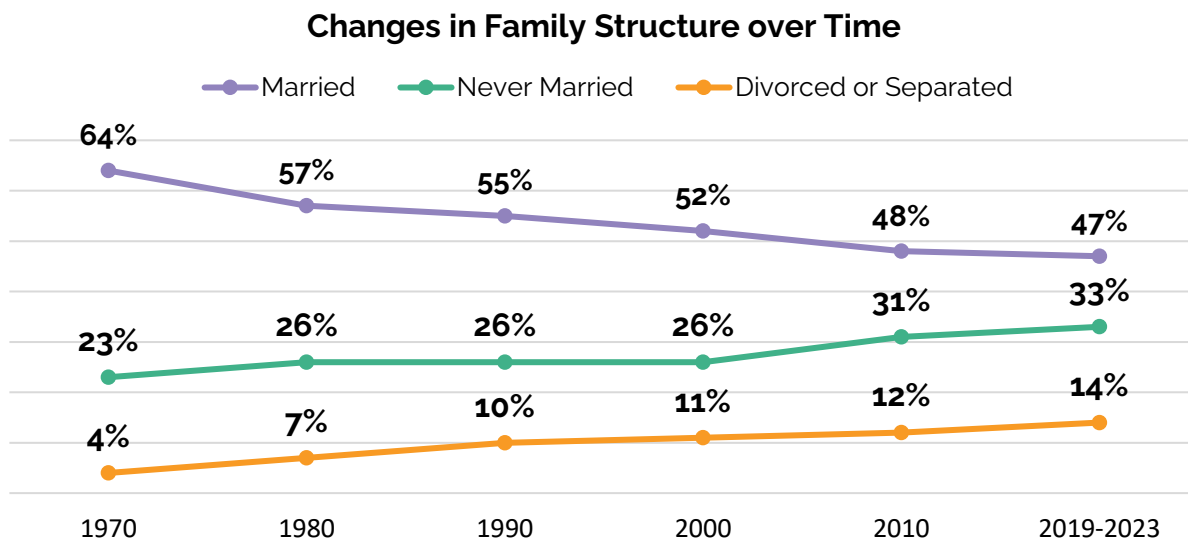
## Trends Affecting Family Structure

The structure of families across the nation and here in Summit County have been changing over the past several decades. Some of the most important changes are discussed below.

**The Decline of Marriage** – According to the 1970 census, about 64% of Summit County residents over age 15 were married. That figure decreased to just 55% by 1990. The decline has continued in more recent years, finally reaching 47% by the 2019-2023 period. Both divorce rates and the percentage of people who were never married have risen at the same time. Only 4% of Summit County residents over age 15 said they were divorced in 1970; by 2023, that figure had tripled (14%). The percentage who said they were never married also rose, from 23% to 33% over the same time periods.<sup>13</sup>

**The Changing Makeup of Families** – In 1980, married-couple families made up 80% of all families with children in Summit County. By 2019, they only made up 59% of the total. Female-headed families with children grew between those same years, from 17% in 1980 to 28% from 2019-2023. The number of children living in married-couple families has also been decreasing. Seventy-three percent of children lived in married-couple families in 1970, but only 65% did from 2019-2023. Most children living in one-parent families live in female-headed families (77% as of 2019-2023).

**Fertility Rates** – The overall fertility rate of women of childbearing age (15-50) has been stable since 2009, dropping slightly from 52 per 1,000 to 49 per 1,000 between 2019 and 2023 for women in Summit County. However, fertility for the 25-34 age group (the largest) decreased by 24% while fertility rates for the 15-19 age group increased by 33%, and the rate for ages 35-50 rose by 50%.<sup>14</sup>



## Other Changing Family Dynamics

**A significant shift in family dynamics involves grandparents raising their grandchildren.** Nationwide, the share of children living with an older adult nearly doubled, and one-in-ten now live in a home receiving Social Security income.<sup>15</sup> In Summit County, approximately 3,000 children lived with and were legally cared for by their grandparents between 2019 and 2023. Nearly half of these grandparents have been responsible for their grandchildren for five years or more, indicating a substantial burden on the grandparents and a major disruption in the children's lives.

A related concern is parents losing custody due to serious family issues like abuse, neglect, or substance abuse. Over the last decade, Summit County Children Services (SCCS) removed an average of 310 children from their homes annually for reasons that include parental substance abuse.<sup>16</sup> In 2024, SCCS had temporary or permanent custody of 856 children, with about one-third (287 children) taken into custody with substance abuse being cited as one of the reasons.<sup>17</sup>

## Impact of Changes in Family Structure

**While children in two-parent households often have more resources and support, children in single-parent homes can also thrive in stable, nurturing environments.**

Family structure is not the only factor to consider; parenting quality, emotional atmosphere, and access to resources all play a role in family and child stability and success.

Strong and supportive parenting, whether from one or two parents (or grandparents), can protect children from hardship. Social support like quality childcare, community resources, and extended family involvement can greatly improve outcomes for children in all types of households.

Additional resources are particularly crucial for female-headed families with children. The lack of resources in these families can be seen in their significantly higher poverty rate. In 2023, the poverty rate for Summit County's married-couple families with children was 3%, while for female-headed families, it was 42%, 14 times higher.

Efforts to support families should focus on helping parents develop greater parenting skills and improving their resilience, regardless of their family structure. Doing this would help families achieve greater financial stability and help them create an environment where children feel safe, supported, and motivated to succeed.

# Violence

**Violence is a major concern for Summit County residents, shaping both safety and overall health.**

Community members report frequent exposure to gun violence and emphasize the need for prevention programs, youth engagement, and intergenerational support.

Data confirm the depth of the issue: firearm assaults and other forms of violence account for thousands of emergency room visits and hundreds of deaths in recent years, with young people and communities of color most heavily affected.



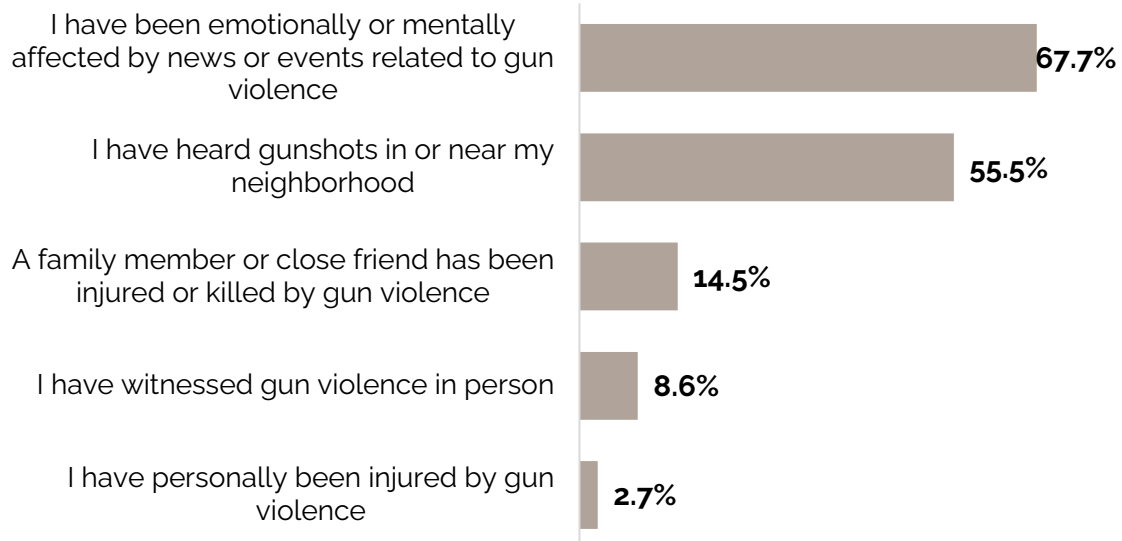
## Community Perspectives



### Community Survey

**2 in 3** respondents indicated that they have experienced or been affected by gun violence.

Of those who indicated that they had experienced gun violence, most indicated indirect experiences.



**What changes would you make to impact the health and wellbeing of your community?**

- “Create and sustain drug and violence prevention programs that speak to all levels of the community.”
- “More outreach for all ages in regards to employment, healthcare, preventing violence, abuse and homelessness.”



## Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

### Community Safety

- Participants described experiencing gun violence in their neighborhoods. One person noted their church now requires security, which they found disheartening.

### Youth and Violence Prevention

- A lack of programming for youth was mentioned, with one participant suggesting that conflict resolution programs were needed to help prevent violence from escalating.

### Intergenerational Approaches

- One participant suggested a more collaborative approach to combat violence with intergenerational mentorship and community-based prevention.

## Data Insights

**Violence is a major factor in the health and vitality of communities.** According to ODH death records, there were 242 homicides in Summit County over the past five years (2019-2023); 205 of which were by firearm.

Most firearm deaths were male (83%), and 79% of victims were Black. Sixty-four percent of all firearm deaths were between the ages of 15 and 34, with an average age of 31.5 years. Nearly 90% of people who died from a firearm assault had either a high school diploma or lower level of education. Most were single, never married (86%) or divorced/separated (9%). Only 5% were married.

There were also 37 assault deaths not related to firearms during these years. Male victims accounted for 59% of non-firearm assault deaths. White individuals make up nearly two-thirds of these deaths (65%). Non-firearm deaths were more spread out across age groups, with just 17% of victims being between 15 and 34 years old, with an average age of 46 years. Nearly 78% of non-firearm victims had either a high school diploma or lower educational attainment. 78% were either single and never married or divorced/separated. Thirty-eight percent of the victims of a non-firearm related assault death died after an assault by a sharp object.



## Deaths from firearms and other types of violence are only part of the story.

Many more people suffer non-fatal injuries from firearms and other forms of violence. The infographic to the right presents a snapshot of violence-related, emergency room (ER) data from 2016-2024. During that span, there have been nearly 18,000 ER visits classified as violence related. Of that total, 865 (4.8%) were related to a firearm assault. A Summit County resident visits the ER because of a firearm-related incident about once every 4.3 days on average. 60% of those visitors are between the ages of 18 and 34. About 9% of the visitors for firearm assault are under 18. Forty-five percent of visitors for firearm assault were white, while 41% were Black, and a total of 14% were of another or unknown race.

There have also been 914 ER visits from 2019 to 2023 that were recorded as an accidental firearm discharge (about one visit every 4.4 days).<sup>18</sup> Just over 14% of these visits were by someone under age 18. The average age of a child visiting an ER for an accidental firearm discharge is just under 14. The average age of an adult visiting an ER for an accidental discharge was 33.2. Eighty-three percent of these visits were male.

Altogether, there were more than 14,600 assault-related ER visits between 2016 and 2024. In addition to firearm assaults, 780 residents visited an ER after being stabbed. There were 1,600 ER visits for sexual assault and/or rape between 2016 and 2024; about one visit every 2.4 days. Sexual assaults of children and the elderly made up 168 and 80 of those visits, respectively. There were 1,018 child and 341 elderly non-sexual, assault-related ER visits during those years as well. 54 assault victims were pregnant.

A total of 695 of the assault or violence related visits specifically mentioned some form of head injury (described in admission notes as either head injuries, concussions, head traumas, or loss of consciousness). A total of 104 of those visits involved head injuries among those under age 18.

## Violence-related ER Statistics

2016-2024

### Assault by Firearm

One Emergency Room visit every...

**2.3 days**

### Sexual Violence

One Emergency Room visit every...

**2.4 days**

### Child Assault

One Emergency Room visit every...

**3.6 days**

### Accidental Firearm Discharge Injury

One Emergency Room visit every...

**3.6 days**

### Senior Assault

One Emergency Room visit every...

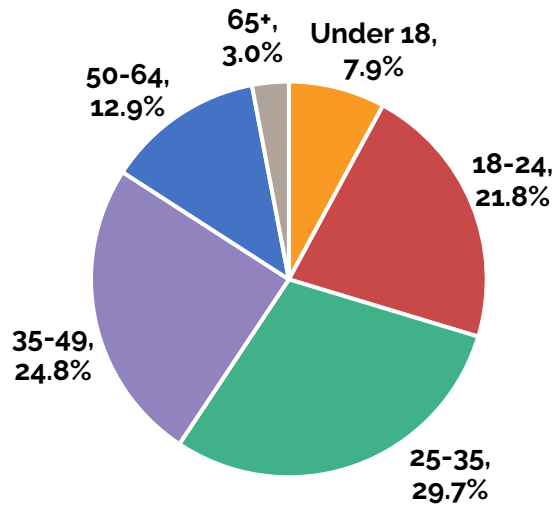
**8.7 days**

Source: EpiCenter

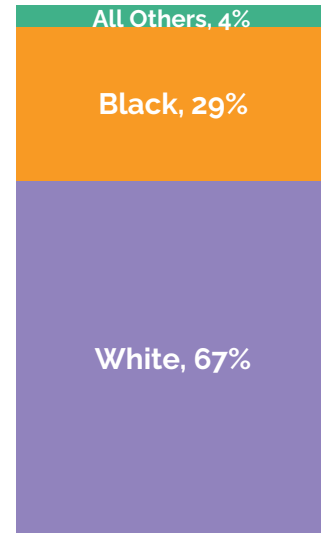


## Demographics of Assault-Related Visits (by Age, Sex, and Race)

### Demographics of Assault-Related Visits by Age



### Demographics of Assault-Related Visits by Race



### Demographics of Assault-Related Visits by Sex

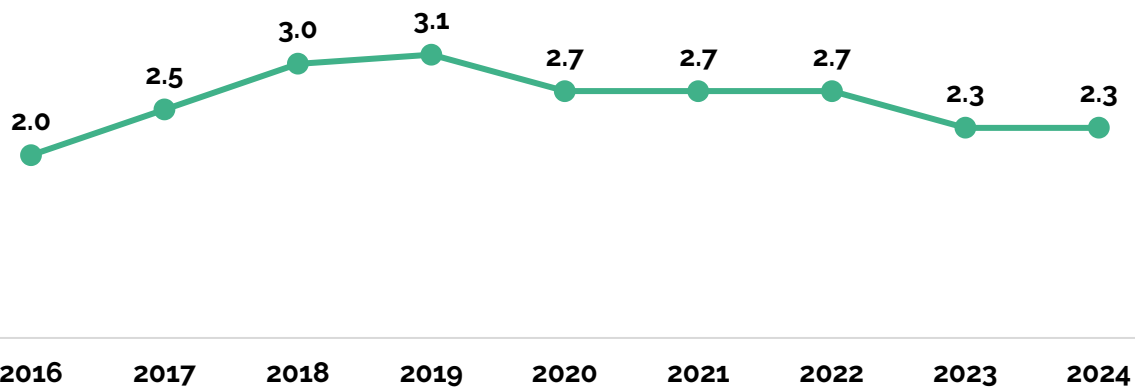
**6 in 10** assault-related ER visits are **female**



**4 in 10** assault-related ER visits are **male**



### Assault-Related Visits per 1,000 population, 2016-2024

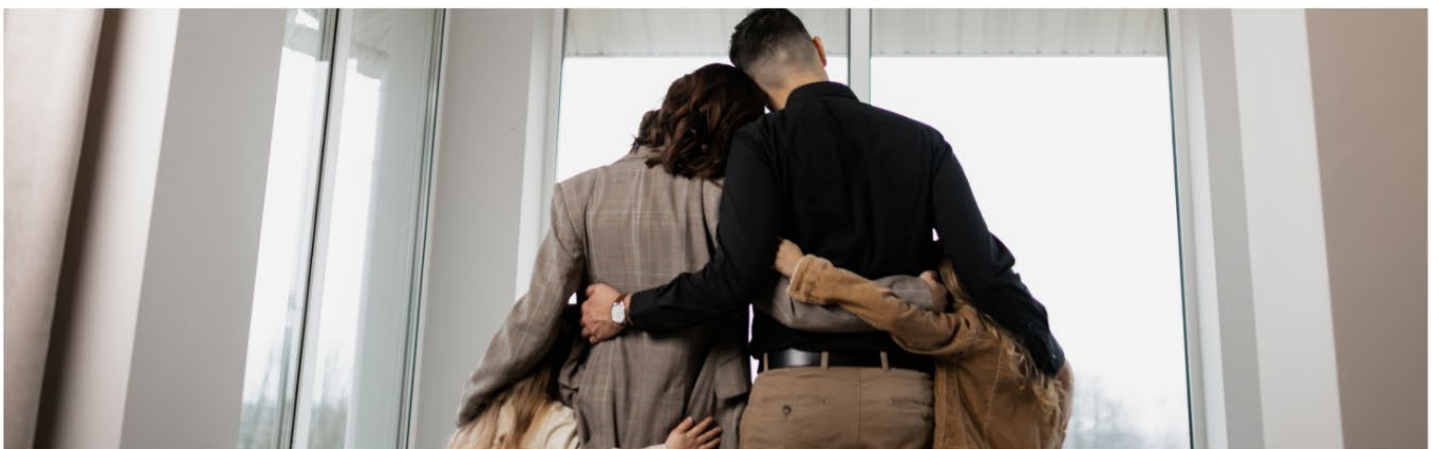


Source: EpiCenter

# Adverse Childhood Experiences

**Adverse Childhood Experiences (ACEs) are traumas that occur before the age of 18, such as abuse, neglect, or family instability that can have lasting impacts on health and well-being.**

In Summit County, recent surveys show that most local students have experienced at least one ACE, with a significant share reporting multiple ACEs. In the community survey, many of those with ACEs felt that it affected their health at least somewhat. Those with higher ACE scores face greater risks of depression, substance use, and unsafe behaviors. Protective relationships and supportive environments can help build resilience and break cycles of trauma.



## Community Perspectives

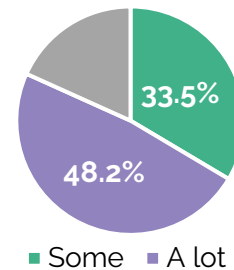


### Community Survey

Of those who completed the ACEs questionnaire on the community survey:

- **77%** had at least **one adverse childhood experience**.
- **1 in 3** respondents indicated **four or more adverse childhood experiences**.

Of individuals who indicated that they had at least one ACE, most felt that it affected their health in some way.



### Key Informant Interviews

#### A pointer to more sophisticated data collection

- Leaders and practitioners noted that while the ACEs screener offers useful insights, it may not capture generational trauma, can oversimplify complex experiences, and may limit opportunities for conversation or clear referral pathways.
- Service leaders also thought relying on the tool gave participants the unrealistic expectation that the screening organization could address their needs.

## Data Insights

According to the CDC, Adverse Childhood Experiences or ACEs “...are potentially traumatic events that occur in childhood.”<sup>19</sup> Examples include:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide.

Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding. These can include growing up in a household with:

- Substance use problems
- Mental health problems
- Instability due to parental separation
- Instability due to household members being in jail or prison.”

ACEs are commonly grouped into three categories, abuse (physical | emotional | sexual), physical or emotional neglect, or household issues such as domestic violence, substance abuse, mental illness, parental separation or divorce, or incarceration of a family member. **The more ACEs a person experiences, the higher their risk for negative outcomes; often called a "dose-response" relationship.**<sup>20</sup>

### ACEs can have serious and lasting effects on both physical and mental health.

ACEs can disrupt brain development and interfere with the normal functioning of the immune and hormonal systems.<sup>21</sup> Over time, the impact of ACEs increases the risk of chronic illnesses like heart disease and diabetes, as well as mental health conditions such as depression and post-traumatic stress disorder (PTSD). ACEs are also linked to substance abuse, risky sexual behaviors, and violence. They can contribute to poor sleep and chronic pain conditions like fibromyalgia or migraines. The effects of ACEs can carry across generations because ACEs can interfere with a person's ability to develop healthy parenting skills. Adults with high ACE scores may struggle with emotional regulation, resolving conflicts, or providing a stable home environment. As a result, their children may adopt unhealthy coping mechanisms and begin to show behavioral problems, continuing the cycle of adversity.<sup>22,23</sup>

**Fortunately, it is possible to break the cycle of trauma.** Early intervention, mental health support, and trauma-informed care can help prevent parents from passing their own ACEs on to the next generation. In fact, many children who experience ACEs go on to thrive.

**One key reason is the presence of Protective Childhood Experiences (PCEs), positive life factors that promote resilience and assist children in managing hardship.**<sup>24</sup> For example, supportive relationships play a vital role in a child's well-being, especially when there is at least one caring and stable adult in their life and a home environment where they feel safe and protected. Emotional support is equally important, strong family

connections during difficult times and positive friendships help children feel understood and less alone. A sense of belonging also matters, whether it comes from being part of a close-knit community, a supportive school, or a faith group that fosters identity and connection. Opportunities for growth further strengthen resilience, including learning life skills, building self-esteem, and maintaining consistent routines that offer a sense of stability. Finally, safe environments, both at home and at school, provide the foundation children need to thrive and feel secure.

**Research shows that children with multiple PCEs are much more likely to have positive life outcomes, including better mental health, stronger relationships, and academic success.<sup>25,26</sup>**

### The Summit County Experience

In 2023, Summit County Public Health and the ADM Board conducted the third Youth Risk Behavior Survey (YRBS), which, for the first time, included questions about Adverse Childhood Experiences (ACEs). Two-thirds of local high school students reported experiencing at least one ACE in their lifetime. Over half (55%) had between one and three, while 15% reported four or more, a level often linked to more serious health and behavioral issues.<sup>27</sup>

The survey also explored protective factors. About 57% of students said they had a supportive adult, friend, or a sense of belonging at school. Nearly 83% had at least one of these supports, and 29% had all three.

Students with four or more ACEs showed notable differences. Female students were more likely than males to report four or more ACEs (17% vs. 10%). Students living in two-parent or stepparent households were less likely to report four or more ACEs (10%) compared to those in other family structures (22%). Non-cisgender students were 2.4 times more likely to report four or more ACEs than their cisgender peers, and non-heterosexual students were three times more likely than heterosexual students to do so.

The impact of ACEs extended to experiences of sexual violence. Students with four or more ACEs were ten times more likely to report being forced into sexual acts (29.1%) compared to students with fewer ACEs (2.1%). This risk was even higher among non-heterosexual students with four or more ACEs, 40.2% of whom reported forced sexual activity, compared to 17.9% of their peers with fewer ACEs.

Risky sexual behavior was also more common among those with more ACEs. These students were nearly 2.7 times more likely to have had sex, 4.6 times more likely to have done so before age 13, and 2.8 times more likely to be sexually active in the past three months. They were also 1.9 times more likely to report multiple partners and 1.7 times more likely to use less effective birth control methods, such as withdrawal.

Mental health risks were especially pronounced. Students with four or more ACEs were 2.7 times more likely to report feeling so sad they stopped regular activities for at least two weeks in the past year (67.8% compared to 24.8%). They were also significantly more likely to engage in self-harm (45.6% vs. 13.3%), seriously consider suicide (40.1% vs. 9.7%), make a suicide plan (33.3% vs. 7.4%), and attempt suicide (22.7% vs. 3.8%).

### Lifetime Experiences with ACEs, 2023

ACEs among High School Students	%
Emotional abuse	52.5%
Household mental illness	26.5%
Household substance abuse	20.4%
Witnessed partner violence	16.0%
Incarcerated relative	14.2%
Physical neglect	10.0%
Sexual abuse	5.9%

### The Impact of Protective Factors, 2023

Number of ACEs	< 3 PCEs	Total	3 PCEs
None	25.5%	32.2%	50.7%
1 to 3	57.5%	54.0%	44.3%
4 or more	16.9%	13.8%	5.0%

Source: Summit County Youth Risk Behavior Survey, 2023



# Substance Use and Mental Health

**Substance use and mental health challenges remain urgent issues in Summit County.**

Residents stated that Summit County was rich with substance use and mental health resources, but they also highlighted the impact of stigma, long wait times, and limited treatment capacity for substance use on the ability to utilize these resources.

Local data show ongoing struggles with depression, suicide, and substance use, particularly misuse of opioids like fentanyl.

At the same time, growing demand has begun to reduce stigma and encourage new models of care, underscoring both the progress and the persistent gaps in meeting community needs.





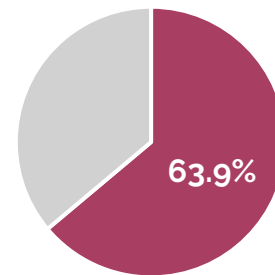
## Community Perspectives



### Community Survey

- **Over 3 in 4** residents rated **their mental health being at least “good”** and there was no significant difference in the ratings from the 2022 assessment.
- **Around half of respondents** indicated that they have **felt lonely or isolated sometime within the past 6 months**.
- **44%** of respondents indicated that **either they or someone they knew avoided seeking help because of fear of being judged or not being treated with dignity**.

Most residents are usually or always able to get the services needed to maintain or improve their mental health.



Most residents rate their mental health as being at least “good.”

■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent



4.7%

### What changes would you make to impact the health and well-being of your community?

- “Meeting centers with free activities to decrease loneliness and mental health issues.”
- “Easier access to FREE mental health services.”
- “Offer more information and help for families on caring for loved ones with mental health challenges or dementia.”

- *“We have to change the heart of many and offer hope out of their addictions and brokenness. Without hope people will choose poorly, thus impacting themselves, neighbors and generations following.”*
- *“Increase living standards for those in recovery/reentering independent living.”*

## **What is a strength of your community that often goes unnoticed or unsupported?**

- *“Our community has a lot of mental health resources but not everybody knows about them”*
- *“The mental health resources that are available. Not enough funding is poured into this system because people are blamed for having a mental illness. As a result, some people will not seek assistance, or they remain in denial.”*



### **Focus Group Insights**

*Opinions shared are those of the participants and not of Summit County Public Health.*

## **Stigma and Discrimination**

- Individuals in recovery described situations while seeking medical care where they felt judged by health care providers because of their history with substance use.

## **Access and Wait Times**

- Both providers and those in recovery noted that wait times for detox and treatment often stretched into weeks or even months. While Medicaid expansion improved coverage for detox and treatment, the surge in demand was not matched by growth in trained professionals or treatment facilities

## **Integration of Care**

- Dual diagnoses were top of mind for participants when discussing substance use. Those in recovery and service providers described that often, mental health treatment occurs later than it should.
- Participants emphasized that safe, stable housing is essential for recovery; without it, individuals struggle to fully engage in treatment.



## Key Informant Interviews

### Dramatic shift in scope

- Service providers interviewed emphasized the rapid increase in demand for mental health services
- On a positive side, this has reduced stigma, as it is reaching a critical mass in some populations, and it is no longer seen as being “different”
- Additionally, the growth has led to new models of care particularly in the school-based setting.
- However, those interviewed indicated a belief that utilization still lags in non-white communities, particularly among immigrant, refugee populations.

### Lagging capacity to respond

- Limiting growth, according to interviews with service providers, was the struggle to grow the behavioral health workforce. With lagging reimbursements, and regional workforce competition, many community behavioral health centers cannot meet the demand in the community.

## Data Insights

### Nationwide, in addition to impacts on the health and safety of a community, substance use, and misuse show clear economic implications.

According to the Office of the U.S. Surgeon General, the estimated annual economic impact of alcohol misuse is \$249 billion, and \$193 billion for illicit drug use.<sup>28</sup> Ohio and Summit County have been heavily impacted by the three main waves of the national substance use and overdose crisis.<sup>29</sup>

Fentanyl appeared in Summit County in the early 2010s, followed by carfentanil in 2016. **The arrival of carfentanil caused overdose deaths to more than double almost overnight, jumping from 131 in 2015 to over 300 in 2016.** Since then, the number of deaths has stayed above 200 most years, but in 2024, in line with national statistics, saw a decrease in overdose deaths. Despite this decrease in overdose deaths, the opioid crisis is not over due to the rise of deadly polysubstance use involving stimulants and fentanyl,

persistent racial and geographic disparities, and an unpredictable drug supply. At first, small amounts of fentanyl were mixed into heroin to make it stronger. Now, heroin itself has all but disappeared. Fentanyl, which is 50 times stronger than heroin, and related drugs are now the main class of opioids found in the community. These drugs are also being mixed into methamphetamine and cocaine, making them even more dangerous.

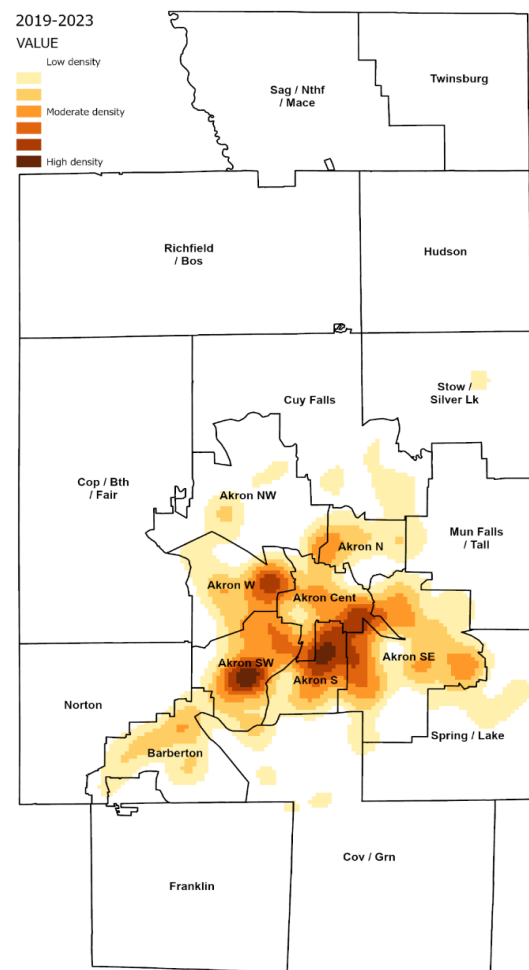
Years after the arrival of fentanyl, new adulterants that do not respond to naloxone, such as xylazine or nitazene began turning up in illegal drug supplies.

**The addition of these drugs make overdoses more common, harder to survive, and more likely to cause serious health problems like pneumonia, brain damage, kidney failure, and other long-term mental and physical issues.<sup>30</sup>**

Marijuana is another substance that has had a large impact in Summit County. It is easy to obtain, whether in plant form or as concentrated extracts. Since marijuana was legalized, more people see it as acceptable, even though it still carries health risks. According to the CDC, 3 in 10 marijuana users will develop a marijuana use disorder, and one in ten will become addicted.<sup>31</sup> That risk is even higher for people who start using before age 18. Long-term use can cause lasting problems with attention, memory, and learning, especially in young people whose brains are still developing. While marijuana may have tangible health benefits for some, smoking can still harm the heart and lungs in much the same way as cigarettes do.<sup>32</sup>

With regard to mental health, the percentage of adults who say they were told that they had any form of depression remained at about one-in-four over the last three Community Health Assessments.

**Density of Drug Overdose Deaths in Summit County, 2019-2023**



# 1 in 4

middle school students

# 1 in 3

high school students

experienced at least one **two-week period of depressive sadness in the past year.**

Both middle school and high school depression rates remained fairly steady in all three Summit County YRBS surveys conducted to date (2013, 2018, and 2023).

Depression and suicidal ideation are serious mental health concerns that can escalate into suicide attempts if left unaddressed. In 2023 alone, there were 404 visits to an ER for suicidal ideation by adolescents age 13-17; about 1.1 per day.<sup>33,34</sup>

# Aging Population

**Summit County's senior population is growing rapidly, now making up nearly one in five residents and is projected to keep rising through 2030.**

While many older adults benefit from programs like Social Security and Medicare, challenges remain. Seniors often face isolation, difficulty navigating resources, and housing or safety concerns. Many older adults felt that their communities did not offer programming specific to seniors and others were not aware of resources available.

Caregiving burdens and high rates of falls, dementia, and other chronic conditions add to the pressure on families and community systems.



## Community Perspectives



### Community Survey

#### What changes would you make to impact the health and well-being of your community?

- *“Somehow promote community activities and their overall impact on health and wellbeing beginning in grade school throughout the lifespan. I am surprised how many my age...have no idea of the vast resources at our fingertips. Also, those who live alone decline in health faster; can we promote the importance of community early on, too?”*
- *“My city has very little programming for senior citizens, nor for adults in general. There is nothing on weekends or evenings. We are very isolated and overlooked.”*
- *“Provide senior discussions on elder issues and the challenges they face, whether computer help, online scamming, healthcare education, etc.”*



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

#### Difficulty Navigating Systems

- Older adults mentioned not knowing how to look for resources, especially online.
- A need for a navigator was mentioned across several focus groups

#### Caregiving Burden

- Older adults who are caregivers mentioned that it is difficult to care for their loved one and manage other needs, like cleaning the house and taking care of their own needs.
- The stress of caregiving was frequently mentioned, with caregivers not knowing what supportive services existed or how to access them.

#### Housing and Safety

- Some community providers mentioned that older adults tend to fall through the cracks, particularly for housing.



- Older adults mentioned several instances of violence in mixed-population housing complexes, with younger people taking advantage of the older residents.

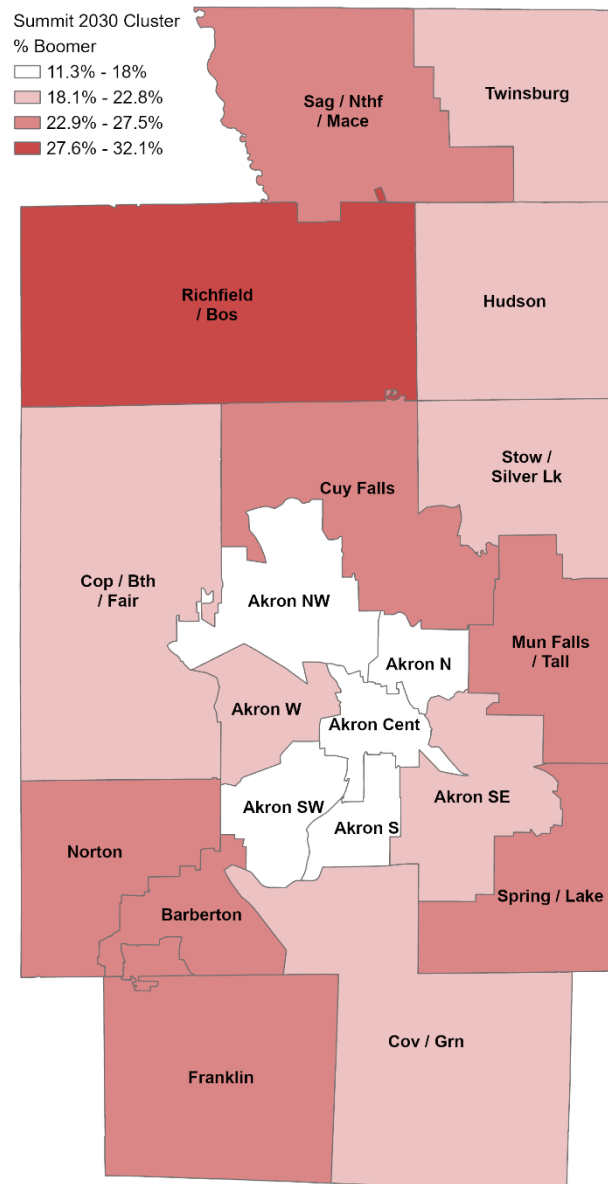
## Data Insights

As of 2023, Summit County was home to approximately 107,000 residents aged 65 and older, nearly 20% of the total population.

**According to projections from the Ohio Development Services Agency (ODSA), the senior population is expected to peak around 2030, reaching about 110,000 people, or 22% of the county's total population.**

However, recent estimates from the American Community Survey (ACS) suggest that the senior population may be growing slightly faster than originally projected, despite a brief but sharp decline in the senior population between 2020 and 2021. COVID -19 drove that decline; during those two years alone, nearly 1,200 seniors in Summit County died from the virus.

### Baby Boom Generation as a Percent of Total Population, 2019-2023



Source: American Community Survey

## A snapshot of Summit County's 65+ population based on data from the 2019–2023 ACS:

**Age, sex, and race** – The median age of seniors in Summit County is 73.3 years. A slight majority of seniors are female (56%), which is higher than the total population figure of 51%. Summit County seniors have a higher white population (85%) than the total population (74%), and a lower African American population (11%) than the total population (15%). Those of Asian descent make up 1.7% of the 65 and older population; about one-third of their proportion in the total population (5%).

**Disability status** – Nearly one-third of seniors (32%) have at least one disability. Of those with a disability, 19% have an ambulatory disability, while 11% have a hearing disability, 8% have a cognitive disability, and 13% have a disability that makes independent living difficult or impossible. Other disabilities include difficulty with self-care (7%) and vision (5%).

**Housing and households** – Half of seniors (50%) live in a household with at least one spouse or family member, while nearly half (48%) live in a one-person household. More seniors live in owner-occupied housing than the general population (80% and 68%, respectively). Nearly 20% of seniors rent.

**Income and poverty** – Just over 7% of seniors live below the poverty line; almost half as high as the rate for the county (13%). Most of the difference in poverty rates can be explained by the impact of social safety net programs like Social Security, Medicare, and others that benefit seniors.

**Sources of income** – About 88% of seniors in Summit County receive Social Security income, with 62% also receiving other forms of retirement income. Social Security benefits averaged \$21,328 per year, while other retirement sources averaged \$26,462. Nearly 36% of seniors receive earned income, while 9% received benefits from the SNAP program. Another 5% received Supplemental Security Income (SSI), while 3% received cash assistance.

## Key challenges for Summit County seniors:

**Affordable housing** – About 25% of seniors with a home mortgage pay 30% or more of their annual income for their mortgage, as do 55% of seniors who rent. Both figures are higher than the overall county average. Homeowners and renters are

considered overburdened if the amount of their income they spend on housing is 30% or higher. Beyond that level, households must take too many resources away from other important areas (like food or medical care) to keep up.

**Grandparents raising grandchildren** – An estimated 3,100 grandparents over age 60 live in the same household as their grandchildren. An estimated 778 grandparents were responsible for raising those grandchildren: about 25% of the total. Nearly half (48%) of grandparents raising grandchildren were doing so without either of the parents of their grandchildren living with them. Of that group, 45% have been responsible for raising their grandchildren for 5 years or longer.

**Fall-related injuries** – Summit County seniors averaged nearly 6,700 emergency room (ER) visits per year for a fall-related injury. There were 75 fall-related visits to an ER per 1,000 seniors in 2023. About 14% of the total visited an ER more than once for a fall-related injury.

**Fall-related deaths** – Summit County seniors suffer 64 fall-related deaths per year on average. Fall-related deaths hit a low of 48 per 100,000 in 2019, then moved sharply in the opposite direction in 2020, ending that year at 75 per 100,000. Fall-related deaths remained at that elevated level through 2023.

**Alzheimer's disease and dementia** – Between 2016 and 2020, there were 3,129 Summit County residents who died of either Alzheimer's disease or dementia. The vast majority of cases, 68%, occurred in the 85 and older population. The youngest victim of either disease was 48, while the oldest was 107.

### Senior Employment Status by Age

#### AGES 65 TO 69

Worked Full-Time **20%** 

Worked Part-Time **19%** 

Did Not Work **61%** 

#### AGES 70+

Worked Full-Time **3%** 

Worked Part-Time **10%** 

Did Not Work **87%** 

# Maternal, Infant, and Child Health

**Maternal, infant, and child health are essential indicators of a community's overall well-being.**

Maternal health before and during pregnancy plays a critical role in determining birth outcomes and long-term child health.

**Early interventions and equitable access to care can prevent chronic conditions and improve life outcomes for future generations.**

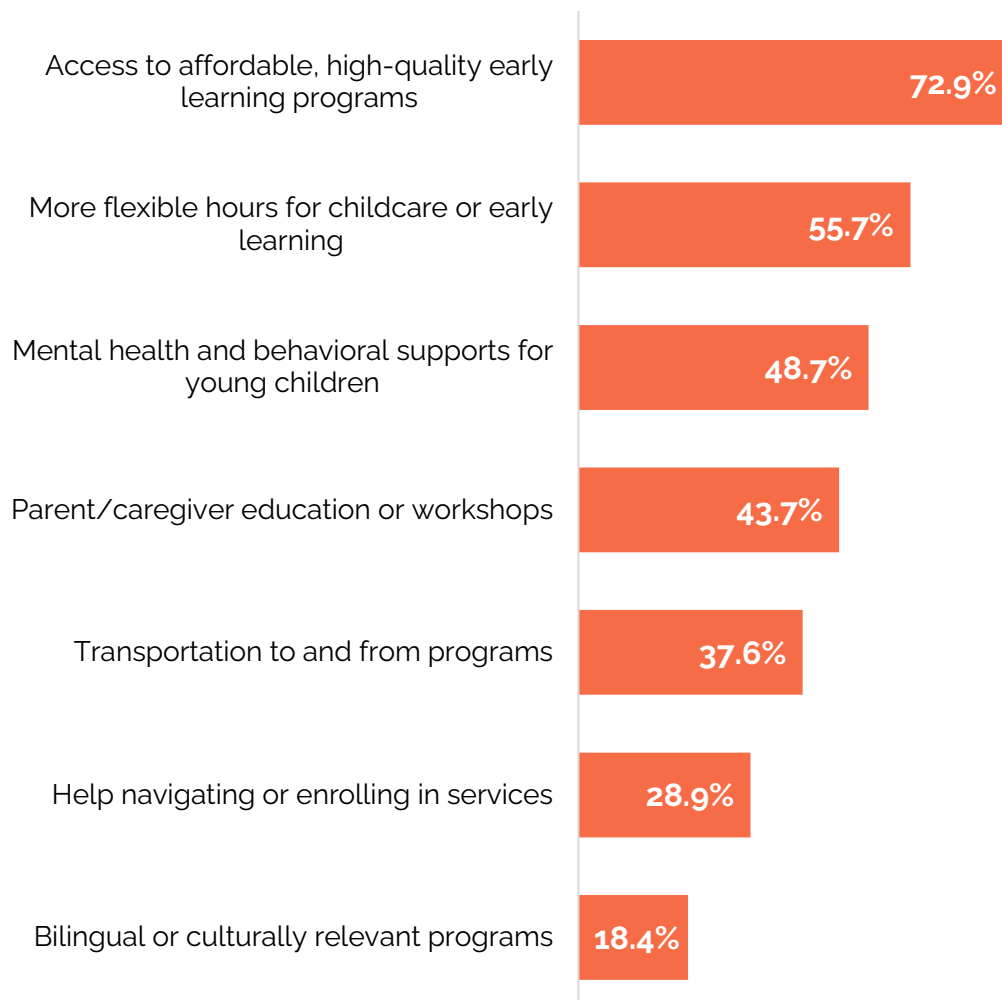


## Community Perspectives



### Community Survey

**What would help families in your community better support children ages 0-5 in being ready for kindergarten and lifelong learning?  
(Select up to 3.)**





## Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

**A focus group was held with community health workers in Summit County, who often focus on maternal, infant, and child health. Several themes emerged around access to care and quality of care:**

### Barriers to Accessing Care

- Language and literacy were frequently mentioned as barriers to care, with community health workers noting that non-English speakers struggle to navigate the health care system.
- Logistical barriers, such as transportation and childcare, were named some of the biggest obstacles to seeking care. Clinic hours can also make it difficult for working parents to attend their own or their child's appointments.

### Experiences of Poor-Quality Care

- Community health workers noted experiences with dismissive or judgmental treatment from health care professionals of themselves or their clients, particularly for women. One noted: "these young ladies don't know that they can demand respect, they leave feeling horrible and nothing has been addressed."
- A lack of cultural competency was noted to make care feel less welcoming, and ties directly in with racial disparities in health outcomes.

### Pediatric Mental and Behavioral Health Access

- Community health workers describe instances where access to mental and behavioral health care may be limited because of stigma or denial. In these instances, the families may have had bad experiences seeking mental health care and therefore discourage it for their kids.

### Disparities in Care

- Participants noted that Black and Asian families are "still losing babies" at higher rates, underscoring ongoing racial disparities in maternal and infant health.
- Community health workers noted transition gaps for youth, in that young people aging out of pediatric care or foster care face a "big gap" in accessing adult providers, creating risks for continuity of care.



## Key Informant Interviews

### Infant Mortality as a Bellwether

- Multiple interviews saw the county's infant mortality measure to be a vitally important figure to help determine the overall health of county residents, as it reflects not only a serious loss of life, but also an indicator of cumulative lived experiences across population groups.

### Shifts in Upstream Supports

- Individuals working in the space described a change since pre-COVID in addressing inequality in pre-conception health, specifically with large increases in pre-gestational hypertension and diabetes, indicating that the need may be around increased primary care for young women.

## Data Insights

### Key Health Factors

Prenatal care access plays a critical role in ensuring healthy pregnancies and outcomes. In Summit County, 69.9% of pregnant individuals began prenatal care in the first trimester between 2022 and 2024, a slight decline from 71.9% in the previous period (2019 to 2021). Early care initiation was most common among white individuals (74.7%), followed by Black (60.6%) and Asian (60.6%) individuals. Barriers such as lack of insurance, transportation difficulties, and limited provider availability may hinder timely access to care.<sup>35</sup>

Breastfeeding initiation is another important health indicator. From 2022 to 2024, 74.3% of mothers in Summit County reported breastfeeding at hospital discharge, with 51.0% exclusively breastfeeding. However, disparities were evident. Among white mothers, 78.1% breastfed at discharge and 56.9% did so exclusively, compared to 64.3% and 38.8%, respectively, among Black mothers. Insurance status also influenced breastfeeding rates, with 83.1% of privately insured mothers breastfeeding at discharge (60.4% exclusively), compared to 62.1% and 37.6% among Medicaid recipients. These differences highlight the importance of promoting equitable access to lactation support, culturally responsive care, and policies that support breastfeeding, especially for communities facing structural barriers and limited access to postpartum services.<sup>36</sup>



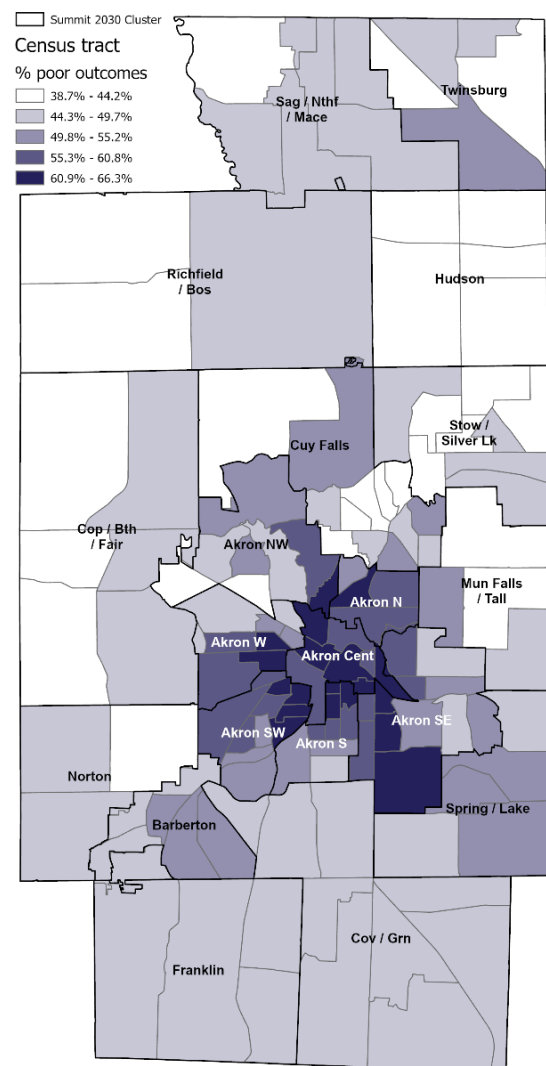
Maternal demographics and risk factors also shaped birth outcomes. Most births occurred among individuals aged 30 to 34. At the time of delivery, 41.2% of mothers were covered by Medicaid, and 36% had a high school education or less. Many births involved known risk factors, such as previous cesarean sections and chronic conditions like hypertension and pre-eclampsia.<sup>37</sup> Maternal substance use, particularly tobacco and opioids, continued to negatively impact birth outcomes. Between 2022 and 2024, 6.0% of birth records indicated tobacco use during pregnancy.<sup>38</sup>

## Birth Outcomes

Preterm birth, defined as delivery before 37 weeks of gestation, affected 11.1% of live births in Summit County from 2022 to 2024, a slight improvement from 11.3% in the previous period (2019 to 2021). The rate was notably higher among Black births (15.1%), compared to white births (9.9%).

Low birth weight (LBW), defined as less than 2,500 grams at birth, is often associated with preterm delivery and intrauterine growth restriction. From 2022 to 2024, 9.6% of live births in Summit County were classified as low birth weight. Black infants had the highest LBW rate at 16.4%, more than double the rate for white infants (7.4%). From 2022 to 2024, cesarean deliveries accounted for 31.1% of births. Individuals aged 30 to 34 represented the largest share of cesarean births (33.7%) during this time period. Cesarean rates were higher among those with private insurance (17.1%) compared to Medicaid recipients (12.8%), possibly reflecting differences in clinical decision-making, maternal health status, or access to specific providers and delivery options across insurance types.

## Percent of births with any poor birth outcomes



## Birth Outcome Disparities by Demographics

Birth outcomes from 2022 to 2024 varied significantly by race, age, education, and insurance status. Black mothers experienced the highest rates of preterm birth (15.1%) and low birth weight (16.4%), while white mothers had lower rates of both outcomes (9.9% and 7.4%, respectively). Younger mothers, particularly those aged 13 to 24, faced elevated risks, with low birth rates reaching 11.9%.

Educational attainment also influenced outcomes: individuals with only a high school diploma had a preterm birth rate of 25.8%, compared to 15.5% for those with some college and just 7.8% for those with associate's degrees. The rate rose again to 24.5% among those with college degrees. Insurance coverage further highlighted disparities, as Medicaid-covered births had higher rates of preterm birth (49.3%) and low birth weight (56.8%) than those with private insurance (46.6% and 39.8%, respectively). These disparities may reflect broader systemic challenges faced by Medicaid recipients, including delayed entry into prenatal care, limited provider availability, and a higher prevalence of chronic health conditions.

## Infant and Child Mortality

Infant and child mortality are key indicators of a community's health, reflecting the combined impact of prenatal care, safe environments, socioeconomic conditions, and access to medical and social services. In Summit County, data from vital records and the Child Fatality Review (CFR) Board reveal persistent disparities in infant mortality and identify key factors contributing to preventable deaths among children. From 2022 to 2024, Summit County recorded an infant mortality rate (IMR) of 6.8 deaths per 1,000 live births, exceeding the Healthy People 2030 goal of 5.0. Stark racial disparities were evident, with Black infants experiencing an IMR of 17.5, more than three times the rate for white infants (3.9).<sup>39</sup>

The leading causes of infant death from 2022 to 2024 were prematurity (38.9%), asphyxia (21.3%), and congenital anomalies (13.9%). Sleep-related infant deaths, often falling under the broader category of Sudden Unexpected Infant Death (SUID), accounted for approximately 25% of all infant deaths. Most of these cases were considered to be preventable and involved unsafe sleep environments, such as infants not sleeping in a crib or bassinet (81.5%), the presence of soft bedding or toys (66.7%), and co-sleeping with others (63.0%).<sup>40</sup> Among children aged 1 to 17, the leading causes of death from 2022 to 2024, as identified through Child Fatality Review (CFR) data, were external injuries involving bodily force or weapons, poisoning (both accidental and intentional), asphyxia, and medical conditions, with cancer being the most common natural cause of death.

# Clinical Care

**Most residents rated their physical health as at least good, yet both survey responses and focus groups revealed significant barriers to clinical care.**

Community members pointed to the high cost of healthcare and insurance, long waiting times for services, and transportation challenges as reasons that may lead individuals to delay or avoid appointments. Participants also raised concerns about quality of care and cultural competence, noting that providers often seemed rushed, inattentive, or not reflective of the communities they serve.

**These experiences underscore the need for affordable, accessible, and culturally responsive clinical care to ensure residents can maintain and improve their health.**

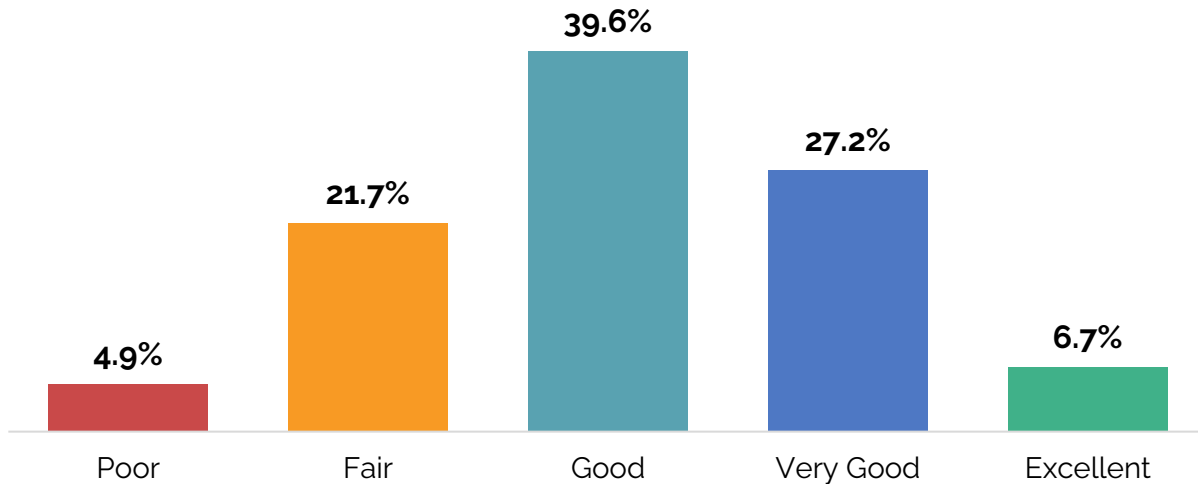


## Community Perspectives



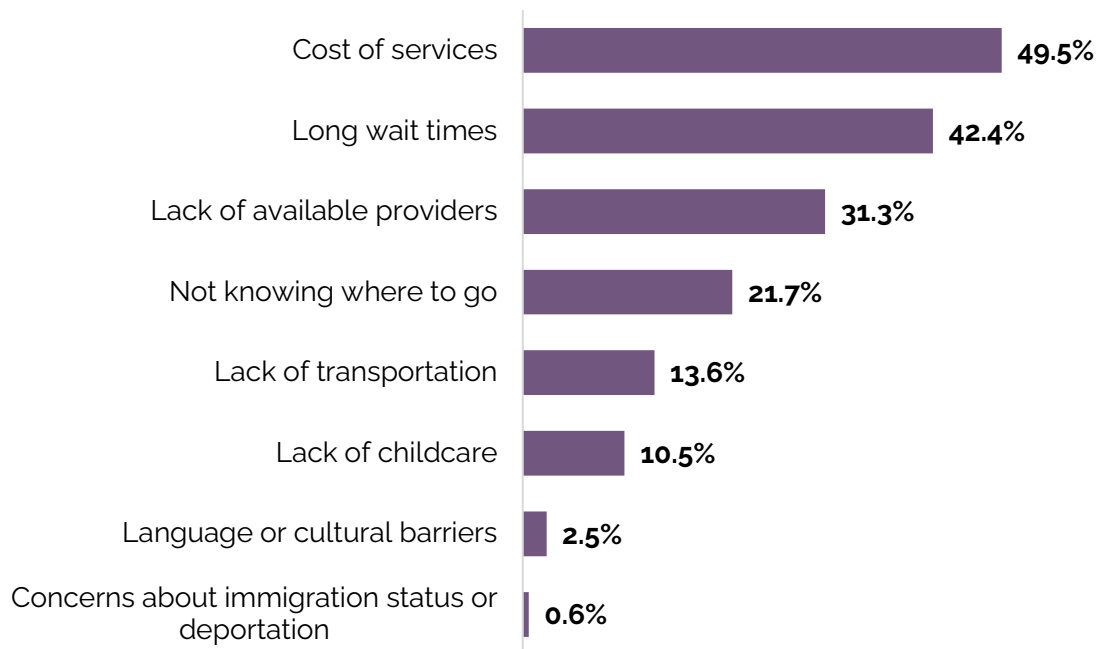
### Community Survey

**Most residents rate their physical health as at least good.**



### What changes would you make to impact the health and well-being of your community?

- “More affordable health care, housing, food, etc... I have avoided doing necessary things (doctor appts) because of money.”
- “Affordable health insurance”
- “More access to mental health services, waitlists are often 6-8 months.”
- “More no-cost health and wellness programs in the neighborhoods (churches, schools, libraries).”

**Community members experienced a variety of barriers when seeking health care.****Focus Group Insights**

*Opinions shared are those of the participants and not of Summit County Public Health.*

**Access Barriers**

- Long wait times for physical, mental health, and dental care were frequently mentioned as a barrier to wellness.
- Transportation to appointments was also mentioned as a barrier. One participant noted that they spent hours on a bus to get to their appointments for the provider to only spend 15 minutes and not address all their needs. When asked about private transport options, participants shared experiences about unreliability and inconsistency with other options.

**Insurance and Affordability**

- Community members mentioned that it can be difficult to find clinics who accept certain insurance providers, and this is complicated by the frequent change in insurance providers that have some experience.

- The cost-burdened population was mentioned as a group who may struggle to access care; the individuals who make too much to qualify for Medicaid but cannot afford their insurance premiums.

### **Quality of Care**

- Multiple participants described instances where they felt like their providers were not truly listening to what they needed. This frustration led them to delay or avoid seeking care when needed.

### **Cultural Competence and Trust**

- Participants described a need for doctors who looked like them and emphasized its importance specifically for the pediatric population. When providers looked like the people who they serve, participants felt that trust was easier to come by.
- One service provider described a situation between a non-English speaking client and a doctor, where the patient did not know the difference between the different exams being performed and the doctor did not take time to explain it.

# Resource Access and Connection

Summit County is rich in resources but navigating them can be difficult.

**While nonprofits are highly trusted and the desire to support neighbors is strong, community members described complex eligibility requirements, lack of awareness, and system fragmentation as barriers.**

Both residents and providers emphasized the need for navigators and stronger collaboration to connect people more effectively to the services available.



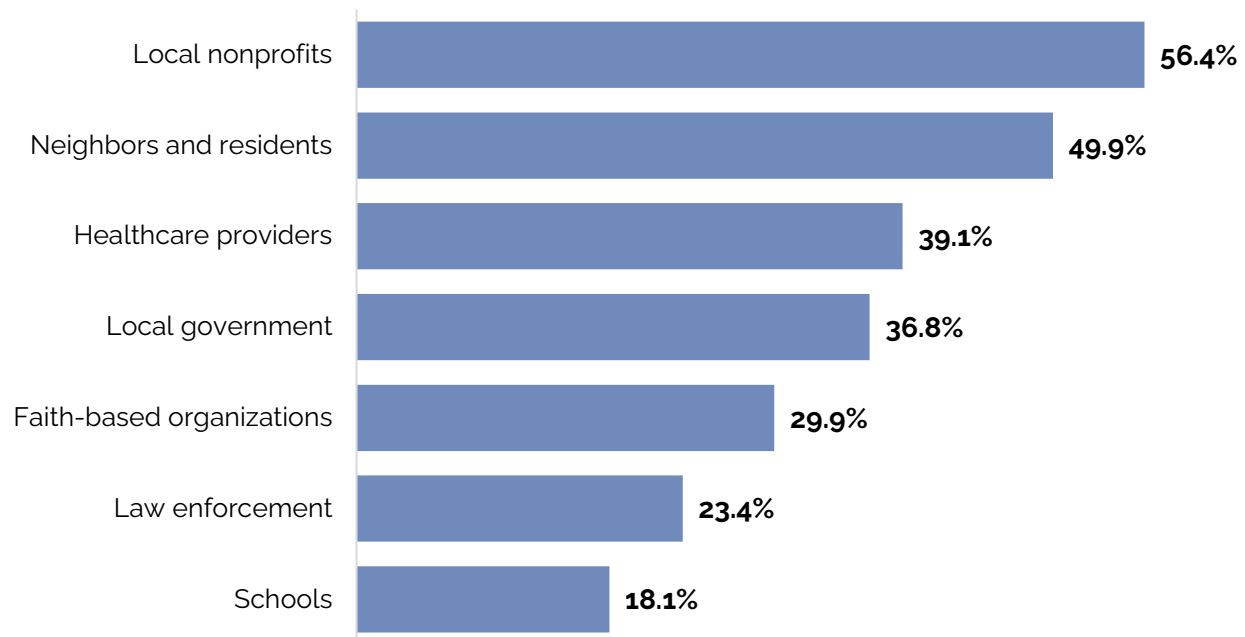


## Community Perspectives



### Community Survey

**More than half of respondents identified nonprofit organizations as the most trusted institutions for making decisions about their neighborhood's health and well-being.**



### What is a strength of your community that often goes unnoticed?

- “We know and support our neighbors. We share resources.”
- “The desire to help family, friends and neighbors is strong but I think many people are unaware of how to assist.”
- “Amount of available resources”
- “Our community has a lot of mental health resources but not everybody knows about them.”

## Top 3 community strengths or program that should be better support or funded

1. Mental health supports that reflect cultural identity
2. Youth organizing or peer mentorship
3. Food access and mutual aid efforts



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

## Vast Network of Resources

- Many participants, both community members and providers, felt that there was a good network of resources. Some mentioned living or working in other areas and that the network was not as strong there.

## Complexity and Red Tape

- Participants expressed frustration with the different qualifiers for the different systems like food, housing, etc. They described instances where they had to fill out lots of paperwork only to be told that they did not qualify, which has led some to not bother with applying for services.

## Awareness of Resources

- One participant described being discharged from the hospital and not knowing how to get follow-up care or additional care needed.
- Participants emphasized that while resources are extensive, many community members are unaware of them.

## Need for Navigators and Guides

- Both community members and service providers indicated a need for system navigators; someone to help them manage the multiple systems that exist for benefits.
- Many participants indicated that they hear about resources through word-of-mouth and that it is helpful to have a trusted person who has also navigated through the system.

## Fragmentation and Silos

- Service providers described how sometimes resources can feel siloed, that there can be a lack of communication about what other organizations are doing.
- Providers described that sometimes services are unknowingly duplicated because organizations may not communicate among each other.



## Key Informant Interviews

### A County-wide Resource

- Interviews consistently brought up this as a particular strength in the county. The pandemic brought different sectors together, and leadership has consistently found ways to bring up the need for improved resource connection. Interviews pointed to the recent investments with Unite Us and referenced past projects around enhanced translation services (spearheaded by the health department).

### Hidden Disparities

- Disparities were also described by individuals, with certain populations having a harder time navigating resources.
- Social capital was named as a common cause of disparities, interacting with trends in social isolation, single-family housing, creating a wider gap in people with deep networks of support, and those without those rich networks.

# Future Stability

Reliable funding is critical for sustaining programs, supporting staff, and ensuring access to services, yet many providers and community members in Summit County described ongoing challenges with financial instability.

**Short-term grants, shifting policies, and uneven distribution of resources create uncertainty, limit long-term planning, and make it harder to meet community needs.**



## Community Perspectives



### Community Survey

#### What types of nonprofit or support services do you wish existed in your neighborhood that currently do not?

- *“In my opinion, Summit County is already fortunate to have many nonprofit organizations doing great work serving a variety of needs. The problem is that they do not have enough funding to meet the demand. We don't need more services - the current services need more support.”*
- *“Not sure. I think a lot of support services exist but need better funding for expansion.”*
- *“After school activities...for all school aged children to give them a great start to an educational path. I understand that funding these programs is a big issue, but I think if these types of programs existed and built into the school day for our children, they would get on a much better path to be prepared for future success.”*



### Focus Group Insights

*Opinions shared are those of the participants and not of Summit County Public Health.*

#### Constriction of Grant Funding Models

- Providers noted that some grant funding is tied to service volume over quality of programming.
- One leader commented that grant funding often asked about the number of residents served, which they felt limited the ability to provide deeper, more personalized care.

#### Shortages in Capital and Operational Funding

- Many providers noted a lack of funding for operational and capital costs. Providers noted that without funding for operational costs, it is difficult to hire and retain staff to provide the programming that can be covered under grant funding.

- Nonprofits often require audits from governmental agencies, and providers noted that the rising cost of audits can function as gatekeeping for funding.

### **Reliance on External Allocations and Policy Changes**

- Both providers and community members noted a general feeling of budgetary instability and had difficulty coping with the “unknowns.”
- Providers noted that many organizations rely on federal funding and do not know what will happen day-to-day, which impacts their ability to plan programming and services for the future.
- Some providers noted that certain grant contracts limited their ability to include specific language in applications, which affected how they could describe the populations they serve and therefore restrict access to funding.

### **Sustainability Concerns and Short-Term Cycles**

- Many providers found difficulty in sustaining their work without long-term commitments.
- Providers expressed frustration that many grants want “something new,” while agencies just need to fill gaps in existing services.
- Community members described long wait times and challenges accessing services due to staffing shortages. Providers emphasized that stable funding is essential to recruit and retain staff, offer competitive wages, and maintain a workforce committed to serving the community.

### **Funding Stability Builds Trust and Continuity**

- Short-term or one-time funding creates instability, where staff feel insecure in their jobs and community members are worried programs will disappear.
- Long-term, sustained investment allows agencies to retain staff, maintain consistent programming, and plan for the future.
- Stable funding builds trust with the community, as people feel safer engaging with services that they know will continue.
- Reliability in staffing and programming strengthens relationships and helps agencies be seen as dependable partners.



## Key Informant Interviews

**Deep anxiety about the next few years, particularly around the ability to sustain Summit County's rich public health infrastructure.**

- Direct funding cuts (e.g., loss in grant funding)
- Indirect funding cut consequences (e.g., Medicaid funding cuts impact clinical reimbursements)
- End of one-time award funding (Opioid settlement)
- Reduced public morale

**A desire to better strategize/allocate public funding and prioritize quality work**

- Without creating territorial competition among sectors- or creating hostile work environments for public workers.



# Data Appendix

## Clinical Health

### Percentage of female Medicare enrollees ages 67-69 that receive mammography screening

Source: County Health Rankings (2024)

2022	2025	% CHANGE	STATE	CHANGE
44.0%	47.0%	6.8%	46.0%	Better

In Summit County, Ohio, 47% of female Medicare enrollees received an annual mammography screening.

### Late-stage diagnosis of breast cancer

Source: Ohio Department of Health, County Cancer Profile, 2023

2022	2025	% CHANGE	STATE	CHANGE
27.4%	31.6%	15.3%	27.0%	Worse

Calculations for the 2023 Summit County Cancer Report published by SCPH indicate that the late-stage diagnosis rate for breast cancer increased from 27.4% for 2014-2018 cases to 31.6% for cases diagnosed from 2016 to 2020.

### Prevalence of pap testing in the past three years among women ages 21-65

Source: Ohio Department of Health, County Cancer Profile, 2023

2022	2025	% CHANGE	STATE	CHANGE
78.4%	77.4%	-1.3%	73.7%	Worse

Pap tests are important for predicting cervical cancer in women. In Summit County between the years of 2018 and 2020, 77.4% of women had a pap test within the last three years. This is a decrease from 78.4% reported between 2016 and 2018.

## Prevalence of meeting colorectal cancer screening guidelines among adults ages 50-75

Source: Ohio Department of Health, County Cancer Profile, 2023

2022	2025	% CHANGE	STATE	CHANGE
65.4%	67.0%	2.4%	67.6%	Better

Between 2018 and 2020, 67.0% of Summit County residents ages 50-75 reported a colorectal screening based on current guidelines. This is an increase from the rate of 65.4% reported from 2016 to 2018.

## Prenatal Care

### Percent of pregnant women who receive prenatal care in the 1st trimester

Source: Vital Statistics, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
68.4%	70.3%	2.8%	69.0%	Better

The percentage of women receiving first trimester prenatal care rose from 68.4% from 2014-2018 to 70.3% in 2019-2023.

## Oral Health

### Percent of adults who have been to a dentist in the past 12 months

Source: Behavioral Risk Factor Surveillance System, 2022

2022	2025	% CHANGE	STATE	CHANGE
67.4%	63.6%	-5.6%	64.4%	Worse

The percentage of adults who have been to the dentist in the past 12 months has decreased from 67.4% in 2020 to 63.6% in 2022. Note: Data is for the Akron MSA (Summit and Portage counties).

## Percent of students that saw a dentist for a routine checkup in the last 12 months: Middle School

Source: Summit County YRBS, 2023

2018	2025	% CHANGE	STATE	CHANGE
71.5%	70.2%	-1.8%	65.5%	Worse

The percentage of middle school students who have been to the dentist for a routine checkup in the past 12 months has decreased from 71.5% in 2018 to 70.2% in 2023.

## Health Care Access

### Percentage of total population without health insurance

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
5.8%	5.6%	-3.4%	6.4%	Better

The percentage of the total population who do not have health insurance continued to decline, dropping from 5.8% to 5.6% between the 2014-2018 and the 2019-2023 periods. However, the difference was not statistically significant.

### Percentage of adults 19-64 who had no health insurance

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
8.2%	8.4%	2.4%	8.8%	Worse

The percentage of the adult population who do not have health insurance rose slightly, from 8.2% to 8.4% between the 2014-2018 and the 2019-2023 periods. However, the difference was not statistically significant.

## Percentage of dual eligible adults in Summit County Medicaid/Medicare

Source: Centers for Medicare and Medicaid Services

2022	2025	% CHANGE	STATE	CHANGE
3.8%	3.9%	3.3%	N/A	No Change

The percentage of dual eligible adults in Summit County Medicaid/Medicare has not significantly changed from 3.8% in 2022 to 3.9% in 2025.

## Ratio of residents to Primary care physicians

Source: County Health Rankings

2022	2025	% CHANGE	STATE	CHANGE
1020:1	990:1	---	1330:1	Better

The ratio of the Summit County population to the total number of Primary Care Providers in the county decreased from 1020:1 in 2021 to 990:1 in 2025.

## Ratio of residents to mental health providers

Source: County Health Rankings

2022	2025	% CHANGE	STATE	CHANGE
340:1	250:1	---	270:1	Better

The ratio of the Summit County population to the total number of Mental Health Providers in the county decreased from 340:1 in 2021 to 250:1 in 2025.

## Ratio of residents to dentists

Source: County Health Rankings

2022	2025	% CHANGE	STATE	CHANGE
1560:1	1460:1	---	1520:1	Better

The ratio of the Summit County population to the total number of dentists in the County decreased 1560:1 in 2021 to 1460:1 in 2025.

## 2-1-1 calls for crisis intervention / suicide assistance per 100,000 population

Source: 211/Summit ACS

2022	2025	% CHANGE	STATE	CHANGE
37.2	46.5	25.0%	N/A	Better*

According to the 2024 data there were approximately 47 calls to 2-1-1 per 100,000 Summit County residents for crisis intervention and suicide assistance.

*\*The calls to 2-1-1 increased over the specified period of time. An increase in calls does not necessarily reflect an increase in crises or suicidal ideation, but rather more likely that more individuals are seeking help and that resources are increasingly publicized and widely available.*

## Average waiting times (days) for detox:

Source: ADM

### MALES

2022	2025	% CHANGE	STATE	CHANGE
0	0	---	---	No Change

The wait time for males to enter a detox facility was 0 days in 2021 and 2024.

### FEMALES

2022	2025	% CHANGE	STATE	CHANGE
0	0	---	---	No Change

The wait time for females to enter a detox facility was 0 days in 2021 and 2024.

## Average waiting times (days) for residential treatment:

### MALES

2022	2025	% CHANGE	STATE	CHANGE
2.1	15.6	642.9%	---	Worse

The wait time for males to enter residential treatment was 2.1 days in 2021 and 15.6 days in 2024.

## FEMALES

2022	2025	% CHANGE	STATE	CHANGE
0.7	10.6	1414.3%	---	Worse

The wait time for females to enter residential treatment was 0.7 days in 2021 and 10.6 days in 2024.

## Emergency department utilization per 1,000 population

Source: EpiCenter, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
557.7	523.3	-6.2%	588.6	Better

Total ER visits for all causes per 1,000 population decreased from 557.7 visits in 2014-2018 to 523.3 visits during 2019-2023 periods.

## Preventable hospital stays (Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees)

Source: County Health Rankings

2022	2025	% CHANGE	STATE	CHANGE
40	30.3	-24.3%	31.1	Better

The number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees has decreased from 40 stays in 2021 to 30.3 stays in 2025.

## Language Access

### Number of minutes used by twelve contracted organizations with Summit County's designated language translation services provider.

Source: Effectiff, 2024

2022	2025	% CHANGE	STATE	CHANGE
190,798	201,202	5.5%	---	Better

The number of minutes collectively used by Summit County's certified language translation services organizations rose by about 5.4% between 2022 and 2024.

## Language other than English spoken at home, percent of persons age 5 years +. (out of those who reportedly speak English less than very well)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
43.8%	42.7%	-2.5%	35.8%	Better

Percent of people that are age 5 years+ that speak English (less than very well) as well as another language in the home has decreased from 43.8% in 2022 to 42.7% in 2025.

## Health Screening

### Pre-diabetes

Source: Ohio Behavioral Risk Factor Surveillance Survey, 2023

2022	2025	% CHANGE	STATE	CHANGE
12.1%	12.7%	5.2%	13.2%	Worse

In 2023 12.7% of adults reported they had been told by a health professional that they have pre-diabetes. This was an increase of 5.2% since 2020.

### BMI of 29.9 kg/m2 or greater (Obesity)

Source: Ohio Behavioral Risk Factor Surveillance Survey, 2023

2022	2025	% CHANGE	STATE	CHANGE
34.1%	39.5%	15.8%	38.1%	Worse

Obesity is linked to multiple chronic health conditions and is defined as a BMI of 29.9kg/m2 or greater. According to 2022 BRFSS data, 39.5% of Summit County residents had a BMI of 29.9kg/m2 or greater. This increased to 39.5% from the obesity rate in 2020 (34.1%). The statewide obesity rate in Ohio in 2022 was 38.1%.



## Adults diagnosed with depressive disorder

Source: Ohio Behavioral Risk Factor Surveillance Survey, 2023

2022	2025	% CHANGE	STATE	CHANGE
24.1%	26.0%	7.9%	25.0%	Worse

In 2022 26.0% of adults reported they had been told that they have a form of depression. This has increased by 8% since 2020, when the rate was 24.1%.

## Smoking

### Adults who are current smokers

Source: County Health Rankings, 2019

2022	2025	% CHANGE	STATE	CHANGE
19.3%	17.5%	-9.3%	17.1%	Better

The estimated percentage of adults in Summit County who reported being current smokers decreased from 19.3% in 2021 to 17.5% in 2022.

### Adults who currently use e-cigarettes

Source: Ohio Behavioral Risk Factor Surveillance Survey, 2022

2022	2025	% CHANGE	STATE	CHANGE
N/A	5.0%	---	8.8%	---

The percentage of adults that currently use e-cigarettes was 5.0% in 2022 and 4.6% in 2017.

### Adults who ever tried e-cigarettes

Source: Ohio Behavioral Risk Factor Surveillance Survey, 2022

2022	2025	% CHANGE	STATE	CHANGE
N/A	24.4%	---	N/A	---

The percentage of adults in Summit County who have ever tried e-cigarettes was 24.4% in 2022.

### Percent who ever used tobacco – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
25.8%	20.3%	-21.3%	20.4%	Better

The percentage of high school students who reported ever trying any tobacco product has decreased from 25.8% in 2018 to 20.30% in 2023.

### Percent who ever used tobacco – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
8.4%	11.4%	35.7%	10.0%	Worse

The percentage of middle school students who reported ever trying any tobacco product has increased from 8.4% in 2018 to 11.4% in 2023.

### Percent who currently smoke – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
1.9%	1.9%	0.0%	3.6%	No Change

The percentage of high school students who are current tobacco users has remained unchanged since 2022.

### Percent who currently smoke – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
1.8%	0.7%	-61.1%	1.5%	Better

The percentage of middle school students who are current tobacco users has decreased by over 50% since 2022.

## Physical Activity

### Physical inactivity

Source: County Health Rankings, 2022

2022	2025	% CHANGE	STATE	CHANGE
26.0%	23.5%	-9.6%	24.0%	Better

Physical inactivity is a risk factor for several diseases and health conditions. The percentage of adults aged 20 and over reporting no leisure-time physical activity decreased from 26.0% in 2020 to 23.5% in 2022. The statewide physical inactivity rate in Ohio in 2022 was 24%.

### Access to exercise opportunities

Source: County Health Rankings, 2022

2022	2025	% CHANGE	STATE	CHANGE
94.0%	95.2%	1.3%	84.0%	Better

According to the County Health Rankings the percentage of Summit County residents reported to be living reasonably close to a location for physical activity, such as parks or recreational facilities increased slightly from 94.0% in 2021 to 95.2% in 2024. The statewide access to exercise opportunities rate in Ohio in 2024 was 84%.

## Alcohol Use

### Binge Drinking (Males having 5+ drinks per occasion, females 4+ drinks)

Source: Behavioral Risk Factor Surveillance System, 2022

2022	2025	% CHANGE	STATE	CHANGE
16.9%	18.7%	10.7%	18.3%	Worse

Binge drinking among adults in Summit County increased from 16.9% in 2019 to 18.7% in 2022 according to BRFSS; a 10.7% increase.

## Heavy alcohol consumption (adult)

Source: Behavioral Risk Factor Surveillance System, 2022

2022	2025	% CHANGE	STATE	CHANGE
5.9%	4.6%	-22.0%	5.1%	Better

Heavy drinking among adults in Summit County decreased from 5.9% in 2020 to 4.6% in 2023. Heavy drinking is defined as having more than 14 drinks per week for men and more than 7 drinks per week for women.

## Percent currently using alcohol – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
23.8%	14.6%	-38.7%	22.8%	Better

Youth current alcohol use among high school students decreased from 23.8% in 2018 to 14.6% in 2023.

## Percent currently using alcohol – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
6.0%	4.1%	-31.7%	N/A	Better

Current alcohol use among middle school students decreased from 6.0% in 2018 to 4.1% in 2023.

## Percent of driving deaths involving alcohol

Source: County Health Rankings, 2019

2022	2025	% CHANGE	STATE	CHANGE
38.0%	39.0%	2.6%	32.0%	Worse

The percentage of alcohol-impaired deaths has increased from 38.0% in 2021 to 39% in 2023.

## Sexual Behaviors

### Chlamydia cases per 100,000 population

Source: Ohio Disease Reporting System, 2023

2022	464.2	% CHANGE	STATE	CHANGE
555.0	525.7	-5.3%	464.2	Better

The case rate of chlamydia (per 100,000) has decreased from 555 cases in 2022 to 525.7 in 2023.

### Gonorrhea cases per 100,000 population

Source: Ohio Disease Reporting System, 2023

2022	2025	% CHANGE	STATE	CHANGE
325.1	199.3	-38.7%	168.8	Better

The case rate of gonococcal infection (per 100,000) have decreased from 325.1 cases in 2021 to 199.3 in 2023.

### Syphilis cases per 100,000 population

Source: STI Surveillance Program – ODH, 2023

2022	2025	% CHANGE	STATE	CHANGE
19.1	57.3	200.0%	42.3	Worse

The case rate of syphilis infection (per 100,000) has increased from 19.1 in 2020 to 57.3 in 2023.

### HIV/AIDS (New diagnoses of HIV infection, per 100,000)

Source: HIV/AIDS Surveillance Program – ODH, 2023

2022	2025	% CHANGE	STATE	CHANGE
8.7	6.5	-25.3%	7.3	Better

The new diagnoses of HIV/AIDS infection per 100,000 has decreased from a rate of 8.7 in 2021 to 6.5 in 2023.

### Percent of sexually active youth using condoms – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
46.7%	40.7%	-12.8%	N/A	Worse

Condom use among middle school youth decreased from 46.7% in 2018 to 40.7% in 2023.

### Percent of sexually active youth using condoms – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
53.3%	53.4%	0.2%	46.2%	No Change

Condom use among high school youth remained relatively the same from 53.3% in 2018 to 53.4% in 2023.

### Had first sexual intercourse before age 13 years - High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
3.4%	3.1%	-8.8%	2.5%	Better

The percentage of high school students who had their first sexual intercourse before age 13 decreased from 3.4% in 2018 to 3.1% in 2023.

### Black teen birth rate (per 1,000)

Source; Ohio Department of Health – Vital Statistics, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
7.3	6.2	-15.1%	8.7	Better

The Black teen (15-17) birth rate per 1,000 has improved steadily, dropping from 11.3 (2009-2013) to 7.3 (2014-2018) and again to 6.2 by 2019-2023.

## Overall teen birth rate (per 1,000)

Source; Ohio Department of Health – Vital Statistics, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
7.1	6.2	-20.5%	4.7	Better

The overall teen (15-17) birth rate per 1,000 has improved steadily, dropping from 11.3 (2009-2013) to 7.1 (2014-2018) and again to 6.2 by 2019-2023.

## Drug Use

### Drug overdose deaths per 100,000

Source: ODH Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
36.7	39.3	7.1%	43.5	Worse

The age-adjusted death rate of drug overdose deaths per 100,000 rose from 13.2 (2009-13) to 36.7 (2014-18) to 39.3 from 2019-2023.

### Percent of drug overdose deaths involving multiple drugs

Source: ODH Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
86.3%	92.5%	7.2%	69.0%	Worse

The percent of OD deaths involving more than one substance rose steadily along with the overall OD death rates. Both increases were driven by fentanyl's introduction into heroin and into other non-narcotic drug supplies.

### Percent ever using marijuana – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
32.2%	20.6%	-36.0%	32.2%	Better

The percentage of students in high school who have ever smoked marijuana has decreased from 32.2% in 2018 to 20.6% in 2023.



### Percent ever using cocaine – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
2.7%	1.6%	-40.7%	N/A	Better

The percentage of students in high school who have ever used cocaine has decreased from 2.7% in 2018 to 1.6% in 2023.

### Percent ever using heroin – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
1.6%	0.9%	-43.8%	N/A	Better

The percentage of students in high school who have ever used heroin decreased from 1.6% in 2018 to 0.9% in 2023.

### Percent ever using methamphetamines – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
1.8%	1.2%	-33.3%	N/A	Better

The percentage of students in high school who have used methamphetamines decreased from 1.8% in 2018 to 1.2% in 2023.

## Unintentional Injuries

### Motor vehicle crash deaths per 100,000

Source: ODH Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
7.2	9.2	27.8%	11.9	Worse

Motor vehicle crash deaths per 100,000 increased from 7.2 in 2014-2018 to 9.2 in 2019-2023.

### ER visits resulting from falls among senior citizens per 1,000 seniors

Source: EpiCenter

2022	2025	% CHANGE	STATE	CHANGE
53.8	67.7	25.8%	N/A	Worse

Fall-related ER visits by senior citizens increased from 53.8 per 1,000 seniors in 2018 to 67.7 in 2023.

### Fall-related deaths for senior citizens per 100,000 seniors

Source: Death Certificates, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
51.9	60.7	17.0%	80.0	Worse

The rate of fall-related senior deaths per 100,000 rose since the middle of the last decade, rising from 51.9 from 2014-18 to 60.7 from 2019-2023.

### ER visits due to traumatic brain injuries per 100,000 population

Source: EpiCenter, 2014-2018 / 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
79.9	150.0	87.7%	174.2	Worse

The rate of ER visits for TBI per 100,000 rose since the 2014-2018 period, rising from 79.9 from 2014-18 to 150.0 from 2019-2023.

### ER visits due to traumatic brain injuries per 100,000 children (<18)

Source: EpiCenter 2014-2018 / 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
164.7	269.7	63.8%	261.7	Worse

The rate of TBI-related ER visits per 100,000 for children rose from 164.7 in 2014-2018 to 269.7 in 2019-2023 periods.

### ER visits due to traumatic brain injuries per 100,000 adults (18-64)

Source: EpiCenter 2014-2018 / 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
53.7	121.8	128.6%	148.2	Worse

The rate of TBI-related ER visits per 100,000 for adults rose from 53.7 to 121.8 between the 2014-2018 and 2019-2023 periods.

### ER visits due to traumatic brain injuries per 100,000 seniors (65+)

Source: EpiCenter 2014-2018 / 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
51.4	96.8	88.3%	152.8	Worse

The rate of TBI-related ER visits per 100,000 for seniors rose from 51.4 to 96.8 between the 2014-2018 and 2019-2023 periods.

### Deaths from traumatic brain injuries per 100,000 population

Source: ODH Death Certificates, 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
19.4	23.1	19.1%	25.5	Worse

The rate of deaths resulting from traumatic brain injuries went up from 19.4 deaths per 100,000 from 2009-2013 to 23.1 deaths per 100,000 from 2019-2023.

## Sleep

### Percent of youth averaging 8 or more hours of sleep per night – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
31.7%	29.8%	-6.0%	42.0%	Worse

Insufficient sleep is associated with multiple chronic diseases and conditions. The percentage of youth in Middle Schools sleeps the recommended amount of time for age per night decreased from 31.7% in 2018 to 29.8% in 2023.

## Percent of youth averaging 8 or more hours of sleep per night – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
19.6%	22.5%	14.8%	20.3%	Better

Insufficient sleep is associated with multiple chronic diseases and conditions. The percentage of youth in High Schools that average a total of eight or more hours of sleep per night increased from 19.6% in 2018 to 22.5% in 2023.

## Education

### Percent of persons age 25+ with a 2-year degree or higher

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
41.1%	43.6%	6.1%	39.9%	Better

According to the 5-year average ACS data from 2019-2023, 43.6% of persons age 25+ in Summit County have a 2-year degree or higher. This increased slightly when compared with the 5-year average ACS data from 2016-2020.

### Percent scoring proficient or above on the 3rd grade reading proficiency test

Source: Summit Education Initiative

2022	2025	% CHANGE	STATE	CHANGE
60.0%	67.0%	11.7%	64.5%	Better

The percentage of 3rd grade students who are scoring proficient or above on 3rd grade reading proficiency tests has increased from 60% during the 2020-2021 school year to 65% in the 2022-2023 school year.

### Average number of public-school general education teachers per 1,000 students

Source: Ohio Department of Education, 2025

2022	2025	% CHANGE	STATE	CHANGE
71.1	71.6	0.8%	60.5	No Change

The average of general education teachers per 1,000 students enrolled in public schools did not significantly change from 2022 to 2025.

## Percent of preschool students who are ready for kindergarten

Source: Summit Education Initiative

2022	2025	% CHANGE	STATE	CHANGE
61.0%	48.0%	-21.3%	N/A	Worse

The Summit Education Initiative was unable to obtain data for 2020-2021 due to the COVID-19 Pandemic; data reporting on this metric resumed for the 2021-2022 school year. The percentage of categorized as being ready for kindergarten decreased from 61% for the 2019-2020 school year to 51 % in the 2021-2022 school year. The latest reporting of this indicator was for the 2023-2024 school with a Kindergarten Readiness rate of 48 %.

## Percent of disciplinary actions (out of school suspensions) per 100 students

Source: Ohio Department of Education, 2023-2024

2022	2025	% CHANGE	STATE	CHANGE
19.0	13.9	-26.8%	N/A	Better

The percentage of disciplinary actions such as out of school suspensions per 100 students decreased from 19 % in 2018 to 13.9% in 2023.

## Percent of residents aged 16 to 19 who are not enrolled in school, not a high school graduate, and who are either unemployed or not in the labor force

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
4.5%	5.0%	10.5%	4.6%	Worse

There was a slight increase in residents ages 16 to 19 who are not enrolled in school, not a high school graduate and who are either unemployed or not in the labor force from the 2016-2020 5-year average ACS data (4.5%) to the 2019-2023 5-year average ACS data (5.0%).

## Average attendance rate

Source: Ohio Department of Education

2022	2025	% CHANGE	STATE	CHANGE
94.5%	91.1%	-3.6%	90.4%	Worse

There was a slight decline in average attendance rate from 94.5% in 2018 to 91.1% in 2023.

## Average 4-year high-school graduation rate

Source: Ohio Department of Education

2022	2025	% CHANGE	STATE	CHANGE
93.4%	94.8%	1.5%	94.1%	Better

The 4-year high school graduation rate in Summit County was 93.4% in 2018 and was 94.8% 2023.

## Employment

### Unemployment rate

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
5.4%	5.2%	-3.3%	3.7%	Better

With the exception of a one-time rise to 8.3% because of the COVID-19 lockdowns, the long-term trend in unemployment rate has remained consistent. It has hovered around the level normally associated with full employment over the past 10 years, and currently stands at 5.2%.

### Income inequality (Gini index)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
0.469	0.482	2.7%	0.465	Worse

Income inequality as measured by the Gini index rose between the 2014-2018 and the 2019-2023 periods, from a coefficient of .469 to a coefficient of .482; a 2.7% increase.

### Ratio of female-to-male earned income

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
76.4%	78.8%	3.1%	80.4%	Better

Women's median earnings as a percentage of men's earnings grew from 76% to nearly 79% from the 2014-2018 to the 2019-2023 periods.

## Median household income

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
\$55,448	\$71,016	28.1%	\$58,116	Better

The median household income rose from \$55,448 to \$71,016 between the 2014-2018 to the 2019-2023 periods.

## Ratio of Black-to-white median household income

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
50.1%	52.6%	5.0%	56.8%	Better

African-American median household income as a percent of white median household income grew slightly between the 2014-2018 and the 2019-2023 periods, from 50% to 53%.

## Percent of the Akron Metropolitan Statistical Area's jobs that are on the list of Ohio's top jobs list

Source: Ohio Means Jobs

2022	2025	% CHANGE	STATE	CHANGE
54.1%	53.5%	-1.1%	59.6%	Worse*

Just over half of jobs in the Akron MSA for 2024 (Summit and Portage Counties) appear on Ohio Means Jobs list of top jobs (defined as either an in-demand or critical job). \*The number of jobs on the list declined slightly between 2023 and 2024 (the only years currently available), from 54.1% to 53.5%, respectively.

## Poverty

### Poverty rate

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
13.1%	12.6%	-3.8%	13.2%	Better

The poverty rate dropped from 13.1% during 2014-2018 to 12.6% in the 2019-2023 period.



### Poverty rate (foreign born/ not a citizen)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
16.6%	18.4%	10.8%	15.5%	Worse

The poverty rate for foreign born/non-citizens rose from 16.6% in 2014-2018 to 18.4% in 2019-2023.

### Percent of children eligible for free or reduced lunch - Akron Public Schools

Source: Ohio Department of Education/Akron Public Schools

2022	2025	% CHANGE	STATE	CHANGE
95.6%	96.0%	0.4%	N/A	Worse

Nearly all of public-school children in Akron were eligible for free or reduced lunch in the 2024 school year; about what it was in the 2022 CHA.

### Percent of children eligible for free or reduced lunch – Average of suburban districts

Source: Ohio Department of Education

2022	2025	% CHANGE	STATE	CHANGE
N/A	49.0%	---	N/A	N/A

### Food pantry 2-1-1 requests per 1,000 families under 200% of poverty

Source: 211 Summit/ U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
158.5	211.3	33.3%	N/A	Worse

The number of food pantry requests to 2-1-1 per 100 families under 200% of poverty increased by 33.3% from the 2022 CHA to the 2025 CHA.

### Percent of children living in poverty

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
18.7%	17.9%	-4.3%	18.0%	Better

The poverty rate for children under age 18 dropped from 18.7% in 2014-2018 to 17.9% in 2019-2023.

### Percent of households receiving food stamps

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
14.1%	13.6%	-3.5%	12.4%	No Change

The percentage of households receiving food stamp or SNAP income has remained at about 14% in all three of the last CHA reports (2019, 2022, 2025).

### Female head of household poverty rate

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
39.5%	36.9%	-6.6%	38.4%	Better

The poverty rate for female headed households with children under age 18 dropped from 39.5% to 36.9% between the 2014-2018 and 2019-2023 periods.

### Median earnings for full-time, year-round workers

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
\$57,747	\$58,899	2.0%	\$42,229	Better

Median earnings for full-time, year-round workers in Summit County rose from \$56,758 to \$57,747 from 2014-2018 and again to \$58,899 between the 2019-2023 period: an increase of just 4% over 15 years.

## Percent of 2-1-1 calls asking about utility payment assistance

Source: 211Summit

2022	2025	% CHANGE	STATE	CHANGE
23.9%	17.7%	-25.9%	N/A	Better

The percentage of InfoLine calls asking about utility payment assistance in 2024 decreased to 17.7% compared to the 2022 CHA data (23.9%). This can be considered an improvement to the extent that it is caused by reduced demand for assistance.

## Rent assistance 2-1-1 requests per 1,000 renters

Source: 211 Summit/ U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
244.0	119.3	-51.1%	N/A	Better

The number of rent assistance 211 requests per 1,000 renter occupied units decreased by 51.1% compared to the 2022 CHA data. This can be considered an improvement to the extent that it is caused by reduced demand for assistance.

## Community Safety

### Violent crime rate per 100,000 residents

Source: Ohio Incident-Based Reporting System\*

2022	2025	% CHANGE	STATE	CHANGE
609.8	432.9	-29.0%	---	Better

The violent crime rate is described as the number of reported crimes in the community divided the population. The violent crime rate per 100,000 decreased from 609.8 in 2020 to 432.9 in 2024.

\*For all OIBRS data: Law enforcement agency participation in OIBRS has increased over the years. As more agencies submit their data to OIBRS, more crimes are reported though the total population denominator remains relatively constant. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.

### Murder rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
14.0	6.5	-53.6%	---	Better

The Summit County murder rate that has been calculated per 100,000 residents decreased from 14.0 in 2020 to 6.5 in 2024.

### Rape rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
81.4	67.3	-17.3%	---	Better

The Summit County rape rate per 100,000 residents decreased from 81.4 in 2020 to 67.3 in 2024.

### Robbery rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
85.2	43.7	-48.7%	---	Better

The robbery rate per 100,000 in Summit County has decreased from 85.2 in 2020 to 43. in 2024.

### Aggravated assault rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
429.2	316.9	-26.2%	---	Better

The rate of aggravated assault per 100,000 in Summit County decreased from 429.2 in 2020 to 316.9 in 2024.

### Property crime rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
3,198.7	2,281.3	-28.6%	---	Better

The property crime rate per 100,000 residents decreased from 3196.7 in 2020 to 2281.3 in 2024.

### Burglary rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
565.4	217.7	-61.5%	---	Better

The burglary rate per 100,000 residents decreased from 565.4 in 2020 to 217.7 in 2024.

### Larceny theft rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
2,298.8	1,842.5	-19.8%	---	Better

The larceny theft rate per 100,000 residents decreased from 2298.8 in 2020 to 1842.5 in 2024.

### Motor vehicle theft rate per 100,000 residents

Source: Ohio Incident-Based Reporting System

2022	2025	% CHANGE	STATE	CHANGE
332.5	221.2	-33.5%	---	Better

The motor vehicle theft per 100,000 residents decreased from 332.5 in 2020 to 221.2 in 2024.

### Injury deaths per 1,000 population

Source: Ohio Department of Health Death Records

2022	2025	% CHANGE	STATE	CHANGE
90.4	68.7	-24.0%	76.2	Better

After the spike in injury-related deaths noted in the 2022 CHA, injury-related deaths dropped almost all the way back to those noted in the 2019 CHA (from 60.7 to 90.4 and back to 68.7).

### Homicide deaths per 100,000 population

Source: Ohio Department of Health Death Records

2022	2025	% CHANGE	STATE	CHANGE
7.6	7.7	1.3%	8.3	Worse

The average number of homicides in Summit County increased from 7.6 homicides in 2014-18 to 7.7 homicides in 2019-23.

### Violence-related ER visits age 65+ per 100,000 seniors

Source: EpiCenter

2022	2025	% CHANGE	STATE	CHANGE
31.2	45.0	44.2%	---	Worse

Violence-related ER visits for seniors rose from 31 to 45 per 100,000 between the 2014-18 and 2019-23 periods.

### CIT training for officers

Source: ADM

2022	2025	% CHANGE	STATE	CHANGE
71	87	22.5%	---	Better

There were 70 officers who had received CIT training in 2021 which increased to 87 officers in 2024.

## Children in custody per 1,000 children

Source: Public Children's Services Association of Ohio, 2024

2022	2025	% CHANGE	STATE	CHANGE
13.5	14.6	8.1%	9.1	Worse

The rate of children in custody per 1,000 continued to climb from 12.8 in 2018 to 13.5 in 2020 to 14.6 in 2024.

## Transportation

### Unlinked passenger trips for METRO Regional Transit Authority per 1,000 population in service area

Source: U.S. Department of Transportation

2022	2025	% CHANGE	STATE	CHANGE
6,099	7,981	30.9%	N/A	Better

Total METRO Regional transit unlinked passenger trips per 1,000 increased from 6,099 trips in 2020 to 7,981 trips in 2023.

### Percent of workers age 16+ who commute to work via public transit

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
1.3%	0.9%	-30.8%	1.1%	Worse

The percentage of people who use public transportation to get to work was collected from the 5-year ACS average data. This has decreased slightly from 1.3% in 2016-2020 to 0.9% in 2019-2023.



## Housing (Affordability)

### Renter housing affordability (Percentage paying more than 30 percent of income on housing)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
46.8%	46.6%	-0.4%	45.1%	Better

Though lower than it was from 2014-2018, nearly 47% of renters are paying more than 30% of their income for rent as of 2019-2023.

### Combined owner housing affordability (Percentage paying more than 30 percent of income on housing)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
18.0%	17.1%	-5.1%	16.6%	Better

Owner housing affordability has remained relatively constant over the last 15 years, with about 17% of owners with a mortgage paying 30% or more of their income for rent as of 2019-2023.

### Owner housing affordability - with a mortgage

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
22.0%	20.2%	-8.2%	20.2%	Better

Just over one-fifth of homeowners with a mortgage are paying more than 30% of their income for their housing as of 2019-2023; about the same as in 2014-2018.

## Owner housing affordability - without a mortgage

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
12.6%	11.5%	-8.7%	11.5%	Better

Nearly 12% of homeowners without a mortgage are paying more than 30% of their income for their housing as of 2019-2023; slightly lower than in 2014-2018.

## Percent of rental units that are vacant as a percentage of all rental units

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
4.5%	3.5%	-22.2%	8.4%	Worse

The estimated number of vacant rental properties dropped by nearly a quarter (22%) between 2014-2018 and 2019-2023. Fewer vacancies usually means a tightening rental market and increasing costs for renters.

## Rent for a two-bedroom apartment

Source: National Low Income Housing Coalition, 2024

2022	2025	% CHANGE	STATE	CHANGE
\$849	\$1,131	33.2%	\$1,171	Worse

The rent for a two-bedroom apartment in Summit County rose by nearly \$300 per month between 2021 and 2024 (\$849 to \$1,131).

## Hourly wage needed to afford a two-bedroom apartment

Source: National Low Income Housing Coalition, 2024

2022	2025	% CHANGE	STATE	CHANGE
\$16.64	\$21.75	30.7%	\$22.51	Worse

The hourly wage that is needed to pay for a fair market rent 2-bedroom apartment in Summit County increased from \$15.63 in 2018 to \$16.64 in 2021 and again to \$21.75.

### Average hourly wage of a renter

Source: National Low Income Housing Coalition, 2024

2022	2025	% CHANGE	STATE	CHANGE
\$14.84	\$17.36	17.0%	\$18.26	Better

The average hourly wage of a renter increased from \$13.92 in 2018 and \$14.84 in 2021 and again to \$17.36 per hour; a 17% increase. However, average rent between those years rose by 28%.

### Rent affordable at average renter wage

Source: National Low Income Housing Coalition, 2024

2022	2025	% CHANGE	STATE	CHANGE
\$882	\$1,060	20.2%	\$1,100	Worse

The affordable rent at average renter wage increased from \$882 in 2021 to \$1,060 in 2024; an increase of 20% since 2021. This metric is indicated as “worse” despite the increase because this is \$71 less than what an average two-bedroom unit costs at fair market rent in Summit County.

### Work hours per week at minimum wage needed to afford two-bedroom at Fair Market Rent

Source: National Low Income Housing Coalition, 2024

2022	2025	% CHANGE	STATE	CHANGE
74	81	9.5%	84	Worse

The average number of hours that a renter would need to work to afford to pay the average rent in Summit County grew from 74 hours per week in 2021 to 81 hours per week in 2024.

## Family Structure/Social Connectivity

### Children in single parent households

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
37.9%	38.0%	0.3%	35.5%	No Change

The change in the total number of children who live in a single parent household remained essentially unchanged between the 2014-2018 and 2019-2023 periods.

### Number of seniors 65 years of age and older enrolled in PASSPORT, Assisted Living, MyCare or Care Coordination

Source: Direction Home

2022	2025	% CHANGE	STATE	CHANGE
4.6%	6.0%	30.4%	N/A	Better

Enrollment in nursing home alternatives such as PASSPORT, assisted living, MyCare or Care Coordination rose from 4.6% to 6.0% between 2019 and 2024.

### Residents without internet access

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
12.9%	9.6%	-25.6%	---	Better

The percentage of Summit County residents that are without internet access has decreased from 12.9% in 2014-2018 to 9.6% in 2019-2023.

## Housing (stock)

### Percent of housing stock in below average or worse condition

Source: SC Fiscal Office Parcel Data, 2025

2022	2025	% CHANGE	STATE	CHANGE
3.9%	3.1%	-20.5%	N/A	Better

The percentage of housing stock in below average or worse condition improved slightly between 2019 and 2025.

Note: This indicator is based on condition-desirability-utility codes (CDU). This is a measure that combines both physical condition and market factors to define housing quality. Therefore, this indicator is not simply a measure of a home's physical condition.

### Average age of housing in low-income census tracts (years)

Source: SC Fiscal Office Parcel Data

2022	2025	% CHANGE	STATE	CHANGE
84.2	88.2	4.8%	N/A	Worse

The average age of housing in low-income census tracts rose from 84 years in 2021 to 88 years in 2025.

### Average age of housing in middle- and upper-income census tracts (years)

Source: SC Fiscal Office Parcel Data

2022	2025	% CHANGE	STATE	CHANGE
63.0	61.1	-3.0%	N/A	Better

The average age of housing in middle- and high-income census tracts dropped from 63 years in 2021 to 61 years in 2025.

### Owner-occupied housing as a percentage of total housing units

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
66.3%	67.3%	1.5%	66.3%	Better

Percentage of owner-occupied vs rental housing remained steady at about two-thirds owner-occupied, one-third rental.

## Percent of homes that are abandoned or vacant

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
5.8%	7.2%	23.7%	8.4%	Worse

The number of homes that are abandoned or vacant based on ACS data that classifies homes as for sale only, for rent or other vacant out of the total number of housing units in Summit County has increased slightly from 5.8% in 2021 to 7.2% in 2023.

## Percent of housing units with severe housing problems

Source: Housing and Urban Development, 2017-2021

2022	2025	% CHANGE	STATE	CHANGE
14.0%	12.9%	-7.9%	N/A	Better

The percentage of housing units with severe housing problems declined slightly, from 14% to just under 13% between the 2012-2016 and 2017-2021 periods (the most current HUD data available).

## Homelessness Point in Time Count

Source: Summit COC

2022	2025	% CHANGE	STATE	CHANGE
315	690	119.0%	N/A	Worse

Homelessness Point in Time (PIT) count from Summit Continuum of Care PIT count Data Reports increased from 315 people in 2021 to 690 people in 2023.

## Percent of Summit County children who tested positive for lead, of those tested

Source: Ohio Department of Health Lead Database, 2022-2024

2022	2025	% CHANGE	STATE	CHANGE
12.0%	11.8%	-1.7%	5.9%	Better

The percentage of children under age 6 who tested positive for elevated blood-lead levels stayed roughly the same (12.0% from 2018-2020 and 11.8% from 2022-2024). Note: These figures reflect a revised definition from previous CHAs and focus only on confirmed blood tests using a venous draw, which is considered more accurate. Also, future versions of this indicator will also reflect the state's new definition of 3.5 ug/dL rather than the standard before 2024 of 5.0 ug/dL.

## Number of lead abatements performed

Source: Summit County Public Health, City of Akron, 2024

2022	2025	% CHANGE	STATE	CHANGE
121	216	78.5%	N/A	Better

Lead abatement projects totaled 216 between 2022 and 2024; about 72 per year on average.

## Percent of housing units built before 1978

Source: SC Fiscal Office Parcel Data

2022	2025	% CHANGE	STATE	CHANGE
75.6%	70.9%	-6.2%	N/A	Better

Nearly 71% of housing units in Summit County were built before 1978, the year that lead-based paint was outlawed for residential construction. Homes built before that year are more likely to contain this dangerous substance.

## Air Quality

### Percent of days that the Air Quality Index was below 50

Source: EH

2022	2025	% CHANGE	STATE	CHANGE
267	246	-7.9%	N/A	Worse

The number of days when Summit County's Air Quality Index (AQI) was 50 or less, which indicates a "good" level of pollution, dropped from 267 days in 2021 (73% of the year) to 246 days in 2024 (67% of the year).

### Indoor Air (Smoking): Public space violations/investigations

Source: EH

2022	2025	% CHANGE	STATE	CHANGE
41	72	75.6%	N/A	Worse

According to the EH division there were a total of 72 complaints filed in the Smoke Free Ohio application in 2024 for Summit County. Of these 72 complaints 70 were dismissed and only 2 resulted in enforcement action in the form of official issuance of a warning with one facility appealing the violation.

## Water

### Percent of residences located in flood plain

Source: Summit County GIS Open Data Portal / Fiscal Office residential parcel database

2022	2025	% CHANGE	STATE	CHANGE
1.0%	1.6%	60.0%	N/A	Worse

The percentage of residential parcels located in a FEMA-defined floodplain rose from just over 1% in 2022 to 1.6% in 2025.

### Fluoride (in public water supply)

Source: Consumer Confidence reports (CCR) from water suppliers serving Summit County

2022	2025	% CHANGE	STATE	CHANGE
0.25 - 1.05 ppm	0.1-1.32 ppm	---	N/A	No Change

The average fluoride found in all public water systems has stayed around the same level from a range of 0.1 to 1.32 ppm according to the 2023 Consumer Confidence reports. Larger Municipal water supplies had fluoride levels that were higher compared with smaller systems with ranges bounded closer to one.

### Lead in Water

Source: Consumer Confidence reports (CCR) from water suppliers serving Summit County

2022	2025	% CHANGE	STATE	CHANGE
90% of samples less than range: ND to 5.0 ppb	90% of samples less than range: ND to 5.0 ppb	---	N/A	No Change

There are currently 32 Active Community Public water systems in Summit County with a total of 156,497 service connections, serving an estimated population of 438,932 residents. According to the 2023 consumer Confidence Reports for these active systems 90% of lead samples for all community water system were in the range of No detection to < 5.0 ppb. There were 3 instances of elevated samples: one instance in Barberton, Akron, and Cuyahoga Falls. Both Akron and Cuyahoga falls noted that resamples were collected and levels returned to levels below 5ppb.



## Septic Systems failures

Source: SCPH

2022	2025	% CHANGE	STATE	CHANGE
18.3%	17.3%	-5.5%	N/A	Better

The rate of septic system failures in Summit County declined slightly, from 18.3% in 2018 to 17.3% in 2024.

## Food Access

### Number of meals distributed to those in need

Source: Akron Canton Food Bank

2022	2025	% CHANGE	STATE	CHANGE
8,208,139	12,766,095	55.5%	N/A	Better

The number of meals that were distributed to those in need in Summit County increased from 8,208,139 in 2021 to 12,766,095 meals in 2024.

### Percent of the population living in food desert

Source: ESRI, Summit County Public Health, U.S. Census, 2020

2022	2025	% CHANGE	STATE	CHANGE
5.4%	5.3%	-1.9%	N/A	Better

The percentage of the population in Summit County that is currently living in a food desert dropped slightly, to 5.4% in 2021 to 5.3% in 2025.

## Transportation

### Commute times (Percentage travelling an average of 45 minutes or more to work)

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
10.8%	10.5%	-2.8%	11.1%	Better

The percentage of people who travel 45 minutes or more to get to work was collected from the 5-year ACS average data. There was no significant change.

### Percent of labor force that drives alone to work

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
85.0%	76.7%	-9.7%	76.6%	Better

The percentage of the labor force that drives alone to work in Summit County decreased from 85% in the 2014-2018 period to 77% from the 2019-2022 period. Much of the decline can be attributed to the rise in remote work (which began before the pandemic but accelerated during it). Remote work rose from 4% to 12% during these same years.

### Percent of workers age 16+ who work at home

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
3.8%	12.0%	215.8%	13.0%	N/A

The percentage of people who work at home has quadrupled over the past 15 years (from 3% to 12%). Though most of this increase can be attributed to the pandemic, the percent of employees working at home was already beginning to rise as early as 2016.

## Public Transit Usage / Access

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
1.1%	0.9%	-18.2%	1.1%	Worse

The percentage of Summit County residents that use public transit to commute to work dropped from 1.1% in 2022 to 0.9% in 2025. This decrease may partially be the result of more individuals working from home.

## Vehicle miles travelled per 1,000 population

Source: Ohio Department of Transportation, U.S. Census Bureau American Community Survey 5-Year Estimates 2019-2023

2022	2025	% CHANGE	STATE	CHANGE
24,415	28,415	16.4%	26,900	Worse

Daily vehicle miles traveled per 1,000 population rose by about 16% between 2017 and 2024.

## Land Use

### Number of alcohol-designated establishments

Source: Data Axle NAICS

2022	2025	% CHANGE	STATE	CHANGE
126	113	-10.3%	N/A	Better

There has been a decline in the number of establishments that only sell alcohol (or sell it as their primary product). Total establishments dropped from 126 in 2017 to 113 in 2022, a 10% decrease.

### Primary tobacco retail outlets

Source: Summit County Fiscal Office

2022	2025	% CHANGE	STATE	CHANGE
33	37	12.1%	N/A	Worse

The number of primary tobacco retailers increased slightly from 33 locations in 2022 to 37 locations in 2025.

## Marijuana Dispensary

Source: Ohio Department of Commerce

2022	2025	% CHANGE	STATE	CHANGE
N/A	7	N/A	155	Worse

There were 7 licensed marijuana dispensaries in Summit County in June 2025. Number of dispensaries could have increased since that data collection date.

## Miles of Trails / Bike Paths

Source: Metro Parks

2022	2025	% CHANGE	STATE	CHANGE
117.4	117.4	N/A	N/A	No Change

The miles of bike and hike trails in Summit County did not change from 2016 to 2021, the most current year of data available.

## Industrial pollution (Number of brownfield sites)

Source: Ohio EPA

2022	2025	% CHANGE	STATE	CHANGE
27	27	0.0%	437	No Change

Brownfields are abandoned/underutilized commercial or industrial properties contaminated with various hazardous substances. The number of brownfield sites did not change from 2022 to present.

## Health Outcomes

### Percent of youth that seriously considered suicide – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
17.7%	14.0%	-20.9%	18.1%	Better

The percentage of youth seriously considered suicide in Summit County High Schools decreased from 17.7% in 2018 to 14.0% in 2023.

## Percent of youth that seriously considered suicide – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
12.9%	12.2%	-5.4%	14.0%	Better

The percentage of youth that seriously considered suicide in Summit County Middle Schools slightly decreased from 12.9% in 2018 to 12.2% in 2023.

## Percent of youth that attempted suicide – High School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
8.4%	6.4%	-23.8%	9.0%	Better

The percentage of suicide attempts that occurred in Summit County High Schools decreased from 8.4% in 2018 to 6.4% in 2023.

## Percent of youth that attempted suicide – Middle School

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
6.9%	7.2%	4.3%	8.1%	Worse

The percentage of suicide attempts that occurred in Summit County Middle Schools slightly increased from 6.9% in 2018 to 7.2% in 2023.

## Birth Outcomes

### Percent of babies born with low birth weight

Source: Vital Statistics

2022	2025	% CHANGE	STATE	CHANGE
9.1%	9.2%	1.1%	9.5%	Worse

The percentage of low-birth-weight infants in Summit County fluctuated within a narrow range over the past 15 years (from 9.1% to 9.2% of all births).

## Chronic Disease

### Diabetes

Source: BRFSS, 2022

2022	2025	% CHANGE	STATE	CHANGE
11.4%	11.0%	-3.5%	11.0%	Better

The percentage of Summit County residents that classify as diabetic decreased slightly, moving from 11.4% in 2022 to 11.0% in 2025.

### Children with asthma (Middle School)

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
8.0%	7.0%	-12.5%	N/A	Better

The percentage of middle school children in Summit County that have asthma slightly decreased from 8.0% in 2018 to 7.0% in 2023, a drop of 12.5%.

### Children with asthma (High School)

Source: Summit County YRBS, 2023

2022	2025	% CHANGE	STATE	CHANGE
6.2%	6.0%	-3.2%	N/A	Better

The percentage of high school children in Summit County that have asthma slightly decreased from 6.2% in 2018 to 6.0% in 2023.

### Adults currently with asthma

Source: Ohio Behavioral Risk Factor Surveillance System, 2022

2022	2025	% CHANGE	STATE	CHANGE
10.4%	11.2%	7.7%	11.4%	Worse

The percentage of Summit County adults currently with asthma increased from 10.4% in 2020 to 11.2% in 2022.

### ER visits for exacerbation (breathing) per 1,000

Source: Epi Center, 2024

2022	2025	% CHANGE	STATE	CHANGE
8.2	7.1	-13.7%	6.7	Better

The rate of ER visits that involve exacerbation per 1,000 decreased from 8.2 visits in 2021 to 7.1 visits in 2024.

### Adults with COPD

Source: Ohio Behavioral Risk Factor Surveillance System, 2022

2022	2025	% CHANGE	STATE	CHANGE
7.5%	7.0%	-6.7%	9.5%	Better

The percentage of Summit County adults currently with chronic obstructive pulmonary disease (COPD) decreased from 7.5% in 2020 to 7.0% in 2022.

### Breast Cancer death rate

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
20.0	19.9	-0.5%	18.5	Better

The rate of breast cancer cases remained unchanged from 20.0 cases per 100,000 in 2014-2018 to 19.9 cases between 2018 to 2022.

### Colorectal Cancer incidence rate per 100,000

Source: SCPH Cancer Report, 2023

2022	2025	% CHANGE	STATE	CHANGE
37.2	35.1	-5.6%	36.2	Better

The rate of colorectal cancer cases per 100,000 decreased from 37.2 cases in 2012-2016 to 35.1 cases between 2016-2020.

### Colorectal Cancer death rate

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
13.8	13.1	-5.1%	13.2	Better

The rate of individuals who have died from colorectal cancer decreased from 13.8 in 2014-2018 to 13.1 in 2018-2022.

### Lung Disease death rate (chronic lower respiratory; e.g. COPD, asthma)

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
38.3	47.4	23.8%	44.6	Worse

The rate of individuals who have died from chronic lung disease increased from 38.3 in 2014-2018 to 47.4 in 2018-2022.

### Respiratory Cancer death rate

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
41.5	38.1	-8.2%	36.9	Better

The rate of individuals who have died from respiratory cancer continued to decrease from 41.5 in 2014-2018 to 38.1 in 2018-2022.

### Prostate Cancer death rate

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
19.6	20.6	5.1%	7.2	Worse

The rate of individuals who have died from prostate cancer increased by 5%, from 19.6 in 2014-2018 to 20.6 in 2018-2022.



### Cancer fatality rate (age-adjusted) per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
169.1	161.1	-4.7%	154.9	Better

The rate of individuals who have died from any type of cancer per 100,000 decreased from 169.1 from 2016-2021 to 159.3 from 2018-2022.

### Percent of adults who were ever told they have kidney disease

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
2.7%	2.8%	3.7%	4.7%	Worse

The percent of Summit County residents with kidney disease had a slight increase from 2.7% in 2020 to 2.8% in 2021.

### Chronic kidney disease death rate (age-adjusted) per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
10.6	13.7	29.2%	14.8	Worse

Kidney disease death rates per 100,000 have been trending upward, rising from 8.6 in 2009-2013 to 13.7 in 2019-2023.

### Percent of adults who were ever told they had high cholesterol

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
25.4%	30.1%	18.5%	35.5%	Worse

The percentage of tested Summit County residents with high cholesterol increased from 25.4% in 2020 to 30.1% in 2021.

### Percent of adults who were ever told they had heart disease

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
5.7%	6.4%	12.3%	8.4%	Worse

The percentage of Summit County residents who suffer from heart disease increased from 4.9% in 2019 to 6.4% in 2022.

### Heart disease death rate per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
176.2	189.8	7.7%	196.9	Worse

Heart disease death rates per 100,000 in Akron MSA rose from 176.2 in 2014-2018 to 189.8 from 2019-2023.

### Percent of adults who were ever told they had high blood pressure

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
30.7%	30.7%	0.0%	35.6%	No Change

The estimated percentage of Summit County residents diagnosed with high blood pressure remained stable from 2019 to 2021 at 30.7%.

### Percent of adults who were ever told they had a stroke

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
3.2%	3.0%	-6.3%	4.3%	Better

According to the BRFSS, the percentage of Summit County residents that have a history of stroke decreased slightly between 2019 and 2022, dropping from 3.2% to 3.0%.

### Stroke deaths per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
38.2	38.8	1.6%	45.3	Worse

The rate of individuals who have died from a stroke per 100,000 remained essentially unchanged between 2014-18 and 2019-23 (38.2 and 38.8, respectively).

### Alzheimer's disease / dementia death rates per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
77.5	79.4	2.5%	35.5	Worse

The rate of individuals who have died from Alzheimer's Disease or dementia per 100,000 has risen steadily over the past 15 years, from 74.4 in 2009-2013 to 77.5 in 2014-2018 and again to 79.4 in 2019-2023.

### Arthritis

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
25.9%	26.4%	1.9%	31.3%	Worse

According to the BRFSS, the percentage of Summit County residents that have arthritis was had a small increase from 2019 to 2022; rising from 25.9% to 26.4%.

### Fair or poor self-rated health status among adults

Source: Ohio Behavioral Risk Factor Surveillance System, 2021

2022	2025	% CHANGE	STATE	CHANGE
14.6%	17.7%	21.2%	18.7%	Worse

The percentage of adults in Summit County saying they were in fair or poor health increased from 14.6% in 2020 to 17.7% in 2022.

## Communicable Disease

### Number of people living with HIV/AIDS per 100,000

Source: HIV/AIDS Surveillance Program, Ohio Department of Health

2022	2025	% CHANGE	STATE	CHANGE
198.4	213.7	7.7%	215.1	Worse

The rate of individuals in Summit County per 100,000 that are living with HIV/AIDS increased from 198.4 in 2020 to 213.7 in 2023.

### All communicable diseases tracked by SCPH per 100,000 (No COVID)

Source: ODRS, 2024

2022	2025	% CHANGE	STATE	CHANGE
1113.8	1080.7	-3.0%	N/A	Better

The rate of all communicable diseases that are tracked by Summit County Public Health per 100,000 decreased slightly from 1113.8 in 2021 to 1080.7 in 2024 if COVID-19 cases are not included.

### Influenza and pneumonia deaths per 1,000

Source: Ohio Department of Health Death Records

2022	2025	% CHANGE	STATE	CHANGE
10.1	10.3	2.0%	14.6	Worse

Deaths from influenza and/or pneumonia dropped sharply between the 2014-2018 and the 2019-2021 periods. The rate dropped from 32.3 per 1,000 to only 10.1 per 1,000 in the 2019-2021 period.

### Viral meningitis cases per 100,000

Source: ODRS

2022	2025	% CHANGE	STATE	CHANGE
1.5	1.3	-13.3%	3.6	Better

The rate of aseptic / viral meningitis cases in Summit County per 100,000 decreased from 1.5 in 2021 to 1.3 cases per 100,000 in 2024. This small change reflects a drop in the case count by one single case.

## Number of cases of vaccine preventable diseases per 100,000 (NO COVID)

Source: ODRS

2022	2025	% CHANGE	STATE	CHANGE
39.2	103.7	164.5%	N/A	Worse

The rate for the number of vaccine preventable disease cases in Summit County per 100,000 increased from 39.2 in 2021 to 103.7 cases in 2024 (if COVID-19 not included). This dramatic increase was mostly due to variations in influenza activity in 2021 and 2024. Due to the COVID-19 pandemic, there was extremely low levels of influenza activity in 2021.

## Number of enteric disease cases per 100,000

Source: ODRS

2022	2025	% CHANGE	STATE	CHANGE
47.6	80.1	68.3%	61.5	Worse

The rate for the number of enteric disease cases in Summit County per 100,000 increased from 47.6 in 2021 to 80.1 cases in 2024.

## Injury

### Motor vehicle accident deaths per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
8.9	8.9	0.0%	11.9	No Change

Motor vehicle deaths per 100,000 rose from 6.2 to 8.9 between the 2009-13 and 2014-18 periods and remained at that level in the 2019-2023 period.

### Percentage of ED visits due to unintentional injury

Source: EPiCenter

2022	2025	% CHANGE	STATE	CHANGE
14.0%	14.9%	6.4%	12.6%	Worse

Injury-related visits (non-drug) to emergency rooms serving Summit County residents rose slightly, from 14% in 2014-2018 to 14.9% in 2019-2023.

## Premature Death

### Years of potential life lost per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
8,779	9,654	10.0%	8,700	Worse

The years of potential life lost per 100,000 increased from 7,431 from 2009-2013 and 8,779 from 2014-2018 to 9,654 from 2019-2023.

### Suicide rate (youth and adults) per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
15.6	15.4	-1.3%	14.7	Better

After increasing from the 2009-2013 to the 2014-2018 periods (11.9 to 15.6), the suicide rate remained roughly the same from 2019-2023 (15.4 per 100,000).

### Overall life expectancy

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
77.4	76.3	-1.4%	75.3	Worse

Overall life expectancy declined by about 2.2 years between the 2009-2013 and 2019-2023 periods (78.5 to 76.3).

### Life expectancy – Female

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
80.9	79.8	-1.4%	78.1	Worse

Female life expectancy declined by about 1 year between the 2009-2013 and 2019-2023 periods (80.8 to 79.8).

## Life expectancy – Male

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
76.2	75.1	-1.4%	72.5	Worse

Male life expectancy declined by about 1.3 years between the 2009-2013 and 2019-2023 periods (76.4 to 75.1).

## Child mortality rate per 100,000

Source: Ohio Department of Health Death Certificates

2022	2025	% CHANGE	STATE	CHANGE
54.6	50.2	-8.1%	69.4	Better

The number of deaths under age 20 per 100,000 residents under age 20 dropped from 54.6 in the 2014-2018 period to 50.2 in the 2019-2023 period.

## Infant Mortality

### Infant mortality rate per 1,000 live births

Source: Vital Statistics

2022	2025	% CHANGE	STATE	CHANGE
7.3	6.0	-17.8%	7.1	Better

The infant mortality rate per 1,000 live births dropped from 7.3 between 2014 and 2018 to 6.0 between 2019 and 2023.

### Black infant mortality rate per 1,000 live births

Source: Vital Statistics

2022	2025	% CHANGE	STATE	CHANGE
15.8	14.4	-8.9%	13.7	Better

The Black infant mortality rate per 1,000 live births dropped from 15.8 between 2014 and 2018 to 14.4 between 2019 and 2023. However, the disparity between Black and total infant mortality rates grew larger despite the improvement in both rates.

### Neonatal infant mortality rate (0-28 days)

Source: Vital Statistics

2022	2025	% CHANGE	STATE	CHANGE
4.1	3.9	-4.9%	4.8	Better

The neonatal infant mortality rate per 1,000 live births (deaths in the first 28 days after birth) dropped from 4.1 between 2014 and 2018 to 3.9 between 2019 and 2023.

### Post-neonatal infant mortality rate (28-364 days)

Source: Vital Statistics

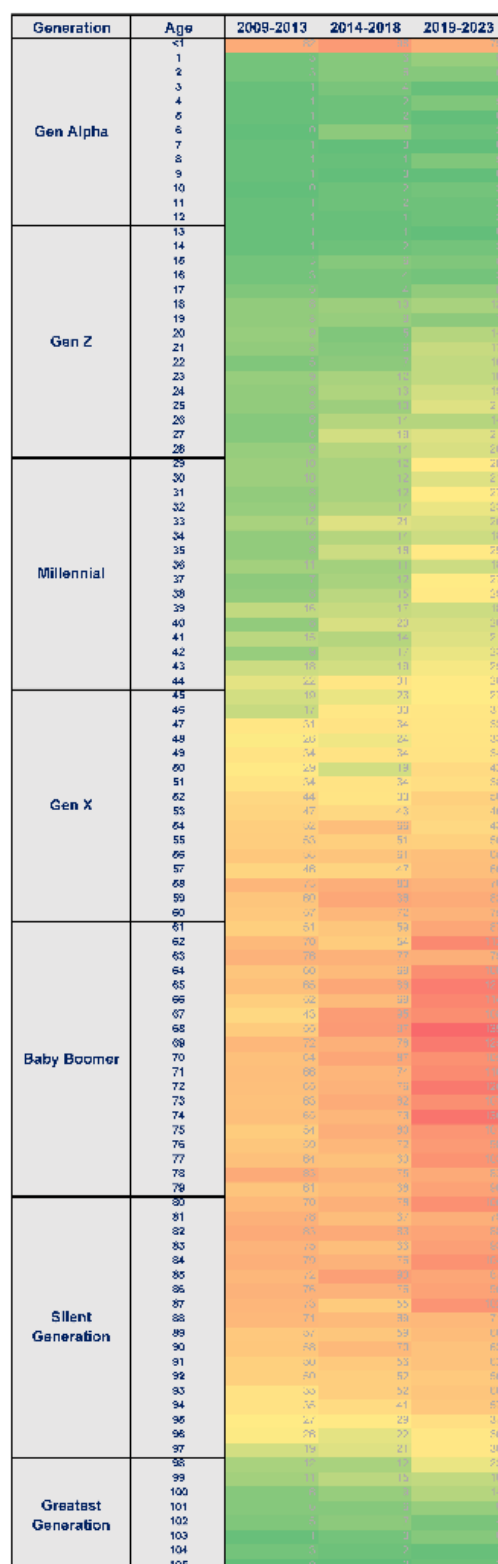
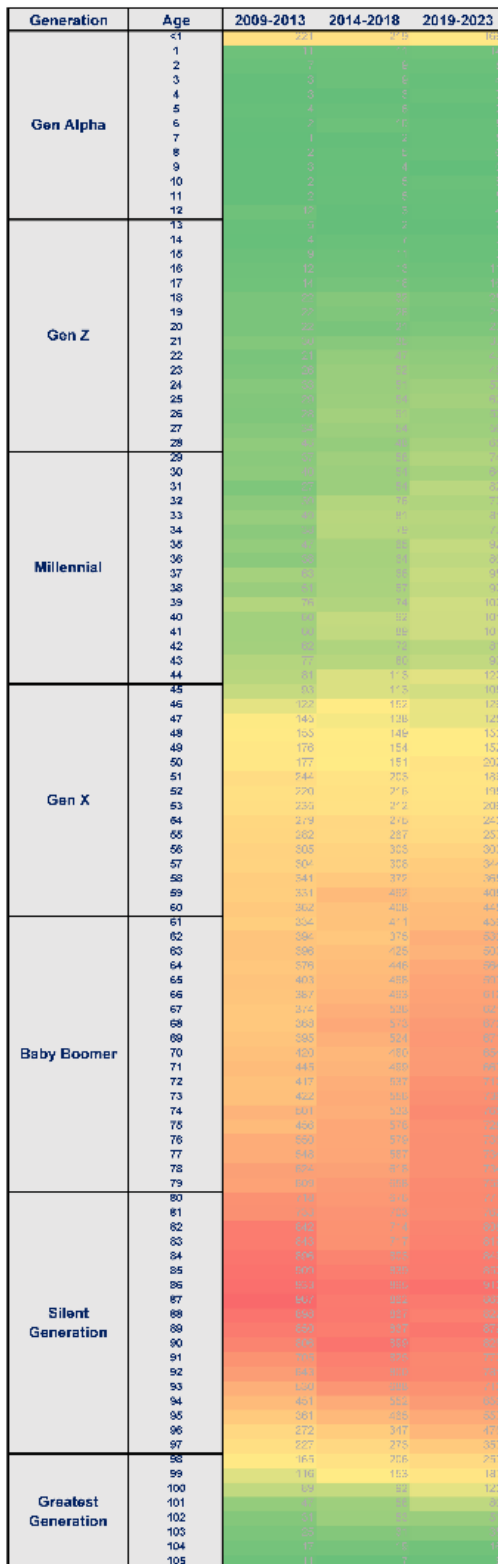
2022	2025	% CHANGE	STATE	CHANGE
2.3	2.1	-8.7%	2.4	Better

The post-neonatal infant mortality rate per 1,000 live births (deaths after the first 28 days of life but before one year) dropped from 2.3 between 2014 and 2018 to 2.1 between 2019 and 2023.



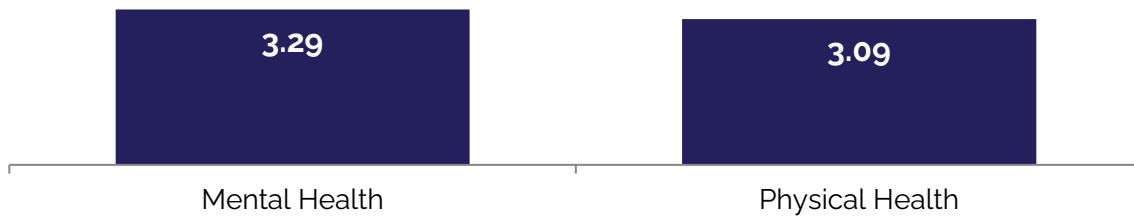
# Heat map of deaths by single year of age, 2009-13, 2014-18, 2019-23

(Left: All residents | Right: African-American residents only)

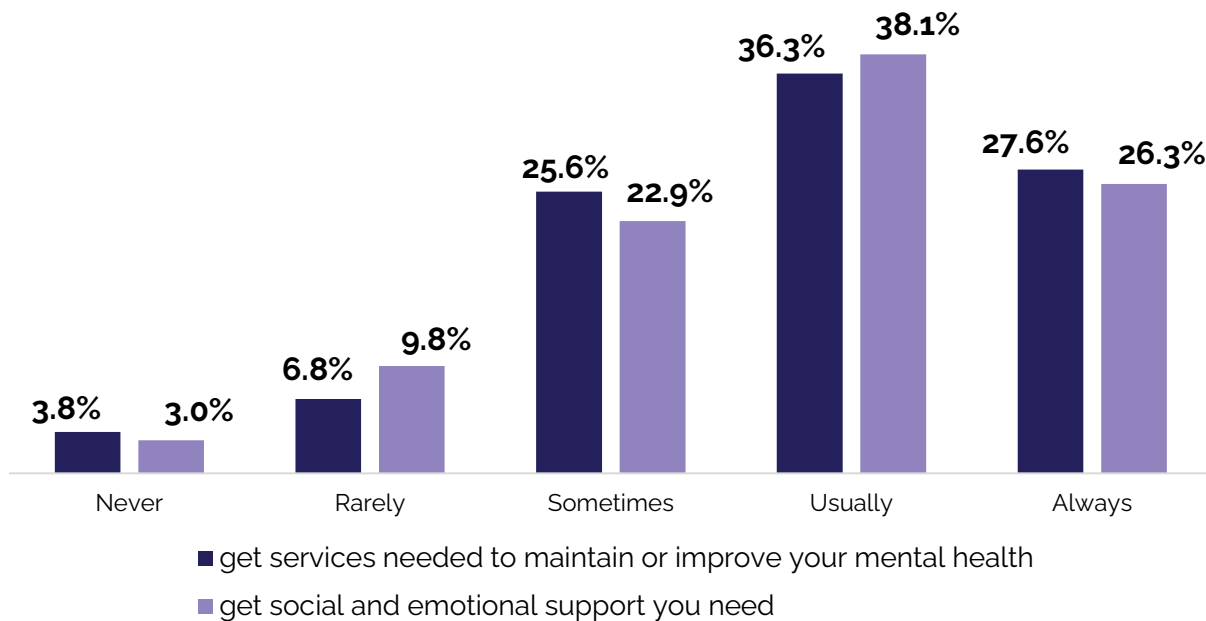


# Community Survey Results

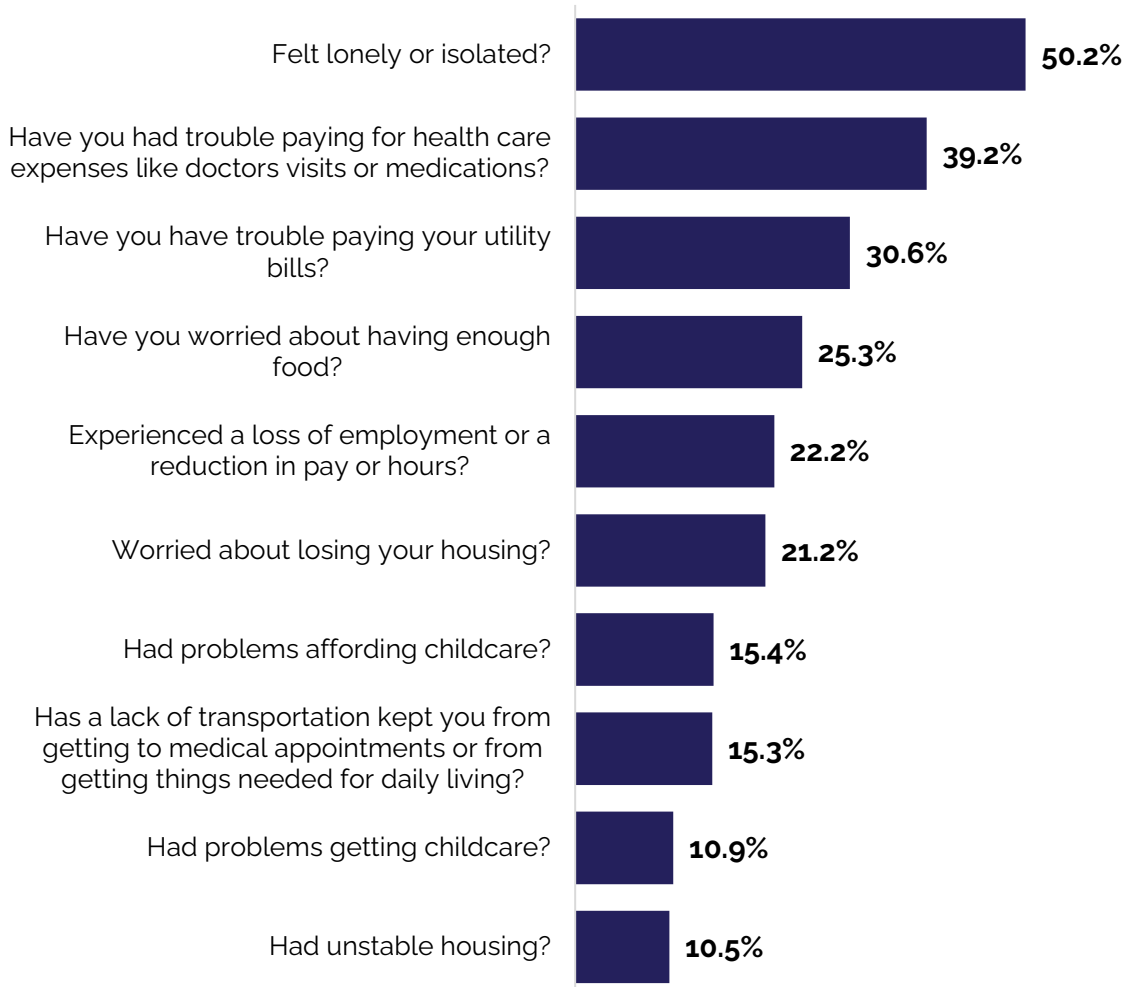
On a scale of 1 to 5, in general, how would you rate your...



How easy is it for you to...

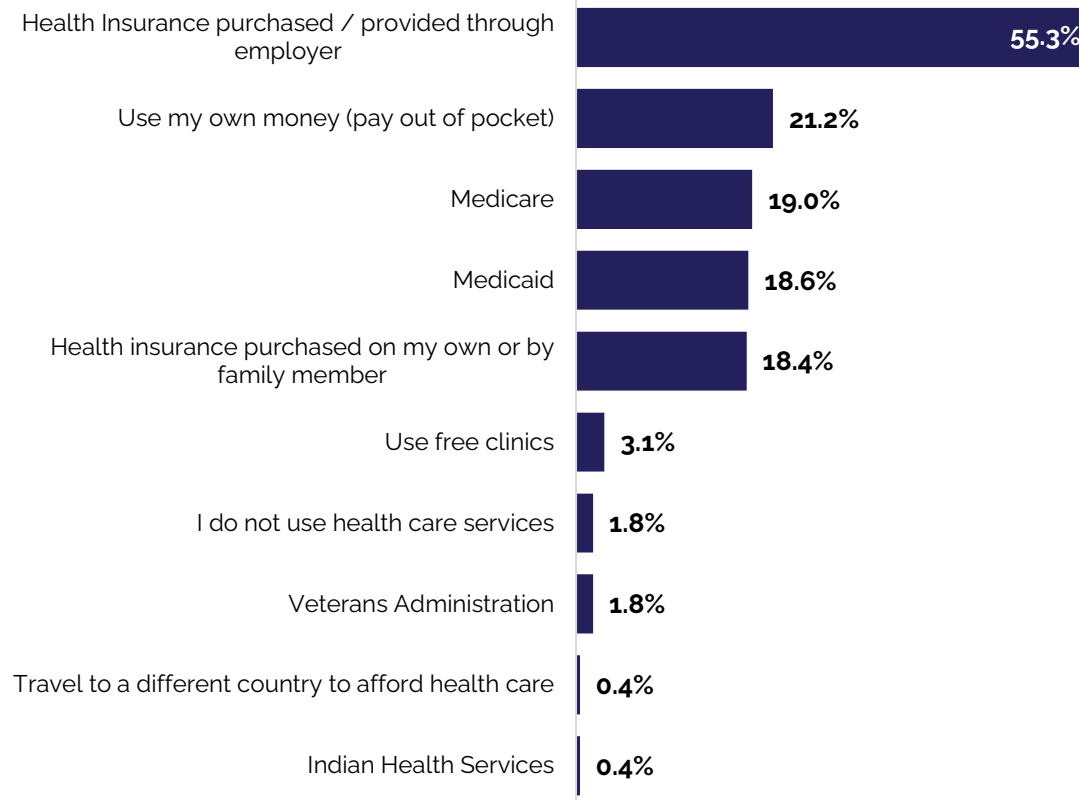


### Within the past six months, have you...

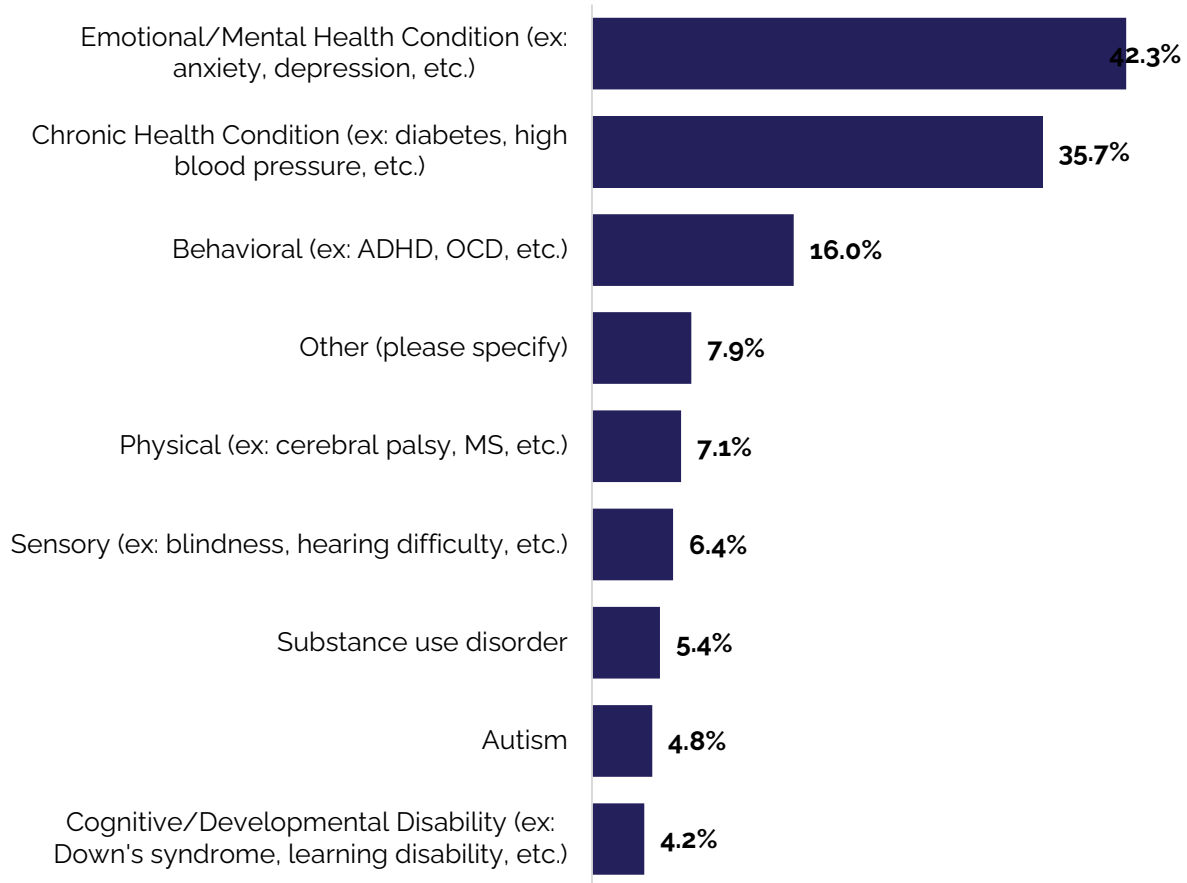


## Your Health

### How do you pay for your health care (including medications, dental, and health treatments) (Check all that apply)

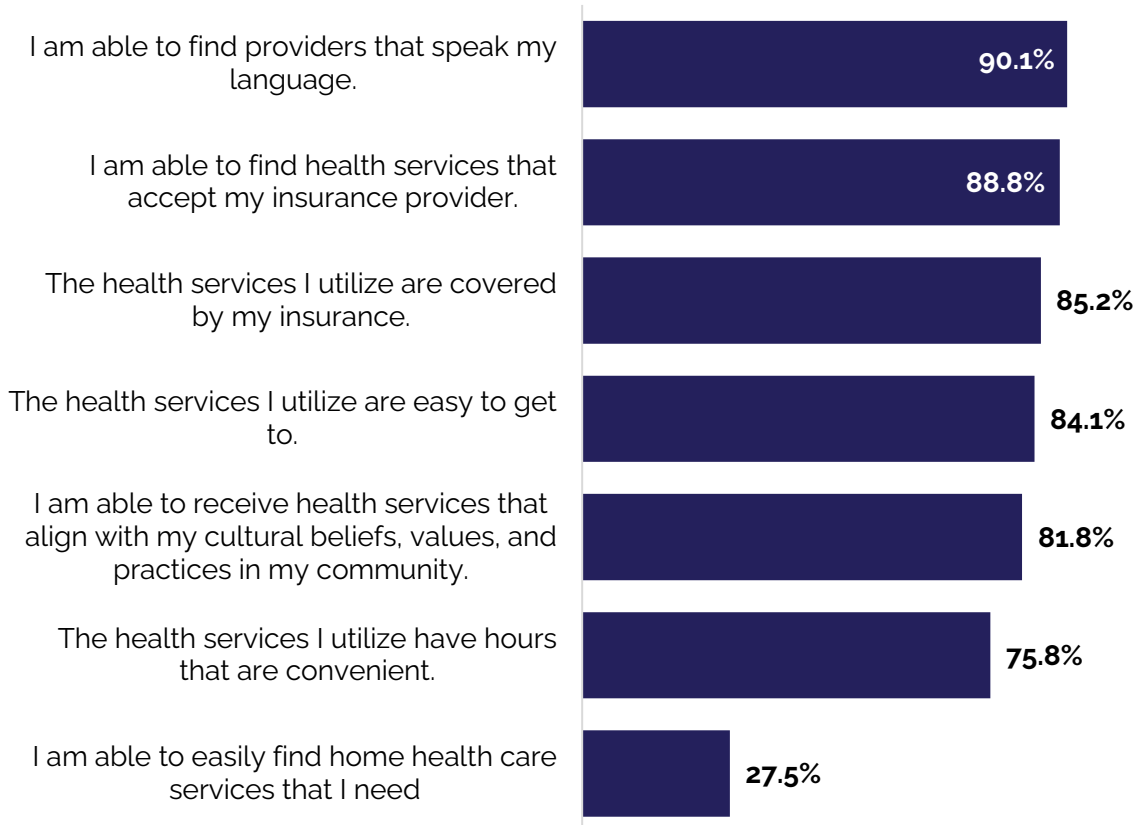


**Have you ever been told you have one or more of the following disabilities or chronic conditions or challenges?**

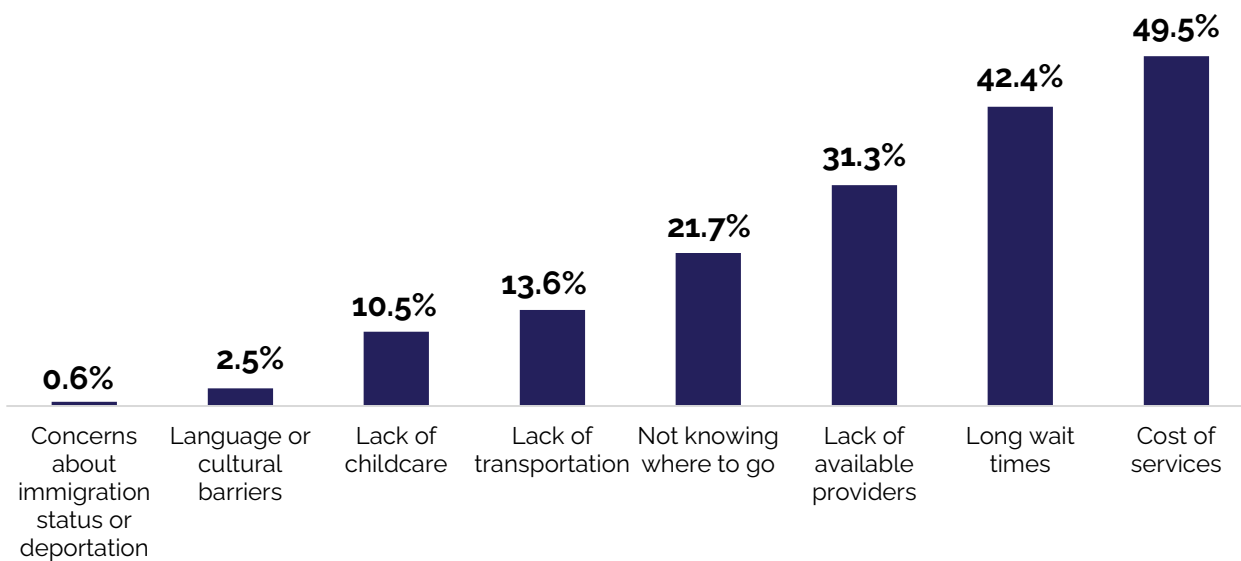


Note: 31.1% of respondents indicated that they did not have any of the above disabilities or chronic conditions or challenges.

### Do you agree with the following statements?

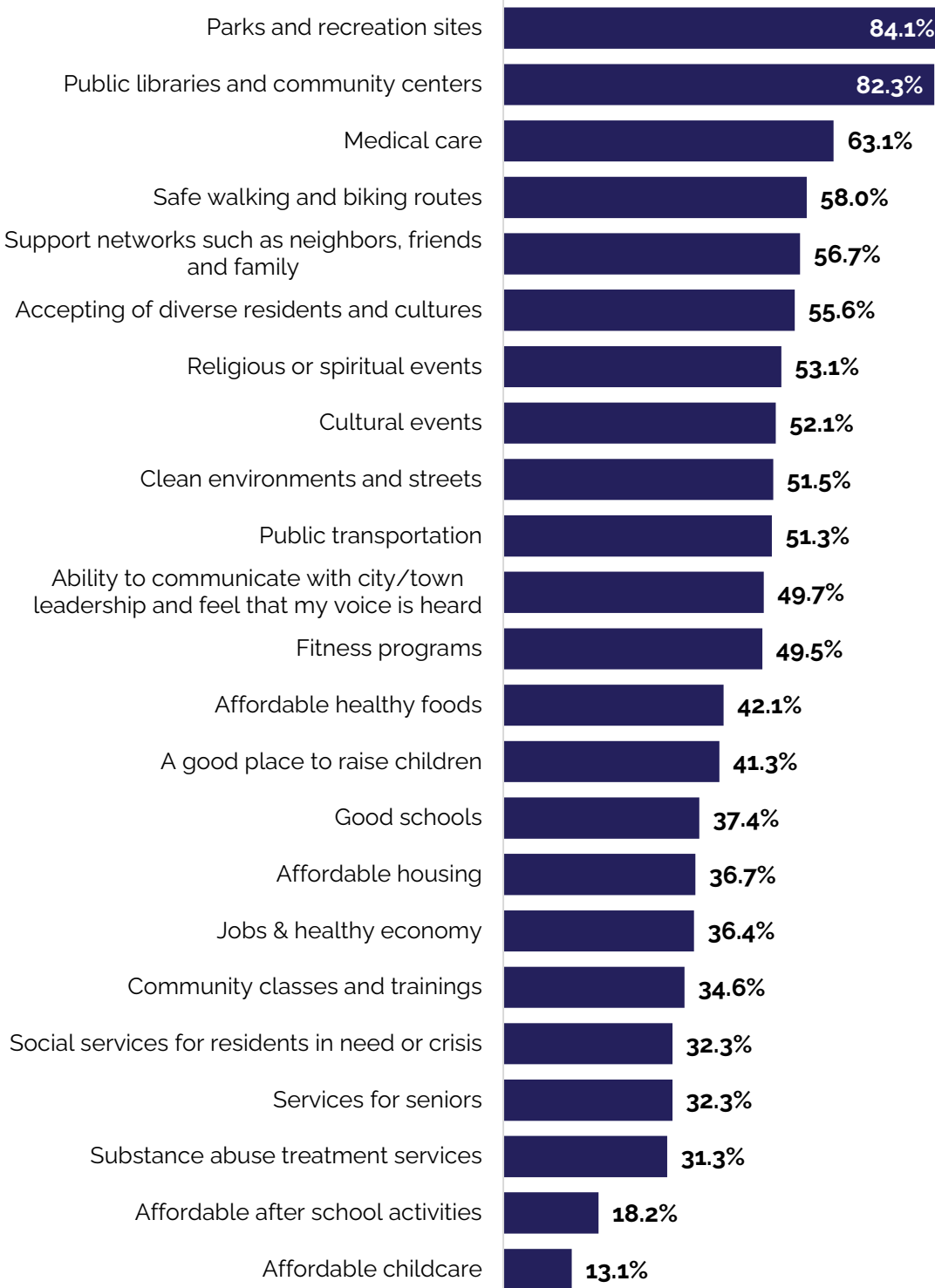


### In the past 6 months, have you ever delayed seeking care or experienced barriers to seeking care due to any of the following?

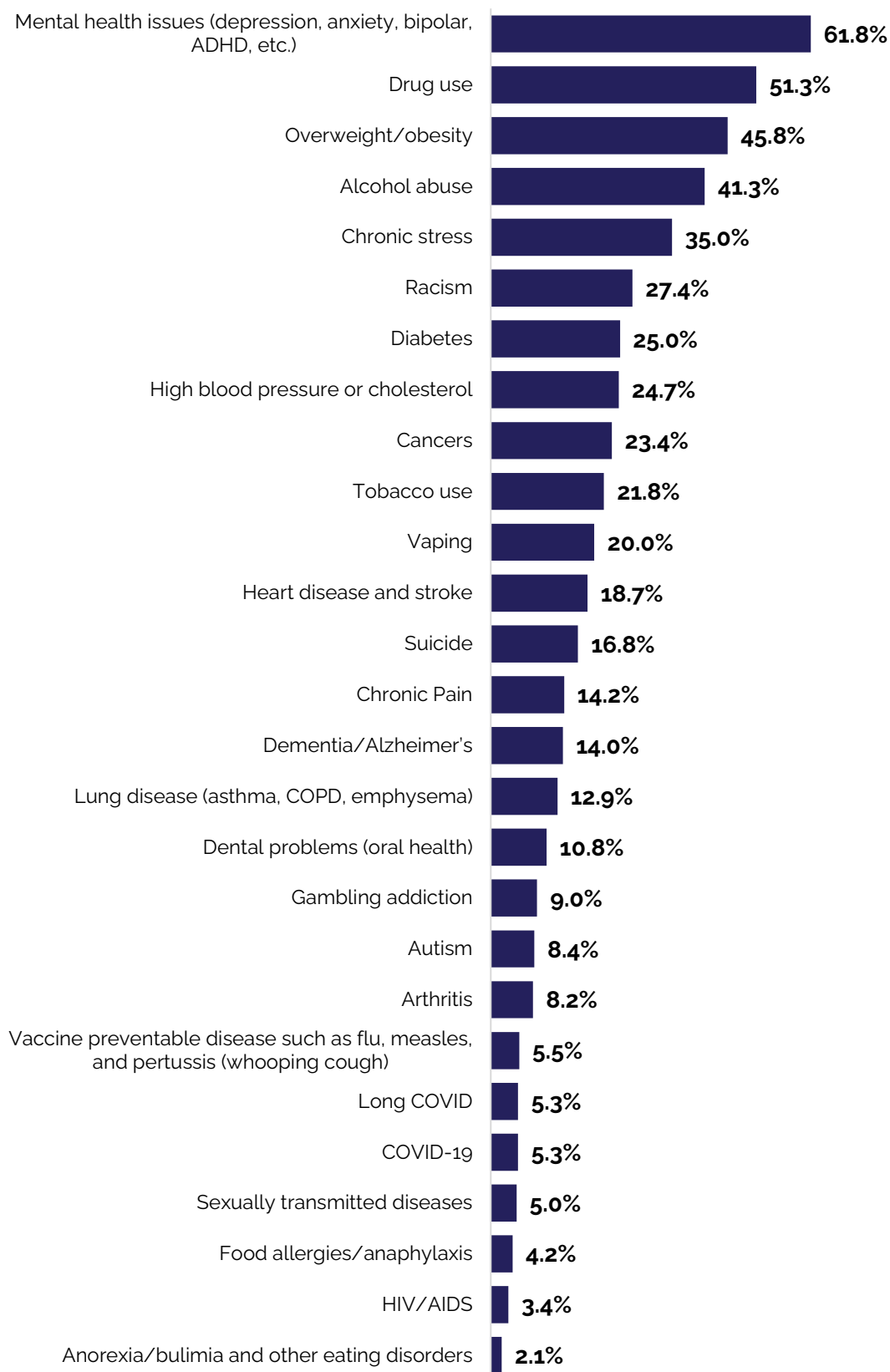


## Your Community

**Do you have access to the following in your community?  
(Check all that apply.)**

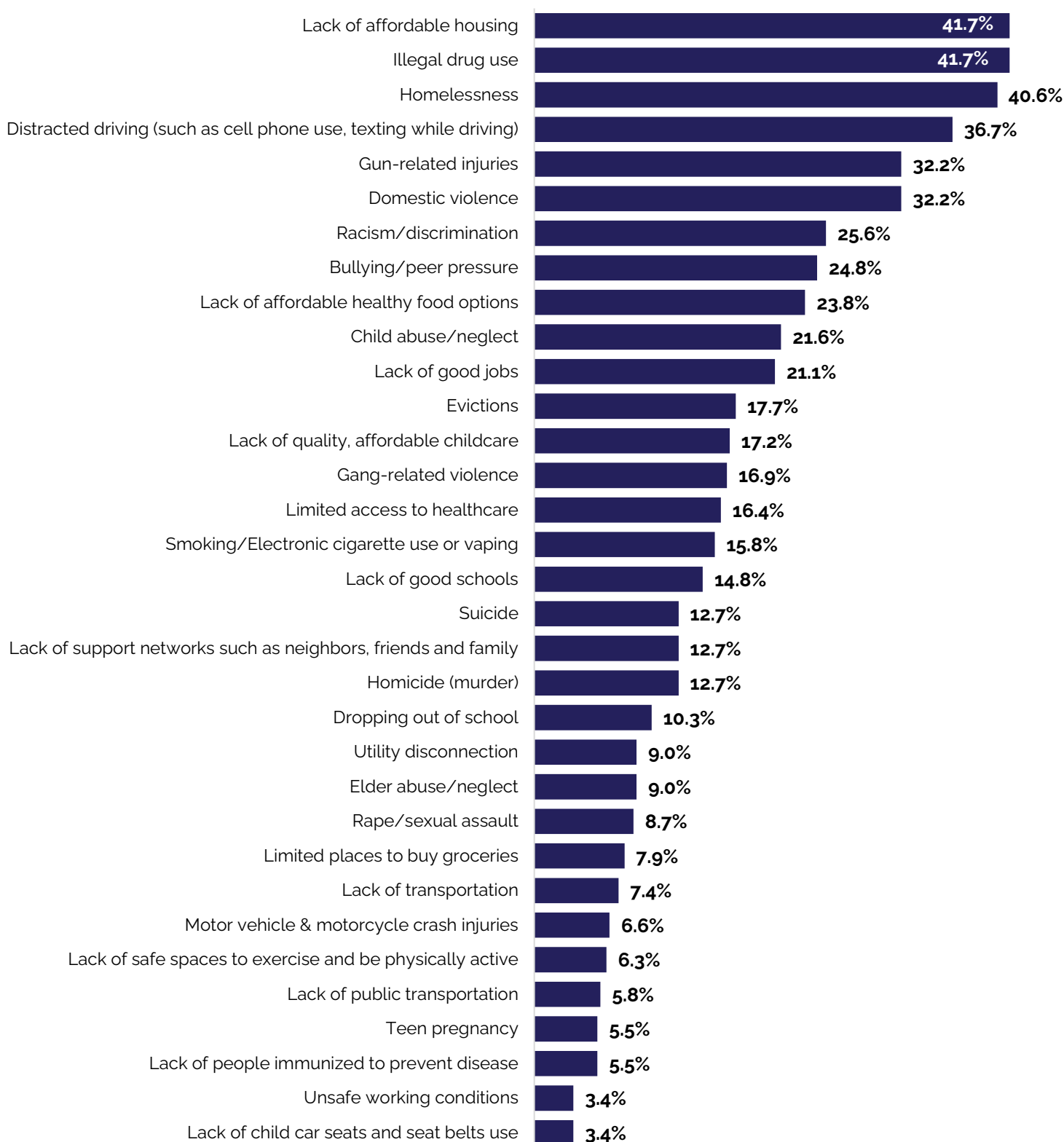


**Which health conditions have the greatest impact on your community's overall health and wellness? (Check up to 5)**





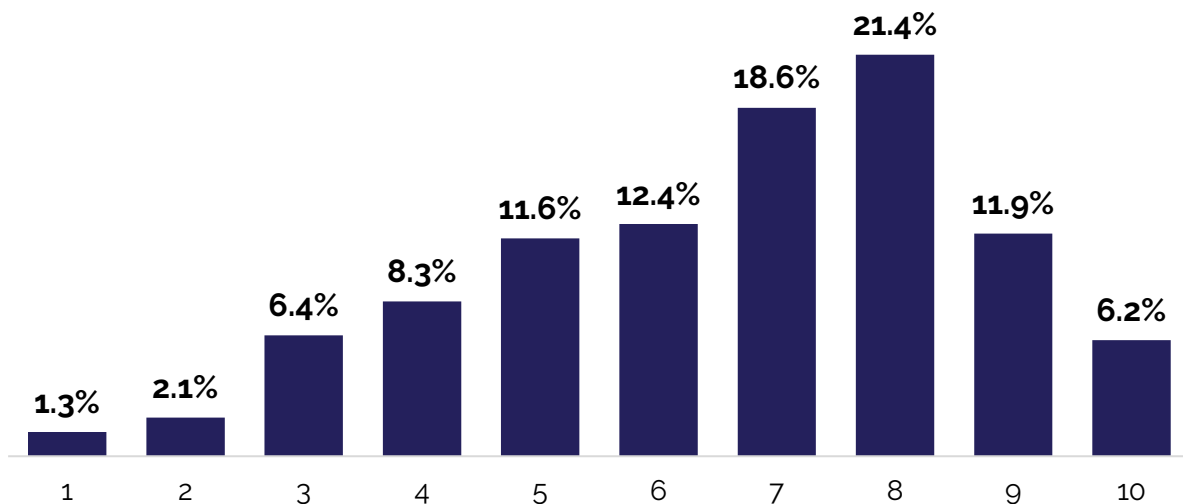
## Which issues have the greatest impact on your community's health and wellness? (Check up to 5)



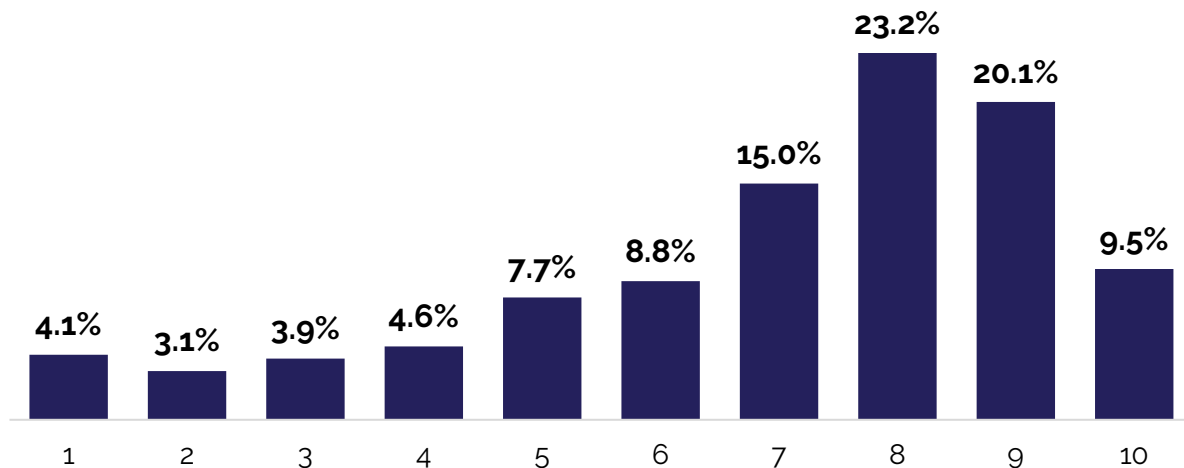
## Ladder Activity:

*Imagine a ladder with steps numbered from 1 at the bottom to 10 at the top. The top of the ladder represents the best scenario, and the bottom of the ladder represents the worst scenario*

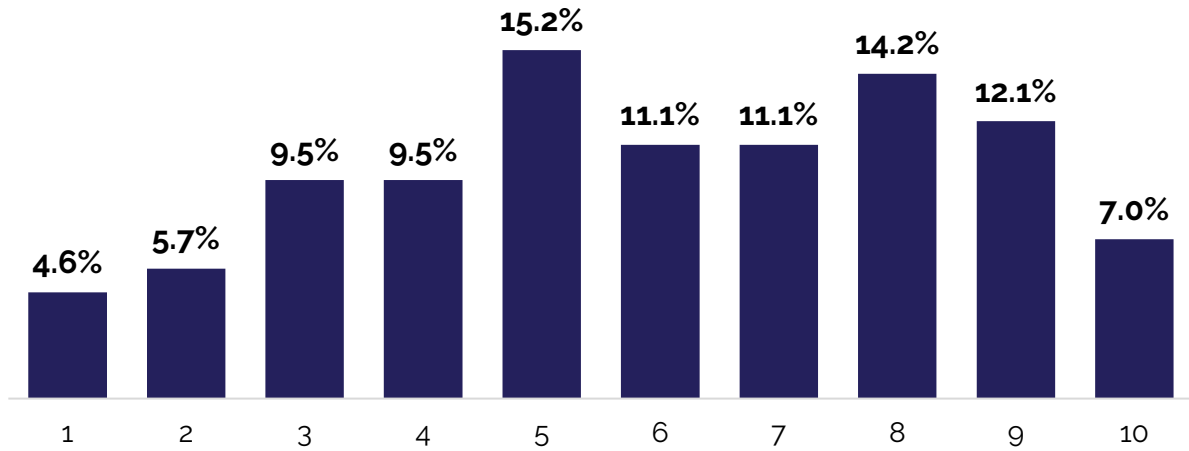
**Which step reflects the position where you stand now?**



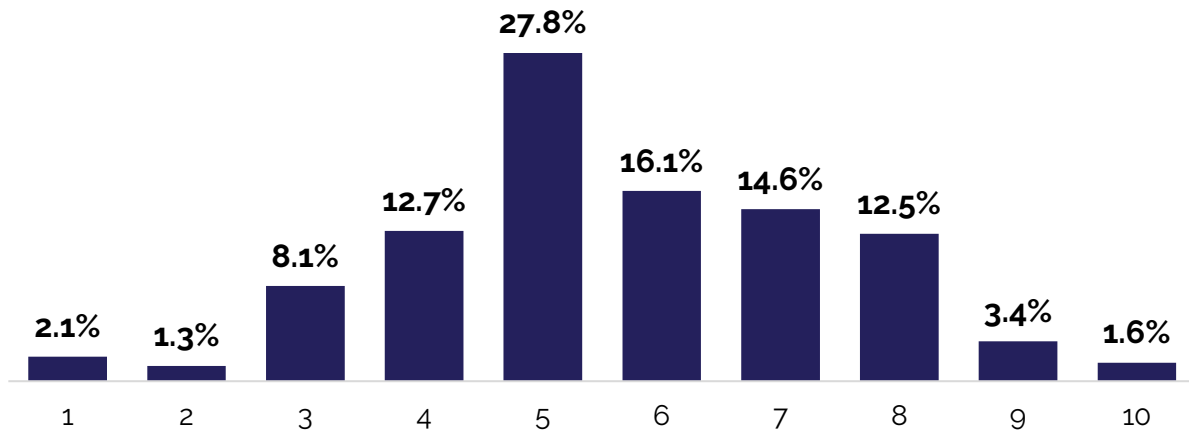
**Which step reflects the position of where you think you will stand 5 years from now?**



Which step reflects the position of where you think your financial situation is now?

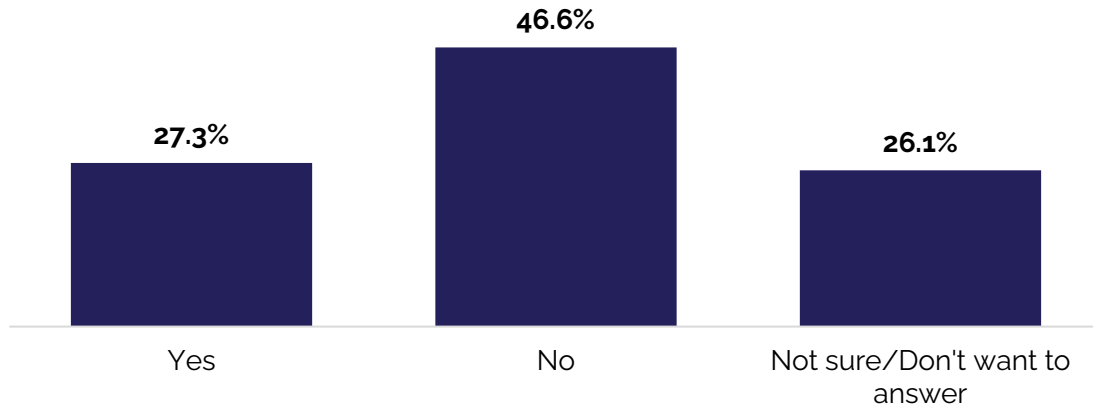


Which steps reflect the position of the health of the community?

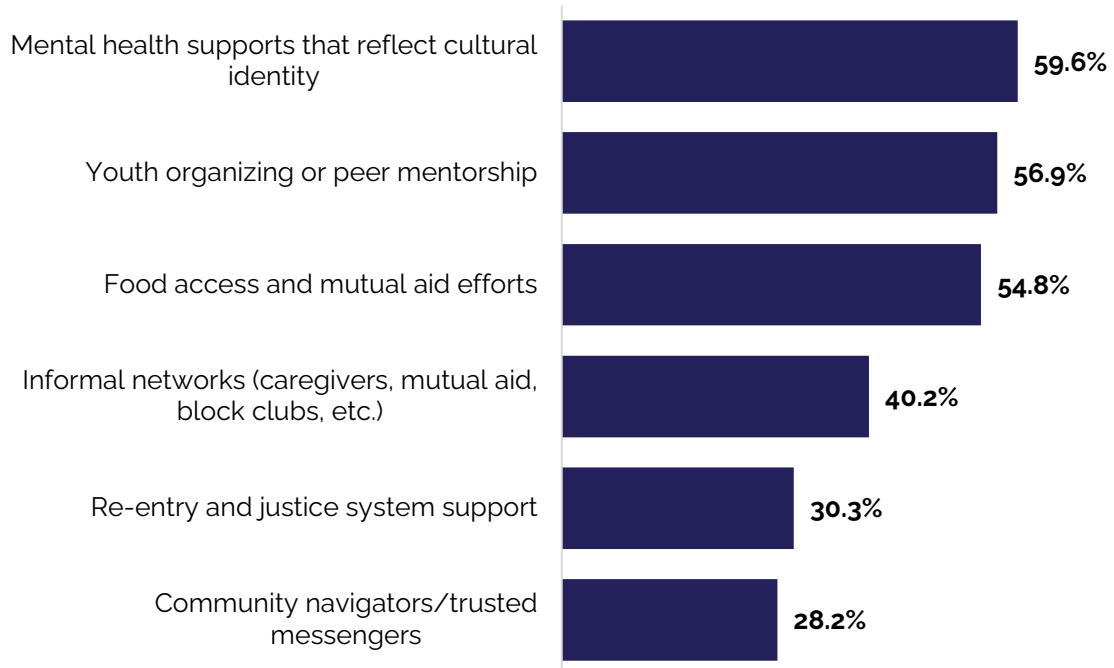


## Your Community

**Do you feel your voice influences decisions that affect your community?**

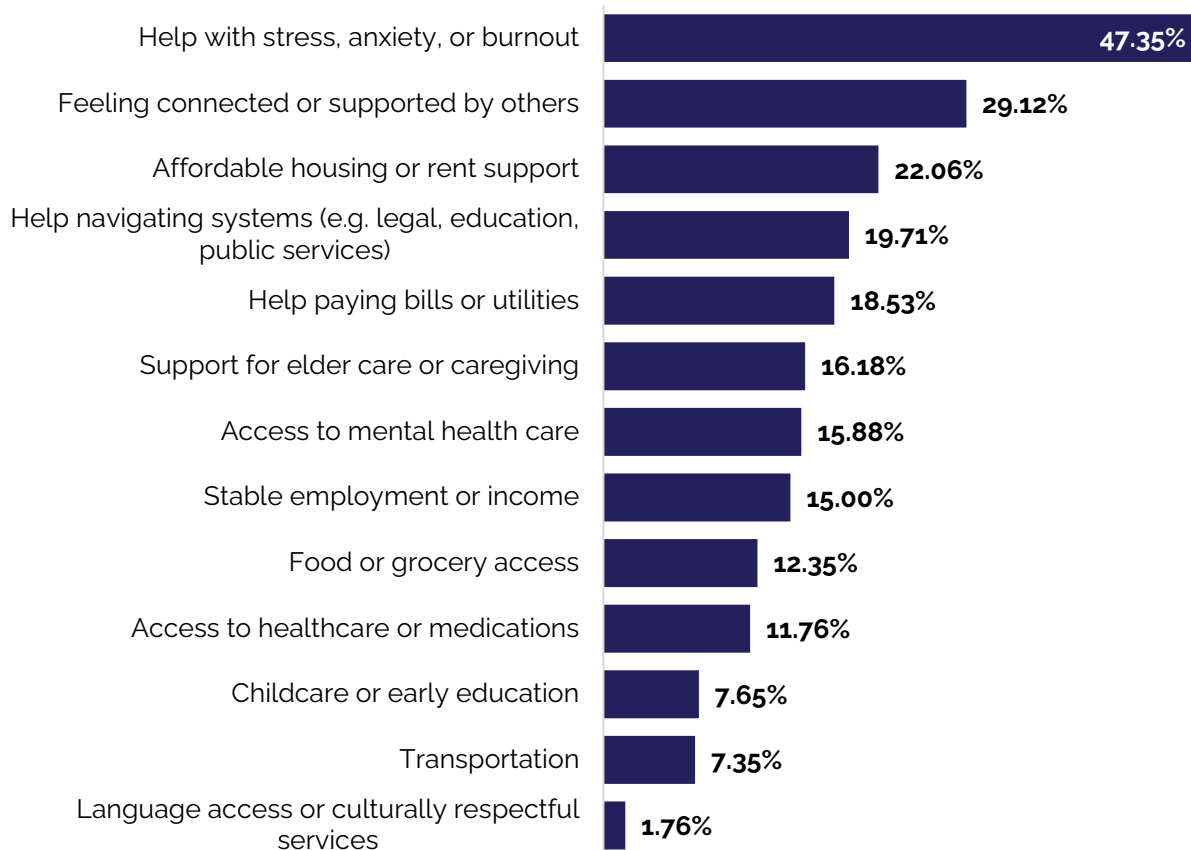


**What community strengths or programs should be better supported or funded in your area? (Select up to 3)**

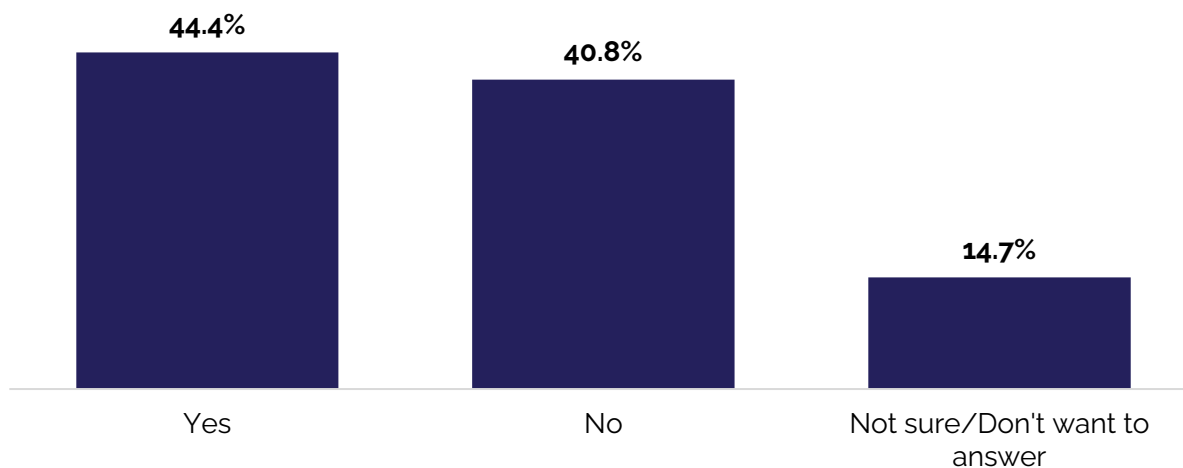


## Community Belonging and Well-Being

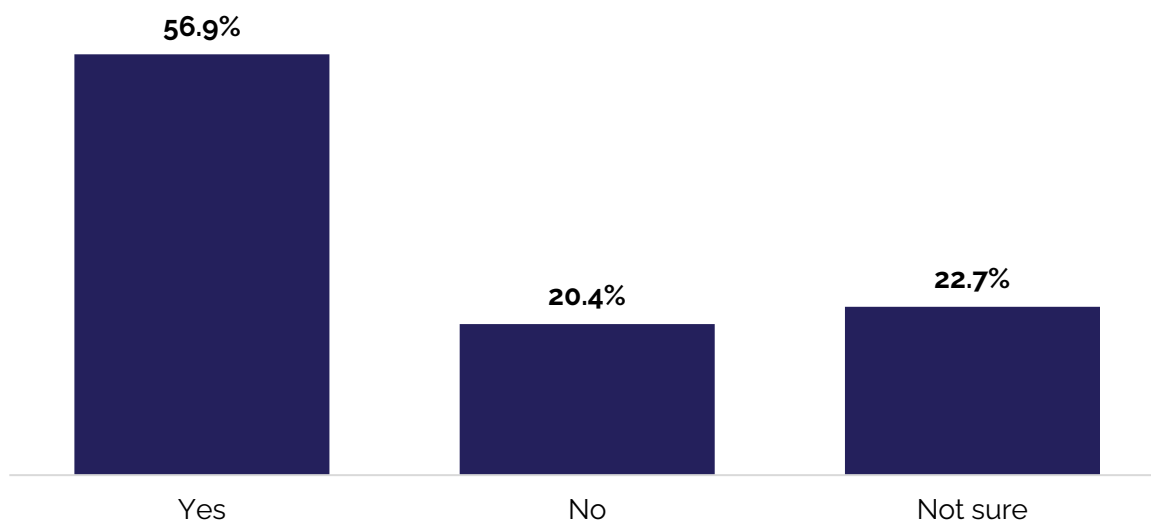
**When you think about your overall well-being, what is the biggest unmet need in your life or household right now? (Select up to 3.)**



**Do you or someone you know avoid seeking help because of fear of being judged or not treated with dignity?**



**Are you aware of any local programs or individuals making a positive impact on community health and well-being?**

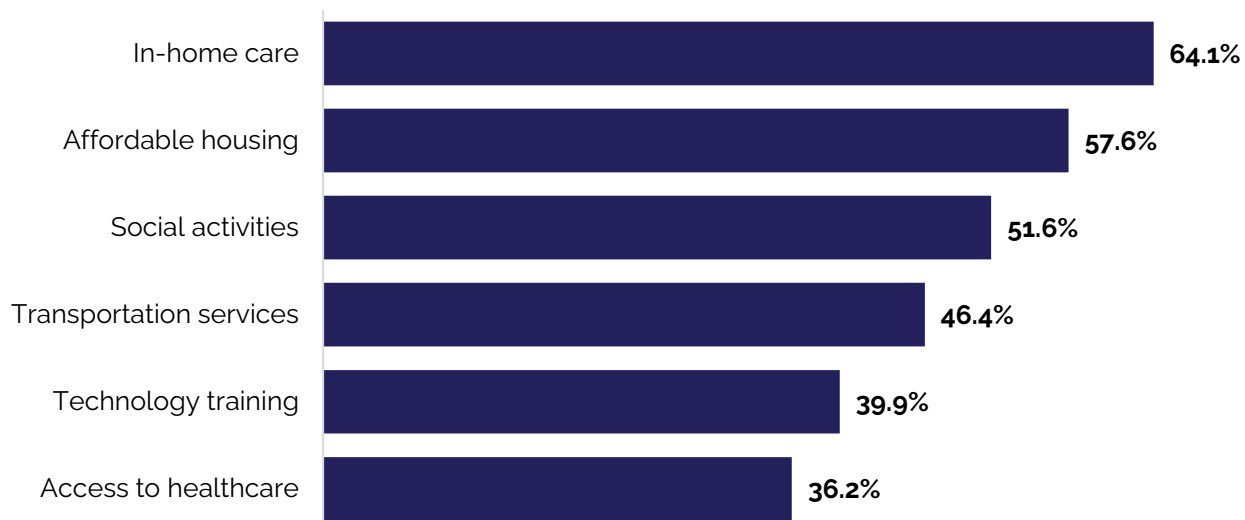


**What types of community-led efforts do you think should be expanded in Summit County? (Select up to 3.)**



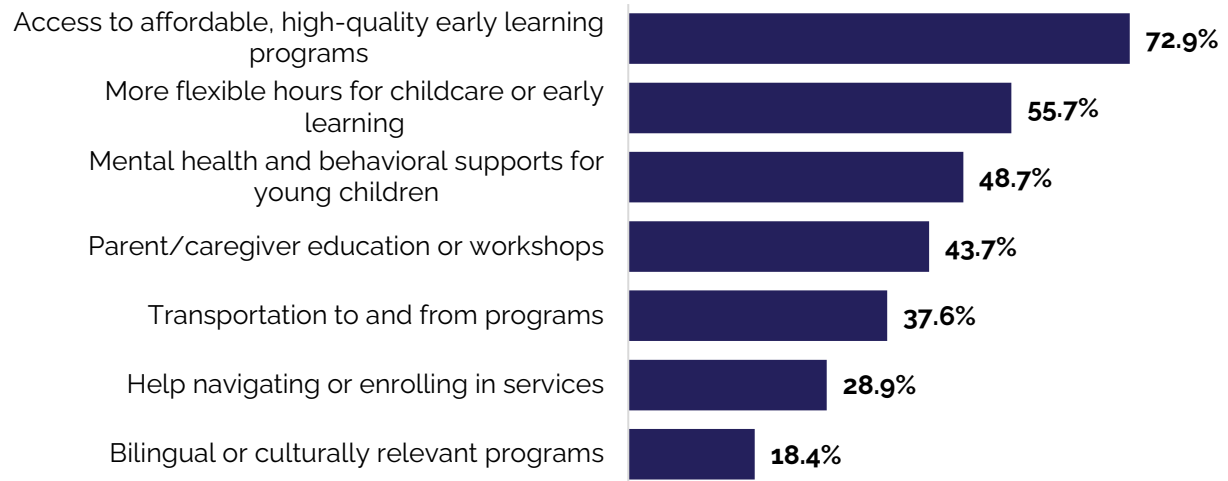
**Older Adults and Aging in Place**

**What supports are most needed for older adults in your community? (Select up to 3).**



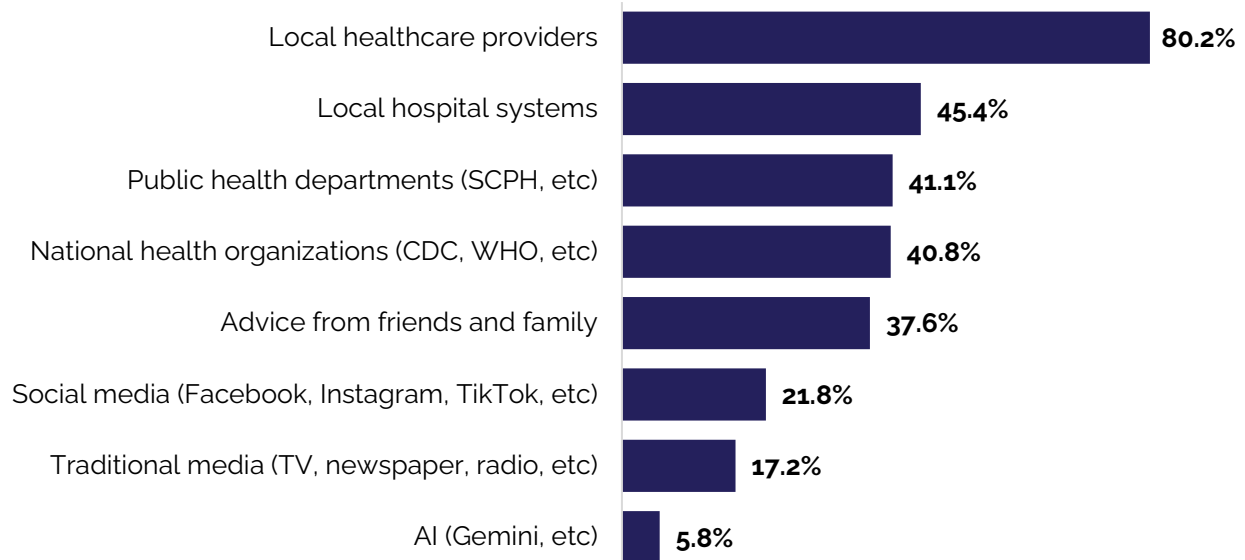
## Early Learning and Child Development

**What would help families in your community better support children ages 0-5 in being ready for kindergarten and lifelong learning? (Select up to 3.)**



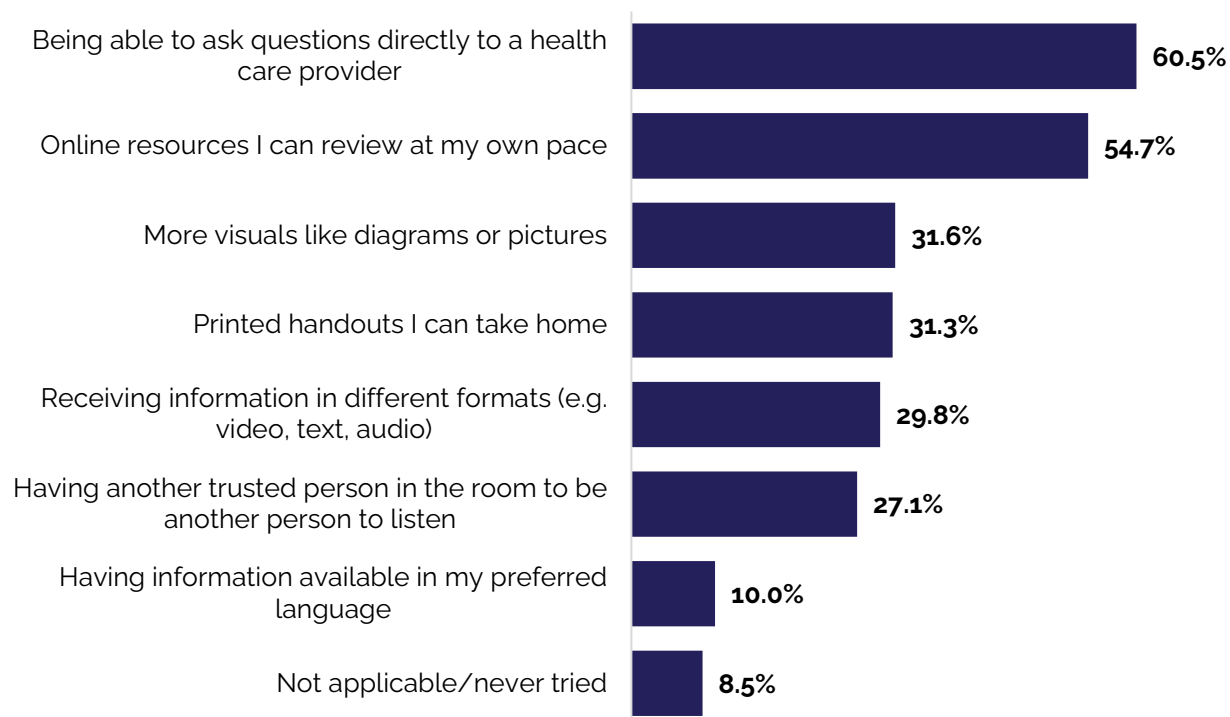
## Communication and Information

**Where do you get your trusted health information? Select all that apply.**

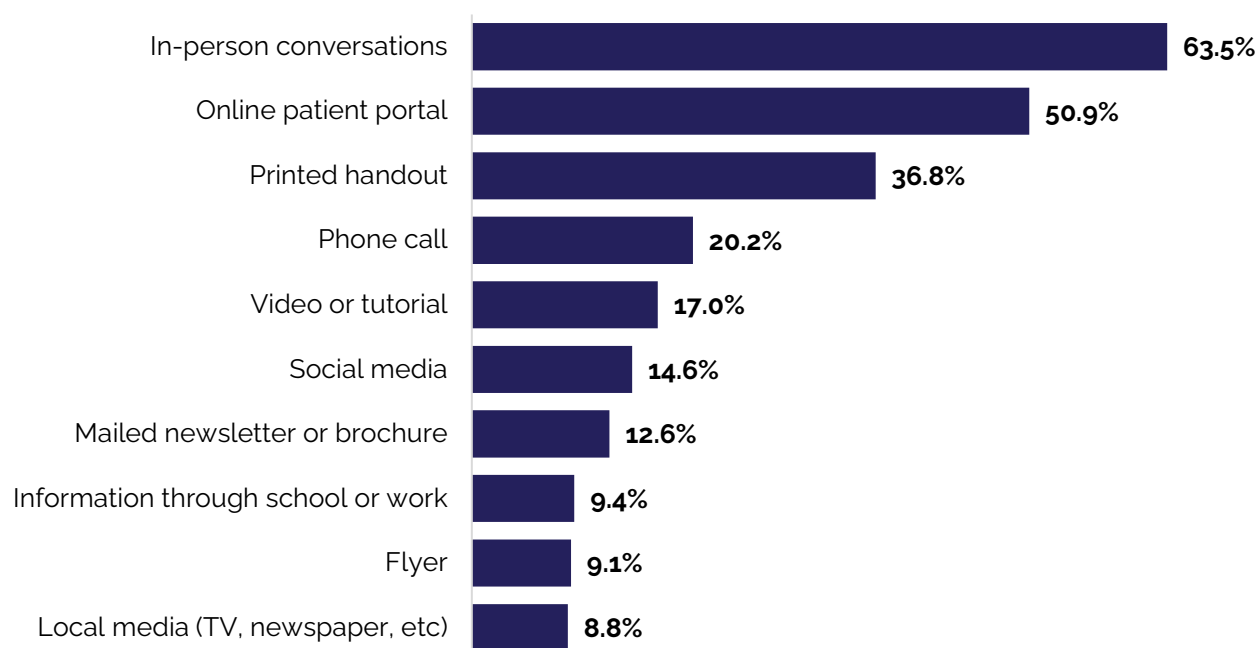




**What would make it easier to understand health information?  
Select all that apply.**

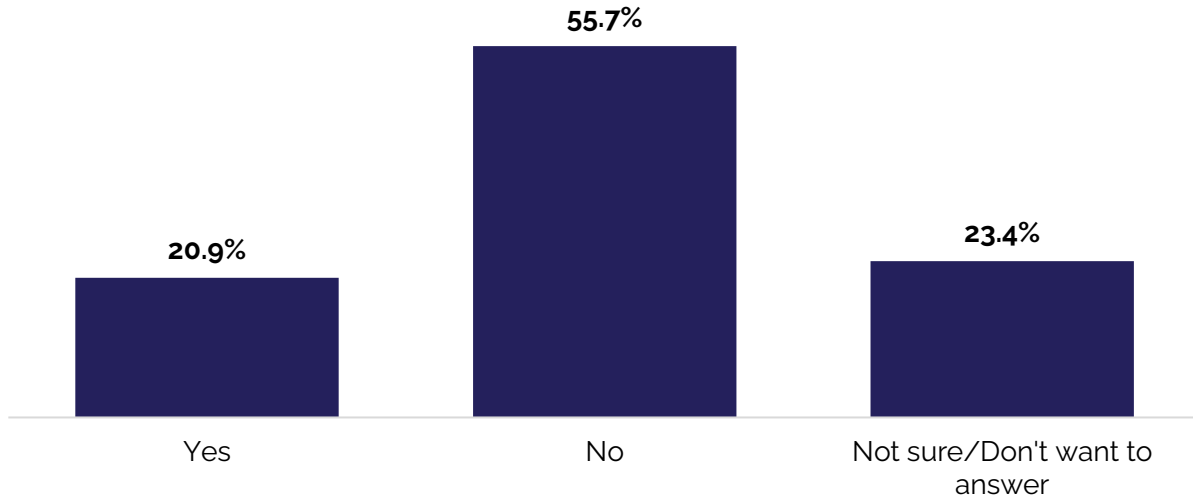


**What is your preferred way to receive health information?**

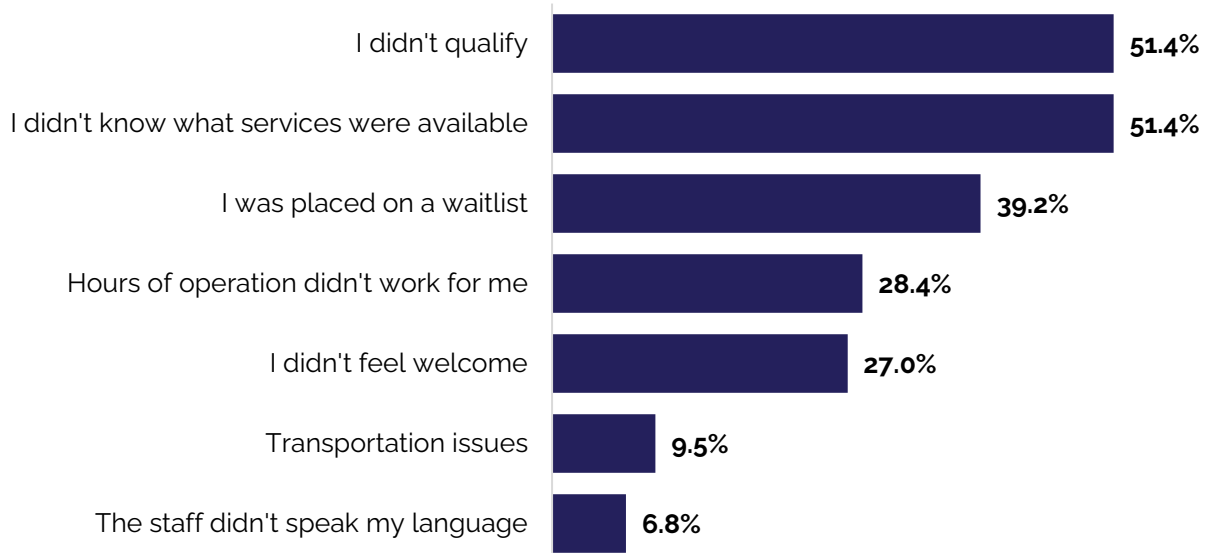


## Access to Services

**Have you ever had difficulty accessing help from a nonprofit or community organization?**

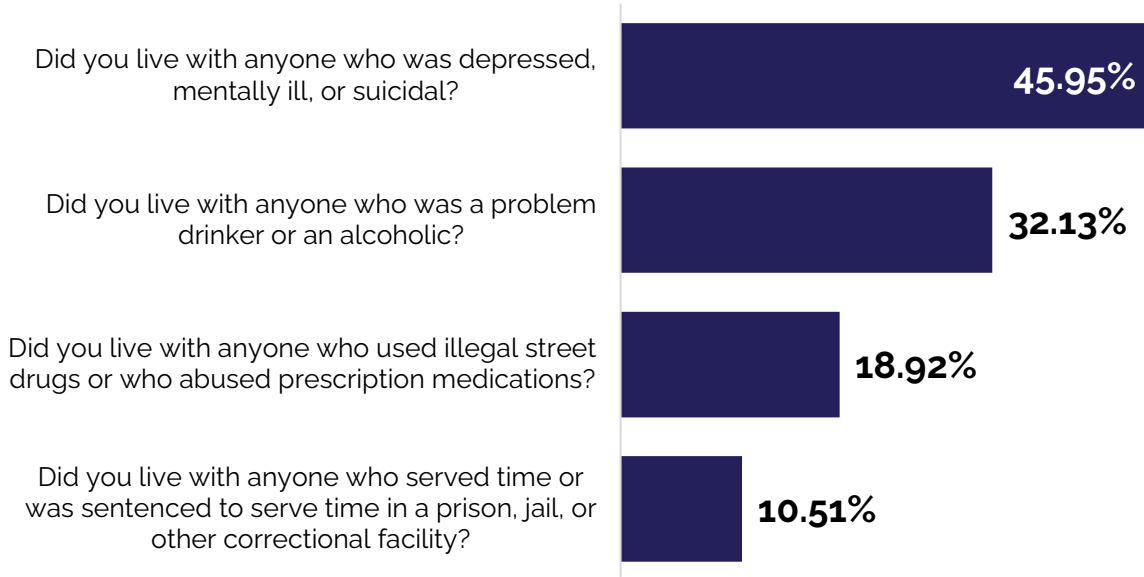


**What made it difficult to get help? (Select all that apply.)**

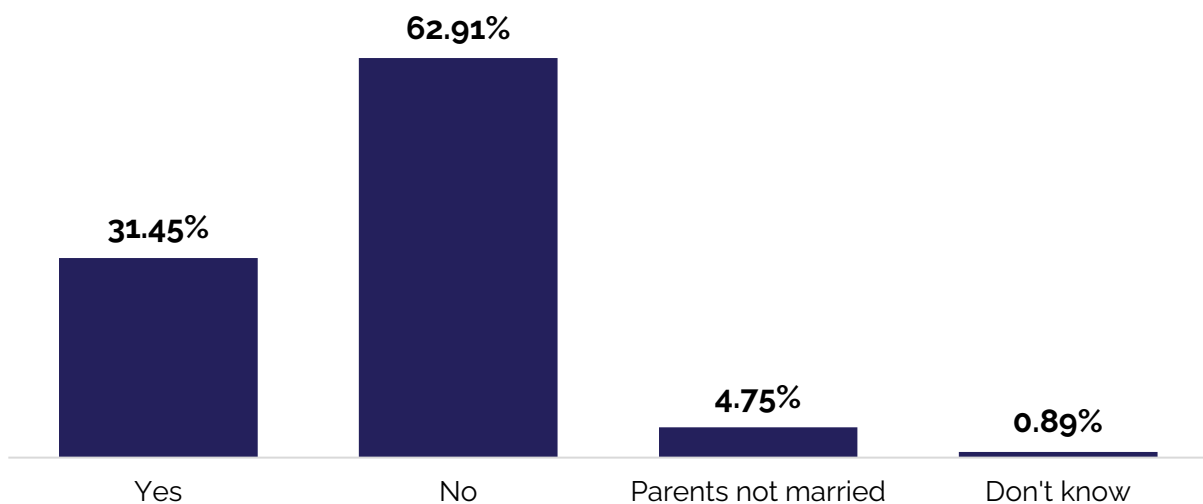


## Personal Experiences

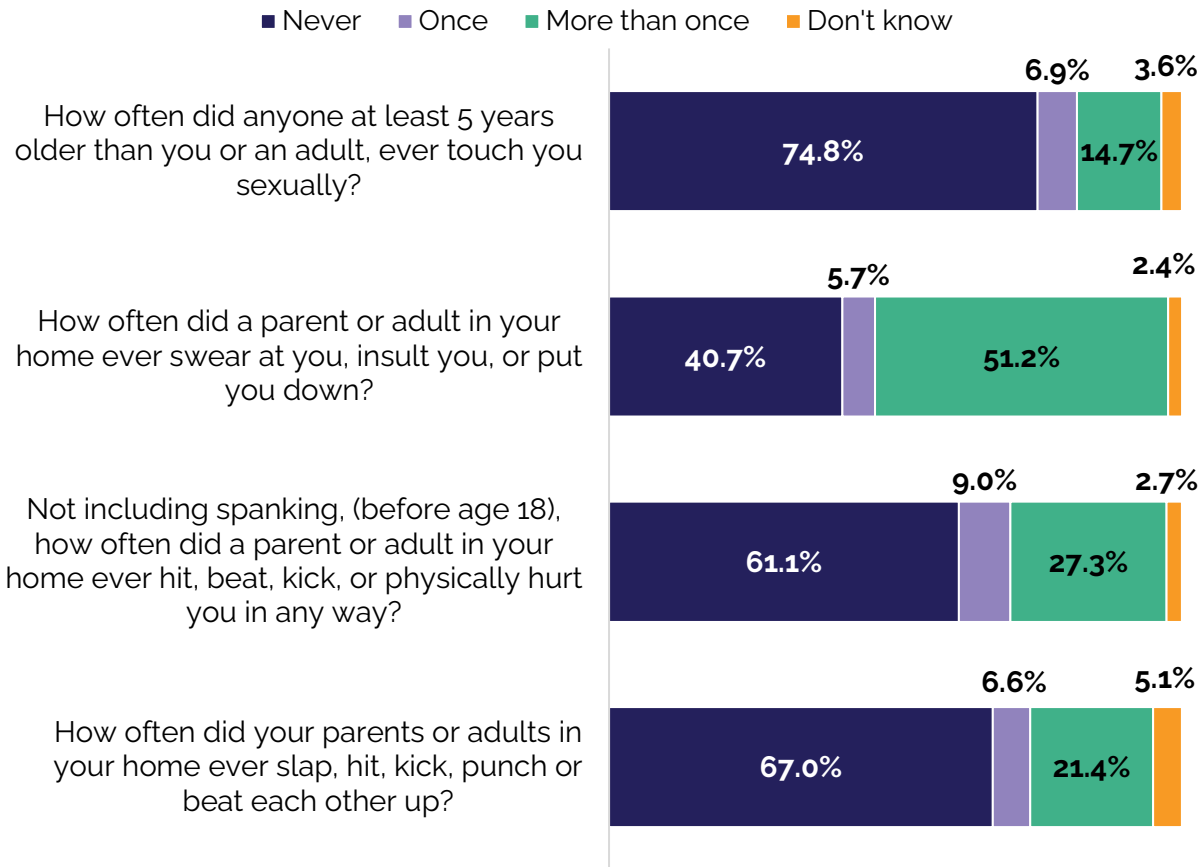
**Our relationships and experiences, even those in childhood, can affect our health and well-being. Below are some questions about Adverse Childhood Experiences (ACEs). From the list below, please answer each question of experiences prior to your 18th birth**



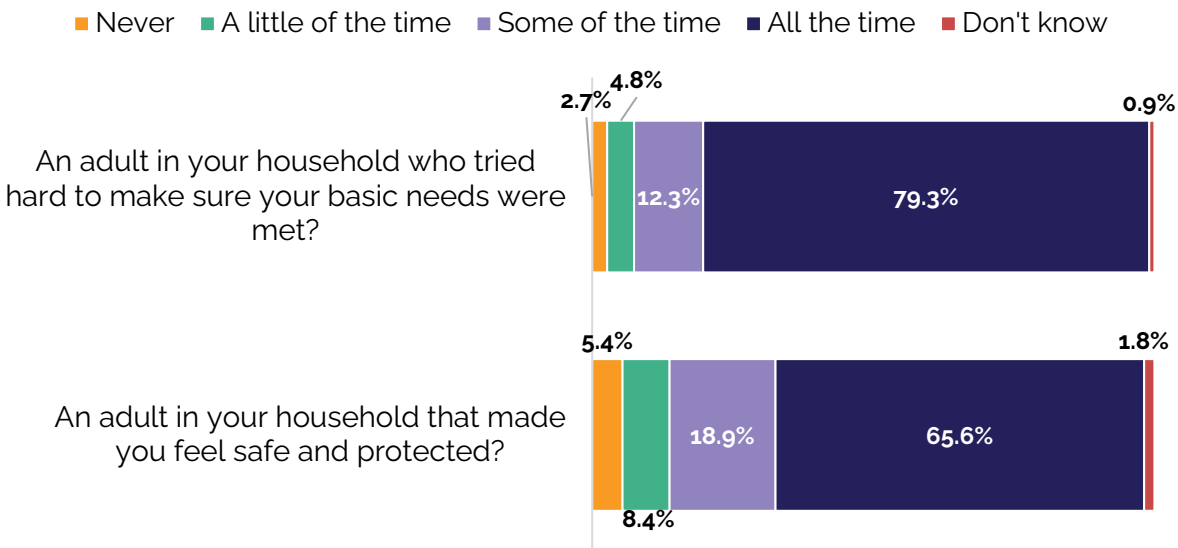
**Prior to your 18th birthday, were your parents separated or divorced?**



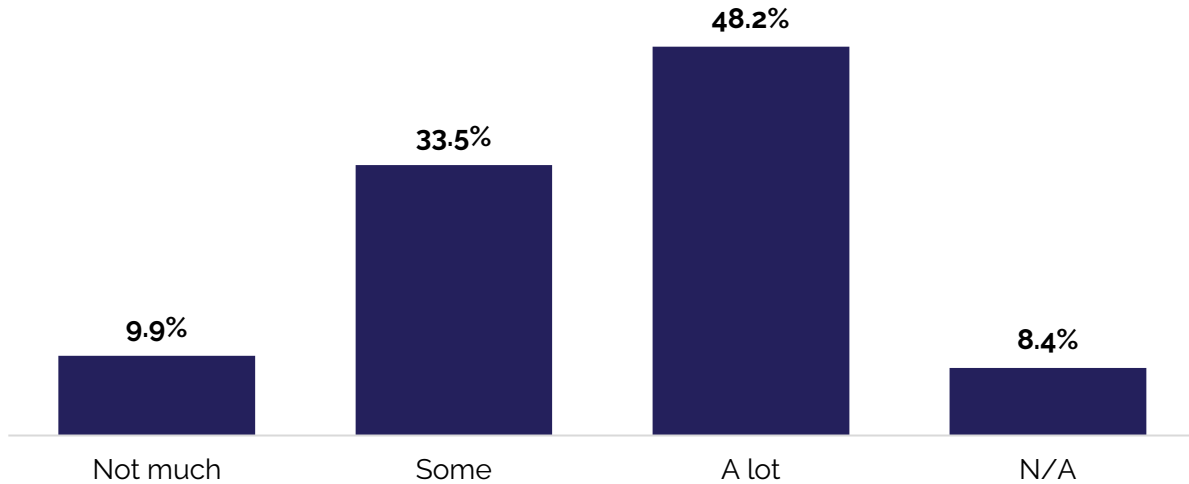
### Prior to your 18th birthday...



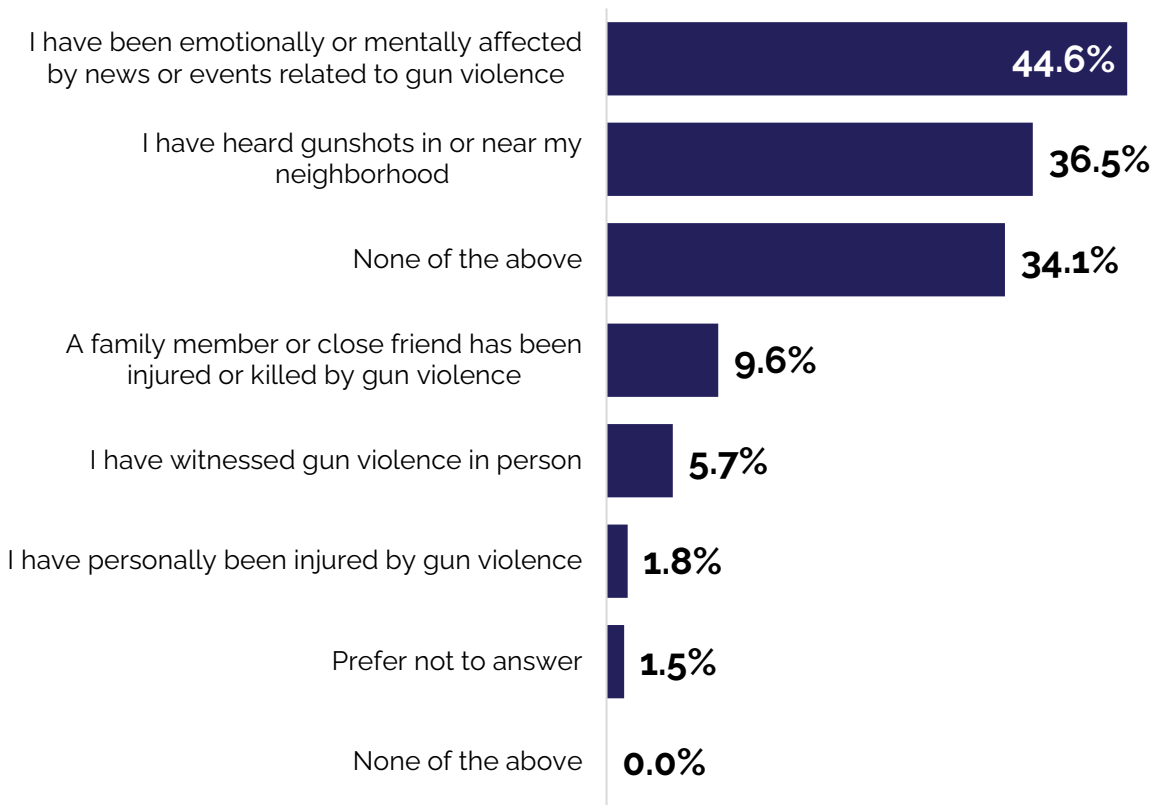
### For how much of your childhood was there...



**Do you believe that these experiences have affected your health?**

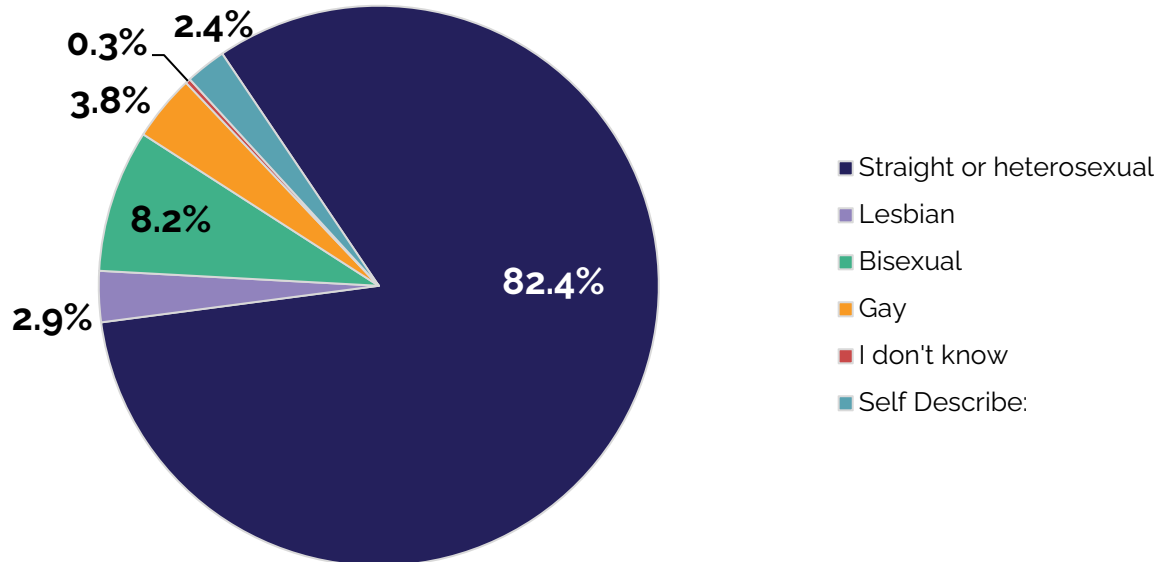


**In the past 6 months, which of the following experiences related to gun violence have affected you? Select all that apply.**

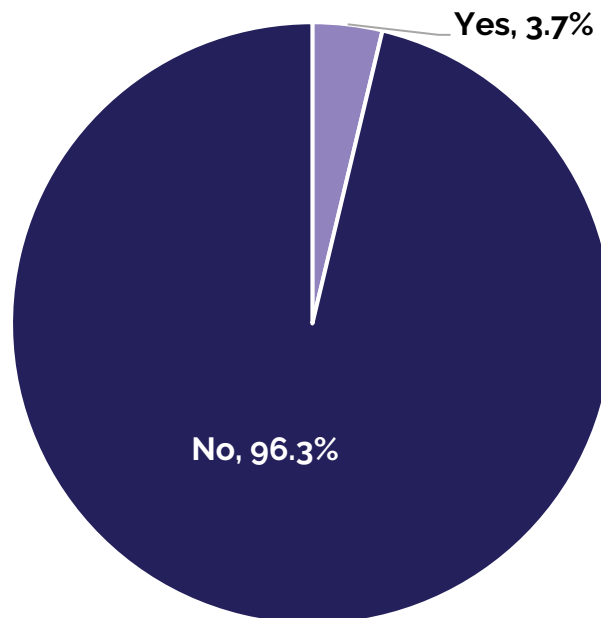


## Additional Survey Demographics

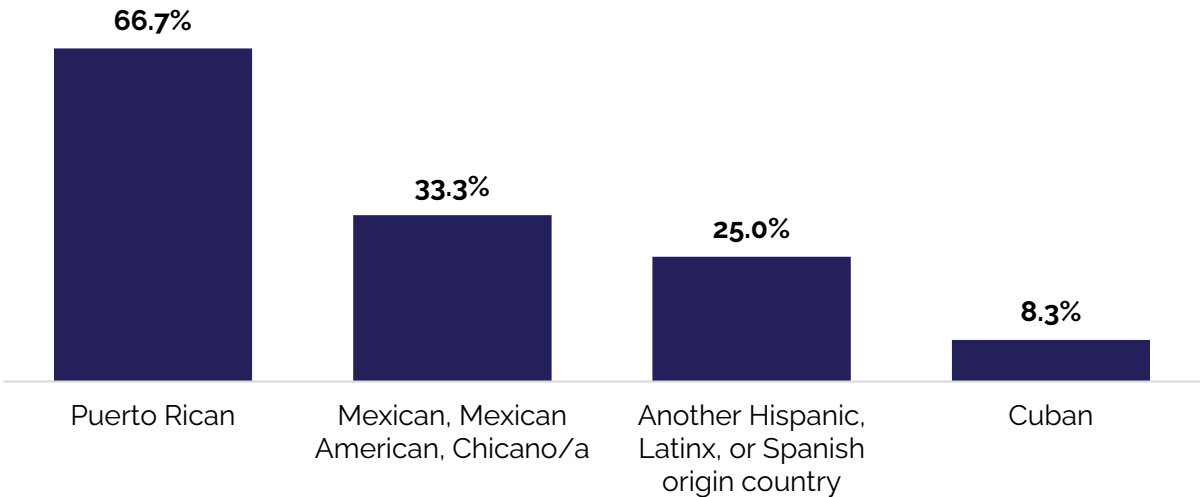
What is your sexual orientation?



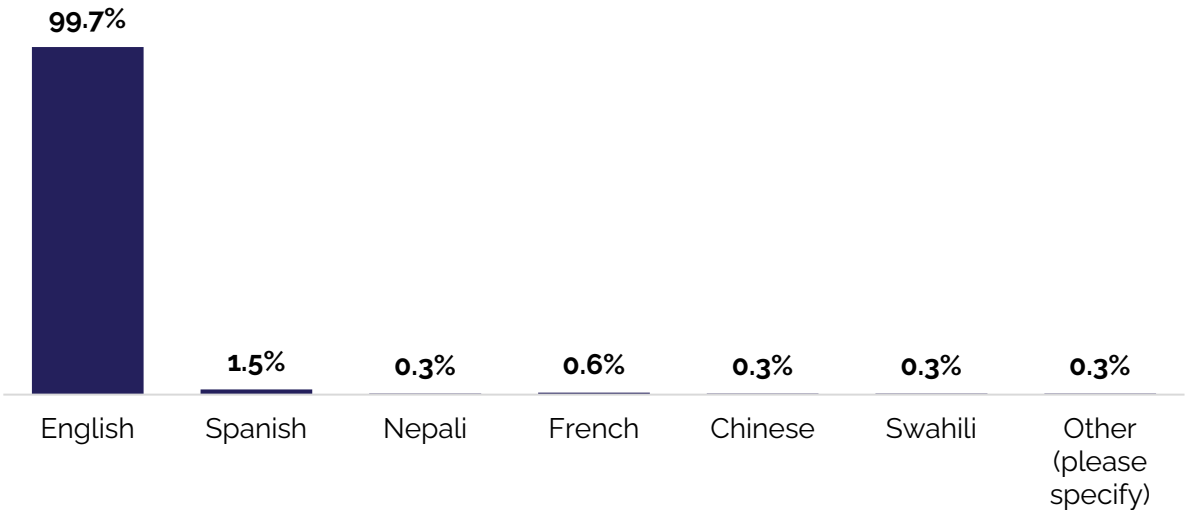
Are you of Hispanic, Latino/Latina, or Spanish origin?



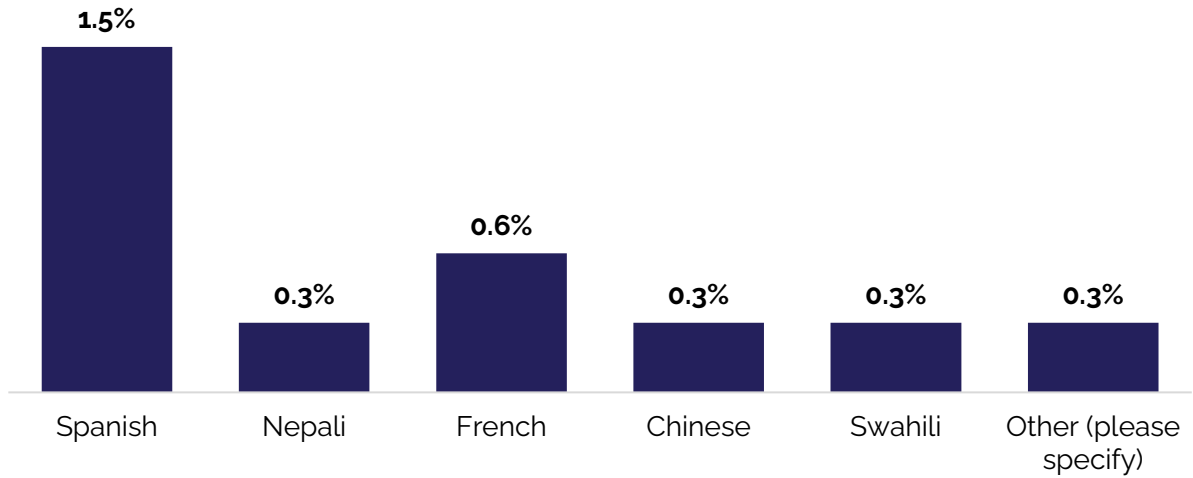
**If YES, select all that apply.**



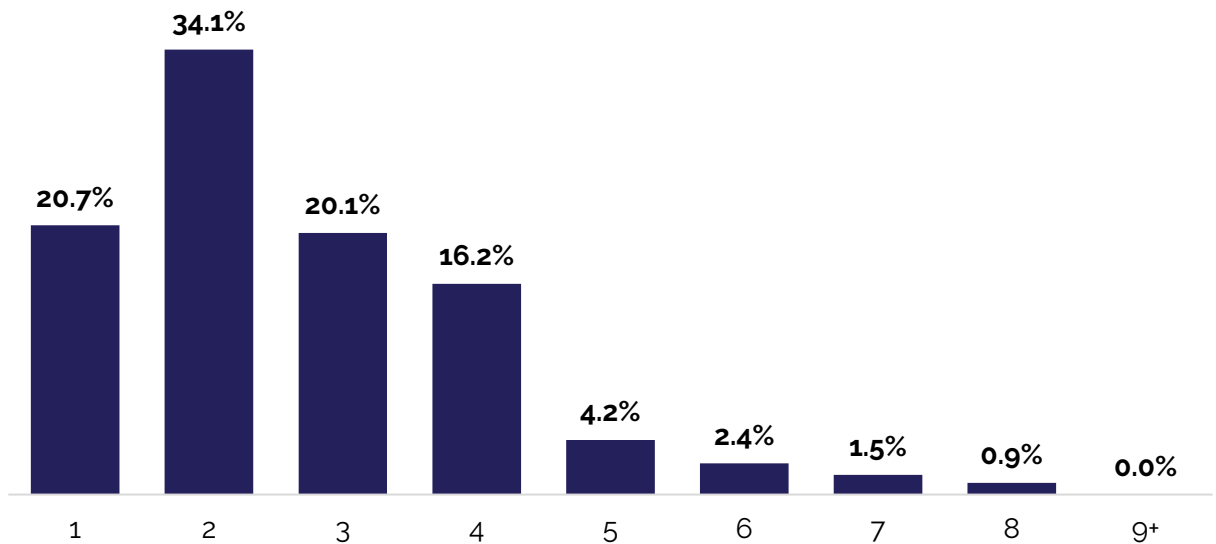
**What language do you prefer when utilizing services in the community?**



**What language other than English do you prefer when utilizing services in the community?**

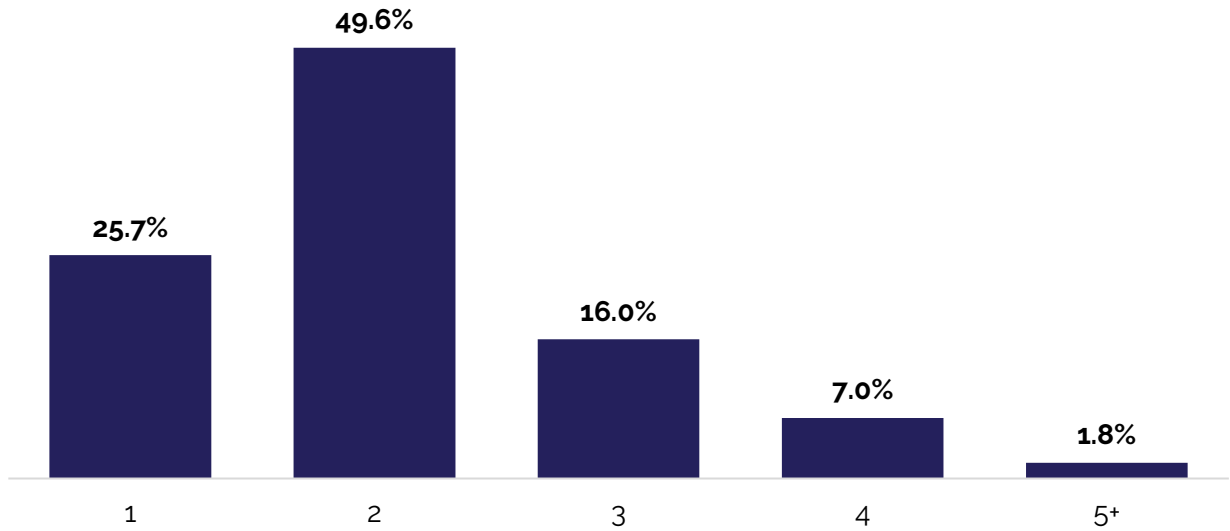


**How many people live in your household?**

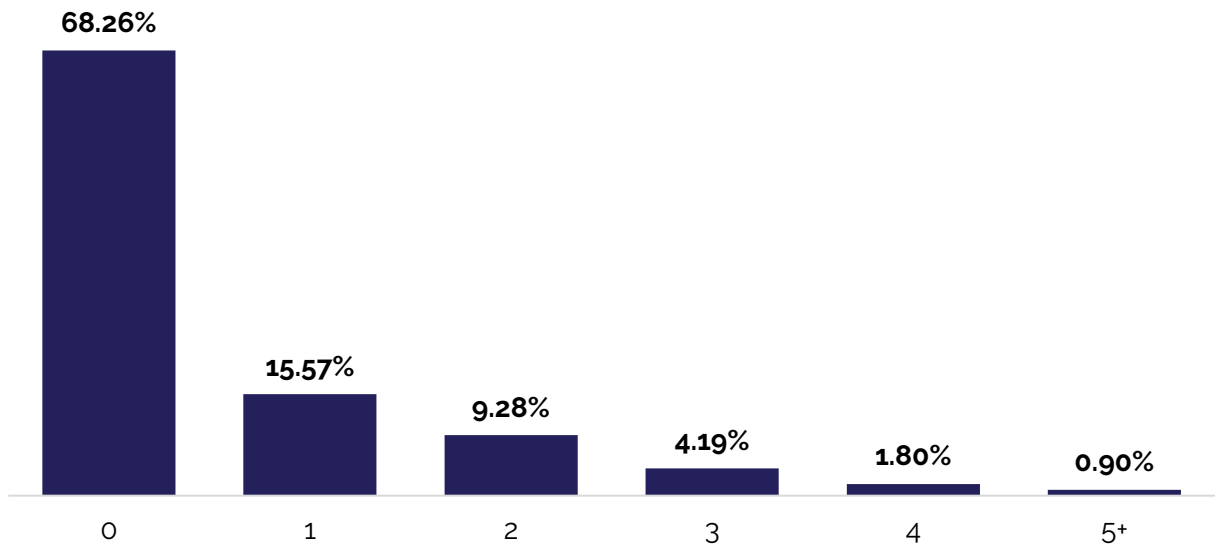




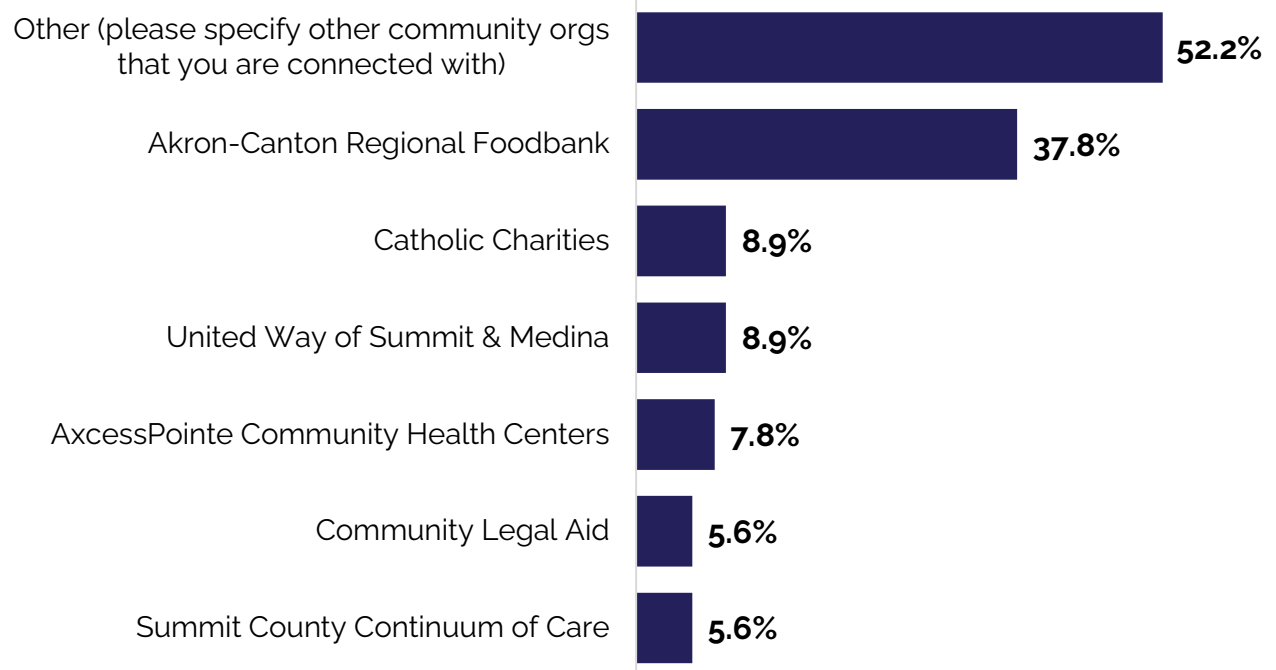
### How many adults live in your household?



### How many children live in your household?



**Are you currently connected to or utilizing services from any community organizations? Select all that apply.**



# Sources and Notes

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<sup>1</sup> [What is affordable housing - HUD](#)

<sup>2</sup> <https://www.ahaprocess.com/the-tyranny-of-the-moment-how-economic-class-differences-impact-success-in-higher-education/>

<sup>3</sup> The 65 and older population is projected to peak in 2030 at just over 110,000 seniors. However, since 2010 these projections have been averaging about 2% below actual ACS estimates (2,200 people as of 2023). See <https://development.ohio.gov/about-us/research/population> for details.

<sup>4</sup> Centers for Disease Control and Prevention. (2023). [Prevalence of Multiple Chronic Conditions Among US Adults, 2018](#)

<sup>5</sup> Centers for Disease Control and Prevention. (2023). *Healthy aging data portal*. <https://www.cdc.gov/aging/agingdata/index.html>

<sup>6</sup> U.S. Census Bureau. (2025). *Poverty status in the past 12 months (S1701) [2019-2023]*. American Community Survey 5-Year Estimates. <https://data.census.gov/>

<sup>7</sup> <https://www.cbpp.org/research/social-security/social-security-lifts-more-people-above-the-poverty-line-than-any-other>

<sup>8</sup> U.S. Census Bureau. (n.d.). *B23004: Work status in the past 12 months by age by employment status for the civilian population 65 years and over*. American Community Survey. Retrieved July 24, 2025, from <https://data.census.gov>

<sup>9</sup> <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>

<sup>10</sup> [https://www.bls.gov/regions/midwest/news-release/2025/laborunderutilization\\_ohio\\_20250221.htm](https://www.bls.gov/regions/midwest/news-release/2025/laborunderutilization_ohio_20250221.htm)

<sup>11</sup> <https://www.healthaffairs.org/content/briefs/rise-and-fall-underemployment-implications-workers-health>

<sup>12</sup> Family instability and children's Social Development. Child Trends. (n.d.). Retrieved July 17, 2025, from <https://www.childtrends.org/publications/family-instability-and-childrens-social-development>

<sup>13</sup> U.S. Census Bureau. (1970, 1980, 1990, 2000); American Community Survey. (2009-13, 2014-18, 2019-23). Retrieved from: <https://data.census.gov/> (American Community Survey). \*The American Community Survey does not include other individuals who are of childbearing age.

<sup>14</sup> Ibid.

<sup>15</sup> Schmidt, L., Shore-Sheppard, L., & Watson, T. (2024). *Does old age Social Security help children? The impact of Social Security on grandchild resources* (NBER Working Paper No. 33381). National Bureau of Economic Research. <https://www.nber.org/papers/w33381>

<sup>16</sup> Ohio Interactive Children Services Dashboard [OH Children Services Dashboard](#)

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<sup>17</sup> Ibid.

<sup>18</sup> It should be noted that the classification of accidental firearm injury intent needs to be interpreted with some caution. This is because there are no common standards across the country about what gets classified as either accidental or intentional firearm injury. It can also be difficult to determine intent from information available at admission. See <https://www.thetrace.org/2022/12/accidental-shootings-cdc-data-children/> for more details.

<sup>19</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC9813961/>

<sup>20</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC8882933/>

<sup>21</sup> <https://www.ncsl.org/health/adverse-childhood-experiences>

<sup>22</sup> <https://cps.ca/documents/position/from-aces-to-early-relational-health>

<sup>23</sup> <https://www.uclahealth.org/news/release/study-reveals-types-positive-childhood-experiences-pces>

<sup>24</sup> American SPCC. (n.d.). Positive Childhood Experiences (PCEs). <https://americanspcc.org/positive-childhood-experience/>

<sup>25</sup> <https://pubmed.ncbi.nlm.nih.gov/40019035/>

<sup>26</sup> <https://pmc.ncbi.nlm.nih.gov/articles8882933/>

<sup>27</sup> Summit County Public Health. (2024). Youth Risk Behavior Survey - High school (YRBS), 2023 & Population Health Vital Statistics Data Brief, December 2024

<sup>28</sup> Office of the Surgeon General, U.S. Department of Health & Human Services, Reports, Addiction and Substance Misuse Reports and Publications. Retrieved from <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>.

<sup>29</sup> Office of the Surgeon General, U.S. Department of Health & Human Services, Reports, Addiction and Substance Misuse Reports and Publications. Retrieved from <https://www.hhs.gov/surgeongeneral/reports-and-publications/addiction-and-substance-misuse/index.html>.

<sup>30</sup> Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, Non-Fatal Opioid Overdose and Associated Health Outcomes: Final Summary Report. Retrieved from <https://aspe.hhs.gov/reports/non-fatal-opioid-overdose-associated-health-outcomes-final-summary-report-0> 34Ohio Department of Health, Ohio Drug Overdose Profiles: Summit County. Updated November. 30, 2021.

<sup>31</sup> Centers for Disease Control and Prevention. (2024, February 15). *Understanding your risk for cannabis use disorder*. In *Cannabis and Public Health*. National Center for Injury Prevention and Control. Retrieved July 31, 2025, from <https://www.cdc.gov/cannabis/risk-factors/cannabis-use-disorder.html>

<sup>32</sup> Health Effects | Marijuana | CDC. (2021, June 02.). Retrieved from <https://www.cdc.gov/marijuana/health-effects.html>

<sup>33</sup> HMS. (n.d.). Epicenter. Retrieved August 4, 2025, from <https://epicenter.hmsinc.com/epicenter/>

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<sup>34</sup> Ohio Department of Health death certificate database

<sup>35</sup> Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive (2022-2024)

<sup>36</sup> Ibid.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Source: Ohio Department of Health, Office of Vital Statistics, Birth Comprehensive (2022-2024); Ohio Department of Health, Office of Vital Statistics, Infant Mortality Protected (2022-2024). \*data is subject to change based on the finalization of 2024 records

<sup>40</sup> Source: National Center for Fatality Review & Prevention (2022-2024).