

2022

CHA

Community Health Assessment



S U M M I T C O U N T Y , O H I O

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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 Inc
Axesspointe
Baby 1st Network
Black Health Coalition
Blick Center
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
Humility of Mary Housing Program
International Institute of Akron
Kent State University
Let's Grow Akron
Mental Health and Addiction Advocacy Coalition
Mustard Seed Market and Cafe
Northeast Ohio Medical University
Ohio Guidestone
Planned Parenthood of Greater Ohio
Project Learn of Summit County
Stark State University
Summa Health System
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
UHCAN Ohio
United Way of Summit and Medina Counties
University of Akron



Introduction

In 2011, Summit County Public Health (SCPH) released its first Community Health Assessment (CHA). The original CHA included 29 indicators organized in four broad categories: Clinical Care, Health Behaviors, Social and Economic Factors and Physical Environment. In its current version, the 2022 CHA includes nearly 250 indicators and fifteen call out sections 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 whether any progress has been made. The impact of the COVID-19 pandemic and its related effects can be seen throughout the document.

Good health starts with people taking care of themselves as best they can; eating good food, exercising whenever possible, not smoking, getting all recommended immunizations and screenings, and seeing a doctor when sick or injured. However, good health goes beyond maintaining a healthy lifestyle. It depends on several factors that on the surface may not seem to be linked to health. Many of the factors that impact health come from the outside; things like the kind of social and economic opportunities available; the physical condition of people's homes, schools and businesses, the safety and vitality of the neighborhoods they live in, the education they receive, and the work they do. People's health also depends on things like access to healthy food, clean water and air, and effective and affordable health care.

Governments and private businesses also have influence on how healthy the community is. For example, laws and policies control things such as who pays taxes and how much they pay, where development can take place, or which local governments, schools, or individuals can get financial assistance and how much they receive. These kinds of decisions often leave communities competing against one another, supporting good health in some places and making good health harder to achieve for others. Private policies can also have an impact on health. One example

involves the practice of redlining; that is, banks that intentionally prioritized mortgage investment dollars towards homes in White, middle- and upper-class and native-born communities and away from non-White, lower-income and foreign-born communities. These policies were widely practiced in the 1930s and continued until the Fair Housing Act outlawed redlining in 1968. However, even half a century after redlining officially ended, the health of Summit County residents is still heavily influenced by where those four decades' worth of investment dollars flowed – and where they didn't.

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

In addition to statistics, this report highlights several critical areas impacting health in Summit County. These sections present the background of each issue and discuss the community partners engaged in addressing the issues. These sections also include some of the major challenges and opportunities that will help determine success in the years ahead. The goal is that the 2022 CHA and 2023 Community Health Improvement Plan will be a guiding document for the whole community, allowing for better coordination of the many resources that exist in Summit County and advancing the goal of maintaining healthy lives for all Summit County residents.



Background

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

In 2003, the Summit 2010: A Quality of Life Project began as a comprehensive health and social service planning initiative that would improve the economic competitiveness and quality of life of residents in Summit County. Started by then-Summit County Executive James B. McCarthy, and conducted under the oversight of the Summit County Social Services Advisory Board (SSAB), the purpose of Summit 2010 was to strengthen collaboration between the county's major public systems and smaller community partnerships in order to improve the quality of health and social service delivery. The organizing agencies include, but are not limited to: Department of Job & Family Services; Summit County Children Services; Alcohol, Drug and Mental Health Board; Board of Developmental Disabilities; Akron Metropolitan Housing Authority; Akron Metropolitan Transit Authority; Summit County Juvenile Court; Summit County Public Health; and Area Agency on Aging.

The high point of the first phase of the project was SSAB's creation in 2004 of ten major initiatives that had the goal of creating high-impact changes to the health and social services system. In addition, 20 priority indicators were created to monitor the community's health and social conditions over time. These initiatives and indicators became the foundation of the county's first Comprehensive Health and Social Services Plan. They were also the foundation for several other planning efforts, including the Workforce Development and Economic Opportunity Plan, the Partnerships for Success Plan, and three neighborhood-level strategic plans in Barberton, Buchtel, and Lakemore. Implementation of these plans began in 2004, and over the next six years the project took root in the community, with as many as 300 volunteers putting in hundreds of man-hours working on 15 separate committees. By 2010, all ten major initiatives were either accomplished or had made a great deal of progress. In addition, reports showing changes over time to the 20 priority indicators were released in 2007 and 2009.

Transitioning to Summit 2020 and Beyond

As the 2010s began, the SSAB held a planning retreat to review the Health and Social Services Plan, evaluate what was accomplished, consider changes to the priority indicators, and create a new vision for taking the community to 2020. New partner agencies were identified and invited to become a part of the planning process, including the GAR Foundation, Child Guidance and Family Solutions, Akron Community Foundation, Akron Public Schools, Summit for Kids and the Summit Education Initiative.

As the planning process unfolded, it became clear that the project needed a more streamlined and coordinated structure as it set goals for 2020. Therefore, the SSAB decided that the project, now renamed Summit 2020, would focus on five broad initiative areas, Economic Stability and Prosperity, First Things First, Older Adults, Health and Health Disparities, and Government Efficiency and Effectiveness. These priority areas would work differently than the previous committee structure. Using a model originally developed in the First Things First initiative, each of the five priority areas would maintain an aggressive meeting schedule early in the planning process and produce its own strategic plan that would be implemented over time.

Planning for Summit 2030

Over the next year, Summit County will update its assessment of the design and structure of the county's social service system. The assessment will clarify the efficiency and effectiveness of the system to identify opportunities to improve the system's performance. SSAB will use the assessment to continue to make recommendations to the County Executive and County Council. The CHA is part of the broader Health and Human Services plan which will incorporate data analysis, system performance, and shared goals for the social service system to provide the vision for the next ten years.



RACISM AS A PUBLIC HEALTH CRISIS

According to the American Public Health Association (APHA), across the country, local and state leaders are declaring racism a public health crisis or emergency. These declarations are an important first step to advancing racial equity and justice and must be followed by allocation of resources and strategic action.¹

In the summer of 2020, Summit County Council, the City of Akron, and Akron Public Schools formally declared racism as a public health crisis and are taking steps towards allocating resources and implementing change through strategic action. The passing of these resolutions, and the concrete steps that have followed after the passage, demonstrates that Summit County along with over 250 other counties, cities, and community organizations across the United States are committed to opposing and dismantling racism and pursuing equity, diversity, and inclusion.

The City of Akron's Racial Equity and Social Justice Taskforce conducted a comprehensive review and evaluation and developed recommendations to eliminate structurally racist policies and procedures that perpetuate inequalities. Among the recommendations developed by the task force include; hiring a Deputy Mayor specifically to address racial equity and social justice issues, prioritizing areas of the city that had previously been redlined for increased funding for housing improvement, providing incentives for development in formerly redlined areas, and hiring a Community Health Worker to support youth violence prevention.²

Summit County Council contracted with UPD Consulting to provide assessment, project management, and consultation to promote and advance racial equity in the County of Summit. The assessment provides recommended focus areas for improvement, high leverage change recommendations, and short-term action plans.³

The Akron Public Schools, among other recommendations, has planned for expanded diversity, equity and inclusion, and implicit bias training for staff.⁴

HEALTH DISPARITIES - THE IMPACT OF RACE

According to Healthy People 2020, a health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; sex; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”⁵

While many of the indicators chosen to be part of this assessment show evidence of one or more disparities between groups, the one type of disparity that stands out above the others is racial disparity. There are meaningful racial disparities in many of the subject areas where data is available.

While access to quality affordable healthcare is important and essential, research continues to demonstrate that social and economic factors, health behaviors, and the physical environment where you live and work have the greatest impact on an individual's quality and length of life. Socioeconomic factors, personal behaviors, and location are often used as predictors of health outcomes. However, recent research shows that while it may affect health outcomes disproportionately by race, it does not fully explain racial disparity.

¹Racism is a public health crisis. (n.d.). Retrieved August 12, 2022, from <https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations>

²City of Akron's Racial Equity and Social Justice Taskforce submits final recommendations. Press Release - City of Akron's Racial Equity and Social Justice Taskforce Submits Final Recommendations: City of Akron. (n.d.). Retrieved July 14, 2022, from <https://www.akronohio.gov/cms/news/f18efd5d48132c1f/index.html>

³County of Summit, Racism as Public Health Crisis Assessment (December 19, 2021).

⁴Racism a public health crisis - resolution #20-065. (n.d.). Retrieved July 14, 2022, from https://www.akronschools.com/district/board_of_education/racism_a_public_health_crisis_-_resolution__20-065

⁵Healthy People 2020. (n.d.). Retrieved April 22, 2022, from <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>



STRUCTURAL RACISM - THE GROUNDWATER APPROACH⁶

In an effort to help leaders, organizers, and organizations at all levels internalize the reality that we live in a racially structured society, and that is what causes racial inequity, the Race Equity Institute developed the “Groundwater” metaphor and analytical framework to explain the nature of racism as it currently exists in the United States. The metaphor is based on the following three observations:

- Racial Inequity Looks the Same Across Systems
 - Based on national and local data for Black and White Americans, we see consistent inequities in health care, education, law enforcement, child welfare, and finance; to name a few.
- Socioeconomic difference does not explain the Racial Inequity
 - If socio-economic difference explained racial inequity, controlling for socio-economic status would eliminate the inequity; it does not. Scholars and practitioners have demonstrated this over and over across multiple systems.
- Inequities are Caused by Systems, Regardless of Culture or Behavior
 - Using new methodologies, researchers have generated more and more evidence that systems cause inequity regardless of people’s behavior or culture. This is a critical point, given the common narratives that inequities are explained by cultural or behavioral differences.

To illustrate these continuing racial inequities, this community health assessment provides information organized by race, ethnicity, and location. Unfortunately, most of our data provided at the local level does not allow us to control for socioeconomic factors, culture, or behavior. Most of the statistics in this assessment focus on the Black community as opposed to all people of color due to small population size and consistent and reliable data at the local level. It is important when reviewing this document that the reader utilize the groundwater observations above to provide further context and understanding of racial disparities.

Black individuals are...

3.8 times more likely to have an infant die in the first year after birth than White individuals

2.9 times more likely to be living in poverty than White individuals

2.4 times more likely to be unemployed and looking for work than White individuals

2.2 times more likely to die of diabetes than White individuals

1.9 times more likely to be experience a low-birthweight birth than White individuals

1.7 times more likely to be denied a loan to purchase a home as White individuals

1.3 times more likely to have COVID-19

Have half the household income as White individuals

60% less likely to have a four-year or advanced college degree as White individuals

These disparities cross many different areas, health, income and poverty, home ownership, and education. As readers of the community health assessment will learn, these are only some of the disparities that can be identified in our community.

⁶The Groundwater Approach (n.d.). Retrieved August 12, 2022, from <https://racialequityinstitute.org/wp-content/uploads/2022/05/REIGroundwaterApproach.pdf>



Our Methodology

The MAPP Process

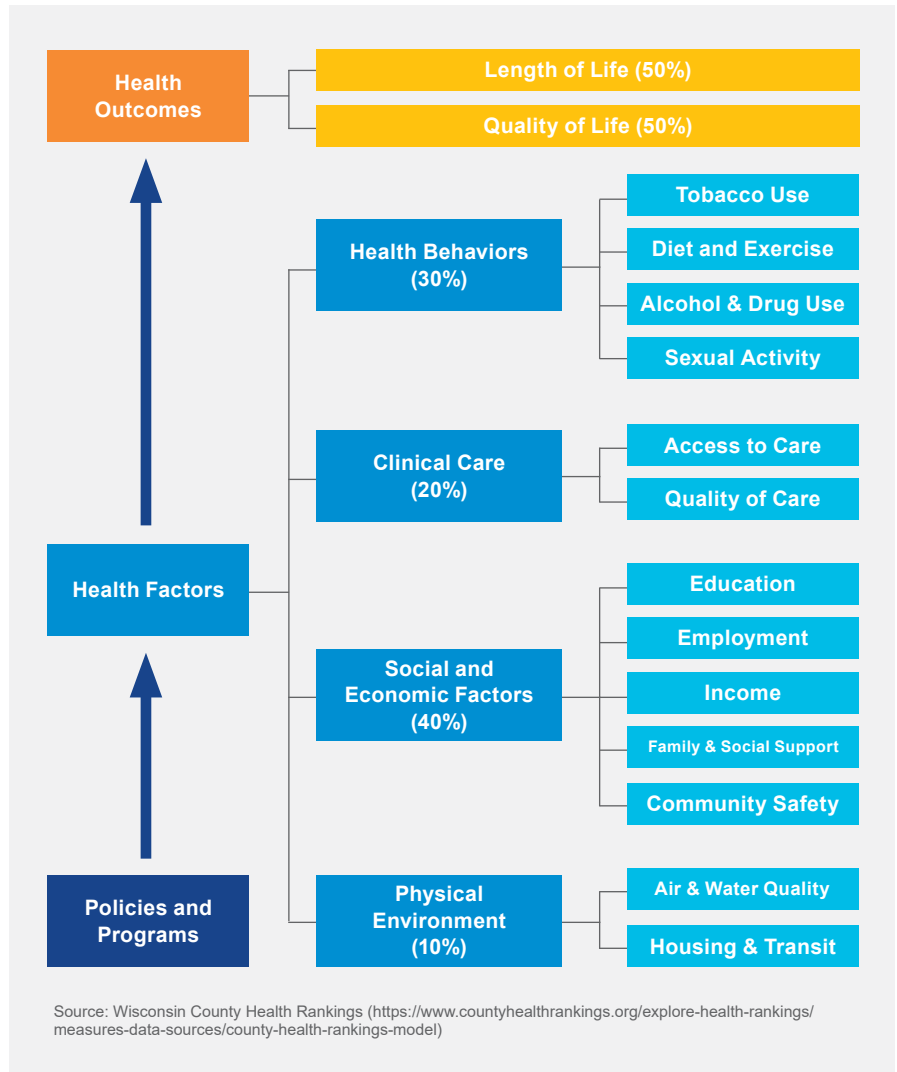
The 2022 Community Health Assessment (CHA) was completed using the National Association of County and City Health Officials (NACCHO) modified- Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community driven planning process for improving community health. This process was 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.

Indicator Selection

The 2022 CHA indicators were selected with the assistance and guidance of SCCHI during an intensive year-long planning process in 2016 and refined in 2022 based on availability of data. SCCHI discussed, proposed, and reviewed indicators for this assessment.

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 below in a graphic 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 interacts with prevailing socioeconomic and health conditions to

Figure 1 – MAPP Process



Data Sources

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 2018 Youth Risk Behavioral Survey, the Ohio Department of Health Birth and Death Data, and EpiCenter. A full list of data sources can be found in the Data Appendix.

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 and surveys were conducted and distributed throughout the community in 2022 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.



Demographics

Summit County, Ohio is comprised 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 2020, it had approximately 540,428 residents, making it the fourth most populous county in Ohio. The county seat is Akron housing almost 35% of the county's population.

Figure 2 – Age Group

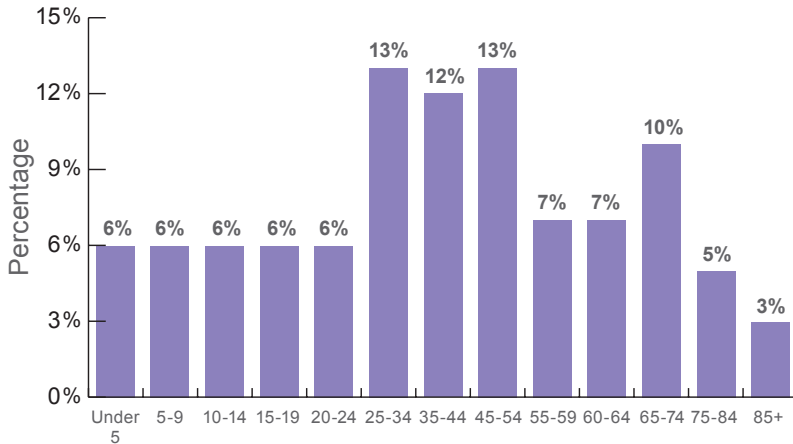
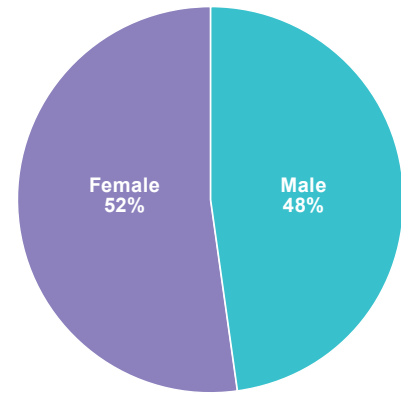


Figure 3 – Sex



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 age 18 account for almost 25% of the population, followed by seniors over age 64 who account for about 18% of the population. The median age is 41 years, which is the same as in the two previous CHAs. Sex distribution has also remained steady within the county with 52% females and 48% males.

Race, Ethnicity, and Nativity

More than 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 2.0% of the population identify as Hispanic or Latino. Additionally, 5.4% of Summit County residents are foreign born. 7.0% of residents 5 years of age and older speak a language other than English at home and 3.0% of residents 5 years of age or older speak English less than “very well.”

Figure 4 – Race

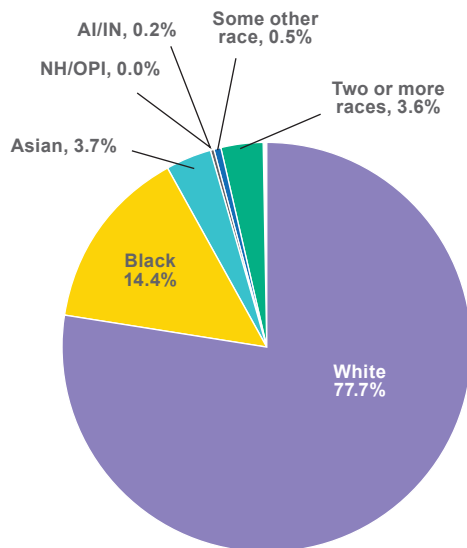
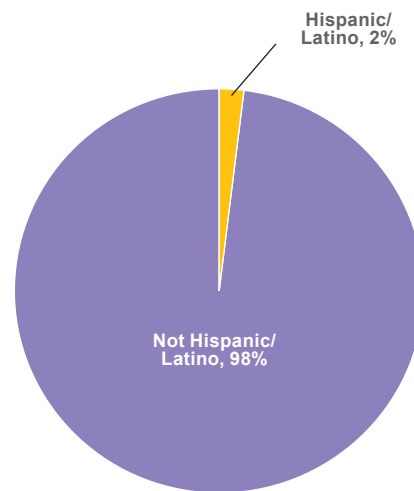


Figure 5 – Ethnicity

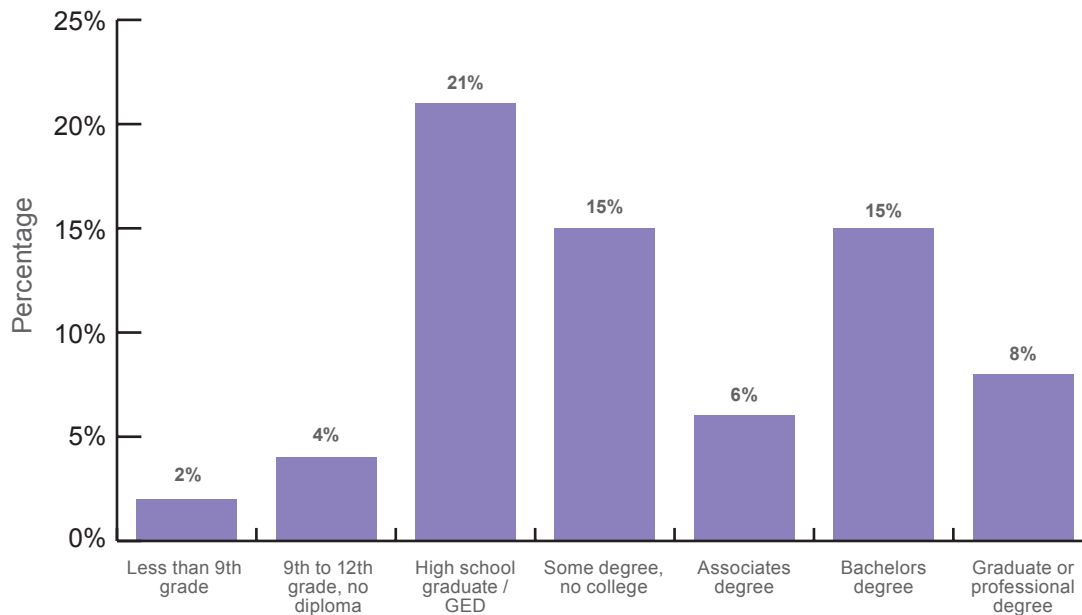




Educational Attainment

Nearly 33% of Summit County residents have a 2-year, 4-year, or advanced degree. Another 33% 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.

Figure 6 – Educational Attainment



Demographic Profile: Social Vulnerability Index

In order to better understand the conditions that contribute to health disparities, the CDC developed a Social Vulnerability Index. As the CDC explains, "...the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability." The Index tracks four measures of vulnerability for each census tract in the nation using 15 indicators of health and social conditions:

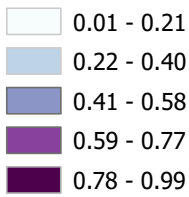


Social Vulnerability Index, Overall Percentile Ranking, Summit County, 2020

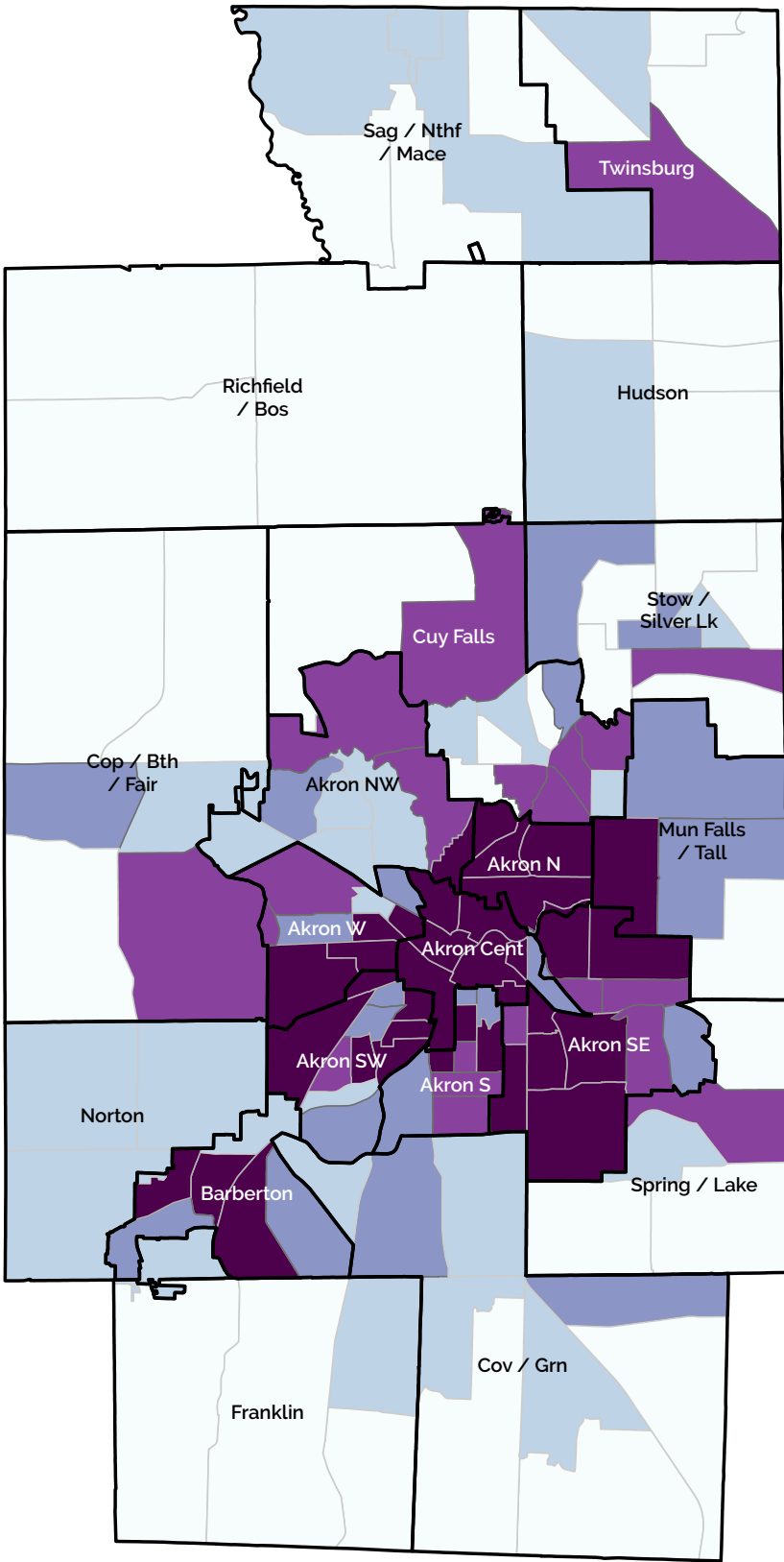
□ All SC Clusters 2030

Census Tract

Overall Percentile



The Social Vulnerability Index (SVI) is composed of the indicators shown in the table below. The map at right presents the percentile ranking on all indicators in this section of the SVI. The higher the percentile ranking, the more social vulnerability exists in each census tract.



Overall Vulnerability	Socioeconomic Status	<ul style="list-style-type: none"> Below 150% Poverty Unemployed Housing Cost Burden No High School Diploma No Health Insurance
	Household Characteristics	<ul style="list-style-type: none"> Aged 65 & Older Aged 17 & Younger Civilian with a Disability Single-Parent Households English Language Proficiency
	Racial & Ethnic Minority Status	<ul style="list-style-type: none"> Hispanic or Latino (of any race) Black or African American, Not Hispanic or Latino Asian, Not Hispanic or Latino American Indian or Alaska Native, Not Hispanic or Latino Native Hawaiian or Pacific Islander, Not Hispanic or Latino Two or More Races, Not Hispanic or Latino Other Races, Not Hispanic or Latino
	Housing Type & Transportation	<ul style="list-style-type: none"> Multi-Unit Structures Mobile Homes Crowding No Vehicle Group Quarters



Community Perspectives

Focus groups were held across Summit County with both residents and organizations who provide services to Summit County residents. The following presents the outcome of these conversations split into the following categories: Aging, Adolescent Health, Chronic Disease, Communicable Disease, Racism, LGBTQ+, Violence, COVID-19, Unemployment, Poverty, Housing, Family Instability, Maternal & Child Health, Mental Health & Addiction, Built Environment, Healthcare/Health Resources, Culture/Community, Access, Politics, Business, and Social Determinants of Health/Health Disparities.



Community Perspectives

Focus Groups: April-May 2022

The Focus groups were held in April and May of 2022 at various community partners and agencies. These conversations were used to gain insight on diverse populations health throughout Summit County.

What makes residents proud of their community?

The top responses in this category include the arts and music, the amount of diversity within communities, and the amount of community activities. The built environment included spaces such as the Metro Parks and the Locks as the second most popular choice. In addition, access to healthcare and the number of businesses in the county ranked third due to the amount of both in the community.

Figure 7 – Community Perspectives: Community Pride

Category	Percent
Culture and Community	32.40%
Built Environment	27.00%
Healthcare and Health Resources	10.80%
Business	10.80%

What makes a community healthy?

A majority of people mentioned things related to the built environment, such as park systems, safe and accessible walkways and sidewalks. Access to healthy food and public transportation were the next most frequently mentioned. In the Healthcare & Health Resources and Culture and Community categories, other frequent responses include health insurance and proximity to individuals, a sense of unity, and reduced stigma.

Figure 8 – Community Perspectives: Community Health

Category	Percent
Built Environment	20.40%
Access to Services	16.30%
Healthcare and Health Resources	16.30%
Culture and Community	14.30%

How can the health and quality of life be improved for the people living here?

Increasing health insurance being accepted, improved health literacy, more of preventive services, and reducing long wait times for appointments were most often mentioned as ways to improve health and quality of life. Participants also felt that separation based on political/social issues impacted the health of their community, followed by holding those in power accountable for change. Finally, improving the accessibility and afford-ability of public transportation was also mentioned as one of the major issues with the build environment.

Figure 9 – Community Perspectives: Improve health and quality of life

Category	Percent
Healthcare and Health Resources	17.70%
Politics	17.70%
Built Environment	14.50%



Key Informant Survey: April-May 2022

This survey was sent out to community leaders, elected officials, directors and managers of healthcare industries, as well as religious leaders, and leaders of community organizations. The survey was used to determine how community leaders view the strengths, weakness, opportunities and threats to the health of Summit County residents. There were 82 responses. These surveys asked similar questions and also used the same categorical coding as the focus group responses.

What makes you most proud of your community?

Community and culture dominated key informant responses, with collaboration and friendly people being the main reasons for that answer. The availability of health care and health care resources were the second most popular response, followed by built environment items such as the park systems. These top categories are the same as those from the focus groups.

Key informants were also asked about the broad trends, events, and factors that will impact health the most over the next several years. Health care access was the most frequently mentioned, with responses about healthy food access being the top concern. This was followed by access to mental health and medical professionals. Other top mentions include mental health and addiction (14.2%), and COVID-19 outcomes (9.2%).

What strengths or contributing factors increase and/or decrease health and quality of life?

Factors that key informants mentioned as increasing health most often include health care, the built environment, and access to health services. Respondents frequently mentioned the wide variety of resources, the presence of well-established service agencies, and high-quality health care systems available in Summit County.

The things that were most often mentioned as decreasing health and quality of life include access to services issues such as the lack of public transportation, access to both physical and mental health care, as well as the lack of affordable housing and rising rental costs. Built environment related issues were the second most commonly mentioned. These included things like poor water quality, a lack of safe sidewalks and a need for more accessible park and recreation areas.

What barriers do you believe keep citizens from improving their health and quality of life?

Access once again topped the list with a majority of responses stating a lack of awareness of resources available as the number one barrier. Mental health and addiction were second, and included topics such as people needing encouragement to change their lifestyles, comfortability in their situation, and poor mental health outcomes overall. Poverty and a lack of well-paying jobs were the third most common.

Figure 10 – Key Informant: Community pride

Category	Percent
Culture and Community	57.40%
Healthcare and Health Resources	16.50%
Built Environment	13.00%

Figure 11 – Key Informant: Improve health and quality of life

Increase Health	
Category	Percent
Healthcare	24.10%
Built Environment	21.60%
Access to Services	14.20%

Decrease Health	
Category	Percent
Access to Services	18.30%
Built Environment	11.20%
Housing	8.30%

Figure 12 – Key Informant: Barriers to improving health and quality of life

Category	Percent
Access to Services	21.80%
Mental Health and Addiction	16.40%
Poverty	11.50%



What specific actions, policies, or funding priorities would you or your organization support that contribute to a healthier community?

Some of the specific actions, policies, or funding priorities that could be supported by the informant’s agency included increasing government funding and ending regressive taxation, maintaining/expanding upon recreation facilities and parks including bike paths, and increasing access to both affordable housing and mental health care.

What is your vision for health equity?

The last question was the same for both the focus group participants and those who completed the key informant survey. Healthcare and the built environment were at the top of each group’s lists. For the focus groups: health literacy, increased numbers of recreation centers, access to quality care, and a community that looks out for each other were the top choices in each of the respective categories. Key informants wanted equal access to quality healthcare and social services, healthy indoor/outdoor activities in underserved areas, and healthcare for all as the top priorities in each respective category.

Figure 13 – Key Informant: Specific actions or policies

Community Perspectives	
Category	Percent
Healthcare	38.60%
Built Environment	13.60%
Access/Community	9.10%

Key Informants	
Category	Percent
Healthcare	42.20%
Built Environment	19.50%
Politics	10.90%

Community Survey: April-May 2022

SCPH attended the Minority Health Fair event held by the Office of Minority Health in April 2022. At the event, SCPH passed out detailed surveys in which the participants received incentives for their participation. SCPH intentionally sought out events to collect data from diverse populations within Summit County. They also collected surveys at the Summit County Baby Shower held at Job and Family Services as well as at the Senior Health Expo at Firestone High School. This survey was also distributed via email, social media, and flyer posting in the community and at community events.

Demographics

Race

Survey results showed the majority of the participants identified as White with 52.5% of respondents, followed by Black or African American with 34.2%. Multiracial/Other accounted for 13.3% of responses with one response not being able to be used due to incompleteness.

Gender and Age

Gender of participants were 65.5% female, 31.8% male, 1.5% non-binary, and 0.83% transgender. The age distribution of participants was from 15 years old to 84 years old, with about 27% of respondents with ages of 15-34, 50% with ages of 35-64, and another 23% from 65-84.

Education

Roughly 12% of participants had less than a high school education, 31% had graduated high school, and 26% had attended some college/technical school. 20% reported having a 4-year college degree, and roughly 11% had a post graduate degree.



Income

In 2022, the federal poverty level for a family of three was \$23,030. Of those surveyed, 46% makes less than \$20,000. \$20,000-\$30,000 accounted for 14% and \$30,000-\$50,000 accounted for 15%. \$50,000-\$75,000 made up 12% of income responses, with 13% making \$75,000 or more.

Mental & Physical Health Ratings

The participants' mental and physical health ratings showed that the majority of participants feel that both their mental health and physical health are good, very good, or excellent. As physical health rankings increased from poor to excellent, the mental health of individuals also increased from poor to excellent.

Services and Support

67% of participants felt that could usually or always access services to maintain their mental health, 18% felt that they could sometimes access services for mental health, and 15% felt that they never or rarely could access services to mental health care. 64% of respondents felt that they usually or always have the social and emotional support that they need, 23.5% stating that they sometimes get the social and emotional support they need, and 12.5% saying that they never or rarely get the emotional or social support that they need. When asked about whether participants felt that their community looks out for each other, 49.2% stated that they feel like their community usually or always looks out for each other, with 34.5% stating that sometimes they look out for each other, and the last 12.5% stating that their community never or rarely looks out for each other.

Financial Stability for Services

Participants were asked about whether they had enough money on a monthly basis to pay for healthcare, as well as essentials such as food, clothing, and housing. More than two-thirds (69.7%) stated that they usually or always have enough money for health care and 67.8% stated that they usually or always had enough money for essentials. Those who never or rarely had enough money for healthcare (15.2%) was similar to those who never or rarely had enough for essentials (12.5%).

Healthcare Access & Availability

As for health care coverage, 52.8% of participants have Medicaid, 31.5% have Medicare, and 11.8% have health insurance purchased by a family member or by themselves.

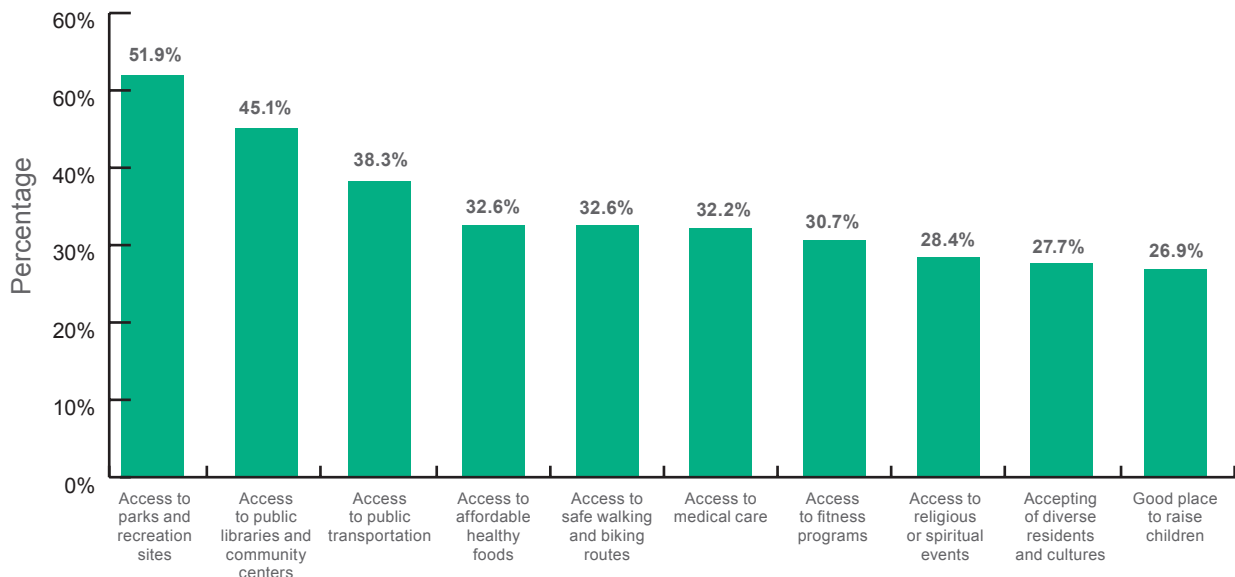
The primary barrier in accessing healthcare issue that most participants (29.2%) reported was difficulty finding the right provider for their care. Not having enough insurance was ranked second at 26.1%, followed by transportation at 19.7%.



Strengths & Weaknesses

Participants were able to select as many strengths and weaknesses as they saw fit, which is why the following percentages do not equal 100%. Access to parks and recreation sites topped the list of Summit County strengths with 51.9% of responses. Access to public libraries /community centers followed with 45.1% and access to public transportation was third with 38.3% of responses. On the other end of the strengths question, the majority of respondents felt Summit County does not have access to affordable after school activities nor access to jobs and a healthy economy each getting 15.2% of responses, followed by 10.6% of responses stating affordable childcare is lacking.

Figure 14 – Summit County's Greatest Strengths



When asked what issues are having the greatest impact on the communities' health, survey respondents ranked homelessness as the greatest impact on health and wellness at 28.8%, illegal drug use was next at 27.3%, with bullying/peer pressure and lack of affordable housing tying for third at 22.7%.

Ratings of Community Health, Personal Health, and Financial Health

The last section of questions had a ladder diagram where individuals were asked to rate what step they would place their communities' health in general, their own personal standing, their future standing, and their current financial standing. These ratings were then compared by reported race and the findings are presented below.

The health of the community on a scale of 1-10 where 1 was the least healthy and ten was the healthiest, was rated at an average of 6.3. Black participants on average rated the health of their community at 6.42, White participants at 6.33, and Multiracial/Other participants at 5.91.

Individuals were asked to rate their own current health on the same scale and the average health among all respondents was 6.68. Black individuals had an average ranking of 6.78, White individuals average was 6.72, followed by Multiracial/Other individuals at 6.29.

Individuals were then asked to rate where they saw their own health five years from now with an average ranking of 6.99. Black individuals average health ranking five years from now increased to 7.13 (an increase of 5%), White individuals increased to 6.82 (an increase of 1%), and Multiracial/Other individuals' increased to 7.26 (an increase of 15%). Overall, a majority (n=187, 71%) of individuals did rank their health as remaining the same or improving, there were still 29% of respondents who ranked their health as worsening in the next five years.

Financial health was the last ranked question asked and using the same scale as before, the average ranking of financial health was 6.22, with Black individuals ranking at 6.54, White individuals at 6.08, and Multiracial/Other individuals at 5.94.



Summary of Key Findings

Good health comes from a combination of people taking care of themselves as well as many factors that are beyond an individual person's control. The data presented in this report describe many of these factors. That leads to the question, what do all of these factors have to say about the overall health of the community?



Summary of Key Findings

Health Outcomes of Concern – Trends in several key health outcomes have emerged that are either unsatisfactory or moving in the wrong direction. These include:

Life Expectancy and Years of Potential Life Lost (YPLL)

Life expectancy at birth in Summit County has decreased from 78.8 years during 2016-2018 to 76.5 during 2019-2021; a decrease of 2.3 years. Two reasons for this decline are the combination of COVID-19 deaths and an increase in drug overdose deaths since 2016. In the two years since the arrival of COVID-19, just over 1,900 people have died of the disease; an average of 79 people per month. Since 2016, when carfentanil and fentanyl began to show up in large amounts in illegal drug supplies, more than 1,300 people died of an accidental overdose; an average of 22 people per month.

Years of potential life lost (YPLL) per 100,000 people measures premature death; that is, the combined number of years of life lost by people who die before age 75 (considered a normal life expectancy). YPLL increased from 8,598 per 100,000 during 2016-2018 to 9,234 per 100,000 during 2019-2021; a 7.4% increase. Without COVID-19, YPLL would have only increased by 2%. Taking away the additional overdose deaths caused by carfentanil and other lethal new substances would have held the increase even lower. Whether it's life expectancy or YPLL, Summit County residents are not living as long as they used to, nor as long as they should be.

Suicide

The percent of middle and high school students who attempted suicide decreased from 10% in 2013 to 8% in 2018 according to the Youth Risk Behavior Survey (YRBS). Despite this decrease in the 2018 survey, the percent of high school students saying they felt sad and hopeless for at least two weeks during the past year increased from 29% in 2013 to 34% in 2018. Efforts to help at-risk teens will need to expand to keep the rising levels of depressive sadness among youth from progressing into future suicide attempts. Mounting evidence from around the nation suggests that adolescents have also experienced higher rates of anxiety, depression, and stress due to the COVID-19 pandemic. Unfortunately, local data to see if these issues are worsening here won't be available until the 2023 YRBS is conducted.

Depression and suicide remain a concern for adults as well. Nearly one-in-five adults say they have been told they had a depressive disorder at some point in their lives. Meanwhile, adult age-adjusted suicide rates in Summit County have been higher in the past three years than in the previous twelve. Adults in the U.S. and around the world have also suffered increased anxiety, depression, and stress caused by the pandemic.^{7,8}

Communicable Disease

Communicable diseases in 2022 CHA fall into two groups; COVID-19 and all others. COVID-19 will be a constant theme throughout the 2022 CHA, and will be examined in more detail later. There have been at least 113,000 confirmed or probable cases of COVID-19 since 2020; about 20% of the total population of the county. More than 1,900 people have died of the disease, and many of those who didn't will take weeks, months, or years to recover. Some may never completely recover. Rates of other vaccine-preventable diseases such as influenza and viral meningitis have decreased since the 2019 CHA. Cases of chlamydia and intestinal (enteric) diseases have also decreased. New cases of gonorrhea, syphilis and HIV/AIDS increased since the 2019 CHA. Cases of non-COVID-19 communicable diseases combined that are tracked by SCPH decreased between the 2019 and 2022 CHAs.

⁷World Health Organization. (n.d.). Covid-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. World Health Organization. Retrieved July 27, 2022, from <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

⁸Nirmita Panchal, R. K., & 2021, F. (2022, April 28). The implications of COVID-19 for mental health and substance use. KFF. Retrieved July 27, 2022, from <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>



Chronic Disease

Death rates from a few of the more common chronic diseases either stayed the same or slightly decreased since the 2019 CHA, including breast, colorectal cancer, stroke, and chronic lower respiratory disease. The stabilization and/or improvement of cancer death rates for breast and colorectal cancer is especially important, as these are cancers that are more readily detected through early screening. Death rates from all cancer types combined decreased by about 2%. Deaths from chronic kidney disease and prostate cancer increased, as did death rates from heart disease and Alzheimer's/dementia.

Over the past several years, the Behavioral Risk Factor Surveillance Survey (BRFSS) has shown that nearly two-thirds of the adult population is either overweight or obese, and about one-third of those individuals have reported being told they have either high cholesterol or high blood pressure. In addition, about one-quarter of adults say they smoke, and another quarter say they are not physically active. All of these behaviors have either stayed the same or increased over the past several years, despite solid evidence that they increase chronic disease rates.

Several external causes of death have also increased (deaths not caused by disease or other natural causes). In addition to drug overdose deaths, other kinds of accidental deaths (auto accidents and falls being the most common) have increased 36% since 2019. Firearm-related homicides are also up 37% since the 2019 CHA. Fall-related deaths among seniors, and both traumatic brain injury emergency room visits resulting from and deaths from traumatic brain injury have increased for seniors since 2018.

Contributing Factors - What factors are behind the health outcomes in the community?

Health Behaviors

In the County Health Rankings model, the health habits and behaviors of individual people account for 30% of the impact on a person's health. Unfortunately, several important health behavior indicators show that health behaviors are contributing to poor health outcomes.

Use of Tobacco and Tobacco Products

22% of Summit County residents still smoke, despite the well-known dangers of tobacco use. Smoking rates tend to increase as age increases, rising from 2% of middle school students to 6% of high school students and finally to 20% of adults who say they are current smokers. Cigarette smoking among high school students has decreased significantly, from 13.5% in 2013 to 5.8% in 2018. The decline in traditional tobacco use is happening alongside a sharp increase in the use of e-cigarettes and other vaping products. The number of people using e-cigarettes such as PuffBar, which only entered the mass market within the past decade, has been growing rapidly. Among students who currently used a tobacco product nation-wide in 2021, 39.4% said they ever used e-cigarettes, 18.9% used cigarettes and 20.7% used cigars.⁹ E-cigarettes have firmly established themselves in Summit County as well, especially among young tobacco users.

22% of Summit County adults have tried an e-cigarette at least once according to the 2020 Behavioral Risk Factor Surveillance Survey. The 2018 Summit County Youth Risk Behavior Survey found that nearly half of the county's high school students have tried e-cigarettes at least once (42%), while 25% have used them in the past 30 days. E-cigarette use is also a concern in even younger populations, with 16% of the county's middle school students saying they have tried an e-cigarette at least once and 9% saying they've used e-cigarettes in the past 30 days. Nearly 3% of middle school students say they tried their first e-cigarette before age 11, while 4% of high school students say they tried their first e-cigarette before age 13.

The rapid growth in e-cigarette use may be helping to reduce rates of cigarette smoking among teens in the short-term. However, teens appear to be replacing cigarettes with a product that delivers a far higher dose of nicotine far more efficiently.¹⁰ In addition, evidence is mounting that teens who use e-cigarettes are more likely than those who don't to become cigarette smokers later on.

As of this writing, limited evidence exists to determine what the long-term impact of e-cigarette use will be. At the same time, there is a growing body of evidence that in the short-term e-cigarette use can cause severe lung damage as well as seizures and other neurological problems.¹¹

⁹Use of Electronic Cigarettes and Any Tobacco Product Among Middle and High School Students — United States, 2011–2018, Retrieved from https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a5.htm?s_cid=mm6745a5_w.

¹⁰(n.d.). How much nicotine is in JUUL? Retrieved from <https://truthinitiative.org/research-resources/emerging-tobacco-products/how-muchnicotine-juul>.

¹¹(2019, August 19). CDC, state health officials investigating link between vaping and severe lung disease. Retrieved from <https://www.cnn.com/2019/08/17/health/vaping-lung-disease-states/index.html>



Physical Activity

25% of Summit County residents still report being physically inactive in both the 2019 and 2022 CHA, despite the fact that nearly everyone has access to at least some exercise opportunities. At the same time, the percent of adults who are obese increased from 25% in 2016 to nearly 33% in 2018. High school and middle school obesity also increased from 2013 to 2018.

Alcohol Use

About 25% Summit County adults say they binge drink (five drinks on one occasion for men; four for women). This isn't significantly different from data reported in the 2019 CHA. Alcohol use also happens among a significant minority of teens (more than 6% of middle school students and 24% of high school students). On a positive note, the share of motor vehicle accidents caused by alcohol-impaired driving decreased from 44% in 2019, and again to 38% in 2021.

Sexual Behaviors

A meaningful minority of teens engage in risky sexual behavior, with nearly 4% having their first sexual intercourse before age 13. More than 4% say they have either been pregnant or gotten someone else pregnant, though that figure was 7% just three years ago. Only about 50% of sexually active teens report using a condom. However, teen pregnancies have decreased across all racial groups and is consistent with national trends that also show reduced teen pregnancy rates.

Drug Overdoses

The drug overdose rate in Summit County has been increasing, as it has throughout the U.S. Abuse of both legal and illegal drugs, especially opiates, sharply increased overdose death rates. Overdose rates also increased significantly when fentanyl (in 2014) and carfentanil (in 2016) were introduced into local drug supplies. The county averaged 63 overdose deaths per year from 2007-2014, but averaged 196 per year ever since. Even though opiates are still at the center of the overdose epidemic, the county is currently experiencing increases in overdoses related to cocaine and methamphetamine as well. Polysubstance abuse (taking multiple drugs at once) used to be rare, but is now found in eight out of every ten overdose deaths.

As reported in the 2019 CHA, self-reported drug use among both middle and high school students decreased for all types of drugs surveyed according to the Summit County YRBS. The largest decrease in drug use among high school students is in the use of prescription opioids. This decline is possibly the most important, since many people who have an opiate use disorder begin with prescription opioids. Marijuana use among both middle and high school students also decreased. These improvements happened despite the fact that far fewer teens reported that their parents believe marijuana use is very wrong in 2018 than in 2013.

Access to Clinical Health Services- Access to clinical care accounts for 20% of a person's health status according to the Wisconsin County Health Rankings model. Both access to care and the quality of that care have impacted the health of Summit County.

Access to Health Care Services

Even after the implementation of the Affordable Care Act (ACA), 8% of adults and 3% of children still do not have health insurance. Having health insurance is only one part of the health access picture, however. Having access to a provider when they're needed is also important. Ratios of primary care physicians, mental health providers, and dentists to population all showed meaningful improvement since the 2019 CHA.

Language barriers also impact health care access. The recent influx of immigrant and particularly refugee populations from around the world has created challenges to health care access. For example, the percentage of those age 5 and older who are linguistically isolated (speak English less than very well as well as a language other than English in the home) increased sharply between 2015 and 2019.



Preventive Health Screenings

At the time of the 2016 CHA, only 59% of female Medicare patients receive mammography screening. That percentage has now decreased to just 43%. Low rates of eligible women receiving routine mammograms could mean that many women with cancer will not receive a diagnosis of breast cancer until that cancer is in its later stages. Preventative dental health screenings are also low, with less than two-thirds of adults, middle school students, and high school students saying they have visited a dentist in the past 12 months.

Social and Economic Factors – Factors such as education, employment, and income make up the largest single share of individual health, 40% in the County Health Rankings model. Unfortunately, the recession of 2007-2009 has continued to have a huge impact on the socioeconomic landscape in Summit County more than a decade later. The economic upheaval caused by COVID-19 has only aggravated the long-term economic recovery of Summit County.

Employment and Labor Force

Summit County's labor force reached a 30-year high of 298,000 people in 2008; just before the recession's first wave of layoffs. The labor force decreased rapidly until 2013, then leveled off until the end of 2019. Early in 2020, pandemic-related shutdowns and restrictions drove another wave of workers out of the labor force. From 2019-2021, the size of the labor force decreased by almost 10,000 workers; the largest 2-year decrease since the hardest years of the Great Recession (2010 and 2011). As of 2021, the size of the county's labor force remained more than 33,000 below the 2008 peak.

The unemployment rate, which had been hovering around 5%, spiked at 8.4% in 2020 because of the shutdowns. Shortly after the spike, unemployment started to improve even as the labor force decreased in size, and is now once again approaching the natural unemployment rate of 4.6%.

Labor force participation and unemployment continue to impact those at the lowest educational levels more than others, despite the overall improvement. Less than two thirds of working age adults with less than a high school diploma are in the labor force, and their unemployment rate is far higher than the rate for those with a 4-year degree or more.

Income and Poverty

Estimated poverty rates are higher than reported in the 2019 CHA, though the increase is not statistically significant. Some parts of the community continue to suffer more than others, with children, female-headed families, and foreign-born people who are not yet citizens having much higher poverty rates than the county average. Median earnings between 2011-15 and 2016-20 grew by 13%, but lagged behind the national growth rate of 17%.

While there are still measurable gaps in earned income between men and women, and between White individuals and individuals of other races, those gaps have narrowed a little since the beginning of the 2010s. Women's median earnings during 2011-2015 and the 2016-2020 periods grew by 16%, while men's median earnings grew by 10%. Meanwhile, median household income for Black individuals grew by 22% between those same periods vs. 16% for White individuals. Despite the progress, women's median earnings in Summit County are still only 70% of male earnings, and Black median household incomes are only 52% of White median household incomes.

Housing

During the 2007-2009 recession, housing affordability worsened, especially for renters. Nearly half of renters paid at least 30% of their income for housing alone, putting severe pressure on other vital household expenditures like food, clothing, and medical care. Little has changed for renters since then, with an estimated 44% of renters still paying 30% or more of their income for rent from 2016-2020. Between the 2011-2015 and 2016-2020 periods, the number of homeowners declined and the number of renters increased, helping to drive up the cost of renting. Average rents increased from \$810 per month in 2018 to \$865 per month in 2021.

The average wage of a renter was \$1.80 per hour lower than the "housing wage" (the income necessary to rent a market-rate 2-bedroom apartment). Someone earning the minimum wage would need to work 74 hours per week to be able to afford a market-rate 2-bedroom unit and still keep housing costs at or under 30% of income as of 2020. That was a very small improvement over the 75 hours per week reported in the 2019 CHA.



Social Connectivity

The percentage of households that have broadband access increased from 76% in 2015 to 87% in 2019, rapidly improving the potential for social connectivity. At the same time, the percent of households without any form of internet access has been cut almost in half. Broadband access for households making less than \$20,000 grew by 42% from 2015-2019, while growth in households making \$75,000 or more was 3%. Broadband access isn't just important for social connectivity, it's an absolute necessity for modern job seekers. With so many job announcements and applications being available online, not having broadband access puts job seekers at a serious disadvantage.

Physical Environment –Physical environmental conditions related to air and water quality, as well as housing quality and public transit usage make up 10% of individual health in the County Health Rankings model.

Housing Condition

The 20 year difference in the average age of housing between those in older, lower income census tracts and newer, higher income census tracts reported in 2016 remains a problem today.

Lead in housing is still a concern, with nearly 75% of homes in Summit County having been built before 1978, the last year that lead-based paint could be sold for residential purposes. Fortunately, the number of children testing positive for lead exposure per 1,000 has decreased over the past seven years; an indication that mitigation, testing, and treatment programs are continuing to have a positive impact.

Transportation

Summit County is a very car-dependent place. Less than 2% of the working-age population relies on public transportation to get to work. Those who do are disproportionately lower-income with workers living in poverty are four times more likely to say they rely on public transportation than on a car to get to work. This forces many people into long commute times and long commute times on fixed route transportation vehicles can create major barriers to accessing jobs, homes or apartments, day care for children, and access to important goods and services needed for daily life. Only about 10% of all Summit County workers report having a 45 minute or longer commute time to their job. That percentage rises to 46% for those who rely on public transportation. The reduction of vehicle miles traveled was likely due to lockdowns from COVID-19, as well as a reduction in individuals travelling to work (see unemployment rate previously stated and was not accompanied by an increase in public transportation use, therefore suggesting that the population travelled less overall.

Land Use

Summit County's network of stores that sell alcohol can reach a high percentage of the county's population. More than 33% of Summit County residents live within a quarter-mile of an establishment with at least one liquor license, while 25% live within a quarter-mile of a tobacco outlet. The number of tobacco sales licenses remained almost unchanged since the 2019 CHA. The growth of e-cigarettes remains an issue, though the number of retail outlets selling e-cigarettes decreased between the 2019 and 2022 CHA reports. Regarding environmental quality, Summit County had 27 officially designated Brownfield sites in both the 2019 and the current CHA. The percent of days that the Air Quality Index (AQI) was in the good range decreased slightly, and the percent of days the AQI was in the moderate range increased slightly, between 2019 and 2021. Only 3 days were in the unhealthy range; the same as in the 2019 CHA.



A Closer Look

Leading Causes of Death

The top five primary underlying causes of death in Summit County (not counting COVID-19) from 2016-2021 were heart disease, cancer, chronic lower respiratory disease, accidental deaths and stroke.¹²

Figure 15 – Leading Causes of Death

Leading Cause of Death	Number of Deaths (2011-2015)	Number of Deaths (2016-2021)	Change in Number of Deaths	% Change in Deaths
Heart Disease	6,267	8,272	2,005	32%
Cancer	6,017	7,119	1,102	18%
Alzheimer's/Dementia	2,999	3,735	736	25%
Accidents	1,254	2,223	969	77%
Chronic Lower Respiratory	1,726	1,929	203	12%
COVID-19	-	1,446	1,446	--
Total (Leading Causes of Death)	18,263	24,724	6,461	35%
Total (All Deaths in Summit County)	27,985	31,582	3,597	13%

The Impact of COVID-19

In the two years since the COVID-19 pandemic began, it became a top-five cause of death (see Table 1) across multiple age groups. As of 2021, 1,446 people had died of COVID-19.

Figure 16 on the following page is based on a format originally designed by the CDC. It shows the top 10 leading causes of death for each of 10 age groups for people in Summit County. Some of the more common causes of death are color-coded so that readers can follow the progression of that disease throughout the age spectrum. For example, unintentional injuries are the third leading cause of death for children and infants under five years of age. However, unintentional injuries rise to become the most common cause of death for those age five to 44 years of age. In age groups older than 44, unintentional injuries begin decreasing to lower relative rankings as diseases that frequently occur later in life such as cancer and heart disease begin to impact the health of the population.

When looking at the table, the tremendous impact of COVID-19 stands out immediately. In the 2020-only version of this table, there were no COVID-19 deaths younger than 35. Since then, COVID-19 has become the 7th and 6th leading cause of death for those age 15-24 and 25-34, respectively. COVID-19 as a primary underlying cause of death also increased for 35- to 64-year-olds.

For seniors, COVID-19 is a top three cause of death, ranking just behind cancer and heart disease for those age 65-84, and behind only heart and Alzheimer's diseases for those 85 and older.

¹²According to the World Health Organization (WHO) the primary underlying cause of death is defined as "the disease or injury which initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury." Underlying cause-of-death is selected from the conditions entered by the physician on the cause of death section of the death certificate. When more than one cause or condition is entered, the underlying cause is determined by the sequence of conditions on the certificate.

Leading 10 Causes of Death by Age Group: 2020-2021

Figure 16 – Leading Causes of Death

Rank	Under 5	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 & over
1	Unintentional injury	Unintentional injury	Unintentional injury	Unintentional injury	Unintentional injury	Cancer	Cancer	Cancer	Heart disease	Heart disease
2	Perinatal condit.	Cancer	Assault (homicide)	Assault (homicide)	Cancer	Heart disease	Heart disease	Heart disease	Cancer	Alzheimer's disease
3	Congen / chromo abnorm	Assault (homicide)	Suicide	Suicide	Heart disease	Unintentional injury	COVID-19 (ranked 4th in 2020)	COVID-19 (same rank in 2020)	COVID-19 (same rank in 2020)	COVID-19 (ranked 2nd in 2020)
4	Heart disease	Other cancers	Diabetes	Heart disease	Suicide	COVID-19 (ranked 5th in 2020)	Unintentional injury	Chronic lower respiratory	Alzheimer's disease	Cancer
5	Cancer	Suicide	Cancer	Cancer	COVID-19 (ranked 7th in 2020)	Chronic liver disease	Chronic lower respiratory	Diabetes	Chronic lower respiratory	Stroke
6	Assault (homicide)	--	Congen / chromo abnorm	COVID-19 (not ranked in 2020)	Assault (homicide)	Stroke	Diabetes	Stroke	Stroke	Chronic lower respiratory
7	--	--	COVID-19 (not ranked in 2020)	Septicemia	Diabetes	Diabetes	Stroke	Unintentional injury	Diabetes	Unintentional injury
8	--	--	Heart disease	Chronic lower respiratory	Chronic liver disease	Suicide	Chronic liver disease	Chronic liver disease	Unintentional injury	Hypertension
9	--	--	Diseases of appendix	Influenza and pneumonia	Stroke	Chronic lower respiratory	Septicemia	Kidney disease	Parkinson's disease	Diabetes
10	--	--	Septicemia	Congen / chromo abnorm	Kidney disease	Septicemia	Suicide	Septicemia	Kidney disease	Kidney disease
COVID-19 Rank	--	--	7	6	5	4	3	3	3	3

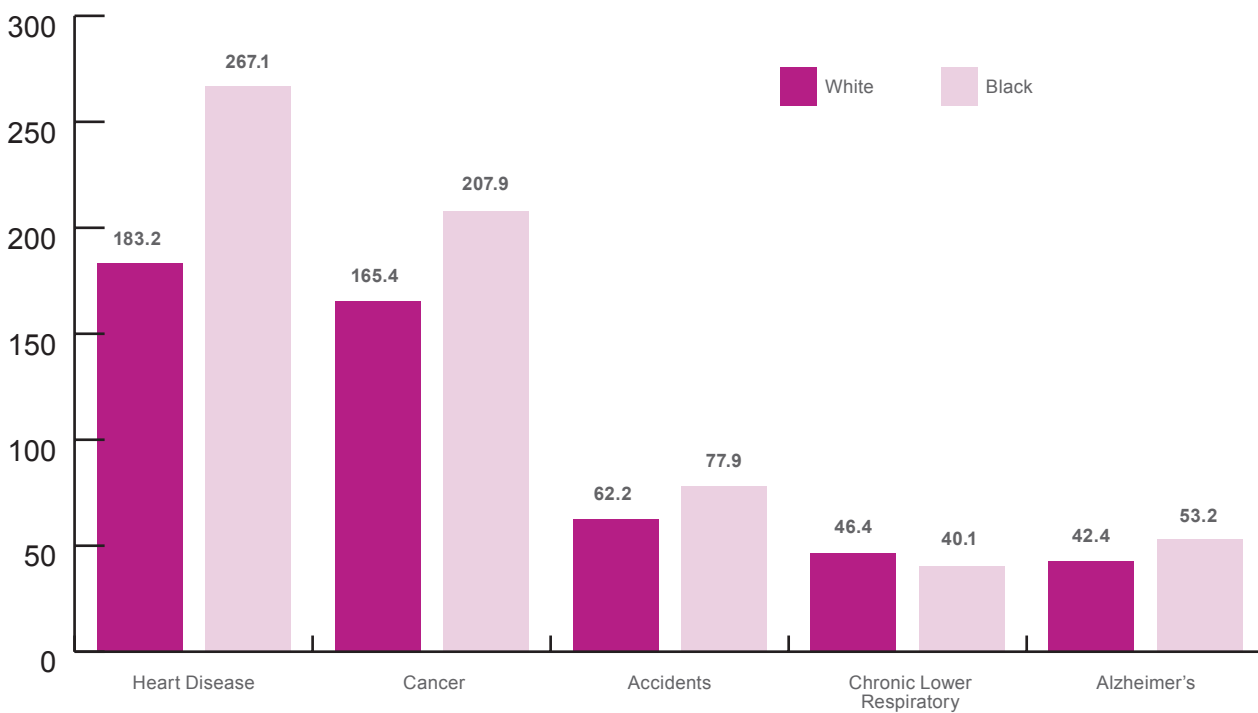
* Top 3 causes of death are highlighted in black and grey; the impact of COVID-19 is shown in purple



Differences in Leading Causes of Death by Race

White and Black individuals share the same top causes of death. However, the death rates from each cause for White and Black individuals are often very different from each other. Age-adjusted death rates for Black individuals are higher than for White individuals on four of the five most common causes of death. More importantly, age-adjusted death rates for Black individuals are sharply higher than for White individuals on the two most common causes of death, heart disease and cancer. As shown in the figure below, the rate of heart disease deaths for Black individuals over the last two years was 267.1 per 100,000 people, while the rate for White individuals was 183.2 per 100,000. For cancer deaths, the rates per 100,000 were 207.9 for Black individuals and 165.4 for White individuals. Black individuals are also more likely to die of accidents, Alzheimer's disease or dementia than White individuals. Only deaths due to chronic lower respiratory disease were higher for White individuals than Black individuals.

Figure 17 – Age-Adjusted Death Rates Per 100,000 (non-COVID) for Leading 5 Causes of Death in Summit County By Race: 2016-2021





COVID-19

The first known case of COVID-19 in Summit County was reported in early March 2020. By the end of the first month, the county had 130 known cases. By the end of April 2020, cases had grown almost 500%, to nearly 650. Through a combination of the state's stay-at-home order, school and business closures, and the public's willingness to adopt mask wearing, hand washing, and social distancing, the rate of growth slowed down sharply until the surge in cases in November and December 2020.

Even with the precautionary measures the community put in place, cases grew at fast enough pace to increase the county's COVID-19 cumulative total from 130 in March 2020 to about 120,000 as of June 2022, with the number of deaths is now approaching 2,000. Those 120,000 cases represent more than 21% of Summit County's total 2019 population of 541,013.

The number of deaths spiked initially as the virus impacted long-term care facilities. However, as protective measures took effect, the number of deaths per 1,000 cases decreased sharply between April and November of 2020, and have remained relatively steady since.

Phases of COVID-19 in Summit County

COVID-19 has had several phases where the virus spread rapidly, driving up infections, hospitalizations, and deaths, then faded. These phases were driven by the changing nature of the virus; as new variants arose, cases surged. Each of these phases is discussed below.

- **Phase 1 – March - October 2020:** In the earliest days of the pandemic, the highest concentrations of COVID-19 cases were in long-term care facilities, though community spread was occurring throughout the county. It was during this time that the governor's stay-at-home order was issued. By the end of this period, Summit County was experiencing about 86 new cases per day.
- **Phase 2 – November - December 2020:** By November, the growth in cases had begun to skyrocket due to onset of cold weather and holiday gatherings. At the end of this period, the county was seeing about 452 new cases per day.
- **Phase 3 – January - June 2021:** The severe surge of cases seen in the prior two months began to fade, with the decline in cases accelerating as June approached. Vaccinations, which became available in December 2020, peaked in early April then decreased sharply after the temporary pause on using the Johnson and Johnson (J&J) vaccine was announced. By the end of June, there were only 9 new cases per day.
- **Phase 4 – July - October 2021:** COVID-19 roared back in early July with the arrival of the Delta variant, sending case counts to the highest levels seen since November and December of 2020. By the end of October 2021, the county was averaging about 142 new cases per day.
- **Phase 5 – November - December 2021:** The continuing impact of the Delta variant and the sudden arrival of the Omicron variant fueled an explosion in case counts starting in early November. The number of new cases per day increased from 142 at the end of October to a high of 988 per day by the end of the year. The all-time high was hit on January 4th, 2022, with 1,093 new cases per day.
- **Phase 6 – January - June 2022:** After peaking at nearly 1,100 cases per day in January 2022, infection rates quickly decreased until early April 2022's low point of 10 cases per day. Cases began to rise again after that time, due mostly to the arrival of new Omicron variants that are significantly more infectious.




COVID-19 Cases Year-to-Date in 2022 (Jan-June), Summit County

Map 2 – Year-to-Date COVID-19 Case Density, 2022 (Jan-June)

Blue shading indicates lower densities

Purple shading indicates higher densities

 Summit 2030 Clusters

Case density

VALUE

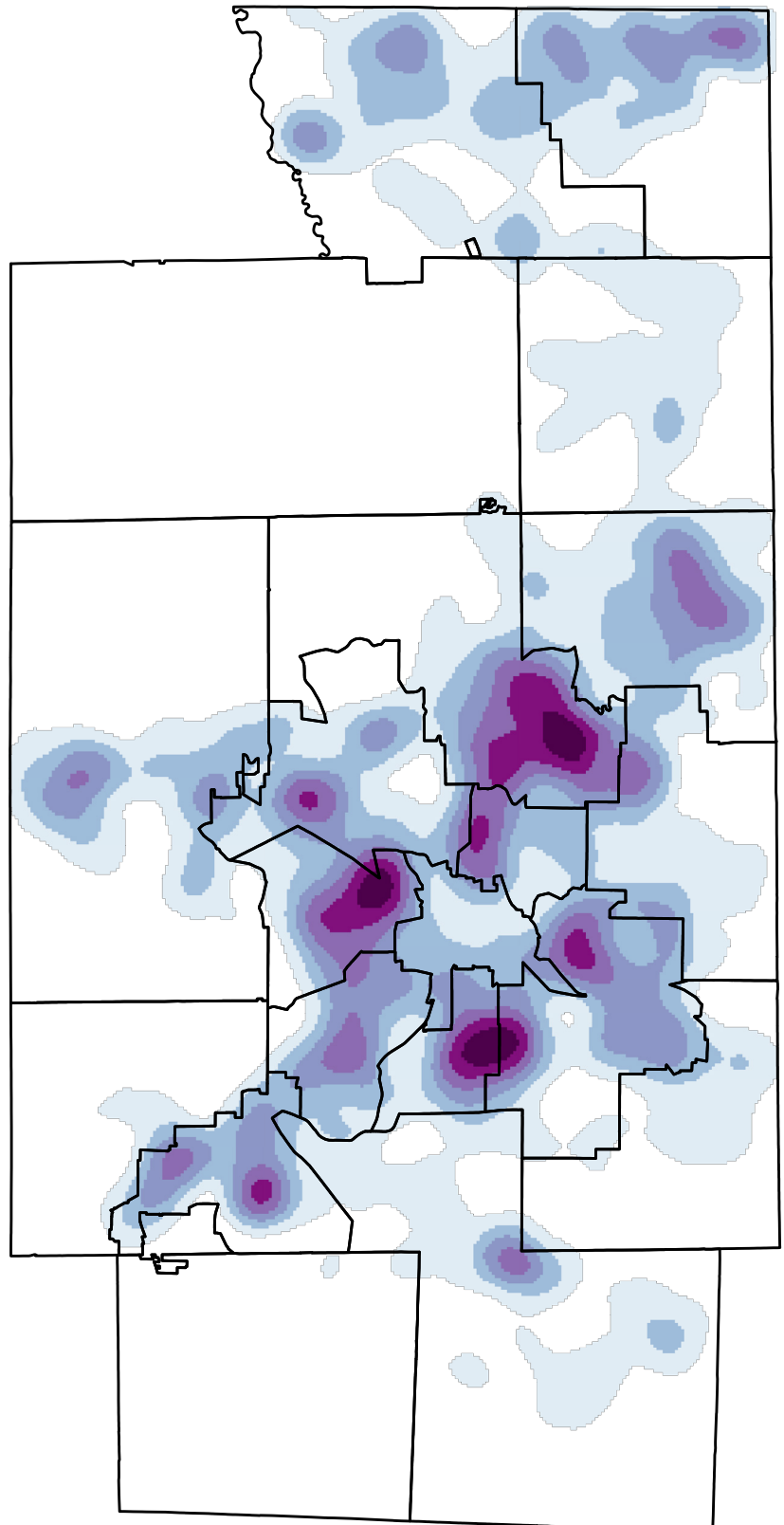
Low density



Moderate density



High density





COVID-19 Racial Disparities:

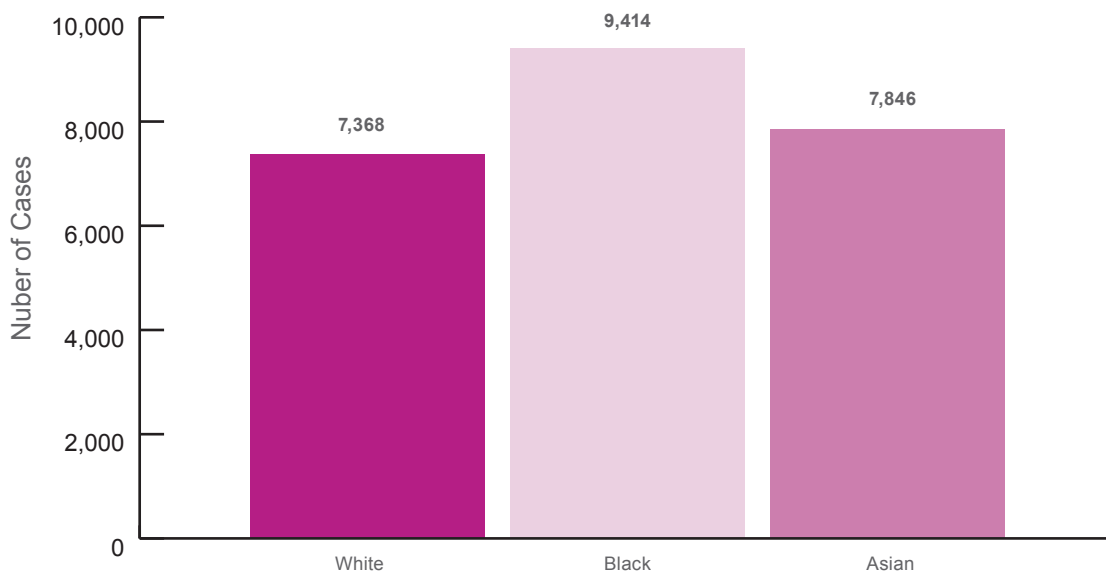
Infection rates for COVID-19 show significant variation by race. White individuals have a lower rate of COVID-19 infections (7,368 cases per 100,000) than either Black individuals (9,414 per 100,000) or those of Asian origin (7,846 per 100,000).

Several factors contribute to higher infection rates among some racial groups, including the physical health of different populations, the environmental conditions in which they live and work, and economic factors such as education, employment, income, and access to health care.

Why are infection rates for Black individuals higher than for White individuals? One possible reason is the differing occupational profile of White and Black workers. According to the 2019 American Community Survey, Black workers are 2.6 times more likely to be employed in healthcare support occupations, 1.5 times more likely to be in food preparation or serving occupations, and 1.6 times more likely to be in production, transportation, or material moving occupations than White workers.¹³ These occupations were usually deemed as “essential” and generally involve more person-to-person contact and close quarters work than many other professions, and fewer, if any, opportunities to work at home. This exposes employees in these sectors to greater chances for infection. Recent research has highlighted the likely impact of working in these professions for racial and ethnic minorities especially.¹⁴

The role of race in population health nationwide has become clearer in recent years. Stark differences can be seen in Summit County, and across the nation, in health outcomes by race that are strongly influenced by social, economic and environmental factors, as well as broader societal issues such as institutionalized racism.

Figure 18 – COVID-19 cases per 100,000 by race: 2020 - June 2022 (year-to-date)



¹³Source: 2019 American Community Survey (ACS). The size of the Asian origin population in Summit County wasn't large enough for the ACS to generate Asian origin estimates for these detailed occupations.

¹⁴Hawkins D. Differential occupational risk for COVID-19 and other infection exposure according to race and ethnicity. *Am J Ind Med.* 2020;1–4. <https://doi.org/10.1002/ajim.23145>.



Violence

Violence is a major factor in the health and vitality of communities. According to ODH death records, there have been 275 homicide deaths in Summit County over the past six years (2016-2021); 220 of which were firearm-related. Most firearm deaths were male (85%), and almost 80% of victims were Black. 66% of all firearm deaths were between the ages of 15 and 34, with an average age of 31 years. 87% of people who died from a firearm assault had either a high school diploma or lower level of education. Most were single, never married (85%) or divorced / separated (9%). Only 6% were married.

There were also 55 assault deaths not related to firearms during these years. Male victims accounted for 53% of non-firearm assault deaths. White individuals make up more than half of these deaths (56%). Non-firearm deaths were also much more spread out across age groups, with 71% of victims being between 25 and 74 years old, with an average age of 45 years. Nearly 75% of non-firearm victims had either a high school diploma or lower educational attainment. 80% were either single and never married, or divorced / separated. 60% of the victims of non-firearm related assault deaths died after an assault by either a sharp object, hanging, strangulation and/or suffocation, or by smoke, fire and flames. Most of the remaining deaths did not have specific methods listed in records.

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 presents a snapshot of emergency room (ER) data from 2016-2022. During those 5.5 years, there have been more than 8,200 ER visits for those injured by violence. Of that total, 362 (4.4%) were related to a firearm assault. A Summit County resident visits the ER for a firearm-related assault about once every 5.4 days on average. 66% of those visitors are between the ages of 18 and 34. About 6% of the visitors for firearm assault are under 18 (13 visits). 55% of visitors were White, while 26% were Black, and a total of 15% were of an unknown race.

There have also been 561 ER visits caused by an accidental firearm discharge (about one visit every 4.2 days). Just over 15% of these visits were by someone under age 18 (61 visits). 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 just under 29. 85% of these visits were male.

Altogether, there were nearly 10,000 assault-related ER visits since 2016. In addition to firearm assaults, 455 residents visited an ER after being stabbed. There were 984 ER visits for sexual assault and/or rape between 2016 and 2022 to date; about one visit every 2.4 days. Sexual assaults of children and the elderly made up 77 and 20 of those visits, respectively. There were 631 child and 310 elderly non-sexual, assault-related ER visits during those years as well. 54 assault victims were pregnant.






A total of 676 of the assault / 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). 70 of those visits involved head injuries among those under age 18. Additional demographic details can be found at the end of this section.

Figure 19 – Violence at a glance

Violence at a Glance

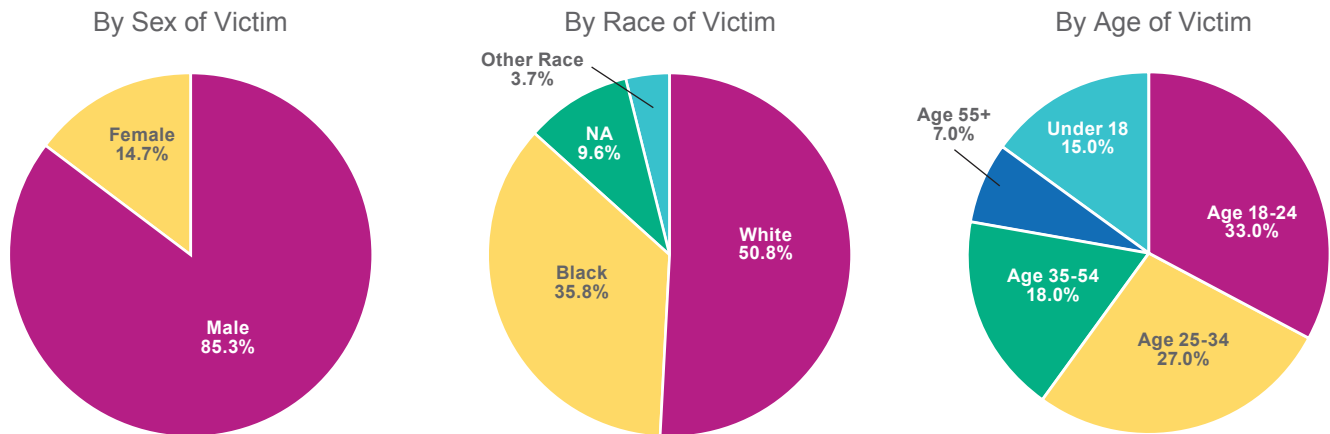


VIOLENCE-RELATED ER STATISTICS 2017-2022

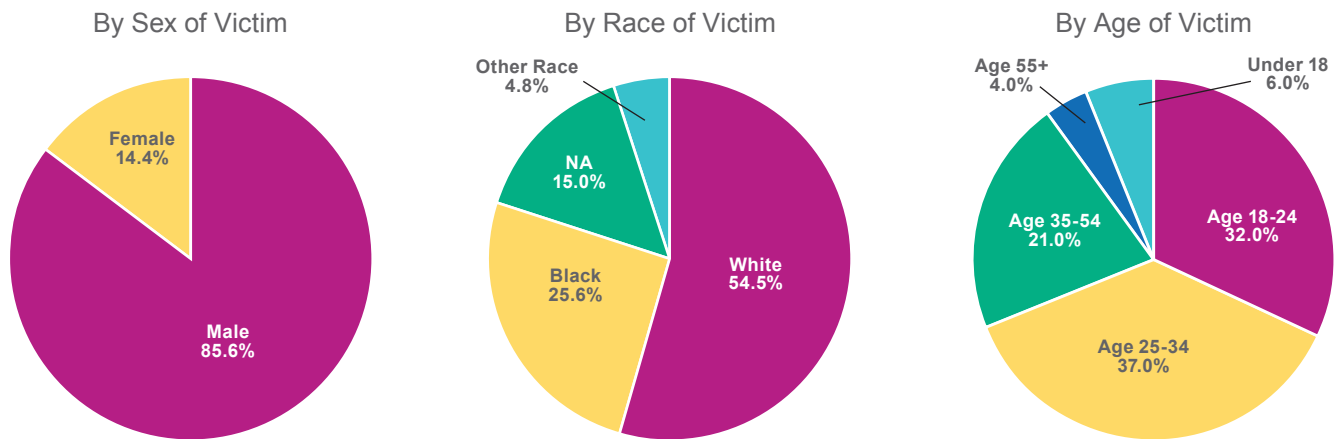
	<p>Sexual Violence</p> <p>One Emergency Room visit every...</p> <p>2.4 days</p>
	<p>Senior Assault</p> <p>One Emergency Room visit every...</p> <p>7.8 days</p>
	<p>Child Assault</p> <p>One Emergency Room visit every...</p> <p>3.9 days</p>
	<p>Assault by Firearm</p> <p>One Emergency Room visit every...</p> <p>5.4 days</p>
	<p>Accidental Firearm Discharge Injury</p> <p>One Emergency Room visit every...</p> <p>4.2 days</p>



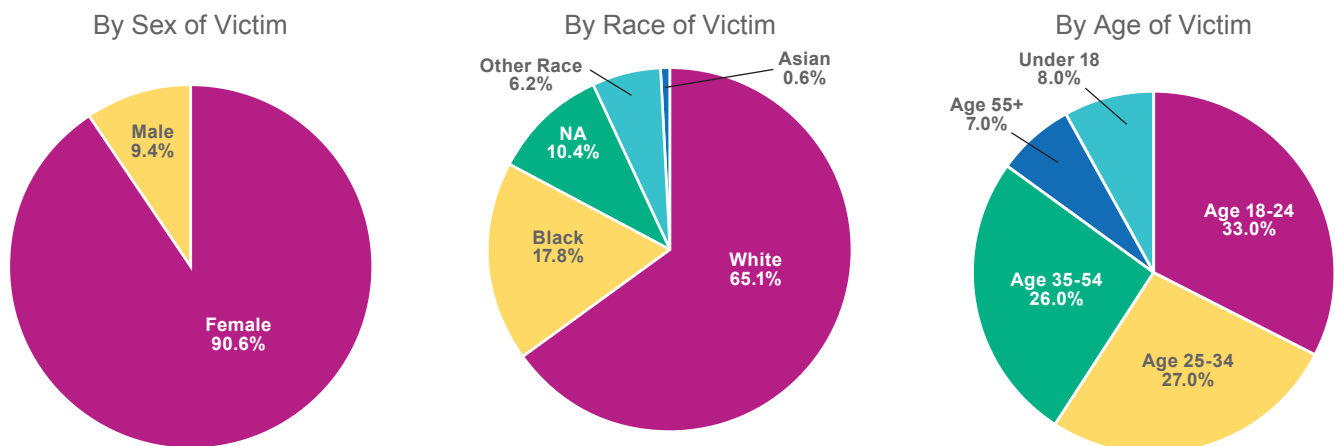
Figures 20-22 – Emergency Room Visits for Gunshot Wounds: 2016 - June 2022



Figures 23-25 – Emergency Room Visits for Accidental Firearm Discharge: 2016 - June 2022



Figures 26-28 – Emergency Room Visits for Sexual Assault/Rape: 2016 - June 2022





Adolescent Health

In the years 2013 and 2018 the Youth Risk Behavior Survey (YRBS) was given to students in Summit County in grades ranging from 7th to 12th grade. A total of 19 middle schools and 20 high schools were surveyed equaling a total of almost 19,000 surveys completed. Approximately 65% of survey participation was from Akron and 35% from the suburbs. Participant ages ranged from 10 to 18 years of age. The majority of respondents were White (~59%) this was followed by Black (~18%), Latinx (~6%) and Asian origin (~5%).

Significant Improvements

Since 2013, Summit County adolescents have seen statistically significant improvement in a multitude of indicators. To help further discuss these indicators they will be placed into 5 categories: unintentional injuries and violence, tobacco, alcohol and drugs, gambling and sexual behaviors, and physical activity and other health issues.

Unintentional Injuries and Violence

Middle school students reported wearing seatbelts more often. They claimed to be bullied less on and off school property, as well as electronically. Additionally, middle school students had less suicide attempts in the last month. High school students reported that they carried a weapon, attempted suicide, and drove after consuming alcohol less often than those students surveyed in 2013.

Tobacco, Alcohol and Drugs

Fewer middle and high school students reported having ever used alcohol. There was a decrease in the number of middle school students reporting use of marijuana and cigarettes in the last 30 days. Furthermore, middle school students saw a decrease in the initiation of the use of drugs such as heroin and prescription pain medications.

Figure 29 – Substance use of Summit County Teens, YRBS, 2013 & 2018

	Question	2013	2018	Change
Middle School	Ever used alcohol	23.4%	15.6%	✓ -7.8%
	Alcohol use before age 11	10.0%	6.3%	✓ -3.7%
	Feel parents think it's very wrong to use alcohol	75.2%	68.3%	✗ -6.9%
	Used cigarettes in the last 30 days	4.2%	1.9%	✓ -2.3%
	Ever used e-cigarettes**		16.3%	
	Offered, sold or given illegal drug on school property in the last 12 months	13.8%	6.4%	✓ -7.4%
	Used marijuana in the last 30 days	5.2%	3.8%	✓ -1.4%
	Feel parents think it's very wrong to use marijuana	89.0%	62.2%	✗ -26.8%
	Ever used prescription pain medications	6.9%	5.2%	✓ -1.7%
	Ever used heroin	1.4%	0.5%	✓ -0.9%
High School	Ever used alcohol	57.0%	45.7%	✓ -11.3%
	Used alcohol in the past 30 days	30.3%	23.8%	✓ -6.5%
	Alcohol use before age 13	16.2%	10.5%	✓ -5.7%
	Ever used tobacco	24.9%	25.8%	✗ 0.9%
	Ever used e-cigarettes**		45.3%	
	Ever used marijuana	36.6%	32.2%	✓ -4.4%
	Feel parents think it's very wrong to use marijuana	74.3%	53.0%	✗ -21.3%

**was not asked in 2013

Sexual Behaviors

Among those middle school students reporting being currently sexually active there was improvement in reported condom use. Middle school students were also more likely to have ever had a discussion with their family regarding HIV/AIDS. Fewer high school students had ever had sex or were currently sexually active.



Figure 30 – Significant Changes in Gambling and Sexual Behavior Trends for High School Students, Summit County YRBS, 2013 & 2018

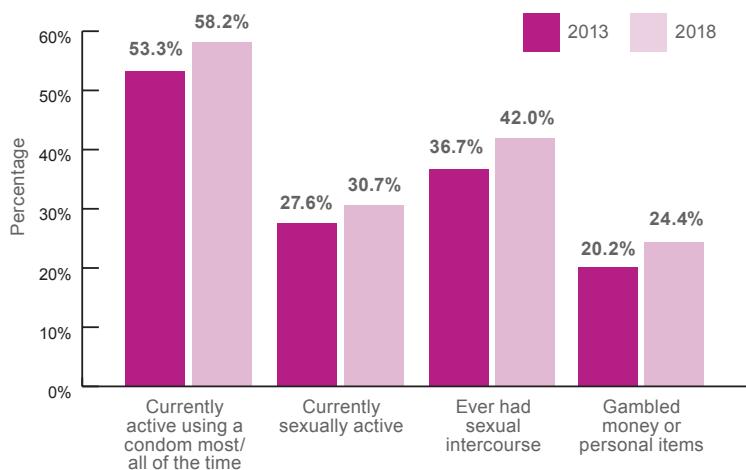
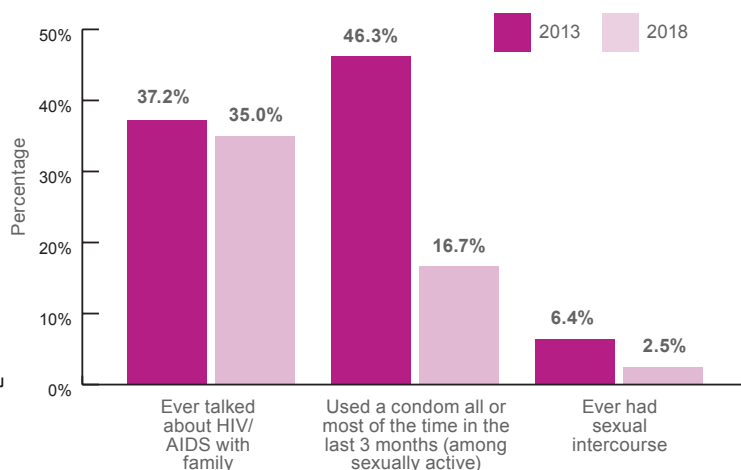


Figure 31 – Significant Changes in Sexual Behavior Trends for Middle School Students, Summit County YRBS, 2013 & 2018



Since 2013, Summit County adolescents have seen statistically significant declines in several key indicators, including:

E-cigarettes (vaping)

According to the U.S. Surgeon General, e-cigarette use nationwide grew by 900% between 2011 and 2015.¹⁵ In Summit County, the question of e-cigarette use was not included in the 2013 Youth Risk Behavior Survey, though it was added to the 2018 survey. In 2018, 16% of middle school students and 42% of high school students had tried e-cigarettes at least once. Nearly 9% of middle school and 25% of high school students say they used an e-cigarette in the past 30 days. More troubling is how early in life some students begin vaping. Nearly 3% of middle school students say they began before age 11, while 4% of high school students say they began before age 13. To put the use of e-cigarettes in perspective, in the 2018 YRBS just 2% of middle school students and 26% of high school students say they have ever smoked a traditional cigarette; far below the percentages of teens who have ever vaped.

Obesity, Diet, and Physical Activity

Obesity rates for both middle and high school students increased from 2013 to 2018. For middle school students, obesity increased from 12% to 15%, while high school students saw obesity rise from 13% to 16%. High school students were more likely to describe themselves as overweight in 2018 than in 2013 (31% and 33%, respectively). Middle school students saw a slight increase (from 29% to 30%), but that change was not statistically significant.

Just over one-third of middle school and about one-fourth of high school students eat breakfast every day. In Summit County at least, few middle and high school students eat breakfast daily, and the figures for both groups grew worse between 2013 and 2018. At the same time, both middle and high school students saw increases in the percentage of students who ate fast food at least once in the week before the survey. Among middle school students, the percentage who ate fast food at least once increased from 67% in 2013 to 71% in 2018. Among high school students, the percentage who ate fast food at least once increased from 70% in 2013 to 75% in 2018.

The percent of middle school students who met the recommended level of physical activity decreased from 48% in 2013 to 44% in 2018. The rate for high school students remained about the same at 42%. The percentage of teens who either watch television or use computers or video games at least three hours daily decreased for both middle and high school students. It appears that the use of computers and video games is replacing television watching for teens. Both middle and high school students saw increases in the percent using computers or playing games at least 3 hours per day. In 2013, 41% of middle school and 40% of high school students spent at least 3 hours per day on such devices. By 2018, those figures increased to just under 50% for each group.

¹⁵Surgeon General's Advisory on E-cigarette Use Among Youth; Centers for Disease Control and Prevention; https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/index.html



The LGBTQ+ Experience in High School

One troubling set of findings from the 2018 YRBS was the self-reported experiences of LGBTQ+ high school students (sexual orientation was not asked of middle school youth). In the 2018 YRBS, LGBTQ+ youth were significantly more likely than heterosexual youth to say they:

- Felt unsafe at, going to, or coming home from school in the past 30 days
- Were physically hurt (on purpose) by someone they were dating
- Were forced to do sexual things that they didn't want to do
- Were bullied in school, away from school, and electronically
- Purposely hurt themselves
- Felt so sad that they stopped normal activities
- Seriously considered suicide
- Attempted suicide

LGBTQ+ youth were at least 2-3 times more likely than heterosexual youth to have experienced violence, self-harm, depressive sadness, or suicide-related behavior. LGBTQ+ youth were also more likely than heterosexual youth to say they have used cigarettes, e-cigarettes, alcohol, marijuana, or a hard drug such as heroin, methamphetamine, or cocaine at least once.

No matter their orientation, those who have been forced to do something sexual are more likely to have experienced violence, self-harm, depressive sadness, or suicide-related behavior. Overall, just under 14% of all high school students say they have been forced to do something sexual. However, LGBTQ+ high school students were 3 times more likely than heterosexual students to say they were ever forced to do something sexual (30.3% and 10.9%, respectively).

Heterosexual youth who have ever been forced to have sex are three times as likely as other heterosexual youth who haven't been forced to have sex to say they feel unsafe, suffer from violence, suffer bullying, and have poorer outcomes on self-harm, depressive sadness, and suicide-related questions. LGBTQ+ youth who have ever been forced to have sex are two times as likely as other LGBTQ+ youth to suffer from violence, suffer bullying, and have poorer outcomes on self-harm, depressive sadness, and suicide-related questions.

LGBTQ+ youth who have been forced to have sex have the most worrying outcomes of any demographic group in the survey. For example, 10% of heterosexual youth without a forced sexual experience say they seriously considered suicide in the past 12 months. This figure rises to 36% for heterosexual youth with a forced sexual experience. Just over 33% of LGBTQ+ youth without a forced sexual experience say they seriously considered suicide in the past 12 months; a figure that rises to 62% for LGBTQ+ youth who have ever had a forced sexual experience.

The same situation exists with substance use and sexual activity. Any youth who ever had a forced sexual experience is significantly more likely to use marijuana and other drugs, and also more likely to have ever had sexual intercourse and to be currently sexually active than those who didn't. As with the violence-related questions, rates of substance use and sexual activity are higher among LGBTQ+ youth with a forced sexual experience than heterosexual youth with a forced sexual experience.

One last finding related to forced sexual experiences is the sex of the victims. Nearly 80% of heterosexual teens and 85% of LGBTQ+ teens who have ever been forced to do something sexual were female. 20% of heterosexual and 14% of LGBTQ+ victims of a forced sexual experience were male. Just under 44% of heterosexual teens and 65% of LGBTQ+ teens who were never forced to do something sexual were female.

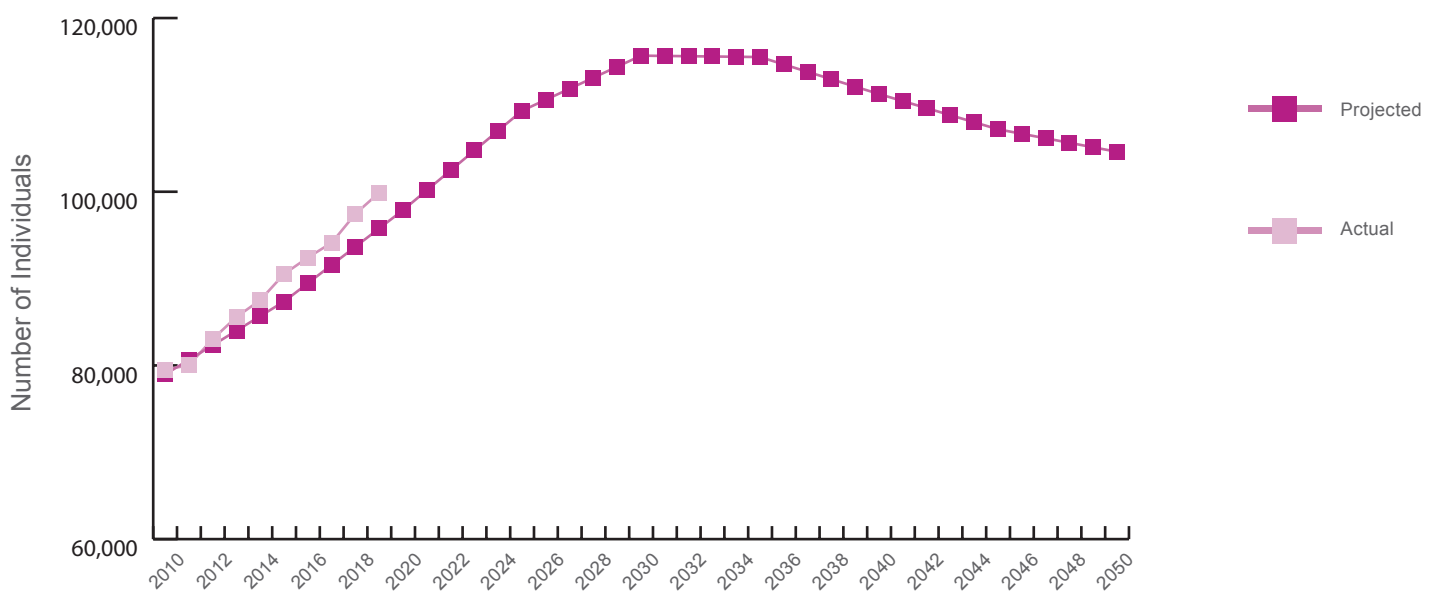


Aging Population

Summit County was home to approximately 100,000 seniors age 65 or older. Those 100,000 people accounted for over 18% of Summit County's population on average in 2019. Due to the aging of the Baby Boomer generation, the percentage of seniors is expected to continue rising sharply in the coming years.

Estimates of the 65 and older population for all Ohio counties published by the Ohio Development Services Agency (OSDA) projects Summit County's senior population to peak in 2035 at about 22% of the total; nearly 116,000 people. Summit County's senior population appears to be growing at a faster rate than the OSDA projection based on current American Community Survey estimates. OSDA projections had Summit County reaching 100,000 seniors in 2021; ACS figures show the county was already within 100 people of reaching that number in 2019.

Figure 32 – Projected and actual growth of senior population, Summit County 2010-2050



Who are the Seniors in Summit County?

Below is a snapshot of the 65 and older population in Summit County from the 2016-2020 American Community Survey (ACS):

Age, sex, and race – The median age of seniors in Summit County is 73.0 years. Most seniors are female (57%). A higher percentage of seniors are White (87%) than in the total population (81%). Only 10% of seniors in the 65 and older population are Black; lower than the percentage of Black individuals in the total population (14%). Individuals of Asian origins account for 0.9% of the 65 and older population; about half their proportion in the total population (2.1%).

Disability status – Nearly one-third of seniors (33%) have at least one disability (hearing, vision, ambulatory, self-care, or independent living). About 22% of seniors age 65-74 have at least one disability, as do 48% of seniors age 75 and older.

Housing and households – About half of seniors (51%) live in a household with their spouse or at least one family member, while nearly half (47%) live in a one-person household. More seniors live in owner-occupied housing than the general population (78% and 66%, respectively) with the remaining 22% of seniors renting their housing.



Other important demographic characteristics of seniors in Summit County include:

Income and poverty – Just over 7% of seniors live below the poverty line in Summit County; about 6,900 in all; 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. In fact, an April 2022 updated study by the Center for Budget and Policy Priorities entitled “Social Security Lifts More Americans Above Poverty Than Any Other Program” estimates that the 2021 poverty rate for seniors nationwide would have risen from 9% to over 38% in the absence of Social Security benefits. Social Security programs have helped lift 636,000 seniors above the poverty line in Ohio alone, and 16 million seniors across the country between 2018 and 2020.¹⁶

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

Mortgage burden – Homeowners are considered to be overburdened by their mortgage if they pass that 30% of income mark. After reaching 30%, homeowners must take too many resources away from other important areas (like food or medical care) to keep up with paying the mortgage. About 25% of seniors (11,000) with a home mortgage pay 30% or more of their annual income for their mortgage.

Renter burden – Seniors who rent face an even greater housing burden than homeowners. More than 54% of seniors who rent spend at least 30% of their income on rent; higher than the rate for all Summit County residents (43%), and more than double the rate for senior homeowners.

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. 48% of grandparents raising grandchildren were doing so without either of the parents of their grandchildren living with them. 45% of grandparents have been responsible for raising their grandchildren for 5 years or longer.

What Problems Do Seniors Face in Summit County?

Fall-related injuries – Between 2014 and 2021, Summit County seniors had over 51,000 emergency room (ER) visits for a fall-related injury; about an average of 6,300 per year. Fall-related ER visits increased from just under 52 per 1,000 seniors in 2014 to 82 per 1,000 in 2019, before decreasing to just 42.0 per 1,000 in 2020

(3,800 fewer ER visits). The average age of fall-related ER visits was 80.5 since 2014, while the average age of fall related deaths was 80.7.

Of those 51,000 visits, records for 3,400 visits included specific mentions of a head injury associated with the ER visit (which could either be a cause or consequence of the fall). 81 of the records included specific mentions of traumatic brain injury. A total of 7,952 de-identified individuals, or about 16% of the total, visited an ER more than once for a fall-related injury. 20 of those visited an ER between 10 and 19 times for a fall-related reason. In addition to falls, other frequently-occurring reasons for going to an ER include lacerations (1.3%), ankle injuries (1.0%), and loss of consciousness (1.9%).

Fall-related deaths – Between 2014 and 2021, 477 Summit County seniors suffered a fall-related death. While fall-related injuries increased steadily from 2015 to 2019, fall-related deaths decreased from 65 per 100,000 in 2014 (57.7 deaths) to 35.9 in 2019 (35 deaths); a 45% decline.

That pattern changed from 2019 to 2020, with fall-related death rates rising to 65 per 1,000; an 81% increase in one year. There are two likely explanations for the one-year decline in fall-related ER visits and the growth in fall-related deaths among seniors appears to be related to the lockdowns necessitated by COVID-19 last year. First, it is possible that many seniors were afraid of going to an ER after a fall for fear of being exposed to COVID-19, significantly increasing their risk of dying from fall-related injuries. Second, the need for vulnerable seniors to avoid exposure to COVID-19 reduced opportunities for healthy physical activity. Normal activities such as shopping, walking, or participating in exercise classes were all negatively impacted by 2020's movement restrictions. Once lockdowns and other restrictions were phased out, ER visits for falls returned to pre-pandemic levels. Fall-related deaths have remained elevated.

Of the 477 deaths between 2014 and 2020, 353 were described in death certificates as either Other fall on same level or Unspecified fall. Frequently-mentioned specific causes included Fall from stairs (55 cases) and Fall from bed (25 cases). Other causes include Fall from chair, ladder or wheelchair (18 cases).

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 107.¹⁷

The Impact of COVID-19 On Senior Life Expectancy – The arrival of COVID-19 significantly altered the life expectancy of seniors. Between 2008 and 2017, Summit County residents who were 65 years old could expect an estimated 19.3 additional years of life. In 2020, that figure decreased to just 17.9; a decline of 14 months of life expectancy in just one year.

¹⁶Romig, K. (n.d.). (rep.). Social Security Lifts More Americans Above Poverty Than Any Other Program.

¹⁷For a more detailed look at Alzheimer's Disease and dementia, please see the data brief entitled "Alzheimer's Disease in Summit County," which can be downloaded at <https://www.scph.org/assessments-reports>.



LGBTQ+ Health

In 2019, the Community Health Assessment focused on the disparities within the LGBTQ+ youth population as only information from the Youth Behavioral Risk Survey (YRBS) was available. The next YRBS survey will be conducted in the Fall of 2023.

By partnering with Andrew M. Snyder at Kent State University: College of Public Health, Summit County Public Health was able to obtain data regarding the current health status of 473 Summit County LGBTQ+ adults through the Greater Akron LGBTQ+ Community Needs Assessment, conducted during 2021.¹⁸ The following information are preliminary results from that assessment, with the final report scheduled to be published in August of 2022 available at LGBTQohio.org.¹⁹ Summit County Public Health recognizes that all of the identities provided in the survey responses are unique to the individual, and no harm is intended in the grouping of individuals into categories that they might not initially place themselves in.

Sexual Orientation

Survey respondents reported a combination of 48 unique sexual orientation combinations, which Figure 33 combines into 15 major categories to facilitate analysis. Gay/Gay & another sexual identity responses were the most common, followed by Lesbian/Lesbian & another sexual identity, and Bisexual/Bisexual & another. Other major categories include Pansexual, Asexual, Queer, Questioning, and Other. It is important to note that the groupings in Figure 33 were selected by SCPH and not by the individual, and could impact the data shown throughout this section. For instance, a person in the Gay and another sexual identity could have selected gay, bisexual, and pansexual as their identities and were placed into the Gay & another identity group instead of the Bisexual & another identity group that they could identify with more.

Figure 33 – Sexual orientation of survey respondents

Sexual Orientation of Respondents in the Greater Akron LGBTQ+ Community Needs Assessment: 2021	Sub Total	Total
Gay Only	155	169
Gay & Another Sexual Identity	14	
Lesbian Only	83	112
Lesbian & Another Sexual Identity	29	
Bisexual Only	78	91
Bisexual & Another Sexual Identity	13	
Pansexual Only	34	36
Pansexual & Another Sexual Identity	2	
Asexual Only	10	13
Asexual & Another Sexual Identity	3	
Queer Only	21	31
Queer & Another Sexual Identity	10	
Questioning Only	4	7
Questioning & Another Sexual Identity	3	
Other Sexual Identity/Identities	14	14

¹⁸Snyder, A.M. (2022). Greater Akron LGBTQ+ Community Needs Assessment. Kent State University: College of Public Health. Kent, Ohio. Retrieved from LGBTQohio.org

¹⁹It is important to note that the results below ARE NOT representative of the entire LGBTQ+ community in Summit County, as the analysis is limited to those who completed the survey and were over the age of 18.



Sex Assigned at Birth and Current Gender Identity

Of those who responded, 186 (43.3%) identified as male at birth, and 244 (56.7%) were female at birth. As with sexual orientation, gender identity responses contained a multitude of unique responses which were then summarized in Figure 34. 155 cisgender females and 162 cisgender males represented the 75.8% of total responses. Cisgender (Cis) means that the participant's current gender identity is the same as their sex at birth.

Figure 34 – Gender identity of survey respondents

Gender Identity of Respondents in the Greater Akron LGBTQ+ Community Needs Assessment: 2021	Sub Total	Total
Cis-Male	162	168
Male + Another Gender Identity	6	
Cis-Female	155	176
Female + Another Gender Identity	21	
Non-Binary (neither one nor the other)	21	37
Gender Fluid/Queer/Nonconforming	16	
Transgender (sex at birth and current gender identity are different)	32	32
Other Gender Identity/Identities	5	5

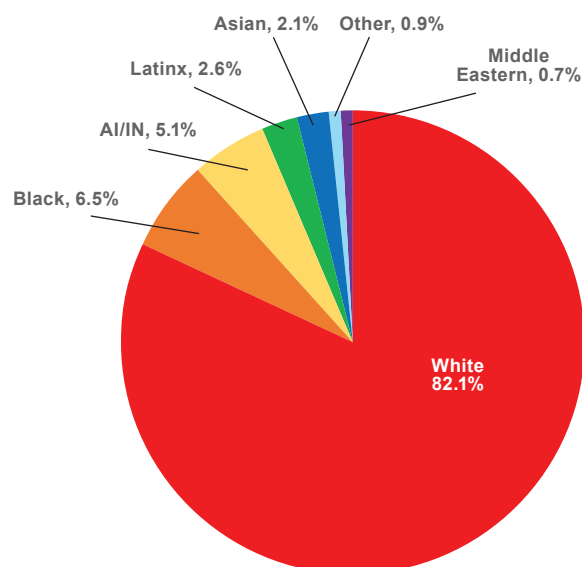
Age

A total of 428 individuals completed this question with age ranging from 18-73; their median age was 30 years old. Responses were broken into 5-year ranges aside from 18-25. Each decade of ages had roughly the same number of participants in each half of the decade. For instance, 31-35-year-olds made up 15% of respondents, and 36-40-year-olds made up 13% of respondents. Over 60% of those who answered this question were under the age of 40. This could be due to the survey being accessible online, reducing access to older adults.

Race

The survey's 431 responses were condensed into seven categories, which are shown in Figure 35. Non-Latinx White individuals were slightly overrepresented in the survey (82% of respondents but 78% of the county's population), while non-Latinx Black individuals were underrepresented (6.5% in the survey but 15% of the county's population).

Figure 35 – Self-reported racial background of survey respondents





COVID-19 Vaccination Rate

91% of respondents reported being vaccinated against COVID-19, with 5.8% stating they did not want the vaccine, and the other 3.3% either not providing an answer or stating they have not yet been vaccinated. Of those who identified as Queer+ and Asexual+ all were vaccinated. 96% of those identifying as Pansexual+ were vaccinated, as were 87% of both Gay+ and Lesbian+ individuals, and 85% of Bisexual+ individuals.

A majority of cisgender males and females were vaccinated, 94.4% and 87.9% respectively. Transgender individuals, gender fluid/queer/non-conforming individuals, non-binary individuals, and those with Male+ another gender identity all had vaccination rates over 90%. Female+ other gender identity and other gender identities had the lowest vaccination rates of 77.8% and 75% respectively.

Sex Education and HIV

Nearly all LGBTQ+ respondents (92%) stated that they had not received enough sexual education, while only 3% of respondents stated that they had received enough. Nearly as many (88%) said they were HIV negative, with another 5% sharing that they were HIV positive, and 7% who said they did not know their HIV status. Of those who shared that they were HIV positive, (73.3%) felt they did not get enough LGBTQ+ sexual education. From 22 respondents who did not know their HIV status, 21 did not have enough sexual education.

It is important to note that the LGBTQ+ population is not the only population at risk of HIV, but HIV rates are often disparate among LGBTQ+ populations when compared to heterosexual populations. Most respondents (76%) only tested for HIV when they felt like they needed to (new partner, risky exposure, etc.) or were never tested. Interestingly, of the 291 responses who reported a negative HIV status, 83 (28.5%) stated that they had never been tested for HIV. When focusing on the ages of 18-40 (which is where a majority of new cases of HIV occur in Summit County), there was a slight decrease of those who did not ever test or tested when felt necessary, to 73%. Those identifying as Gay had higher percentages of HIV testing compared to other orientations.

Health Insurance, Health Outcomes, and Experiences in Healthcare

Nearly all respondents said they had health insurance, (96.5%). Conversely, 12 individuals (3.5%) did not have health insurance, with 10 (83.3%) of those reporting less than \$35,000 of income per year. The 30 individuals who rated their physical health as poor had health insurance. 46 insured individuals rated their mental health as poor, while 17 insured individuals rated both their mental and physical health as poor. None of those who were uninsured rated their health as poor.

For the next set of questions, all of those identifying with main + another orientation were grouped into their main orientation grouping (see Figure 34). Figures 36a and 36b display the results of when respondents were asked to rate their mental and physical health, average ratings for mental health (labeled MH) and physical health (labeled PH) were the most common options selected, followed by excellent health, and then the least amount of individuals in the poor health categories. In addition, those who identified with less common sexual orientations (pansexual, asexual, queer, and questioning) usually had lower percentages of excellent health outcomes and higher percentages of poor health outcomes when compared to their gay, lesbian, and bisexual peers.

LGBTQ+ individuals were asked about their experiences in accessing healthcare (see Figure 37), and a majority of respondents stated that they do not delay healthcare because of their identity, that they do not deal with mistreatment in healthcare settings due to their identity, and that a majority of their providers are LGBTQ+ competent. However, a majority of individuals (66%) stated that they felt that their LGBTQ+ identity impacted how providers interacted with them (this impact was not specified as negative or positive in the survey), as well as a majority of individuals (57%), reporting that they have to educate providers on their mental and physical health needs.



Figure 36a – LGBTQ+ Physical Health Outcomes by Sexual Orientation

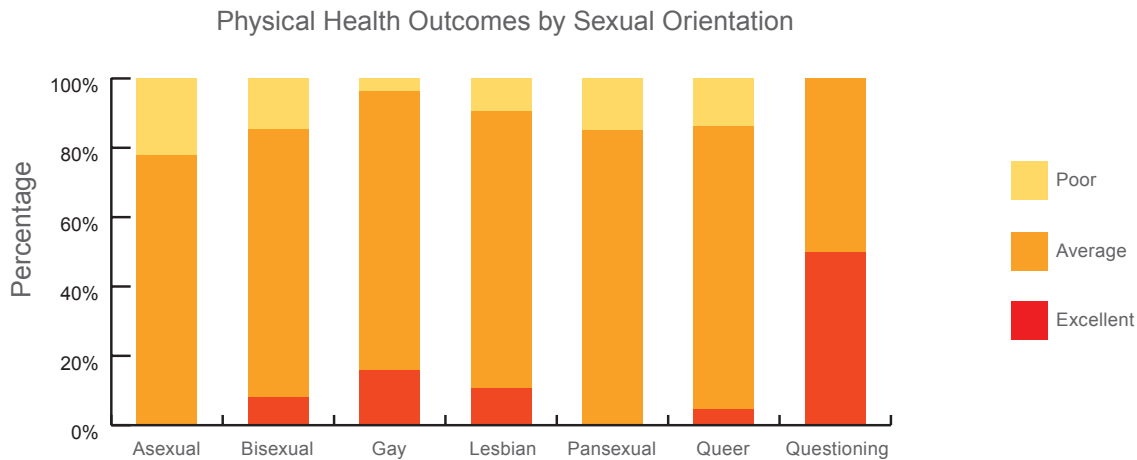


Figure 36b – LGBTQ+ Mental Health Outcomes by Sexual Orientation

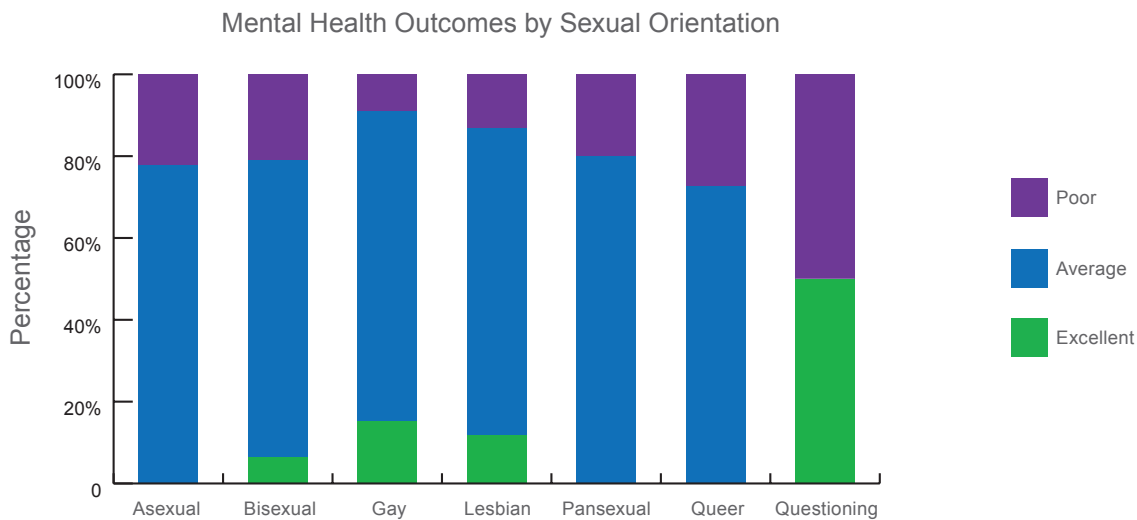
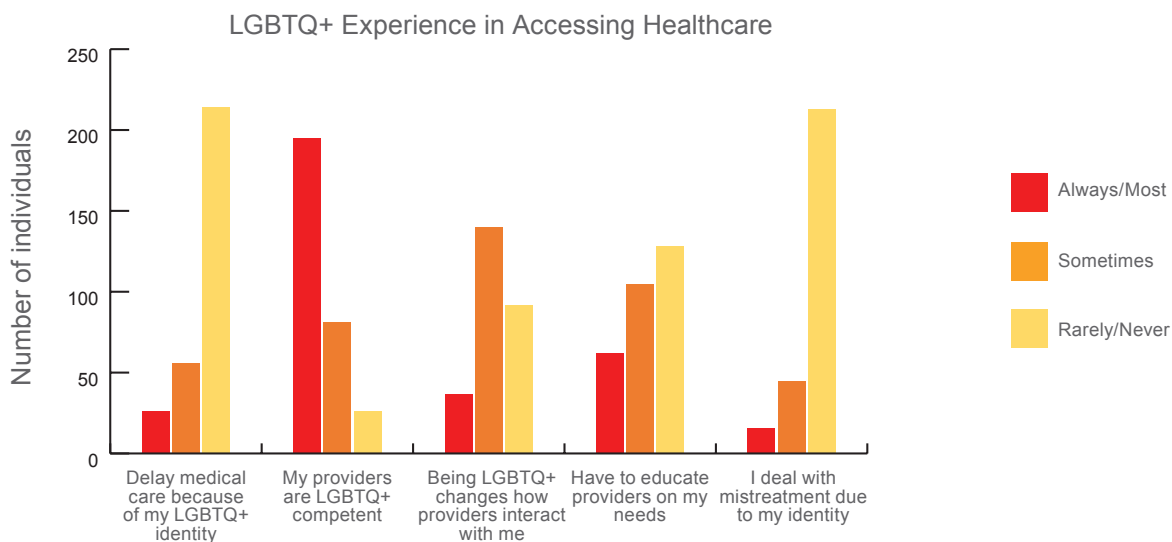


Figure 37 – LGBTQ+ Experience in Accessing Healthcare



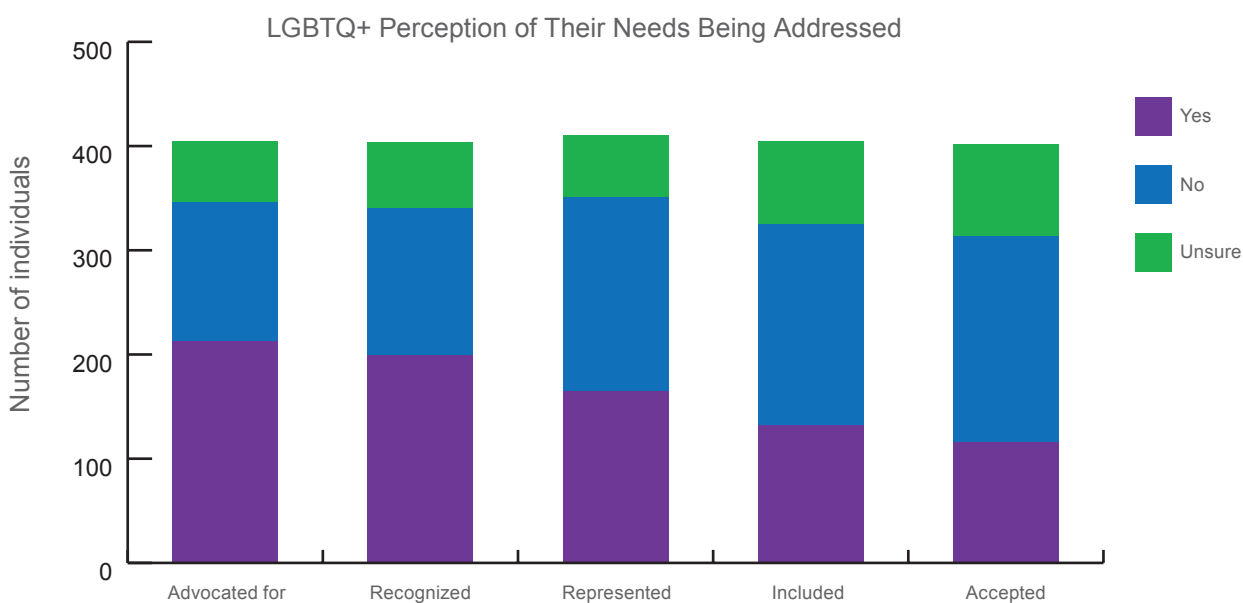


Concerns as an LGBTQ+ individual

Participants were also asked to provide detail on any concerns or fears they had about being a member of the LGBTQ+ community. These answers were transposed into categories representing the overarching themes of responses. The most common category dealt with the issues of acceptance/discrimination/judgment. Concerns around the political atmosphere and rights of individuals being taken away/not secured were the second most common theme. Safety concerns came third often with statements surrounding how they were seen in public by themselves or with their friends/partners and the threat of hate crimes/verbal attacks. Participants also felt socially isolated from their heterosexual peers, but there were multiple instances of responses stating that they did not feel welcome in the greater LGBTQ+ community for their orientation, gender identity, or political affiliation.

LGBTQ+ individuals rated how society sees their needs being advocated for, recognized, represented, included, and accepted within society (see Figure 38). While needs being recognized and advocated for had the highest percentages of positive perception, the positivity decreases when asked if those needs are represented, included, and accepted in society. Additionally, 65 individuals reported no to each of the statements of their needs not being met.

Figure 38 – LGBTQ+ needs





Chronic Disease

Chronic diseases such as diabetes, high blood pressure, high cholesterol, or chronic obstructive pulmonary disease (COPD) directly contribute to the most common causes of death such as heart disease, stroke, and cancer posing serious risks to the health of the population. These diseases are heavily influenced by lifestyle choices, the widespread availability of unhealthy food, and the difficulty lower income people face in accessing and affording healthy food options. Several chronic health issues showed a decrease in new cases being reported since the 2019 CHA, however, it is possible that access to medical care in a time of COVID-19 could have led to a decrease in new medical diagnoses being reported.

While all of these factors need to be addressed, issues with the availability and affordability of food take a long time to change and a long time to show positive impact. The sections below focus on those health behaviors that can directly improve or harm individual health in the short-term:

Tobacco Use

Tobacco use leads to a number of chronic diseases including asthma, chronic lower respiratory disease, heart disease, cancer, and diabetes. Stopping tobacco use is one of the most effective ways to improve individual health for those who use it. Smoking rates seem to increase with age, with 2% of middle school students to 6% of high school students, and then to 23% in adults. Smoking rates among adults in Summit County have increased slightly since the 2019 CHA where the rate was 20% in 2019 to a rate of 23% in 2022. Smoking rates in youth are from the 2018 YBRS and will be assessed again in the 2023 YBRS. However, there is a decline in traditional tobacco use that is happening side-by-side with sharp increases in the use of e-cigarettes and other vaping products.

Physical Inactivity

Regular, moderate-intensity exercise is another activity that improves health immediately. Staying active helps reduce the risk of all the chronic diseases mentioned earlier. The CDC recommends 22 minutes of exercise per day. Despite a vast majority (94%) of Summit County residents report living reasonably close to a location for physical activity such as a park or recreational facility, unfortunately, only about one-quarter (26%) of Summit County adults exercise regularly, a slight increase since the 2019 CHA, when it was 24%.

Access to Adequate Food

Poor nutrition is a major risk factor not only for diabetes but also for many other chronic diseases. For many people, especially for lower-income people, being able to access and afford healthy food can be very challenging. Food deserts are areas where full-service grocery stores, farmer's markets, and other establishments that sell affordable and healthy foods, such as fresh vegetables or fruit, are sparse. The percent of Summit County residents living in a food desert fell from just under 9% in the 2019 CHA to 5.4% in 2021.

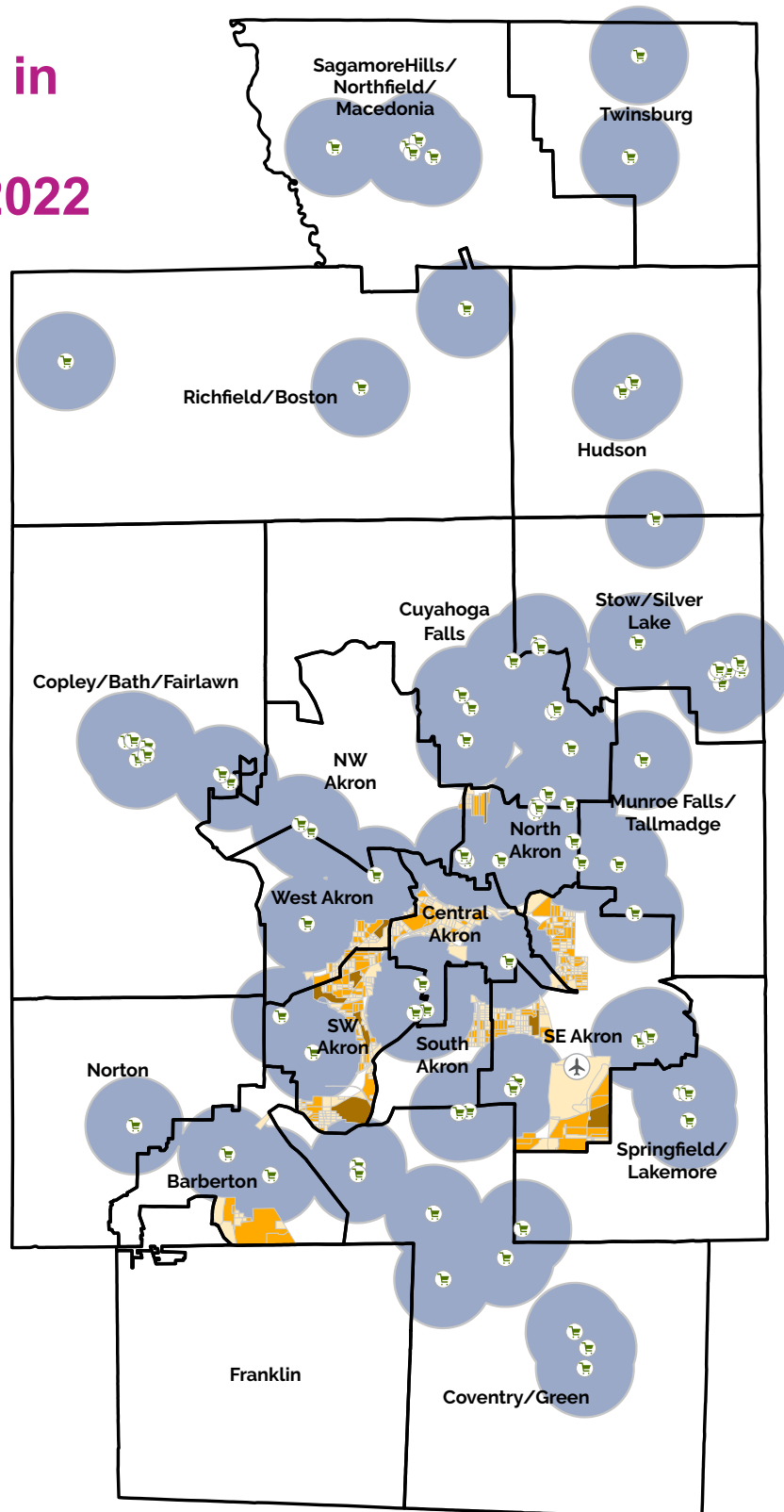
Obesity

Obesity is defined as having a body mass index (BMI) of greater than or equal to 30.0 kg/m². It is a risk factor that leads to chronic diseases such as type II diabetes, cardiovascular disease, asthma and many others. When the 2019 CHA was released, nearly one-third (29.5%) of Summit County adults were identified as having a BMI greater than or equal to 30.0 km/m² and now in 2021, 31.3% of Summit County adults fall into this category. Teen obesity also increased significantly since the 2013 Youth Risk Behavior Survey. Middle school obesity also increased to 15% and high school obesity increased to 16% in 2018. The new YBRS survey will launch in 2023 and provide additional insight into this trend.



Estimated Population Living in a Food Desert in Summit County, 2022

- Summit 2020 Clusters
- Population living in a food desert
- Population by block, 2020
 - 0 - 54
 - 55 - 240
 - 241 - 653
- 1 mile buffer around LRFE
- Large Retail Food Establishments (LRFE)
- Akron Fulton Airport



There are about 29,000 Summit County residents living in a high poverty census block (at least 20% poverty or higher) AND are more than 1 mile from a large retail food establishment.



Communicable Disease

Communicable diseases in 2022 fall into two groups; COVID-19 and all the others. The number of all reportable infectious diseases other than COVID-19 decreased between the 2019 and 2022 CHA reports. From 2018 to 2021, the rate of reported disease decreased by 14.4%: from 1,302 cases per 100,000 residents to 1,113.8 cases per 100,000 residents. If COVID-19 is included then the rate increases 898.4% from 1,302 cases per 100,000 residents to almost 13,000 cases per 100,000 residents.

Sexually Transmitted Infections (STIs)

Chlamydia and gonococcal (gonorrhea) infections are the most common STI's in Summit County. If left untreated, chlamydia and gonococcal infections can lead to pelvic inflammatory disease (PID) and infertility. In pregnant persons, chlamydia can also cause premature birth and complications in newborns.

The rate of chlamydia infections in Summit County decreased by 12.2% from 2018 to 2021. Gonococcal (gonorrhea) infection rates increased by 58.0% from 2018 to 2021. Syphilis rates have also increased 46.6% from 12 cases per 100,000 population in 2016 to 19.1 cases per 100,000 population in 2020. HIV rates in Summit County have also increased from 8.1 cases per 100,000 in 2017 to 8.6 per 100,000 in 2021.

During the early days of the pandemic (March and April 2020), the total number of cases for chlamydia and gonorrhea both decreased dramatically. Cases began to slowly rise again as the pandemic restrictions were lifted. The years 2020 and 2021 saw the lowest number of chlamydia cases recorded in Summit County since 2015, though the gonorrhea cases were at the highest levels seen since the 2011 CHA.

Figure 39 summarizes the top 10 (non-COVID-19) communicable diseases by age group for the years 2019-2021. The top five diseases are color-coded so it's easier to follow across the lifespan. As the figure shows, two of the top three are STIs primarily impacting the 5-64 age groups. Influenza-associated hospitalizations are a top four disease across all age groups.

Leading 10 Communicable diseases by Age Group: 2019-2021

Figure 39 – Leading Causes of Disease

Rank	Under 5	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 & over
1	Influenza-associated hospitalization	Influenza-associated hospitalization	Chlamydia infection	Chlamydia infection	Gonococcal infection	Influenza-associated hospitalization	Hepatitis C - chronic	Influenza-associated hospitalization	Influenza-associated hospitalization	Influenza-associated hospitalization
2	Meningitis - aseptic/viral	Chlamydia infection	Gonococcal infection	Gonococcal infection	Chlamydia infection	Hepatitis C - chronic	Influenza-associated hospitalization	Hepatitis C - chronic	Hepatitis C - chronic	Haemophilus influenzae (invasive)
3	Salmonellosis	Salmonellosis	Hepatitis C - chronic	Hepatitis C - chronic	Hepatitis C - chronic	Gonococcal infection	Gonococcal infection	Campylobacter	Campylobacter	CP-CRE
4	Pertussis	Gonococcal infection	Influenza-associated hospitalization	Influenza-associated hospitalization	Influenza-associated hospitalization	Chlamydia infection	Campylobacter	Salmonellosis	CP-CRE	Streptococcus pneum - invasive
5	Streptococcal - Group B - newborn	Pertussis	Campylobacter	Hepatitis A	Hepatitis B - chronic	Hepatitis B - chronic	Chlamydia infection	Streptococcus pneum - invasive	Salmonellosis	Campylobacter
6	Campylobacter	Campylobacter	Salmonellosis	Hepatitis B - chronic	Hepatitis A	Hepatitis A	Hepatitis B - chronic	Strep - Group A - invasive	Streptococcus pneum - invasive	Hepatitis C - chronic
7	Chlamydia infection	Varicella	Hepatitis B - chronic	Salmonellosis	Hepatitis C - acute	Campylobacter	Hepatitis A	Legionellosis	Hepatitis B - chronic	Strep pneumoniae - invasive
8	Varicella	Shigellosis	E. coli	Campylobacter	Campylobacter	Salmonellosis	Salmonellosis	Hepatitis B - chronic	Legionellosis	Strep - Group A - invasive
9	Hepatitis C - Perinatal	Cryptosp.	Syphilis	Syphilis	Salmonellosis	Strep pneumoniae - invasive	Strep - Group A - invasive	CP-CRE	Strep - Group A - invasive	Legionellosis
10	Meningitis - bacterial (Not N. meningitidis)	Lyme Disease	Hepatitis A	Strep - Group A - invasive	Hepatitis B - acute	Legionellosis	CP-CRE	Haemophilus influenzae (invasive)	Haemophilus influenzae (invasive)	Salmonellosis

* CP-CRE represents the condition known as Carbapenem-Producing Carbapenem-Resistant Enterobacteriaceae. These infections are difficult to treat because they are highly resistant to the most powerful antibiotics available.



Housing

Housing has a powerful impact on population health. According to Healthy People 2030, “Poor-quality housing is associated with various negative health outcomes, including chronic disease and injury and poor mental health. 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.”²⁰

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

Age

The median age of Summit County’s housing stock is 66 years old, with an average year of construction of 1959. Akron’s housing stock is much older than housing in the suburbs (with a median 81 years of age in Akron vs. 53 years in the suburbs). Nearly a quarter of the county’s housing stock was built before 1940; nearly three quarters were built before 1978. This last figure is important because the sale of lead-based paint was still legal until 1978. Many homes built before that date still contain this dangerous substance.

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 or any or all.

Appraised Value

According to the Summit County Fiscal Office, the median appraised value of the county’s housing units is \$128,000. 33% of housing units are valued at \$64,000 or less, while 28% are valued at \$191,000 or more.

Occupancy and Tenure

Just over 92% of housing units in Summit County are occupied, while 8% are vacant (about 19,400 units). Of the county’s 227,000 occupied housing units, 66% are owner-occupied, while the rest are renter-occupied. The percentage of renter-occupied units grew by 8% from the 2011-2015 to the 2016-2020 periods, while the percentage of owner-occupied units decreased by 4%.

Housing Burden (Owners and Renters)

The median cost of a home for homeowners with a mortgage is \$1,246 per month; more than 2.5 times the monthly cost for homeowners without a mortgage (\$497 per month). According to the 2016-2020 ACS, about 21% 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. The 30% figure is generally recognized as the highest amount people should pay for their homes before being considered overburdened. Paying more than 30% for housing often results in people having to shift resources away from other important areas of life like food, health care, or transportation costs, creating hardships for everyone involved. Renters face an even bigger challenge than homeowners. Close to half of renters in Summit County (46%) were paying at least 30% of their income for rent between 2016 and 2020.

An estimated 44% of renters paid 30% or more of their income for rent from 2016-2020. Between the 2011-2015 and 2016-2020 periods, the number of homeowners decreased and the number of renters increased, helping to increase the cost of renting. Average rents increased from \$810 per month in 2018 to \$865 per month in 2021.

The average wage of a renter was \$1.80 per hour lower than the “housing wage” (the income necessary to rent a market-rate 2-bedroom apartment). Someone earning the minimum wage would need to work 74 hours per week to be able to afford a market-rate 2-bedroom unit and still keep housing costs at or under 30% of income as of 2020. That was a very small improvement over the 75 hours per week reported in the 2019 CHA.²¹

²⁰Healthy People 2020, Quality of Housing. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/quality-housing>. Accessed 6/27/2022.

²¹National Low Income Housing Coalition; Out of Reach, 2018. Downloaded from: <https://reports.nlihc.org/oor>. Accessed 6/27/2022.



Loan Denials

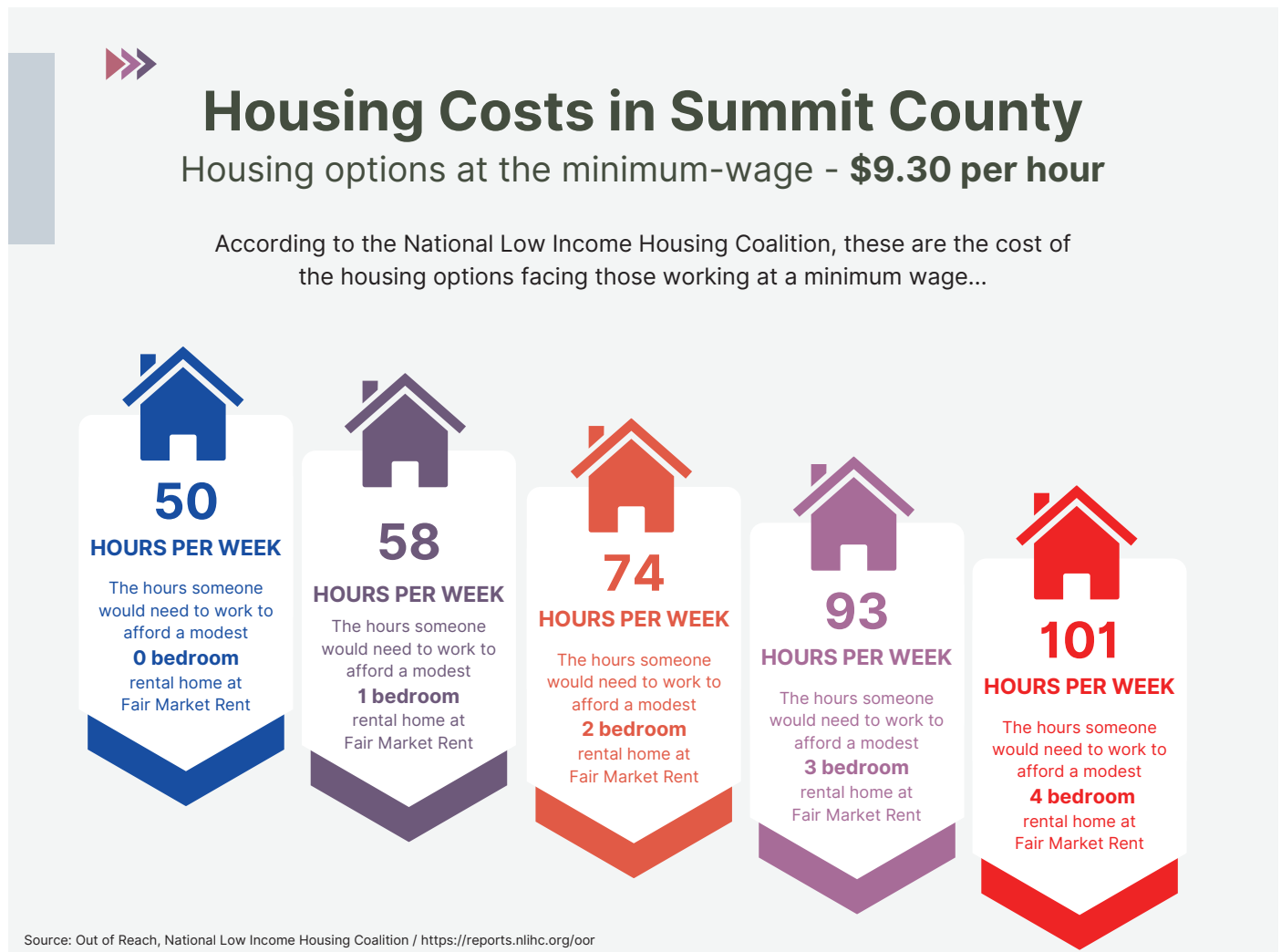
Another important part of affordable housing is the ability to get home purchase and/or improvement loans. For home purchase loans, both low income and non-White applicants are twice as likely to be denied as middle- or upper-income applicants. For example, Black individuals were nearly three times as likely to be denied a home loan as White individuals (11% and 4%, respectively). 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 (Black denial rate, 61%; White denial rate, 29%).

Housing Disparities

While most areas in Summit County enjoy stable, good quality housing, the fact is that many lower-income individuals and families in the community face housing-related problems that create economic and health burdens that many others do not have to bear. This is especially true of racial and ethnic minorities and low-income residents of all races and ethnicities, who are more likely to live in housing that is:

- Older
- Lower value
- More expensive to purchase or rent despite the lower quality and value
- More difficult to maintain and improve, especially for racial and ethnic minorities
- More likely to cause lead poisoning, mold-related health problems, and safety issues for their occupants (especially for seniors and children)

Figure 40 – Housing costs for minimum wage earners in Summit County: 2022





Family Instability

Family instability can be defined as changes in parents' residential and romantic partnerships, such as marriage, divorce, and romantic partners moving in or out of the home.²² As contemporary definitions of a family change, the role of family stability and its impact on child wellbeing has received increased attention.

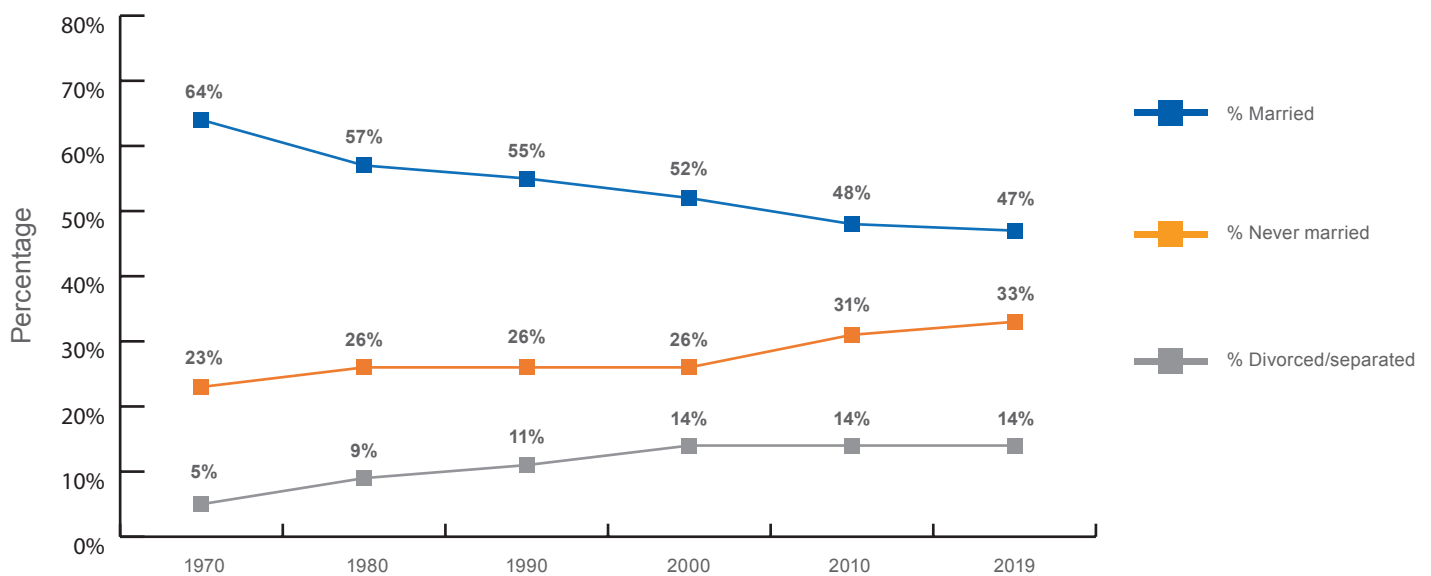
Trends Affecting Family Structure

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 include:

Marital Status

The percentage of people over age 15 who are married has been decreasing for decades. 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, with marriage rates decreasing to 46% by 2019. In the 2016-2020 period, the number remained stable with 46.8% of Summit County residents over age 15 being married. Both divorce rates and the percentage of people who were never married have risen at the same time marriage rates have decreased. In 1970, only 4% of Summit County residents over age 15 said they were divorced. By the 2016-2020 period, that figure had tripled (12.2%). The percentage who said they were never married has also risen, from just 23% in 1970 to 33% by 2019.²³

Figure 41- Changes in Marital status by decade, Summit County



Family Type and Children in Families

The composition of families has also seen dramatic changes over the past several decades. In 1980, married-couple families made up 80% of all families with children in Summit County. By 2019 married couples with children only made up 59% of the total. Female-headed families with children grew between those same years, from 17% of all families with children in 1980 to 26% of all families with children in 2019. The number of children living in married-couple families has also been decreasing. In 2000, 73% of children lived in married-couple families. By 2019, that figure had decreased to just 61%. Most children living in one-parent families live in female-headed families (81% in 2019).

²²Family instability and children's Social Development. Child Trends. (n.d.). Retrieved June 29, 2022, from <https://www.childtrends.org/es/publications/family-instability-and-childrens-social-development>

²³U.S. Census Bureau. (1970, 1980, 1990, 2000); American Community Survey. (2010, 2016-2020, 2019). Retrieved from: www.census.gov (decennial census archived reports) and <https://data.census.gov/> (American Community Survey).



Fertility Rates

According to the American Community Survey, the fertility rate of women* of childbearing age (15-50) increased from 50 per 1,000 from 2011-2015 to 56 per 1,000 from 2016-2020. Within that group, the fertility rates for the 25-34 age group increased by 8% while fertility rates for the 15-19 age group decreased by 44%. The fertility rate for ages 35-50 remained unchanged.²⁴

Related Effects

These changes in family structure have had a significant impact on Summit County. Perhaps the most important is that the poverty rate for female-headed households with children is far higher than the poverty rate for other family types. The poverty rate for married couple families with children was just 3.7% in 2019; for female-headed families, the poverty rate was 8.5 times higher (31.8%).

Poverty, family stability, and other stresses that harm families can do severe damage to children. Collectively, the damage such factors inflict on children are known as adverse childhood experiences, or ACEs. According to the CDC, ACEs “are potentially traumatic events that occur in childhood. For example, 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, such as growing up in a household with substance use problems, mental health problems, instability due to parental separation or household members being in jail or prison.”²⁵

According to a research brief by Child Trends, “Economic hardship is the most common adverse childhood experience (ACE) reported nationally and in almost all states, followed by divorce or separation of a parent or guardian.”²⁶ The high poverty rates found among single-parent families force many children to live in poverty.

Along with poverty, divorce is the second most common ACE experienced by children. With divorce rates far higher today than in the past, many children in Summit County and around the nation are potentially facing socio-emotional trauma due to the breakup of their parents.²⁷ Children in cohabiting families face an even greater risk of trauma caused by the breakup of their home. A 2017 analysis of North American and European families published by the Social Trends Institute and the Institute for Family Studies shows that across many nations, cohabiting couples are more likely than married couples to experience at least one breakup, and are also more likely to experience more than one breakup. This loss or addition of a parental figure can disrupt a child’s sense of security and create ambiguity in household rules, family relationships, and parental expectations about behavior. Effects are even greater for parents with lower educational attainment.²⁸ There are also differences in family stability by race or ethnicity. While the average contemporary youth experiences one family structure transition by age 12, Black children experience significantly more changes than White or Latinx children.²⁹

ACEs don’t just impact children; many parents are victims of adverse childhood experiences themselves. Parents are not only struggling with the everyday challenges of raising children, they also have to manage the impacts of any trauma their children suffer while trying to cope with their own. The effect of these multiple sources of instability in the lives of both parents and children can cause behavioral health issues, aggressive or violent behavior, and / or substance abuse. They can also aggravate any such issues that already exist.

Adding to these other challenges, research suggests that the rate of unintended pregnancies is more than twice as high for cohabiting couples as for married ones. Adding an unintended pregnancy to families already under stress can make a difficult situation even more challenging. In a 2016 report called *The High Cost of Unintended Pregnancy*, the Brookings Institution notes that almost half of all pregnancies in the U.S. are unintended; a rate that hits 60% for those pregnant individuals who are teenaged, unmarried, or low-income. The report goes on to summarize the negative consequences of unintended pregnancies this way: “...who experience unintended pregnancies have a higher incidence of mental-health problems, have less stable romantic relationships, experience higher rates of physical abuse, and are more likely to have abortions or to delay the initiation of prenatal care. Children whose conception was unintentional are also at greater risk than children who were conceived intentionally of experiencing negative physical- and mental-health outcomes, more likely to drop out of high school, to engage in delinquent behavior during their teenage years.”³⁰ While research on how family instability affects long-term health outcomes is still ongoing, most data show these changes in family composition and stability reflect a dynamic and reinforcing set of structural conditions and cultural forces that shape everyday life.³¹

*American Community Survey does not include other individuals who are of childbearing age.

²⁴Ibid.

²⁵Centers for Disease Control and Prevention. (2022, April 6). Fast facts: Preventing adverse childhood experiences - violence prevention |injury Center CDC. Centers for Disease Control and Prevention. Retrieved June 29, 2022, from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

²⁶Brief adverse childhood experiences - home - child trends. (n.d.). Retrieved June 29, 2022, from https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf

²⁷Cavanagh, S., & Fomby, P. (2019, July). Family Instability in the Lives of American Children. Retrieved from NIH National Center for Biotechnology Information: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7388657/>

²⁸Monea, E., & Thomas, A. (2016). *The High Cost of Unintended Pregnancy*. Retrieved from https://www.brookings.edu/wp-content/uploads/2016/06/07_unintended_pregnancy_thomas_monea.pdf

²⁹Ibid.

³⁰Ibid.

³¹Ibid.



Figure 42 – Potential impacts of adverse childhood experiences (ACEs)

ACEs Can Increase Risk for Disease, Early Death and Poor Social Outcomes

Research shows that experiencing a higher number of ACEs is associated with many of the leading causes of death like heart disease and cancer.



CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



MENTAL HEALTH CONDITIONS

- Depression



HEALTH RISK BEHAVIORS

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior



SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than a high school diploma or equivalent education

Source: Centers for Disease Control and Prevention (CDC)



Addiction & Mental Health

Nationwide, illicit drug use has implications across more than the health and safety of the community. According to the Office of the U.S. Surgeon General, the estimated annual economic impact of alcohol misuse is \$249 billion, and for illicit drug use \$193 billion.³² Not only has Ohio been one of the hardest-hit states in the country in terms of overdoses and overdose related deaths, but Summit County specifically has been heavily impacted.

With the introduction of fentanyl in 2015 and carfentanil in 2016, overdoses in Summit County began to skyrocket to unprecedented numbers. Deaths associated with drug overdose totaled 131 in 2015, totaled over 300 in 2016 and while there were brief declines in 2017 and 2018, each year after 2019 has seen over 200 deaths related to drug overdoses. Synthetic opioids such as fentanyl and carfentanil are no longer found only in heroin, but supplies of methamphetamine and cocaine as well. Once rare, the rise of polysubstance drug abuse is transforming the overdose phenomenon. As devastating as an overdose death is, it is not the only possible outcome. Many who survive an overdose suffer from pneumonia, hypoxic brain injury, renal failure, and cognitive impairment among other traumatic and long - lasting medical and mental health issues.³³

What do people who experience an overdose look like? Addiction does not discriminate. According to data from Summit County Public Health, local emergency rooms treat people for overdose related symptoms from every age, race and social demographic. From 2016-2021, nearly two-thirds were male, 74.8% were White and 63.4% fall between the ages of 25-49. While this is also typical of individual yearly totals, more recently there has been a noted rise in the rate of Black males experiencing an overdose.

Naloxone, or Narcan®, is an easy-to-use life-saving medication which can reverse opioid overdose. When given immediately by a bystander it allows emergency medical professionals more time to arrive, increasing the chance a life will be saved. The Ohio Department of Health reported that only 13% of Summit County residents who died from an overdose in 2019 had someone nearby who had access and was able to administer Naloxone.³⁴ In 2021 changes to federal and state guidelines now allow Naloxone to be distributed without a prescription. In Ohio, Project D.A.W.N. (Deaths Avoided With Naloxone) partners with organizations across the state, including Summit County Public Health, to distribute free kits to the community. These same policy changes have allowed pharmacies, some through partnerships with Project D.A.W.N., to offer Naloxone and their locations are also noted on the map.

Medication Assisted Treatment is one of the recognized evidence-based best practices in helping those with Opioid Use Disorder enter and remain in recovery. In Summit County, Summa Hospital's First Step program was the first Emergency Department based Medication Assisted Treatment program available locally. They combine medical professionals with specific addiction training 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 Medication Assisted Treatment program, Recovery's in Reach, in their Emergency Departments as well.

Marijuana is also having a major impact in the area of substance misuse. Depending on a person's point of view, marijuana is either a gateway drug (for opponents), or a harmless recreational activity that can also have important medical benefits (for supporters). Without question, support for legalization has risen nationally. According to the National Conference of State Legislatures, as of early 2022, 37 states have regulations for medical use and 18 have enacted measures to regulate cannabis for non-medical use.³⁵ In 2016, the State of Ohio legalized the use of marijuana for medical purposes creating the Ohio Medical Marijuana Control Program. This program, a division of the State of Ohio Board of Pharmacy, monitors and controls all activity regarding the prescription, use and sale of medical marijuana. As of April 2022, in Summit County there are 16 physicians with active Certificates to Recommend (prescribe) medical marijuana through the State Medical Board and three dispensaries where patients with an active prescription card can legally purchase medical marijuana.

³²Office 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>.

³³Office 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.

³⁵National Conference of State Legislatures, Research, Topics in Health. Retrieved from <https://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx>



While the public and political views of marijuana use may differ, the evidence shows that despite the potential benefits there are negative impacts associated with use. Statistics published by the CDC show that three in ten marijuana users will be diagnosed with a marijuana use disorder, a figure which rises for those who begin before age 18. Problems such as difficulty with attention, memory, or learning may begin as short-term issues, but can eventually become permanent with long-term use. This is especially true for younger users, whose brains are still developing. In addition, even though evidence suggests that marijuana can help cancer patients with chemotherapy-induced nausea, smoking it can cause some of the same lung and cardiovascular problems that cigarettes are known to cause.³⁶

The source of a user's marijuana is a related problem. While legal dispensaries can guarantee that their product doesn't contain other dangerous substances, the same cannot be said for marijuana bought on the street. Most marijuana consumed in the U.S. today is still obtained illegally. Marijuana is still smuggled and sold in huge quantities by the same drug cartels that have flooded the streets with heroin and other lethal substances.

The COVID-19 pandemic brought new challenges to mental health and addiction services as lockdowns, job loss and social isolation fed depression, suicide, and overdose rates. An emergency shift in policy regarding Medicaid reimbursement opened up opportunities to use telemedicine for mental and behavioral health services. While short staffing is not a new issue to clinical fields, the pandemic created additional staffing challenges at the same time as the rise in demand for services. Various strategies have been put in place to increase provider capacity through recruitment methods, shifts in priorities, and new ways to meet the community's needs such as telehealth. Many local agencies reported increased show-rates and engagement with the addition of telehealth options which is leading to the potential development of innovative strategies to incorporate these methods long-term.

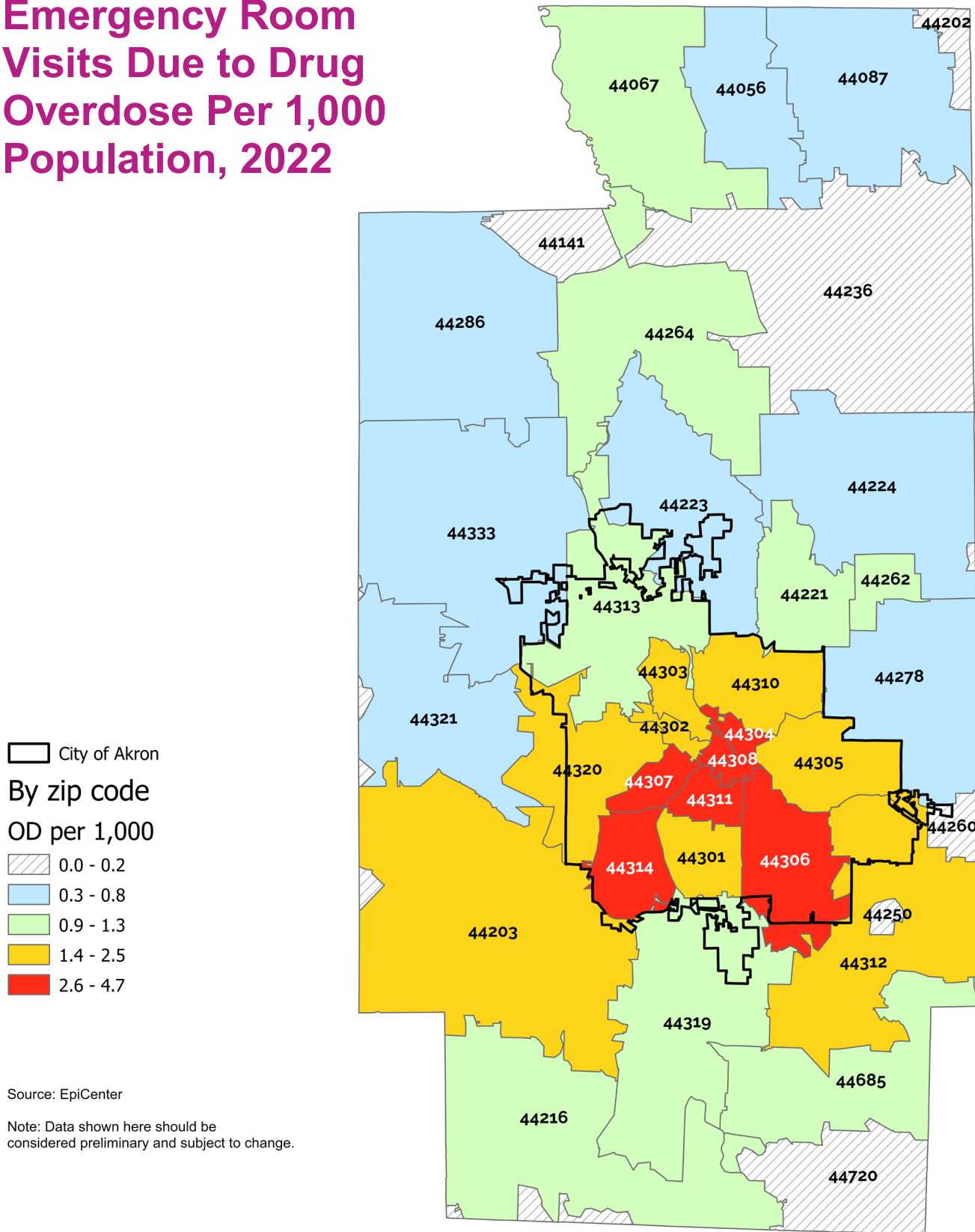
Unfortunately, not all who suffer from depression and suicidal ideation receive the help they need in time. While the overall total of confirmed completed suicides averages the same for the past several years, the County of Summit Alcohol, Drug Addiction and Mental Health Services Board has reported a rise in suicide rates for Black males. This is following much the same lines as the rise in overdoses for this demographic. 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.

Map 4 on the following page shows the total number of Emergency Room visits per 1,000 population to local Hospitals related to drug overdose in 2021, grouped based on the home zip code of the patient. Darker shaded zip codes, indicating higher overdose rates, are not surprisingly more heavily clustered in densely populated urban areas.

³⁶Health Effects | Marijuana | CDC. (2021, June 02.). Retrieved from <https://www.cdc.gov/marijuana/health-effects.html>



Emergency Room Visits Due to Drug Overdose Per 1,000 Population, 2022





Poverty

Changes in the poverty rate have had a major impact on Summit County's quality of life over the past 30 years. Poverty rates fell during the economic expansion of the 1990s, increased again in the 2001 recession, then spiked once more during the Great Recession of 2007-2009. Following a long, slow recovery in the early 2010s, poverty rates decreased from 14.5% (2011-2015) to 12.7% (2016-2020); the same as it was in 1990.³⁷

However, poverty isn't just one story. As American Community Survey data show, a person's race or family structure impacts whether a person or family lives in poverty. For example, the Black poverty rate in Summit County has been more than double the countywide rate in since 1990. As of 2016-2020, the poverty rate for Black individuals stands at 27.9%; almost three times higher than the White rate of 9.4%. Educational attainment matters, too; the poverty rate for those with less than a high school education is almost double that of the entire population (23.0% vs. 12.7% for everyone), while the poverty rate for those with a 4-year degree or more is less than a third of the county-wide poverty rate (3.9%).

In another example, the poverty rate for those who work full-time is only 2.5% nationally; the poverty rate for those working part-time is nearly 16%. Many of those part-time workers wanted to work full-time but were unable to find full-time work as of February 2021; 5 million of the nation's 34 million non-agricultural part-time workers fell into this category.³⁸ Those who are involuntarily employed part-time averaged about 22 hours of work per week as of 2021.³⁹ Here in Summit County, nearly 108,000 working age people worked part-time. Their poverty rate was 16.7% as compared to full-time workers whose poverty rate was 2.2%.

Poverty rates for other groups are also much higher than the average. As of 2016-2020, 38% of female-headed households with children were living in poverty, as were 19% of foreign-born people, and 19% of children. All of these rates are above the overall poverty rate for the county (12.7%). However, only about 7% of seniors were living in poverty, thanks in part to programs such as Social Security and Medicare, which helps keep many seniors out of poverty (currently \$13,590 per year for a one-person household and \$27,750 for a four-person household).⁴⁰

While the senior poverty rate is relatively low, the percentage of seniors living near the poverty rate is not. According to the Kaiser Family Foundation, the national poverty rate for seniors is 9%. However, 30% of seniors live at or below 200% of the poverty line; a rate that grows with age. From ages 65-69, 25% of seniors live at or below 200% of the poverty line, which rises to 30% between ages 70 and 79, and finally to 40% by age 80. Racial disparities also impact senior poverty. According to Kaiser, the poverty rate for White seniors is 6.9%, 19% for Black seniors and 17% Latinx seniors.

Locally, nearly 6,900 seniors live below the poverty line as of 2016-2020, but an additional 19,000 seniors live between 100% and 200% of the poverty line; more than 20% Summit County seniors. Living at 200% of poverty or less puts people in a very precarious situation; especially seniors living on fixed incomes. Sudden expenses or an unexpected medical issue can easily push seniors living at this level below the poverty line.⁴¹

³⁷U.S. Census Bureau. (Multiple years). American Community Survey Poverty Estimates. Retrieved from <https://data.census.gov>.

³⁸<https://www.bls.gov/opub/ted/2021/number-of-involuntary-part-time-workers-in-february-2021-down-from-record-highs.htm#:~:text=The%20number%20of%20people%20at,higher%20than%20in%20February%202020>.

³⁹<https://www.bls.gov/cps/cpsaat20.pdf>.

⁴⁰Poverty guidelines. ASPE. (n.d.). Retrieved July 25, 2022, from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

⁴¹U.S. Census Bureau. (Multiple years). American Community Survey Poverty Estimates. Retrieved from <https://data.census.gov>.



Figure 43 – Poverty in Summit County

POVERTY

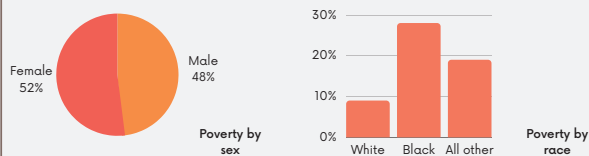
POVERTY IN SUMMIT COUNTY IMPACTS EVERYONE.

TREND

Nearly 13% of Summit County residents live in poverty. That is the same poverty rate as in 1990. During those 30 years, the poverty never rate dropped below 9%.

DEMOGRAPHICS

Here is what poverty looks like for different types of people



FAMILY POVERTY

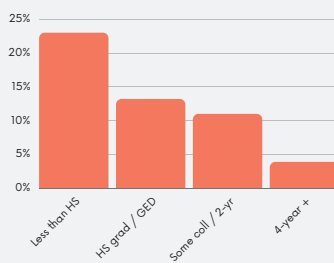
16% of all families with children live in poverty

SINGLE-PARENTS

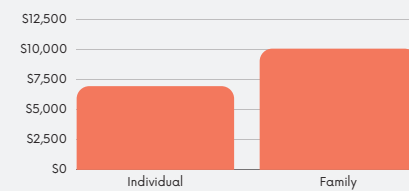
38% of female-headed households with children live in poverty

MORE POVERTY FACTS

Poverty by educational level



An additional 18,000 people live between 100% and 200% of the poverty line



The average individual living in poverty would need an additional \$6,929 per year to make it out of poverty

The average family living in poverty would need an additional \$10,037 per year to make it out of poverty

REFERENCES

Source: U.S. Census Bureau American Community Survey, 2016-2020 5-year averages



Unemployment

The Great Recession of December 2007 to June 2009, caused a housing crisis and sharp job losses both here and around the nation. Job losses started in early 2008 with the beginning of the recession and hit their lowest by spring of 2010, with the total civilian labor force decreasing right along with it. A decrease in the size of the labor force means that the number of people either working or looking for work is going down.⁴²

Because of the way unemployment is calculated, people who leave the labor force aren't counted in the unemployment rate, which meant the unemployment rate was decreasing at the same time as fewer people were working or looking for work. Because the recession was so severe, the number of employed people kept decreasing for a year after the recession was over. The number of people in the labor force kept decreasing long after that, and didn't begin to increase until 2014.

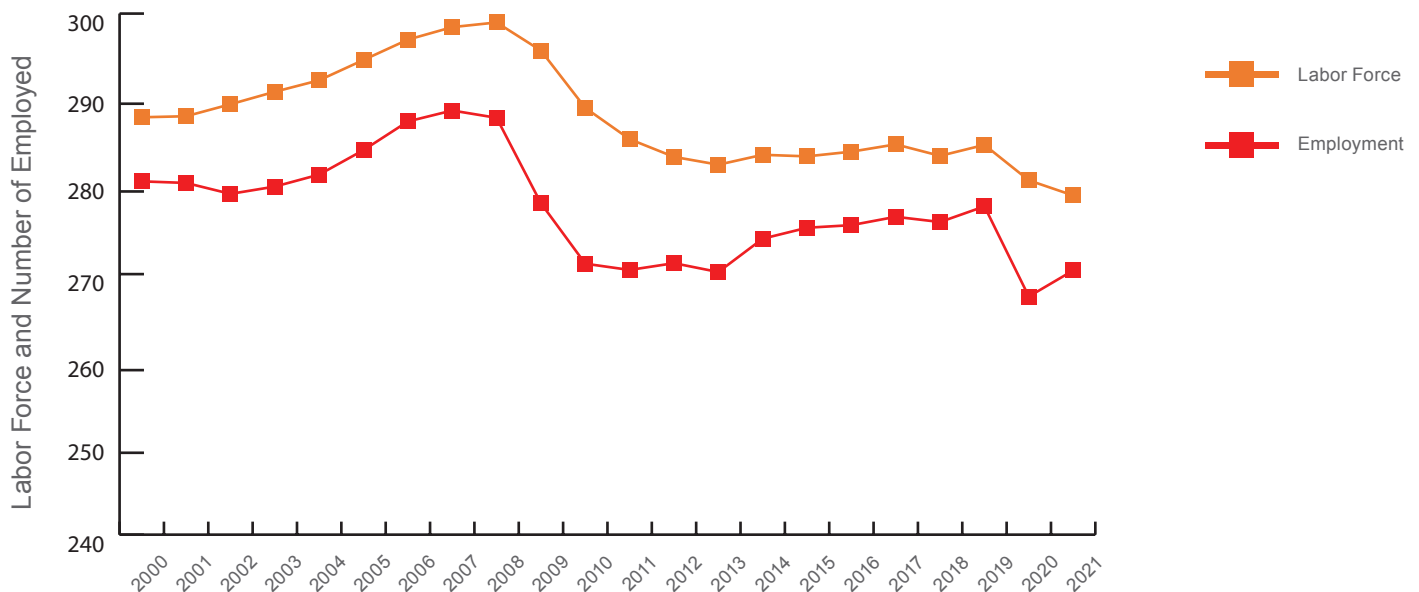
From 2014 until the pandemic hit in 2020, Summit County's job market had started to stabilize; the number of jobs began to grow again, and the labor force stopped getting smaller. The unemployment rate leveled off at about the natural rate of unemployment (currently about 4.5%) and stayed there for the next few years.

With the arrival of COVID-19, the closures and lockdowns that began in the spring of 2020 quickly ended any progress being made. Unemployment between 2019 and 2020 increased to nearly 9%, the county lost more than 17,000 jobs and the size of the labor force declined.

Once the lockdowns, closures, and restrictions ended, the unemployment rate quickly returned to pre-pandemic levels. However, job growth has been slow so far, and has only returned to levels last seen after the 2007-2009 recession. The size of the labor force has continued to decrease, and is now at its lowest level since 1992.

One of the causes of that decrease is the increasing number of retirements; between the 2011-2015 and 2016-2020 periods, an additional 10,000 households in Summit County reported receiving Social Security income, and an additional 43,000 households reported receiving other types of retirement income. Evaluating other possible causes, like the full impact of the Great Resignation caused by the pandemic, will have to wait for more supporting data to be gathered.

Figure 44 – Size of the labor force and number of people employed, by year in Summit County



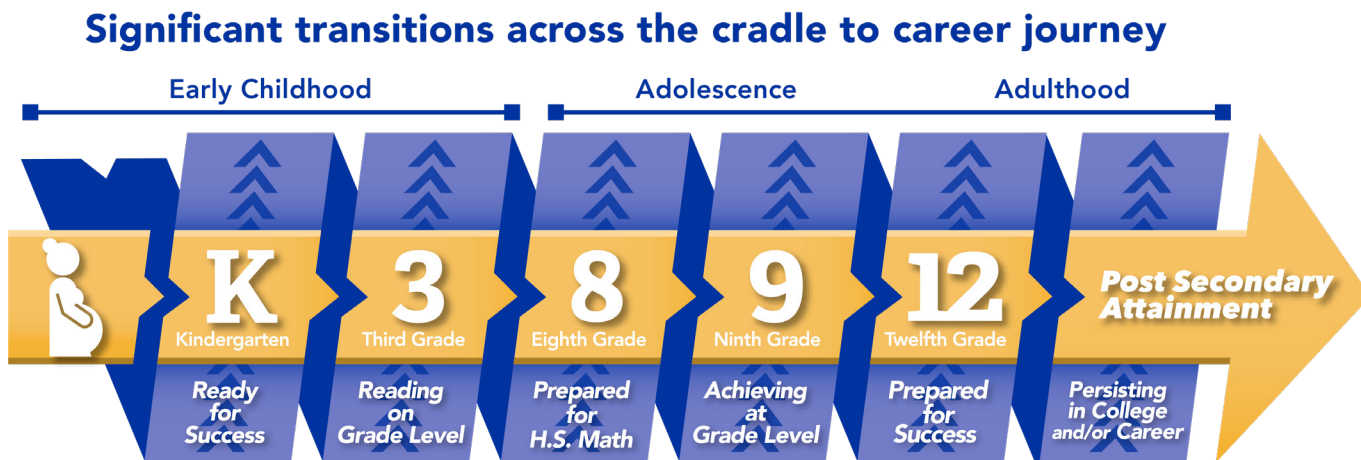
⁴²Ohio Labor Market Information - Local Area Unemployment Statistics (LAUS). Home. (n.d.). Retrieved July 14, 2022, from <https://ohiolmi.com/>



Maternal and Child Health

According to Healthy People 2020, “Improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system.”⁴³ Babies who start life with good birth outcomes are better prepared for nursery school, preschool, and Kindergarten.⁴⁴ Better Kindergarten readiness, in turn, improves educational attainment throughout their life and better prepares individuals to compete for better-paying jobs.⁴⁵

Figure 45 – Cradle to Career approach from Summit Education Initiative



With so much at stake, it’s easy to see that birth outcomes are a critical piece of the public health picture. The 2022 CHA measures three birth outcome measures, first trimester prenatal care, premature births, and low birth weight births. Each is summarized below:

Prenatal Care

Receiving regular prenatal care beginning in the first trimester has long been known to improve the odds of experiencing a healthy, live birth. In fact, those who don’t receive prenatal care during their pregnancy are three times more likely to have low birthweight births, and five times more likely to suffer the loss of the baby.⁴⁶ Starting prenatal care after the first trimester can also result in maternal complications, preterm births, and birth defects. Here in Summit County, the percentage of women receiving first trimester prenatal care increased from 68.0% between 2016 and 2018 to 71.9% from 2019 to 2021.⁴⁷

Premature Births

A birth is considered to be premature when it occurs before 37 weeks of gestation. Prematurity is a leading cause of infant death (especially during the first month). Prematurity increases the odds of the child having a chronic health condition and/or developmental delay which may not be detected until later in the child’s life. Summit County’s premature birth rate improved from 12.0% between 2016 and 2018 to 11.3% from 2019 to 2021.

⁴³Maternal, infant, and child health. Maternal, Infant, and Child Health | Healthy People 2020. (n.d.). Retrieved July 29, 2022, from <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health>

⁴⁴Donoghue, E. A., Lieser, D., DelConte, B., Donoghue, E., Earls, M., Glassy, D., Mendelsohn, A., McFadden, T., Scholer, S., Takagishi, J., Vanderbilt, D., & Williams, P. G. (2017, August 1). Quality early education and child care from birth to kindergarten. American Academy of Pediatrics. Retrieved July 29, 2022, from <https://publications.aap.org/pediatrics/article/140/2/e20171488/38652/Quality-Early-Education-and-Child-Care-From-Birth?autologincheck=redirected>

⁴⁵Our approach. Summit Education Initiative. (n.d.). Retrieved August 1, 2022, from <https://seisummit.org/our-approach/>

⁴⁶Office on Women’s Health, U.S. Department of Health & Human Services, A-Z Health Topics, Prenatal Care. (1 April, 2019). Retrieved from: <https://www.womenshealth.gov/a-z-topics/prenatal-care>

⁴⁷The total number of births reported to the Ohio Department of Health for 2021 are still considered preliminary



Low Birthweight Rates

Infants that weigh less than 2,500 grams (about 5.5 pounds) at birth are considered to be low birth weight. Although low birth weight is usually associated with premature birth, other factors may interfere with fetal growth and development. These factors include congenital defects, maternal complications, and unhealthy maternal behaviors (such as poor nutrition, smoking and/or substance misuse). Summit County low-birthweight births have remained at 9.1% from 2016 to 2018 and again from 2019 to 2021.

Infant, Neonatal, and Post-Neonatal Deaths

Since 2006, Summit County has averaged just over 40 infant deaths annually. The infant mortality rate (IMR) is the measure most often used to monitor this critical indicator. The IMR is calculated by dividing the total number of infant deaths per 1,000 live births. In Summit County the overall IMR was 5.9 per 1,000 live births from 2019 to 2021; a decrease from 7.2 per 1,000 from 2016-2018. Despite the overall improvement, the 2019-2021 rate was still higher than the Healthy People 2030 goal of reducing the IMR to 5.0.⁴⁸

Causes of Infant Mortality

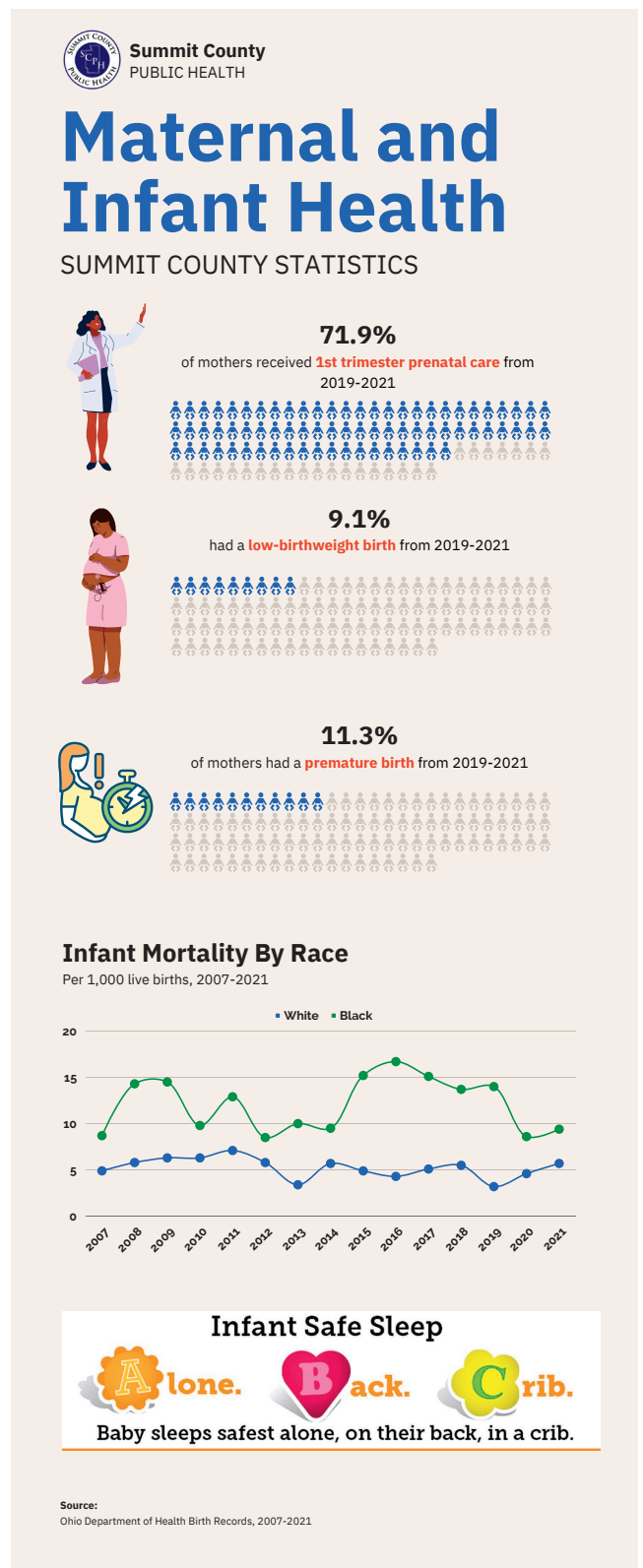
Causes of infant death can be broken into two types of causes, natural and external. Natural causes are those associated with the underlying health of the infant and/or mother. External causes of death are those which happen to the infant from an external source. The top five causes of infant death by type for the 2006-2021 period are shown below:

- Extreme prematurity (born before 28 weeks) – natural cause
- Sleep-related – external cause
- Moderate prematurity (born between 28-36 weeks) – natural cause
- Sudden Infant Death Syndrome – natural cause
- Premature Rupture of Membranes – natural cause

Neonatal Deaths

The first 28 days of an infant's life, called the Neonatal period, are critical to the life and health of infants. More than half of infant deaths and half of maternal deaths occur in the neonatal period.⁴⁹ The Healthy People 2030 goal for NIMR (Neonatal Infant Mortality Rate) is a reduction to 4.1 deaths per 1,000 live births nationally. The NIMR in Summit County has decreased from 4.7 deaths per 1,000 live births from 2016 to 2018 to 3.7 from 2019 to 2021.

Figure 46 – Maternal Infant Health



⁴⁸Centers for Disease Control and Prevention. (2021, September 8). Infant Mortality. Centers for Disease Control and Prevention. Retrieved May 2022, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

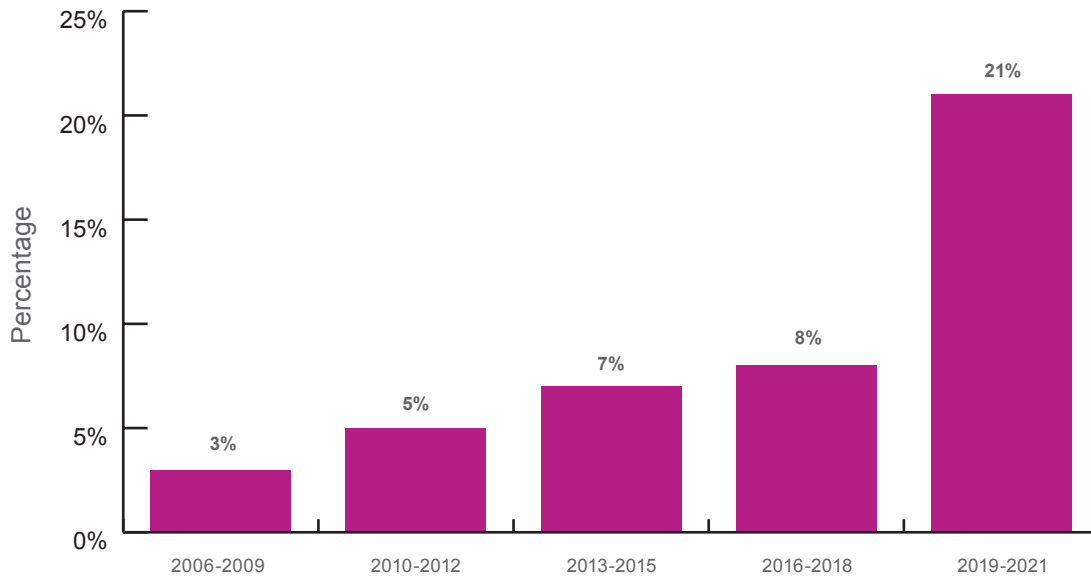
⁴⁹Ending preventable newborn deaths and stillbirths - unicef.org. (n.d.). Retrieved July 29, 2022, from <https://www.unicef.org/media/77166/file/Ending-preventable-newborn-deaths-and-stillbirths-by-2030-universal-health-coverage-in-2020%E2%80%932025.pdf>



External Causes of Death

Sleep-related deaths are, by far, the most common external cause of death. Across all 15 years of comparable data (2006-2021), sleep-related causes account for more than two-thirds of all externally-caused deaths (49 of the 72 deaths caused by either an accident or homicide). Most sleep-related deaths happen either because of unsafe conditions in the baby's crib (such as objects babies can ingest or blankets that become wrapped around a baby's head), or co-sleeping (infants sleeping in the same place as an adult). Sleep-related deaths have been increasing in Summit County for at least the past 10 years, rising from just 3% of all infant deaths from 2006-2009 to more than 20% by the 2019-2021 period (see Figure 47). This increase is in line with national trends showing sleep-related deaths rise from 13.8 per 1,000 births in 2006 to 25.0 per 1,000 births by 2020.⁵⁰

Figure 47 – Sleep-related deaths as a percentage of all infant deaths



⁵⁰Centers for Disease Control and Prevention. (2022, June 21). Data and statistics for SIDS and SUID. Centers for Disease Control and Prevention. Retrieved August 1, 2022, from <https://www.cdc.gov/sids/data.htm>



Infant Mortality and Racial Disparities

Infant mortality is an issue that impacts all communities. However, there are sharp differences in IMR by race across the nation; Summit County is no exception. In fact, IMR by race shows some of the highest disparities of any of the indicators tracked by the Summit County CHA.

Between 2019 and 2021 the White IMR was 4.5 per 1,000 live births; slightly lower than the county-wide average of 5.9. However, the Black rate was more than twice as high than the White, 10.8 per 1,000. The same sharp disparities were present 10 years ago; the White rate from 2006 to 2009 was 4.1 per 1,000, while the Black rate was 9.9 per 1,000. Throughout the last 15 years, the average ratio of Black-to-White infant mortality was 2.4; that is, the Black IMR was an average of 2.4 times higher than the White IMR across all years.

Black individuals giving birth suffer higher rates of prematurity, low birth weight, and infant mortality, as well as lower rates of first trimester prenatal care. Black individuals are also 3-4 times more likely to experience pregnancy-related mortality than their White counterparts. These racial disparities persist across class lines, education levels, and locations.⁵¹ They have also been shown to persist even after protective factors are removed from consideration. In a 2021 study published in the Journal of Pediatric Nursing, low-income Black females in metropolitan areas who had greater access to and utilization of prenatal care than their White counterparts were still shown to experience higher rates of pre-term births.⁵² Issues stemming from structural racism and implicit bias result in non-White mothers often reporting they feel ignored, dismissed, or unsupported by their provider.⁵³ These facts make it clear that public health agencies and health care providers need to look beyond access to care towards achieving full racial equity in birth outcomes.

Figure 48 – Infant deaths per 1,000 live births by race

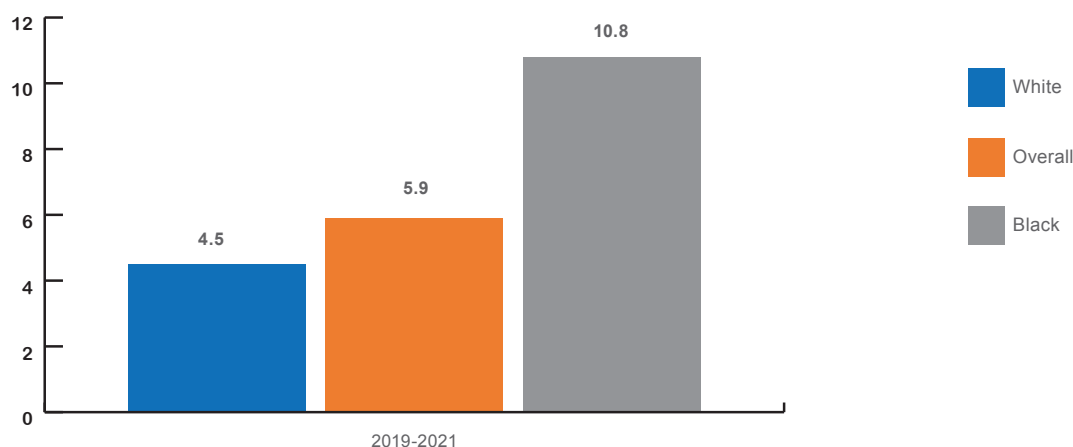
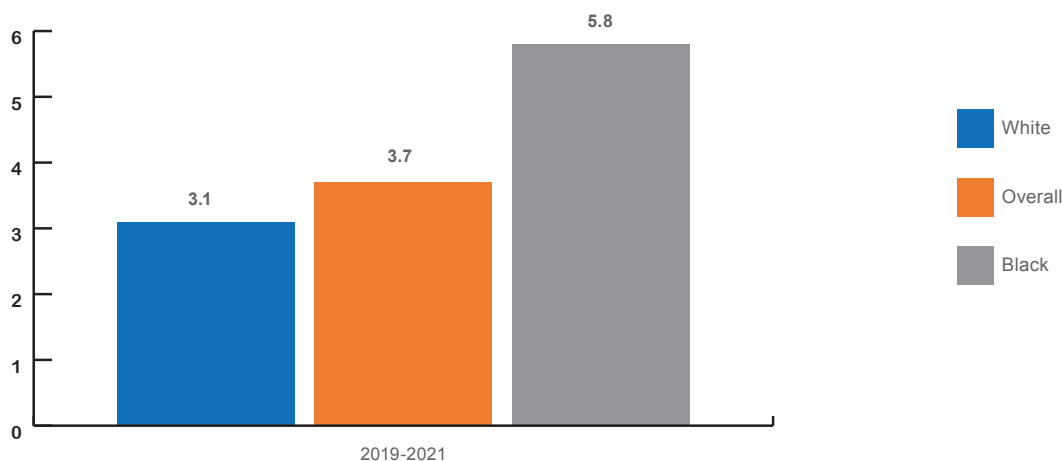


Figure 49 – Neonatal deaths per 1,000 live births by race



⁵¹National Partnerships for Women & Families. (2018, April). Black Women's Maternal Health. Retrieved from National Partnerships for Women & Families: <https://www.nationalpartnership.org/our-work/health/reports/Black-womens-maternal-health.html>

⁵²Thurston, H., Fields, B. E., & White, J. (2021). Does increasing access to prenatal care reduce racial disparities in birth outcomes? Journal of Pediatric Nursing, 59, 96–102. <https://doi.org/10.1016/j.pedn.2021.01.012>

⁵³Centers for Disease Control and Prevention. (2022, February 16). Hear Her: Addressing Health Inequities Among Pregnant Women. Centers for Disease Control and Prevention. Retrieved May 2022, from <https://www.cdc.gov/hearher/resources/news-media/addressing-health-inequities.html>



Data Appendix

CLINICAL CARE

Cancer Screening

Percentage of female Medicare enrollees ages 65-74 that receive mammography screening

DATA SOURCE: COUNTY HEALTH RANKINGS

2019	2021	% CHANGE	STATE	HP 2030 ¹	IMPROVED
40.0%	44.0%	N/A	45.0%	80.5% ²	

44% of women on Medicare ages 65-74 received a mammogram in 2021. The age range for this metric has changed since 2019, therefore the data is not comparable to the previous CHA. *The 2030 goal reflects ages 50-74.

Late-stage diagnosis of breast cancer

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH (ODH)

2019	2021	% CHANGE	STATE	HP 2030	N/A
27.4%	N/A	N/A	28.2%	42.4 cases per 100,000 females	

27.4% of women who received a breast cancer diagnosis in 2019 were diagnosed with late-stage breast cancer. The 2021 Cancer Profile published by ODH does not include more recent data than reported in the 2019 CHA.

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

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH (ODH)

2014-2016	2016-2019	% CHANGE	STATE	HP 2030	IMPROVED
73.2	78.4%	+7.1%	76.6%	84.3%	

78.4% of women had a pap test within the last three years during 2016-2019. This increased from 73.2% during 2014-2016. Summit County did not meet the HP 2020 standard of 93.0%.

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

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH (ODH)

2014-2016	2016-2019	% CHANGE	STATE	HP 2030	WORSENER
67.3%	65.4%	-2.8%	67.7%	74.4%	

65.4% of people ages 50-75 reported having a colorectal screening based on current guidelines during 2016-2019. This decreased from 67.3% in 2014-2016. Summit County did not meet the HP 2020 goal of 70.5%.

¹ HP2030 refers to Healthy People 2030 for ideal health outcomes for many indicators.

² Statistic is for ages 50-74, and not for the ages in the data table.

Prenatal Care

Percentage of women receiving 1st trimester prenatal care

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2017	2021	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
70.9%	74.2%	+4.7%%	68.9%	80.5%	

74.2% of women received first trimester prenatal care in 2021. This increased from 70.9% in 2017. Summit County did not meet the HP 2020 standard of 77.9%

Oral Health

Percentage of adults who have been to a dentist in the past 12 months (Akron Metropolitan Statistical Area)

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH (ODH)

2019	2020	% CHANGE	STATE	HP 2030	N/A
65.4%	65.4%	N/A	N/A	N/A	

65.4% of adults had been to the dentist in the past 12 months in 2020. The Centers for Disease Control and Prevention has changed the way they reported this indicator, making the two numbers incomparable.

Proportion of adults age 18-64 who used the oral health system within the past year

DATA SOURCE: OHIO MEDICAID ASSESSMENT SURVEY

2017	2021	% CHANGE	STATE	HP 2030	N/A
65.7%	N/A	N/A	68.0%	45.0%	

65.7% of adults ages 18-64 used the oral health system in 2017. There was no new data available for this indicator.

Proportion of children and adolescents who used the oral health system within the past year

DATA SOURCE: OHIO MEDICAID ASSESSMENT SURVEY

2017	2021	% CHANGE	STATE	HP 2030	N/A
82.7%	N/A	N/A	84.0%	45.0%	

82.7% of children and adolescents used the oral health system in 2017. There was no new data available for this indicator.

Percentage of middle school students that saw the dentist for routine checkup in the last 12 months

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
71.5%	N/A	N/A	N/A	49.0%	

71.5% of middle school students are receiving regular dental checks as of 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

Percentage of high school students that saw the dentist for routine checkup in the last 12 months

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
73.8%	N/A	N/A	N/A	49.0%	

73.8% of high school students are receiving regular dental checks as of 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

The proportion of school age children with untreated dental cavities

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH)

2015	2021	% CHANGE	STATE	HP 2030	N/A
13.1%	N/A	N/A	N/A	10.2	

13.1% of school age children have untreated dental cavities as of 2015. There was no new data at this time.

Number of schools participating in school-based sealant programs

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2019	2022	% CHANGE	STATE	HP 2030	WORSENER
40.0	0.0	N/A	N/A	N/A	

The school based sealant program ended when schools initially closed due to COVID-19 and was not applied for again, therefore 0.0 schools are participating as of 2022.

Number of dentists and oral surgeon practices that accept Medicaid

DATA SOURCE: OHIO DEPARTMENT OF MEDICAID

2019	2022	% CHANGE	STATE	HP 2030	N/A
60.0	21.0 ³	N/A	N/A	N/A	

21 dentists and oral surgeon practices are currently accepting Medicaid as of 2022 (midyear). This number is not comparable to previous years as there are practices that did not return information requests.

Health Care Access

Percentage of population without health insurance

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2021	% CHANGE	STATE	HP 2030	N/A
9.1%	5.8%	-36.0%	6.2%	N/A	

5.8% of the total population does not have health insurance based on the 2016-2021 average. This decreased from 9.1% based on the 2011-2015 average.

Percentage of adults 19-64 who had no health insurance

DATA SOURCE: CMS, AMERICAN COMMUNITY SURVEY

2019	2016-2020	% CHANGE	STATE	HP 2030	N/A
7.0%	8.2%	N/A	12.3%	7.9%	

An average of 8.2% of adults ages 19-64 did not have health insurance from 2016-2020. This is not comparable to the 2019 figure (7.0%) as it reflects a 5-year average from the date period which the former indicator is a part of.

Percentage of dual eligible adults in Summit County (Medicare/Medicaid)

DATA SOURCE: CMS, AMERICAN COMMUNITY SURVEY

2018	2020	% CHANGE	STATE	HP 2030	N/A
3.3%	3.2%	-3.0%	5.4%	N/A	

3.2% of adults were dual eligible for Medicaid/Medicare as of 2020. This slightly decreased from 3.3% in 2018.

³ Number could be higher, not all dentists/surgeons listed on the Medicaid provider page provided SCPH with information.

Ratio of Summit County population to primary care physicians

DATA SOURCE: COUNTY HEALTH RANKINGS

2017	2021	% CHANGE	STATE	HP 2030	IMPROVED
1040:1	1020:1	-1.9%	1290:1	N/A	

The ratio of the Summit County population to the total number of Primary Care Providers in the county improved to 1020:1 in 2021 compared to 1040:1 in 2017.

Ratio of Summit County population to mental health providers

DATA SOURCE: COUNTY HEALTH RANKINGS

2017	2021	% CHANGE	STATE	HP 2030	IMPROVED
410:1	310:1	-20.0%	350:1	84.3%	

The ratio of the Summit County population to the total number of Mental Health Providers in the county has improved to 310:1 in 2021 compared to 410:1 in 2017.

Ratio of Summit County population dentists

DATA SOURCE: COUNTY HEALTH RANKINGS

2017	2021	% CHANGE	STATE	HP 2030	IMPROVED
1590:1	1560:1	-1.9%	1570:1	N/A	

The ratio of the Summit County population to the total number of dentists in the County has improved to 1560:1 in 2021 compared to 1590:1 in 2017.

211 calls for crisis intervention/suicide assistance per 100,000 population

DATA SOURCE: 211 Summit/ACS

2022	N/A	% CHANGE	STATE	HP 2030	N/A
37.2	N/A	N/A	N/A	N/A	

The rate of 211 calls for crisis intervention/suicide assistance was 37.2 per 100,000 in 2022.

Average waiting time (days) for detox for males

DATA SOURCE: COUNTY OF SUMMIT ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD

2019	2021	% CHANGE	STATE	HP 2030	N/A
0.0	0.0	N/A	N/A	N/A	

On average, males had to wait 0 days to enter a detox program in 2019 and in 2021.

Average waiting time (days) for detox for females

DATA SOURCE: COUNTY OF SUMMIT ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD

2019	2021	% CHANGE	STATE	HP 2030	N/A
0.0	0.0	N/A	N/A	N/A	

On average, females had to wait 0 days to enter a detox program in 2019 and in 2021.

Average waiting time (days) for residential treatment for males

DATA SOURCE: COUNTY OF SUMMIT ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD

2019	2021	% CHANGE	STATE	HP 2030	IMPROVED
11.0	2.1	-80.9%	N/A	N/A	

The waiting time for men to receive residential treatment has decreased significantly to 2.1 days in 2021 compared to 11 days in 2019.

Average waiting time (days) for residential treatment for females

DATA SOURCE: COUNTY OF SUMMIT ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD

2019	2021	% CHANGE	STATE	HP 2030	IMPROVED
6.0	0.7	-88.3%	N/A	N/A	

The waiting time for women to receive residential treatment has decreased significantly to 0.7 days in 2021 compared to 6 days in 2019.

Emergency department utilization per 1,000 population

DATA SOURCE: EPI CENTER

2018	2021	% CHANGE	STATE	HP 2030	WORSENE
577.0	994.5	+72.4%	N/A	N/A	

The total emergency department visits for all causes per 1,000 population increased significantly to 994.5 per 1,000 in 2021 compared to 577 per 1,000 in 2018.

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

DATA SOURCE: COUNTY HEALTH RANKINGS

2016	2021	% CHANGE	STATE	HP 2030	IMPROVED
51.0	40.0	-21.6%	43.4	N/A	

The number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees decreased to 40.0 per 1,000 in 2021 compared to 51.0 per 1,000 in 2016.

Language Access

Cost of translation services among select Summit County large public institutions

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2017	2021	% CHANGE	STATE	HP 2030	N/A
\$156,044	\$55,863	N/A	N/A	N/A	

The cost of translation services among SCPH, Children’s Services, the ADM Board, and Summit DD was roughly \$55,863 in 2021. The 2021 cost is an estimate due to some discrepancies between organizations and the service provider.

Language other than English spoken at home

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	N/A
33.7%	43.8%	+30.0%	35.0%	N/A	

The percent of people that are age 5 years and older that speak English *less than very well*, in addition to speaking another language in the home has increased significantly to 43.8% in 2019 compared to 33.7% in 2017.

Health Screening

Prediabetes

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2022	% CHANGE	STATE	HP 2030	N/A
6.1%	N/A	N/A	N/A	N/A	

6.1% of individuals were pre-diabetic as of 2017. According to the BRFSS there is no data newer than previously reported on the 2019 CHA for Pre-Diabetes.

BMI of 29.9 kg/m² or greater

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	WORSENER
29.5%	31.3%	+6.1%	34.8%	30.5%	

31.3% of Summit County residents had a BMI of 29.9kg/m² or greater as of 2020. This increased from 29.5% in 2017.

Adults diagnosed with depressive disorder

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2019	2020	% CHANGE	STATE	HP 2030	WORSENER
24.0%	25.6%	+6.7%	20.3%	N/A	

25.6% of adults reported that they had been told they have a form of depression in 2020. This increased from 24.0% in 2019.

HEALTH BEHAVIORS

Smoking

Adult smoking

DATA SOURCE: COUNTY HEALTH RANKINGS

2019	2021	% CHANGE	STATE	HP 2030	N/A
20.0%	23.0%	15.0%	22.0%	12.0%	

23% of adults were smokers in 2021. This figure slightly increased from 20% of adults in 2019. Summit County did not meet the HP 2020 standard of 12.0%.

Adult e-cigarette use (current use)

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2022	% CHANGE	STATE	HP 2030	N/A
4.6%	N/A	N/A	22.0%	N/A	

In 2017, 4.6% of adults in Summit County reported that they currently use e-cigarettes. This question has not been included since 2017.

Adults who have ever tried e-cigarettes

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2022	% CHANGE	STATE	HP 2030	N/A
22.8%	N/A	N/A	24.5%	N/A	

22.8% of adults in Summit County reported having ever tried e-cigarettes in 2017. This question has not been included since 2017.

Percent of middle school students who have ever tried an e-cigarette

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022 ⁴	% CHANGE	STATE	HP 2030	N/A
16.3%	N/A	N/A	N/A	N/A	

16.3% of youth in middle school reported having ever tried e-cigarettes in 2018.

⁴All indicators from Youth Risk Behavior Survey do not have new data, as the 2023 Survey will launch next year

Percent of middle school students who are current tobacco users

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
1.9%	N/A	N/A	N/A	11.3%	

In 2018, 1.9% of youth in middle school reported currently using cigarettes.

Percent of high school students who have ever tried an e-cigarette

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
42.3%	N/A	N/A	N/A	N/A	

42.3% of youth in high school reported having ever tried e-cigarettes in 2018.

Percent of high school students who are current tobacco users

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
5.8%	N/A	N/A	N/A	11.3%	

In 2018, 5.8% of youth in high school reported currently using cigarettes.

Physical Activity

Physical Inactivity

DATA SOURCE: COUNTY HEALTH RANKINGS

2015	2021	% CHANGE	STATE	HP 2030	WORSENE
24.0%	26.0%	+8.3%	28.0%	21.2%	

26.0% of adults age 20 and over reported no leisure-time physical activity in 2021. This increased from 24.0% in 2015. Summit County was above the HP 2020 standard of 21.2%.

Access to exercise opportunities

DATA SOURCE: COUNTY HEALTH RANKINGS

2018	2021	% CHANGE	STATE	HP 2030	N/A
94.0%	94.0%	0.0%	77.0%	N/A	

94.0% of residents reported living reasonably close to a location for physical activity, such as parks or recreational facilities in 2021. This has not changed from 2018.

Alcohol Use

Excessive drinking

DATA SOURCE: COUNTY HEALTH RANKINGS

2016	2021	% CHANGE	STATE	HP 2030	N/A
18.0%	17.0%	N/A	21.0%	N/A	

17% of reported alcohol consumption was classified as excessive drinking in 2021. These values were collected through different methods and are therefore not comparable to previous years.

Heavy alcohol consumption

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	N/A
4.8%	5.9%	N/A	N/A	N/A	

Heavy Alcohol Consumption is currently defined as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week. Based on answers to 2020 BRFSS questionnaire 5.9% of Akron Metropolitan area residents fall into this category. However, this number is not comparable to previous years due to changes in how that question was asked.

Middle school current alcohol use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
6.0%	N/A	N/A	N/A	6.3%	

In 2018, 6.0% of youth in middle school reported having drunk in the last 30 days.

High school current alcohol use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
23.8%	N/A	N/A	N/A	6.3%	

In 2018, 23.8% of youth in high school reported having drunk in the last 30 days.

Alcohol-impaired driving deaths

DATA SOURCE: COUNTY HEALTH RANKINGS

2017	2021	% CHANGE	STATE	HP 2030	IMPROVED
44.0%	38.0%	-13.6%	33.0%	28.3	

38% of driving deaths involved alcohol in 2021. This has decreased from 44.0% in 2017.

Sexual Behaviors

Chlamydia (cases per 100,000)

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
632	555	-12.2%	504.8	N/A	

555 per 100,000 individuals had Chlamydia in 2021, this decreased from 632 per 100,000 in 2018.

Gonorrhea (cases per 100,000)

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
205.8	325.1	+58.0%	262.6	251.9 for females 194.8 for males	

325.1 per 100,000 individuals had Gonorrhea in 2021, this increased from 205.8 per 100,000 in 2018.

Syphilis (cases per 100,000)

DATA SOURCE: STI SURVEILLANCE PROGRAM, OHIO DEPARTMENT OF HEALTH (ODH)

2018	2020	% CHANGE	STATE	HP 2030	WORSENER
13.1	19.2	+46.6%	20.8	N/A	

In 2020, there were 19.2 new diagnoses of syphilis infection per 100,000 residents. This has increased from a rate of 13.1 in 2018.

HIV (cases per 100,000)

DATA SOURCE: HIV/AIDS SURVEILLANCE PROGRAM, OHIO DEPARTMENT OF HEALTH (ODH)

2017	2021	% CHANGE	STATE	HP 2030	WORSENE
8.1	8.6	+6.2%	7.7	12.4	

In 2021, there were 8.6 new diagnoses of HIV/AIDS infection per 100,000 residents. This has increased from a rate of 8.1 in 2017. The 2017 rate was updated based on data in the 2021 report.

Middle school condom use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
46.3%	N/A	N/A	N/A	N/A	

46.3% of middle school students who are sexually active reported using a condom in 2018.

High school condom use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
58.2%	N/A	N/A	N/A	81.3%	

58.2% of sexually active high school students reported using a condom in 2018.

Had first sexual intercourse before age 13

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
3.4%	N/A	N/A	N/A	N/A	

3.4% of high school students reported having sexual intercourse before the age of 13 years old in 2018.

Been pregnant or gotten someone pregnant

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
2.3%	N/A	N/A	N/A	N/A	

2.3% of high school students had gotten pregnant or had gotten someone else pregnant in 2018.

Black teen birth rate (per 1,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
20.0	18.7	-6.5%	N/A	N/A	

The Black teen (14-17) birth rate per 1,000 has decreased to 18.7 in 2019 compared to 20.0 births per 1,000 teens in 2017.

Teen birth rate (per 1,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
7.4	7.2	-2.7%	N/A	31.4	

The teen (14-17) birth rate has decreased slightly to 7.2 in 2019 compared to 7.4 births per 1,000 teens in 2017.

Drug Use

Drug overdose deaths (per 100,000)

DATA SOURCE: COUNTY OF SUMMIT MEDICAL EXAMINER

2011-2015	2016-2021	% CHANGE	STATE	HP 2030	WORSENER
21.8	42.2	+93.6%	45.6	20.7	

The rate of drug overdose deaths per 100,000 increased sharply to 42.2 deaths in 2016-2021 compared to 21.8 deaths in 2011-2015.

Percent of drug overdose deaths involving multiple drugs

DATA SOURCE: COUNTY OF SUMMIT MEDICAL EXAMINER

2019	2021	% CHANGE	STATE	HP 2030	WORSENER
34.5%	80.2%	+132.3%	N/A	N/A	

80.2% of drug overdose deaths involved multiple drugs in 2021. This increased significantly from 34.5% in 2019.

High school marijuana use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
31.1%	N/A	N/A	N/A	5.5%	

31.1% of high school students surveyed in 2018 had ever smoked marijuana.

High school cocaine use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
2.7%	N/A	N/A	N/A	5.5%	

2.7% of high school students surveyed in 2018 had ever used cocaine.

High school heroin use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
1.5%	N/A	N/A	N/A	5.5%	

1.5% of high school students surveyed in 2018 had ever used heroin.

High school methamphetamine use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
1.8%	N/A	N/A	N/A	5.5%	

1.8% of high school students surveyed in 2018 had ever used methamphetamine.

Unintentional Injuries

Motor vehicle crash deaths (per 100,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2017	2021	% CHANGE	STATE	HP 2030	IMPROVED
8.5	8.4	-1.2%	10.6	10.1	

The rate of motor vehicle crash deaths per 100,000 stayed about the same between 2017 and 2021. Summit County met HP 2030 standard of 10.1.

ER visit rate resulting from falls among senior citizens (per 1,000 seniors)

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
82.4	79.1	-4.0%	N/A	54.5	

The senior citizens ER visit rate due to incidents that resulted from a fall decreased to 79.1 in 2021 compared to 82.4 per 1,000 seniors in 2018.

Falls among senior citizens leading to death (per 100,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2018	2021	% CHANGE	STATE	HP 2030	WORSENE
51.4	65.1	+26.7%	69.0	63.4	

The rate of fall-related senior deaths per 100,000 increased to 65.1 in 2021 compared to 51.4 in 2018. Summit County did not meet the HP 2020 standard of 47.0 deaths per 100,000 falls.

Emergency room visits resulting from traumatic brain injuries (per 100,000)

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
587.9	554.3	-5.7%	N/A	N/A	

The rate of emergency visits resulting from traumatic brain injury per 100,000 decreased to 554.3 in 2021 compared to 587.9 E R visits in 2018.

Emergency room visits among children resulting from traumatic brain injuries (per 100,000)

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
1129.6	890.8	-21.1%	N/A	N/A	

The rate of traumatic brain injury (TBI) related ER visits per 100,000 for children decreased to 890.8 per 100,000 in 2021 compared to 1129.6 per 100,000 in 2018.

Emergency room visits among adults resulting from traumatic brain injuries (per 100,000)

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
409.9	360.5	-12.1%	N/A	N/A	

The rate of traumatic brain injury (TBI) related ER visits per 100,000 for adults (age 18-64) decreased to 360.5 per 100,000 in 2021 compared to 409.9 per 100,000 in 2018.

Emergency room visits among seniors resulting from traumatic brain injuries (per 100,000)

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	WORSENE
560.9	672.6	+19.9%	N/A	N/A	

The rate of traumatic brain injury (TBI) related ER visits per 100,000 for seniors (age 65+) increased to 672.6 per 100,000 in 2021 compared to 560.9 per 100,000 in 2018.

Deaths resulting from traumatic brain injuries (per 100,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
17.0	25.0	+47.1%	21.0	16.9	

The rate of deaths resulting from traumatic brain injuries has increased to 25 deaths per 100,000 in 2021 compared to 17 deaths per 100,000 in 2018. Summit County did not meet the HP 2020 goal of 15.7 deaths per 100,000.

Sleep

Middle school students that average eight or more hours of sleep

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
45.4%	N/A	N/A	N/A	N/A	

45.4% of middle school youth surveyed in 2018 averaged a total of eight or more hours of sleep per night.

High school students that average eight or more hours of sleep

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
19.6%	N/A	N/A	N/A	27.4%	

19.6% of high school youth surveyed in 2018 averaged a total of eight or more hours of sleep per night.

SOCIAL & ECONOMIC FACTORS

Education

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

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2016-2020	% CHANGE	STATE	HP 2030	N/A
40.4%	41.1%	N/A	37.6%	N/A	

41.1% of persons age 25+ had a two-year degree or higher according to the ACS 5-Year Estimates (2016-2020). This is not comparable to previous individual year data.

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

DATA SOURCE: SUMMIT EDUCATION INITIATIVE

2018	2021	% CHANGE	STATE	HP 2030	WORSENE
64.0%	60.0%	-6.3%	N/A	N/A	

60.0% of 3rd grade students are scoring proficient or above on 3rd grade reading proficiency tests in 2021. This has decreased from 64% in 2018.

Average general education teachers per 1,000 students

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2018	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
44.9	44.0	-2.0%	N/A	N/A	

The average number of general education teachers per 1,000 students decreased to 44.0 in 2019 compared to 44.9 in 2018.

Kindergarten readiness

DATA SOURCE: SUMMIT EDUCATION INITIATIVE

2018	2019-2020	% CHANGE	STATE	HP 2030	IMPROVED
60.0%	61.0%	+1.7%	N/A	N/A	

61% of students were categorized as being ready for kindergarten for the 2019-2020 school year. This changed only slightly from 60% in 2018. The Summit Education Initiative was unable to obtain data for 2020-2021 due to the COVID-19 pandemic.

Disciplinary actions (out-of-school suspensions) per 100 students

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2016	2017-2018	% CHANGE	STATE	HP 2030	WORSENE
18.3	19.0	+3.8%	N/A	N/A	

Disciplinary actions per 100 students increased to 19.0 in the 2017-2018 school year compared to 18.3 in 2016.

Residents age 16-19 who are not enrolled in school, not a high school graduate, and who are either unemployed or not in the labor force

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2016-2020	% CHANGE	STATE	HP 2030	N/A
3.2%	3.3%	N/A	5.0%	N/A	

3.3% percent of residents age 16-19 are not enrolled in school, are not a high school graduate, and are either unemployed or not in the labor force according to the ACS 5-Year estimates (2016-2020). This isn't comparable to previous individual year data.

Average school attendance rate

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2018	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
94.7%	94.5%	-0.2%	N/A	90.7%	

The average attendance rate of the students in Summit County decreased slightly to 94.5% in 2019 compared to 94.7% in 2018.

Average four-year high school graduation rate

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2018	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
93.9%	93.4%	-0.5%	85.3%	N/A	

93.4% of high school graduates in 2019 graduated in 4 years. This has decreased slightly from 93.9% in 2018.

Employment

Unemployment rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2018	2021	% CHANGE	STATE	HP 2030	WORSENE
4.6%	5.4%	+17.4%	3.9%	N/A	

The unemployment rate increased to 8.3% at the height of the pandemic lockdowns in 2020, and has since recovered to 5.4% in 2021. Prior to the pandemic the unemployment rate was 4.6% in 2018.

Income inequality

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
47.3%	47.5%	+.04%	45.6%	N/A	

The income inequality rate slightly increased to 47.5% in 2020 compared to 47.3% in 2017.

Female-male median earnings

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
66.9%	70.3%	-+1.7%	81.9%	N/A	

Female median earnings as a percentage of male earnings grew to 70.3% from 2016-2020 compared to 66.9% from 2011-2015.

Median household income

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2016-2020	% CHANGE	STATE	HP 2030	N/A
\$55,419	\$59,253	N/A	\$58,116	N/A	

The average median household income from 2016-2020 was to \$59,253. This is not comparable to previous year data

African American- White median household income

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
49.2%	51.7%	+5.1%	55.6%	N/A	

African American median household income as a percent of White median household income grew to 52% from 2016-20 compared to 49% from 2011-15.

Education, healthcare and social assistance jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
22.3% / \$34,957	23.5% / \$38,582	+6.8%/1.6%	24.2%	N/A	

The number of jobs and the salary for those jobs in the Education / health care / social assistance field have grown (6.8% and 1.6%, respectively) between 2017 and 2019

Manufacturing jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
14.4%/\$46,376	18.1%/\$46,391	+23.1%/1.1%	15.1%	N/A	

Both the number of jobs and the salary for those jobs in the Manufacturing field have grown (23.1% and 1.1%, respectively) between 2017 and 2019.

Retail trade jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
13.1% / \$21,971	9.7% / \$22,039	-26.0%/0.3%	11.3%	N/A	

The number of jobs in retail sales have decreased sharply while the average salary was almost unchanged (-26.0% and 0.3%, respectively) between 2017 and 2019.

Poverty

Poverty rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
12.7%	14.3%	+12.6%	13.6%	8.0%	

The poverty rate in Summit County increased to 14.3% in 2019 compared to 12.7% in 2017.

Foreign born/non-citizen poverty rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
31.9%	18.4%	+42.3%	22.6%	N/A	

The poverty rate for foreign born/non-citizens decreased to 18.4% in 2019 compared to 31.9% in 2017.

Akron children eligible for free lunch

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2018	2022	% CHANGE	STATE	HP 2030	N/A
83.9%	N/A	N/A	N/A	N/A	

83.9% of children in Akron were eligible for free lunch in 2018. Due to the pandemic, updated data is not available.

Suburban children eligible for free lunch

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2018	2022	% CHANGE	STATE	HP 2030	N/A
26.5%	N/A	N/A	N/A	N/A	

26.5% of children in the suburbs were eligible for free lunch in 2018. Due to the pandemic, updated data is not available.

Food pantry 211 request per 1,000 families under 200% of poverty

DATA SOURCE: 211/AMERICAN COMMUNITY SURVEY

2022	-	% CHANGE	STATE	HP 2030	N/A
600.8	-	N/A	N/A	N/A	

The number of food pantry requests per 1,000 families under 200% poverty was 600.8 in 2022.

Percent receiving food stamps

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	IMPROVED
15.0%	12.7%	-15.3%	12.6%	N/A	

12.7% of individuals received food stamps in 2019. This decreased from 15.0% in 2017.

Female head of household poverty rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	WORSENE
26.9%	31.8%	+18.2%	29.2	N/A	

31.8% of families with a female as the head of the household were found to be in poverty in 2019. This has increased from 26.9% in 2017.

Children in poverty

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	WORSENE
18.1%	22.2%	+22.7%	18.8%	N/A	

22.2% of children were found to be in poverty in 2019. This increased from 18.1% in 2017.

Average wages

DATA SOURCE: BUREAU OF LABOR STATISTICS

2018	2020	% CHANGE	STATE	HP 2030	IMPROVED
\$49,525	\$53,910	+8.9%	\$57,096	N/A	

The Average annual wages in Summit County increased by almost 9% from just under \$50,000 in 2018 to almost \$54,000 in 2020.

Percent of InfoLine (211) calls asking about utility payment assistance

DATA SOURCE: INFOLINE

2019	2021	% CHANGE	STATE	HP 2030	WORSENE
21.0%	23.9%	+13.3%	N/A	N/A	

The percent of InfoLine calls asking about utility payment assistance has increased to 23.9% in 2021 compared to 21% in 2019. **COVID-19 may be a significant contributor.

Rent assistance requests per 1,000 renters (211)

DATA SOURCE: 211/ACS

2022	-	% CHANGE	STATE	HP 2030	N/A
244.0	-	N/A	N/A	N/A	

The number of 211 calls about rental payment assistance was 244.0 per 1,000 renters in 2022.

Community Safety

Violent crime rate per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
327.4	609.8 ⁵	+86.2%	N/A	N/A	

The violent crime rate per 100,000 increased to 609.8 in 2020 compared to 327.40 in 2017.

⁵ Law enforcement agency participation in OIBRS has increased over the years. As more agencies submit their data to OIBRS, more crimes are reported. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.

Murder per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
9.4	14.0 ⁶	+48.9%	N/A	5.5	

The murder rate per 100,000 residents increased to 14.0 in 2020 compared to 9.40 in 2017.

Rape per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
59.1	81.4 ⁷	+37.7%	N/A	N/A	

The rape rate per 100,000 residents increased to 81.4 in 2020 compared to 59.10 in 2017.

Robbery per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
86.7	85.2	-1.7%	N/A	N/A	

The robbery rate per 100,000 residents has decreased to 85.2 in 2020 compared to 86.7 in 2017.

Aggravated assault per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
172.2	429.2 ⁸	+149.2%	N/A	N/A	

The rate of aggravated assault per 100,000 residents increased to 429.2 in 2020 compared to 172.20 in 2017.

^{6,7,8} Law enforcement agency participation in OIBRS has increased over the years. As more agencies submit their data to OIBRS, more crimes are reported. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.

Property crime per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
2,756.3	3,196.7 ⁹	+16.0%	N/A	N/A	

The property crime rate per 100,000 residents increased to 3,196.7** in 2020 compared to 2,756.30 in 2017.

Burglary per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
603.1	565.4 ¹⁰	-6.3%	N/A	N/A	

The burglary rate per 100,000 residents decreased to 565.4 in 2020 compared to 603.10 in 2017.

Larceny theft per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
1,946.1	2,298.8 ¹¹	+18.1%	N/A	N/A	

The larceny theft rate per 100,000 residents increased to 2,298.8 in 2020 compared to 1,946.10 in 2017.

Motor vehicle theft per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
181.8	332.5 ¹²	+82.9%	N/A	N/A	

The motor vehicle theft per 100,000 residents increased to 332.5 in 2020 compared to 181.8 in 2017.

^{9,10,11,12} Law enforcement agency participation in OIBRS has increased over the years. As more agencies submit their data to OIBRS, more crimes are reported. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.

Arson per 100,000 residents

DATA SOURCE: OIBRS

2017	2020	% CHANGE	STATE	HP 2030	N/A
24.8	24.8 ¹³	0%	N/A	N/A	

The arson rate per 100,000 residents has not changed from 2017 to 2020.

New filings for domestic violence civil protection orders per 100,000 residents

DATA SOURCE: SUPREME COURT OF OHIO

2018	2021	% CHANGE	STATE	HP 2030	N/A
202.8	323.1 ¹⁴	+59.3%	196.0	N/A	

The new domestic violence civil protection order filings per 100,000 residents was 323.1 in 2021, and increase from 202.8 in 2018.

Injury related deaths per 100,000 residents

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
60.7	90.4	+48.9%	N/A	63.1	

Injury related deaths increased sharply to 90.4 in 2021 compared to 60.7 in 2018. A 165% increase in drug-related deaths was the biggest single reason for the increase.

Homicides

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
7.3	9.0	+23.3%	N/A	5.5	

The average number of homicides in Summit County increased to 9.0 homicides in 2021 from 7.3 homicides in 2018.

^{13,14} Law enforcement agency participation in OIBRS has increased over the years. As more agencies submit their data to OIBRS, more crimes are reported. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.

Violence related ER visits age 65+ per 100,000

DATA SOURCE: EPICENTER

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
51.9	74.1	+42.8%	N/A	N/A	

Violence related ER visits per 100,000 for those age 65 and older increased to 74.1 per 100,000 during the 2019-2021 period compared to 51.9 during the 2014-2018 period.

CIT training for officers

DATA SOURCE: COUNTY OF SUMMIT ADM BOARD

2020	2021	% CHANGE	STATE	HP 2030	IMPROVED
22	71	+222.7%	N/A	N/A	

The total number of officers that have been CIT trained increased to 71 in 2021 from 22 in 2020.

Children in custody per 1,000 children

DATA SOURCE: PCSAO

2018	2020	% CHANGE	STATE	HP 2030	WORSENER
12.8	13.5	+5.5%	10.3	N/A	

The rate of children in custody per 1,000 increased to 13.5 in 2020 compared to 12.8 in 2018.

Transportation

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

DATA SOURCE: US DEPARTMENT OF TRANSPORTATION

2017	2020	% CHANGE	STATE	HP 2030	WORSENER
9,515	6,099	-35.9%	N/A	N/A	

The METRO Regional transit unlinked passenger trips per 1,000 decreased from 9,515 trips in 2017 to 6,099 in 2020. This decrease could be partially explained by the COVID-19 pandemic.

Use of public transportation to work

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2016-2020	% CHANGE	STATE	HP 2030	N/A
1.4%	1.3%	N/A	1.5%	5.3%	

1.3% percent of Summit County residents use public transportation to get to work according to the ACS 5-Year estimate (2016-2020). This is not comparable to previous individual year data.

Commute times: Percent travelling an average of 45 minutes or more to work

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2016-2020	% CHANGE	STATE	HP 2030	N/A
10.3%	10.8%	N/A	11.6%	N/A	

10.8% of residents travel an average of 45 minutes or more to work according to the ACS 5-Year estimate (2016-2020). This is not comparable to the previous individual year data.

Housing

Renter housing affordability (% paying more than 30% of income on housing)

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2016-2020	% CHANGE	STATE	HP 2030	N/A
43.3%	42.9%	N/A	44.1%	25.5%	

42.9% of renters are paying more than 30% of their income on housing according to the ACS 5-year estimate (2016-2020). This is not comparable to previous individual year data.

Owner housing affordability (% paying more than 30% of income on housing)

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2016-2020	% CHANGE	STATE	HP 2030	N/A
17.6%	18.0%	N/A	17.5%	25.5%	

18.0% of home owners are paying more than 30% of their income on housing according to the ACS 5-year estimate (2016-2020). This is not comparable to previous individual year data.

Owners with a mortgage

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
31.4%	21.4%	-31.8%	21.1%	N/A	

21.4% of home owners with a mortgage are paying more than 30% of their income on housing according to the ACS 5-year estimate (2016-2020). This is a decrease from 31.4% of home owners with a mortgage paying more than 30% of their income in 2011-2015.

Owners without a mortgage

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
16.4%	11.8%	-28.0%	11.7%	N/A	

Housing affordability for homeowners without a mortgage improved significantly during the 2011-2015 and the 2016-2020 periods.

Rent for a two-bedroom apartment

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
\$810	\$849	+4.8%	\$865	N/A	

The rent for a two-bedroom apartment in Summit County increased by \$50 per month from 2018 to 2021 (\$810 to \$849).

Hourly wage needed to afford a two-bedroom apartment

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
\$15.73	\$16.64	+5.8%	\$16.64	N/A	

The hourly wage that is need to pay for a 2-bedroom apartment in Summit County increased to \$16.64 in 2021 compared to \$15.73 in 2018.

Average hourly wage of renters

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
\$13.92	\$14.84	+6.6%	\$14.84	N/A	

The average renter hourly wage increased to \$14.84 in 2021 compared to \$13.92 in 2018.

Affordable rent at average renter wage

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2018	2021	% CHANGE	STATE	HP 2030	N/A
\$701	\$704	+4.1%	\$772	N/A	

The affordable rent at average renter wage increased to \$704 in 2021 compared to \$701 in 2018.

Work hours needed per week at minimum wage needed to afford 2 bedroom rental unit

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
75.0	74.0	-1.3%	76.0	N/A	

The average number of work hours per week at minimum wage that are needed to afford a 2-bedroom rental unit decreased slightly to 74 hours in 2021 compared to 75 hours per week in 2018.

Family Structure & Social Connectivity

Children in single-parent households

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2018	2020	% CHANGE	STATE	HP 2030	N/A
39.5%	29.1%	N/A	26.8%	N/A	

The American Community Survey recommends using caution when comparing previously reported estimates due to expanded "husband/wife" and "unmarried partner" categories that included separate categories for opposite-sex and same-sex couples. The 2020 5-year estimate shows 29.1% of children under 18 years of age lived in a home with one householder and no spouse or partner present.

Number of seniors 65+ years of age enrolled in PASSPORT, Assisted Living and/or MyCare

DATA SOURCE: DIRECTION HOME AREA AGENCY ON AGING

2018	2019	% CHANGE	STATE	HP 2030	N/A
4.7%	4.6%	-1.5%	N/A	N/A	

As of 2019, 4.6% of seniors age 65 and older are enrolled in PASSPORT, MyCare, Care Coordination or Assisted Living.

Residents without internet access

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2018	2019	% CHANGE	STATE	HP 2030	IMPROVED
13.1%	12.9	-1.5%	15.5%	N/A	

As of 2019, 12.9% of Summit County residents did not have internet access. This has decreased from 13.1% in 2018.

PHYSICAL ENVIRONMENT

Housing

Percentage of housing in below average or worse condition

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2016	2019	% CHANGE	STATE	HP 2030	IMPROVED
6.2%	3.9%	-37.1%	N/A	N/A	

3.9% of housing in Summit County had a below average or worse condition rating in 2019. This is a decrease from 6.2% of housing in 2016.

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

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2019	2021	% CHANGE	STATE	HP 2030	WORSENE
86.0	84.2	-2.1%	N/A	N/A	

The average age of housing in low income census tracts decreased from 86 years in 2019 to 84.2 years in 2021.

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

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2019	2021	% CHANGE	STATE	HP 2030	WORSENE
42.6	41.7	-2.1%	N/A	N/A	

The average age of housing in low income census tracts decreased from 42.6 years in 2019 to 41.7 years in 2021.

Percentage of owner-occupied vs rental housing (Owned %)

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
65.6%	66.3%	+1.1%	66.3%	N/A	

Percentage of owner-occupied vs rental housing stayed steady, rising from 65.6% in the 2011-2015 period to 66.3% in the 2016-2020 period.

Rental vacancy rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011-2015	2016-2020	% CHANGE	STATE	HP 2030	IMPROVED
9.6%	4.5%	-53.1%	4.6%	N/A	

The renter vacancy rate during the 2016-2020 period decreased to 4.5% compared to 9.6% in 2011-2015.

Number of abandoned or vacant homes

DATA SOURCE: HUD AGGREGATED USPS ADMINISTRATIVE DATA ON ADDRESS VACANCIES

2019	2021	% CHANGE	STATE	HP 2030	IMPROVED
3.9%	4.0%	+2.6%	N/A	N/A	

4.0% of homes in Summit County were abandoned or vacant in 2021. This has stayed nearly the same since 2019 (3.9%).

Individuals experiencing homelessness point in time count

DATA SOURCE: SUMMIT CONTINUUM OF CARE POINT IN TIME COUNT

2019	2021	% CHANGE	STATE	HP 2030	IMPROVED
546	315	-42.3%	N/A	N/A	

Total number of individuals experiencing homelessness counted on specific date and include sheltered and unsheltered individuals. The 2021 count recorded 315 individuals, which was less than the 546 individuals counted in 2019. The actual population of individuals experiencing homelessness may vary greatly from this figure.

Lead data: children testing positive for lead (blood; per 1,000 children)

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) LEAD DATABASE

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
2.2%	1.6%	-27.3%	2.1%	2.5%	

1.6% of Summit County children under age 6 who were tested for lead exposure tested positive in 2021. This decreased from 2.2% in 2018.

Lead data: number of lead abatements

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT, CITY OF AKRON

2018	2021	% CHANGE	STATE	HP 2030	WORSENERD
207	121	-41.5%	N/A	N/A	

The number of lead abatements decreased to 121 in 2021 compared to 207 in 2018; a figure that was impacted by pandemic restrictions.

Lead Data: % of housing built before 1978

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) LEAD DATABASE

2016	2020	% CHANGE	STATE	HP 2030	IMPROVED
76.6%	75.6%	-1.3%	N/A	N/A	

The percentage of housing built before 1978 in Summit County decreased slightly to 75.6% in 2020 compared to 76.6% in 2016.

Air Quality

Good air quality index days

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH AIR QUALITY MONITORING

2019	2021	% CHANGE	STATE	HP 2030	WORSENER
274 (75%)	267 (73%)	-2.6%	73.3%	N/A	

The number of days when Summit County's Air Quality Index (AQI) was 50 or less, which indicates a "good" level of pollution, decreased from 274 days in 2019 to 267 days in 2021. There were only 25 days since 2010 when the air quality was unhealthy.

Radon: Percent of tested properties that tested above 4pC/L

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2019	2021	% CHANGE	STATE	HP 2030	WORSENER
34.0%	36.2%	+6.4%	N/A	N/A	

36.2% of Summit County homes had an average Radon level above 4 pico-Curies per liter of air in 2021. This worsened from 34.0% in 2019. According to the EPA, any home which exceeds 4 pico-Curies should have its Radon levels mitigated.

Radon: Mitigation jobs completed per year

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
482	121	-74.9%	N/A	N/A	

Because the amount of radon present in the bedrock and soil does not significantly change over time, we consider increases in detection and mitigation to be improvements. Because of the necessity of accessing individual buildings, the restrictions imposed by COVID-19 impacted the number of mitigations that could be performed in 2020 and 2021.

Indoor air (smoking): Public space violations/ investigations

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2019	2021	% CHANGE	STATE	HP 2030	WORSENER
13	41	+215.4%	N/A	N/A	

There were a total of 41 indoor smoking violations investigated in 2021; more than double the number in 2019. Most (34 of the 41) were dismissed, but the remaining 7 received either an official warning or a fine.

Water

Percent of residences located in flood plain

DATA SOURCE: SUMMIT COUNTY GIS OPEN DATA PORTAL/ FISCAL OFFICE RESIDENTIAL PARCEL DATABASE

2016	2019	% CHANGE	STATE	HP 2030	N/A
1.0%	1.0%	N/A	N/A	N/A	

The percentage of homes living in a floodplain remained unchanged from 2019.

Septic system failures

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
9.7%	18.3%	+88.7%	N/A	N/A	

The percentage of septic systems that failed in Summit County increased to 18.3% in 2021 from 9.7% in 2018.

Lead in water

DATA SOURCE: CONSUMER CONFIDENCE REPORTS FROM WATER SUPPLIERS SERVING SUMMIT COUNTY

2017	2020	% CHANGE	STATE	HP 2030	N/A
ND- 3.7 ppb	ND- 5.0 ppb	N/A	N/A	1.7 ppb	

90% of samples less than range: ND to 5.0 ppb. Larger municipal water sources tended to have lower lead levels: Akron (90% < 1.55 ppb), Cleveland (90% < 1.84 ppb), and Barberton (90% < 3.0). No lead violations were issued in the 2020 CCR reports. Lead levels found in Summit County water sources in 2017 ranged from "not detected" (ND) to 3.7 parts per billion.

Food Access

Number of meals distributed to those in need

DATA SOURCE: AKRON CANTON REGION/AL FOODBANK

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
9,649,801	8,208,139	-14.9%	N/A	N/A	

The number of meals that were distributed to those in need in Summit County decreased to 8,208,139 meals in 2021 compared to 9,649,801 meals in 2018.

Number of grocery stores

DATA SOURCE: ESRI

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
90	88	-2.2%	N/A	N/A	

Number of retail grocery stores in Summit County decreased to 88 stores in 2021 compared to 90 stores in 2018.

Number of convenience stores

DATA SOURCE: ESRI

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
46	64	+39.1%	N/A	N/A	

The number of convenience stores in Summit County increased to 64 stores in 2021 compared to 46 stores in 2018.

Number of specialty stores

DATA SOURCE: ESRI

2018	2020	% CHANGE	STATE	HP 2030	WORSENER
20	18	-10.0%	N/A	N/A	

The number of specialty stores in Summit County decreased to 18 stores in 2020 compared to 20 stores in 2018.

Number of gas stations with convenience

DATA SOURCE: ESRI

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
134	147	+9.7%	N/A	N/A	

The number of gas stations with convenience stores in Summit County increased to 147 stores in 2021 compared to 134 stores in 2018.

Number of warehouses/supercenters

DATA SOURCE: ESRI

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
4	5	+25.0%	N/A	N/A	

The number of warehouses/supercenters in Summit County increased to 5 stores in 2021 compared to 4 stores in 2018.

Percent of population living in a food desert

DATA SOURCE: ESRI, SUMMIT COUNTY PUBLIC HEALTH, AMERICAN COMMUNITY SURVEY

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
8.7%	5.4%	-37.7%	N/A	N/A	

5.4% of the population in Summit County was living in a food desert in 2021. This decreased from 8.7% in 2018.

Community gardens

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2019	2022	% CHANGE	STATE	HP 2030	IMPROVED
81	66	-18.5%	N/A	N/A	

The number of community gardens throughout Summit County has decreased from 81 gardens in 2019 (66 of those in Akron City) to 66 gardens in 2022 (54 of those in Akron City)

Transportation

Percent of labor force that drives alone to work

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
85.0%	85.0%	0.0%	81.5%	N/A	

The percentage of the labor force that drives alone to work in Summit County remained at 85% in 2019.

Public transit usage/access

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	2019	% CHANGE	STATE	HP 2030	WORSENER
1.4%	1.1%	-21.4%	1.4%	N/A	

1.1% of Summit County residents used public transit and had access to it in 2019. This decreased from 1.4% in 2017.

Vehicle miles travelled (kDVMT)

DATA SOURCE: OHIO DEPARTMENT OF TRANSPORTATION

2017	2020	% CHANGE	STATE	HP 2030	WORSENE
15,985,000	13,185,000	-17.5%	281,984,000	N/A	

Based on the Ohio Department of Transportation data, the total vehicle miles traveled by vehicles in Summit County decreased from 16,016,000 miles in 2014 to 15,985,000 miles in 2017, and again to 13,185,000 in 2020. This 18% decrease was probably heavily influenced by the lockdowns and restrictions imposed by the COVID-19 pandemic.

Vehicle miles travelled (daily miles per capita) per 1,000 population

DATA SOURCE: OHIO DEPARTMENT OF TRANSPORTATION, AMERICAN COMMUNITY SURVEY

2017	2020	% CHANGE	STATE	HP 2030	WORSENE
29,601	24,415	-17.5%	24,152	N/A	

The vehicle miles traveled daily per 1,000 people decreased to 24,415 in 2020 from 29,601 in 2017.

Percent of abandoned commercial/ industrial buildings

DATA SOURCE: USPS, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

2019	2021	% CHANGE	STATE	HP 2030	WORSENE
38.0%	39.1%	+2.9%	36.0%	N/A	

The percent of abandoned commercial/industrial buildings in Summit County increased to 39.1% in 2021 compared to 38.0% in 2019.

Land Use

Number of current retail liquor licenses

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2019	2022	% CHANGE	STATE	HP 2030	N/A
2,958	3,015	+1.9%	N/A	N/A	

The number of retail liquor licenses in Summit County increased to 3,015 licenses in 2022 compared to 2,958 licenses in 2019.

Carry-out locations

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2019	2022	% CHANGE	STATE	HP 2030	N/A
391	437	+11.8%	N/A	N/A	

The number of carry-out locations in Summit County increased to 437 in 2022 compared to 391 in 2019.

Restaurants, bars and night clubs

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2019	2022	% CHANGE	STATE	HP 2030	N/A
598	693	+15.9%	N/A	N/A	

The number of restaurants, bars, and nightclubs in Summit County increased to 693 in 2022 compared to 598 in 2019.

Locations with Sunday sales

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2019	2022	% CHANGE	STATE	HP 2030	N/A
621	605	-2.6%	N/A	N/A	

The number of locations with Sunday sale liquor licenses decreased to 605 in 2022 compared to 621 locations in 2019.

Tobacco: primary retail outlets

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2019	2022	% CHANGE	STATE	HP 2030	WORSENER
25	33	+32.0%	N/A	N/A	

The number of primary tobacco retailers increased to 33 in 2022 compared to 25 in 2019. Data in the 2019 CHA cited 18 stores and has since been updated to reflect the correct data.

Tobacco: current tobacco licenses

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2019	2022	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
460	459	-0.2%	N/A	N/A	

The amount of tobacco licenses in Summit County decreased slightly to 459 licenses in 2022 compared to 460 licenses in 2019.

Stores that sell e-cigarettes/vapor products

DATA SOURCE: GOOGLE MAPS, GIS AND SC EPIDEMIOLOGY

2019	2022	% CHANGE	STATE	HP 2030	IMPROVED
29	22	-24.1%	N/A	N/A	

The number of stores that sell e-cigarettes/vapor products in Summit County decreased to 22 in 2022 compared to 29 stores in 2019.

Miles of trails/bike paths

DATA SOURCE: SUMMIT COUNTY METROPARKS

2019	2021	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
117.4	117.4	0.0%	N/A	N/A	

The miles of bike and hike trails in Summit County has remained the same from 2019-2021.

Recreation facilities per 100,000 residents

DATA SOURCE: ESRI

2018	2020	% CHANGE	STATE	HP 2030	IMPROVED
11.8	21.6	+83.3%	N/A	N/A	

The number of recreation and fitness facilities per 100,000 residents increased to 21.6 in 2020 compared to 11.8 facilities in 2018.

Recycling rate, including yard waste

DATA SOURCE: REWORKS SURVEY

2017	2019	% CHANGE	STATE	HP 2030	WORSENE
33.2%	30.6%	-7.8%	N/A	N/A	

The recycling rate including yard waste for the communities inside of Summit County decreased to 30.6% in 2019 compared to 33.2% in 2017.

Recycling rate, not including yard waste

DATA SOURCE: REWORKS SURVEY

2017	2019	% CHANGE	STATE	HP 2030	WORSENE
14.8%	12.9%	-12.8%	N/A	N/A	

The recycling rate not including yard waste for the communities inside of Summit County decreased to 12.9% in 2019 compared to 14.8% in 2017.

Industrial pollution (# of brownfield sites)

DATA SOURCE: OHIO EPA

2019	2022	% CHANGE	STATE	HP 2030	N/A
27	27	0.0%	N/A	N/A	

The number of brownfield sites did not change from 2019 to present. (Brownfields are abandoned/underutilized commercial or industrial properties contaminated with various hazardous substances.)

HEALTH OUTCOMES

Suicide

Middle school, seriously considered suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
13.0%	N/A	N/A	15.6%	N/A	

13.0% of middle school students seriously considered suicide in 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

High school, seriously considered suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
17.7%	N/A	N/A	15.6%	N/A	

17.7% of high school students either seriously considered suicide in 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

Middle school, attempted suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
6.9%	N/A	N/A	15.6%	N/A	

6.9% of middle school students attempted suicide in 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

High school, attempted suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
8.4%	N/A	N/A	15.6%	N/A	

8.4% of high school students attempted suicide in 2018. 2023 YRBS will launch later this year. There is no new data available at this time.

Birth Outcomes

Percent of babies born with low birth weight

DATA SOURCE: VITAL STATISTICS

2017	2020	% CHANGE	STATE	HP 2030	IMPROVED
9.3%	9.1%	-2.2%	8.6%	N/A	

9.1% of babies were born with low birth weight in 2020. This decreased from 9.3% in 2017. Summit County did not meet HP 2020 standards for this outcome of 7.8%.

Chronic Disease

Percent of adults who have diabetes

DATA SOURCE: COUNTY HEALTH RANKINGS

2015	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
11.0%	11.4%	+3.6%	10.0%	N/A	

11.4% of residents were classified as diabetic in 2020. This remained relatively unchanged compared to 11.0% in 2015.

Percent of adults who have diabetes (Type II)

DATA SOURCE: CENTERS FOR DISEASE CONTROL & PREVENTION

2019	2021	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
9.0%	11.3%	+25.6%	N/A	N/A	

11.3% of adults had a diagnosis of type II diabetes in 2021. This increased slightly from 9.0% in 2019 but the increase in percentage is not statistically significant.

Percent of high school students ever told they had asthma

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2018	2022	% CHANGE	STATE	HP 2030	N/A
20.4%	N/A	N/A	N/A	N/A	

In 2018, 20.4% of high school students reported they were ever told by a doctor or nurse that they had asthma. 2023 YRBS will launch later this year. There is no new data available at this time.

Percent of adults who have asthma

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
12.8%	10.4%	-18.8%	11.1%	N/A	

10.4% of Summit County adults with self-reported asthma decreased to 10.4% in 2020 compared to 12.8% in 2017.

ER visits for exacerbation of asthma (breathing) per 1,000

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	STATE	HP 2030	WORSENER
6.4	8.2	+27.5%	N/A	N/A	

The rate of ER visits that involve exacerbation per 1,000 grew to 8.2 visits in 2021 compared to 6.4 visits in 2018.

Percent of adults who have COPD

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
7.4%	8.3%	+12.2%	9.0%	N/A	

8.3% of adults self-reported having COPD in 2020 compared to 7.4% in 2017.

Breast cancer death rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
21.6	20.0	-7.4%	21.6	15.3	

The rate of individuals who died from breast cancer decreased to 20.0 persons per 100,000 cases in 2019-2021 compared to 21.6 persons per 100,000 cases in 2014-2018.

Colorectal cancer incidence rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
35.7	37.2	+4.2%	41.3	N/A	

The rate per 100,000 of individuals who have been diagnosed with colon cancer increased to 37.2 in 2019-2021 compared to 35.7 in 2014-2018.

Colorectal cancer death rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
14.9	13.8	-7.4%	14.8	8.9	

The rate per 100,000 of individuals who died from colorectal cancer decreased to 13.8 in 2019-2021 compared to 14.9 in 2014-2018.

Lung disease death rate (chronic lower respiratory) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
46.0	38.3	-16.7%	46.5	N/A	

The rate of individuals per 100,000 who died from lung disease decreased to 38.3 in 2019-2021 compared to 46.0 in 2014-2018.

Respiratory cancer death rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
43.3	41.5	-4.2%	36.7	25.1	

The rate of individuals per 100,000 who died from respiratory cancer decreased to 41.5 in 2019-2021 compared to 43.3 in 2014-2018.

Prostate cancer death rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
19.7	19.6	-0.5%	19.4	16.9	

The rate of individuals who died from prostate cancer stayed almost the same, declining to 19.6 in 2019-2021 compared to 19.7 in 2014-2018.

Cancer fatality rate (age-adjusted) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH RECORDS

2011-2015	2016-2021	% CHANGE	STATE	HP 2030	IMPROVED
172.6	169.1	-2.0%	169.4	122.7	

The rate of individuals who died from any type of cancer per 100,000 decreased to 169.1 from 2016-2021 compared to 172.6 2011-2015.

Percent of adults who have kidney disease

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
2.9%	3.1%	+6.9%	3.6%	12.8%	

3.1% of residents had kidney disease as of 2020. This increased slightly from 2.9% in 2017. Summit County did meet the HP 2020 goal of 13.3%.

Chronic kidney disease death rate (age-adjusted) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH RECORDS

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENE
8.6%	10.6%	+23.3%	14.1	N/A	

The age-adjusted chronic kidney disease death rate per 100,000 increased to 10.6% in 2019-2021 compared to 8.6% in the 2014-2018 period.

High cholesterol

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
36.5%	30.0%	-15.7%	30.6%	N/A	

30.0% of Summit County residents that were tested in 2020, had high cholesterol. This decreased from 36.5% in 2017.

Percent of adults who have heart disease

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
3.5%	4.9%	+40.0%	7.5%	N/A	

4.9% of Summit County residents suffer from heart disease as of 2020. This increased from 3.5% in 2017.

Heart disease death rate per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
177.4	193.4	+9.0%	196.9	71.1	

The death rate of individuals that suffered from heart disease in Summit County increased to 193.4 in 2019-2021 compared to 177.4 in 2014-2018.

Percent of adults who have high blood pressure

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
36.5%	33.6%	-7.9%	34.5%	27.7%	

36.6% of Summit County residents, who were tested in 2020, had high blood pressure. This increased from 36.5% in 2017.

Percent of adults who have a history of stroke

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
6.8%	3.9%	-42.6%	3.9%	N/A	

3.9% of Summit County residents have ever suffered from a stroke or were told that they had one in 2020, a decrease from 6.8% in 2017.

Stroke death per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
39.3	38.2	-2.8%	45.3	33.4	

The rate of stroke deaths per 100,000 residents decreased slightly to 38.2 in 2019-2021 compared to 39.3 in 2014-2018.

Percent of adults who have Alzheimer's disease

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
35.3	45.1	+27.8%	45.1	N/A	

The rate of Alzheimer's disease or dementia deaths per 100,000 increased to 45.1 in 2019-2021 compared to 35.3 in 2014-2018.

Percent of adults who have arthritis

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
27.2%	27.3%	+0.4%	28.2%	N/A	

27.3% of adults had arthritis as of 2020. This was almost unchanged compared to 27.2% in 2017.

Percent of adults stating they were in fair or poor health

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2018	2020	% CHANGE	STATE	HP 2030	NO SIGNIFICANT DIFFERENCE
17.7%	18.9%	+6.8%	15.4%	N/A	

18.9% of adults said that they were in fair or poor health in 2020 which was an increase from 17.7% in 2018. Even though these differences aren't statistically significant, the negative trend is one to watch going forward into the post-pandemic years.

Communicable Disease

COVID-19 infection rate per 100,000

DATA SOURCE: Ohio Disease Reporting System

2020	2021	% CHANGE	STATE	HP 2030	WORSENE
5,426.2	11,838.8	+125.7%	11,446.4	N/A	

COVID-19 infection rates increased from its first year total in 2020 of 5,200 per 100,000 to nearly 12,000 per 100,000 in 2021. The year 2021 saw COVID-19 cases rise near the end of a surge that began in late 2020 as well as the Delta and Omicron waves that hit in July and November 2021.

COVID-19 hospitalization rate per 100,000

DATA SOURCE: Ohio Disease Reporting System

2020	2021	% CHANGE	STATE	HP 2030	IMPROVED
96.3	73.3	-23.9%	4,260.3	N/A	

COVID-19 hospitalization rates declined even as cases increased between 2020 and 2021, decreasing from 96.3 to 73.3 per 100,000.

Percent of COVID-19 hospitalizations that were admitted to an intensive care unit (ICU)

DATA SOURCE: Ohio Disease Reporting System

2020	2021	% CHANGE	STATE	HP 2030	IMPROVED
20.3%	16.4%	-19.2%	N/A	N/A	

20% of hospitalized COVID-19 cases were admitted to an intensive care unit (ICU) in 2020. The percent of ICU admission for COVID-19 decreased in 2021 to just over 16%.

COVID-19 fatality rate per 100,000

DATA SOURCE: Ohio Disease Reporting System

2020	2021	% CHANGE	STATE	HP 2030	IMPROVED
163.6	158.8	-2.9%	162.9	N/A	

The crude fatality rate was 163.3 per 100,000 in 2020 and decreased slightly to 158.8 per 100,000 in 2021. Those figures make COVID-19 the third leading cause of death in both 2020 and 2021. More than 1,900 people have died of COVID-19 since it first hit the community in 2020.

COVID-19 fully vaccination rate per 1,000

DATA SOURCE: Ohio Disease Reporting System

2020	2021	% CHANGE	STATE	HP 2030	IMPROVED
590.4	618.3	+4.7%	577.8	N/A	

The rate of fully vaccinated against COVID-19 per 1,000 was 618.3 in 2021, a slight increase from 590 in 2020. The number of Summit County residents getting vaccinated peaked in April of 2021. COVID-19 vaccinations decreased sharply after that time, but have continued at a slow but steady pace. Since the beginning of the pandemic, over 335,000 Summit County residents have been vaccinated; 62% of the total population.

All communicable diseases tracked by SCPH per 100,000 (without COVID)

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
1,301.5	1,113.8	-14.7%	N/A	N/A	

The rate of all communicable diseases (excluding COVID-19) tracked by Summit County Public Health per 100,000 decreased to 1,113.8 in 2021 compared to 1,301.5 in 2018. If COVID-19 was included in these calculations, the rate in 2021 would have been 12,993.6 per 100,000 and the percent change would have been +898.3%.

Number of people living with HIV/AIDS per 100,000

DATA SOURCE: HIV/AIDS SURVEILLANCE PROGRAM, OHIO DEPARTMENT OF HEALTH (ODH)

2017	2020	% CHANGE	STATE	HP 2030	WORSENE
178.3	198.4	11.3%	214.6	N/A	

The number of people living with HIV/AIDS per 100,000 residents in Summit County increased to 198.4 in 2020 compared to 178.3 in 2017. This increase could be due to the number of new infections, individuals who are HIV positive who have moved to Summit County, as well as representing the longevity of people living with HIV/AIDS due to medical advances.

Influenza and pneumonia deaths per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH RECORDS

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
32.3	10.1	-68.7%	13.9	N/A	

The death rate from influenza and/or pneumonia decreased to 10.1 per 1,000 during the 2019-2021 period compared to 32.3 per 1,000 during the 2014-2018.

Viral meningitis cases per 100,000

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
6.5	1.5	-76.9%	5.5	N/A	

The rate of aseptic / viral meningitis cases per 100,000 residents in Summit County decreased significantly to 1.5 cases per 100,000 in 2021 compared to 6.5 per 100,000 in 2018.

Number of cases of vaccine preventable diseases per 100,000 (excluding COVID-19)

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
233.1	39.2	-83.2%	N/A	N/A	

Vaccine preventable disease cases per 100,000 residents in Summit County decreased significantly to 39.2 in 2021 compared to 233.1 in 2018. If COVID-19 were included in these calculations, then the rate would be 11,919.1 and the percent increase would be +5,013.3%

Number of enteric disease cases per 100,000

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2018	2021	% CHANGE	STATE	HP 2030	IMPROVED
62.9	47.6	-24.3%	N/A	N/A	

Enteric disease cases per 100,000 residents in Summit County decreased to 47.6 in 2021 compared to 62.9 in 2018.

Injury

Motor vehicle accident deaths per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2014-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENE
6.2	8.9	+43.5%	9.9	10.1	

Accidental motor vehicle deaths per 100,000 increased to 8.9 deaths in the 2019-2021 period compared to 6.2 deaths in the 2014-2018 period.

Percentage of ED visits due to unintentional injury

DATA SOURCE: EPICENTER

2018	2021	% CHANGE	USA	HP 2030	NO SIGNIFICANT DIFFERENCE
15.3%	15.3%	0.0%	17.8%	N/A	

15.3% of ER visits were due to unintentional injury in 2018 and 2021.

Premature Death

Years of potential life lost (YPLL) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2016-2018	2018-2021	% CHANGE	STATE	HP 2030	WORSENE
9,050.0	9,534.0	++5.3%	8,851.0	N/A	

Years of potential life lost per 100,000 increased to 9,534 per 100,000 in 2021 compared to 9,050 in 2018. The COVID-19 pandemic was the main driver behind the increase.

Suicide rate (youth and adults) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2017	2019-2021	% CHANGE	STATE	HP 2030	IMPROVED
16.7	15.6	-6.6%	14.7	12.8	

The suicide rate per 100,000 youth and adults in Summit County decreased to 15.6 in 2019-2021 compared to 16.7 in 2017.

Overall Life Expectancy

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2016-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
77.1	75.9	-1.6%	76.5	N/A	

The overall life expectancy decreased to 75.9 in 2019-2021 compared to 77.1 in 2016-2018. The COVID-19 pandemic and drug overdose deaths were the two biggest drivers reducing life expectancy.

Female Life Expectancy

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2016-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
79.8	78.8	-1.3%	N/A	N/A	

The life expectancy for females has decreased to 78.8 years in 2019-2021 compared to 79.8 in 2016-2018.

Male Life Expectancy

DATA SOURCE: OHIO DEPARTMENT OF HEALTH (ODH) DEATH CERTIFICATES

2016-2018	2019-2021	% CHANGE	STATE	HP 2030	WORSENER
74.4	72.9	-2.0%	N/A	N/A	

The life expectancy for males has decreased to 72.9 in 2019-2021 compared to 74.4 in 2016-2018. COVID-19 and drug overdoses being the biggest drivers.

Child mortality rate per 100,000

DATA SOURCE: CENTERS FOR DISEASE CONTROL & PREVENTION, OHIO DEPT. OF HEALTH

2010-2013	2016-2019	% CHANGE	STATE	HP 2030	N/A
60.0	60.0	0.0%	60.0	N/A	

The child mortality rate is 60.0 per 100,000 for the years 2016-2019.

Infant Mortality

Infant mortality rate per 1,000 live births

DATA SOURCE: VITAL STATISTICS

2008-2017	2018-2021	% CHANGE	STATE	HP 2030	IMPROVED
7.3	6.4	-12.3%	6.9	5.0	

The infant mortality rate is the rate of infant deaths per 1,000 live births. The infant mortality rate decreased to 6.4 in the 2018-2021 period compared to 7.3 per 1,000 births during the 2008-2017 period. Summit County did not reach the HP 2020 standard for this outcome of 6.0.

Black infant mortality rate per 1,000 live births

DATA SOURCE: VITAL STATISTICS

2017	2018-2021	% CHANGE	STATE	HP 2030	WORSENE
13.7	13.8	+1.1%	14.3	N/A	

The Black infant mortality rate is the rate of infant deaths per 1,000 live births for Black individuals. The Black infant mortality rate stayed steady from 2018-2021, at 13.8 per 1,000 births. However, the disparity between Black and White births remains high, with the infant mortality rate for Black births being more than double (13.8 per 1,000) than the overall rate (6.4 per 1,000).

Neonatal infant mortality rate (0-28 days)

DATA SOURCE: VITAL STATISTICS

2017	2018-2021	% CHANGE	STATE	HP 2030	IMPROVED
4.7	4.1	-12.8%	4.6	4.1	

The neonatal infant mortality rate is the rate of infant deaths per 1,000 live births for infants 0-28 days old. The neonatal infant mortality rate has decreased to 4.1 in the 2018-2021 period (the same rate as HP 2020) compared to 4.7 deaths in 2017.

Post-neonatal infant mortality rate (28-364 days)

DATA SOURCE: VITAL STATISTICS

2017	2018-2021	% CHANGE	STATE	HP 2030	IMPROVED
2.7	2.3	-14.8%	2.3	2.0	

The post-neonatal infant mortality rate is the rate of infant deaths per 1,000 live births for infants between the age of 28 and 364 days old. The rate decreased to 2.3 in the 2018-2021 period compared to 2.7 deaths in 2017.