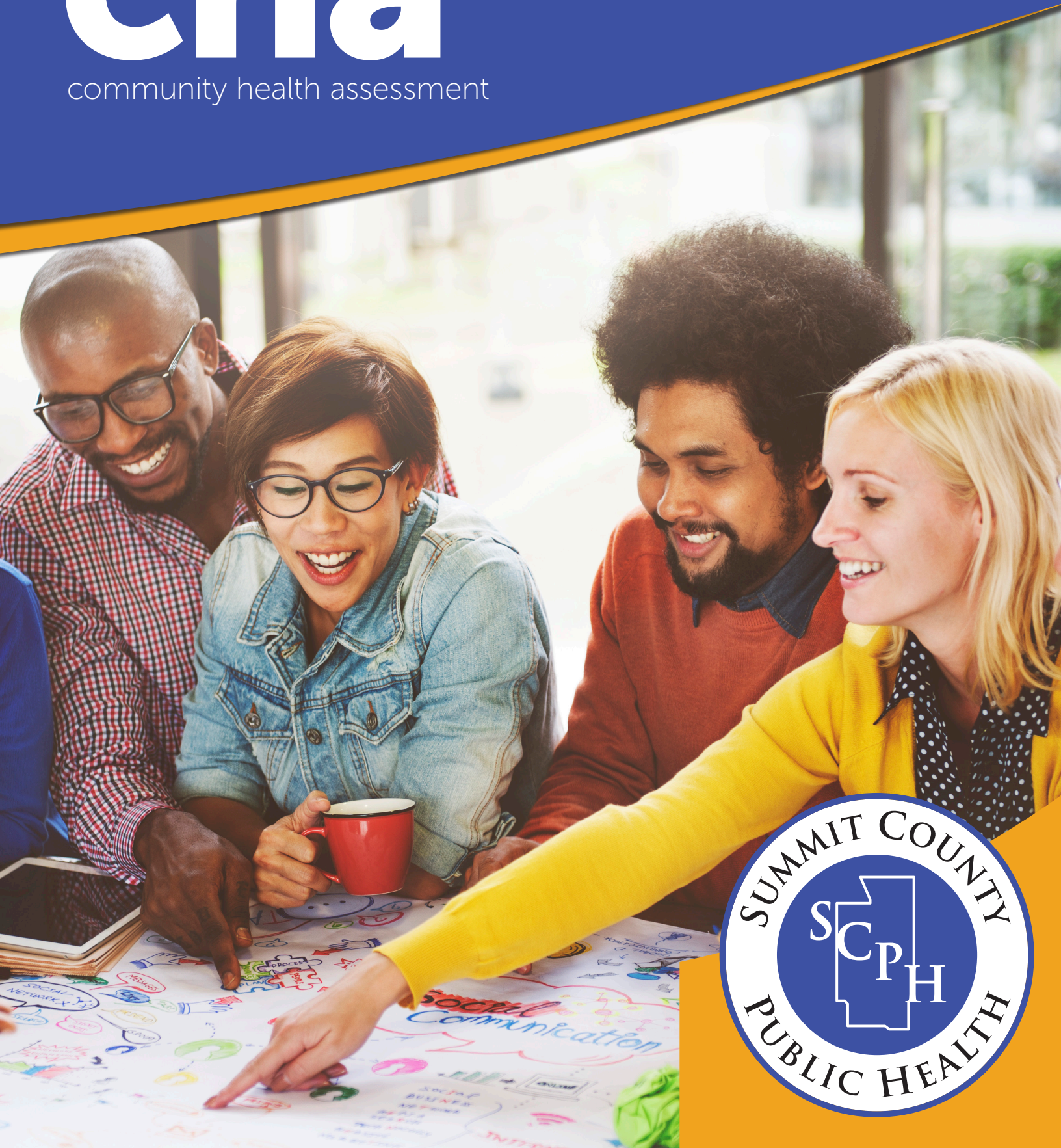


S U M M I T C O U N T Y , O H I O

2019

# cha

community health assessment



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## acknowledgements



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

Akron Area YMCA  
Akron Canton Regional Foodbank  
Akron Children's Hospital  
Akron Metropolitan Area Transportation Study  
Akron Metropolitan Housing Authority  
Akron Region Interprofessional Area Health Education Center  
Akron Summit Community Action, Inc.  
Akron Summit County Public Library  
American Cancer Society  
Asian Services in Action, Inc.  
AxxessPointe Community Health Center  
Child Guidance and Family Solutions  
City of Akron  
Cleveland Clinic Akron General  
Community Health Center  
Community Legal Aid  
County of Summit  
County of Summit Alcohol Drug Addiction and Mental Health Services Board  
Hattie Larlham  
Infoline, Inc.  
International Institute of Akron  
Mature Services  
Mustard Seed Market & Café  
Northeast Ohio Medical University  
Ohio Guidestone  
Open M  
OSU Extension  
Project Learn of Summit County  
Summa Health System  
Summit County DD Board  
The Blick Center  
The Ohio Affiliate of Prevent Blindness  
U.S. Representative Marcia Fudge  
U.S. Senator Sherrod Brown  
United Way of Summit County

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# INTRODUCTION TO THE 2019 CHA

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 2019 CHA includes nearly 200 indicators and thirteen call out sections that dive deeper into Summit County's Community Health Improvement Plan (CHIP) priority areas. These areas are: Adolescent Health, Aging Population, Chronic Disease, Maternal & Infant Health and Mental Health & Addiction.

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.

Good health starts with people taking care of themselves; eating good food

and exercising, not smoking, getting all recommended immunizations and screenings, and seeing a doctor when sick or injured.

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 clean water, food and air, and effective and affordable health care.

The report that follows contains a great deal of statistics. Collectively, they show the complex web of personal, social, economic and environmental factors that help determine at a community-wide level who is healthy and who is unhealthy. But

statistics alone do not tell the whole story. Health outcomes improve by combining individual commitment to healthier living with a commitment to the design and implementation of effective programming by public agencies and their private, non-profit, and faith-based partners.

In addition to statistics, this report highlights several critical 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 2019 CHA and 2020 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.

## 2017 CHIP Priority Areas

### Chronic Diseases

Chronic diseases and conditions such as heart disease, stroke and diabetes, are among the most common, costly and preventable of all health problems. Chronic conditions are overwhelmingly caused by health risk factors such as obesity and smoking. Policy, systems and environmental strategies, as well as addressing the social determinants of health can make a large impact on risk factors, and the ultimate progression to chronic disease.

### Adolescent Health

Adolescence is a unique developmental time in the lifespan of every individual.

Many lifestyle behaviors that contribute to or reduce risk for chronic disease and disability in adulthood are developed in adolescence.

### Maternal & Infant Health

The Infant mortality rate is one of the most reliable indicators of the overall well-being of a community. Summit County continues to struggle with a high infant mortality rate and an increasing disparity in birth outcomes by race.

### Aging Population

It is estimated that there are 10,000 older adults who turn 65 every day in the United States, a trend that is expected to continue

for the next decade and beyond. There are several implications for a growing population of older adults, but particularly of concern is the need for capacity among service providers to address the growing need.

### Mental Health & Addiction

Positive mental health is associated with a number of improved health outcomes. Inversely, mental health disorders, especially depressive disorders, are strongly related to the occurrence of chronic disease. Poor mental health also increases the risk of addiction to both legal and illegal substances.



## 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*

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

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

### *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.

## Community Resources

There are a wide variety of resources in Summit County that are available to respond to the health needs of the community identified in this CHA. These include:

- Access, Inc.
- Akron Canton Regional Foodbank
- Akron Children's Hospital



- Akron Metropolitan Housing Authority
- Akron Summit County Public Library
- Akron Urban League
- Akron Zoo
- Alzheimer's Association
- American Academy of Pediatrics, Ohio Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Asian Services in Action, Inc.
- AxessPointe Community Health Center
- Blick Center
- Child Guidance & Family Solutions
- Children's Hospital Association
- Cleveland Clinic Akron General
- Coleman Professional Services
- Community Action Akron Summit
- Community Health Center
- Community Legal Aid
- County of Summit
- County of Summit Alcohol, Drug Addition & Mental Health Services Board
- Direction Home
- Fair Housing Contact Services
- Faithful Servants Care Center
- Greenleaf Family Center
- Haven of Rest Ministries
- InfoLine 2-1-1
- International Institute
- Let's Grow Akron
- March of Dimes
- Ohio Guidestone
- Open M
- Portage Path Behavioral Health
- Project Learn
- Salvation Army
- Stark State
- Summa Health
- Summit Board of Developmental Disabilities
- Summit County Children's Services
- Summit County Department of Job and Family Services
- Summit County Public Health
- Summit Food Coalition
- Summit MetroParks
- United Way of Summit County
- University of Akron
- Vantage Aging



# DEMOGRAPHICS

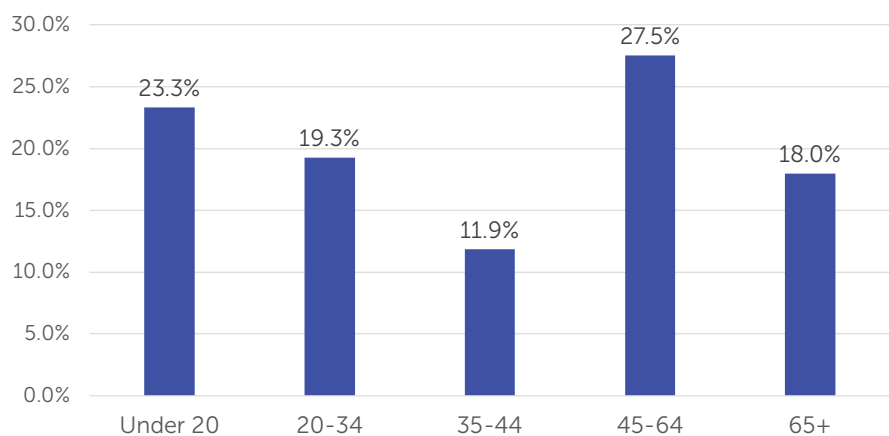
## Summit County

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 2018, it had approximately 541,918 residents, making it the 4th most populous county in Ohio. The county seat is Akron housing almost 37% of the county's population. Summit County has world renowned medical facilities, two universities, and beautiful parks and churches.

## Age and Gender

The largest proportion of Summit County residents are between ages of 45 to 64 followed by those 18-34 and under 18 years of age. The smallest age group in the county is 35-44 making up about 12% of the population. The median age is 41 years which is unchanged since the 2016 CHA. Gender distribution has also remained steady within the county with 51% females and 49% males.

Summit County age distribution, 2018



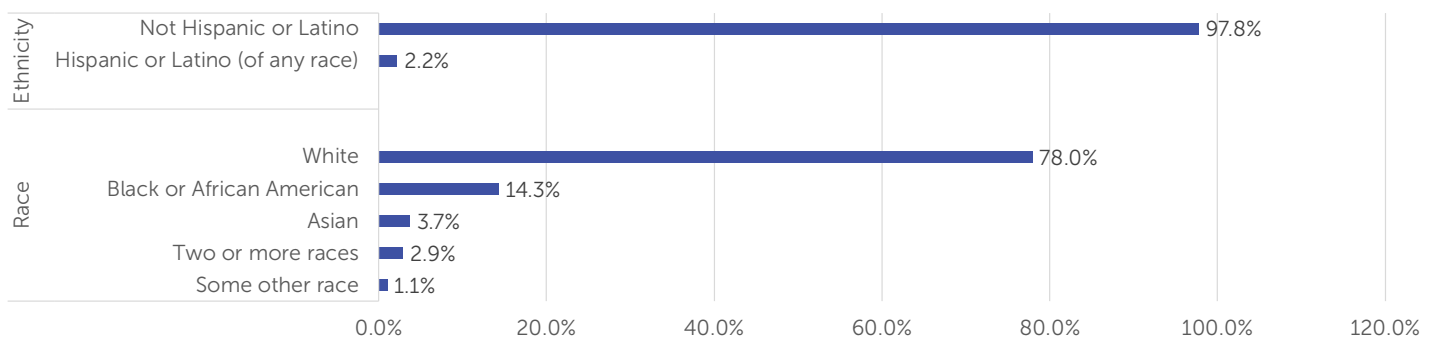
Source: 2018 ACS 1-year estimates

## Race, Ethnicity and Nativity

The majority 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% of the population identify as Hispanic or Latino.

Additionally, 5.2% of Summit County residents are foreign born. Seven percent of residents 5 years of age and older speak a language other than English at home and 2.8% of residents 5 years of age or older speak English less than "very well".

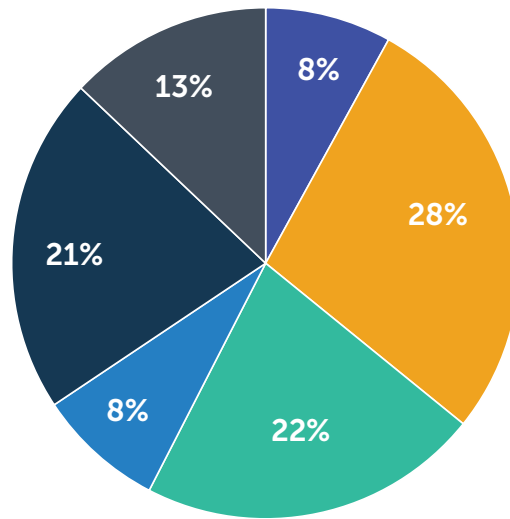
Summit County race & ethnicity distribution, 2018





### Education

Ninety-two percent of Summit county residents (25 years and older) have a degree equal to or higher than a high school diploma, and 34.3% of residents have a bachelor's degree or higher. Many residents have a high school degree as their highest level of education accounting for nearly 28% of residents. This is closely followed by those with some college and no degree and those with a bachelor's degree accounting for approximately 22% and 21% of residents respectively.



Summit County education distribution, 2018

- Less than a high school degree
- High school graduate (includes equivalency)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

### Income & Poverty

The majority of Summit County residents 15 years of age and older have an annual income between \$25,000 and \$49,999. The median income county income has increased since the 2016 CHA from approximately \$27,615 to \$31,405. Additionally, the percentage of individuals in 2018 living below 100% of the poverty level (\$12,140 in 2018) decreased from the previous CHA to nearly 12%. Families living below the poverty level also decreased from 10.1% in 2015 to 7.7%.



# OUR METHODOLOGY

## The MAPP Process

The 2019 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.

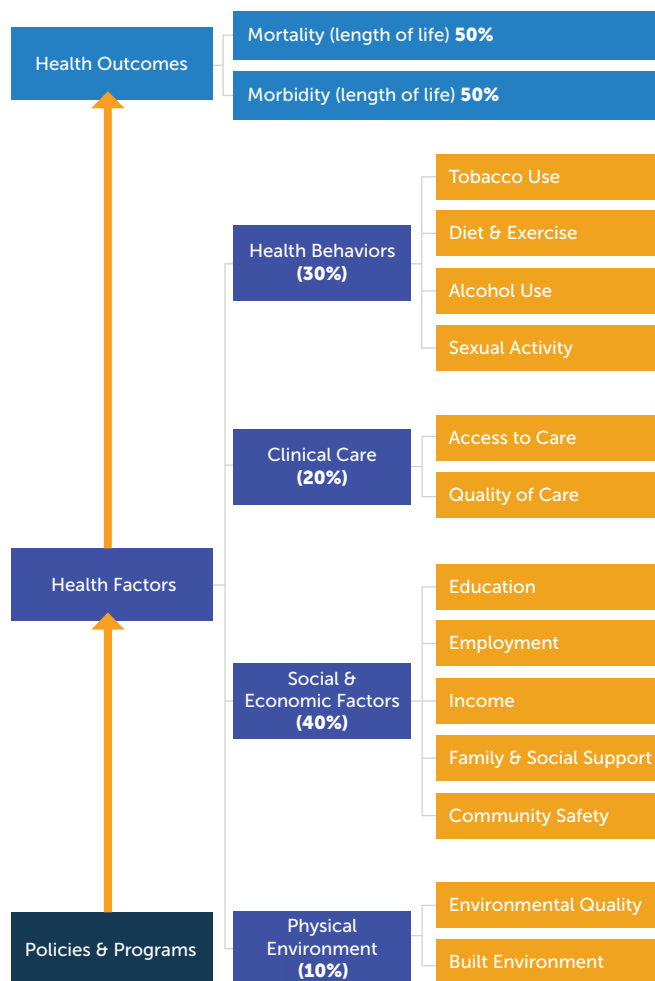
## Indicator Selection

The 2019 CHA indicators were selected with the assistance and guidance of SCCHI during an intensive year-long planning process in 2016 and refined in 2018 based on availability of data. SCCHI organized into four subcommittees: Clinical, Health Behaviors, Social/Economic and Physical Environment to discuss and propose indicators for this assessment. The entire SCCHI coalition then reconvened to select the final list of indicators.

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 produce desirable (or undesirable) outcomes in a community's health and quality of life.

## 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



COUNTY HEALTH RANKINGS MODEL ©2012 UWPHI

## 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 2019 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.



## community perspectives

Qualitative data collected through surveys, focus groups and community meetings are utilized to gather information about how Summit County leaders and residents experience the health outcomes and community conditions that affect quality of life. This information can provide additional context to quantitative data and help to strategically inform improvements.



# Engaging Our Partners & Community

SCPH conducted surveys and focus groups with both community leaders and residents to supplement quantitative data sources and determine strengths, opportunities weaknesses and threats to the health of Summit County residents.

## COMMUNITY THEMES & STRENGTHS

The Community Themes and Strengths survey was completed during focus groups with community leaders and community members in the spring of 2019. The following list represents a compiling of these conversations.

### QUESTION: What makes you most proud of our county?

Summit County residents were most proud of the people, art, music and culture, as well as a rich history of economic opportunities and development. Residents and community leaders acknowledged the progressive built environment changes that are intended to spur development. Summit County is home to many community resources such as the public libraries, community learning centers, universities, healthcare resources, and many parks and green spaces.

Category	Percent
People (diversity, pride, collaboration)	23%
Art, music & culture	20%
Economic opportunities & development	15%
Community resources	14%
Healthcare resources	11%
Parks & green space	11%
Educational opportunities	8%

### QUESTION: What do you believe is keeping our county from doing what needs to be done to improve health and quality of life?

Lack of collaboration and alignment included data sharing challenges, a lack of coordination between partners and service gaps for vulnerable populations. Resource constraints included reductions in funding, needing to do more with less, and struggles among vulnerable populations to secure safe and affordable housing and adequate insurance coverage. Population challenges included a lack of community engagement, loss of family infrastructure, shifts in population demographics and language barriers.

Category	Percent
Lack of collaboration or alignment	40%
Resource constraints	38%
Population challenges	21%



## FORCES OF CHANGE

The Forces of Change Assessment was completed by both community leaders and community members in the spring of 2019. The following list represents the most critical forces of change that were identified through the selection process.

**QUESTION: What broad events, trends, and factors do you believe will most affect health and quality of life in Summit County over the next several years?**

Lack of collaboration and alignment included data sharing challenges, a lack of coordination between partners and service gaps for vulnerable populations.

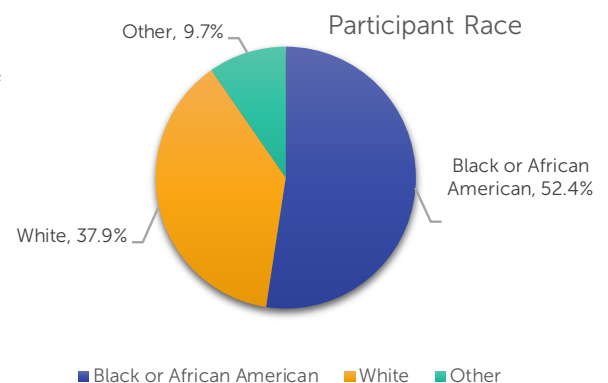
Category	Percent
Political landscape	22%
Substance use (medical marijuana, children born to opiate addicted mothers entering school)	16%
Cultural/Lifestyle changes (social media's effect on health)	14%
Built/physical environment (climate change, infrastructure change)	12%
Demographic changes (aging population, refugee population)	10%
Social issues (homelessness, youth violence, social justice)	10%
Education	8%
Economic landscape	6%

## COMMUNITY SURVEY

SCPH attended the Metro Minority Health Fair event held by the Office of Minority Health. At the event, SCPH passed out detailed surveys in which the participants received incentives for their participation. SCPH collected a total of 127 completed surveys. Data collected from the surveys was analyzed by SCPH epidemiology. The following summarizes data collected during this event.

### Race

Survey results showed the majority of the participants identified as Black or African American representing a percentage of 52.4%. The participants that identified as White and other represented 37.9% and 9.7% respectively.



### Gender

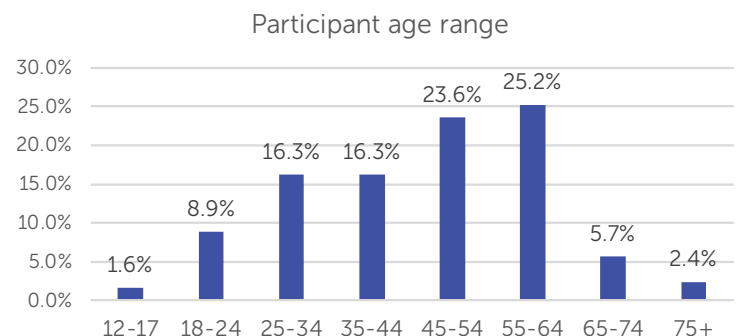
The gender data was divided as follows 56.6% female, 42.5% male, and 0.8% transgender.

### Age

A wide age range of participants were surveyed, with roughly half of participants falling between ages 45 and 64.

### Income

Over 80% of survey participants reported income under \$20,000 annually. Though this is not representative of the overall population, it overrepresents a subset of the population which experience the most significant barriers to care.



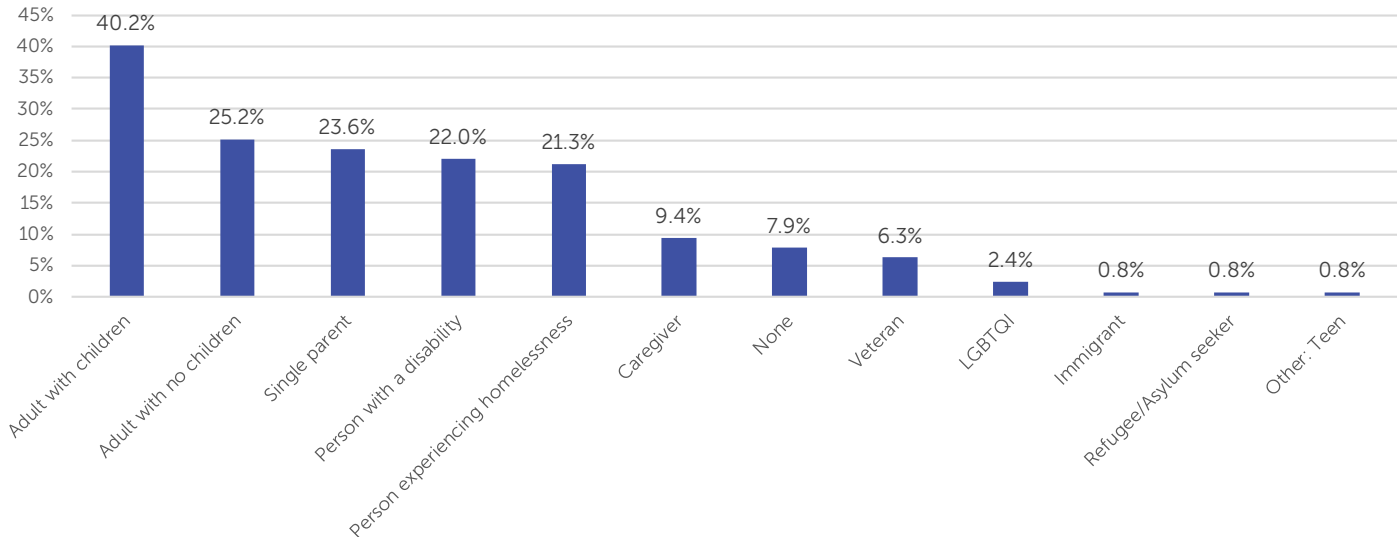


## Education

The education breakdown showed that 47.2% of participants have a diploma or GED, 25.2% of participants have less than a high school education, and 23.6% of participants had either enrolled in college or acquired an associate's degree/college degree.

## Other Identifying Characteristics

The majority of the participants surveyed identified themselves as an adult with children equaling around 40.2%, adults with no children followed behind with 25.2%, and single parents came in third with 23.6%.



## Mental & Physical Health Ratings

The participants' mental and physical health ratings showed that the majority of participants feel that their health is good or fair.

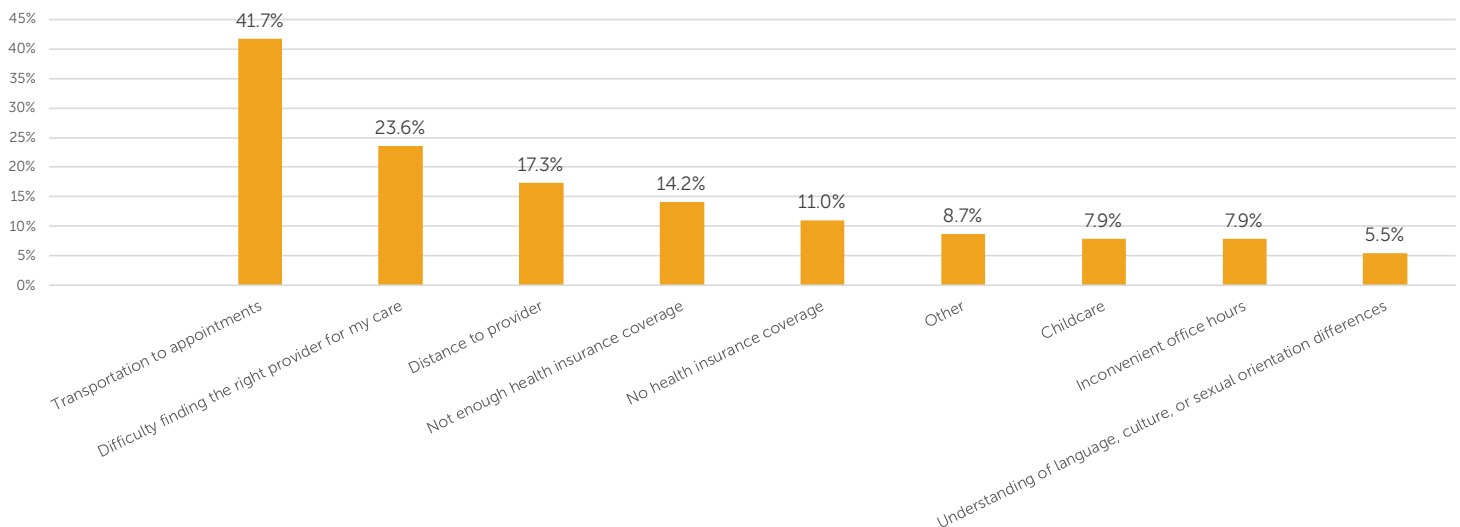
## Frequency of Services, Financial Ability & Trust

The next few questions were rated using a never, sometimes, and always system. Nearly 47% of participants felt that they can sometimes get the mental health services that they need whereas 43.4% felt that they could always acquire needed services. The next question discussed trust or the lack thereof in participants' communities, 61.3% said that they felt people in their communities sometimes can trust one another, and 20.5% felt that people in their communities can never trust one another.

## Healthcare Access & Availability

As for healthcare, 52.8% of participants have Medicaid, 31.5% have Medicare, and 11.8% have health insurance purchased by a family member or by themselves. Forty-one percent of participants felt that transportation was their biggest barrier in accessing healthcare with a percentage. Approximately 24% stated a difficulty in finding the right provider for care option and 17.3% identified the distance to provider were barriers to access.

What are your biggest barriers to accessing healthcare in your community?





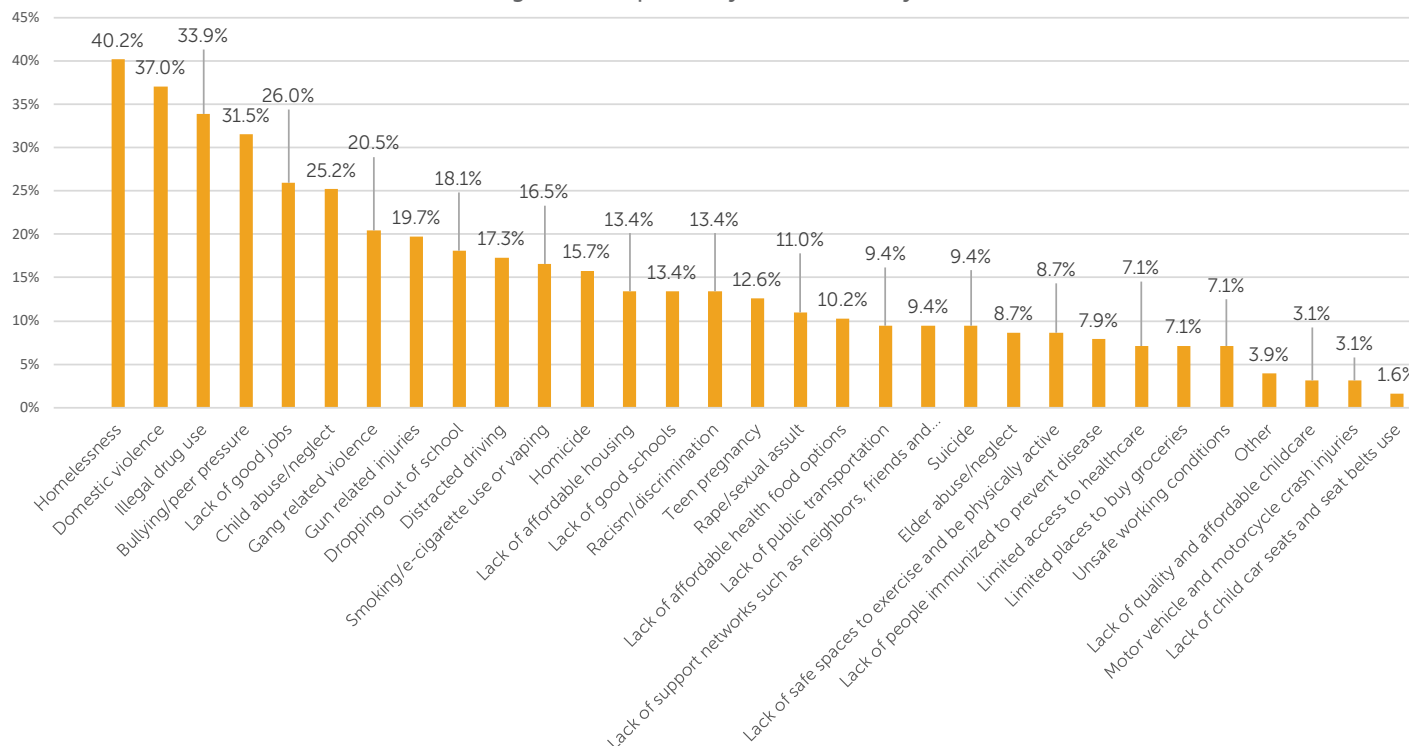
## Strengths & Weaknesses

Interestingly enough, participants also felt that access to public transportation was the greatest strength to their community with a total percentage of 44.1%. Access to parks and recreation sites as well as access to public libraries /community centers followed with 30.7%, respectively. On the other end of the strengths question, SCPH noticed the majority of people felt Summit County is not a good place to raise children; participants identified the high crime activity and lack of senior services as a weaknesses.

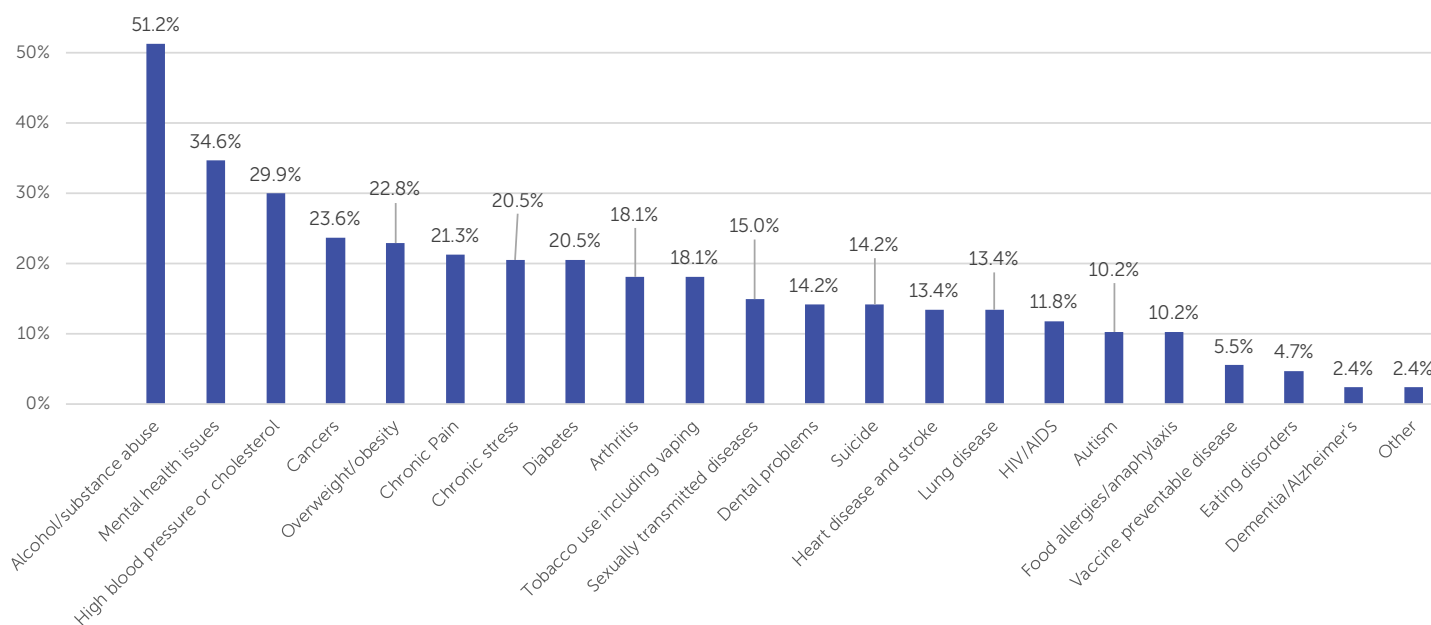
## Perceived Community Health Issues

The issues having the greatest impact on the communities' health question received interesting results. Homelessness was ranked as the greatest impact on health and wellness at 40.2%, domestic violence was next at 37.0%, and illegal drug use came in third at 33.9%.

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



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

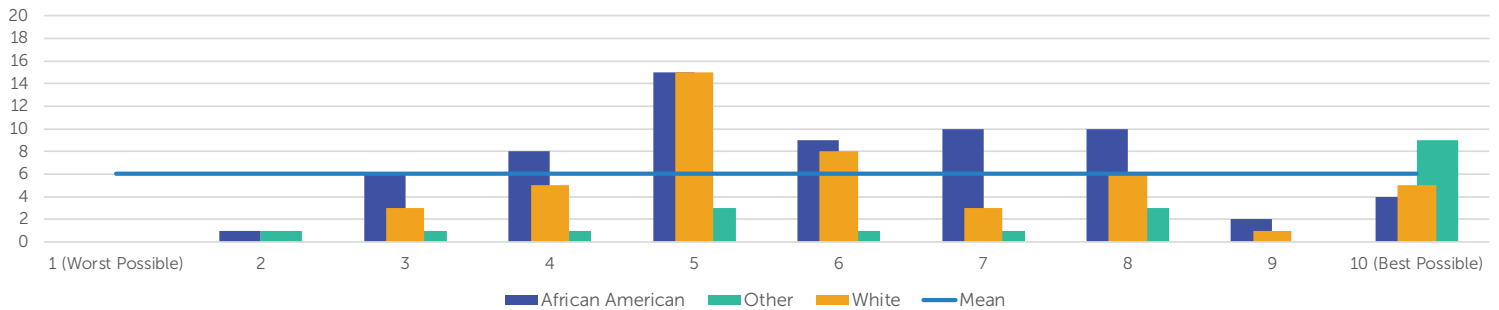




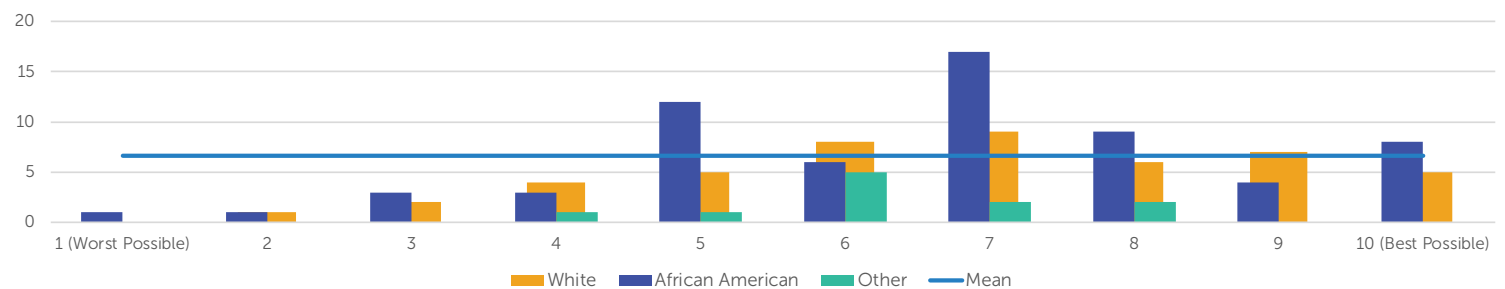
## Ratings of Community Health, Personal Health, Future Health, & Personal Financial Wellness

The last question asked individuals to rate their communities' health in general, their own personal standing, their future standing, and their current financial standing, each on a scale of 1 to 10 with 1 being the worst possible and 10 being the best possible. The following show the results of those questions.

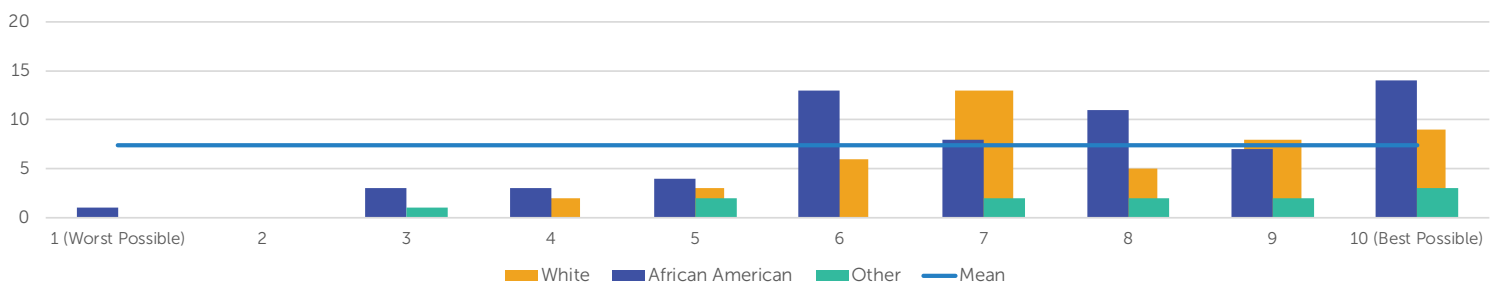
Rate the health of your community



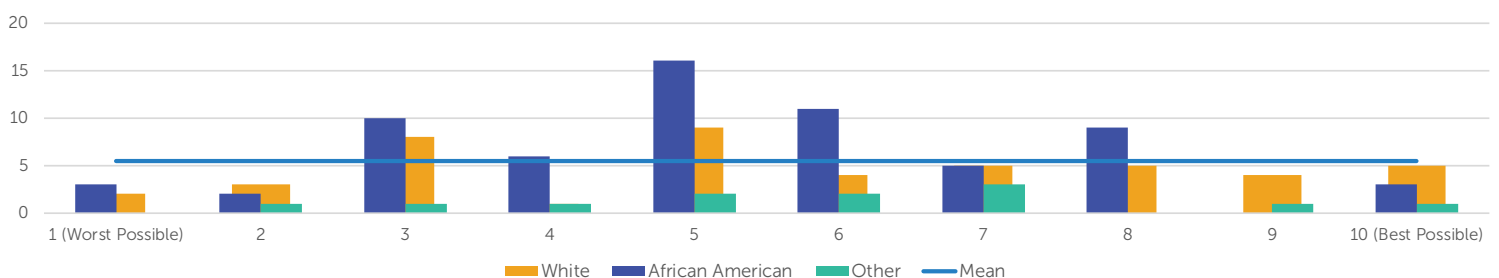
Indicate where on the ladder you feel you personally stand right now



On which step do you think you will stand about five years from now



Indicate where on the ladder you stand in regards to your financial situation





## key findings

The data presented in this report paints a clear picture of the health outcomes of our community. This section outlines those key findings, as well as the factors that influence them.



# Summary Of Key Findings

Good health comes from a combination of people taking care of themselves and of 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 collective health of our citizens?

## HEALTH OUTCOMES OF CONCERN

Trends in several key health outcomes have emerged that are either unsatisfactory and / or moving in the wrong direction. These include:

### SUICIDE

Thanks in part to increased efforts at targeting at-risk children and teens over the past three years, the percent of middle and high school students who attempted suicide dropped from 10% in 2013 to 8% according to the 2018 Youth Risk Behavior Survey (YRBS). However, additional data from the YRBS shows that the danger to our children is far from over. 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 (i.e., depressive sadness) rose from 29% in 2013 to 34% in 2018. Efforts to help at-risk teens will need to expand if we hope to keep the rising levels of depressive sadness among our youth from progressing into future suicide attempts.

Suicide remains an adult problem 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 trending upward since 2010.

### COMMUNICABLE DISEASE

At the time of the 2016 CHA, rates of HIV/AIDS, vaccine-preventable diseases, and the total number of communicable disease cases that must be reported to the state all rose between the base year and 2016. Chlamydia and gonorrhea infection rates both increased, as did the incidence of HIV/AIDS. Unfortunately, each of those categories have continued to increase between 2016 and 2018. Rates of Hepatitis A infections related to IV drug use have also grown significantly during the past year.

### LIFE EXPECTANCY

Finally, life expectancy has been declining. Overall life expectancy at birth in Summit County dropped from 78.3 years between 2007 and 2013 to 77.6 years from 2014 to 2018; a decrease of 1.7 years. The increase in drug overdose deaths over the past several years is the main driver of this decrease. The number of drug overdose deaths between 2007 and 2013 averaged about 64 per year, but rose to an average of 189 per year between 2014 and 2018. If the number of drug overdose deaths had remained the same between 2014 and 2018 as the average between 2007 and 2013, life expectancy at birth would have been 3.5 months higher. To put that figure into perspective, in order for heart disease (the county's #1 cause of death) to produce the same 3.5 month decline in life expectancy by itself in just five years, heart disease deaths would have to rise by 26%.

A related measure, years of potential life lost (YPLL) increased by 5% from 2008 to 2015. This indicator measures premature death; that is, the collective years of life lost by people who die before their normal life expectancy (considered to be age 75 by this indicator). By either measure, Summit County residents are not living as long as they used to, nor as long as they should be.



## CONTRIBUTING FACTORS

What factors are behind the health outcomes in our 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

Though smoking is declining, and the dangers of smoking have been common knowledge for a long time, nearly one-in-five Summit County residents still smoke. Comparing youth and adult smoking rates, the rates tend to increase as age increases, from 1.9% of middle school students reporting they are current smokers, to 5.8% of high school students reporting the same, up to the 20% of adults who say they are also current smokers. Cigarette smoking among high school students has dropped significantly in the past five years, from 13.5% in 2013 to 5.8% in 2018. Despite the decline in traditional tobacco use, there has been an increase in the use of e-cigarettes and other vaping products. The number of people using e-cigarettes such as Juul, which only entered the mass market within the past decade, has been growing rapidly. According to the National Youth Tobacco Survey, "current e-cigarette use increased from 1.5% (220,000 students) in 2011 to 20.8% (3.05 million students) in 2018."<sup>1</sup> The growth in e-cigarette use has been no less explosive in Summit County.

Nearly one-quarter of Summit County adults have tried an e-cigarette at least once (22.8%) according to the 2017 Behavioral Risk Factor Surveillance Survey. The 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 has already penetrated far down the age scale, 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 drive down 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.<sup>2</sup> In addition, evidence is mounting that teens who use e-cigarettes in the short-term are more likely than those who don't to become cigarette smokers in the long-term.

As of this writing, little 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.<sup>3</sup> Other than an outbreak of a highly-contagious disease or the overdose epidemic, few public health threats have the potential to harm as many people as quickly as e-cigarettes.

#### Physical activity

One-in-four Summit County residents still report being physically inactive, despite the fact that nearly everyone has access to at least some exercise opportunities (96%). At the same time, the percent of adults who are obese rose from one-in-four in 2016 to nearly one-in-three in 2018 (30.9%). High school and middle school obesity also increased from 2013 to 2018.

#### Alcohol use

About one-in-five Summit County residents say they drink excessively. 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, both of these figures are down significantly from 2016. Another item of good news is that the share of motor vehicle accidents caused by alcohol-impaired driving dropped from 52% of all deaths at the time of the 2016 CHA to 44% currently.

#### Sexual behaviors

A small but 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 is down from 7% just



three years ago. Only about half of sexually active teens report using a condom. One positive finding is that teen pregnancies have decreased significantly. This is consistent with national trends that also show reduced teen pregnancy rates.

### Drug use

Drug use among Summit County's population has been rising, as it has throughout the U.S. Abuse of both legal and illegal drugs, especially opiates, sharply increased overdose death rates. Overdose deaths skyrocketed from 76 in 2013 to a high of 310 in 2016. While overdose deaths declined in both 2017 and 2018, deaths appear to be heading up again in 2019. Even though opiates are still at the center of the overdose epidemic, the county is currently experiencing sharp increases in overdoses related to cocaine and methamphetamine as well.

There is hope for the future, however. Self-reported drug use among both middle and high school students is down for all types of drugs surveyed according to the Summit County Youth Risk Behavior Survey. The largest drop in drug use among high school students is in the use of prescription opioids, which dropped from 16% to 6% between 2013 and 2018. This decline is possibly the most important, since many people who wind up in opiate addiction begin with prescription opioids. Marijuana use among high school students is also down, dropping from 37% to 32% in the past five years. Marijuana use dropped for middle school students as well. These improvements happened despite the fact that far fewer teens report that their parents believe marijuana use is very wrong than in 2013.

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## ACCESS TO CLINICAL HEALTH SERVICES

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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 our community.

### Access to health care services

Even after the implementation of the Affordable Care Act (ACA), 9% of adults and 4% of children still do not have health insurance.

Having health insurance is only one part of the health access picture. Having access to a provider when they're needed is also important. While ratios of primary care physicians to population worsened since the 2016 CHA, the ratio of mental health providers and dental providers to population showed meaningful improvement.

Language barriers also impact health care access. In this area, the recent influx of immigrant and particularly refugee populations from around the world has created challenges to health care access. The cost of translation services has risen quickly for many public and private service providers, creating resource problems for these agencies who have many competing needs to address.

### Preventive health screenings

At the time of the 2016 CHA, only 59% of female Medicare patients receive mammographies. That percentage dropped further in the current assessment, and is now down to just 40%. Low rates of eligible women receiving routine mamograms means that many women with cancer will not receive a diagnosis of breast cancer until that cancer is in its later stages. With regard to other screenings, about two-thirds of adults have visited a dentist in the past 12 months (68%). Similar percentages of middle and high school students say the same.

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## SOCIAL AND ECONOMIC FACTORS

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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 a decade later, with economic hardship continuing to make itself felt in a number of key areas.

### Employment

The 2007-2009 recession was difficult for many Summit County residents, many of whom were still recovering from the 2001 recession. Unemployment rose sharply and many discouraged workers dropped out of the workforce. Signs of recovery that began late in the period before the 2016 CHA was released have continued to improve, though slowly. The unemployment rate continued to improve, and like many places in the nation is now at or below the "natural" unemployment rate, currently 4.6%. This time, however,



low unemployment is happening side by side with a growing labor force. In other words, the local economy appears to be growing strong enough to both reduce unemployment and attract workers who have fallen out of the labor force.

Despite the improvement, labor force participation and unemployment continue to be problems for those at the lowest educational levels. Less than two thirds of working age adults with less than a high school diploma are in the labor force, while the unemployment rate for those who are in the labor force is far higher than the rate for those with a 4-year degree or more.

### Income and poverty

Estimated poverty rates are lower than reported in the 2016 CHA, though the decline is not statistically significant. Pockets of the community continue to experience poverty rates that have either not improved or have not improved enough. Although the recession ended in 2009, median household incomes didn't begin to show any meaningful improvement until 2012. Summit County's median household income grew by 6.4% since then. However, median household income for the nation grew by 10% during those same years, and the gap between the county's median household income and national median household income is increasing.

### Housing

During the 2007-2009 recession, housing affordability got much worse, 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 such as food, clothing, and medical care. Little has changed for renters since then, with an estimated 43% of renters still paying 30% or more in 2017; no different statistically than it was in 2014.

### Social Connectivity

The decline in the percentage of Summit County households that do not have broadband access has continued, indicating rapidly improving potential for social connectivity. The percent of households without any form of internet access has been cut almost in half between 2015 and 2018, and now stands at 13%.

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## PHYSICAL ENVIRONMENT

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

### Housing condition

The improvement in the percent of housing in Summit County that is in below average or worse condition cited in the 2016 CHA continues in this report. The two-decade 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.

Lead in housing is still a big potential problem as well, with nearly three-quarters of homes in Summit County being 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 improved over the past seven years; an indication that mitigation, testing, and treatment programs are having an effect.

### Transportation

Like many places, Summit County is very automobile-dependent, with a vast majority of residents relying on their own vehicles to travel to and from work. Public transit usage is low, with only 2% of commuters relying on public transit. Vehicle miles travelled have continued to increase over the past several years.

### Land use

Summit County's network of stores that sell alcohol and/or tobacco is able to reach a high percentage of the county's population. Over 1,200 establishments (bars, restaurants and stores) are currently licensed to sell alcohol. The number of tobacco sales licenses dropped from 474 to 460 since the 2016 CHA. Together, about one-third of Summit County residents live within a quarter mile of a store that sells alcohol, tobacco, or both. The growth of e-cigarettes is also an issue, with the number of retail outlets licensed to sell e-cigarettes rising from 11 at the time of the 2016 CHA to 19 currently.



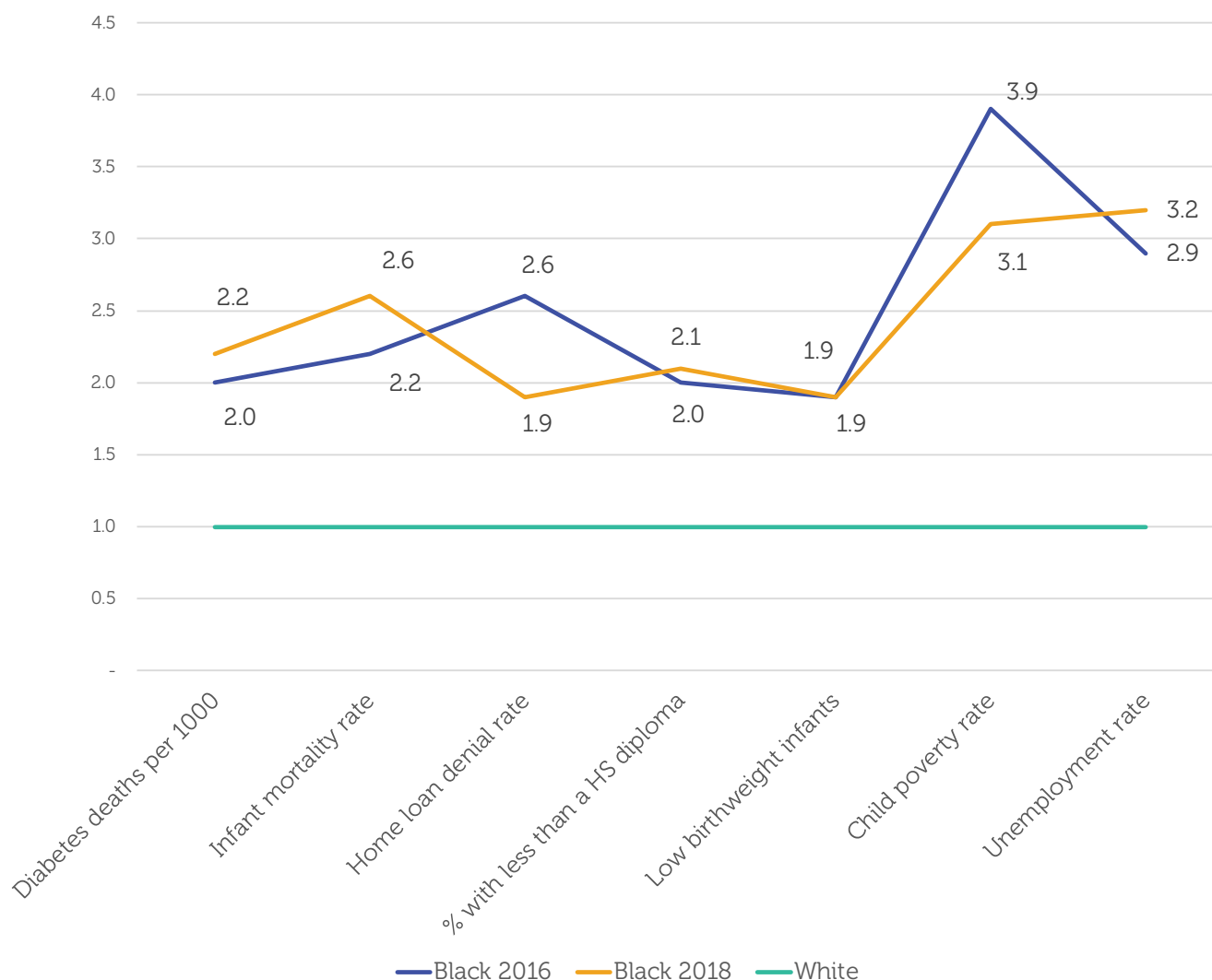
Toxic chemicals released from sources located in Summit County also have an impact on the health of county residents. Collectively, at least 600,000 pounds of toxic waste were released into Summit County's environment in 2014. That amounted to about 1.1 pounds of toxic waste for every Summit County resident. Those figures have been dropping since then, and as of 2017 amounted to 173,000 pounds of toxic releases, or about one-third of a pound for every Summit County resident. Finally, Summit County is home to 27 officially designated Brownfield sites, down from the 40 sites reported in the 2016 CHA.

## HEALTH DISPARITIES

There is one final impact on the health of Summit County's population to note; the impact of disparities in health between different types of people. 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; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."<sup>4</sup>

When looking at the many indicators chosen to be part of this assessment, the one type of disparity that stands out above the others is racial disparity. While different types of disparity can be found in one or more subject areas, meaningful racial disparities can be found in a majority of subject areas where data is available.

Relative rate index for measures across multiple social determinants





For example, the following chart (adapted from the Race Equity Institute presents data from a variety of social determinants of health. The chart presents the data as a ratio of black-to-white figures for each indicator. The white figure is set to a benchmark of one, while the black figure is compared to that number. In all seven areas shown, the ratio of black-to-white is always 1.9 or higher; that is, the black rate is at least twice as bad as the white rate for all seven indicators.

The causes of racial disparities are hard to nail down precisely. A great deal of research has shown that racial differences in morbidity rates (how often people suffer from medical problems) and mortality rates (how often people die and from what causes) are caused by socioeconomic conditions. More recently, a growing body of research is beginning to show the opposite as well, that such differences cannot be explained by socioeconomic conditions alone, but that race itself is often the primary cause.

These two findings aren't necessarily as contradictory as they seem. They highlight the complex nature of how health is determined; partly by people's own behavior, partly by the environment they live in, and partly by the way they are treated by others.

Addressing racial disparities is one of the ongoing strategies of Summit County's Community Health Improvement Plan. For purposes of the Community Health Assessment, it is enough to say that important health disparities by race continue to exist in Summit County, and that addressing them will require a continued focus on whether race is a cause of these disparities or a result of other factors.

<sup>1</sup> *Use 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](https://www.cdc.gov/mmwr/volumes/67/wr/mm6745a5.htm?s_cid=mm6745a5_w).

<sup>2</sup>(n.d.). *How much nicotine is in JUUL?* Retrieved from <https://truthinitiative.org/research-resources/emerging-tobacco-products/how-much-nicotine-juul>.

<sup>3</sup> (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>

<sup>4</sup> *Toxic release data in the 2019 CHA include only "core" chemicals which were released every year from 2011 to 2017. United States Environmental Protection Agency. (2019). TRI Explorer (2017 Updated Dataset (released April 2019) ) [Internet database]. Retrieved from <https://enviro.epa.gov/triexplorer/>, (September 20, 2019).*

<sup>5</sup> *Healthy People 2020 (2016)*. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>.

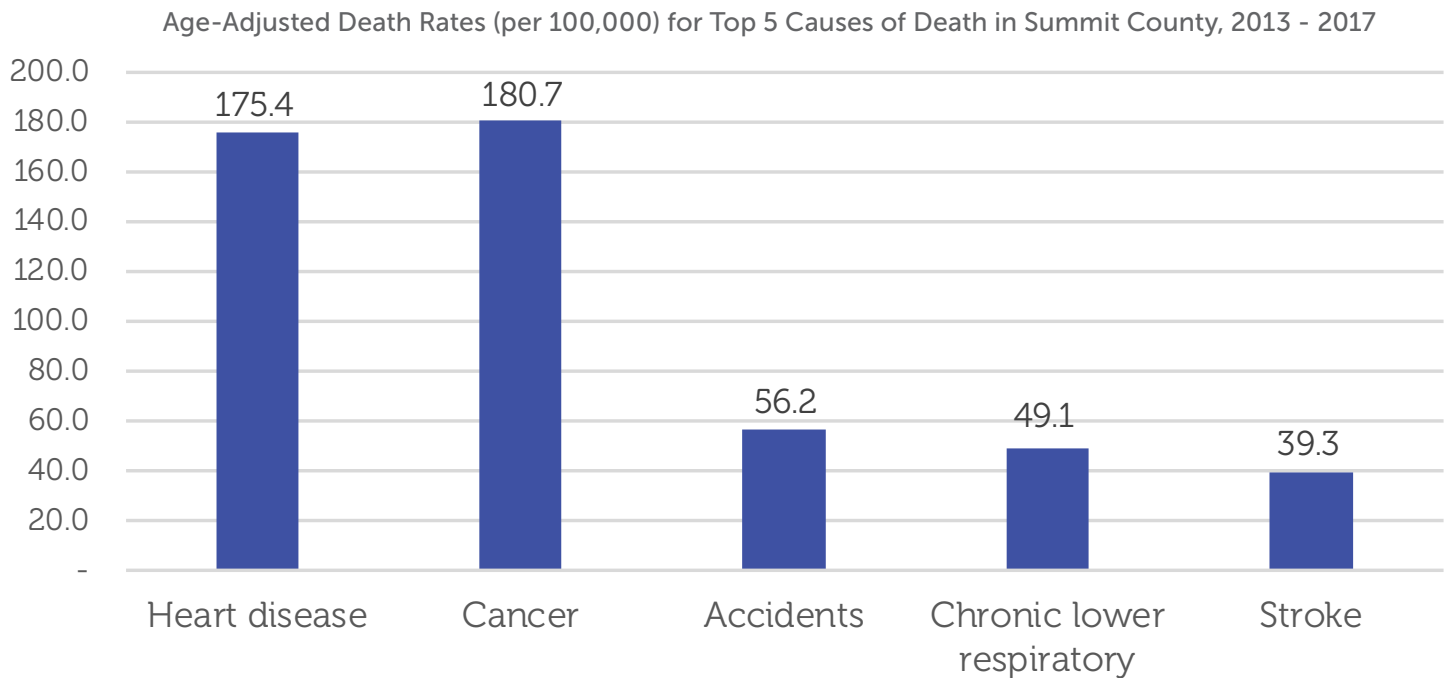
<sup>6</sup> <https://www.racialequityinstitute.org/>



# A Closer Look

## LEADING CAUSES OF DEATH

The top five causes of death in Summit County are heart disease, cancer, chronic lower respiratory disease, accidental deaths and stroke. While heart disease is currently the most frequent cause of death, deaths by cancer are not far behind.

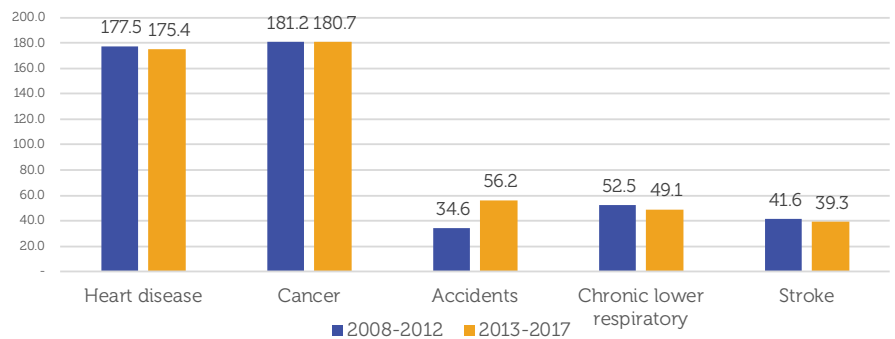


The age-adjusted heart disease death rate dropped from 177.5 per 100,000 people from 2008-2012 to 175.4 from 2013-2017. Cancer deaths improved slightly during those same years, falling from 181.2 per 100,000 people to 180.7 per 100,000 people. Summit County's age-adjusted death rates for chronic lower respiratory disease and stroke both dropped slightly between the 2008-2012 and 2013-2017 periods.

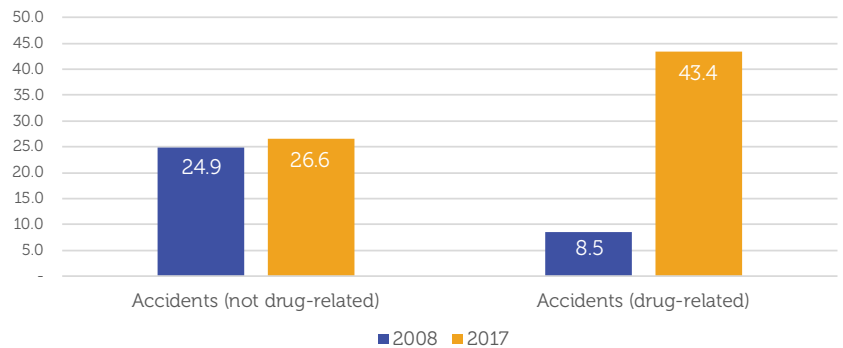
The accidents category is split into two sub-categories, those accidental deaths caused by drug poisonings, and those from other causes. Accidental deaths from other causes such as motor vehicle accidents or falls have stayed fairly stable, increasing slightly from 2008 to 2017. However, accidental deaths caused by drug poisonings have risen sharply over that same period, rising by 410%.

Looked at another way, between 2009 and 2013, accidental drug overdoses were the 11th ranked cause of death, while non-drug related accidents (mostly fall-related) were the 7th ranked cause. Between 2014 and 2018, non-drug related accidents dropped from 7th to 8th place, while drug-related causes of death rose from 11th place to 6th place.

Age-Adjusted Death Rates (per 100,000) for Top 5 Causes of Death in Summit County, 2008-2012 vs. 2013-2017



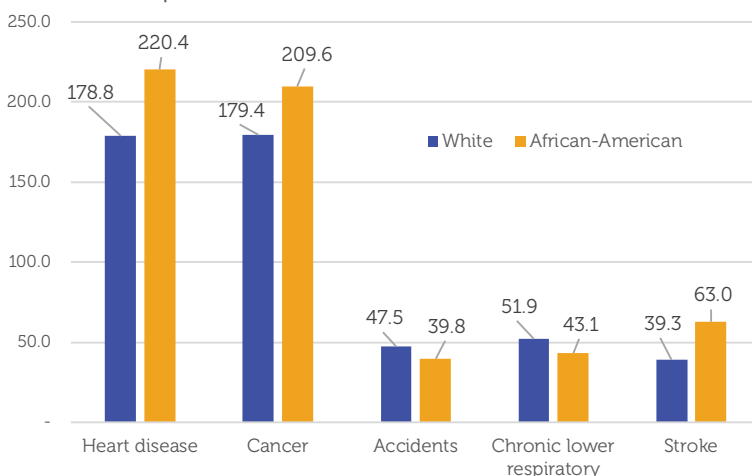
Age-Adjusted Death Rate, Drug-related and Non Drug-related Causes, 2008 vs. 2017



### Differences in leading causes of death

While the county's two largest racial groups, Whites and African-Americans, share the same top-five causes of death, the death rates for each racial group are different for each cause; sometimes very different. Age-adjusted death rates for African-Americans are higher than for whites on three of the five most common causes of death. More importantly, age-adjusted death rates for African-Americans are higher than for Whites 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 African-Americans over the 2013-2017 period was 220.4 per 100,000 people, while the rate for Whites was 178.8 per 100,000. For cancer deaths, the rates were 209.6 for African-Americans and 179.4 for Whites. Rates are also very different for stroke, where the death rate for Whites is 39.3 per 100,000 and 63.0 per 100,000 for African-Americans. Only accidental deaths and deaths due to chronic lower respiratory disease were higher for Whites than African-Americans.

Age-Adjusted Death Rates per 100,000 by Race, Top 5 Causes of Death White vs. African-American



The table 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 dropping 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.

# 10 LEADING CAUSES OF DEATH BY AGE GROUP, SUMMIT COUNTY 2000-2017

RANK	Under 5 years	5 - 14 years	15 - 24 years	25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 - 74 years	75 - 84 years	85 yrs & over
1	Condition originating in the perinatal period	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury	Cancer	Cancer	Cancer	Heart disease	Heart disease
2	Congenital Anomalies	Homicide	Suicide	Suicide	Heart disease	Heart disease	Heart disease	Heart disease	Cancer	Cancer
3	Unintentional Injury	Cancer	Homicide	Homicide	Cancer	Unintentional Injury	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Cerebrovascular diseases
4	Homicide	Heart disease	Cancer	Cancer	Suicide	Suicide	Unintentional Injury	Cerebrovascular diseases	Cerebrovascular diseases	Alzheimer's Disease
5	Influenza or Pneumonia	Suicide	Heart disease	Heart disease	Homicide	Chronic liver disease / cirrhosis	Diabetes	Diabetes	Alzheimer's Disease	Chronic Lower Respiratory Disease
6	Heart disease	Condition originating in the perinatal period	Congenital Anomalies	Diabetes	Chronic liver disease / cirrhosis	Diabetes	Cerebrovascular diseases	Kidney Diseases	Diabetes	Influenza or Pneumonia
7	Kidney diseases	Congenital Anomalies	In situ neoplasms	Cerebrovascular diseases	Diabetes	Cerebrovascular diseases	Chronic liver disease / cirrhosis	Unintentional Injury	Influenza or Pneumonia	Diabetes
8	Septicemia	Cerebrovascular diseases	Pregnancy complications	HIV	Cerebrovascular diseases	Chronic Lower Respiratory Disease	Kidney Diseases	Influenza or Pneumonia	Kidney Diseases	Unintentional Injury
9	Cerebrovascular diseases	Septicemia	Chronic Lower Respiratory Disease	Congenital Anomalies	HIV	Septicemia	Suicide	Septicemia	Unintentional Injury	Kidney Diseases
10	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease	Cerebrovascular diseases	Influenza or Pneumonia	Influenza or Pneumonia	Influenza or Pneumonia	Influenza or Pneumonia	Chronic liver disease / cirrhosis	Septicemia	Lung Inflammation

Note: Top 5 causes of death for all age groups are color-coded, as are suicide and homicide, so their impact can be followed through the life span.

<sup>1</sup> One death each in this age group was caused by Diabetes, Influenza or Pneumonia, Meningococcal Infection, and Kidney Disease

<sup>2</sup> Three deaths each in this age group were caused by Diabetes, Influenza or Pneumonia, or Kidney Disease

## ADOLESCENT HEALTH

In the years 2018/2019 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 African American (~18%), Hispanic (~6%) and Asian (~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 electronically bullied or bullied on and off of school property less often. 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

Less 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 perscription pain medications.

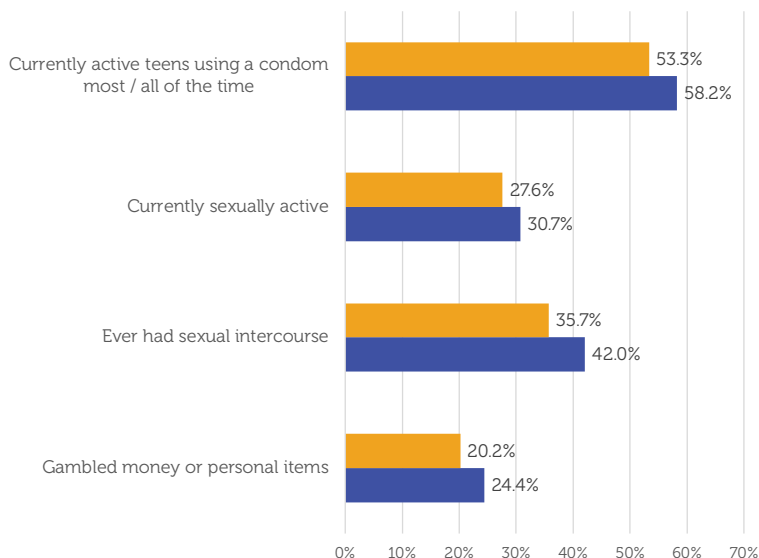
### Comparison of significant change in tobacco, alcohol and drug questions, YRBS 2013 vs. 2019

QUESTION		2013	2019
MIDDLE SCHOOL	<i>Ever used alcohol</i>	<b>23.4%</b>	<b>15.6%</b>
	<i>Alcohol use before age 11</i>	<b>10.0%</b>	<b>6.3%</b>
	<i>Feel parents think it's very wrong to use alcohol</i>	<b>75.2%</b>	<b>68.3%</b>
	<i>Used cigarettes in the last 30 days</i>	<b>4.2%</b>	<b>1.9%</b>
	<i>Ever used e-cigarettes**</i>	--	<b>16.3%</b>
	<i>Offered, sold, given illegal drug on school property in the last 12 months</i>	<b>13.8%</b>	<b>6.4%</b>
	<i>Used marijuana in the last 30 days</i>	<b>5.2%</b>	<b>3.8%</b>
	<i>Feel parents think it's very wrong to use marijuana</i>	<b>89.0%</b>	<b>62.2%</b>
	<i>Ever used unprescribed prescription pain medications</i>	<b>6.9%</b>	<b>5.2%</b>
	<i>Ever used heroin</i>	<b>1.4%</b>	<b>0.5%</b>
HIGH SCHOOL	<i>Ever used alcohol</i>	<b>57.0%</b>	<b>45.7%</b>
	<i>Used alcohol in the past 30 days</i>	<b>30.3%</b>	<b>23.8%</b>
	<i>Alcohol use before age 13</i>	<b>16.2%</b>	<b>10.5%</b>
	<i>Ever used tobacco</i>	<b>24.9%</b>	<b>25.8%</b>
	<i>Ever used e-cigarettes**</i>	--	<b>45.3%</b>
	<i>Ever used marijuana</i>	<b>36.6%</b>	<b>32.2%</b>
	<i>Parents think it's very wrong from them to use marijuana</i>	<b>74.3%</b>	<b>53.0%</b>

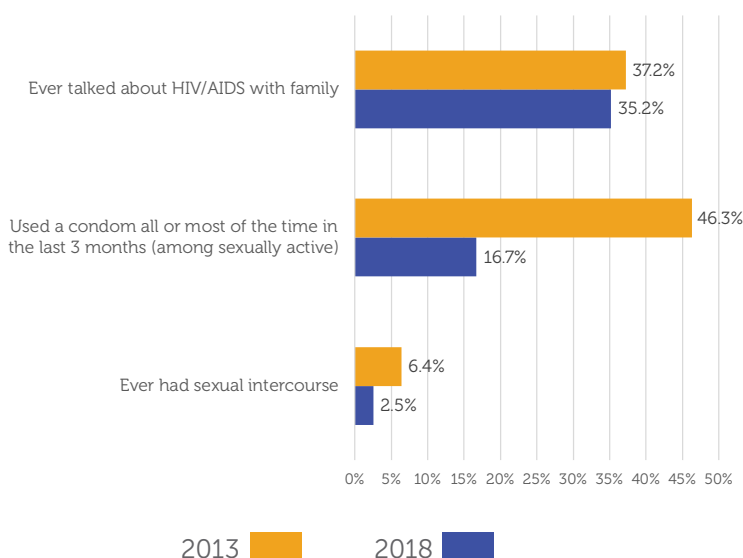
## Gambling and sexual behaviors

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. Less high school students had ever had sex or were currently sexually active.

**SIGNIFICANT CHANGES IN GAMBLING AND SEXUAL BEHAVIOR QUESTIONS FOR MIDDLE SCHOOL STUDENTS, YRBS 2013 VS. 2019**



**SIGNIFICANT CHANGES IN SEXUAL BEHAVIOR QUESTIONS FOR MIDDLE SCHOOL STUDENTS, YRBS 2013 VS. 2019**



## SIGNIFICANT DECLINES & OTHER ISSUES

Since 2013 Summit County adolescents have seen statistically significant declines in several key indicators as well.

### E-cigarettes (vaping)

The explosive growth of e-cigarettes may be the most serious public health threat the nation has faced since the beginning of the overdose crisis. According to the U.S. Surgeon General, e-cigarette use nationwide grew by 900% between 2011 and 2015. In Summit County, the question of e-cigarette use wasn't even 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 rose from 2013 to 2018. For middle school students, obesity rose 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 more modest 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. Since eating breakfast daily is thought to reduce the risk for obesity and insulin resistance syndrome, low rates of youth eating breakfast daily are cause for concern. 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 rose from 67% in 2013 to 71% in 2018. Among high school students, the percentage who ate fast food at least once rose from 70% in 2013 to 75% in 2018.

The percent of middle school students who met the recommended level of physical activity dropped from 48% in 2013 to 44% in 2018. The rate for high school students remained about the same at 42%. A related issue is the percentage of teens who either watch television or use computers or video games at least three hours daily. As mentioned in the improvement section above, the percent watching 3 hours or more of television per day went down for both middle and high school students. Unfortunately, it appears that the use of computers and video games is taking the place of television watching for teens. Both middle and high school students saw big 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 rose to just under 50% for each group.

### The LGBTQ experience

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*

All told, 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.

An even more troubling finding is that those who have been forced to do something sexual are more likely to have experienced violence, self-harm, depressive sadness, or suicide-related behavior, whatever their sexual orientation. 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 heterosexual youth who haven't 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. However, LGBTQ youth who have been forced to have sex have the most worrying outcomes on these questions 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. That 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 gender of the victims. Nearly 80% of heterosexual teens and 85% of LGBTQ teens who have ever been forced to do something sexual were female. Only one-in-five heterosexual and one-in-seven LGBTQ victims of a forced sexual experience were male. Just under 44% of heterosexuals who were never forced to do something sexual were female, while 65% of LGBTQ teens who were never forced to do something sexual were female.

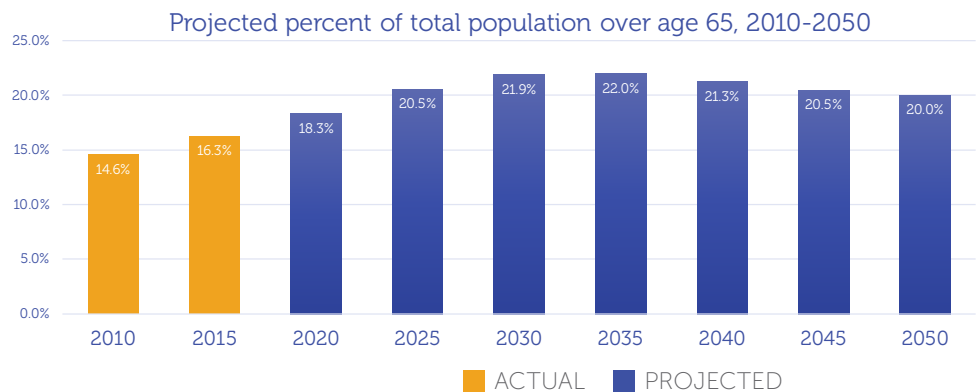
<sup>1</sup> Surgeon General's Advisory on E-cigarette Use Among Youth; Centers for Disease Control and Prevention; [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/surgeon-general-advisory/index.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/surgeon-general-advisory/index.html)

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## AGING POPULATION

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Summit County is home to about 97,000 people age 65 or older (as of 2018), or nearly 18% of Summit County's population. The percentage of seniors is expected to rise sharply in the coming years because of the aging of the Baby Boom generation. In fact, according to the Ohio Development Services Agency, Summit County's senior population will peak in 2035. By that year, more than one out of every five people will be age 65 or older; nearly 116,000 people in all.



### WHO ARE THE SENIORS IN SUMMIT COUNTY?

The 2013-2017 American Community Survey (ACS) offers many statistics on seniors in Summit County. Below is a brief overview of some of those facts and figures:

#### Age, sex and race

The median age of seniors in Summit County is 73.4 years. Most seniors are female (57%), which is higher than the total population figure of 51%. A higher percentage of seniors are white (88%); above the total population figure of 79%. Only 10% of seniors are African-American; a lower figure than African-Americans in the total population (15%). Asians make up about 1.4% of the 65 and older population, which is about half the proportion of Asians in the total population (3%).

#### Disability

Nearly one-third of seniors (32%) have at least one disability. Of those with a disability, 38% have an ambulatory disability (difficulty walking), while 29% have a cognitive disability, and 26% have a disability that makes independent living difficult or impossible. Other disabilities include self-care (13% of all seniors), hearing (12%), and vision (11%).

#### Housing and households

About half of seniors (51%) live in a household with at least one spouse or family member, while nearly half (47%) live in a one-person household. A higher percentage of seniors live in owner-occupied housing than the general population (78% and 66%, respectively). Nearly 22% of seniors rent their home.

#### Income and poverty

The median household income for all seniors is just under \$58,000 per year; higher than the figure for all households (\$53,000). Nearly all seniors in Summit County receive Social Security income (89%), while 58% receive other forms of retirement income. Social Security benefits averaged \$19,700 per year, while other retirement sources averaged \$24,000. One-third of seniors receive earned income (36%), while nearly 9% receive benefits from the SNAP program. Nearly 7% of seniors live below the poverty line; half as high as the county-wide poverty rate (14%).

#### Employment

Nearly 8% of Summit County seniors worked full-time in the past 12 months, while nearly 13% worked part-time. Almost 80% did not work at all. Younger seniors (ages 65-69) worked the most, with 17% working full-time and another 21%, working part-time. Only 3% of those age 70 and older worked full-time while 9% worked part-time.

#### Mortgage burden

Half of the homes occupied by seniors age 65 to 74, and a quarter of homes occupied by those age 75 or older carry a mortgage. According to the ACS, the median monthly cost for senior homeowners with a mortgage is \$1,061. Median monthly owner costs for

seniors without a mortgage is \$458. One-fifth of seniors who own their homes (19%) pay at least 30% of their income for mortgages and other housing costs, leaving these seniors with an excessive housing burden.

Renter burden

Seniors who rent face a more serious housing cost burden. A total of 58% of seniors who rent spend at least 30% of their income on rent. According to the National Low Income Housing Coalition, Ohio’s fair market rent is \$793 per month. ACS data show that the median gross rent for retired seniors, many of whom have much lower incomes than when they were working, is only slightly lower (\$755).

Grandparents raising grandchildren

Here in Summit County, an estimated 8,759 grandparents live in the same household as their grandchildren. Just over 4,000 of those grandparents were responsible for raising their grandchildren.

WHAT PROBLEMS DO SENIORS IN OUR COMMUNITY FACE?

Seniors in Summit County face some unique challenges, which we discuss below:

Fall-related injuries

Between 2014 and 2018, Summit County seniors had just over 30,000 emergency room (ER) visits for a fall-related injury; an average of 5,900 per year. Fall-related ER visits rose from just under 48 per 1,000 seniors in 2014 to 82.4 per 1,000 in 2018, or from 4,200 visits to 7,900.

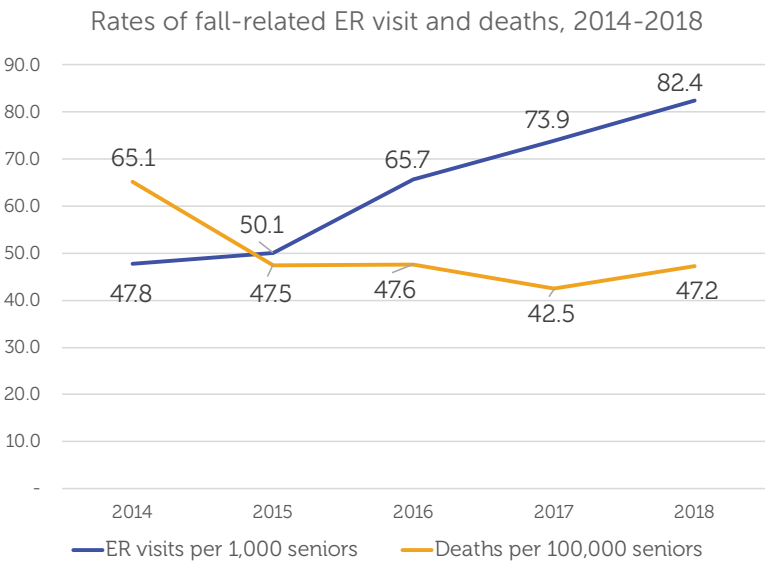
Of those 30,000 visits, records for 1,900 visits included specific mentions of a head injury associated with the ER visit. Forty of the records included specific mentions of traumatic brain injury. A total of 3,610 records, about 13% of the total, visited an ER more than once for a fall-related injury.

Fall-related deaths

Between 2014 and 2018, 229 Summit County seniors suffered a fall-related death. While fall-related injuries have been steadily rising over the past 5 years, fall-related deaths have moved in the opposite direction. Fall-related deaths dropped from nearly 71 per 100,000 in 2014 (62 deaths) to 51.4 in 2018 (49 deaths); a 28% decline.

Alzheimer’s disease and dementia

Between 2014 and 2018, there were 2,631 Summit County residents who died of either Alzheimer’s Disease or dementia. The causes of death were evenly split between Alzheimer’s Disease and dementia (50% of cases each). The vast majority of cases, nearly 70%, occurred in the 85 and older population. The youngest victim of either disease was just over age 50, while the oldest was just over 106.



WHAT IS THE LIFE EXPECTANCY OF SENIORS?

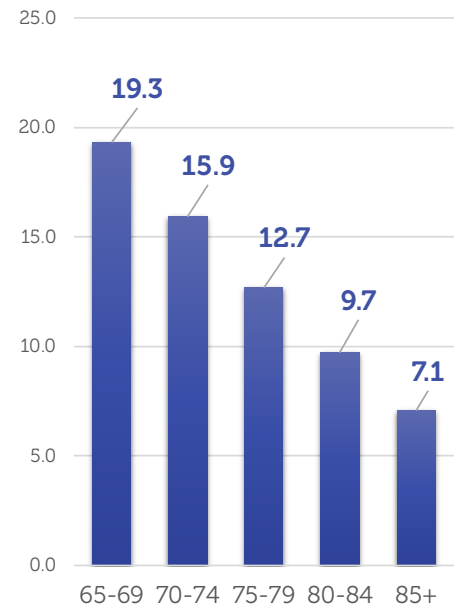
The answer to this question depends on how old that person is to begin with. For example, people born in Summit County between 2008 and 2017 can expect to live to age 80 if they are female and age 74 if they are male. Summit County residents who were 65 years

old during those years could expect an estimated 19.3 additional years of life; nearly identical to the overall figure for the nation of 19.4 years. As expected, overall estimated life expectancy declines with age, from an additional 19.3 years of life between ages 65–69 to an additional 7.1 years of life at age 85.

Unfortunately, not everyone can expect to do as well as these overall life expectancy figures because people’s health varies greatly based on their race, ethnicity, or income level. In other words, how long you live depends a great deal on who you are and where you live. For example, we took a look at life expectancy for different areas of Summit County (called clusters). The Richfield / Boston cluster has the highest estimated life expectancy at age 65 at 22.5 years, closely followed by Akron Northwest, Copley / Bath / Fairlawn, Hudson, and Twinsburg, all of which have estimated life expectancies at age 65 at of 21 years or above. On the opposite end, the Akron Central cluster has the lowest estimated life expectancy at 15.6 years. Most other Akron clusters (Southwest, North, Southeast, and West), as well as the Barberton cluster, have life expectancies at age 65 of less than 18 years.

When looking at race and gender, 65-year-old white females can expect to live another 20 years, while black females can expect to live an additional 18.8 years. White males can expect an additional 17.2 years age age 65, while black males can expect an additional 15.2 years.

Additional expected years by age



## CHRONIC DISEASE

Chronic diseases such as diabetes, high blood pressure, high cholesterol, or chronic obstructive pulmonary disease (COPD) pose serious risks to the health of Summit County's population. These diseases directly contribute to our most common causes of death such as heart disease, stroke, and cancer. These diseases are, in turn, heavily influenced by our lifestyle choices, the widespread availability of unhealthy food, and the difficulty lower income people face in accessing and affording healthy food options.

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 among adults in Summit County have remained unchanged in recent years, remaining at about one-in-five smokers. Smoking among teens has dropped sharply since the 2016 CHA, which is an improvement on one level. However, as will be discussed in more detail later, teens are replacing traditional cigarette smoking with e-cigarette use, which carries with it a stronger dose of nicotine as well as potentially fatal short-term risks. The long-term risks of e-cigarettes are currently unknown.

### Physical inactivity

Regular, moderate-intensity exercise is another activity that improve health immediately; according to CDC recommendations, all it takes is 22 minutes of exercise per day. Staying active helps reduce the risk of all the chronic diseases mentioned earlier. Unfortunately, only about one-quarter of Summit County adults exercise regularly; a figure that hasn't changed since the release of the 2016 CHA.

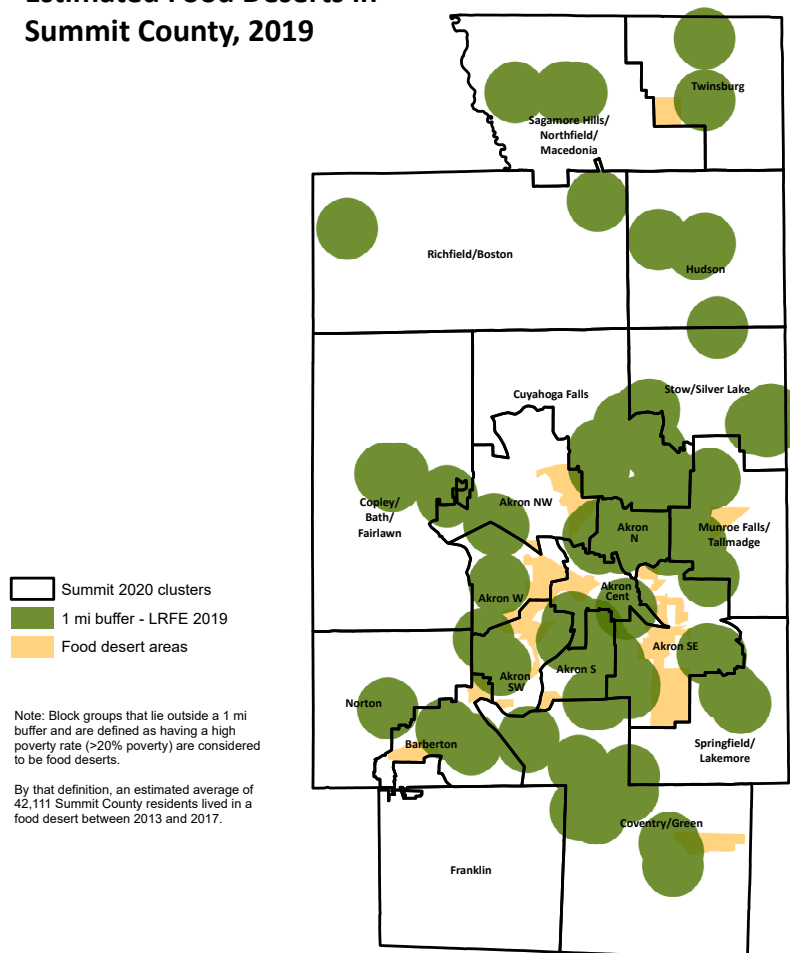
### Access to adequate food

Poor nutrition is a major risk factor not only for diabetes but also for many other chronic diseases. Food deserts consists of areas where fresh vegetables, fruits and other healthy foods are sparse due to lack of farmer's markets, grocery stores and other establishments that sell healthy foods near the places people live. The percent of Summit County residents living in a food desert fell from about 12% in the 2016 CHA to just under 9% in 2018.

### Obesity

Obesity is defined as having a body mass index or BMI of greater than or equal to 30.0 kg/m<sup>2</sup>. It is a risk factor leads to many other chronic diseases such as type II diabetes, cardiovascular disease, asthma and many other diseases. When the 2016 CHA was released, one-fourth of Summit County adults were obese according to the 2015 Behavioral Risk Factor Surveillance Survey. In 2018, that number rose to nearly one-third (30%). Teen obesity also rose significantly, with middle school obesity rising from 12% to 15% and high school obesity rising from 13% to 16% between 2013 and 2018.

### Estimated Food Deserts in Summit County, 2019



## COMMUNICABLE DISEASE

The number of reportable infectious diseases has increased steadily since the beginning of the decade. From 2015 to 2018, the rate of reported disease increased by nearly 35%: from 965 cases per 100,000 to 1,302 cases per 100,000 residents. This increase is the result of multiple factors, including but not limited to: changes in health behaviors, improved disease screening practices, innovations in medical testing, local and statewide disease outbreaks, and yearly fluctuations in influenza season severity.

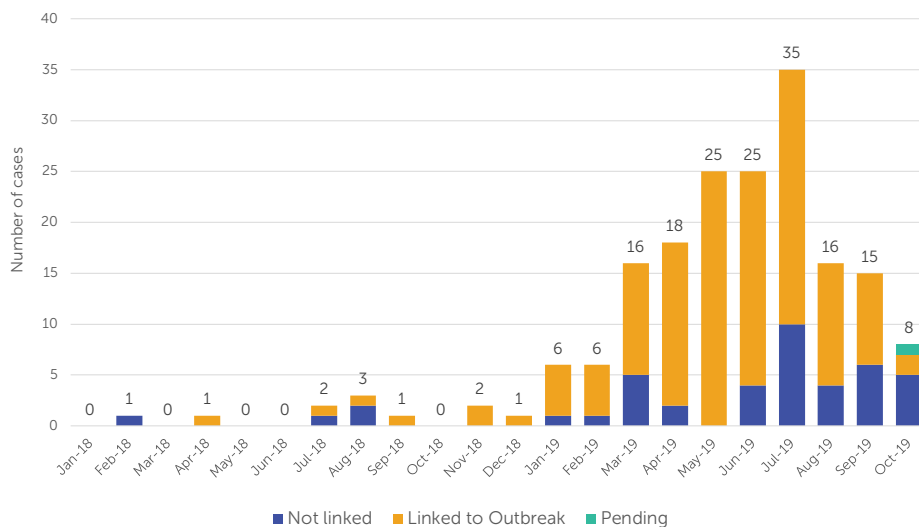
### Hepatitis

Hepatitis is a viral infection that primarily attacks the liver. Hepatitis A, B and C are the types that are the most common in Summit County.

#### Hepatitis A Outbreak

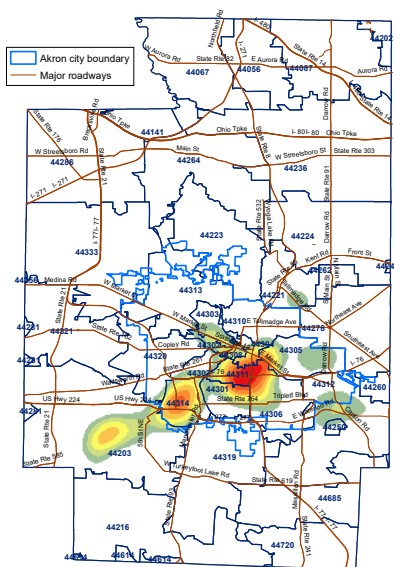
Hepatitis A is transmitted via the fecal-oral route and is therefore considered to be an enteric illness. People with hepatitis A will experience an acute infection, but will then clear the virus and have immunity. The hepatitis A virus is highly contagious and can survive on surface outside the body for weeks. Since 2016, at least 30 states have experienced community hepatitis A outbreaks, and Ohio declared an outbreak in January, 2018. Those most at risk are people with direct contact with others infected with hepatitis A, people who use street drugs, people who are incarcerated, the homeless population, men who have sex with other men, and people who traveled to other areas with ongoing hepatitis A outbreaks. A significant portion of the hepatitis A cases are also co-infected with hepatitis B, hepatitis C, or both (46% in Summit County).

Hepatitis A cases in Summit County  
2018 to 2019 YTD (as of 10/31/2019)



DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

Heat map of hepatitis A cases in Summit County,  
1/1/2018 - 10/31/2019



DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

Northeast Ohio was not impacted by this outbreak until early 2019. In an average year, Summit County will have 5-7 hepatitis A cases reported; as of October 31, 2019, 171 hepatitis A cases have been reported. Although cases have been reported throughout Summit County, density heat mapping indicates that the areas most impacted in Summit County are the Akron neighborhoods of Middlebury, South Akron, University of Akron, Kenmore, Ellet, and the city of Barberton. An effective vaccine is available to prevent hepatitis A infection, and the Communicable Disease Unit at SCPH has organized vaccination clinics for at-risk individuals throughout the outbreak.

#### Hepatitis B and C

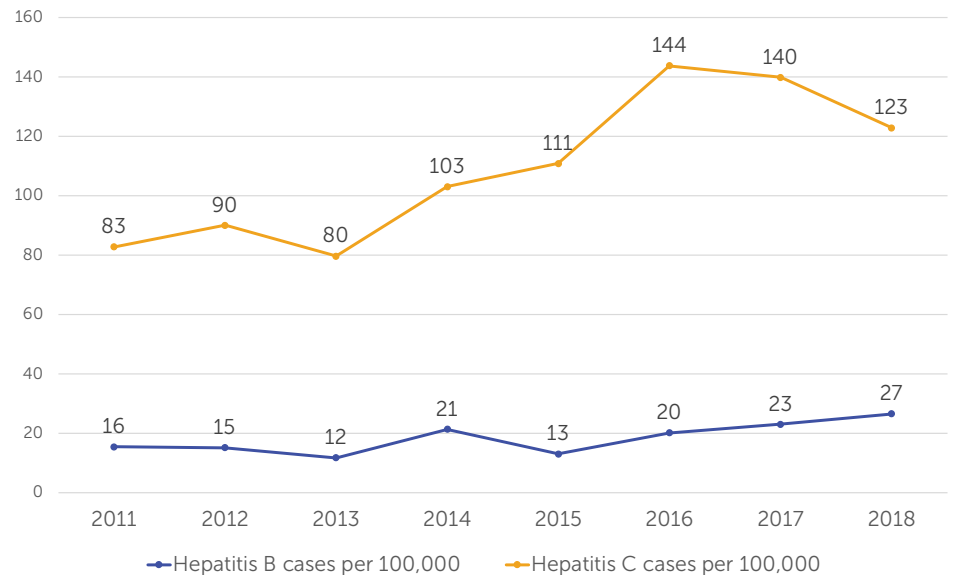
The hepatitis B and C viruses are considered to be blood-borne pathogens, and are transmitted spread through direct contact with infected body fluids. Sexual contact is the most common mode of transmission, but the disease is also spread through childbirth, sharing living quarters, and/or sharing of drug paraphernalia. Most adults infected with hepatitis B will clear the virus, but 5-10% will become chronically infected. The risk for chronic infection is much higher in exposed infants and children aged 1 to 5. As with hepatitis A, an effective vaccine is available for hepatitis B. Antiviral medication is available to reduce the viral load of chronic hepatitis B cases, but a cure is not available.

Hepatitis C is commonly transmitted through contact with infected blood or blood products, especially through medical exposures or sharing of needles during intravenous drug use. An estimated 70-85% of hepatitis C infections will become chronic. A vaccine for hepatitis C is not yet available, but there are medications that can provide a cure for the infection. Many individuals with chronic hepatitis B or C infections are asymptomatic and may be unaware that they have the disease, but the infections can still attack the liver. Chronic hepatitis infections can cause liver cancer, cirrhosis, liver failure, and death.

In Summit County, hepatitis B infection rates remained relatively stable from 2011 to 2016, but an increasing trend has been observed in 2017 and 2018. Hepatitis C rates increased from 2013 to 2016, but the rates have moderately decreased in 2017 and 2018.

This downward trend coincides with the introduction of the needle exchange program at SCPH, which began in May of 2016. The needle exchange program has also provided SCPH with an opportunity to reach out to the population for other health intervention, such as offering hepatitis A and B vaccine during the hepatitis A outbreak.

Incidence rates of hepatitis B and hepatitis C in Summit County, 2011-2018

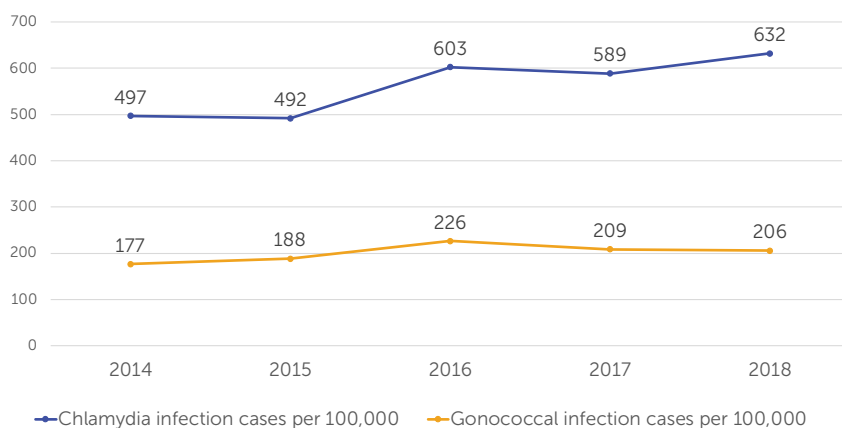


### Sexually Transmitted Infections (STI's)

Chlamydia and gonococcal infection are the most common STI's in Summit County. Untreated chlamydia and gonococcal infections can lead to pelvic inflammatory disease (PID) and infertility. In pregnant women, chlamydia can also cause premature birth and complications in the newborn. In addition, an untreated gonococcal infection can spread to the bloodstream and develop into disseminated gonococcal infection (DGI), which has systemic impacts and can be life threatening.

Rates of sexually transmitted infections have increased throughout the United States, including Summit County. As seen in Figure 4, the rate of chlamydia infections increased by 27.2% from 2014 to 2018, which is higher than the increases observed in Ohio (16.0%) and nationally (22.0%) during the same time period. Gonococcal infection rates also increased by 16.3% from 2014 to 2018 in Summit County, but the rate increases in Ohio and the United State were approximately four times higher during the same time span (56.4% and 66.7%, respectively). The CDC attributes these rate increases to "multiple factors, including drug use, socioeconomic status, decreased condom use, reduced access to health care service, and cuts to STD programs on the state and local level."

Incidence rates of chlamydia and gonococcal infections in Summit County, 2011-2018



DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

## HOUSING

Few things impact the public's health as powerfully as the condition of a community's housing stock. According to Healthy People 2020, a lack of housing maintenance can "...harm health by increasing exposure to hazards such as carbon monoxide, allergens, and lead in paint, pipes, and faucets. Carbon monoxide has been shown to cause heart damage, neurological impairment, and death. Likewise, even low levels of lead exposure can have serious effects on children's health and behavior."<sup>1</sup>

Like most long-established communities around the nation, Summit County has its share of housing-related issues. Below, we take a brief look at both the condition of the county's housing and some of the housing-related issues faced by those living in them.

### Age

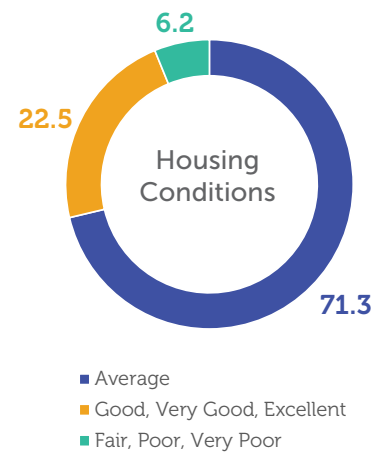
The median age of Summit County's housing stock is 63 years, with an average year of construction of 1956, Akron's housing stock is much older than housing in the suburbs (with a median of 87 years of age in Akron vs. 55 years in the suburbs). Nearly a third of the county's housing stock was built before 1940; more than 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.

### Condition / Desirability / Utility

Most of Summit County's housing stock is rated as average by the Summit County Fiscal Office (71%). One in five units (22%) are rated as good, very good, or excellent. A final 6% of housing units are rated as fair, poor, or very poor. Just under 9,900 of the county's 160,000 residential housing parcels fall into this category. According to the American Community Survey (ACS), a small but meaningful number of occupied housing units also lacks one or more basic facilities that the vast majority of people take for granted. These homes lack either complete kitchen facilities, plumbing facilities, or telephone service; sometimes all three.

BASIC FACILITIES	OCCUPIED HOMES
<i>Lacking complete kitchen facilities</i>	<b>2,278</b>
<i>Lack complete plumbing facilities</i>	<b>589</b>
<i>Lack telephone service</i>	<b>22,738</b>
<i>Lack heating equipment or use no fuel</i>	<b>628</b>



### Appraised value

According to the Summit County Fiscal Office, the median appraised value of the county's housing units is \$107,850. One-third of housing units are valued at \$75,000 or less, while 12% are valued at \$250,000 or more.

### Occupancy and Tenure

Just over 90% of housing units in Summit County are occupied, while 9% are vacant (about 21,000 units). Of the county's 223,000 occupied housing units, two-thirds are owner-occupied, while the rest are renter-occupied.

### Housing burden (owners and renters)

The median cost of a home for homeowners with a mortgage is \$1,235 per month; more than 2.5 times the monthly cost for homeowners without a mortgage. According to the 2017 ACS, nearly a quarter 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 greater challenge than homeowners. Close to half of renters in Summit County (45%) were paying at least 30% of their income for rent as of 2017.

Data from the National Low Income Housing Coalition (NLIHC) highlights the challenges renters face. In Summit County, those making the minimum wage can only afford to pay \$432 per month for rent while still keeping housing costs below 30% of income. However,

the cheapest zero-bedroom unit at fair market rent is over \$100 beyond that level. For low-income renters, simply finding a place to live means making unacceptable trade-offs between other necessities, working more than one job, relying on food stamps or other public assistance, or all of these. As an example, according to NLIHC, a renter making the minimum wage would have to work 58 hours per week just to afford a one-bedroom unit in Summit County, while a two-bedroom unit would require 77 hours per week; the equivalent of two full-time minimum wage jobs.<sup>3</sup>

### Loan denials

Another important part of affordable housing is the ability to get home purchase and/ or improvement loans. Both here and in many places around the nation, low income and minority loan applicants are far less likely to be approved for either type of loan. For home purchase loans, both low income and minority applicants are twice as likely to be turned down as middle or upper income applicants. For home improvement loans, which are essential to maintain home value and neighborhood viability, low income and racial minority applicants are also twice as likely to be denied.

### Housing disparities

While most areas in Summit County enjoy stable, good quality housing, the fact is that many individuals and families in our 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:

- Rated as being in fair, poor, or very poor condition
- Old
- Low value
- More expensive to purchase or rent for those living in them despite the lower quality and value
- More difficult to maintain and improve when they are able to buy
- Overcrowded
- More likely to cause lead poisoning, mold-related health problems, and safety issues for their occupants (especially for seniors and children)

<sup>1</sup> Healthy People 2020, Quality of Housing. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/quality-of-housing>. Accessed 6/25/2019.

<sup>2</sup> The Fiscal Office utilizes "Condition/Desirability/Utility" codes in its assessment of a property. As the name implies, these codes represent a composite of physical condition, functional utility, and desirability of the property being rated rather than just physical condition alone.

<sup>3</sup> National Low Income Housing Coalition; Out of Reach, 2018. Downloaded from: <https://reports.nlihc.org/oor/ohio>

## FAMILY INSTABILITY

HealthyPeople 2020 cites family instability as an important social determinant of health. While economic issues impacting the nation have received a lot of attention over the past couple of decades, changes in family structure and stability have been no less important. Both of these factors have had a negative impact on people in families and especially on children.

### 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 number of people over age 15 who are married has been dropping for decades. According to the 1970 census, about 64% of Summit County residents over age 15 were married. That figure dropped to just 55% by 1990. The decline has continued in more recent years, with marriage rates dropping to 51% by 2005, and to 46% by 2017, the most recent year available.

Both divorce rates and the percentage of people who were never married have risen at the same time marriage rates have dropped. In 1970, only 4% of Summit County residents over age 15 said they were divorced. By 2017, that figure had tripled (12%). The percent who say they were never married has also risen, from just 23% in 1970 to 34% by 2017.<sup>1</sup>

#### Family type

The composition of families has also seen dramatic changes over the past several decades. In 1980, married-couple families made up 82% of all families with children in Summit County. Just 25 years later (2005), married couples with children only made up 66% of the total. By 2017, that figure dropped to just below 60%. Female-headed households with children rose from just under 18% in 1980 to just over 27% in 2017 during those same decades. Male-headed households have also been growing, rising from 7% of all families with children in 2005 to just under 10% in 2017.<sup>1</sup>

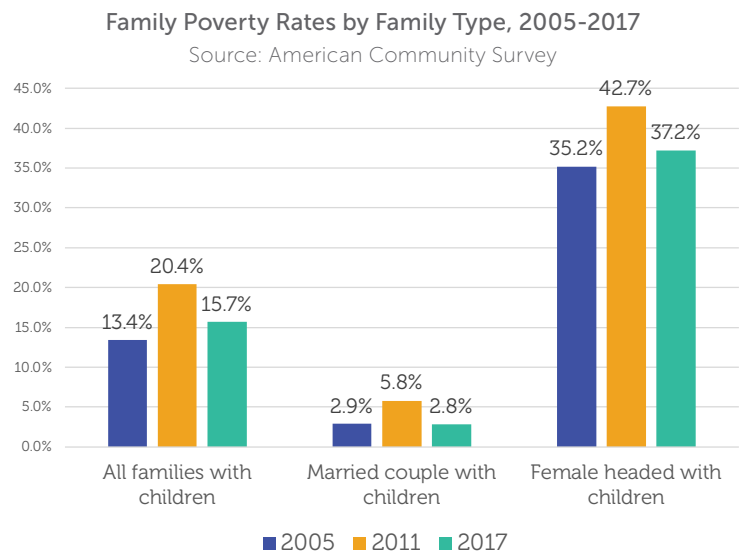
#### Fertility rates

There has been an 11% drop (15,000) in the number of women of childbearing ages of 15- 50 since 2005. However, more women in that age group have had children in the past 12 months. That increase in births came in the 20-34 age group; births to women younger than 20 and older than 34 both declined.<sup>1</sup> These changes raised the birth rate from 53 per 1,000 women in 2005 to 64 per 1,000 women in 2017.

Another major change in births is the increasing rate of so-called “out-of-wedlock” births. This change isn’t all that surprising given the fact that marriage rates have been dropping for a long time. In 2005, 25% of all Summit County births were to unmarried mothers. That figure had risen to 42% by 2017.

### RELATED EFFECTS

These changes in family structure have had significant impact on our communities. Perhaps the most important of these is that the poverty rate for female-headed households with children is far higher than the poverty rate for other family types (see figure). The poverty rate for married couple families with children was just 2.8% in 2017; for female-headed families, the poverty rate was nearly 13 times higher (37%). 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.” The high poverty rates found among female-headed families



force many children to live in poverty. A related issue is that divorce is the second most common ACE across the nation. With divorce rates climbing for decades, many children in Summit County and around the nation are being traumatized by the breakup of their parents.

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. These effects are even greater for parents with lower educational attainment.<sup>2</sup> And, unfortunately, the educational attainment level for cohabiting couples is well below the level for married couples.<sup>3</sup> Adding to the stress such families face is research that suggests that the rate of unintended pregnancies is more than twice as high for cohabiting couples as for married ones.<sup>4</sup>

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 mothers who are teenaged, unmarried, or low-income.<sup>5</sup> The report goes on to summarize the negative consequences of unintended pregnancies this way: "...women 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 and are more likely to drop out of high school and to engage in delinquent behavior during their teenage years."<sup>5</sup> All of the factors mentioned here are either a cause or a consequence of adverse childhood experiences; factors which will negatively impact the health of children throughout their lifetimes.

<sup>1</sup> U.S. Census Bureau, *1970 Census, 1980 Census, 1990 Census and American Community Survey, 2005-2017*.

<sup>2</sup> *Mapping Family Change and Child Well-Being Outcomes*. (2017). Retrieved July 31, 2019, from <https://worldfamilymap.ifstudies.org/2017/files/WFM-2017-FullReport.pdf>

<sup>3</sup> Reeves, R. V., Krause, E., Reeves, R. V., & Krause, E. (2017, April 05). *Cohabiting parents differ from married ones in three big ways*. Retrieved from <https://www.brookings.edu/research/cohabiting-parents-differ-from-married-ones-in-three-big-ways/>

<sup>4</sup> Mosher, W. D., Jones, J., & Abma, J. C. (n.d.). *Intended and unintended births in the United States: 1982-2010 [Abstract]*. *National Health Statistics Report*. Retrieved July 31, 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/23115878>

<sup>5</sup> Monea, E., & Thomas, A. (2016, July 28). *The High Cost of Unintended Pregnancy*. Retrieved from <https://www.brookings.edu/research/the-high-cost-of-unintended-pregnancy/>

## MENTAL HEALTH & ADDICTION

Drug abuse has a major impact on our society. The financial impact alone is staggering. According to the National Institute on Drug Abuse, the estimated nationwide combined cost of crime, lost work productivity and health care related to alcohol and drug abuse could be as high as \$740 billion per year.<sup>1</sup>

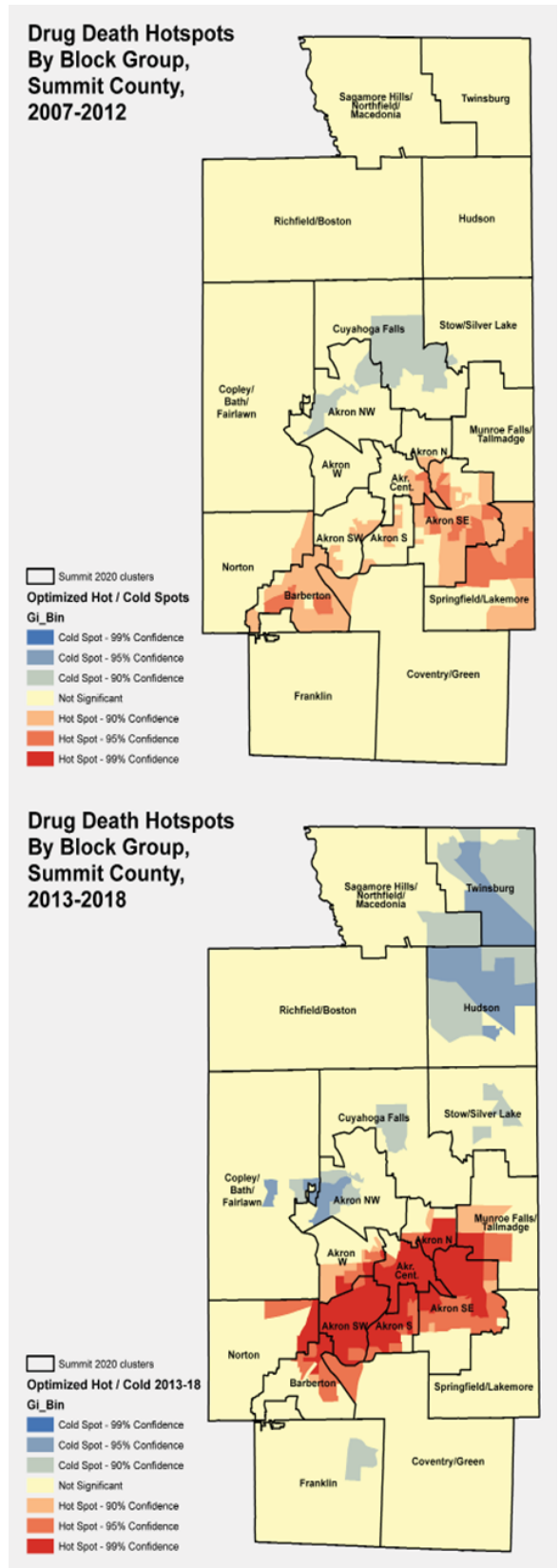
Ohio has been one of the hardest-hit states in the country when it comes to drug overdoses and overdose-related deaths. Here in Summit County, overdose-related deaths began rising in 2013, with 75 deaths due to overdoses in that year. That total rose to 118 in 2014, and 131 in 2015 as fentanyl was introduced into illegal drugs sold here. The addition of carfentanil along with fentanyl in 2016 drove over-dose fatalities to never-before-seen levels, topping 300 by the end of that year. While deaths declined in both 2017 and 2018, they appear to be rising again in 2019 as drugs such as fentanyl and carfentanil are beginning to show up in methamphetamine and cocaine as well as heroin.

The maps at right show how drug overdose fatalities have spread over time in Summit County. So-called “hot spots” on these maps show areas of the county where the number of drug overdose fatalities are more heavily clustered than other parts of the county. In the same way, cold spots are those areas where fatalities are less clustered than other parts of the county. Each area of the maps are shaded to show how much confidence there is that each area is either a hot spot (shades of red), a cold spot (shades of blue), or neither (yellow).

What do people who die of drug overdoses look like? Two-thirds of overdose victims are male and are overwhelmingly white (88%). Overdose victims come from all age groups, with 52% between the ages of 15 and 44 and the remaining 48% age 45 or older. Nearly all of that group (45% of the 48%) were between 45 and 64 years old.

Deaths are not the only issue in drug abuse. Overdoses that don't kill but do severely harm victims' health are also a big problem. Nearly 6% of opiate overdose victims who survive the initial overdose die within one year according to article in the Annals of Emergency Medicine. As the article concludes, “The short-term and 1-year mortality of patients treated in the ED for nonfatal opioid overdose is high. The first month, and particularly the first 2 days after overdose, is the highest-risk period. Patients who survive opioid overdose should be considered high risk and receive interventions such as being offered buprenorphine, counseling, and referral to treatment before ED discharge.”<sup>2</sup>

It isn't just hardcore drugs like heroin, cocaine, and methamphetamine that are impacting substance abuse. Marijuana is having a major impact as well. 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. A 2018 Pew Research Center report notes that support for legalization rose from just 31% in 2000 to 62% by 2018. Support for marijuana legalization appears strong among all demographic groups analyzed in the Pew study, with support running between half and two-thirds of survey respondents. Even among groups most likely to oppose marijuana (such as Republicans or white evangelical protestants), large minorities say they support legalization (43% of white evangelicals and 45% of Republicans).<sup>3</sup>

Support locally has also appeared to increase. Middle and high school students responding to the Youth Risk Behavior Survey (YRBS) were asked whether or not their parents think marijuana use is very wrong. In the 2013 YRBS, 89% of middle schoolers and 74% of high schoolers said their parents thought marijuana use was very wrong. In the 2018 survey, those numbers fell to 62% for middle schoolers and 53% for high schoolers.

The negative impact of marijuana use on health is hard to ignore, whatever public attitudes and potential benefits are when it comes to marijuana use. Statistics published by the CDC show that one in ten marijuana users will become addicted; a figure which rises to one in six for those who begin before age 18.<sup>4</sup> Problems such as difficulty with attention, memory, and learning may begin as short-term issues for marijuana users, 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 introduces many of the same substances into the lungs introduced by cigarette smoke, causing some of the same lung and cardiovascular problems that cigarettes do.<sup>4</sup>

Another major problem is that marijuana is far more potent today than in the past. With the large number of dabs, waxes, oils, and edibles now available in states where marijuana is legal, it's hard to know how much THC (the psychoactive substance in marijuana that causes the high) users are taking in when they use it. While users can't "overdose" on marijuana in the same way users of drugs like heroin can, taking in high amounts of THC can cause hallucinations and even psychosis.

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, because so few states have legalized it. Marijuana is still smuggled and sold in huge quantities by the same drug cartels that have flooded our streets with heroin and other dangerous and lethal substances. Law enforcement agencies, emergency medical personnel, and other medical and social service providers around the nation have reported numerous instances where fentanyl and/or carfentanil have been introduced into other drugs, including marijuana. Marijuana users who ingest these hybrid drugs run the same risks of fatal overdose and opiate addiction as opiate abusers themselves, even though they don't usually know they're running those risks. Finally, while marijuana isn't a gateway drug for most people according to the CDC, it is a gateway drug for some.<sup>4</sup> The risk of addiction and of moving on to harder drugs depends on a number of factors identified in the CDC report, such as family history, having a mental illness (such as anxiety or depression), peer pressure, loneliness or social isolation, lack of family involvement, drug availability, and lower socioeconomic status.<sup>4</sup> How many people might move on to addiction and/or harder drugs due to marijuana use is difficult or impossible to predict.

<sup>1</sup> National Institute on Drug Abuse, Trends and Statistics. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics>.

<sup>2</sup> One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. (2019). *Annals of Emergency Medicine*, 1-5. Retrieved July 29.

<sup>3</sup> Hartig, H., Geiger, A., Hartig, H., & Geiger, A. (2018, October 08). 62% of Americans favor legalizing marijuana. Retrieved from <https://www.pewresearch.org/fact-tank/2018/10/08/americans-support-marijuana-legalization/>.

<sup>4</sup> Health Effects | Marijuana | CDC. (n.d.). Retrieved from <https://www.cdc.gov/marijuana/health-effects.html>

## POVERTY

Changes in the poverty rate have had a major impact on Summit County's quality of life over the past 25 years. After a brief recession in 1991, the national economy began the longest expansion in U.S. history to date, with low unemployment, rising incomes and stock prices. Falling poverty rates brought prosperous times to Northeast Ohio and the nation for much of the decade, with poverty in Summit County falling from 12% in 1990 to just under 10% in 2000.

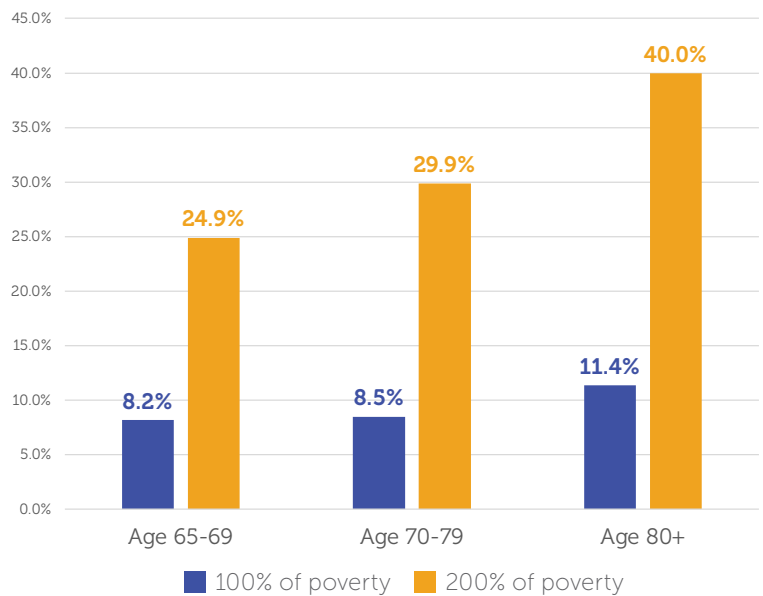
Unfortunately, the economy fell into recession again in 2001, which increased unemployment and drove poverty rates back up to 1990 levels by 2006. Just as the local economy was beginning to recover, the Great Recession hit in 2008. Despite the passage of the American Recovery and Reinvestment Act of 2009 and other federal, state, and local government efforts, the recession hit the entire nation very hard. The next several years brought Summit County and the nation high unemployment, thousands of home foreclosures and growing poverty rates, which hit a high of 17% locally in 2011. Summit County's poverty rate has been declining slowly since then, as the number of jobs finally began to show signs of growth again in 2014. In 2017, the county's poverty rate stood at 12.7%; roughly what it was in 1990.

Like unemployment, poverty isn't just one story. As American Community Survey data show, a person's race makes a big difference in whether he or she lives in poverty. The African-American poverty rate in Summit County has been more than double the countywide rate in every year since 1990. As of 2017, the poverty rate for African-Americans stands at 31%; three times higher than the white rate of 10%.

Poverty rates for other important groups are also much higher. As of 2017, 41% of female-headed households with children were living in poverty, as were 19% of foreign-born people, and 18% of children. All of these rates are above the overall poverty rate for the county (12.7%). However, only about 7% of seniors were currently living in poverty, thanks in part to programs such as Social Security and Medicare, which helps keep many seniors out of poverty.

That said, while the senior poverty rate is low, the number of seniors living near poverty is not. According to the Kaiser Family Foundation, while the national poverty rate for seniors is 9%, 30% of seniors live at or below 200% of poverty. The rate of seniors living at or below 200% of the poverty line grows along with age. From ages 65-69, 25% of seniors live at or below 200% of the poverty line. Those rates rise to 30% between ages 70 and 79, and finally to 40% by age 80.<sup>1</sup> Racial disparities also impact senior poverty. According to Kaiser, the poverty rate for white seniors is 6.9%. For black and Hispanic seniors, the rates are 19% and 17%, respectively.<sup>1</sup>

Percent of Seniors Living Below Poverty & Near Poverty



<sup>1</sup> Cubanski, J., Koma, W., Damico, A., & Newman, T. (n.d.). *How Many Seniors Live In Poverty? (Issue brief)*. <https://www.kff.org/medicare/issue-brief/how-many-seniors-live-in-poverty/>

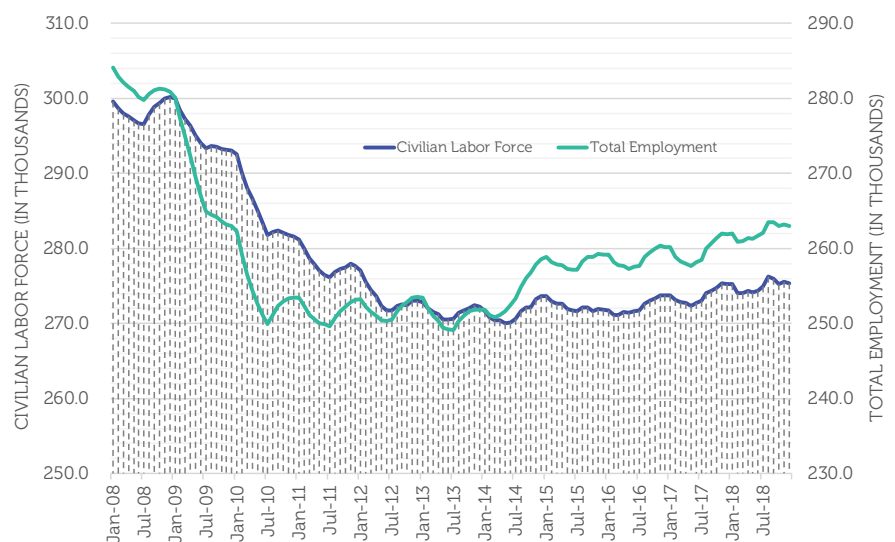
## UNEMPLOYMENT

The Great Recession ran from December 2007 to June 2009. Unfortunately, even though the recession ended, Summit County's employment problems didn't. Starting in early 2008 with the beginning of the recession, employment (the teal line on the chart below) began to drop sharply, hitting bottom by spring of 2010. Unfortunately, the total civilian labor force (the blue line) dropped right along with it. A drop in the size of the labor force means that the number of people looking for work is dropping. 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 going down at the same time as fewer people were working or looking for work. Because this recession was so severe, the number of employed people kept dropping for a year after the recession was over. However, the number of people looking for work dropped for an additional five years, taking until 2014 to bottom out.

So why were people still leaving the labor force five years after the recession ended? One answer is that the recession didn't necessarily end for everybody. Labor force participation for workers with less than a high school diploma dropped for seven straight years, from 59% in 2009 to just 48% in 2016. The unemployment rate for this group peaked in 2011 at nearly 29%, then began to drop as those who remained in the labor force began to find work. As of 2017 (the most recent year available), the unemployment rate for those with less than a high school diploma is 9.4%; still more than double the rate for all workers age 25 and older.

According to a 2014 study by the Economic Policy Institute, "...the reason we are not seeing robust job growth is because businesses have not seen demand for their goods and services pick up in a way that would require them to significantly ramp up hiring." Supporting that conclusion is research that shows that labor force participation drops when wages and demand for lower-skilled workers both decline, a factor that is especially important for working-age men. Since that 2014 study, the number of jobs has begun to grow again and the size of the labor force has finally stabilized and is beginning to trend upward. Now that Summit County is finally seeing growth once again, there is hope that the recovery that began in 2009 might finally reach everyone by 2020.

Total Employment in Summit County Compared to the Civilian Labor Force



## MATERNAL & CHILD HEALTH

Infant mortality (IM) is defined as any death before a child's first birthday. Infant mortality rate (IMR) measures this occurrence per 1,000 live births. The majority of child deaths on average occur during the first year of life. Infant mortality rate has been found to be the most sensitive indicator of societal health as well as being a key marker of maternal and child health. It can serve as a crude indicator of the overall health of a community, health disparities existing in a community, and availability and access to health care.

Infant mortality rates are used to detect trends in infant mortality over time, and to compare the rate of infant deaths between different population subgroups. The year to date (YTD) IM rate is calculated by dividing the total number of infant deaths in a specific year by the number of live births in that same year, then multiplying by 1000.

There were 42 infant deaths in Summit County in 2018. This is less than the previous year. Based on the 2018 data, the infant mortality rate in Summit County is trending even closer the Healthy People 2020 goal of 6.0 infant deaths per 1,000 live births.

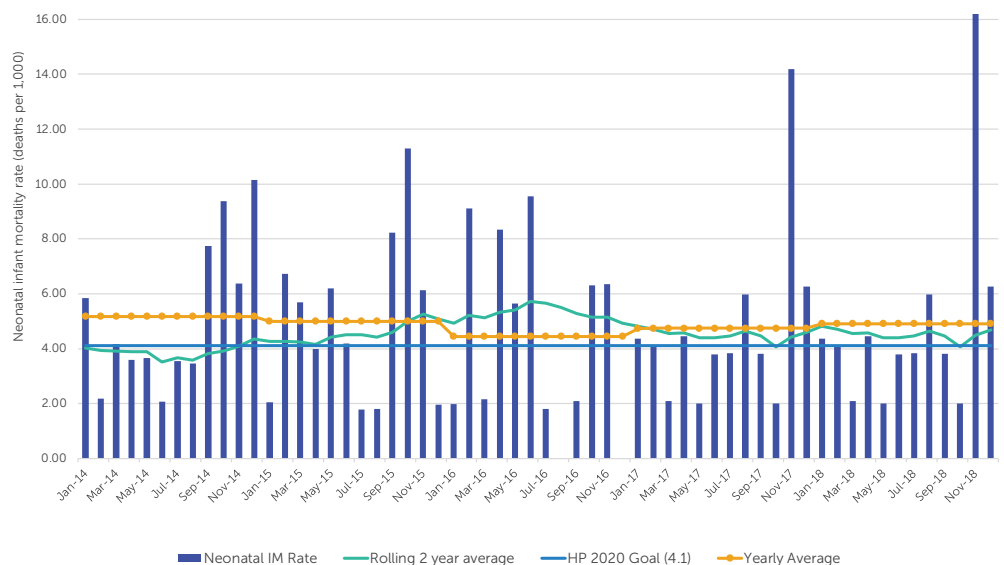
### Neonatal deaths

Neonatal infant deaths occur in newborn infants that are less than 28 days old, and nearly 60% of infant deaths occur during the first month of life. The neonatal infant mortality rates (NIMR) from 2014 to 2018 exhibit similar trends as were seen in all Summit County infant deaths. The Healthy People 2020 goal for NIMR is 4.1 deaths per 1,000 live births. Summit County met this goal in 2013, however the NIMR for 2018 is 4.8 per 1,000, which is lower than the previous year.

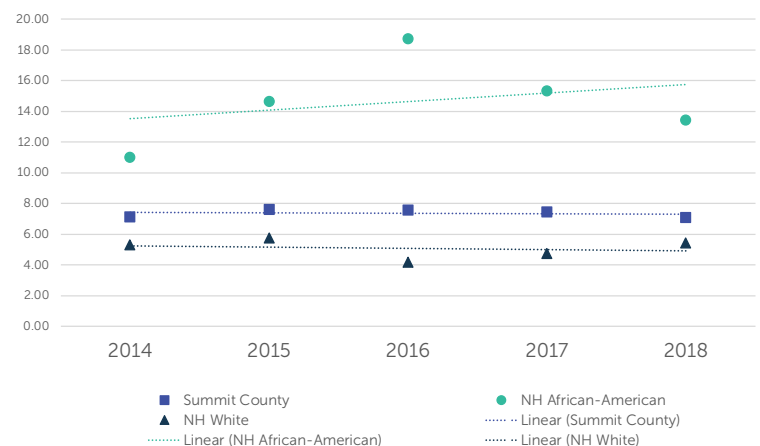
### Racial disparities in infant mortality

Racial disparities in infant mortality rates continue to persist in Summit County, as indicated in the graph to the right. The average IMR for the past five years (2014-2018) in Summit County was 7.31 deaths per 1,000 live births. IMR's below the county average were seen in the Non-Hispanic (NH) white, NH Asian, and Hispanic populations, but the NH African American rate was twice the county average, and was 2.8 times higher than the NH white rate. In 2018, the IMR disparity between white and African American infants decreased from previous years, with the NH black IMR being 2.8 times higher than the NH white rate compared to 3.2 times higher than the NH white rate in 2017. The trend line graph below indicates that the IMR in the NH African American community has a larger increasing trend than what was seen in the NH white community or the county IMR.

Neonatal infant mortality rate (per 1,000) by month, 2014 - 2018



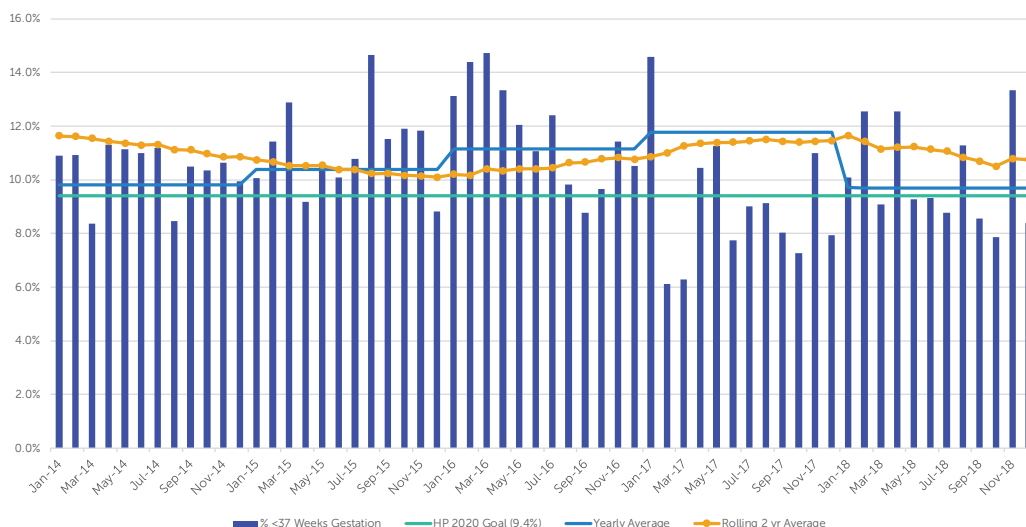
Trends in annual infant mortality in Summit County by race



## Preterm birth rates

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). It increases the odds of having a chronic health condition and/or developmental delay. Therefore it's essential to ensure that as many pregnancies as possible deliver at 37 weeks gestation or later. Summit County's preterm birth rate went up from 9.2% in 2017 to 10% in 2018.

Premature birth rate (<37 weeks gestation) by month, 2014 - 2018

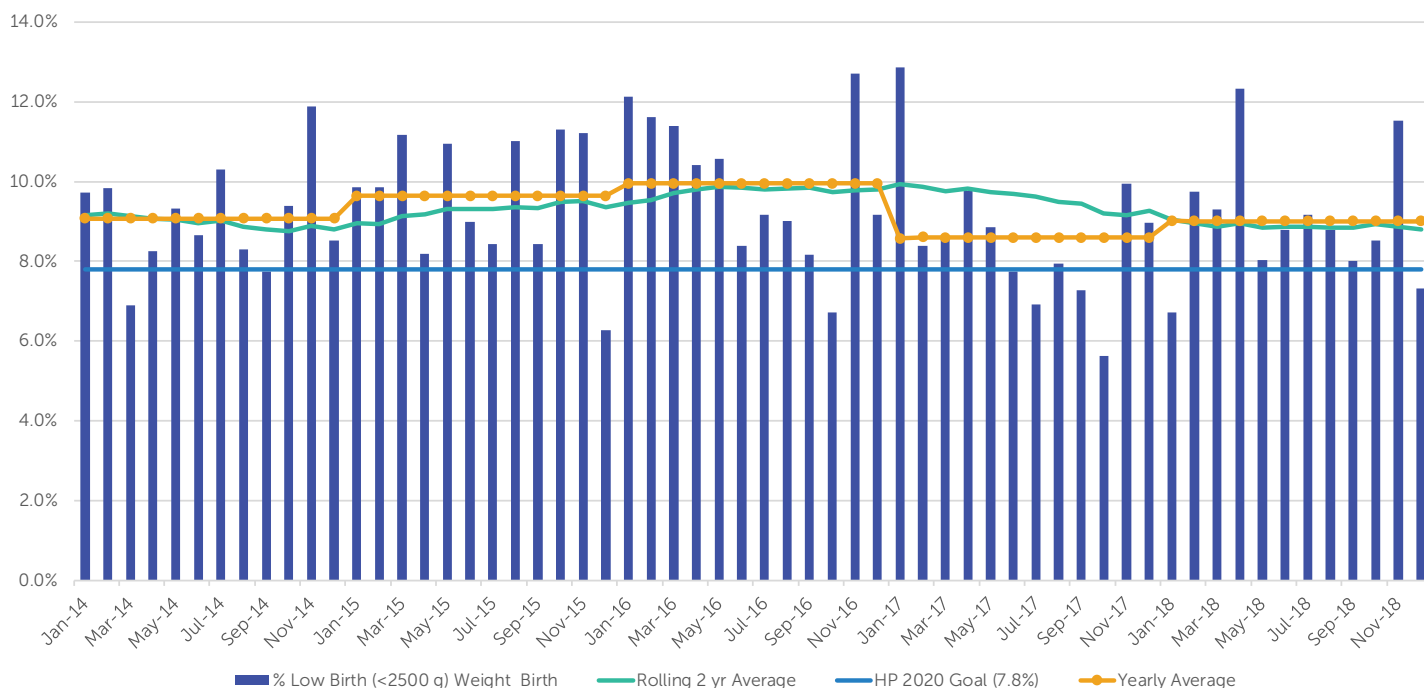


## Low birthweight rates

Infants that weigh less than 2500 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 negatively affect fetal growth and development. Factors that impact development, include congenital defects, maternal complications, and unhealthy maternal behaviors (such as poor nutrition, smoking and/or substance misuse). An infant having low birthweight, especially those with very low weight, is a major factor of the magnitude of infant mortality. Differences in low birthweight rates account for the higher neonatal mortality rates observed in groups characterized by socioeconomic disadvantages. Low birthweight rates are correlated with preterm birth rates, and the preterm birthweight for Summit County increased from 2017 to 2018. Summit County saw an increase in low birthweight rates from 8.5% in 2017 to 9.0% in 2018.

Low birth weight (<2500 grams) birth rate by month, 2014-2018





## Conclusion & Next Steps

After careful analysis of both the epidemiological and qualitative data, Summit County has decided to maintain the following five primary categories of health needs that impact the community: adolescent health, aging population, chronic disease, maternal and infant health, and mental health and addiction. These priorities and the community's strategies to address them will be published in the 2020 Community Health Improvement Plan (CHIP) that will be released next year.

# data appendix



# CLINICAL CARE

## Cancer Screening

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

DATA SOURCE: COUNTY HEALTH RANKINGS

2013	2016	% CHANGE	STATE	HP 2020	WORSENER
59.0%	40.0%	-32.20%	41%	76.80%	

Women on Medicare receiving a mammogram decreased 32.2% since the 2016 CHA. Early breast cancer detection and diagnosis is important for increased chance of survival and overall quality of life.

### Late stage diagnosis of breast cancer

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH

2008-12	2018	% CHANGE	STATE	HP 2020	IMPROVED
28.9%	27.4%	-5.20%	28.20%	42.1 new cases per 100,000 females	

The percent of women who are diagnosed with late stage breast cancer has decreased 5.2% since the 2016 CHA. Catching cancer prior to this stage is crucial to the chances of survival. According to the American Cancer Society, if cancer is diagnosed in the late stage, only about one in five women will survive for at least five years after diagnosis.

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

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH

2014-2016	% CHANGE	STATE	HP 2020	N/A
73.2%	N/A	75.60%	93.00%	

Pap tests are important for predicting cervical cancer in women. In Summit County from the years 2014-2016, 73.2% of women had a pap test within the last three years.

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

DATA SOURCE: OHIO CANCER ATLAS, OHIO DEPARTMENT OF HEALTH

2014-2016	% CHANGE	STATE	HP 2020	N/A
67.3%	N/A	66.40%	70.50%	

Between 2014 and 2016, 67% of Summit County residents ages 50-75 reported a colorectal screening based on current guidelines.

## Prenatal Care

### Percentage of women receiving 1st trimester prenatal care

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
74.9%	70.9%	-1.50%	75.40%	77.90%	

Prenatal care in the first trimester is associated with better birth outcomes. Pregnant women who start prenatal care later than the first trimester have an increased risk of poor birth outcomes such as low birth weight, premature birth and infant and maternal mortality. The percentage of women receiving first trimester prenatal care continues to decrease and was 70.9% in 2017.

## 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

2012	% CHANGE	STATE	HP 2020	N/A
68.3%	N/A	67.40%	49.0%	

The percentage of adults who have been to the dentist in the past 12 months is 68.3%. In 2010, this number was 75.6%. The Centers for Disease Control and Prevention has changed the way they reported this indicator, making the two numbers incomparable.

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

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	WORSENER
75.6%	71.5%	-5.40%	N/A	49.0%	

Tooth decay is one of the most common conditions from the ages of 5 to 19 years old. Children and teenagers should be receiving regular dental checks. The percentage of middle school students who are receiving regular dental checks has decreased from 75.6% in 2013 to 71.5% in 2018.

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

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
71.5%	73.8%	+3.2%	NA	49.0%	

Tooth decay is one of the most common conditions from the ages of 5 to 19 years old. Children and teenagers should be receiving regular dental checks. The percentage of high school students who are receiving regular dental checks has increased from 71.5% in 2013 to 73.8% in 2018.

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

DATA SOURCE: OHIO MEDICAID ASSESSMENT SURVEY

2008	2017	% CHANGE	STATE	HP 2020	IMPROVED
74.8%	82.7%	+10.6%	N/A	49.0%	

The percentage of children and adolescents who used the oral health system within the past year has increased from 74.8% in 2008 to 82.7% in 2017.

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

DATA SOURCE: OHIO MEDICAID ASSESSMENT SURVEY

2008	2017	% CHANGE	STATE	HP 2020	IMPROVED
71.5%	65.7%	-8.10%	NA	49.0%	

The percentage of adults that are age 18-64 years old who used the oral health system within the past year has decreased from 71.5% in 2008 to 65.7% in 2017.

**Number of schools participating in school-based sealant programs**

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2012	2019	% CHANGE	STATE	HP 2020	WORSENE
47	40	-14.9%	N/A	N/A	

School-based sealant programs are detrimental in helping our students maintain proper oral hygiene. The number of schools participating in school-based sealant programs has decreased from 47 schools in 2012 to 40 schools in 2019.

**Number of dentists and oral surgeon practices that accept Medicaid**

DATA SOURCE: OHIO DEPARTMENT OF MEDICAID

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
33	60	+81.8%	NA	NA	

The number of dentists and oral surgeon practices that accept Medicaid has increased from 33 practices in 2015 to 60 practices in 2019.

**Health Care Access****Emergency department utilization per 1,000 population**

DATA SOURCE: EPI CENTER

2016	2018	% CHANGE	STATE	HP 2020	N/A
578	577	-0.20%	N/A	N/A	

The total emergency department visits for all causes per 1,000 population was 577 in 2018.

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

DATA SOURCE: CMS, AMERICAN COMMUNITY SURVEY

2017	% CHANGE	STATE	HP 2020	N/A
7.0%	N/A	7.40%	0.0%	

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

DATA SOURCE: CMS, AMERICAN COMMUNITY SURVEY

2016	2018	% CHANGE	STATE	HP 2020	N/A
3.9%	3.3%	-15.40%	NA	NA	

The percentage of dual eligible adults in Summit County Medicaid/Medicare has decreased from 3.9% in 2015 to 3.3% in 2018.

**Percentage of children under 19 without health insurance**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2017	% CHANGE	STATE	HP 2020	N/A
2.9%	N/A	7.40%	0.0%	

**Ratio of population to primary care physicians**

DATA SOURCE: COUNTY HEALTH RANKINGS

2013	2016	% CHANGE	STATE	HP 2020	WORSENER
1000:1	1040:1	+4%	1300:1	N/A	

The ratio of population to primary care providers has increased over time from 1000:1 in 2013 to 1040:1 in 2016.

**Ratio of mental health providers**

DATA SOURCE: COUNTY HEALTH RANKINGS

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
530:1	410:1	-22.60%	470:1	N/A	

The ratio of population to mental health providers has decreased over time from 799:1 in 2013 and 530:1 in 2015 to 410:1 in 2018.

### Ratio of dentists

DATA SOURCE: COUNTY HEALTH RANKINGS

2013	2017	% CHANGE	STATE	HP 2020	IMPROVED
1709:1	1530:1	-7.00%	1620:1	N/A	

The ratio of the Summit County population to the total number of dentists in the County. The ratio of dentists decreased from 1709:1 in 2013 to 1530:1 in 2017.

### Average waiting time (days) for detox for males

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

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
9	0	N/A	N/A	N/A	

On average, males had to wait 9 days for detox in 2015, but there has been a decrease in waiting days as time went on. There is now a 0 day waiting time for detox among males in 2019.

### Average waiting time (days) for detox for females

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

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
6	0	N/A	N/A	N/A	

On average, females had to wait 6 days for detox in 2015, but there has been a decrease in waiting days as time went on. There is now a 0 day waiting time for detox among females in 2019.

### Average waiting time (days) for residential for males

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

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
62	11	N/A	N/A	N/A	

The waiting time for men to receive residential treatment has decreased from 62 days in 2015 to 11 days in 2019.

### Average waiting time (days) for residential for females

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

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
32	6	N/A	N/A	N/A	

The waiting time for women to receive residential treatment has decreased from 32 days in 2015 to 6 days in 2019.

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

DATA SOURCE: COUNTY HEALTH RANKINGS

2013	2016	% CHANGE	STATE	HP 2020	IMPROVED
67.0	51.0	-23.90%	51.3	N/A	

The number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees has decreased from 67.0 in 2013 to 51.0 in 2016.

### Language Access

#### Cost of translation services among Summit County large public institutions

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH SURVEY

2015	2017	% CHANGE	STATE	HP 2020	N/A
\$865,047	\$2,236,684	158%	N/A	N/A	

The cost of translation services in Summit County continues to rise from \$865,047 in 2016 to \$2,236,684 in 2017.

#### Language other than English spoken at home

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
35.60%	39.60%	-14.9%	33.50%	N/A	

Percent of people that are age 5 years+ that speak English (less than very well) as well as another language in the home has decreased from 35.6% in 2011 and 39.6% in 2016 to 33.7% in 2017.

### Health Screening

#### Ever told blood pressure was high

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
34.70%	36.50%	+5.2%	34.7%	N/A	

The percentage of individuals who were told that their blood pressure was high slightly increased from 32.4% in 2011 and 34.7% in 2015 to 36.5% in 2017. This increase is not a statistically significant difference.

**Ever told have diabetes**

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
9.90%	12.10%	+22.2%	12%	N/A	

The percentage of individuals told that they have diabetes slightly decreased from 10.2% in 2011 to 9.9% in 2015. The percentage slightly increased from 9.9% in 2015 to 12.1% in 2017 which was seen as not a statistically significant difference.

**Prediabetes**

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
6.80%	6.10%	-10.3%	7.30%	N/A	

The percentage of individuals who are pre-diabetic increased from 4.6% in 2011 to 6.8% in 2015, then the percentage slightly decreased from 6.8% in 2015 to 6.1% in 2017. The decrease is not a statistically significant difference.

**BMI of 29.9 kg/m<sup>2</sup> or greater**

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
24.40%	29.80%	+22.1%	33.8%	30.5%	

Health screenings have shown that the percentage of individuals with BMI of 29.9kg/m<sup>2</sup> or greater which are the guidelines for obesity slightly increased from 23.1% in 2011 to 24.4% in 2015 and 29.8% in 2017. The 2011-2015 increase is not a statistically significant difference.

**Adults diagnosed with depressive disorder**

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
21.60%	20.60%	-4.6%	22.60%	N/A	

The percentage of adults diagnosed with depressive disorder increased from 14% in 2011 to 21.6% in 2015. The percentage showed little to no significant difference when it slightly decreased from 21.6% in 2015 to 20.6% in 2017.

# HEALTH BEHAVIORS

## Smoking

### Adult smoking

DATA SOURCE: COUNTY HEALTH RANKINGS

2014	2016	% CHANGE	STATE	HP 2020	N/A
21.0%	20.0%	N/A	23%	12.0%	

According to the 2019 County Health Rankings, 1 out of 5 adults (20%) in Summit County were smokers in 2016. This cannot be reliably compared to data from previous years due to differences in data collection methodology.

### Adult e-cigarette use (current users)

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
2.8%	4.6%	+64.3%	5.30%	N/A	

The percentage of adults that currently use e-cigarettes slightly increased from 2.8% in 2015 to 4.6% in 2017. This increase is not a statistically significant difference.

### Adults who have ever tried e-cigarettes

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2017	% CHANGE	STATE	HP 2020	N/A
22.8%	N/A	24.50%	N/A	

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

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2017	% CHANGE	STATE	HP 2020	N/A
16.3%	N/A	N/A	N/A	

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

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2017	% CHANGE	STATE	HP 2020	N/A
42.3%	N/A	N/A	N/A	

### Percent of middle school students who are current cigarette users

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
4.2%	1.9%	-54.80%	N/A	21.0%	

### Percent of high school students who are current cigarette users

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
13.5%	5.8%	-57.00%	N/A	21.0%	

## Physical Activity

### Physical inactivity

DATA SOURCE: COUNTY HEALTH RANKINGS

2012	2015	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
24.0%	24.0%	0.00%	25%	32.6%	

Physical inactivity is a risk factor for several diseases and health conditions. There has been no statistically significant change in this indicator since the 2016 CHA.

### Access to exercise opportunities

DATA SOURCE: COUNTY HEALTH RANKINGS

2014	2018	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
96.0%	94.0%	0.00%	84%	N/A	

According to the County Health Rankings, 96% of Summit County residents reported to be living reasonably close to a location for physical activity, such as parks or recreational facilities in 2014. This number decreased by 2.1% by 2018 with 94% reporting living close to a location for physical activity.

## Alcohol Use

### Excessive drinking

DATA SOURCE: COUNTY HEALTH RANKINGS

2014	2016	% CHANGE	STATE	HP 2020	N/A
16.0%	18.0%	N/A	19%	25.4%	

The percentage of adults who were found to be excessive drinking was 16% in 2014 and is 18% in 2016. However, data was gathered through different methods so current year can not be compared to previous years.

### Heavy alcohol consumption

DATA SOURCE: BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
4.30%	4.80%	+11.6%	6.20%	N/A	

The percentage of heavy alcohol consumption has showed little to no significant difference by slightly increasing from 4.3% in 2015 to 4.8% in 2017.

### Middle school current alcohol use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
8.60%	6.00%	-30.20%	N/A	8.6%	

The percentage of youth in middle school reporting having drank in the last 30 days has decreased from 8.6% in 2013 to 6% in 2018.

### High school current alcohol use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
30.3%	23.8%	-21.50%	N/A	8.6%	

The percentage of youth in High school reporting having drank in the last 30 days has decreased from 30.3% in 2013 to 23.8% in 2018.

### Alcohol-impaired driving deaths

DATA SOURCE: COUNTY HEALTH RANKINGS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
52.0%	44.0%	-15.40%	33.00%	0.38 deaths per 100 million vehicle miles traveled	

The percentage of alcohol-impaired deaths has decreased from 52.0% in 2015 and 44.0% in 2017.

## Sexual Behaviors

### Chlamydia

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2015	2018	% CHANGE	STATE	HP 2020	WORSENE
568	632	+11.3%	520.9	N/A	

The cases of chlamydia per 100,000 have increased from 489 cases in 2011 and 568 cases in 2015 to 632 cases in 2018.

## Gonorrhea

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
164	205.8	+25.5%	206.4	251.9 for females 194.8 for males	

The cases of gonorrhea per 100,000 have increased from 125.2 cases in 2011 and 164 cases in 2015 to 205.8 cases in 2018.

## Middle school condom use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
16.70%	46.3%	+177.2%	N/A	N/A	

Middle school condom use has increased from 16.7% in 2013 to 46.3% in 2018.

## High school condom use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	WORSENER
58.2%	53.3%	-8.40%	N/A	N/A	

High school condom use has decreased from 58.2% in 2013 to 53.3% in 2018.

## Had first sexual intercourse before age 13

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
6.8%	3.4%	-50.0%	N/A	N/A	

The percentage of high school students who had sexual intercourse before the age of 13 years old decreased from 6.8% in 2013 to 3.4% in 2018.

## Been pregnant or gotten someone pregnant

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
4.2	2.3	-45.20%	N/A	N/A	

The percentage of high school students who have gotten pregnant or gotten someone else pregnant has decreased from 4.2% in 2013 to 2.3% in 2018.

## HIV

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

2013	2017	% CHANGE	STATE	HP 2020	WORSENER
7.6	8.5	+11.8	8.4	12.4	

The new diagnoses of HIV/Aids infection per 100,000 has increased from a rate of 7.6 in 2011 to 8.5.

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

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
20.1	20	-0.50%	20	N/A	

The black teen birth rate per 1,000 has decreased from 40.7 in 2011 and 20.1 in 2015 to 20 in 2017.

## Teen birth rate (per 1,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
9.1	7.4	-18.70%	8.4	N/A	

The teen birth rate has decreased from 12.9 in 2011 and 9.1 in 2015 to 7.4 in 2017.

## Drug Use

### Drug overdose deaths (per 100,000)

DATA SOURCE: COUNTY OF SUMMIT MEDICAL EXAMINER

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
24.2	19.7	-18.60%	N/A	N/A	

The rate of drug overdose deaths per 100,000 have decreased from 24.2 deaths in 2015 to 19.7 deaths in 2018.

### Prescription drug abuse (opiates) per 1,000 Medicaid beneficiaries

DATA SOURCE: OHIO AUDITOR OF STATE

2010	2016	% CHANGE	STATE	HP 2020	WORSENER
7.1	26.5	+273.2%	26.5	N/A	

The prescription drug abuse per 1,000 Medicaid beneficiaries has increased from 7.1 in 2010 to 26.5 in 2016.

### High school marijuana use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
36.60%	31.30%	-15.0%	N/A	N/A	

The percentage of students in high school who have ever smoked marijuana has decreased from 36.6% in 2013 to 31.3% in 2018.

### High school cocaine use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
5.80%	2.70%	-53.4%	N/A	N/A	

The percentage of students in high school who have ever used cocaine has decreased from 5.8% in 2013 to 2.7% in 2018.

### High school heroin use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
4.10%	1.50%	-63.4%	N/A	N/A	

The percentage of students in high school who have ever used heroin decreased from 4.1% in 2013 to 1.5% in 2018.

### High school methamphetamine use

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
5.00%	1.80%	-64.0%	N/A	N/A	

The percentage of students in high school who have ever used methamphetamines decreased from 5.0% in 2013 to 1.8% in 2018.

## Unintentional Injuries

### Motor vehicle crash deaths (per 100,000)

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
5.2	8.5	+63.5%	10	12.4	

The rate of motor vehicle crash deaths increased from 5.2 deaths per 100,000 in 2015 to 8.5 deaths per 100,000 in 2017.

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

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
39	51.4	+31.8%	73.1	N/A	

The rate of falls by senior citizens per 100,000 that lead to death has increased from 39 deaths in 2015 to 51.4 deaths in 2018.

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

DATA SOURCE: EPICENTER

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
50.1	82.4	+64.5%	66.9	N/A	

The senior citizens ER visit rate due to incidents that required a fall increased from 50.1 per 1,000 seniors in 2015 to 82.4 per 1,000 seniors in 2018.

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

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2010	2018	% CHANGE	STATE	HP 2020	IMPROVED
17.4	17	-2.3%	N/A	15.7	

The rate of deaths resulting from traumatic brain injuries has decreased from 17.4 deaths per 100,000 in 2010 to 17 deaths per 100,000 in 2018.

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

DATA SOURCE: EPICENTER

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
457.90	587.9	+28.4%	504.1	366.5	

The rate of emergency visits resulting from traumatic brain injury per 100,000 increased from 309.4 ER visits in 2011 and 457.9 ER visits in 2015 to 587.9 ER visits in 2018.

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

DATA SOURCE: EPICENTER

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
793.40	1129.6	+42.4%	1,033.6	366.5	

The rate of emergency visits resulting from traumatic brain injury per 100,000 for children increased from 743.4 ER visits in 2011 and 793.4 ER visits in 2015 to 1,129.6 ER visits in 2018.

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

DATA SOURCE: EPICENTER

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
292.4	409.9	+40.2%	307.4	366.5	

The adult rate of emergency visits resulting from traumatic brain injury per 100,000 increased from 174 ER visits in 2011 and 292.4 ER visits in 2015 to 409.9 ER visits in 2018.

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

DATA SOURCE: EPICENTER

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
480.5	560.9	+16.7%	514.7	366.5	

The senior rate for emergency visits resulting from traumatic brain injury per 100,000 increased from 222.4 ER visits in 2011 and 480.5 ER visits in 2015 to 560.9 ER visits in 2018.

**Sleep****Middle school students that average eight or more hours of sleep**

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	WORSENER
53.70%	45.40%	-15.5%	N/A	N/A	

Insufficient sleep is associated with multiple chronic diseases and conditions. The percentage of youth in Middle Schools that average a total of eight or more hours of sleep per night decreased from 53.7% in 2013 to 45.4% in 2018.

**High school students that average eight or more hours of sleep**

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	WORSENER
26.80%	19.60%	-26.9%	N/A	33.1%	

Insufficient sleep is associated with multiple chronic diseases and conditions. The percentage of youth in high school that average a total of eight or more hours of sleep per night decreased from 26.8% in 2013 to 19.6% in 2018.

# SOCIAL & ECONOMIC FACTORS

## Education

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

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
40.0%	40.4%	+1%	36.70%	N/A	

The percentage of people that are age 25+ with a school degree from a 2 year institution or higher increased from 36.2% in 2009 to 40.0% in 2015. The percentage showed little to no significant difference by slightly increasing from 40.0% in 2015 to 40.4% in 2017.

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

DATA SOURCE: SUMMIT EDUCATION INITIATIVE

2017	2018	% CHANGE	STATE	HP 2020	WORSENER
66.0%	64.0%	-3.00%	N/A	N/A	

The percentage of people who are scoring proficient or above on 3rd grade reading proficiency test decreased from 66% in 2017 to 64% in 2018.

### Average general education teachers per 1,000 students

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2015	2018	% CHANGE	STATE	HP 2020	N/A
45.23	44.9	-0.73%	N/A	N/A	

The average number of general education teachers per 1,000 students decreased from 45.23 in 2015 to 44.9 in 2018.

### Kindergarten readiness

DATA SOURCE: SUMMIT EDUCATION INITIATIVE

2017	2018	% CHANGE	STATE	HP 2020	WORSENER
65.0%	60.0%	-7.70%	N/A	N/A	

According to the Summit Education Initiative, preschool-age children who are ready for kindergarten are more likely to do well on their 3rd grade reading scores. The percentage of students who are categorized as being ready for kindergarten decreased from 65% in 2016 and 2017 to 60% in 2018.

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

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2016	2018	% CHANGE	STATE	HP 2020	WORSENER
10.3	18.3	+77.7%	N/A	N/A	

The percentage of disciplinary actions such as out of school suspensions per 100 students increased from 16 in 2011 to 18.3 in 2018.

**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

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
1.40%	3.20%	+128.6%	3.90%	N/A	

The percentage of residents age 16 - 19 who are not enrolled in school, not a high school graduate, and are unemployed/not in a labor force increased from 1.4% in 2015 to 3.2% in 2017.

**Average school attendance rate**

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
96.30%	94.70%	-1.60%	N/A	N/A	

The average attendance rate of the students in Summit County decreased from 96.4% in 2011 and 96.3% in 2015 to 94.7% in 2018.

**Average four-year high school graduation rate**

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
88.8%	93.9%	5.70%	85.30%	87.0%	

The average rate of high school graduates who graduate in 4 years has increased from 88.8% in 2015 to 93.9% in 2018. The percentage rose for all school districts combined.

**Employment****Unemployment rate**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
6.00%	4.60%	-23.30%	4.60%	N/A	

The unemployment rate decreased from 11.1% in 2009 and 6% in 2015 to the preliminary rate of 4.6% in 2018.

### Income inequality

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
47.6	47.3	-0.60%	46.4	N/A	

The income inequality rate slightly increased from 45.4% in 2009 to 47.6% in 2015. The rate showed little to no significant difference by slightly decreasing from 47.6% in 2015 to 47.3% in 2017.

### Median household income

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
\$51,309	\$55,419	+8%	\$54,021	N/A	

### Education, healthcare and social assistance jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2016	2017	% CHANGE	STATE	HP 2020	N/A
24.7%	22%	-10%	24.10%	N/A	

### Manufacturing jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2016	2017	% CHANGE	STATE	HP 2020	N/A
15.2%	14.7%	- 3%	15.10%	N/A	

### Retail trade jobs

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2016	2017	% CHANGE	STATE	HP 2020	N/A
12.6%	13.1%	+4%	11.20%	N/A	

## Poverty

### Poverty rate

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
14.30%	12.70%	-11.20%	13.90%	N/A	

The poverty rate which slightly decreased from 14.7% in 2009 and 14.3% in 2015 showed no significant difference until the rate dropped to 12.7% in 2017.

**Foreign born/non-citizen poverty rate**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2012	2017	% CHANGE	STATE	HP 2020	WORSENER
26.60%	31.90%	+19.9%	23.30%	N/A	

The poverty rate for foreign born/non-citizens increased from 10.3% in 2007 and 26.6% in 2012 to 31.9% in 2017.

**Akron children eligible for free lunch**

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
81.80%	83.90%	+2.6	N/A	N/A	

The percentage of children eligible for free lunch in Akron increased from 81.8% in 2015 to 83.9% in 2018.

**Suburban children eligible for free lunch**

DATA SOURCE: OHIO DEPARTMENT OF EDUCATION

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
28.90%	26.50%	-8.30%	N/A	N/A	

The percentage of children eligible for free lunch in the suburbs decreased from 28.9% in 2015 to 26.5% in 2018.

**Children in poverty**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
21.60%	18.10%	-16.20%	20.10%	N/A	

The percentage of children in poverty decreased from 21.60% in 2015 to 18.10% in 2017.

**Percent receiving food stamps**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
14.20%	15.00%	+5.6%	13.20%	N/A	

The percentage of individuals that receive food stamps showed little to no significant difference by slightly increasing from 14.2% in 2015 to 15.0% in 2017.

**Female head of household poverty rate**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
30.60%	26.90%	-12.1%	29.30%	N/A	

The poverty rate with a female as the head of the household has decreased from 32.0% in 2009 and 30.6% in 2015 to 26.9% in 2017.

**Average wages**

DATA SOURCE: BUREAU OF LABOR STATISTICS

2016	2018	% CHANGE	STATE	HP 2020	IMPROVED
\$47,303	\$47,762	+1%	\$48,220	N/A	

The average wages increased from \$41,571 in 2011 and \$47,303 in 2016 to \$47,762 in 2018.

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

DATA SOURCE: INFOLINE

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
26.20%	21.00%	-19.3%	N/A	N/A	

The percent of InfoLine calls asking about utility payment assistance has decreased from 26.02% in 2015 to 21.0% in 2019.

**Community Safety****Violent crime rate per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENE
280.5	327.4	+16.7%	N/A	N/A	

The violent crime rate is described as the number of reported crimes in the community divided the population. The violent crime rate per 100,000 increased from 280.50 in 2015 to 327.40 in 2017.

**Murder per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENE
6.8	9.4	+38.2%	N/A	5.5	

The Summit County murder rate that has been calculated per 100,000 residents increased from 6.80 in 2015 to 9.40 in 2017.

**Rape per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
45.6	59.1	+29.6%	N/A	N/A	

The rate of rape per 100,000 residents in Summit County has increased from 45.65 in 2015 to 59.1 in 2017.

**Robbery per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
89.7	86.7	-3.3%	N/A	N/A	

The robbery rate per 100,000 in Summit County has decreased from 89.7 in 2015 to 86.7 in 2017.

**Aggravated assault per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
138.4	172.2	+24.4%	N/A	N/A	

The rate of aggravated assault per 100,000 in Summit County increased from 138.40 in 2015 to 172.20 in 2017.

**Property crime per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
2,836.9	2,756.3	-2.8%	N/A	N/A	

The property crime rate per 100,000 residents decreased from 2,836.90 in 2015 to 2,756.30 in 2017.

**Burglary per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
670.00	603.1	-10.0%	N/A	N/A	

The burglary rate per 100,000 residents decreased from 670 in 2015 to 603.10 in 2017.

**Larceny theft per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
1,991.30	1,946.10	-2.3%	N/A	N/A	

The larceny theft rate per 100,000 residents decreased from 1,991.30 in 2015 to 1,946.10 in 2017.

**Motor vehicle theft per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
156.3	181.8	+16.3%	N/A	N/A	

The motor vehicle theft per 100,000 residents increased from 156.3 in 2015 to 181.8 in 2017.

**Arson per 100,000 residents**

DATA SOURCE: OIBRS

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
19.4	24.8	+27.8%	N/A	N/A	

The arson rate in Summit County per 100,000 residents increased from 19.4 in 2015 to 24.8 in 2017.

**New filings for domestic violence civil protection orders per 1,000 residents**

DATA SOURCE: SUPREME COURT OF OHIO

2015	2017	% CHANGE	STATE	HP 2020	N/A
208.9	202.8	-2.9%	N/A	N/A	

The new domestic violence civil protection order filings per 1,000 residents decreased from 208.9 in 2015 to 202.8 in 2018.

**Injury related deaths per 100,000 residents**

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
81.4	60.7	-25.4%	70.8	53.7	

The injury related deaths decreased from 81.4 in 2015 to 60.7 in 2018.

## Homicides

DATA SOURCE: SUMMIT COUNTY VITAL STATISTICS

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
5.5	7.3	+32.7	8.9	5.5	

The average number of homicides in Summit County increased from 4.6 homicides in 2010 and 5.5 homicides in 2015 to 7.3 homicides in 2018.

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

DATA SOURCE: EPICENTER

2014 - 2018	% CHANGE	STATE	HP 2020	N/A
34.4	N/A	47.5	N/A	

Violence related ER visits per 100,000 for adults that are age 65 and older had an average of 34.4 in between the years of 2014 to 2018.

## CIT training for officers

DATA SOURCE: COUNTY OF SUMMIT ADM BOARD

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
648	727.0%	+12.2%	N/A	N/A	

The amount of officers that have been CIT trained increased from 648 in 2015 to 727 in 2018.

## Fall-related ER visits per 1,000 seniors

DATA SOURCE: EPICENTER

2014	2018	% CHANGE	STATE	HP 2020	WORSENER
47.8	82.4	N/A	66.9	47.11	

Fall-related ER visits have continued to increase for senior citizens in Summit County. The fall-related ER visits per 1,000 seniors increased from an average rate of 47.8 visits in 2014 to 82.4 visits in 2018.

## Children in need of protective services per 1,000 children

DATA SOURCE: SUMMIT COUNTY CHILDRENS SERVICES

2015	2018	% CHANGE	STATE	HP 2020	WORSENER
18.5	18.7	+1.1%	N/A	N/A	

The rate of children per 1,000 that are in need of social services in Summit County has increased from 18.1 in 2010 and 18.5 in 2015 to 18.7 in 2018.

## Transportation

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

DATA SOURCE: US DEPARTMENT OF TRANSPORTATION

2014	2017	% CHANGE	STATE	HP 2020	WORSENER
10,074	9515.0%	-5.50%	N/A	N/A	

The METRO Regional transit unlinked passenger trips per 1,000 decreased from 10,074 trips in 2014 to 9,515 trips in 2017.

### Use of public transportation to work

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
2.10%	1.4%	-33.30%	1.60%	N/A	

The percentage of people that use public transportation to get to work and home from work decreased from 2.1% in 2015 to 1.4% in 2017.

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

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
11.00%	10.3%	-6.40%	11.40%	N/A	

The percentage of people that travel an average of 45 minutes or more to work slightly increased from 10.6% in 2009 to 11.0% in 2015, and then slightly decreased from 11.0% in 2015 down to 10.3% in 2017. This difference in percentage is not a statistically significant difference.

## Housing

### Renter Housing Affordability

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
43.30%	43.3%	0.00%	44.40%	N/A	

Percentage of renters that are paying more than 30% of income on housing decreased from 52.7% in 2011 to 43.3% in 2015 and 2017. There was no statistically significant difference found from the year 2015 to 2017.

**Owner housing affordability (housing units with a mortgage)**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
18.90%	17.6%	-6.90%	20.60%	N/A	

Percentage of owners that are paying more than 30% of income on housing decreased from 24.4% in 2011 and 18.9% in 2015 to 17.6% in 2017.

**Rent for a two-bedroom apartment**

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2016	2018	% CHANGE	STATE	HP 2020	N/A
\$750	\$810	+8%	\$818	N/A	

The rent for a two bedroom apartment in Summit County increased from \$750 in 2016 to \$810 in 2018.

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

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2016	2018	% CHANGE	STATE	HP 2020	N/A
\$14.42	\$15.73	+9.1%	\$15.73	N/A	

The hourly wage that is need to afford a 2 bedroom apartment in Summit County increased from \$14.42 in 2016 to \$15.73 in 2018.

**Average hourly wage of renters**

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2016	2018	% CHANGE	STATE	HP 2020	N/A
\$11.26	\$13.92	+23.6	\$13.92	N/A	

The average renter hourly wage increased from \$11.26 in 2016 and \$13.92 in 2018.

**Rent affordability at average renter wage**

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2016	2018	% CHANGE	STATE	HP 2020	N/A
\$586	\$701	+19.6%	\$724	N/A	

The affordable rent at average renter wage increased from \$586 in 2016 to \$701 in 2018.

**Number of full-time renter wage jobs needed to afford average rent**

DATA SOURCE: NATIONAL LOW-INCOME HOUSING COALITION

2016	2018	% CHANGE	STATE	HP 2020	IMPROVED
1.3	1.15	-11.50%	1.45	N/A	

The average number of full-time jobs that are needed to afford average rent in Summit County decreased from 1.3 jobs to 1.15 jobs.

**Family Structure & Social Connectivity****Children in single-parent households**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
35.70%	39.5%	+10.6%	27.0%	N/A	

The percentage of children in Summit County that are in single parent households increased from 31.2% in 2019 and 35.7% in 2015 to 39.5% in 2017.

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

DATA SOURCE: DIRECTION HOME AREA AGENCY ON AGING

2014	2018	% CHANGE	STATE	HP 2020	N/A
3.00%	4.7%	+55.7%	N/A	N/A	

The percentage of seniors that are age 65 and older that are enrolled in PASSPORT, Assisted Living and/or MyCare increased from 3% in 2014 to 4.7% in 2018.

**Residents without internet access**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
18.40%	13.1%	-28.80%	22.90%	N/A	

The percentage of Summit County residents that are without internet access has decreased from 22.6% in 2013 and 18.4% in 2015 to 13.1% in 2018.

# PHYSICAL ENVIRONMENT

## Housing

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

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE PARCEL DATA

2010	2019	% CHANGE	STATE	HP 2020	IMPROVED
6.62%	6.2%	-4.90%	N/A	N/A	

The percentage of Summit County housing that is in below average or worse condition decreased from 6.62% in 2010 and 6.52% in 2016 to 6.20% in 2019.

### High Quality Standard Inspection - Above Average Rating

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2016	2019	% CHANGE	STATE	HP 2020	WORSENER
24.5%	22.5%	-8.10%	N/A	N/A	

The percentage of houses that scored above average during the quality standard inspection decreased from 24.5% in 2016 to 22.5% in 2019.

### High Quality Standard Inspection - Average Rating

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2016	2019	% CHANGE	STATE	HP 2020	IMPROVED
69.00%	71.3%	3.30%	N/A	N/A	

The percentage of houses that scored an average during the quality standard inspection increased from 69.0% in 2016 to 71.3% in 2019.

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

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2016	2019	% CHANGE	STATE	HP 2020	WORSENER
81	86	6.20%	N/A	N/A	

The average age of housing in low income census tracts increased from 81 years in 2016 to 86 years in 2019.

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

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2010	2017	% CHANGE	STATE	HP 2020	IMPROVED
69.10%	65.60%	1.10%	65.80%	N/A	

The percentage of owner-occupied vs. rental housing has increased from 64.9% in 2015 to 65.6% in 2017.

**Lead Data: Summit County children testing positive for lead (blood; per 1,000 children)**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH LEAD DATABASE

2012	2018	% CHANGE	STATE	HP 2020	IMPROVED
3.80%	2.20%	26.70%	2.29%	2.5%	

The percentage of Summit County children per 1,000 that are testing positive for lead decreased from 3.8% in 2012 and 3% in 2015 to 2.2% in 2018.

**Lead Data: Number of lead abatements**

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

2010	2019	% CHANGE	STATE	HP 2020	IMPROVED
95.00	207.00	135.20%	N/A	N/A	

The number of lead abatements rose from 95 abatements in 2010 to 207 abatements in 2018.

**Lead Data: % of housing built before 1978**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH LEAD DATABASE

2016	2019	% CHANGE	STATE	HP 2020	WORSENE
72.8%	76.60%	-5.20%	75.88%	N/A	

The percentage of housing built before 1978 in Summit County increased from 72.8% in 2016 to 76.6% in 2019.

**Total Homelessness Rate (per 1,000 residents)**

DATA SOURCE: OHIO BALANCE OF STATE CONTINUUM OF CARE

2011	2018	% CHANGE	STATE	HP 2020	IMPROVED
1.58	1.08	-22.60%	N/A	N/A	

The total homelessness rate per 1,000 Summit County residents decreased from 1.58 in 2011 and 1.40 in 2015 to 1.08 in 2018.

**Rental Vacancy Rate**

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2011	2017	% CHANGE	STATE	HP 2020	IMPROVED
10.7%	3.0%	60.00%	5.6%	N/A	

The rate of rental vacancies by percent in Summit County decreased from 10.7% in 2011 and 7.5% in 2015 to 3% in 2017.

### Number of Abandoned or Vacant Homes

DATA SOURCE: HUD AGGREGATED USPS ADMINISTRATIVE DATA ON ADDRESS VACANCIES

2015	2019	% CHANGE	STATE	HP 2020	IMPROVED
4.30%	3.90%	-9.30%	N/A	N/A	

Percentage of abandoned or vacant homes in Summit County decreased from 4.3% in 2015 to 3.9% in 2019.

### Air Quality

#### Poor Air Quality Index Days

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH AIR QUALITY MONITORING

2010	2018	% CHANGE	STATE	HP 2020	IMPROVED
18	1	-94.4%	N/A	N/A	

Number of days where the air quality is considered to be unhealthy for sensitive groups.

#### Radon: Percent of tested properties that tested above 4pCL/l

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

1988-16	1988-18	% CHANGE	STATE	HP 2020	N/A
34.0%	34.0%	0.00%	N/A	N/A	

This long-term aggregated value expectedly remains unchanged, as there is a large overlap between the compared years of data. Additionally, we would not expect significant change in radon levels in the bedrock and soil over such a short time period.

#### Radon: Mitigation jobs completed per year

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2015	2018	% CHANGE	STATE	HP 2020	N/A
426	482	+13.1%	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.

#### Indoor air (smoking): Public space violations/ investigations

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
141	13	-90.80%	N/A	N/A	

## 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 2020	NO SIGNIFICANT DIFFERENCE
1.20%	1.00%	-16.70%	N/A	N/A	

Defined as the percent of residential parcels with their centroid inside a FEMA flood plain. The codes from the data used here include "A" (Areas with a 1% annual chance of flooding and a 26% chance of flooding over the life of a 30-year mortgage) and "AE" (The base floodplain where base flood elevations are provided).

### Septic system failures

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
15.20%	9.70%	-36.00%	N/A	N/A	

### Lead in water

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

2010	2017	% CHANGE	STATE	HP 2020	N/A
ND - 9.1 ppb	ND - 3.7 ppb	N/A	N/A	N/A	

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 REGIONAL FOODBANK

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
8,793,209	9,649,801	+9.7%	N/A	N/A	

The number of meals that were distributed to those in need in Summit County increased from 6,698,708 meals in 2010 and 8,793,209 meals in 2015 to 9,649,801 meals in 2018.

### Number of grocery stores

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	IMPROVED
85	90	+5.9%	N/A	N/A	

Number of retail grocery stores in Summit County according to the Summit Food Coalition categories increased from 84 stores in 2007 and 85 stores in 2014 to 90 stores in 2018.

**Number of convenience stores**

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	N / A
54	46	-14.8%	N/A	N/A	

Number of retail convenience stores in Summit County according to the Summit Food Coalition categories decreased from 54 stores in 2014 to 46 stores in 2018.

**Number of specialty stores**

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	N / A
31	20	-35.5%	N/A	N/A	

The number of specialty stores in Summit County according to the Summit Food Coalition categories decreased from 37 stores in 2007 and 31 stores in 2014 to 20 stores in 2018.

**Number of gas stations with convenience**

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	N / A
146	134	-8.2%	N/A	N/A	

The number of gas stations with convenience stores in Summit County according to the Summit Food Coalition categories decreased from 146 stores in 2014 to 134 stores in 2018.

**Number of warehouse/supercenters**

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	N / A
6	4	-33.3%	N/A	N/A	

The number of warehouses/supercenters in Summit County according to the Summit Food Coalition categories decreased from 6 stores in 2014 to 4 stores in 2018.

**Percent of population living in a food desert**

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

2015	2018	% CHANGE	STATE	HP 2020	IMPROVED
11.90%	8.70%	-27.1%	N/A	N/A	

The percentage of the population in Summit County that is currently living in a food desert decreased from 11.9% in 2015 to 8.7% in 2018.

## Community gardens

DATA SOURCE: SUMMIT COUNTY PUBLIC HEALTH

2016	2019	% CHANGE	STATE	HP 2020	IMPROVED
80.00	81	+1.3%	N/A	N/A	

The number of community gardens throughout Summit County has increased from 80 gardens in 2016 with 65 of those in Akron to 81 gardens total in 2019 with 66 of those in Akron.

## Transportation

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

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
86.00%	85%	-1.2%	83.00%	N/A	

The percentage of the labor force that drives alone to work in Summit County decreased from 88% in 2010 and 86% in 2015 to 85% in 2017.

### Public transit usage/access

DATA SOURCE: AMERICAN COMMUNITY SURVEY

2015	2017	% CHANGE	STATE	HP 2020	WORSENER
2.10%	1.40%	-33.3%	1.50%	N/A	

The percentage of Summit County residents that use public transit and have access to it decreased from 2.1% in 2015 to 1.4% in 2017.

### Vehicle miles travelled (kDVT)

DATA SOURCE: OHIO DEPARTMENT OF TRANSPORTATION

2014	2017	% CHANGE	STATE	HP 2020	IMPROVED
16016	15985	-0.2%	N/A	N/A	

Based on the Ohio Department of Transportation data, the vehicle miles traveled in Summit County decreased from 16,016 miles in 2014 to 15,985 miles in 2017.

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

DATA SOURCE: OHIO DEPARTMENT OF TRANSPORTATION, AMERICAN COMMUNITY SURVEY

2014	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
29.5	29.5	-0.1%	28.02%	N/A	

The vehicle miles traveled daily per a population of 1,000 had little to no significant difference showing a slight increase from 29.1 miles in 2010 to 29.5 miles in 2014 and 2017.

### Number of abandoned commercial/ industrial buildings

DATA SOURCE: USPS, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

2016	2019	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
38.50%	38%	-1.30%	N/A	N/A	

The number of abandoned commercial/industrial buildings in Summit County increased from 24.5% in 2011 to 38.5% in 2016. The percentage showed little to no significant difference by slightly decreasing from 38.5% in 2016 to 38.0% in 2019.

### Land Use

#### Number of current retail liquor licenses

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2016	2019	% CHANGE	STATE	HP 2020	N/A
2891	2958	+2.3%	N/A	N/A	

The number of retail liquor licenses in Summit County increased from 2,891 licenses in 2016 to 2,958 licenses in 2019.

#### Carry-out locations

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2016	2019	% CHANGE	STATE	HP 2020	N/A
416	896	+115.4%	N/A	N/A	

The number of carry-out locations in Summit County have doubled since the last CHA, locations increased from 416 in 2016 to 896 locations in 2019.

#### Restaurants, bars and night clubs

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2016	2019	% CHANGE	STATE	HP 2020	N/A
600	1247	+107.8%	N/A	N/A	

The number of restaurants, bars, and nightclubs in Summit County have increased from 600 in 2016 to 1,247 in 2019.

#### Locations with Sunday sales

DATA SOURCE: OHIO DEPARTMENT OF COMMERCE

2016	2019	% CHANGE	STATE	HP 2020	N/A
594	621	+4.5%	N/A	N/A	

The number of locations with Sunday sales has increased from 594 locations in 2016 to 621 locations in 2019.

**Tobacco: primary retail outlets**

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2014	2019	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
18	18	0.00%	N/A	N/A	

There was no significant difference found when gathering the data from the 18 primary retail outlets found in Summit County between the years of 2014 and 2019.

**Tobacco: current tobacco licenses**

DATA SOURCE: SUMMIT COUNTY FISCAL OFFICE

2015	2019	% CHANGE	STATE	HP 2020	N/A
474	460	-3.00%	N/A	N/A	

The amount of tobacco licenses in Summit County decreased from 474 licenses in 2015 to 460 licenses in 2019.

**Stores that sell e-cigarettes/vapor products**

DATA SOURCE: GOOGLE MAPS, GIS AND SC EPIDEMIOLOGY

2016	2019	% CHANGE	STATE	HP 2020	WORSENER
11	29	+163.6%	N/A	N/A	

The initial growth of e-cigarettes/vapor products hit Ohio by storm causing the number of stores that sell those products to double. The number of stores that sell e-cigarettes/vapor products in Summit County increased from 11 stores in 2016 to 29 stores in 2019.

**Miles of trails/bike paths**

DATA SOURCE: SUMMIT COUNTY METROPARKS

2016	2019	% CHANGE	STATE	HP 2020	IMPROVED
88.7	117.4	+42.5%	N/A	N/A	

The miles of bike and hike trails in Summit County increased from 88.7 miles in 2016 to 117.4 miles in 2019. The trails provide safe passageways for cyclists and pedestrians to get to their destinations.

**Recreation facilities per 100,000 residents**

DATA SOURCE: ESRI

2014	2018	% CHANGE	STATE	HP 2020	IMPROVED
9.6	11.8	+42.5%	N/A	N/A	

The number of recreation and fitness facilities per 100,000 residents increased from 9.6 facilities in 2014 to 11.8 facilities in 2018.

**Recycling rate, with yard waste**

DATA SOURCE: REWORKS SURVEY

2015	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
34.70%	33.20%	-4.30%	N/A	N/A	

The recycling rate including yard waste for the communities inside of Summit County increased from 30.7% in 2012 to 34.7% in 2015, and the rate slightly decreased from 34.7% in 2015 to 33.2% in 2017. This decrease in percentage is not a statistically significant difference.

**Recycling rate, not including yard waste**

DATA SOURCE: REWORKS SURVEY

2015	2017	% CHANGE	STATE	HP 2020	IMPROVED
13.40%	14.80%	+10.3	N/A	N/A	

The recycling rate not including yard waste for the communities inside of Summit County increased from 11.4% in 2012 and 13.4% in 2015 to 14.8% in 2017.

**Industrial pollution (# of brownfield sites)**

DATA SOURCE: OHIO EPA

2016	2019	% CHANGE	STATE	HP 2020	IMPROVED
40	27	-32.50%	N/A	N/A	

Brownfields are abandoned/underutilized commercial or industrial properties contaminated with various hazardous substances. The number of brownfield sites decreased from 40 sites in 2016 to 27 sites in 2019.

# HEALTH OUTCOMES

## Suicide

### Middle School Suicide Attempts, seriously considered suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
13.3%	13.0%	-2.30%	N/A	N/A	

The percentage of suicide attempts that occurred in Summit County Middle Schools slightly decreased from 13.3% in 2013 to 13.0% in 2018. This difference in percentage is not a statistically significant difference.

### High School Suicide Attempts, seriously considered suicide (youth)

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
16.9%	17.7%	4.70%	N/A	N/A	

The percentage of suicide attempts that occurred in Summit County High Schools slightly increased from 16.9% in 2013 to 17.7% in 2018. The increase in percentage is not a statistically significant difference.

## Birth Outcomes

### Percent of babies born with low birth weight

DATA SOURCE: VITAL STATISTICS

2006 - 2010	2014 - 2017	% CHANGE	STATE	HP 2020	WORSENER
8.80%	9.3%	4.50%	9.00%	7.80%	

Low birth weight is any weight less than 2,500 grams or 5 pounds 8 ounces, and it can cause mental development problems in young children/infants. The percent of Summit County babies that have been born with low birth weight increased from 8.8% in 2010 to 8.9% in 2015 to 9.3% in 2017.

## Chronic Disease

### Percent of adults with diabetes (type II)

DATA SOURCE: CENTERS FOR DISEASE CONTROL & PREVENTION

2010	2016	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
9.20%	9.0%	N/A	11.70%	7.20%	

Being overweight or obese increases a person's chances of becoming diabetic. The percentage of adults in Summit County with type II diabetes slightly decreased by 9.2% in 2010 to 9.0% in 2016. The decrease in percentage is not a statistically significant difference.

**ER visits for exacerbation (breathing) per 1,000**

DATA SOURCE: EPICENTER

2014	2018	% CHANGE	STATE	HP 2020	IMPROVED
8	6.40	-19.50%	N/A	N/A	

The rate of ER visits that involve exacerbation per 1,000 decreased from 8 visits in 2014 to 6.4 visits in 2018.

**Nephritis nephrotic syndrome and nephrosis death rate (age-adjusted) per 100,000**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH RECORDS

2007-2011	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
13.30	10.40	-21.80%	14.70%	N/A	

The chronic kidney disease death rate that has been age adjusted per 100,000 increased from 4.2 in 2011 to 8.6 in 2018.

**Breast Cancer**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	WORSENER
22.10	21.60	-2.30%	22.00	20.7	

The rate of Breast cancer cases per 100,000 decreased to 22.1 cases in 2013 to 21.6 cases in 2018.

**Colorectal Cancer Death Rate**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
16.30	14.90	-8.60%	15.4	14.5	

The rate of individuals who have died from colorectal cancer decreased from 16.3 in 2013 to 14.9 in 2018.

**Lung Disease Death Rate (chronic lower respiratory)**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
51.10	46.00	-10.00%	48.3	N/A	

The death rate of individuals who have died from lung disease decreased from 51.1 in 2013 to 46 in 2018.

### Respiratory Cancer Death Rate

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
52.60	43.30	-17.70%	46.7	N/A	

The death rate of individuals who have died from respiratory cancer decreased from 52.6 in 2013 to 43.3 in 2018.

### Prostate Cancer

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
20.80	19.70	-5.30%	19.00	21.8	

The death rate of individuals who have died from prostate cancer decreased from 20.8 in 2013 to 19.7 in 2018.

### Diabetes

DATA SOURCE: COUNTY HEALTH RANKINGS

2014	2015	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
10.0%	11.0%	10.00%	12.00%	N/A	

The percentage of Summit County residents that classify as diabetic slightly increased from 10.0% in 2014 to 11.0% in 2015. This difference in percentage is not a statistically significant difference.

### Kidney Disease

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
3%	2.90%	-3.30%	2.90%	13.3%	

The percentage of Summit County residents that have kidney disease slightly decreased from 3.0% in 2011 and 2015 to 2.9% in 2017. This decrease in percentage is not a statistically significant difference.

### Children with Asthma

DATA SOURCE: YOUTH RISK BEHAVIOR SURVEY

2013	2018	% CHANGE	STATE	HP 2020	IMPROVED
23.10%	20.40%	-11.70%	N/A	N/A	

The percentage of children in Summit County that have asthma slightly decreased from 23.1% in 2013 to 20.4% in 2018. This decrease in percentage is not a statistically significant difference.

### Adults with Asthma

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
17.20%	12.8%	-18.50%	13.70%	N/A	

The percentage of Summit County adults with asthma decreased from 17.2% in 2011 and 15.7% in 2015 to 12.8% in 2017. The percentage decrease was seen as not statistically significant.

### Adults with COPD

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
8.7%	7.4%	-34.50%	8.30%	N/A	

The percentage of adults with COPD in Summit County decreased from 8.7% in 2011 to 7.4% in 2017. The percentage decrease was seen as not statistically significant.

### High Blood Pressure

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
31.5%	36.5%	5.2%	34.70%	26.9%	

The percentage of tested Summit County residents with high blood pressure increased from 31.5% in 2011 and 34.7% in 2015 to 36.5% in 2017. The percentage increase was seen as not statistically significant.

### High Cholesterol

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
39%	35.60%	-5.60%	33.40%	13.5%	

The percentage of tested Summit County residents with high cholesterol increased from 33.7% in 2015 to 35.6% in 2017. The percentage increase was seen as not statistically significant.

### Heart Disease

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
5.70%	3.50%	52.20%	4.70%	N/A	

The percentage of Summit County residents who suffer from heart disease increased from 2.3% in 2015 to 3.5% in 2017. The percentage increase was seen as not statistically significant.

## Heart Disease Death Rate

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
177.5	177.4	-0.10%	186.2	103.4	

The death rate of individuals that suffered from heart disease per 100,000 in Summit County decreased from 177.5 in 2013 to 177.4 in 2018. The decrease in rate was seen as not statistically significant.

## History of Stroke

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
3.10%	6.80%	44.70%	3.80%	N/A	

The percentage of Summit County individuals who have ever suffered from a stroke or were told that they had one slightly increased from 3.1% in 2011 and 4.7% in 2015 to 6.8% in 2017. The percentage increase was seen as not statistically significant.

## Stroke Death per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
41.6	39.3	-5.50%	41.3	34.8	

The rate of individuals who have died from a stroke per 100,000 decreased from 41.6 in 2013 to 39.3 in 2018.

## Alzheimer's Disease

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	WORSENER
29	35.3	21.70%	33.6	N/A	

The rate of individuals who have Alzheimer's disease per 100,000 increased from 29 in 2013 to 35.3 in 2018.

## Arthritis

DATA SOURCE: OHIO BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

2011	2017	% CHANGE	STATE	HP 2020	NO SIGNIFICANT DIFFERENCE
26.90%	27.20%	13.3%	29.1%	N/A	

The percentage of tested Summit County residents that have arthritis increased from 24% in 2015 to 27.2% in 2017. The percentage increase was seen as not statistically significant.

**Cancer fatality rate (age-adjusted) per 100,00**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH RECORDS

2008-2012	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
167.30	162.20	-3.0%	171.3	161.4	

The rate of individuals who have died from a cancer per 100,000 decreased from 167.3 in 2012 to 162.2 in 2018.

## Communicable Disease

**Number of people living with HIV/AIDS per 100,000**

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

2011	2017	% CHANGE	STATE	HP 2020	WORSENER
131.20	178.30	14.7%	206.4	N/A	

The rate of individuals in Summit County per 100,000 that are living with HIV/AIDS increased from 131.2 in 2011 and 155.4 in 2014 to 178.3 in 2017.

**All communicable diseases tracked by SCPH per 100,000**

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2011	2018	% CHANGE	STATE	HP 2020	WORSENER
806.8	1301.5	34.8%	N/A	N/A	

The rate of all communicable diseases that are tracked by Summit County Public Health per 100,000 increased from 806.8 in 2011 and 965.4 in 2015 to 1301.5 in 2018.

**Influenza and pneumonia deaths per 100,000**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH RECORDS

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	WORSENER
14.90	32.30	116.80%	14.9	N/A	

**Viral meningitis cases per 100,000**

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2011	2018	% CHANGE	STATE	HP 2020	WORSENER
18.1	6.50	41.30%	4.1	N/A	

The rate of viral/meningitis cases in Summit County per 100,000 increased from 4.6 in 2015 to 6.5 in 2018.

**Number of cases of vaccine preventable diseases per 100,000**

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2011	2018	% CHANGE	STATE	HP 2020	WORSENER
49.90	233.10	201.60%	124.0	N/A	

The rate for the number of vaccine preventable disease cases in Summit County per 100,000 increased from 49.9 in 2011 and 77.3 in 2015 to 233.1 in 2018.

**Number of enteric disease cases per 100,000**

DATA SOURCE: OHIO DISEASE REPORTING SYSTEM

2011	2018	% CHANGE	STATE	HP 2020	WORSENER
40.60	62.90	93.50%	66.0	N/A	

The rate for the number of enteric disease cases in Summit County per 100,000 increased from 32.5 in 2015 to 62.9 in 2018.

**Oral Health****The proportion of school age children with untreated dental cavities**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH

2012	2013-2015	% CHANGE	STATE	HP 2020	WORSENER
10.0%	13.10%	31.00%	N/A	N/A	

The percentage of school age children that have untreated dental cavities has increased from 10% in 2012 to 13.10% in 2015.

**Injury****Motor vehicle accident deaths per 100,000**

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2009-2013	2014-2018	% CHANGE	STATE	HP 2020	IMPROVED
6.80	6.20	12.00%	11.1	12.4	

The rate of accidental motor vehicle deaths per 100,000 decreased from 6.8 deaths in 2013 to 6.2 deaths in 2018.

**Percentage of ED visits due to unintentional injury**

DATA SOURCE: EPICENTER

2016	2018	% CHANGE	STATE	HP 2020	WORSENER
14.2%	15.3%	7.75%	11.7%	N/A	

The percentage of ER visits that were due to unintentional injury increased from 14.2% in 2016 to 15.3% in 2018.

## Premature Death

### Years of potential life lost per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2008-2012	2016-2018	% CHANGE	STATE	HP 2020	WORSENER
7,484	9,050	12.00%	8,500	N/A	

The years of potential life lost per 100,000 increased from 7,484 in 2012 and 8,080 in 2015 to 9,050 in 2018.

### Suicide rate (youth and adults) per 100,000

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2012	2017	% CHANGE	STATE	HP 2020	WORSENER
13.00	16.70	4.40%	14.8	10.2	

The suicide rate in Summit County with youth and adults per 100,000 increased from 13 in 2012 and 16 in 2015 to 16.7 in 2017.

### Female Life Expectancy

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2008-2015	2016-2018	% CHANGE	USA	HP 2020	NO SIGNIFICANT DIFFERENCE
80.10	79.80	-0.40%	81.1	N/A	

The life expectancy for females has decreased from 80.1 in 2015 to 79.8 in 2018. This decrease is not a statistically significant difference.

### Male Life Expectancy

DATA SOURCE: OHIO DEPARTMENT OF HEALTH DEATH CERTIFICATES

2008-2015	2016-2018	% CHANGE	STATE	HP 2020	WORSENER
75.00	74.40	-0.80%	76.1	N/A	

The life expectancy for males has decreased from 75 in 2015 to 74.4 in 2018.

### Child mortality rate per 100,000

DATA SOURCE: CENTERS FOR DISEASE CONTROL & PREVENTION, OHIO DEPT. OF HEALTH

2009-2012	2014-2017	% CHANGE	STATE	HP 2020	IMPROVED
55.60	60.00	20.00%	57.8	N/A	

The child mortality rate per 100,000 has increased from 50 in 2013 to 60 in 2017

## Infant Mortality

### Infant mortality rate per 1,000 live births

DATA SOURCE: VITAL STATISTICS

2006-2015	2008-2017	% CHANGE	STATE	HP 2020	IMPROVED
7.40	7.28	-1.60%	7.2	6.0	

The infant mortality rate is the rate of infant deaths per 1,000 live births. The infant mortality rate has decreased from 7.4 deaths in 2015 to 7.28 deaths in 2017.

### Neonatal infant mortality rate (0-28 days)

DATA SOURCE: VITAL STATISTICS

2005-2014	2017	% CHANGE	STATE	HP 2020	IMPROVED
5.20	4.70	-9.60%	5.0	4.1	

The neonatal infant mortality rate is the rate of infant deaths per 1,000 live births for infants that fall in the category of 0-28 days. The neonatal infant mortality rate has decreased from 5.2 deaths in 2014 to 4.7 deaths in 2017.

### Post-neonatal infant mortality rate (28-364 days)

DATA SOURCE: VITAL STATISTICS

2005-2014	2017	% CHANGE	STATE	HP 2020	WORSENE
2.10	2.70	28.6%	2.2	2.0	

The post-neonatal infant mortality rate is the rate of infant deaths per 1,000 live births for those case specific infants that pass and are in between the age of 28 days old to 364 days old. The post-neonatal infant mortality rate has increased from 2.1 deaths in 2014 to 2.7 deaths in 2017.

### Black infant mortality rate per 1,000 live births

DATA SOURCE: VITAL STATISTICS

2006-2015	2008-2017	% CHANGE	STATE	HP 2020	WORSENE
11.5	13.65	18.70%	15.6	N/A	

The black infant mortality rate is the rate of infant deaths per 1,000 live births for African Americans. The black infant mortality rate has decreased from 11.5 deaths in 2015 to 13.65 deaths in 2017.