State of the County's Health: Q&A

1. There seems to be an increasing trend in poverty for whites in our community. How can we ensure this is not overlooked with the current priorities focusing on minorities?

In the long-term, the white poverty rate isn't actually trending upward. It certainly did increase from 2008-2011, but only because of the Great Recession, when it worsened for everyone. Between 1990 and 2015, the estimated white poverty rate fluctuated from a low of about 7% in 2000 to a high of 13% in 2011. Once the worst of the recession was behind us, the white poverty rate returned to its 15-year average of about 10%. During those same years, the estimated black poverty rate fluctuated between a low of 25% in 2006 to a high of nearly 38% in 2012. The black poverty rate did improve from that high point down to 31%, but rose back up to nearly 35% in 2015.

It is important to note that part of the reason that the estimated black poverty rate fluctuates more than the estimated white rate is because of blacks' relatively small sample size in the American Community Survey. Because blacks only make up about 14% of the Summit County population, the estimated black poverty rates are less stable than the white rates (which are based on whites' 80% of the total population), and will therefore rise and fall more sharply. The real issue with white and black poverty rates isn't how much they fluctuate, but how far apart they are year after year.

Another way of looking at the white-black disparity is by looking at median household incomes (MHI). Unlike an average, the median income means that half of households have an income lower than the median and half have an income higher than the median. In 2000, the white MHI was about $62,000 (in constant 2014 dollars), while the median for black households was almost $36,000. After the recessions of 2001 & 2007-2009 and two fairly weak recoveries after those recessions, the inflation-adjusted MHI for whites dropped to just under $55,000 and to just under $28,000 for blacks. Since 2000, the white MHI dropped by 13%, while the black MHI dropped by 21%.

Poverty Rates By Race In Summit County, 1990, 2000, 2005-2015

Year	Overall rate	Black rate	White rate
1990	12.1%	33.4%	8.9%
2000	9.9%	27.3%	6.8%
2005	11.2%	28.2%	8.4%
2006	12.4%	25.2%	9.8%
2007	14.1%	37.2%	10.2%
2008	12.2%	29.8%	8.7%
2009	14.7%	34.2%	11.0%
2010	15.3%	31.0%	12.0%
2011	16.6%	33.2%	13.0%
2012	15.8%	37.9%	10.8%
2013	14.6%	33.3%	10.8%
2014	13.0%	31.0%	9.3%
2015	14.3%	34.7%	10.2%
1990-2000	-18.2%	-18.3%	-23.0%
2000-2005	13.1%	3.3%	22.6%
2005-2015	27.7%	23.0%	21.4%

Regarding policy options and which group or groups are the focus, it appears that the solutions for whites, blacks, and those of other races are pretty much the same. Minimizing poverty ultimately boils down to making high quality educational opportunities available to everyone, having enough jobs that pay enough to allow the job holder and his or her family to live self-sufficiently, and providing a range of supports such as unemployment insurance, subsidized child care and job training / career development to help those caught in economic downturns to remain self-sufficient. Minimizing poverty also involves removing barriers to employment that impact special populations such as those trapped in generational poverty, ex-offenders, single mothers with children, and people who are cut off from job opportunities by poor transportation options.

2. **What sectors of the community (i.e. education, small business) would SCPH & ADM Board like to see more involved in planning community health?**

   The Summit Coalition for Community Health Improvement (SCCHI) is always seeking new members. Monthly, the group assesses who is not at the table and develops a plan for outreach. It would be wonderful to have more representation from private industry and unaffiliated community members.

3. **What programs/services are being developed for the coming older adult population?**

   SCPH and other community providers recognize the needed capacity to address the growing older adult population. Programs aimed at self-sufficiency, "aging in place," and keeping seniors safe are cornerstones of the Senior Independent Living Coalition (SILC). SILC is made up of many providers who serve seniors every day. SILC members share ideas and resources and are constantly looking for creative ways to solve problems for seniors.

4. **Why don't we classify addiction as chronic disease? It is and classifying as such will help remove the stigma.**

   Through the work of the Opiate Task Force and the ADM Board, we are attempting to educate the community about the fact that addiction is a chronic disease. The recent Surgeon General's Report, "Facing Addiction in America" reinforces this, as do other national experts:
   https://addiction.surgeongeneral.gov/
   National Institute of Drug Abuse
   https://archives.drugabuse.gov/about/welcome/aboutdrugabuse/chronicdisease/

5. **What resources already at our hospitals could be deployed differently for the benefit of community health?**

   Our hospital systems are great partners. We would like to continue to explore ways in which we can share programming that meets both of our strategic goals. Coordinated referrals are a strategy to help improve outcomes while addressing the social determinants of health. When an individual is not adequately managing a disease or condition, it is possible that there are other factors, such as a need for utility assistance, which is getting in the way. Partnerships between the hospital systems and community agencies can help put individuals on the path of being successful in their medical treatment, while simultaneously addressing the social determinants of health. The Pathways Community Hub through ASCA, Inc. is also a great opportunity to address all of the needs an individual may have through coordinated referral software.

6. **Is Text4Hope a national program? Can someone in another state access it through 741741?**

   Yes, the Crisis Text Line is a national program and can be accessed anywhere in the United States by texting "4hope" to 741741. A fact sheet about how the crisis text line works may be found here: http://mha.ohio.gov/Portals/0/assets/Prevention/Suicide/CTL-fact-sheet.pdf.

7. Do you track the numbers of youth educated people who move away? It seems that our population is declining, leaving only those with greater needs. Is this true?

Contrary to the conventional wisdom that we're shrinking, Summit County's population has actually held fairly steady for the last 15 years. According to the US Census, our population was 542,849 in 2000, 541,781 in 2010, and 541,968 in 2015. The first table below shows how the last 5 years have gone. The net loss in domestic migration we're experiencing is slightly larger than our net gain from international migration, leading to a small overall loss in total net migration. Combining that loss with the net gain in births and deaths (called natural increase) leaves us with a slightly larger estimated population than in 2010.

Geography	April 1, 2010 to July 1, 2015						
	Change		Vital Events		Net Migration		
	Total Population Change	Natural Increase (Births - Deaths)	Births	Deaths	Total	International	Domestic
Summit County	182	3,194	32,305	29,111	-2,339	5,307	-7,646

The second table shows changes in our educational attainment over the past 5 years. Here too, the story kind of goes against the conventional wisdom that we have a serious "brain drain" problem among the young. From 2011 to 2015, the number of people age 25 and over (the population old enough to have finished both a 4-year and an advanced degree) grew by about 2.5%. During that same period, the total number of people with a 4-year degree or higher grew by 13.3%, from about 104,000 in 2011 to 118,000 in 2015. The table also shows the changes in the 25-34 population with 4-year or higher degrees. This age group represents young professionals; college and graduate school graduates just entering the workforce for the first time. That population has held fairly steady for 4 of the last 5 years, then jumped to just under 27,000 in 2015. At the very least, the county is maintaining its share of the youngest members of the educated population, who make up about one-fifth of all of those with 4 year or higher degrees, and about 6-7% of all people age 25 and over.

Category	2011	2012	2013	2014	2015	% Change
Population 25+	369,054	371,213	373,536	375,087	378,407	**2.5%**
Population with a 4-yr degree or higher	103,825	108,544	116,450	113,772	117,614	**13.3%**
Age 25-34 with a 4-yr degree or higher	*23,073*	*22,490*	*24,862*	*24,530*	*26,501*	***14.9%***
% of 4-yr or higher degree	*22.2%*	*20.7%*	*21.3%*	*21.6%*	*22.5%*	***1.4%***
Age 25-34 with a 4-yr or higher degree as a % of total	*6.3%*	*6.1%*	*6.7%*	*6.5%*	*7.0%*	***12.0%***

8. What are the ages of folks who have the increased cases of STI's? Is it older adults?

Incidence (number of new cases) of sexually transmitted infections (STI) in Summit County is increasing slowly every year. Age distribution of cases varied depending on the type of STI. For chlamydia and gonorrhea, reported cases were higher among age group 18 to 24 years. For syphilis, cases were higher among age group 25 to 44 years. And for HIV, age group 25 to 64 had higher number of reported cases. Chlamydia and gonorrhea was highly prevalent among females than males, whereas syphilis and HIV was seen highly prevalent among males.

9. Does SCPH provide the "safe sleep boxes" like King County, WA?

At one point SCPH did consider the idea of safe sleep boxes like those used in King County and many other places in the U.S. In fact, such boxes are used in many places around the world. However, after discussing the idea of moving in that direction with several committees and community partners, we decided that our resources were better targeted at supporting existing efforts such as providing pack n' plays to those in need of safe sleep options.

10. What will be done about the food deserts and 55% fast food access being that these concerns impact minorities disproportionally?

Summit County Public Health has received various grant funds to address policy, systems and environmental changes related to improving health through increasing access to healthy foods. An example of this is the Healthy Corner Store program. Targeted corner stores in food deserts zip codes are put in contact with fresh produce suppliers and given the necessary infrastructure to stock and promote healthy foods to local residents. To view a success story, please visit the following link: https://www.youtube.com/watch?v=qpXNJ0v9AZ8

There are many other initiatives underway around food access in Summit County. Partnerships to build community gardens at AMHA and Headstart, Hattie's Food Hub and the Summit Food Coalition all increase access for Summit County's most vulnerable residents.

11. How well do you feel CIT training has worked in Summit County?

Summit County was the first community in Ohio to implement Crisis Intervention Team (CIT) training for safety forces. CIT training is a forty-hour training for law enforcement personnel where participants learn how to recognize and effectively respond to someone experiencing a mental health crisis. The class teaches effective techniques for de-escalating crises with the goal of helping to safely direct persons with mental illness into treatment instead of inappropriate incarceration. The following document outlines the positive outcomes that have been achieved by counties in Ohio that have implemented CIT.

Summary of Ohio Crisis Intervention Team (CIT) Research

1) CIT connects individuals with mental illness in crisis to mental health services.

In Ohio[1], Criminal Justice CCoE research has found:

- CIT officers are significantly more likely than non-CIT officers to transport people with mental illness to psychiatric emergency services
- CIT officers are more likely to transport people in crisis to treatment on a voluntary basis
- A CIT encounter is far more likely to result in transport to treatment (62%) than arrest (4%)

2) CIT officers use their training and experience to inform their decisions about dispositions.

CIT research in Ohio[2] shows that:

- Officers are more likely to take individuals to a mental health treatment facility if the officer perceives signs of substance abuse, violence towards self or others, signs and symptoms of mental or physical illness or non-adherence to medication
- Dispatch training is an important element of a CIT program to prepare officers before arriving on-scene
- CIT officers are able to identify individuals in crisis in need of mental health treatment regardless of how calls are dispatched

3) CIT prepares officers to better respond to calls involving people with mental illness in crisis.

Ohio Criminal Justice CCoE research[3] has found:

- Before CIT, officers who volunteered for CIT felt significantly less prepared to respond to calls involving persons with mental illness in crisis when compared to officers who have not participated in CIT
- CIT training and experience in the field prepares CIT officers to feel better equipped when responding to such calls (26% before CIT compared to 97% after feeling at least moderately prepared)

4) CIT has improved community partnerships.

The Criminal Justice CCoE's ongoing focus group study shows that:

- In many Ohio communities, CIT has helped develop a sustainable, cross-system steering group for jail diversion efforts
- CIT has led to cross-system understanding and awareness of issues between law enforcement and mental health providers
- Improved communication between criminal justice and mental health has increased trust and improved efficiency in working across systems
- CIT has positively impacted the ways that police officers and jail administrators interact with individuals with mental illness
- Consumers and family members help spread awareness of the CIT program throughout the community

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[1] Teller, J.L.S., Munetz, M.R., Gil, K.G., and Ritter, C. "Crisis Intervention Team training for Police Officers Responding to Mental Disturbance Calls." *Psychiatric Services* 57L 232-237, 2006.

[2] Ritter, C., Teller, J.L.S., Marcussen, K., Munetz, M.R. and Teasdale, B. (in press). "Crisis Intervention Team Officer Dispatch, Assessment, and Disposition: Interactions with Individuals with Severe Mental Illness." *International Journal of Law and Psychiatry (forthcoming).*

[3] Ritter, C., Teller, J.L.S., Munetz, M.R. and Bonfine, N. 2010 (in press). "Crisis Intervention Team (CIT) Training: Selection Effects and Long-Term Changes in Perceptions of Mental Illness and Community Preparedness." *Journal of Police Crisis Negotiations* (forthcoming).