Introduction

This publication is the first of several brief reports to be released by the Summit County Public Health Population Health Division’s Vital Statistics Brief report series. These reports will provide the citizens of Summit County with regular updates on death and life expectancy, maternal and infant health and birth outcomes, and infant mortality. Additional volumes in the series will also be released from time to time, updating the community on other topics of interest.

For those interested in obtaining detailed death data and related statistics, please visit our website, www.scphoh.org/PAGES/REPORTS.html. There, visitors can access our interactive Death Data Dashboard, which allows users to design customized graphics and tables for their own use.

Leading Causes of Death in Summit County

The top five causes of death in Summit County are (in order) heart disease, cancer, chronic lower respiratory disease, stroke, and accidental death.

Summit County shares the same top five causes of death with the nation as a whole, though in a somewhat different order.

However, when looking at 2014 data (the most current national figures available), Summit County’s age-adjusted death rates are worse for all five top causes of death (see Fig. 1, at right). The differences are especially big for the top two causes of death, cancer (161.2 for the US and 187.5 for Summit Co.) and heart disease (161.0 for the US and 184.9 for
The table above 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.
Looking longer-term at the top five causes from 2000-2015, heart disease is the most common cause of death, followed by cancer, chronic lower respiratory disease, stroke, and accidents / unintentional injuries.

While the county’s two largest racial groups, whites and blacks, 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 blacks are higher than for whites on three of the five most common causes of death. More importantly, age-adjusted death rates for blacks are higher than for whites on the two most common causes of death, heart disease and cancer. As shown in Figure 4 below, the rate of heart disease for blacks over the 2000-2015 period was 209.9 per 100,000 people, while the rate for whites was 188.9 per 100,000. For cancer, the rates were 206.4 for blacks and 195.0 for whites. Race differences are also very different for stroke, where the death rate for whites is 42.6 per 100,000 and 64.0 per 100,000 for blacks. Only accidental deaths and deaths due to chronic lower respiratory disease were higher for whites than blacks.
Emerging Issues: Homicides, Suicides, and Overdoses

This section discusses three emerging issues in causes of death: homicides, suicides, and overdoses.

**Homicide by Firearm** - As Figure 5 shows, overall homicide rates have been fairly steady over the past 15 years, fluctuating between three and seven deaths per 100,000 people. However, Figure 6 shows that homicides involving a firearm have been increasing steadily over time, rising from 2.1 per 100,000 between 2000 and 2004 to 3.2 per 100,000 between 2005 and 2009, and finally to 3.8 per 100,000 between 2010 and 2015.

Not only have homicides by firearm been rising, there are also big differences in the rates between whites and blacks. Between 2000 and 2015, the age-adjusted firearm-related homicide rate was 1.2 deaths per 100,000 for whites, and 13.7 per 100,000 for blacks; more than 11 times higher than the white rate. Nearly 41% of black deaths due to firearms were of males between the ages of 20 and 29.

**Suicides** - Suicide rates showed a pattern similar to homicides between 2002 and 2010. However, after 2010, suicide death rates went up in four of the next five years, rising from 11.1 per 100,000 in 2010 to 16.0 in 2015. Nearly half of suicides (45%) were by firearm, while another 12% were caused by intentional drug poisonings.

**Overdoses (unintentional drug poisonings)** - Like homicides, deaths due to accidental poisoning and exposure to various types of drugs held fairly steady for most of the decade of the 2000s, fluctuating between nine and 12 deaths per 100,000 from 2002 to 2009. However, deaths due to drug overdoses rose sharply in four of the six years between 2010 and 2015. In fact, overdose death rates more than doubled during those six years, rising from 11.8 per 100,000 in 2010 to just over 24 per 100,000 by 2015. Deaths due to poisoning by narcotics and hallucinogens led the way, making up nearly 58% of all drug poisoning deaths since 2000 (579 total deaths); a much larger number and percentage than in
any other single category. In addition, narcotic and hallucinogen poisonings have been growing as a percentage of all drug poisoning deaths, rising from 37% of all drug poisoning deaths between 2000 and 2009 to 63% of all drug poisoning deaths between 2010 and 2015. Overall drug overdose deaths rose by 642% between 2000 and 2012. By comparison, drug poisoning deaths for the state of Ohio during this same period only rose by 366%.

One final but important part of the drug overdose picture is the role of multiple drug involvement in drug poisonings. According to the Ohio Department of Health, “Heroin related deaths continued to increase in 2013, significantly surpassing prescription opiates among unintentional overdose deaths. However, prescription opiates remain a prominent contributor to many of the unintentional drug overdoses.”

Heroin related deaths state-wide rose again in 2014.

The figures at right show the amount of prescription opioids dispensed in Summit County and Ohio (Figure 7a) and the impact of heroin’s involvement in opiate-related deaths state-wide (Figure 7b).

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Life Expectancy and Differences By Race and Gender

Even though Summit County residents born in the last seven years can expect to live nearly 78 years, the life expectancy figures show some big differences between different groups of people. Figure 8 shows that there is a two-year difference between the estimated life expectancy at birth of white females (80.1 years) and black females (77.7 years). The gap between males of different races is even larger. The estimated life expectancy at birth was 79.0 years for white males and only 71.3 years for black males.

Figure 9 shows that life expectancy can also be very different depending on where you live. The map below tells a clear story: those living in the cities of Akron or Barberton have life expectancies which are several years shorter than those living in the suburbs. The Akron Central cluster has the lowest life expectancy of the 20 clusters, at just 71.8 years for infants born between 2008 and 2015. Of the remaining Akron clusters, five have life expectancies below the county average of 77.8 years. Only the Akron Northwest cluster has life expectancy figures that look more like the suburbs than the rest of the city. Barberton’s life expectancy at birth is 74.4 years; better than most Akron clusters, but not as high as the other suburbs.

The map also shows that the differences between neighboring parts of the county can be pretty big. For example, life expectancy in the Akron North cluster is just under 74; this is more than six years lower than their neighbors in the Akron Northwest and Munroe Falls / Tallmadge clusters.

While there are many factors that influence the relationship between where people live and how long people can expect to live, one factor stands out; income. People living in areas with higher incomes tend to have longer life expectancies, while people living in lower income areas tend to have lower life expectancies. In fact, there is a strong correlation between median family income in the 20 clusters and the life expectancy of the people who live there.