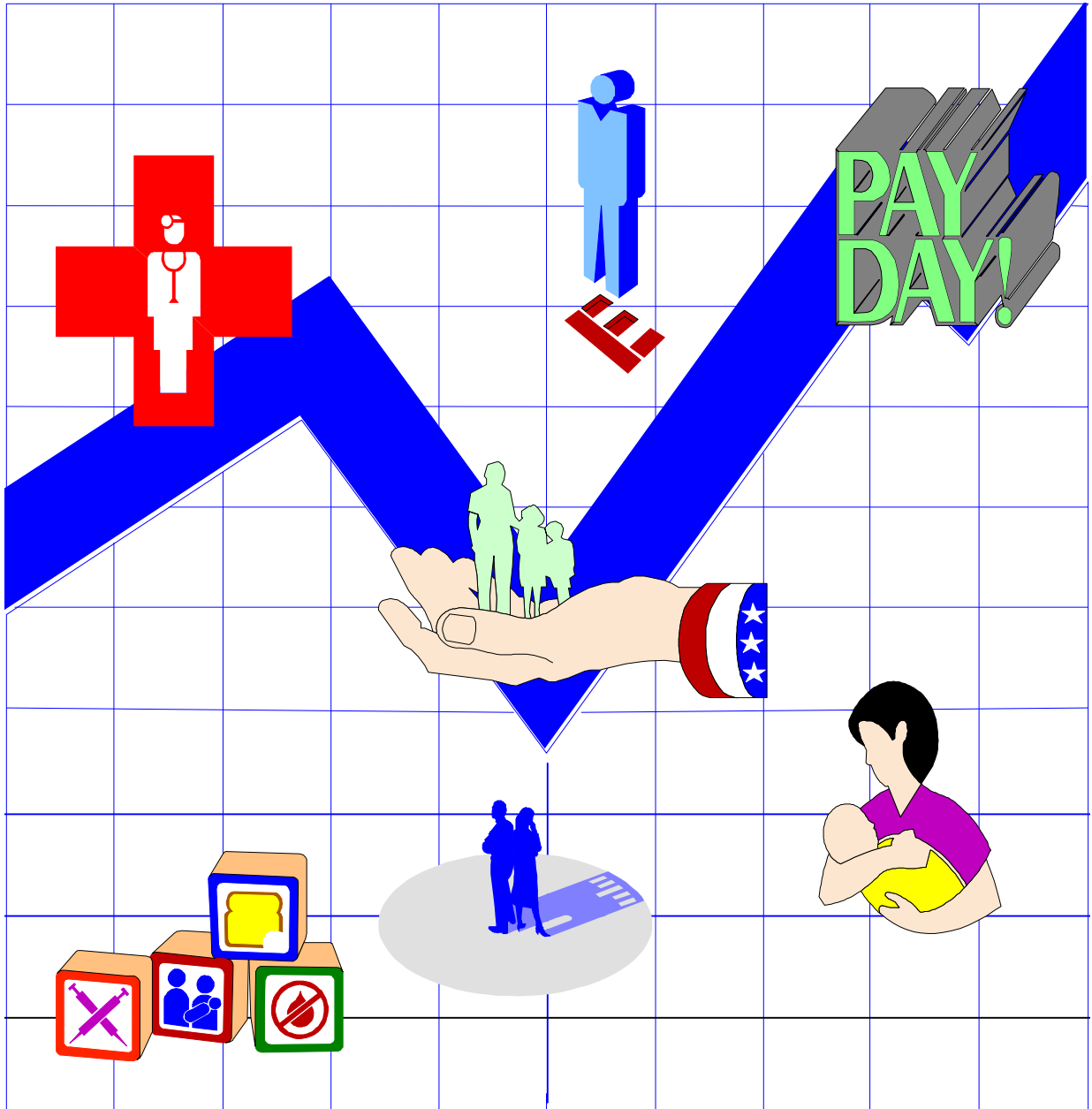


STARK COUNTY 2000 HEALTH ASSESSMENT



STARK COUNTY
2000
HEALTH ASSESSMENT
April 2000

Prepared by

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SUMMARY

DEMOGRAPHIC PROFILE

POPULATION CHANGE

The population of Stark County has shown a decline from 378,823 in 1980 to an estimated 373,112 in 1998. From July 1997 to July 1998, there was a population decrease of .2% from 373,707 to 373,112 (595 persons). During this same period, there were 4,961 births and 3,706 deaths.

POVERTY

Between 1980 and 1995 the overall rate of poverty in Stark County increased by more than 34.4%. During the same period the poverty rate for children aged 3 to 4 increased by 41.9%.

As per 1990 Census data, the poverty rate in Stark County for white female headed households was 72.2% and for black female headed households 87.3%. This is nearly 10 times greater for whites and 5 times greater for blacks than the poverty rate for married couple households at 7.1% and 16.2% respectively. Family type appears to be an important determinant of poverty.

CHILD CARE

The number of working poor families receiving child care assistance each month increased from 528 in 1995 to 864 in 1997--the working welfare/transitional showing a slight decrease from 902 to 866.

ECONOMIC PROFILE

WORKING POOR

Review of available data suggests that a significant percent of working families may not generate sufficient earnings to support themselves.

EARNINGS

Statewide earning trends between 1979 and 1995 have been negative—average earnings fell by more than 10%. Earning loss rate in Stark County between 1979 and 1990 was 18.3%. Between 1993 and 1998, the County's earning trend has been positive at 3%.

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JOBS

The continuing growth in service industry employment pushed total employment in this sector ahead of manufacturing in 1997 for the first time. It is expected that service industry employment will exceed employment in the manufacturing sector by nearly 15,000 workers in 2006.

Percentage of employment increase for Stark County between 1990 and 1999 was 10.69%. Job growth during this period was largely in service industry employment (nonmanufacturing job growth was 13.85% and manufacturing 2.76%). This trend (growth in service industry employment and decline in manufacturing jobs) is expected to continue well into the middle of the current decade. Many of the jobs being created in this sector are part time and generate lower earnings than the traditional manufacturing positions.

HOUSEHOLD INCOME

Countywide real median household income declined by nearly 12.4% between 1979 and 1990. The State as a whole declined by 5.3%.

HOUSING

Stark County has experienced severe erosion of housing equity. During the 1980s, the real mean value of owner occupied housing in Stark County dropped 18.1% compared to 11.5% for the State of Ohio.

EMPLOYMENT BY SECTOR

In 1995 the Services sector employed the most workers in Stark County, with approximately 45,500 persons. Manufacturing was next and retail trade third.

EDUCATIONAL PROFILE

DROPOUT RATE

The dropout rate in Stark County rose to 4.3% in 1998. This is the sixth consecutive annual increase and is 104.8% greater than the 1990 rate of 2.1%.

GRADUATION RATE

The County's 1998 graduation rate (86.14%) improved by a quarter of a percent compared with 1997 (85.89%).

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WELFARE REFORM

POVERTY RATE

Between 1980 and 1995 the overall rate of poverty in Stark County increased by more than 34.4%. Comparing 1990 census data, 1998 census estimates and 1999 welfare roles, there was a drastic increase in the number of poor 3 and 4 year olds in Stark County during the '90s. Accordingly, it is estimated that the number of poor 3 and 4 year olds increased by 38.5% while the estimated total number of 3 and 4 year olds declined by 5.6%.

WORKING POOR

In the fourth quarter of 1998, Stark County ranked 71 out of 88 counties in terms of job growth verses Food Stamp household cuts and among the top five counties in terms of job growth verses AFDC/TANF/OWF household cuts. During the first quarter of 1999, Food Stamp and AFDC/TANF/OWF cuts exceeded job growth in Stark County, dropping the ranking to 65 and 70 respectively.

HEALTH PROFILE

TEEN BIRTH DATA

Stark County teen births as a percent of all births was 13.7 % in 1998, up from 12.6 % in 1997.

BIRTH WEIGHT OF BABIES BORN TO TEEN MOTHERS

Both Stark County and Ohio have witnessed an increase from 1992 to 1998 in the number of teens having low birth weight babies. Stark County, however, showed a decrease in the number from 1997 to 1998. Three of the five cities (Alliance City, Louisville City, and North Canton City) saw a decrease in number of teens with low birth weight babies for the period 1992 to 1998. All but Alliance City saw an increase in number of low birth weight babies from 1997 to 1998.

ALCOHOL USE: TEENS VS. ALL MOTHERS

The percent of alcohol use reflected in teen births as well as all births in Stark County has shown a dramatic decrease from 1990 to 1998. For teen moms, the decrease was approximately 500% and for all births, approximately 300%. There was a slight increase in percent of alcohol use for all births from 1997 to 1998, but the percent for teen births continues to fall.

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CIGARETTE SMOKING: TEENAGE MOTHERS VS. ALL MOTHERS

Cigarette smoking for teen births as well as all births is showing a steady decline in Stark County from 1993 to 1998, with the exception of 1995 when the percent for use by both groups was lower than at any time during this 5 year period.

CIGARETTE SMOKING: TEEN MOTHERS

Both Stark County and Ohio has shown a decrease in cigarette smoking for all births. However, the pattern of cigarette smoking for Ohio teen births is increasing while the number for Stark County shows a decrease from 1996 to 1998. In Stark County, 1995 saw the percent of use lower for both teens and all mothers than at any other time during the period 1993 to 1998.

Stark County and four of the five cities (Alliance, Canton, Massillon and North Canton) have shown a decrease in cigarette smoking by teen mothers from 1992 to 1998. Ohio as a whole and Louisville City have shown an increase during this period.

BIRTH RATES ALL MOTHERS

Birth rates have declined on average for the County as a whole since 1992. Among the five Cities in the Stark County, only North Canton City registered an increase in the birth rate in 1998 compared with the 1992 rate.

LOW BIRTH WEIGHT BIRTHS ALL MOTHERS

The incidence of low weight births for Stark County as a whole shows significant increase between 1992 and 1998. Canton City accounts for a large share of the increased incidence of low weight births during the period.

NO FIRST TRIMESTER PRENATAL CARE ALL MOTHERS

There was a significant reduction in the incidence of no first trimester prenatal care both at the County and City level during the period 1992-1998. Nonetheless, the 1998 rates for Canton (164.8) and Alliance (211.95) remain high in comparison to the 1998 State average of 149 per 1,000 live births.

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BIRTHS TO UNWED MOTHERS ALL MOTHERS

Births to unwed mothers at all levels, (State, County and City) is becoming increasingly common. In 1998, Canton had the highest rate of births to unwed mothers (549.09 per 1,000 live births) followed by Massillon (449.66) and Alliance (432.84). The rate for the County as a whole was 343.40 during the same period.

TOBACCO USE DURING PREGNANCY ALL MOTHERS

While tobacco use during pregnancy shows a significant decline since 1992, and rates for the county as a whole are approaching State averages, the cities of Alliance, Canton and Massillon continue to register high tobacco rate usage.

ONE OR MORE PREVIOUS LIVE BIRTHS ALL MOTHERS

There was little change in the Stark County and State rates for previous live births between 1992 and 1998. Only the Cities of Canton and Louisville registered increases during the period.

ALL BIRTHS BY MOTHERS AGE: STARK VS. OHIO

There has been an increase for teen births, from 12.4 percent in 1993 to 13.7 percent in 1998. Births to mothers 20-24 years old showed a decrease during this period.

GESTATIONAL RATE

The Gestational Rate for under 32 weeks and 32 to 36 weeks has shown an increase from 1994 to 1998 while the rate for 37 weeks and over has decreased.

HEALTHY START EXPANSION AND CHIP

The actual number of enrollees in the Stark County Healthy Start Expansion and CHIP program during January 2000 (2,253) exceeded the expected number of eligibles (1,970) by 114.36%. Fifty-one point one percent of Healthy Start Expansion and CHIP eligibles were enrolled in a Managed Care Plan during the period December 1998 through December 1999. The Statewide average was 52.50 for the same period. During January 2000, 709 eligible children enrolled in Healthy Start Expansion

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are reported to have had some other form of insurance and 1,437 in CHIP were without any other insurance in Stark County.

FETAL, NEONATAL AND INFANT MORTALITY

In 1998, the fetal death rate for Stark County was 12.7 per 1,000 live births compared to a rate of 6.5 in 1990. Although Stark County's combined death rate is .4 percent higher than Ohio, the neonatal and infant death rates are significantly lower. Fetal deaths in Stark County are higher than Ohio as a whole.

INFANT DEATHS

Stark County 's infant death rate per 1000 live births reduced from 7.50 in 1992 to 4.60 in 1998. Three of the cities below have shown an increase in infant deaths from 1992 to 1998--Louisville City, Massillon City, and North Canton City.

NEONATAL DEATHS

With the exception of Massillon City, Stark County and the other four cities (Alliance, Canton, Louisville, and North Canton) registered a decrease or no change in neonatal deaths from 1992 to 1998.

FETAL DEATHS

The fetal death rate in Stark County increased from 4.6 per 1000 births in 1992 to 12.7 per 1000 births in 1998. From 1992 to 1998, Alliance City, and Canton City registered a decrease in fetal death rates while North Canton and Louisville remain at zero. Massillon City showed an increase from zero to 8.98 in 1998.

SELECTED CAUSES OF DEATH ALL AGES

From 1995 to 1998, Stark County had a decrease in Pulmonary, Diabetes, Heart Disease, and Cancers deaths. Stroke deaths increased .6 percent during the three-year period and other causes of deaths increased from 27.4% in 1995 to 29.5% in 1998.

SUICIDE ALL AGES

For youth ages 10-19, the suicide rate increased by 6.2 percent (2.7% for ages 10-14 and 3.5% ages 15-19). Also, the suicide rate for ages 35 to 49 increased from 1995-1998.

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ASEPTIC (VIRAL) MENINGITIS, MENINGOCOCCAL, H. INFLUENZA, HEPATITIS B AND TB

From 1994 to 1998, Aseptic (viral) Meningitis and Meningococcal rates have increased. There were no recorded cases of Hepatitis B in 1998 and only one recorded case of H. Influenzae. Data for Tuberculosis in 1998 was unavailable; however, there were six recorded cases in 1999.

OTHER COMMUNICABLE DISEASES

The incidences of Campylobacter, Giardia, Salmonella, Shigella, E. Coli 0175:H7 and Mumps increased from 1994 to 1998. Hepatitis A decreased from 48 cases in 1994 to 5 in 1998. There were no recorded cases of Measles from 1994 to 1998, and Pertussis remained unchanged.

SMOKING

Twenty point six percent (20.6%) of mothers who gave birth during 1998 are reported to have smoked.

CHILD ABUSE AND NEGLECT

In 1997, there were new reports of 2,750 child abuse and neglect cases in Stark County, compared with 3,563 such cases in 1991.

CHILD CARE

In 1998, there were a total of 3,109 Stark County children receiving child care assistance--1,413 from the Head Start program and 1,696 through the Department of Human Services ADC, JOBS, LEAP, and Transitional programs. It should be noted that Head Start eligibility remains at 100% of poverty while child care support programs through DHS accept children up to 185% of poverty.

A comparison of monthly figures for child care assistance through the Department of Human Services shows an increase of 179 children (from 1,619 in October 1998 to 1,789 in October 1999).

CLIENT SURVEY

HEALTH, WELLNESS AND NUTRITION NEEDS

Client health needs data collected in 1998 have been re-analyzed and re-charted to show the frequency distribution of client health needs by agency. HIV/STD, infectious disease, and child abuse were the top three health needs identified by clients, users, and stakeholders during the 1998 survey.

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EDUCATION NEEDS

Client education needs data collected in 1998 have been re-analyzed and re-charted to show the frequency distribution of client education needs by agency. High School dropout, job training, and parenting and life skills were the top three educational needs identified by clients, users and stakeholders during the 1998 survey.

SOCIAL SERVICE NEEDS

Client social needs data collected in 1998 have been re-analyzed and re-charted to show the frequency distribution of client social service needs by agency. Unemployment, jobs, affordable housing were the top three social service needs identified by the clients, users, and stakeholders during the 1998 survey.

Stark County 2000 Health Assessment

INTRODUCTION

This report contains updated secondary health, education, welfare, economic and demographic data first presented in the Stark County 1998 Health Assessment.

HEALTH ASSESSMENT PROCESS

This is a participant-oriented assessment, emphasizing the central importance of the participants, especially clients, users and stakeholders of the various programs involved. As such, it is a formative assessment that seeks to determine local needs and resources.

Purposive sampling was used to collect primary needs data (specific predefined groups were sampled with a predetermined purpose in mind). Although the use of a nonprobability sampling technique means we cannot depend upon the rationale of probability theory while attempting to test our findings, it does not mean, however, that the survey results aren't representative of the selected population. In keeping with the intended perpetual nature of the health assessment process, random sampling should be conducted if and when it becomes feasible, practical or theoretically sensible, to clarify and substantiate the results of this and subsequent assessments.

ASSESSMENT IMPLEMENTATION

Surveys were conducted for each of the following areas of investigation:

1. The education, health, nutrition, and social service needs of Stark County residents.
2. Local resources for addressing needs including problems with availability and accessibility.

Data on the education, health, nutrition, and social service needs, concerns and problems of the community were collected using written questionnaires consisting of both structured and unstructured questions.

Resource data were collected from health and wellness, education, social service and community action agencies and county government officials through the use of a written questionnaire. Both qualitative and quantitative data were collected.

Employees (informants) of local agencies were asked to complete written questionnaires pertaining to the above areas of need. A total of 72 personnel of 43 agencies responded. Responses from all 72 informants are included in this report.

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Client questionnaires were distributed among local agencies. Two hundred seventy-eight (278) clients representing 24 Stark County agencies completed and returned questionnaires. Of this number, 269 responses are included in this report. The client questionnaire was essentially the same as the informant questionnaire discussed above.

Resource questionnaires were distributed to local agencies of which a total of thirty-four (34) returned completed questionnaires.

In total, 43 agencies and three hundred fifty (350) individuals participated in this assessment. Three data collection instruments containing a total of 543 individual data entry elements were developed to collect needs and resource information. More than 62,000 data entry elements were analyzed. Microsoft Access (version 7.0), an integrated data base package, was used for data entry and analysis.

THE ASSESSMENT PLAN

The geographic coverage of the assessment was identified as all of Stark County, including the following thirty-nine (39) county subdivisions:

Alliance City	Limaville Village	Rural Pike Twp.
Navarre Village	Rural Lexington Twp.	Meyers Lake Village
Rural Bethlehem Twp.	Louisville City	North Canton City
Canton City	Rural Marlboro Twp.	Rural Plain Twp.
Rural Canton Twp.	Massillon City	Magnolia Village
Hills and Dales Village	Nimishillen Twp.	Waynesburg Village
Rural Jackson Twp.	East Canton Village	Rural Sandy Twp.
Greentown Village	Rural Osnaburg Twp.	Beach City Village
Hartville Village	Minerva Village	Brewster Village
Uniontown Village	Rural Paris Twp.	Wilmont Village
Rural Lake Twp.	Perry Heights	Rural Sugar Creek Twp.
Canal Fulton Village	Rural Perry Twp.	Tuscarawas Twp.
Rural Lawrence Twp.	East Sparta Village	Washington Twp.

The following areas of investigation are included in this report:

1. Demographic profile of the county
2. Economic profile of county
3. Educational profile of county
4. Health profile of county
5. Community health/wellness and nutrition, education and social service needs

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6. Resources in the community for addressing needs including problems with availability, and accessibility

Written questionnaires were used to collect primary data. The respondent population was determined to be heads of social service agencies, users of social service agencies, community leaders, and community members.

Secondary data required to construct the County's demographic, economic, education and health profiles were collected from a wide variety of published sources. All data used in this report are identified by source (author/organization, title of document, date and page number(s) where applicable).

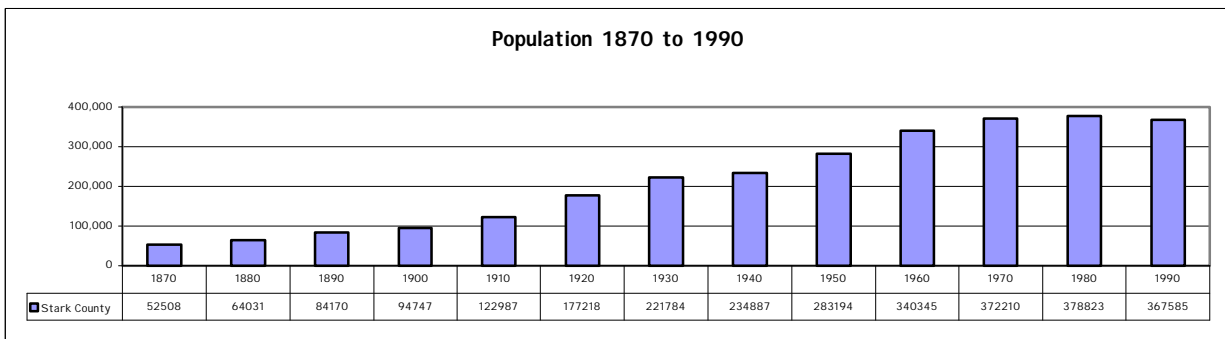
Non Profit Solutions (NPS) is responsible for the data analysis, text, and tables contained in this report. All statistics are subject to sampling and other errors such as survey design flaws, respondent classification, and data processing mistakes. Steps have been taken to minimize errors through quality control and edit procedures.

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DEMOGRAPHIC PROFILE OF STARK COUNTY

COUNTY POPULATION

The population of Stark County in 1990, as per the last decennial census, was 367,585. The County's 1998 estimated population was 373,112 for a *Rate of Natural Increase* of 3.1 and *Rate of Net International Migration* (497 persons) increase of .1 from 1990 to 1998. *Rate of Net Domestic Migration* decreased 1.5 (5,643 persons) during this period for a total population decrease of 5,527 from 1990-98. From July 1997 to July 1998 there was a population decrease of 0.2%, from 373,707 to 373,112 (595 persons) with 4,961 births and 3,706 deaths.



Source: Census of Population and Housing Various Years

1998 ESTIMATED POPULATION BY AGE, RACE AND SEX

Age Range	White Non-Hispanic Male	White Non-Hispanic Female	White Hispanic Male	White Hispanic Female	Black Male	Black Female	Am. Ind. Eskimo, Aleut. Male	Am. Ind. Eskimo, Aleut. Female	Asian, Pacific Island Male	Asian, Pacific Island Female	Hispanic (of any race) Male	Hispanic (of any race) Female
0-4	10,122	9,671	128	158	1,344	1,332	37	34	97	94	164	192
5-8	11,039	10,618	114	106	1,527	1,434	34	43	63	91	128	126
10-14	11,871	11,141	128	107	1,433	1,378	62	43	95	100	141	123
15-19	12,029	11,535	158	121	1,580	1,230	59	50	132	119	175	134
20-24	9,222	9,476	111	80	848	969	31	40	67	70	131	91
25-29	9,967	10,591	107	101	773	962	31	36	32	59	117	108
30-34	11,285	11,919	117	118	814	1,018	32	34	55	90	124	129
35-39	13,539	14,090	136	121	996	1,210	29	41	63	97	143	136
40-44	13,878	14,633	117	128	1,037	1,198	38	54	80	131	123	142
45-49	12,377	12,873	99	115	803	942	39	34	93	113	106	127
50-54	9,972	10,744	95	96	602	693	23	42	71	78	102	102
55-59	8,103	8,868	55	61	441	559	13	24	30	62	59	68
60-64	7,090	7,810	53	80	413	481	11	8	41	35	55	82
65-69	6,667	8,038	65	64	398	516	16	25	13	26	72	68
70-74	6,101	7,836	60	82	314	437	8	11	14	23	61	85
75-79	4,602	6,556	53	63	224	324	10	12	5	11	53	63
80-84	2,577	4,787	23	40	111	218	1	3	7	7	23	41
85+	1,706	4,427	43	42	73	186	4	2	6	5	43	42
Total	162,147	175,613	1,662	1,683	13,731	15,087	478	536	964	1,211	1,820	1,859

Source: ODD Office of Strategic Research

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POPULATION CHANGE 1990, 1996, 1998 BY COUNTY SUBDIVISION

County-County Subdivision Name	1990 Census	1996 Estimate	1998 Estimate	Population Change 1990-98	Percent Change 1990-98
STARK COUNTY	367,585	374,303	373,112	5,527	1.50%
ALLIANCE CITY (PT.)	23,304	22,776	22,377	-927	-4.00%
BETHLEHEM TOWNSHIP	5,803	5,960	5,952	149	2.60%
Navarre village	1,635	1,587	1,561	-74	-4.50%
Balance of Bethlehem township	4,168	4,373	4,391	223	5.40%
CANTON CITY	84,161	80,987	79,259	-4,902	-5.80%
CANTON TOWNSHIP	14,050	14,733	14,791	741	5.30%
Meyers Lake village (pt.)	378	393	393	15	4.00%
Balance of Canton township	13,672	14,340	14,398	726	5.30%
JACKSON TOWNSHIP	32,035	33,567	33,694	1,659	5.20%
Hills and Dales village	297	285	277	-20	-6.70%
Balance of Jackson township	31,738	33,282	33,417	1,679	5.30%
LAKE TOWNSHIP	22,343	23,364	23,441	1,098	4.90%
Hartville village	2,031	2,056	2,046	15	0.70%
Balance of Lake township	20,312	21,308	21,395	1,083	5.30%
LAWRENCE TOWNSHIP	12,047	12,631	12,872	825	6.80%
Canal Fulton village	4,157	4,367	4,575	418	10.10%
Balance of Lawrence township	7,890	8,264	8,297	407	5.20%
LEXINGTON TOWNSHIP	5,291	5,530	5,548	257	4.90%
Limaville village	152	146	143	-9	-5.90%
Balance of Lexington township	5,139	5,384	5,405	266	5.20%
LOUISVILLE CITY	8,087	8,363	8,381	294	3.60%
MARLBORO TOWNSHIP	3,687	3,868	3,884	197	5.30%
MASSILLON CITY	30,969	30,976	30,894	-75	-0.20%
NIMISHILLEN TOWNSHIP	9,492	9,931	9,969	477	5.00%
OSNABURG TOWNSHIP	5,781	5,996	6,010	229	4.00%
East Canton village	1,742	1,758	1,755	13	0.70%
Balance of Osnaburg township	4,039	4,238	4,255	216	5.30%
PARIS TOWNSHIP	5,907	6,171	6,188	281	4.80%
Minerva village (pt.)	2,226	2,309	2,310	84	3.80%
Balance of Paris township	3,681	3,862	3,878	197	5.40%
PERRY TOWNSHIP	30,343	31,804	31,933	1,590	5.20%
PIKE TOWNSHIP	3,931	4,070	4,083	152	3.90%
East Sparta village	771	755	754	-17	-2.20%
Balance of Pike township	3,160	3,315	3,329	169	5.30%
PLAIN TOWNSHIP	49,219	51,551	51,728	2,509	5.10%
Meyers Lake village (pt.)	115	120	120	5	4.30%
North Canton city	14,904	15,568	15,601	697	4.70%
Balance of Plain township	34,200	35,863	36,007	1,807	5.30%
SANDY TOWNSHIP	3,630	3,765	3,768	138	3.80%
Magnolia village (pt.)	591	607	606	15	2.50%
Waynesburg village	1,068	1,090	1,086	18	1.70%
Balance of Sandy township	1,971	2,068	2,076	105	5.30%
SUGAR CREEK TOWNSHIP	6,489	6,709	6,743	254	3.90%
Beach City village	1,051	1,030	1,047	-4	-0.40%
Brewster village	2,307	2,405	2,410	103	4.50%
Wilmot village	261	269	269	8	3.10%
Balance of Sugar Creek township	2,870	3,005	3,017	147	5.10%
TUSCARAWAS TOWNSHIP	6,251	6,558	6,584	333	5.30%
WASHINGTON TOWNSHIP	4,765	4,993	5,013	248	5.20%

Source: ODD Office of Strategic Research

Stark County 2000 Health Assessment

CRIME IN STARK COUNTY

The following statistics are 1996 reported crimes in Stark County. The heading Crime Index reflects the total number of murder, rape, robbery, aggravated assault, burglary, larceny/theft, and motor vehicle theft crimes reported. The Modified Crime Index is these crimes plus arson. It should be noted that the information presented in this table reflects the actual number of reported crimes which may differ from the published 1996 Uniform Crime Reports which contains estimated information. The population is the number reported to the FBI covering the jurisdiction by the agency completing the report. This may not be the same as census population.

Actual Number of Reported Crimes									
Stark County 1996									
Crime Index	Modified Crime Index	Murder	Rape	Robbery	Aggravated Assault	Burglary	Larceny/Theft	Motor Vehicle Theft	Arson
14,927	15,089	13	129	616	1,233	3,259	8,414	1,263	162

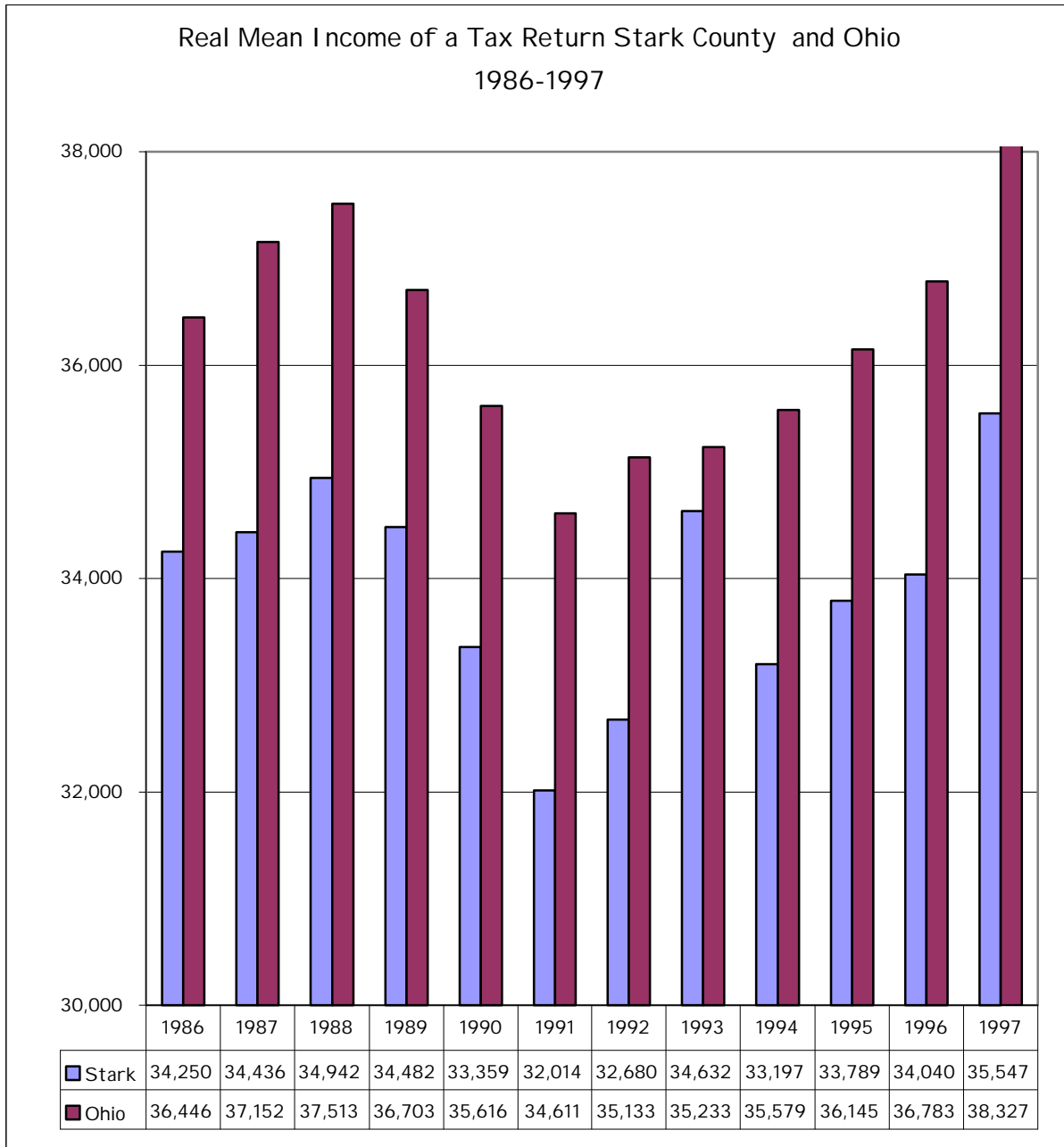
Source: 1996 Uniform Crime Statistics for Ohio

Stark County 2000 Health Assessment

ECONOMIC PROFILE OF STARK COUNTY

REAL MEAN INCOME

The following chart shows the Real Mean Income for Stark County and Ohio for the years 1986-1997. The real mean income in Stark County as a whole was 1.4% lower than the Statewide average for this period.

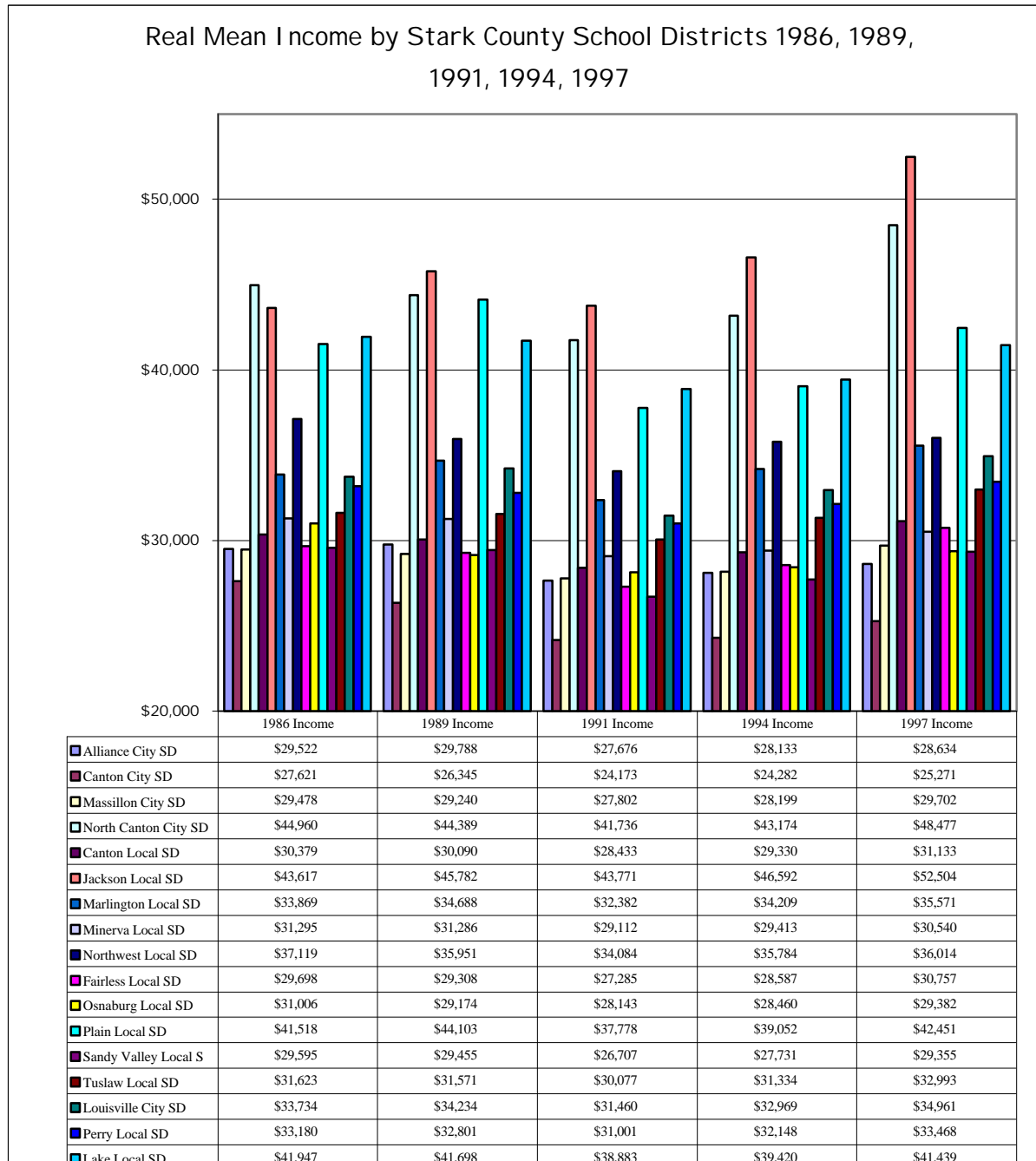


OHIO DEPARTMENT OF TAXATION AND CEQC

Stark County 2000 Health Assessment

REAL MEAN INCOME BY SCHOOL DISTRICT

The following chart shows the Real Mean Income of schools districts in Stark County for the years 1986, '89, '91, '94, '97. It is interesting to note the variations in income levels by district for various years. While Jackson Local school district ended with a 20.4% increase from 1986-1997, Canton City ended with a minus 8.5% for the same period.

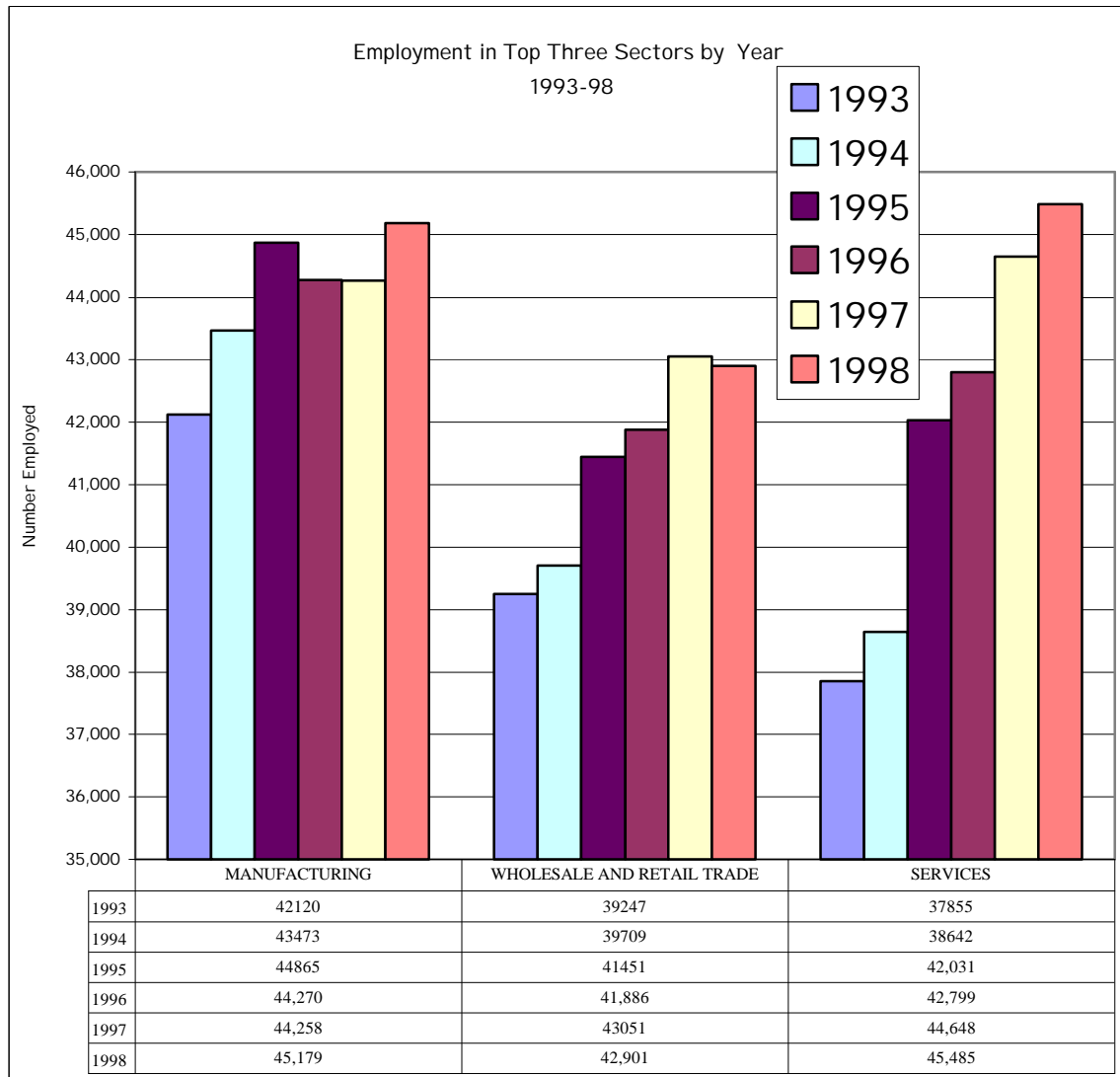


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EMPLOYMENT

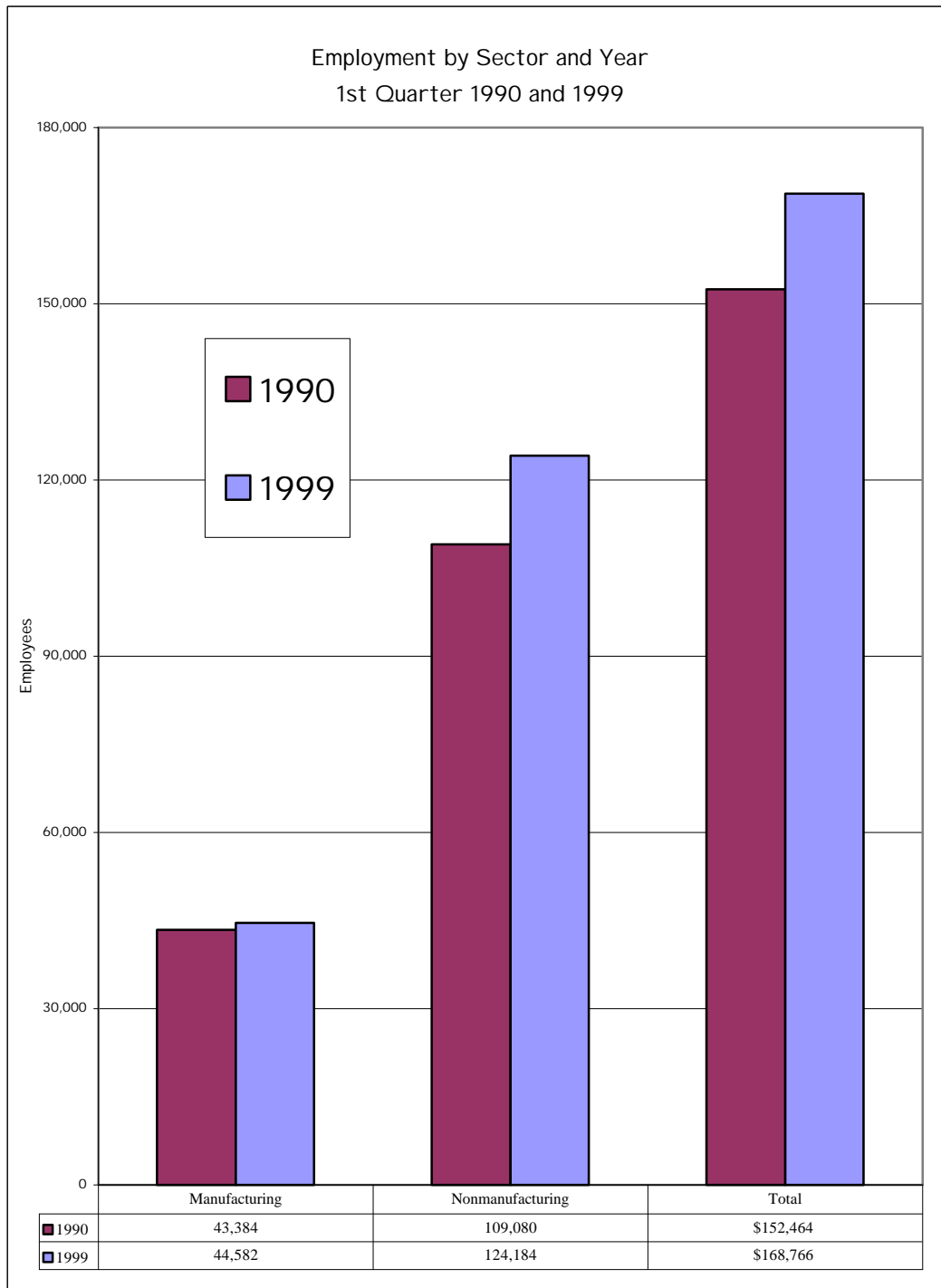
The continuing growth in service industry employment pushed total employment in this sector ahead of manufacturing in 1997 for the first time. This trend (growth in service sector employment and decline in manufacturing jobs) is projected to continue well into the middle of the current decade. Accordingly, it is expected that the service industry will exceed manufacturing employment by nearly 15,000 workers in 2006. Many of the jobs being created in the service sector are part time and generate lower earnings than the traditional manufacturing positions.



Source: ODD, Office of Strategic Research (Covered Employment)

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Between 1990 and 1999, Stark County witnessed employment growth at 10.69%, the majority in the nonmanufacturing sector which grew at 13.85%. Manufacturing employment growth for this period was 2.76%.

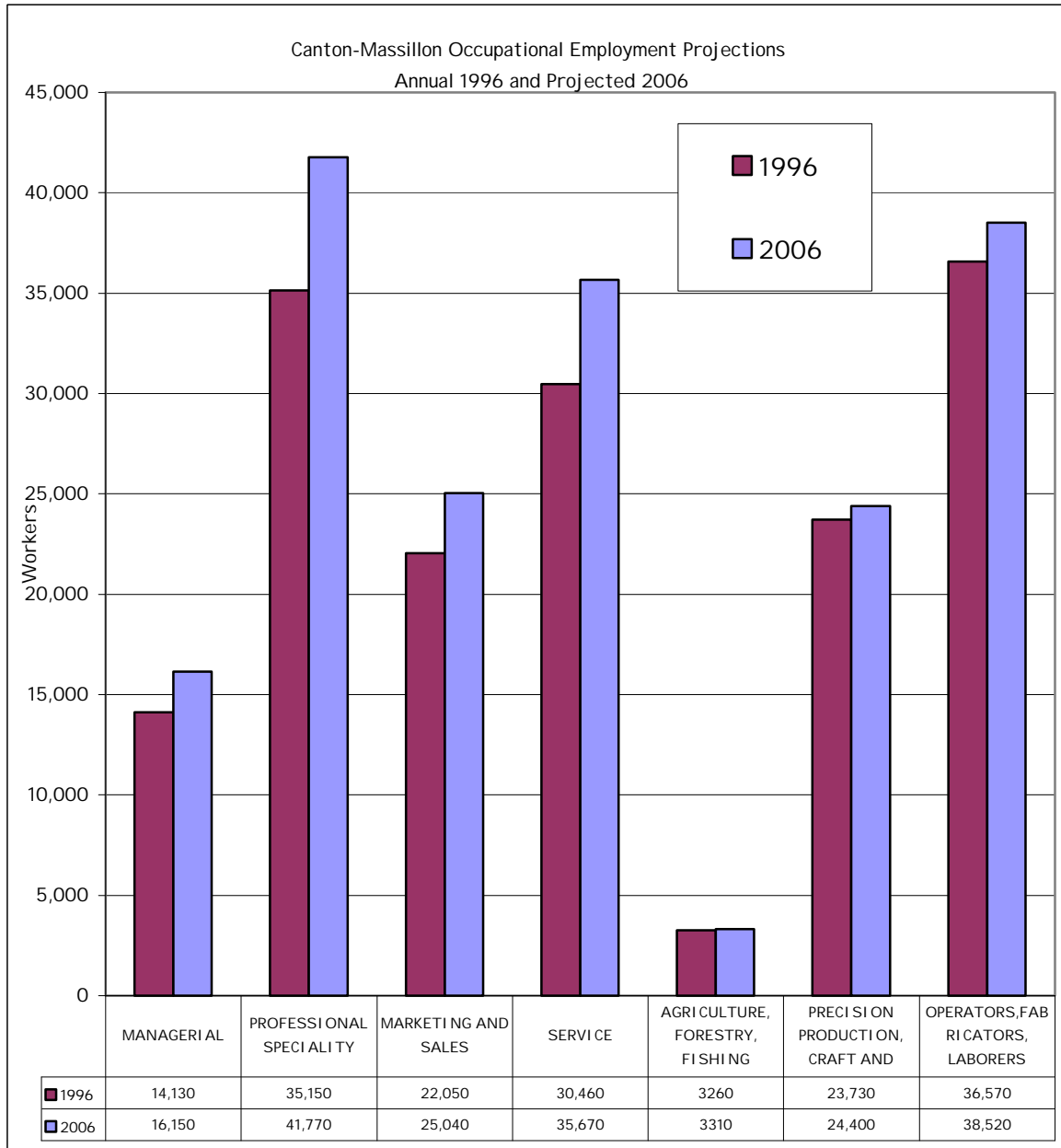


Source: OBES ES-202 and GEOGC

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As reported by Ohio Department of Development, the 1998 annual average civilian labor force estimates for Stark County were: total labor force employment 180,000; unemployment 7,700, and unemployment rate 4.1. Stark County ranked 56th in unemployment among Ohio's 88 counties and was 4.7 below the state unemployment rate.

The following chart shows projected Canton-Massillon Industry Employment Projections for 2006.

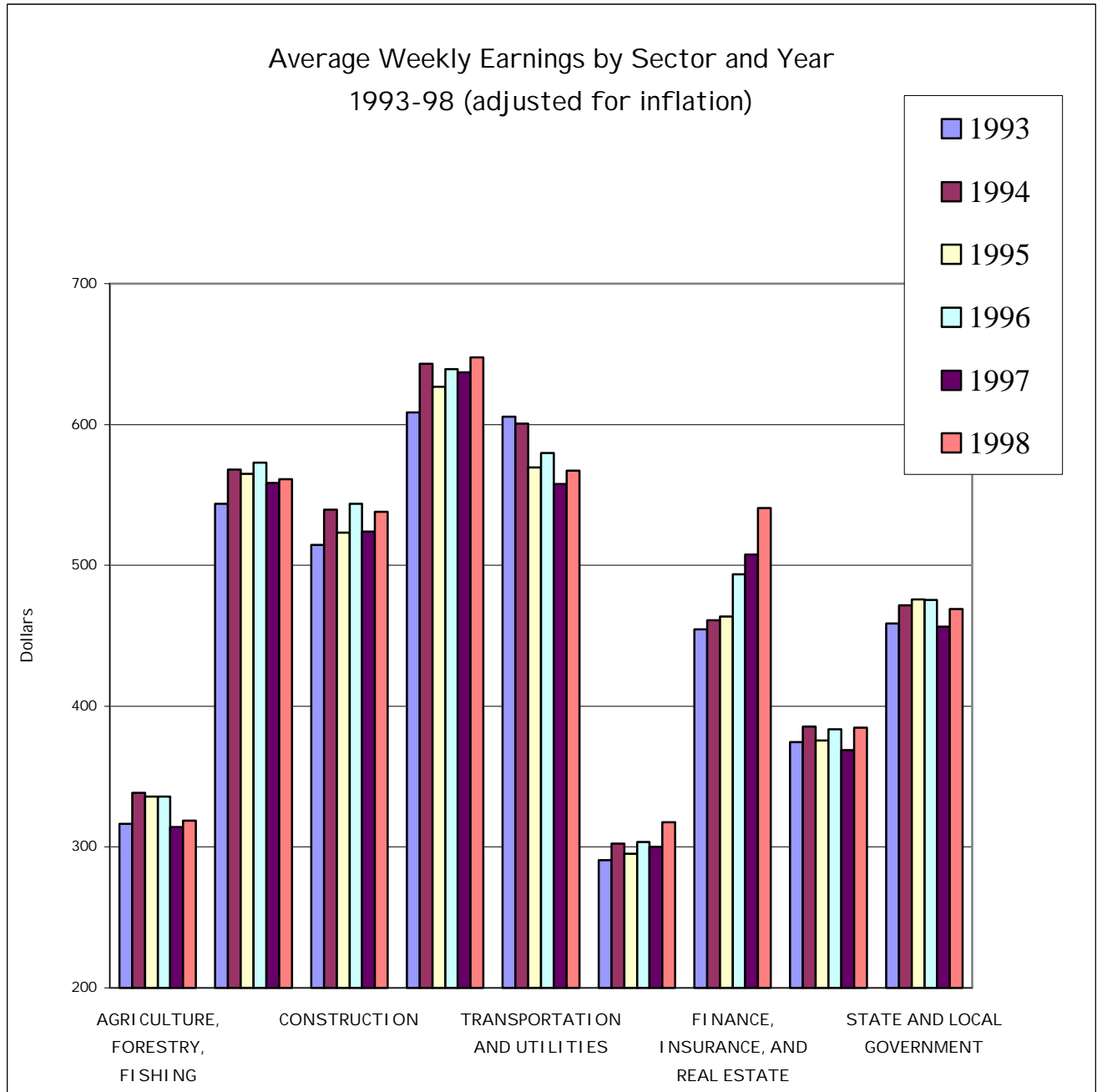


Source: OBES (MSA)

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EARNINGS

Statewide earning trends between 1979 and 1995 have been negative. During this period, average earnings for all jobs fell by more than 10%. Earning loss rate in Stark County between 1979 and 1990 was 18.3%. Between 1990 and 1995, the County's earning trends were positive 2.3%.

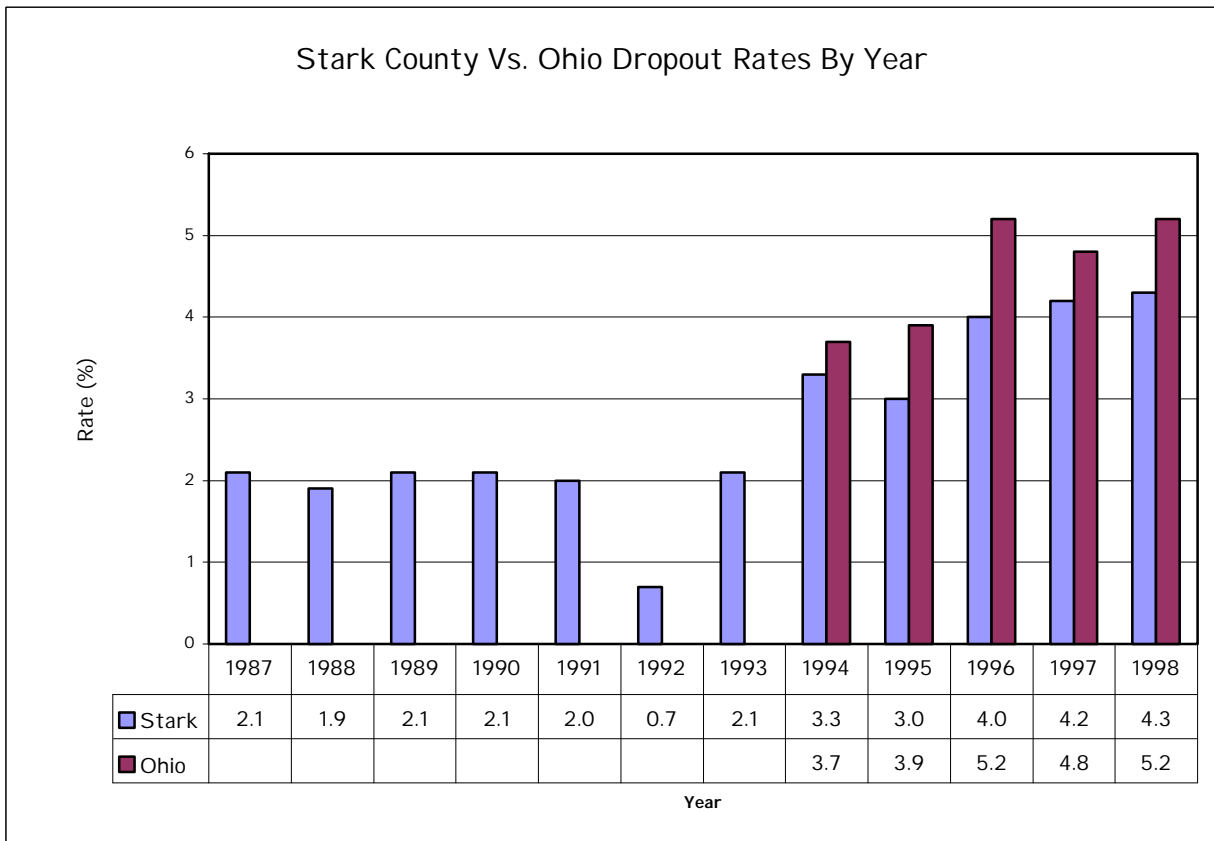


Source: ODD, Office of Strategic Research (Covered Employment)

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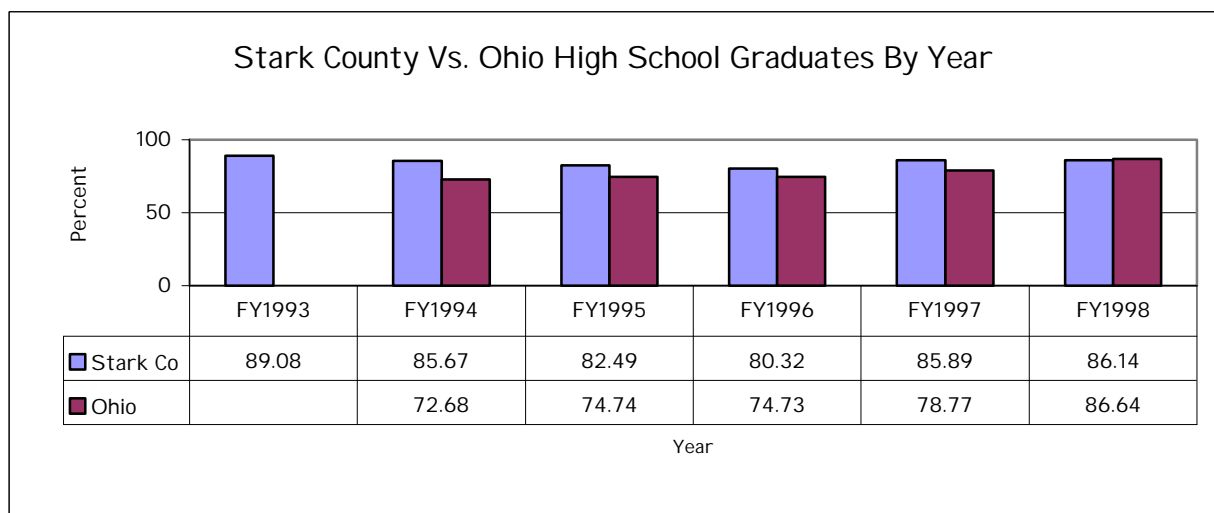
EDUCATIONAL PROFILE

HIGH SCHOOL DROPOUT RATES



Source: Ohio Department of Education

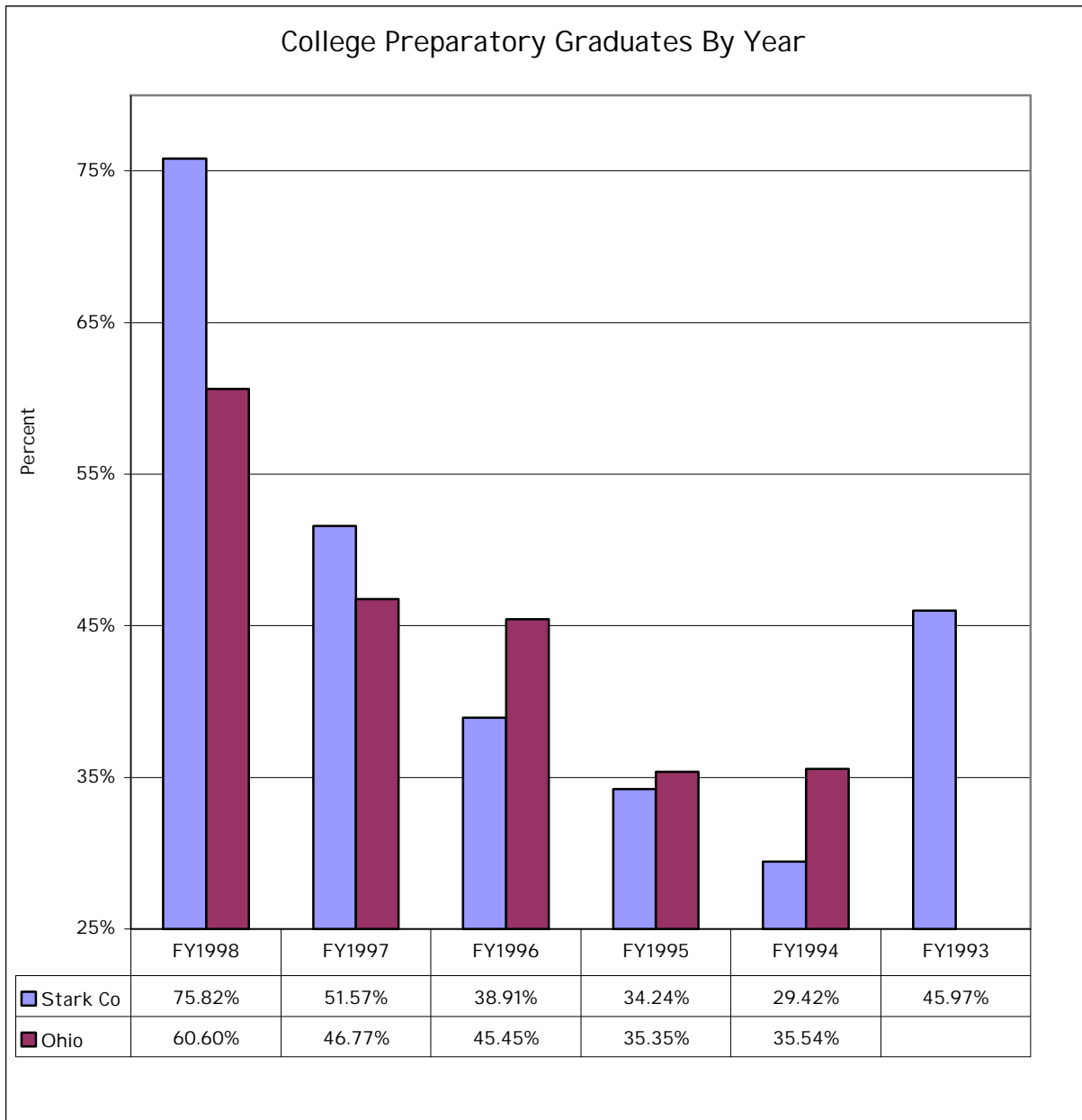
HIGH SCHOOL GRADUATION RATES



Source: Ohio Department of Education

Stark County 2000 Health Assessment

COLLEGE PREPARATORY GRADUATION RATES



Source: Ohio Department of Education

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WELFARE REFORM IN STARK COUNTY

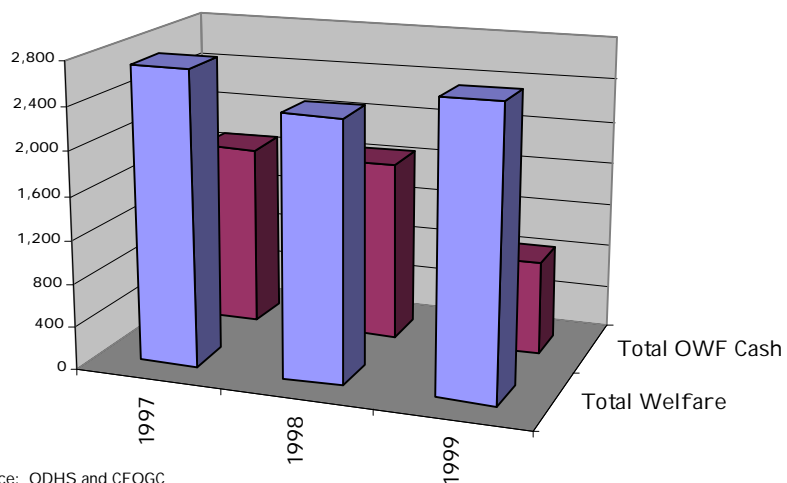
"Effective October 1997, welfare reform changed the eligibility focused Aid to Dependent Children (ADC) to the job-placement focused Ohio Works First (OWF) program, causing a shift in work and training participation requirements. From September 1997 to September 1998, the county's adult work participation rate improved 52% to 70%." Source: The Child Protection Mission, p. 176.

The Council for Economic Opportunities in Greater Cleveland reports in June 1999 that "The fundamental goal of welfare reform has been to move families from welfare to work. Large declines in Ohio's welfare caseloads during the mid-to-late 1990's, combined with anecdotal observations of robust employment growth within the state, have often been cited as evidence that this goal is being achieved, and that welfare reform is working. However, no Ohio county routinely tracks outcomes of all families removed from public assistance. No statewide data are available for all counties on the number of former welfare recipients who actually have found and retained jobs, or on the amount of earnings generated by these jobs."

WELFARE ROLLS

During April 1997, there were a total of 2,721 children, ages 3-4 at 100% poverty level who were receiving welfare assistance, with 62.1% (1690) receiving cash assistance. In April 1998, the total number dropped to 2,389 of 3-4 year olds receiving welfare assistance with 44.2% (1056) receiving cash assistance. While the number of children in

Stark County Welfare Rolls Month of April
3-4 Year Old Children



Source: ODHS and CEOGC

Stark County, ages 3-4 at 100% poverty level receiving welfare assistance in Stark County increased in April 1999 to 2,635, the number receiving cash assistance dropped dramatically to 33.0%, for a total of 870 children.

Stark County 2000 Health Assessment

In April 1997, a total of 16,852 children in Stark County, ages 0-17 at 100% poverty, were on welfare with 10,242 (60.8%) of them receiving AFDC/OWF cash assistance. The differences become greater each year--

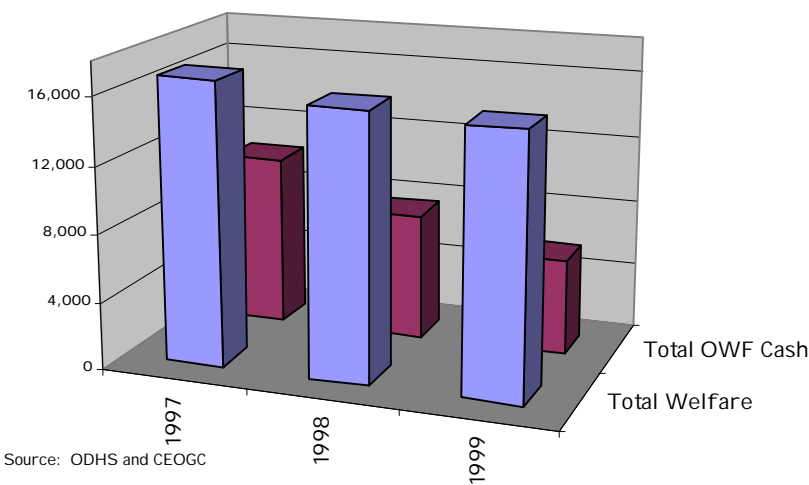
during 1998, there were 15,788 children, ages 0-17 on welfare with only 7,517 (47.6%) receiving AFDC/OWF cash

WELFARE AND POVERTY RATES

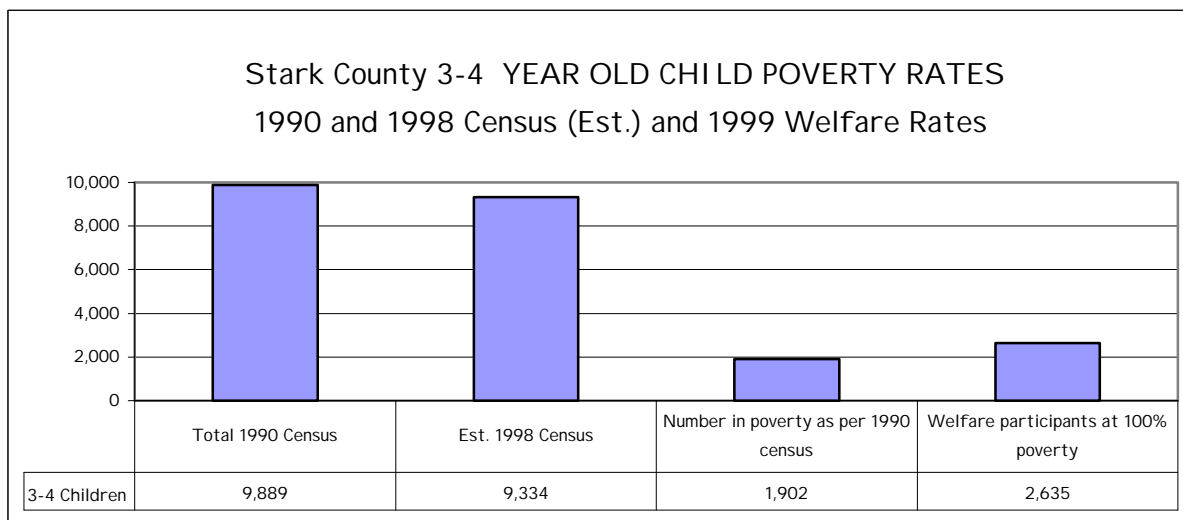
assistance. In 1999, a total of 15,441 children, ages 0-17, were on welfare with approximately only one-third 5,638 (36.5%) receiving AFDC/OWF.

Comparing 1990 census data, 1998 census estimates and 1999 welfare roles, there was a drastic increase in the number of poor 3 and 4 year olds in Stark County during the last decade. It is estimated that between 1990 and 1999 the number of poor 3 and 4 year olds increased by 38.5 %. During the same period, the estimated absolute number of 3 and 4 year olds in Stark County declined by 5.6%.

Stark County Welfare Rolls Month of April
0-17 Year Old Children

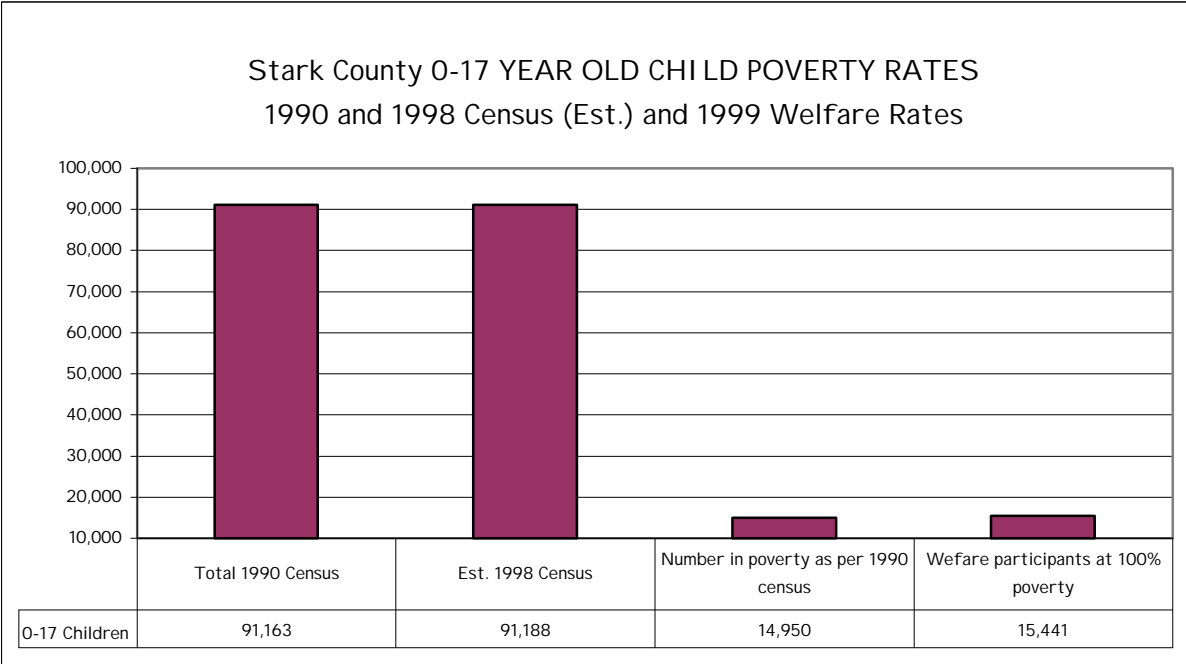


Source: ODHS and CEOGC



Source: ODHS, ODE, and CEOGC

Stark County 2000 Health Assessment



Source: ODHS, ODE, and CEOGC

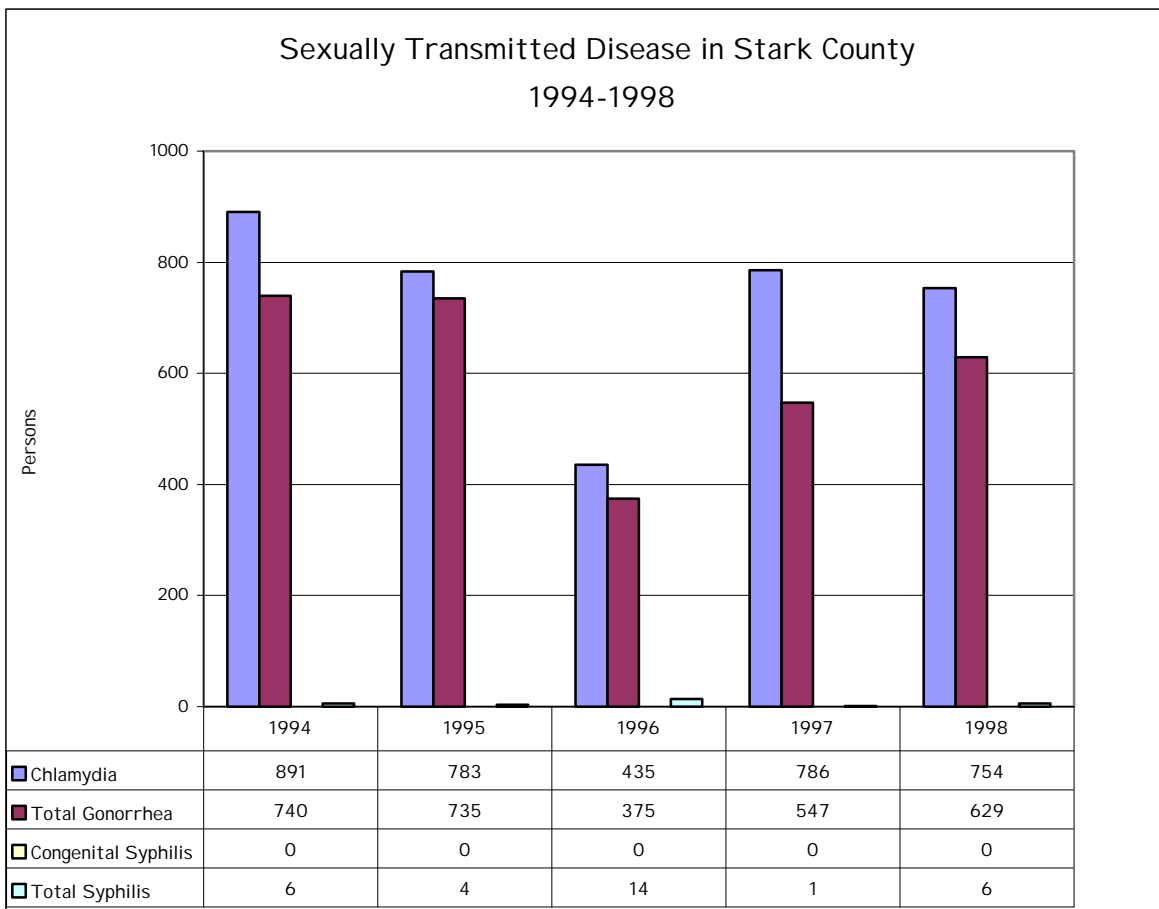
Stark County 2000 Health Assessment

HEALTH AND WELLNESS

DISEASE

SEXUALLY TRANSMITTED DISEASES

The chart below provides data on Sexually Transmitted Diseases (Chlamydia, Total Gonorrhea, Congenital Syphilis, and Total Syphilis) for the years 1994-1997.

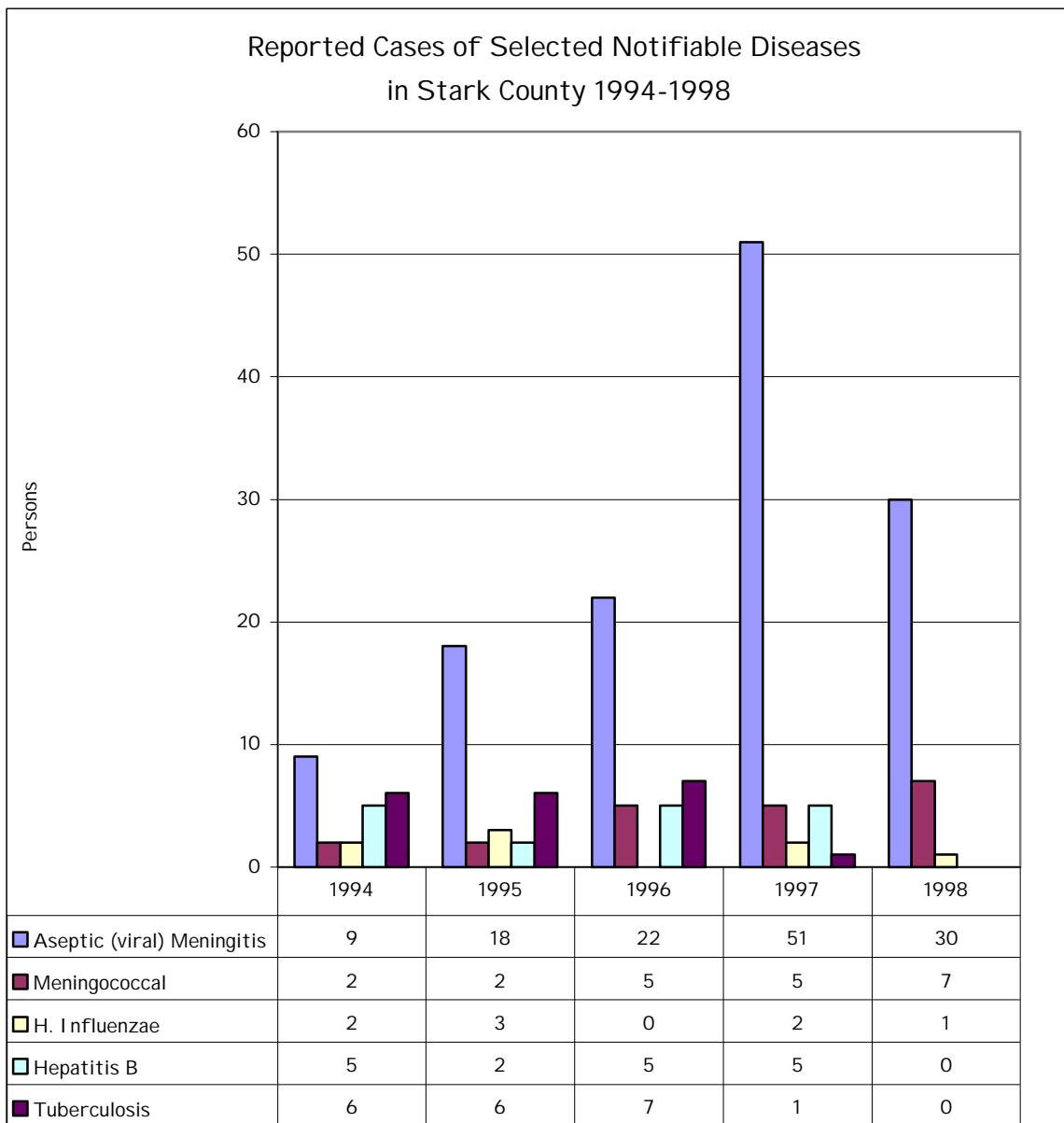


Source: ODH Prevention Monthly

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REPORTED CASES OF SELECTED NOTIFIABLE DISEASES, STARK COUNTY

From 1994 to 1998, the Aseptic (viral) Meningitis and Meningococcal rates have increased. Data for Tuberculosis in 1998 was unavailable; however, there were 6 cases reported in 1999. H. Influenzae had only one recorded case in 1998 and Hepatitis B recorded none.



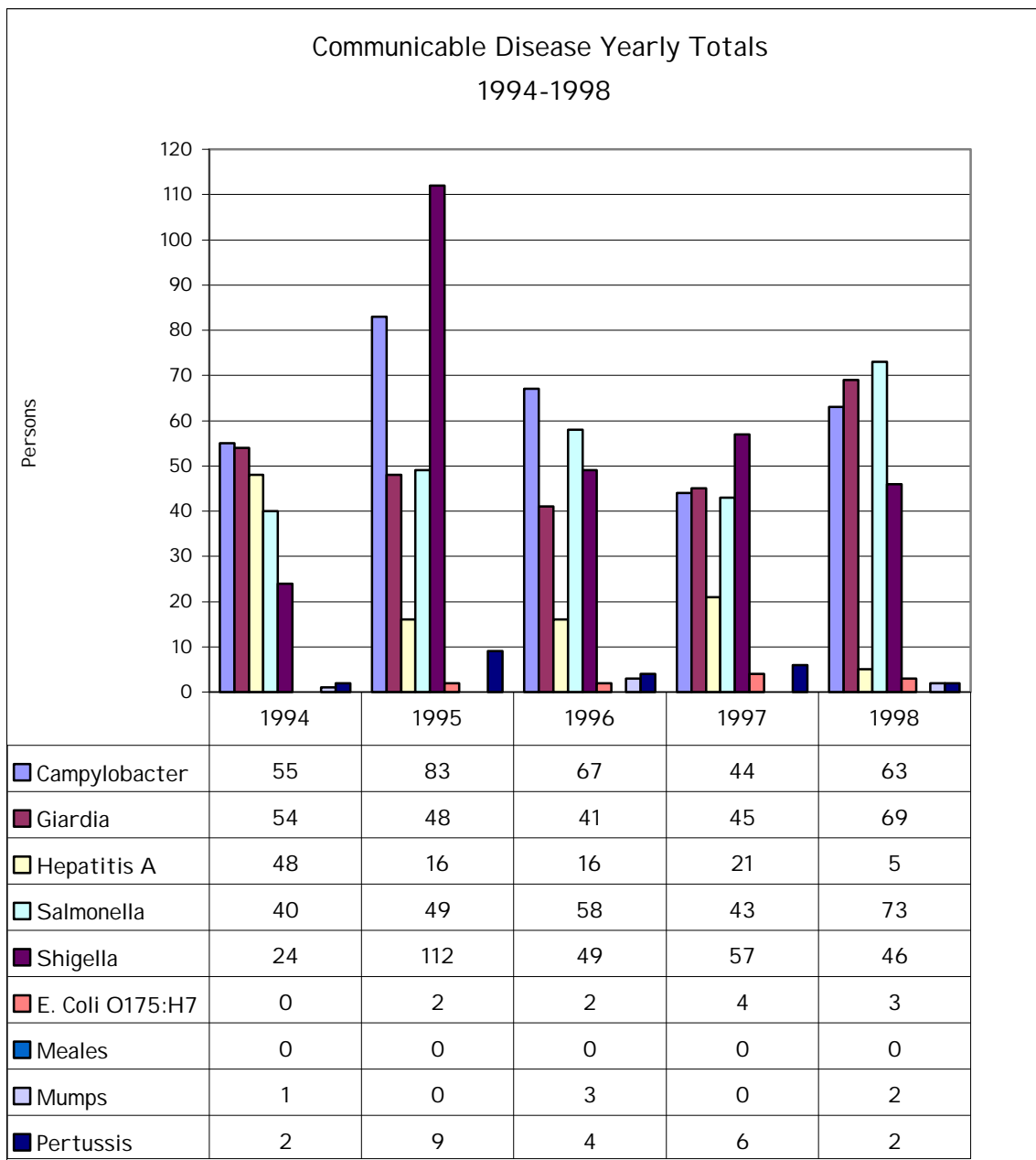
Source: ODH Prevention Monthly

Note: Tuberculosis data for 1998 was unavailable.

Stark County 2000 Health Assessment

COMMUNICABLE DISEASES

The incidences of Campylobacter, Giardia, Salmonella, Shigella, E. Coli O175:H7 and Mumps increased from 1994 to 1998. Hepatitis A decreased from 48 cases in 1994 to 5 in 1998. There were no recorded cases of Measles from 1994 to 1998, and Pertussis remained unchanged.

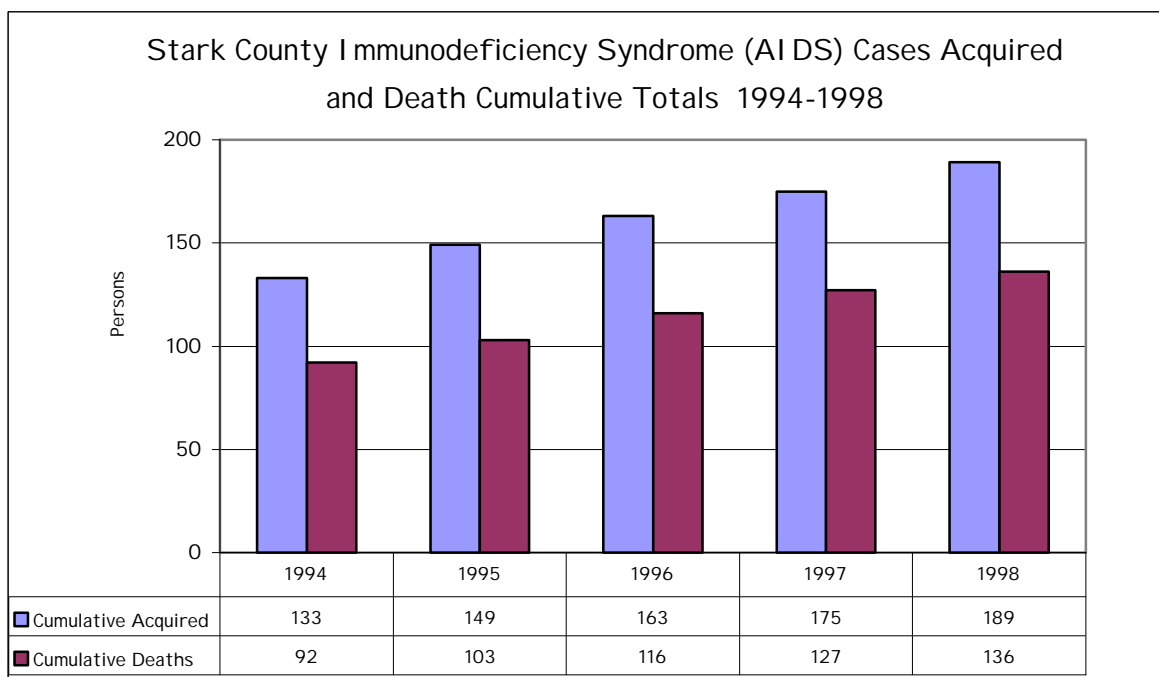


Source: ODH Prevention Monthly

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ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

The next chart in the Communicable Disease section provides information on the cumulative number of confirmed reported cases and deaths from AIDS starting in 1981 through 1994, 1995, 1996 and 1997. The numbers reflect those persons whose residence was Stark County. Cases whose residence at diagnosis time was a correctional facility are included in the county where the facility is located. By March 31, 1999, there was a cumulative total from 1981 of 189 persons who had acquired the AIDS Virus in Stark County and cumulative deaths totaled 136.

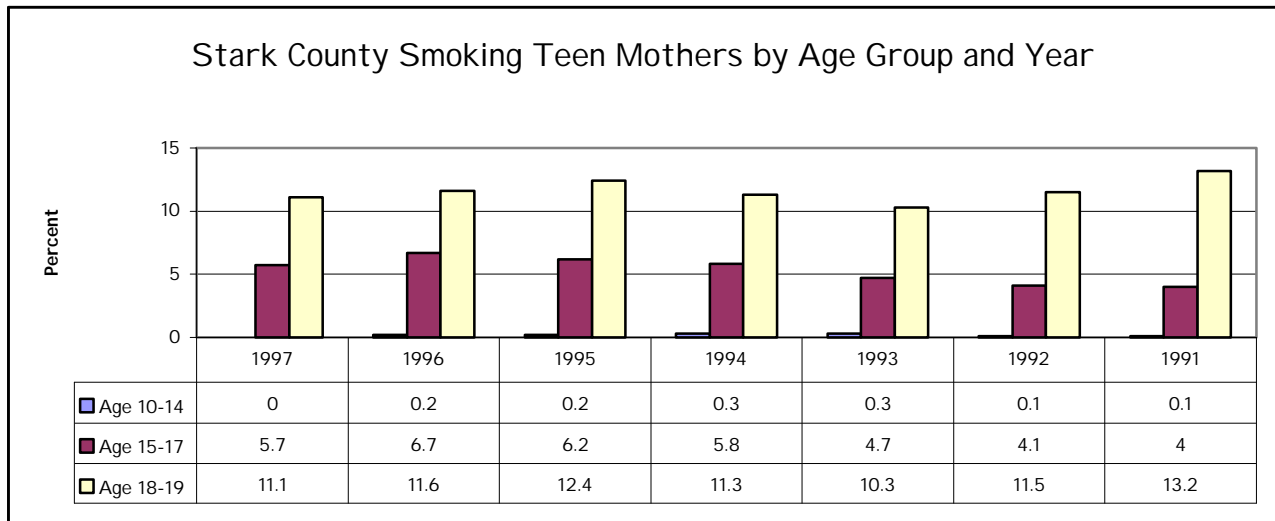


Source: ODH Prevention Monthly

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SMOKING

In Stark County (Medicaid State FY 95), 35.2% of infants were born to mothers who smoked (Ohio is 35.9%). Less educated mothers are both more likely to smoke and are heavier smokers. Over forty percent (40%) of mothers with less than a high school education who smoked, smoked 20 or more cigarettes a day; compared with 34.4% of those with a high school education, and 32.9% of those with more than a high school education. (Source: Office of Policy Planning & Ohio Health Care Data Center, ODH, Oct. 1997).



Ohio Department of Health Data Warehouse

IMPACT ON BIRTH WEIGHT

For all single infants whose medical bills were paid by Medicaid, those that had mothers who smoked cigarettes during pregnancy had a mean birth weight that was 184 grams lower than infants whose mothers did not smoke during pregnancy. Infants of African American mothers who smoked during pregnancy had a mean birth weight 220 grams less than infants of African American mothers who did not smoke during pregnancy. Infants of Caucasian mothers who smoked during pregnancy had a mean birth weight 231 grams less than infants of Caucasian mothers who did not smoke during pregnancy.

Mothers of full term single infants (37 weeks gestation or more) whose medical bills were paid for by Medicaid and who smoked cigarettes during pregnancy were significantly more likely to have a low birth weight infant than were mothers who did not smoke cigarettes during pregnancy. Nearly five and a half percent of mothers who smoked during pregnancy had a low birth weight full term single in-

Stark County 2000 Health Assessment

fant and less than three percent of those who did not smoke had a low birth weight full term single infant.

Mothers who smoked cigarettes during pregnancy were 2.7 times more likely to have a low birth weight full term single infant than mothers that did not smoke during pregnancy.

The more a mother smoked during pregnancy the larger the risk for delivering a low birth weight infant.

- Mothers who smoked 1 to 9 cigarettes per day were 2.2 times more likely to have a low birth weight infant.
- Mothers who smoked 10 to 19 cigarettes a day were 2.7 times more likely to have a low birth infant.
- Mothers who smoked 20 or more cigarettes a day were 3.2 times more likely to have a low birth weight infant.

When comparing the birth weight for full term single infants, cigarette smoking during pregnancy was a large factor for lowering birth weight. For women who smoked during pregnancy, over half of the low birth weight infants born to those women were attributable to smoking during pregnancy. For all births, regardless of the mothers smoking status, the Population Attributable Risk was 28 percent. This means that for all of the full term single infants born to mothers whose medical bills were paid by Medicaid, cigarette smoking during pregnancy accounted for 28 percent of those low birth weight births.

IMPACT ON PREMATURE BIRTH

Mothers who smoked cigarettes during pregnancy were significantly more likely to have a preterm infant (10 percent) than mothers who did not smoke during pregnancy (8 percent). Mothers who smoked cigarettes during pregnancy were 1.4 times more likely to have a premature infant than mothers that did not smoke during pregnancy.

For women who smoked during pregnancy, close to 18% of the preterm infants born to these women were attributable to smoking during pregnancy. For all births, regardless of the smoking status of the mother, the Population Attributable Risk was 7 percent. Which means that 7% of all of the preterm births, for infants born to mothers whose medical bills were paid by Medicaid, were attributable to cigarette smoking during pregnancy.¹

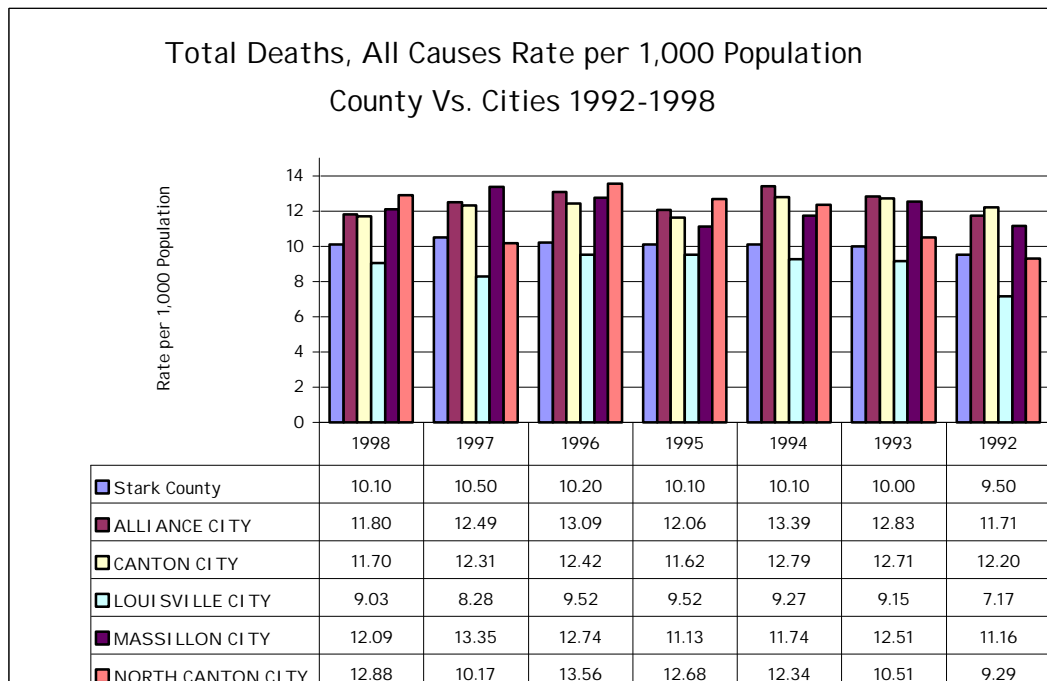
¹ Source: Office of Health Policy, Planning and Ohio Health Care Data Center, ODH, Oct. 1997

Stark County 2000 Health Assessment

DEATHS

TOTAL DEATHS

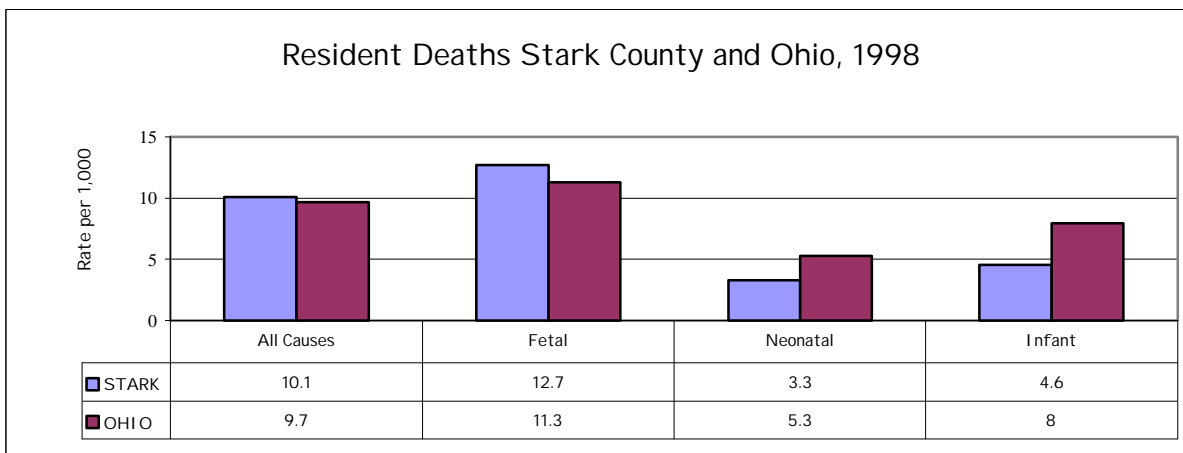
Stark County and four of the five cities listed below have seen an increase in the death rate from 1992 to 1998. Canton City had a slight decrease during the period under review.



Source: ODH Data Warehouse

FETAL, NEONATAL AND INFANT DEATHS

Although Stark County's combined death rate is .4 percent higher than Ohio, the neonatal and infant death rates are significantly lower. Fetal deaths in Stark County are higher than Ohio as a whole.

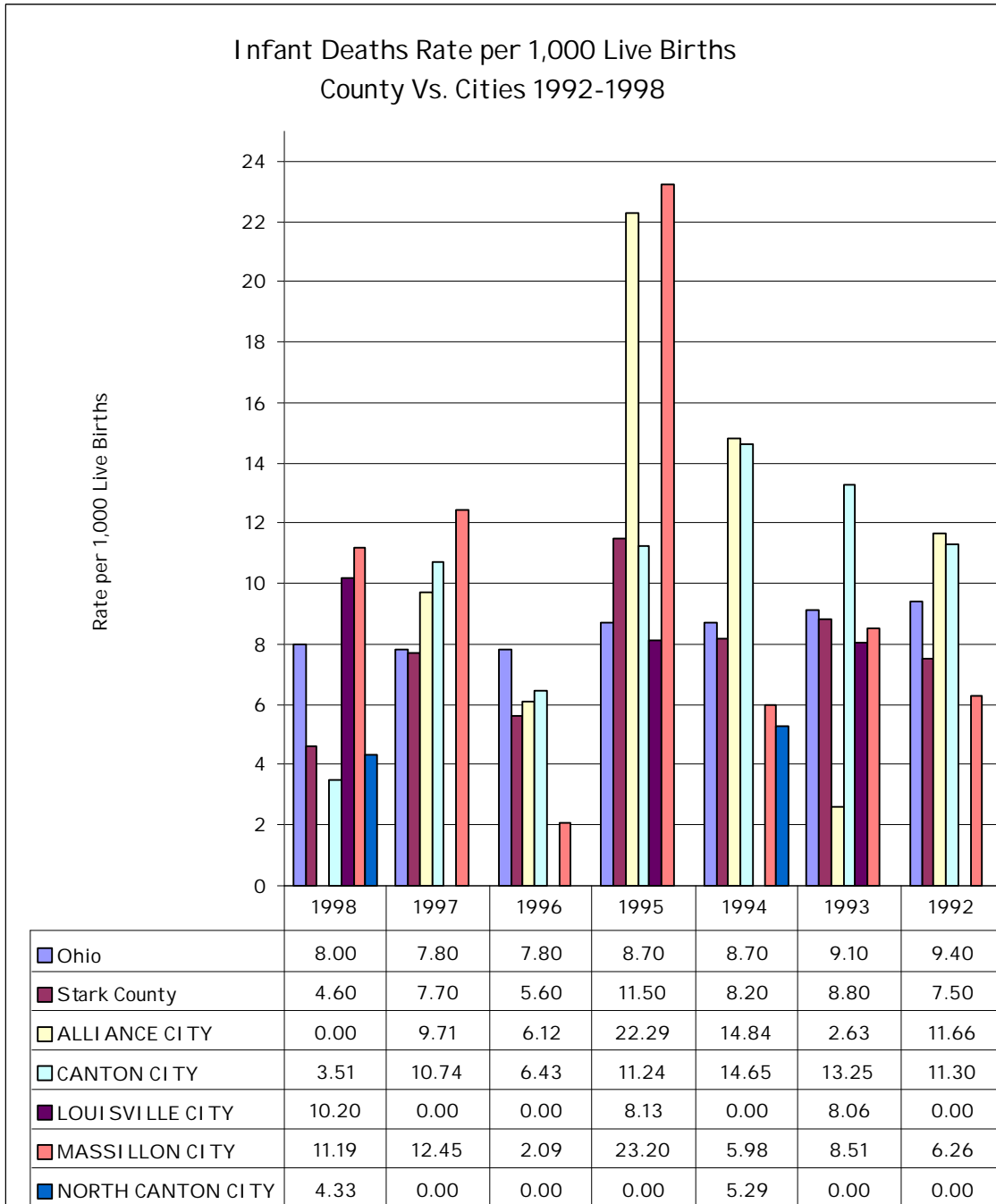


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

INFANT DEATHS

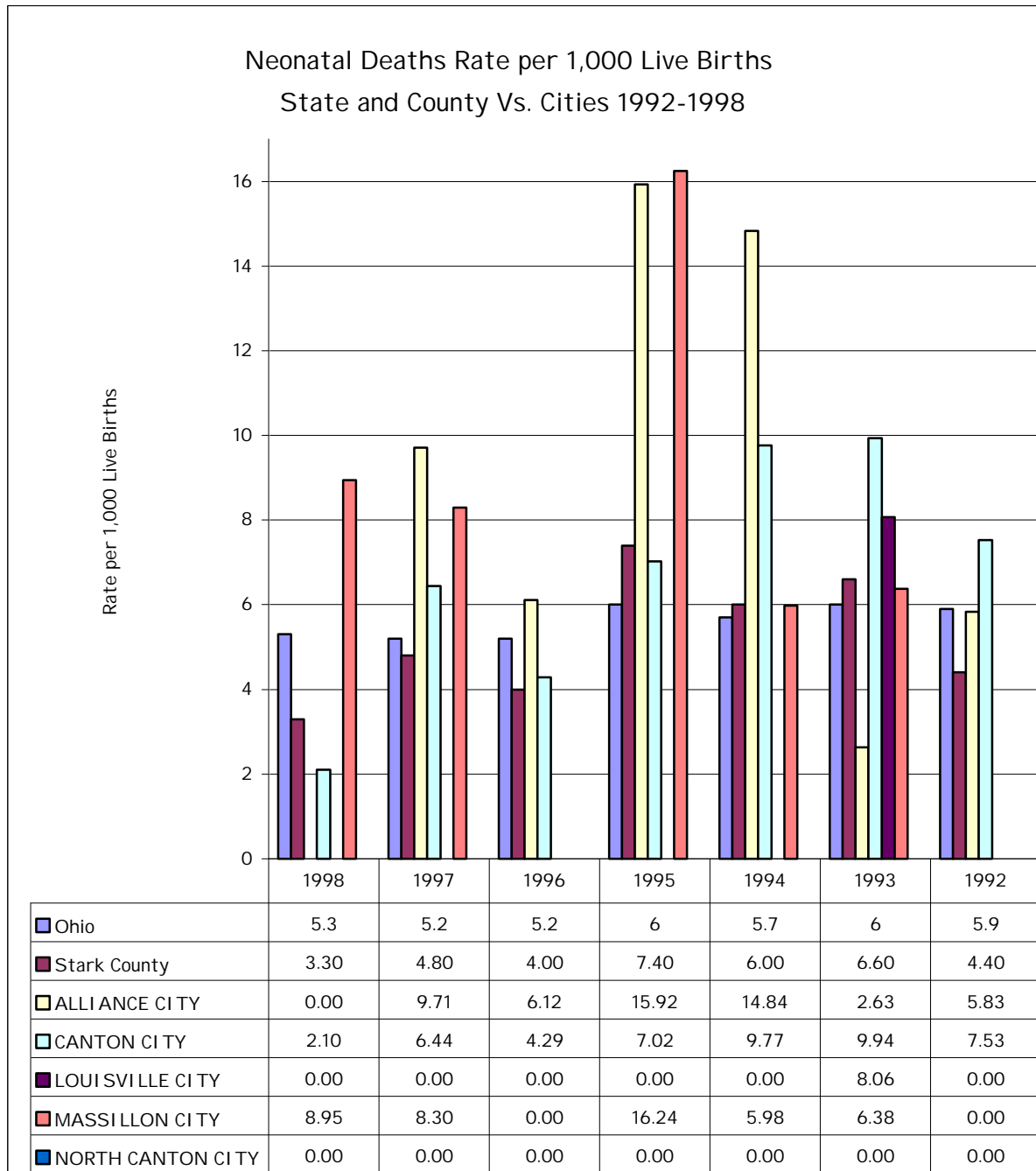
Stark County's infant death rate per 1000 live births reduced from 7.50 in 1992 to 4.60 in 1998. Three of the cities below have shown an increase in infant deaths from 1992 to 1998--Louisville City, Massillon City, and North Canton City.



Stark County 2000 Health Assessment

NEONATAL DEATHS

With the exception of Massillon City, Stark County and the other four cities listed in the following chart, have registered a decrease or no change in neonatal deaths from 1992 to 1998.

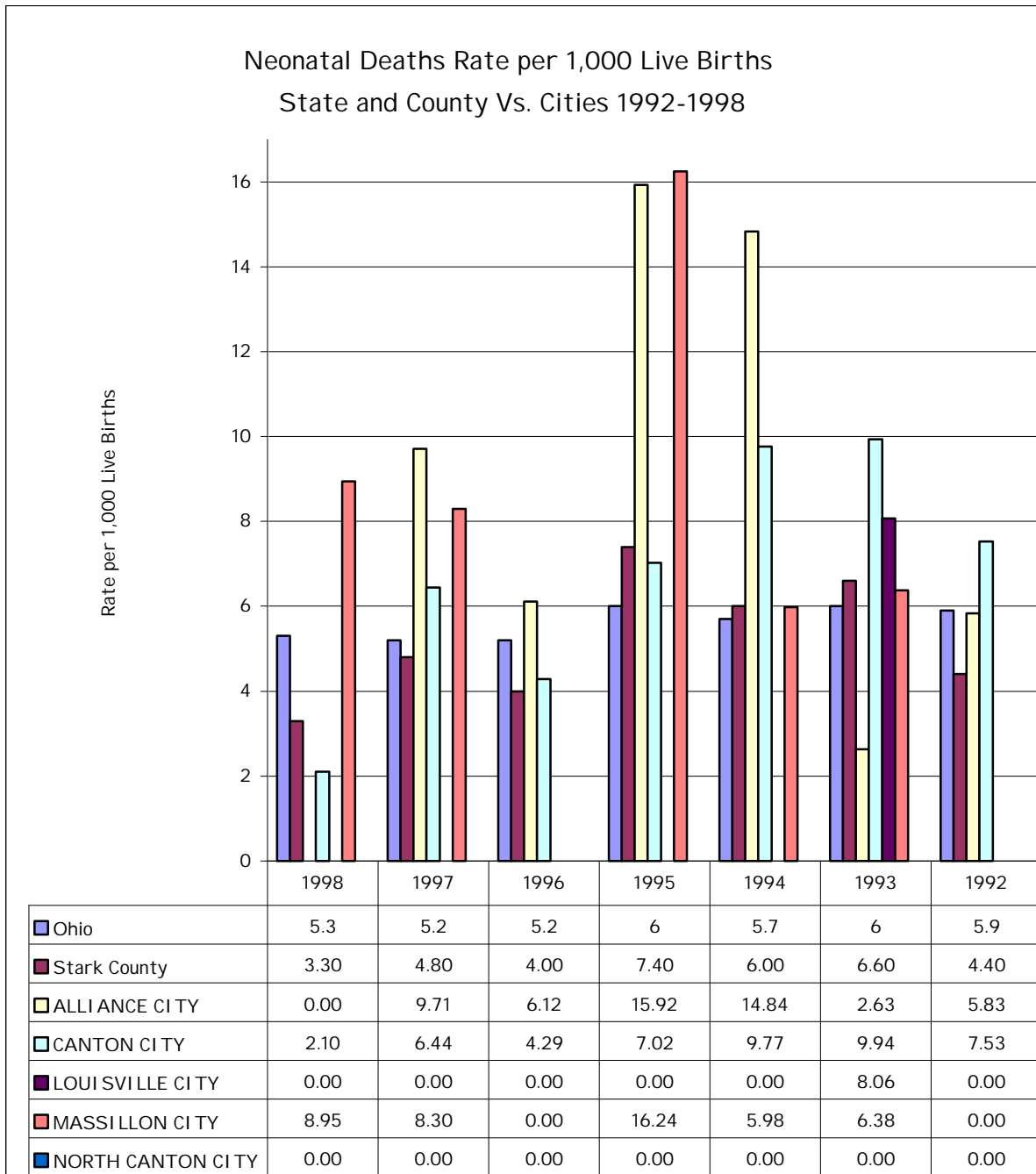


Source: ODH Data Warehouse

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FETAL DEATHS

The fetal death rate in Stark County increased from 4.6 per 1000 births in 1992 to 12.7 per 1000 births in 1998. From 1992 to 1998, Alliance City, and Canton City registered a decrease in fetal death rates while North Canton and Louisville remain at zero. Massillon City showed an increase from zero to 8.98 in 1998.

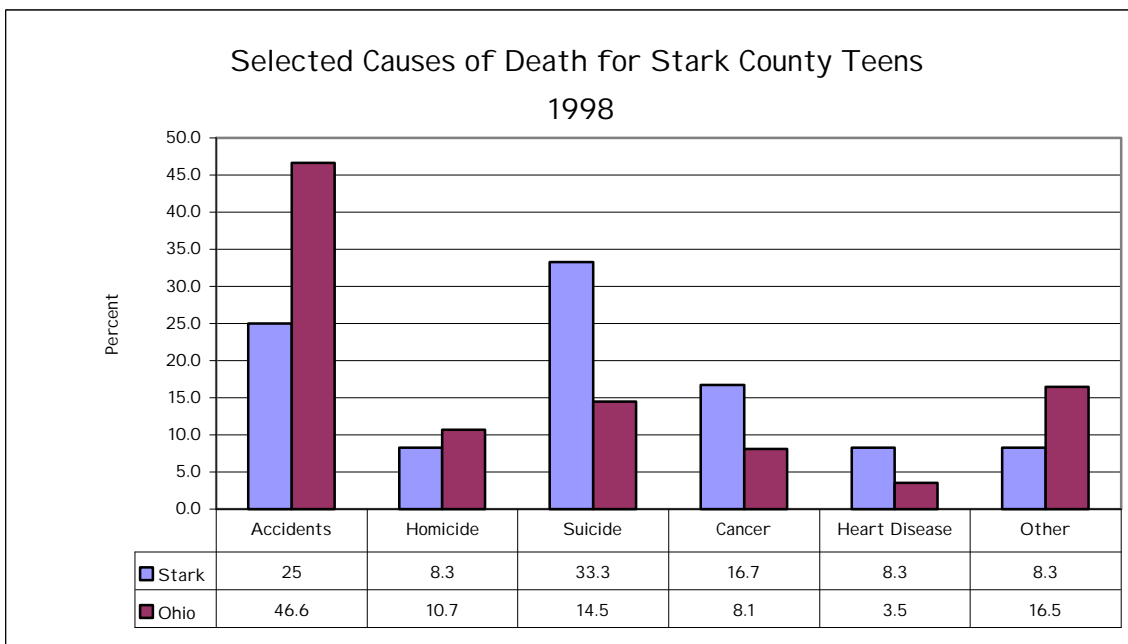


Source: ODH Data Warehouse

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SELECTED CAUSES OF DEATH FOR TEENS

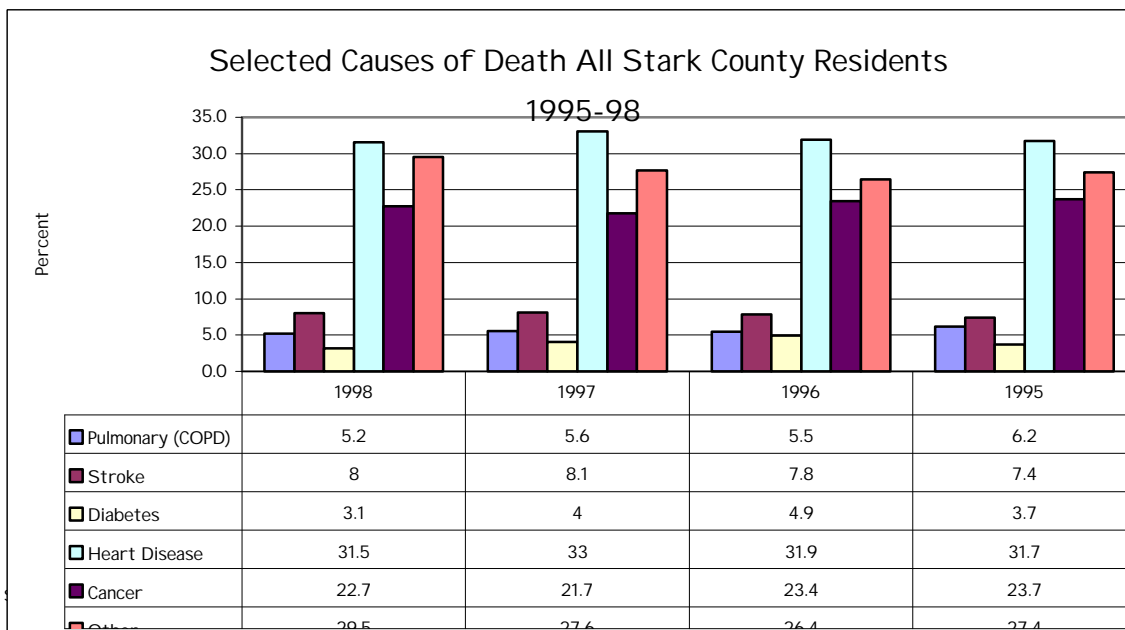
Suicides and accidents continued to top the list of causes of death for teens in 1998.



Source: ODH Data Warehouse

SELECTED CAUSES OF DEATH ALL AGES

From 1995 to 1998, Stark County had a decrease in Pulmonary, Diabetes, Heart Disease, and Cancers deaths. Stroke deaths increased .6 percent during the period and other causes of deaths increased from 27.4% in 1995 to 29.5% in 1998.

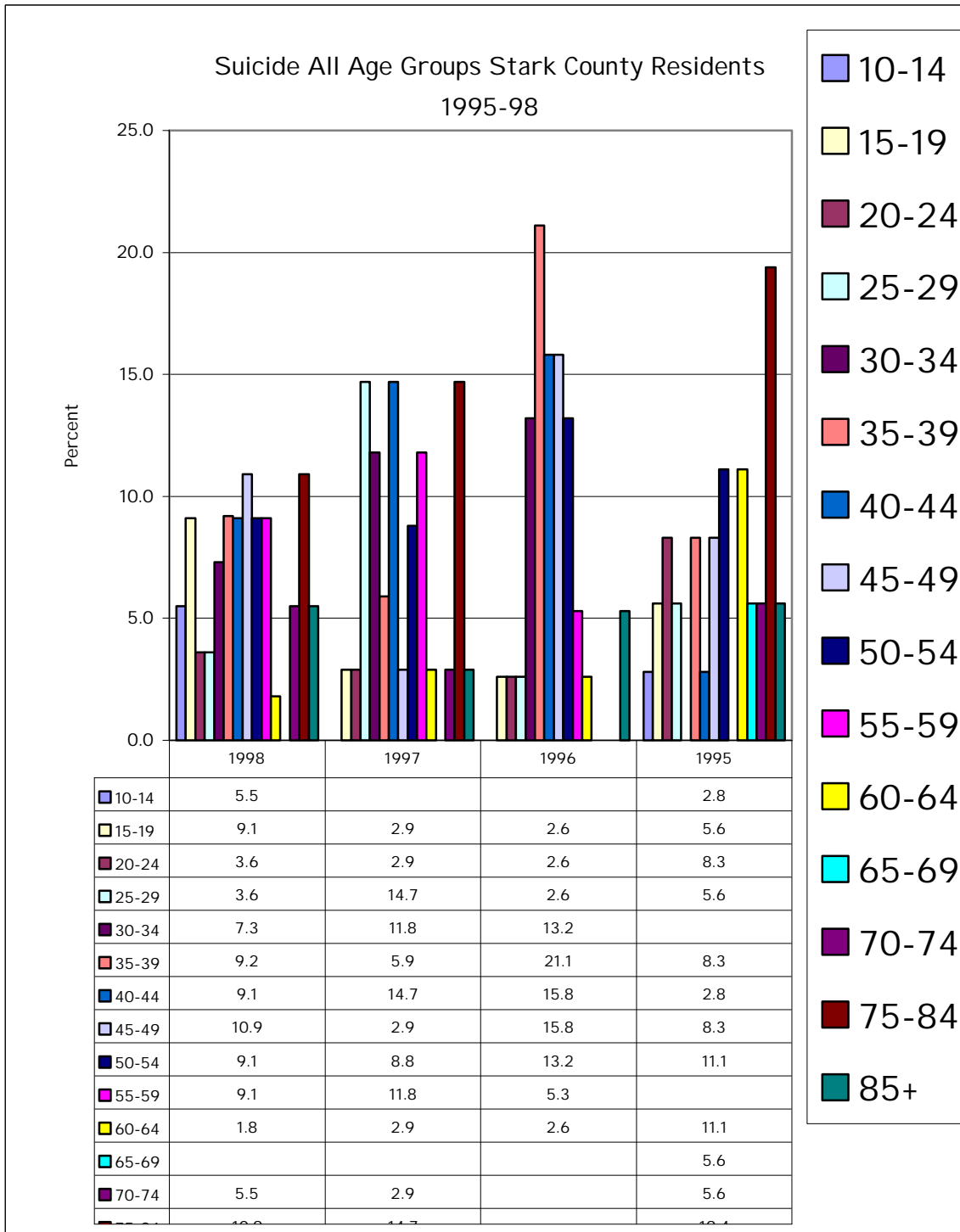


Source: ODH Data Warehouse

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SUICIDE ALL AGES

For youth ages 10-19, the suicide rate increased by 6.2 percent (2.7% for ages 10-14 and 3.5% ages 15-19) during the period 1995-1998. Also, the suicide rate for ages 35 to 49 increased during the same period.



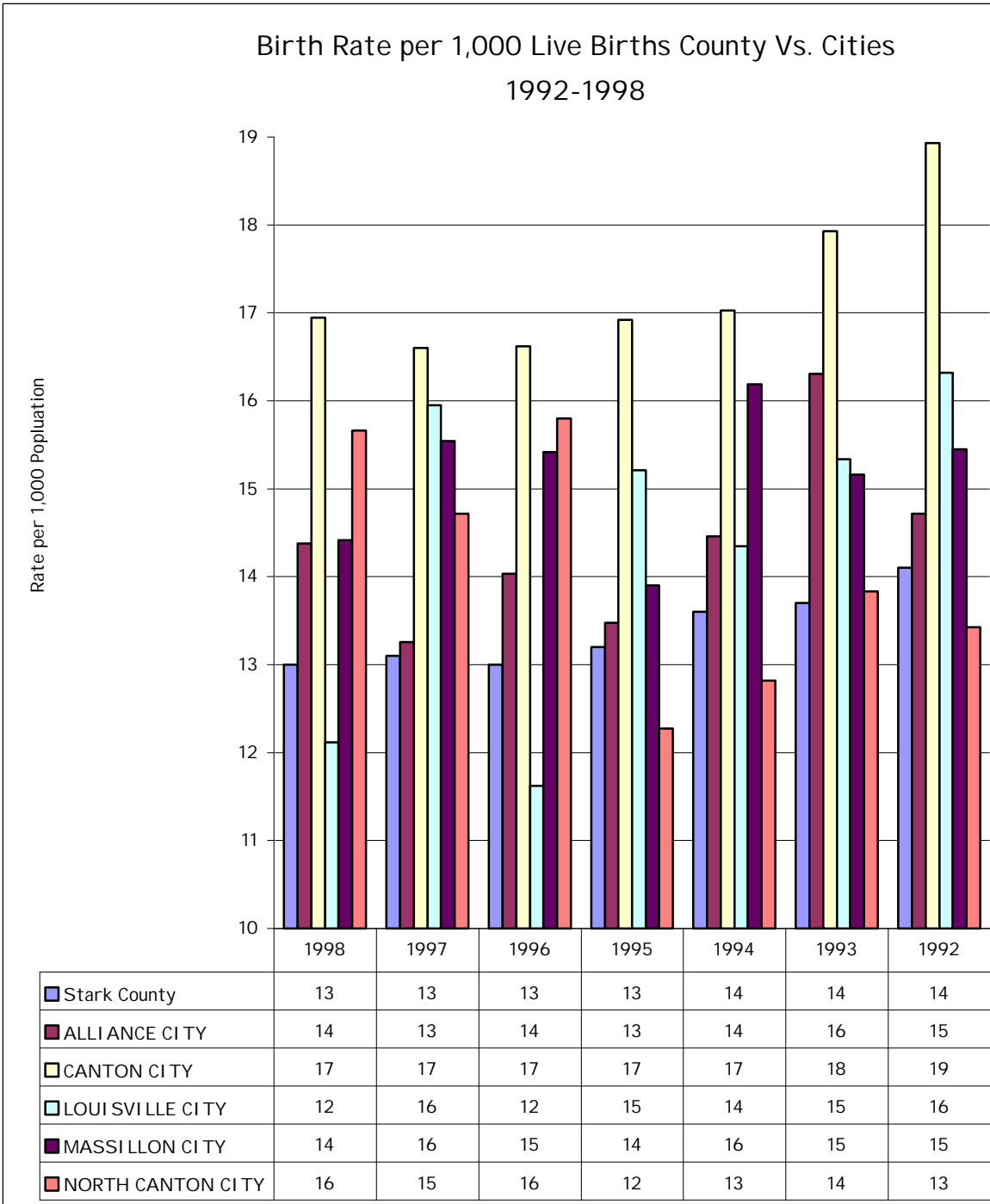
Source: ODH Data Warehouse

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GENERAL BIRTH DATA

BIRTH RATES

Birth rates have declined on average for the County as a whole since 1992. Among the five Cities in the chart below, only North Canton City registered an increase in the birth rate in 1998 compared with the 1992 rate.

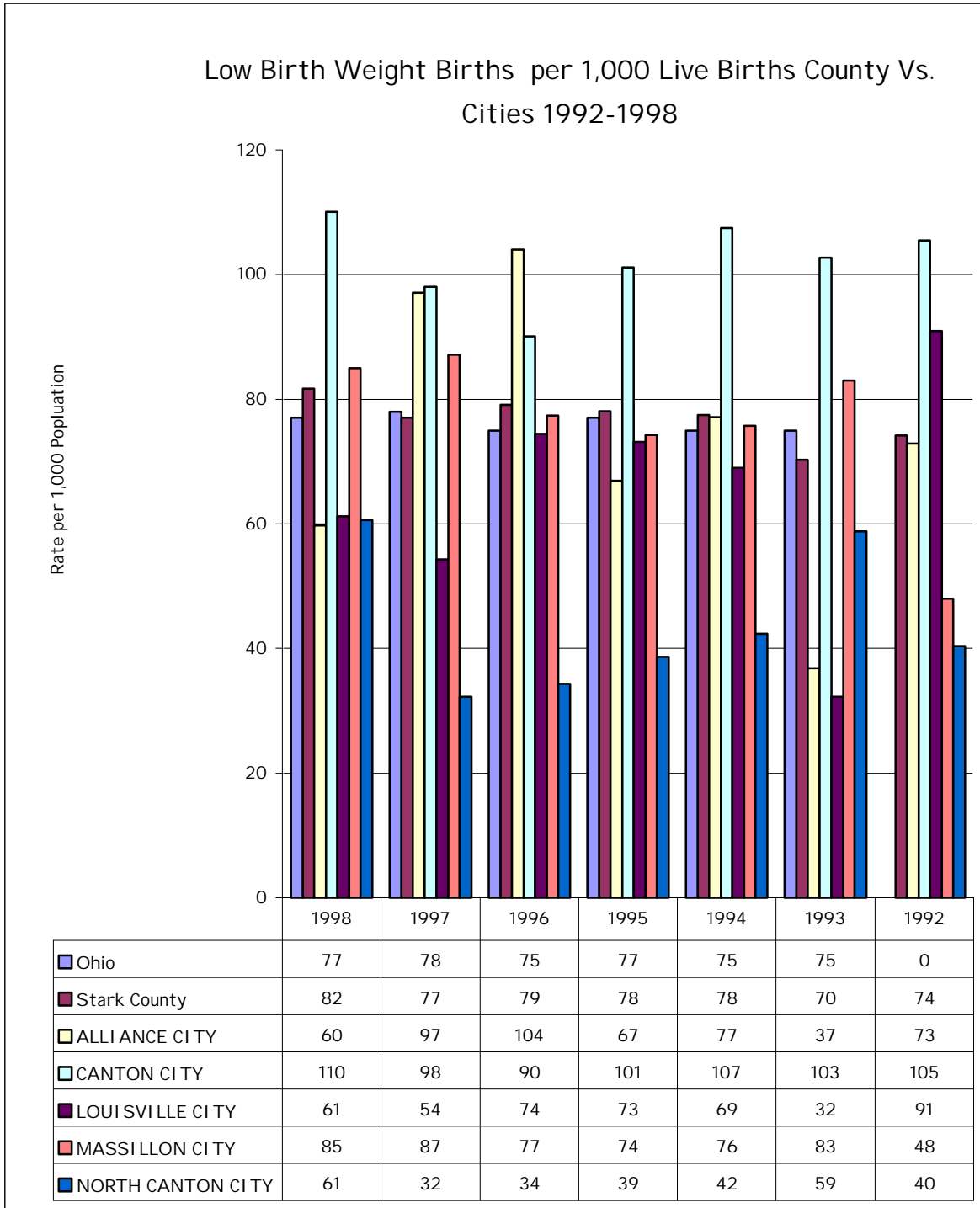


Source: Ohio Data Warehouse

Stark County 2000 Health Assessment

LOW BIRTH WEIGHT BIRTHS

The incidence of low weight births for Stark County as a whole show significant increase between 1992 and 1998. Canton City accounts for a large share of the increased incidence of low weight births during the period.

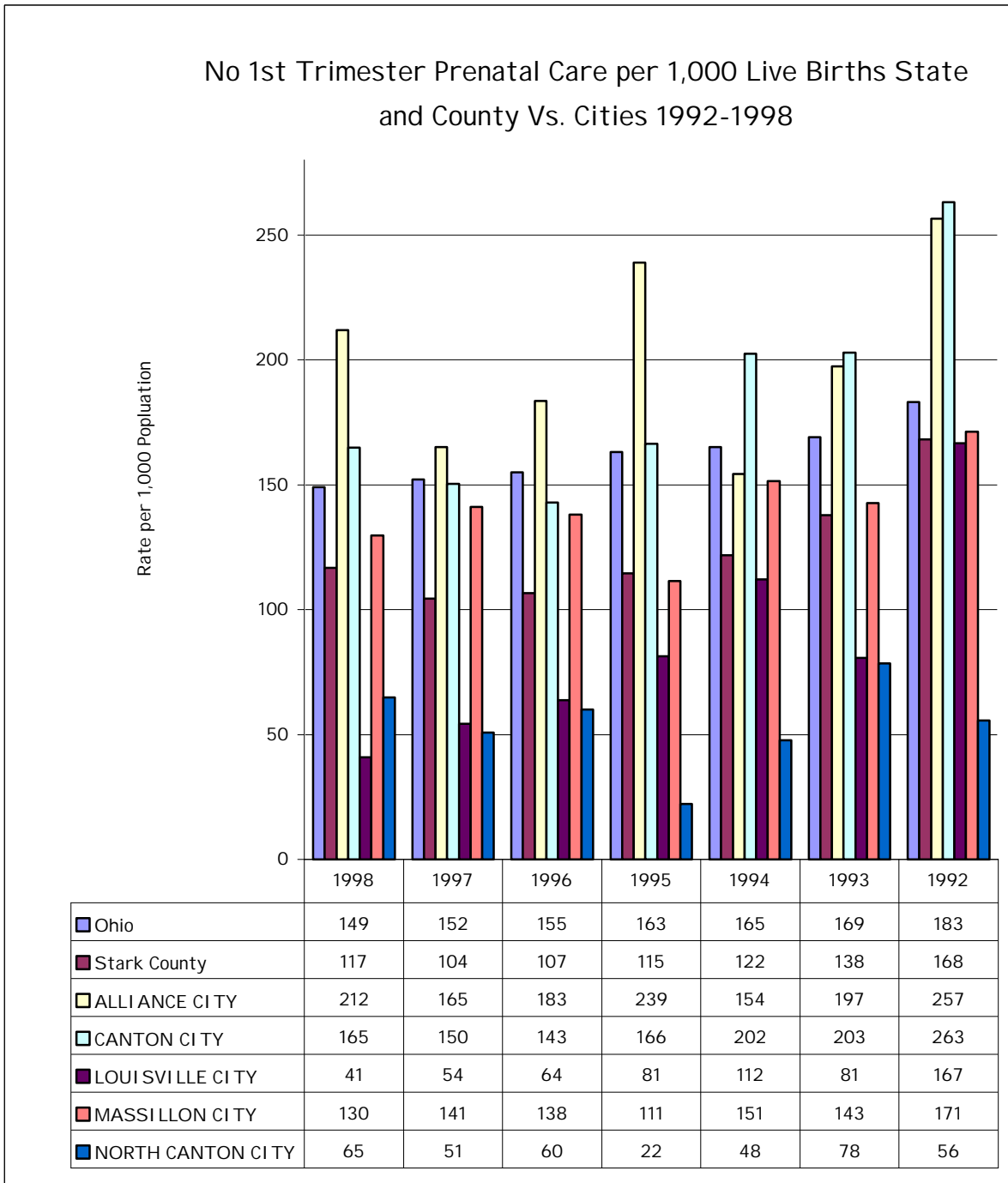


Source: ODH Data Warehouse

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NO FIRST TRIMESTER PRENATAL CARE

There was a significant reduction in the incidence of no first trimester prenatal care both at the County and City level during the period 1992-1998. Nonetheless, the 1998 rates for Canton (164.8) and Alliance (211.95) remain high in comparison to the 1998 State average of 149 per 1,000 live births.

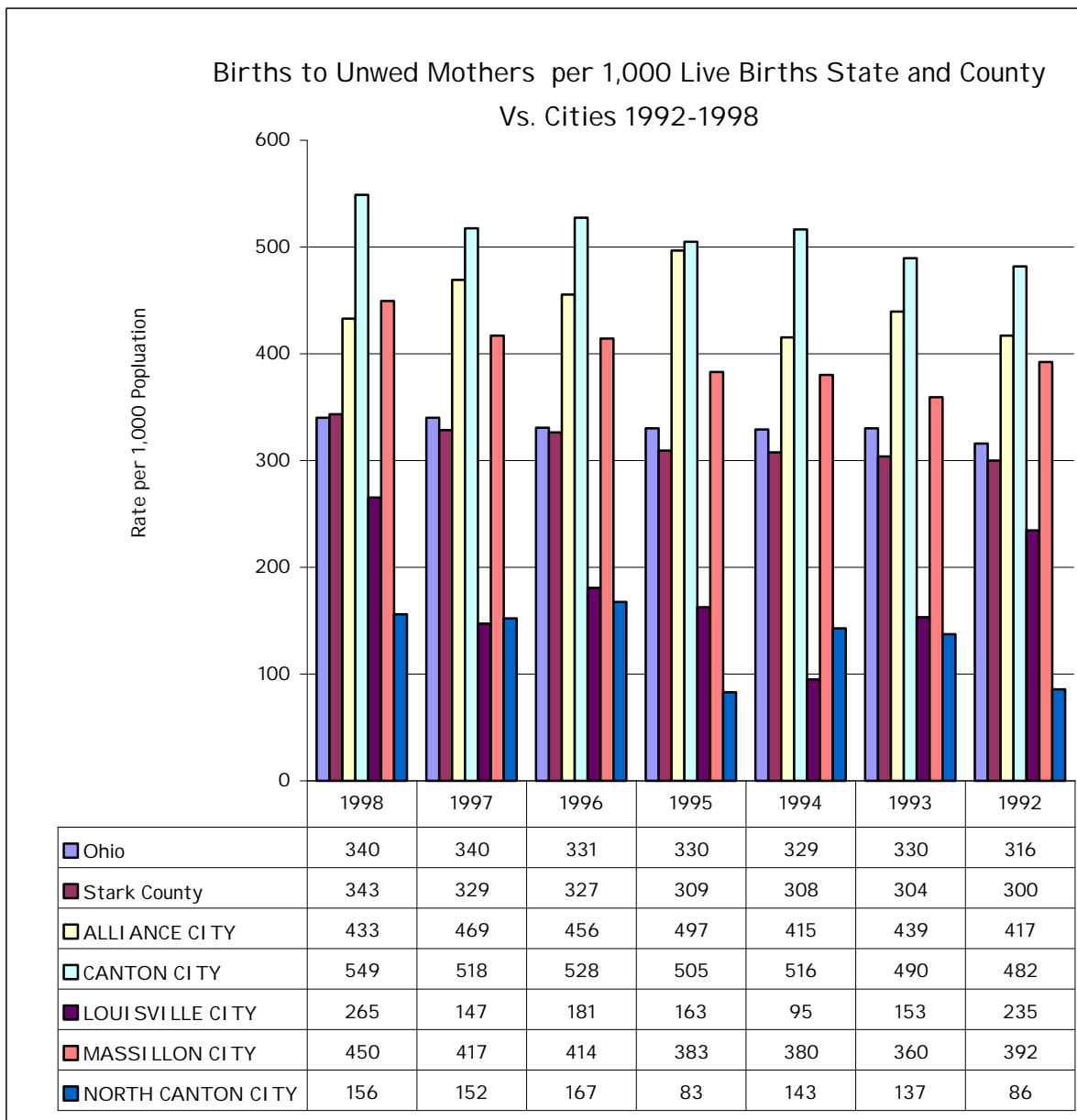


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

BIRTHS TO UNWED MOTHERS

Births to unwed mothers at all levels, (State, County and City) is becoming increasingly common. In 1998, Canton had the highest rate of births to unwed mothers (549.09 per 1,000 live births) followed by Massillon (449.66) and Alliance (432.84). The rate for the County as a whole was 343.40 during the same period.

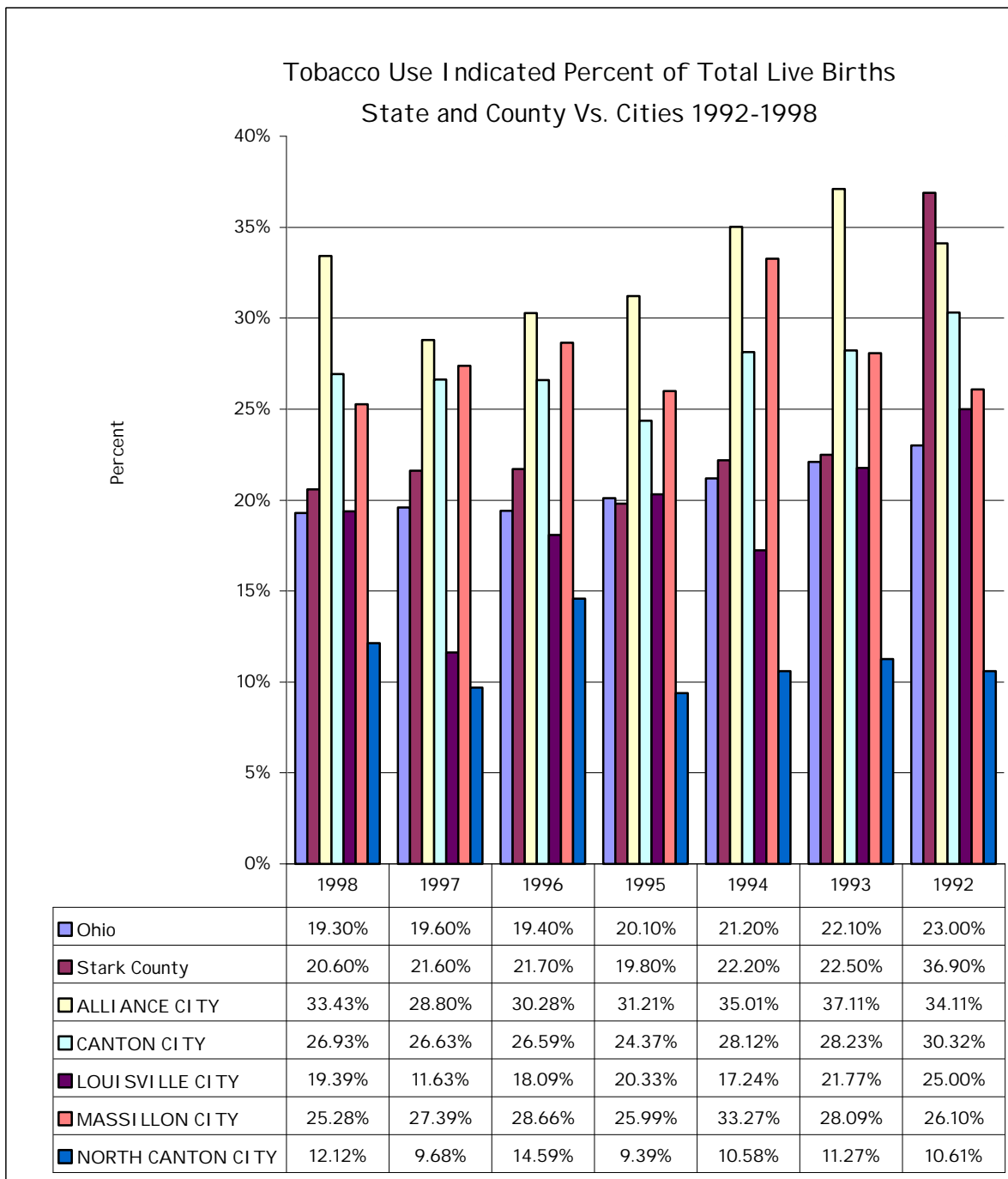


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

TOBACCO USE DURING PREGNANCY

While tobacco use during pregnancy shows a significant decline since 1992, and rates for the county as a whole are approaching State averages, the cities of Alliance, Canton and Massillon continue to register high tobacco rate usage.

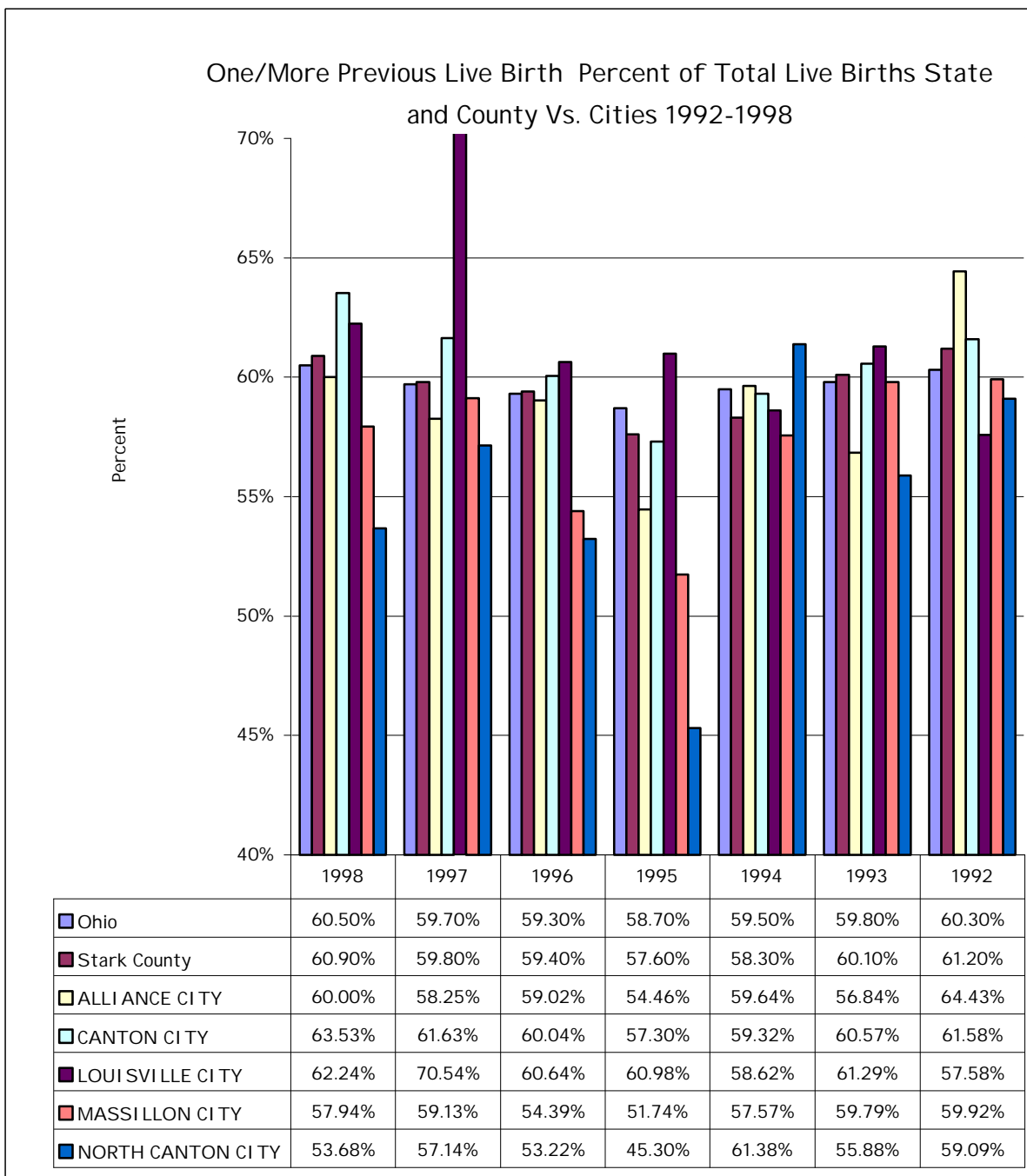


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

ONE OR MORE PREVIOUS LIVE BIRTHS

There was little change in the Stark County and State rates for pervious live births between 1992 and 1998. Only the Cities of Canton and Louisville registered in-creases during the period.

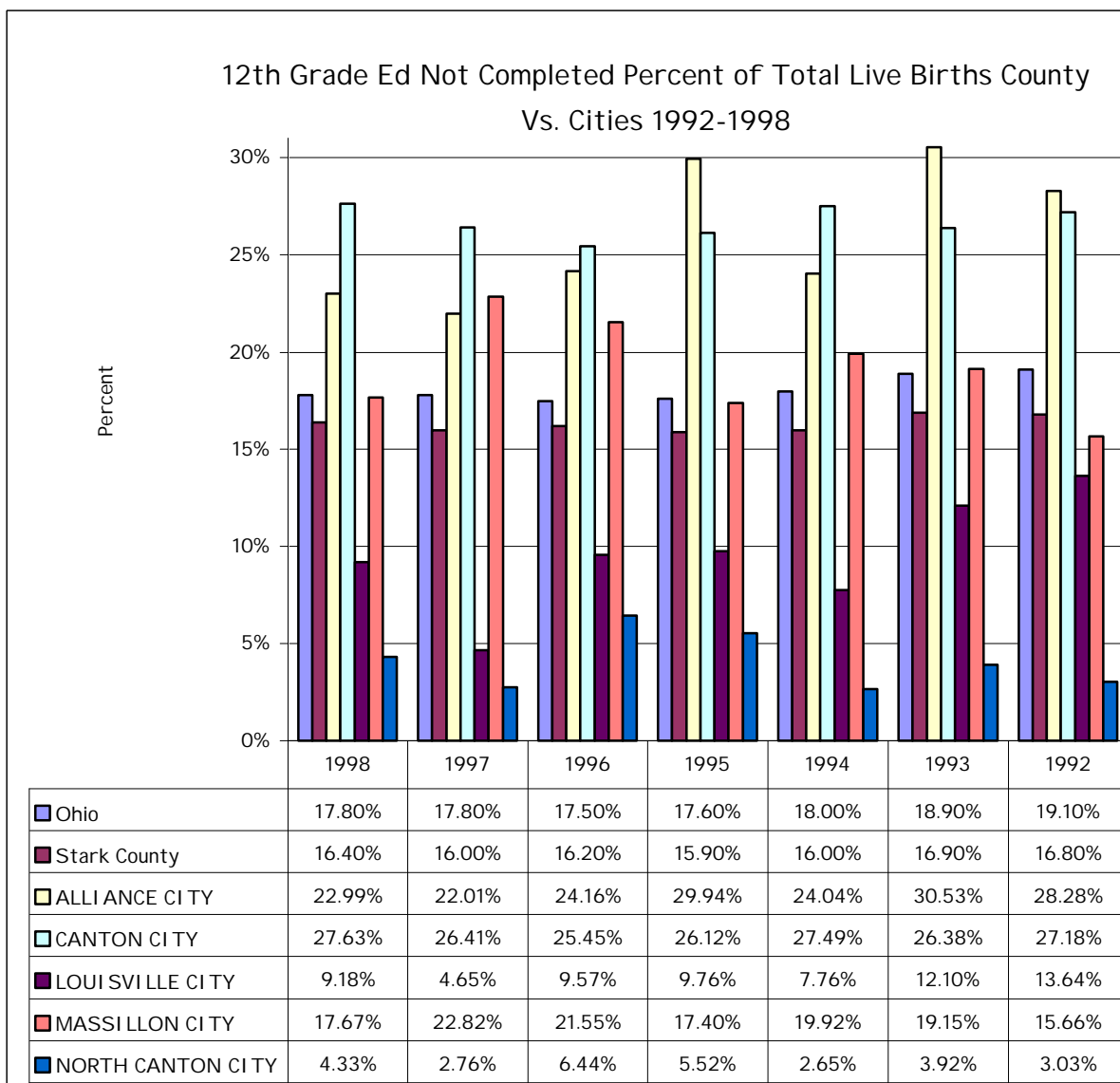


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

BIRTHS TO MOTHERS WHO DID NOT COMPLETE HIGH SCHOOL

The Statewide rate for births to mothers who did not complete high school declined from 19.1% in 1992 to 17.8% in 1998. The rate for Stark County, while lower than the State average, has declined less than a half of a percentage point during the period 1992-1998. The Cities of Canton and Massillon both experienced marginal rate increases during the period. Canton has the highest rate of births to mothers who did not complete high school (27.63%) followed by Alliance (22.99%).

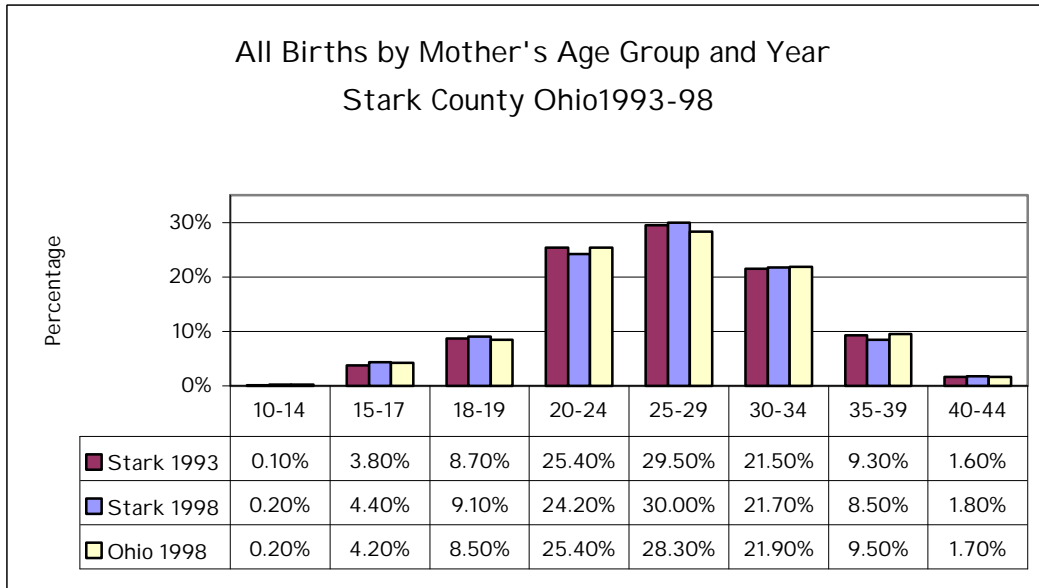


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

ALL BIRTHS BY MOTHERS AGE: STARK VS. OHIO

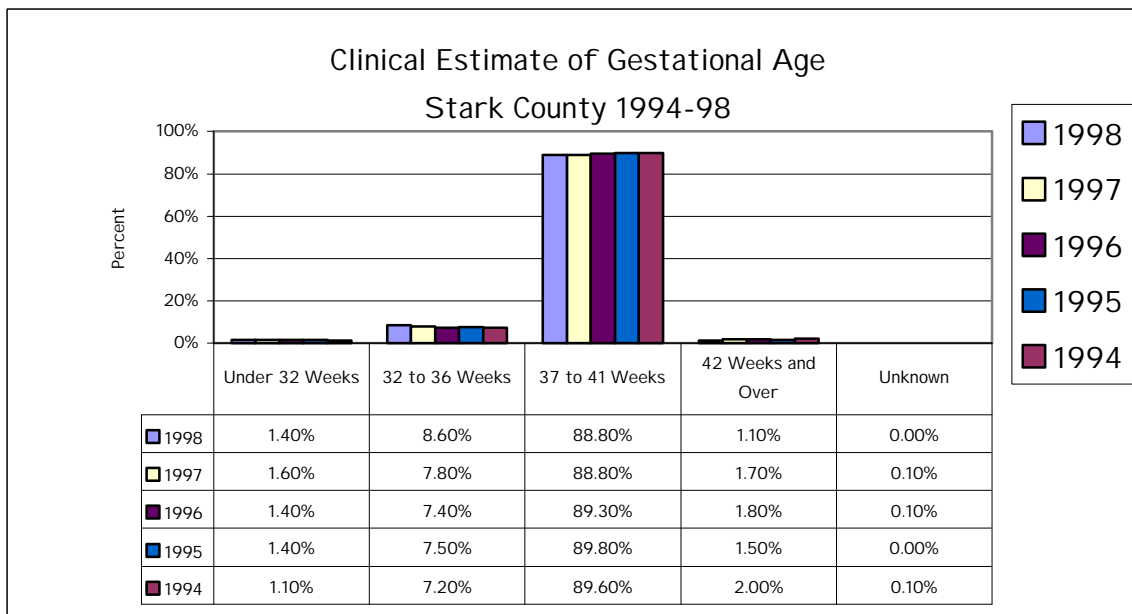
There has been an increase for teen births, from 12.4 percent in 1993 to 13.7 percent in 1998. Births of mothers 20-24 years old decreased, while births to mothers 25 years and older increased.



Source: ODH Data Warehouse

GESTATION RATE

The Gestational Rate for under 32 weeks and 32 to 36 weeks has shown an increase from 1994 to 1998; the percent has decreased for 37 weeks and over.



Source: ODH Data Warehouse

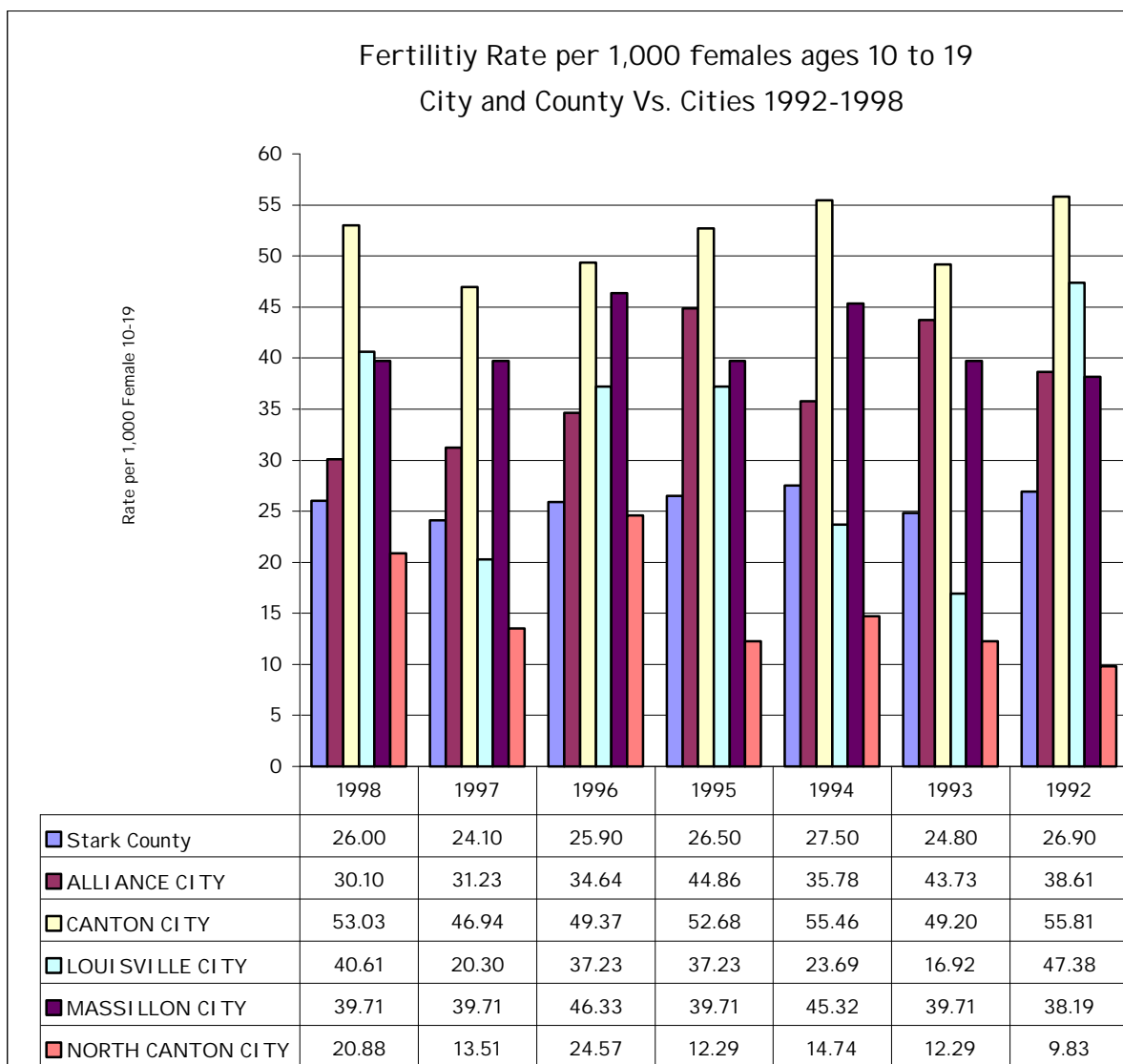
Stark County 2000 Health Assessment

TEEN BIRTH DATA

In 1998, thirteen point seven percent (13.7) of all Stark County births were to teens (age 20 and below). The Statewide teen birth rate for 1998 was 12.9%. Sixteen and seventeen year olds accounted for 29.7% of births to teen mothers (white mothers 30.9% and black mothers 27.6%), 18 and 19 year olds for 64.3% (white mothers 63.4% and black mothers 66.5%), and teen mothers 15 years old and younger for 6.0% (white mothers 5.7% and black mothers 5.9%). (Source: Children's Defense Fund-Ohio, Teen Births County-By-County Factbook, 1998).

The fertility rate per 1,000 females age 10 to 19 for Stark County for 1998 was 26.

TEEN FERTILITY RATE



Source: ODH Data Warehouse

Stark County 2000 Health Assessment

THE COST OF TEEN PREGNANCY (PREVENTION VS. REACTION)

For every \$1 spent to prevent teen pregnancy, it takes \$2 to respond.

First Year costs of Teen Pregnancy in Ohio			
\$2 is spent to respond....		...for every \$1 spent to prevent teen pregnancy	
Medicaid	\$49.80	Occupational Work Adjustment	\$24.90
Aid to Dependent Children	\$21.90	Occupational Work Experience	\$23.60
Food Stamps	\$18.80	family Planning	\$2.80
Repeat Grades	\$13.80	Jobs for Ohio's Craduates	\$2.00
Women, Infants and Children	\$9.50	Teenage Sexuality and Adolescent	
		Pregnancy Prevention Program	\$1.00
Totals	\$113.80	Totals	\$54.30

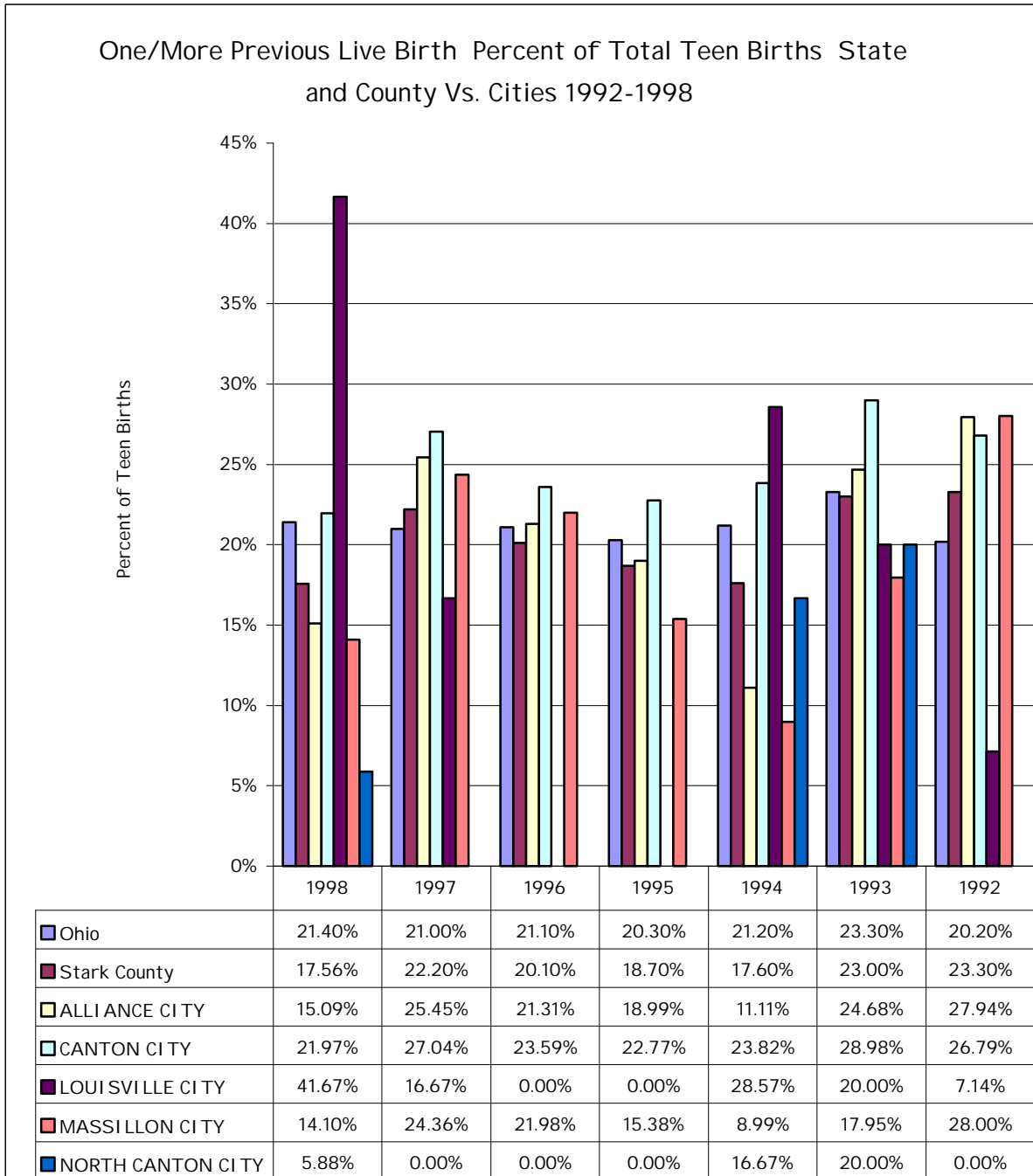
Children's Defense fund-Ohio Association of Ohio Children's Hospitals, 1994, page 12

Children's Defense Fund note: The dollar figures for the response programs represent funds spent on teen parents. The prevention programs are for at-risk teens or specifically for teen pregnancy prevention. The estimates are for state and federally funded programs only and do not include private or local dollars. The GRADS program was not included in the teen parent expenditures because it has both prevention and intervention components.

Stark County 2000 Health Assessment

TEEN MOTHERS WITH A PREVIOUS CHILD

The 1998 County birth rate to teen mothers who already had at least one child was 17.6 % . The rate for Ohio for the same year was 21.4 % .

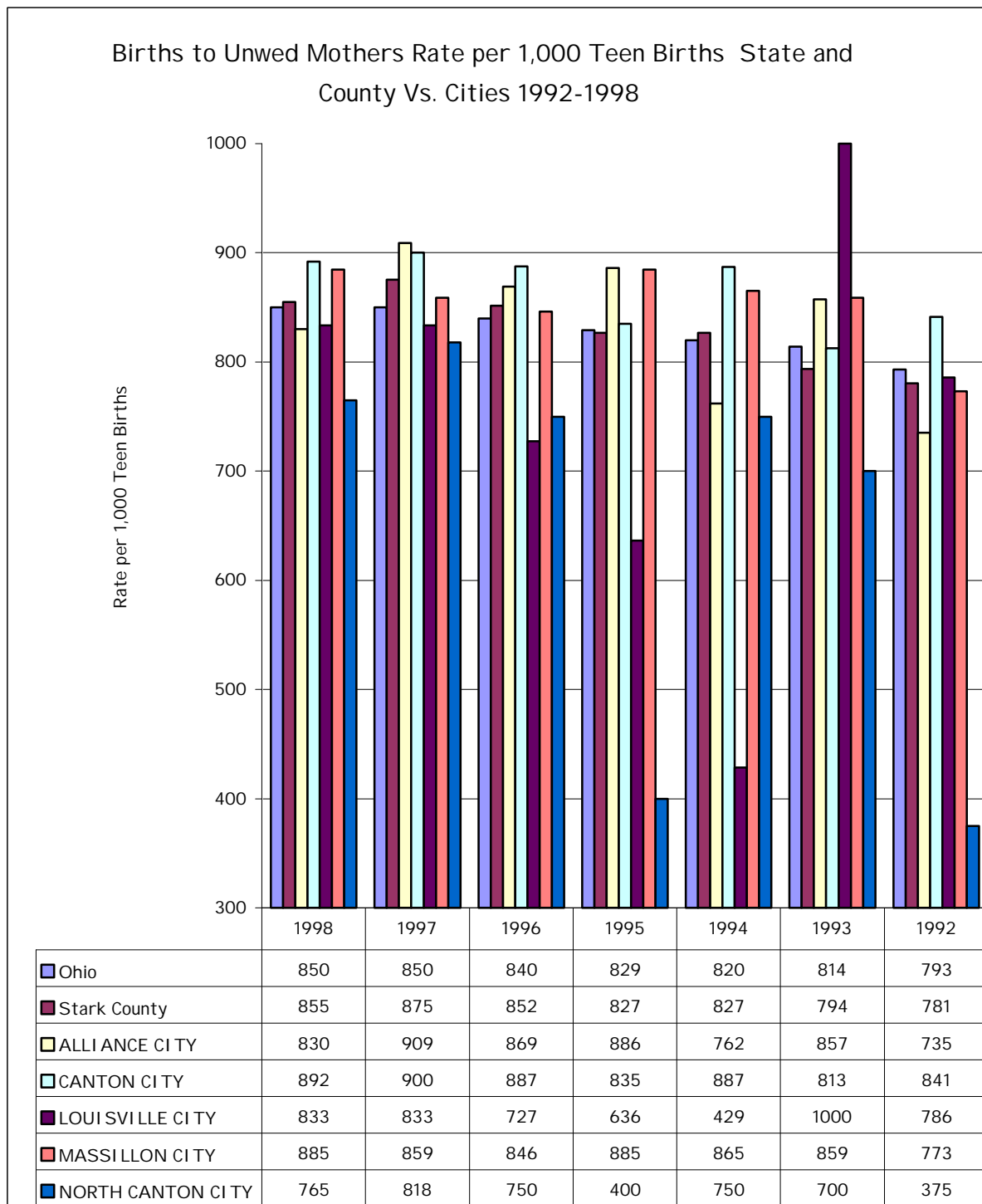


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

UNWED TEENS

IN 1998, out of 1000 teen births, there were 855 births born to unwed teen mothers. The overall rate for the state was slightly lower for the same period at 850 per 1,000 live teen births.



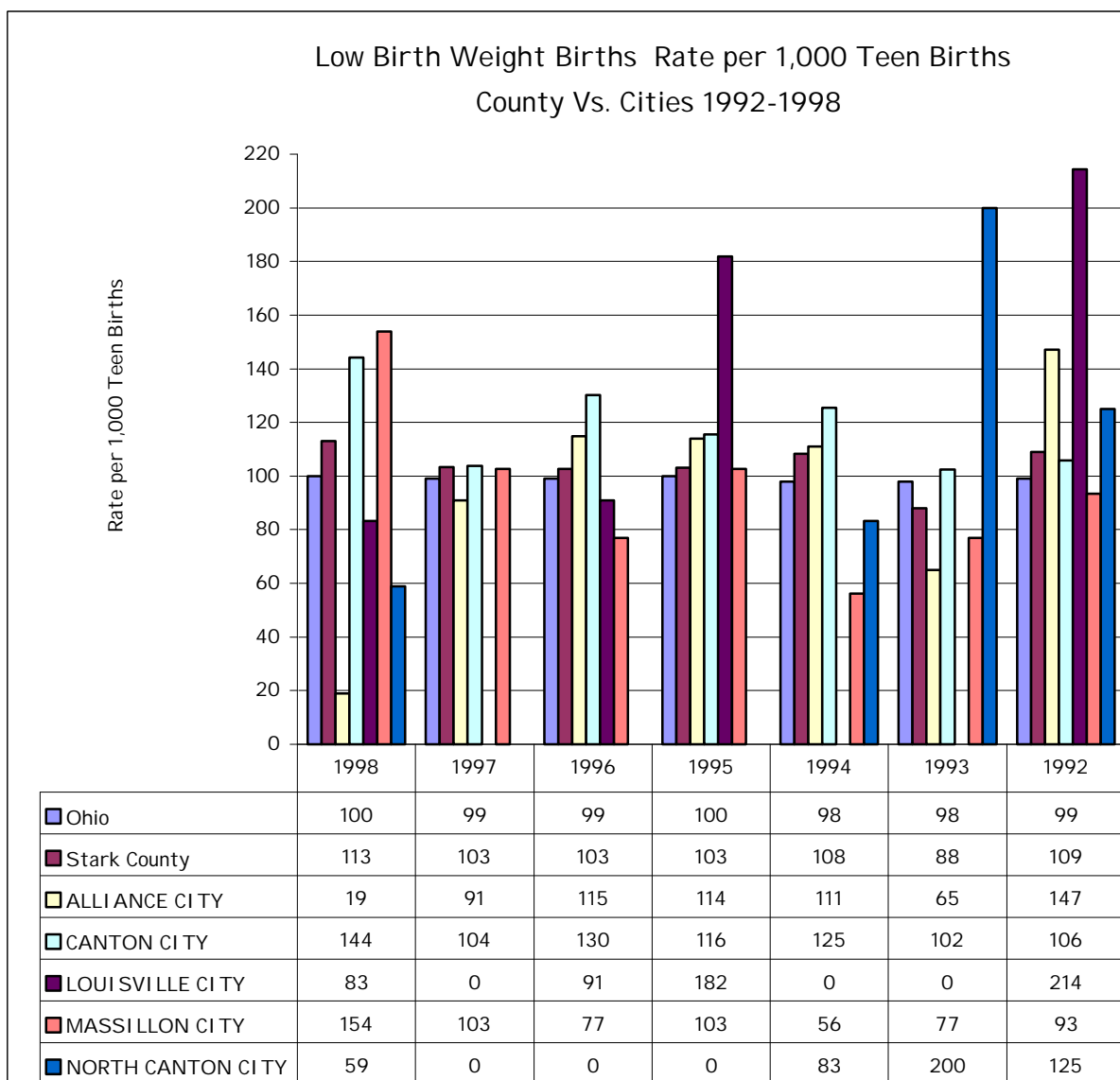
Source: ODH Data Warehouse

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Note: In the following charts, the rates vary widely due to the small numbers being presented. For example, in North Canton, the rate can go from 0.00 to 58.82 per 1,000 live births which reflects a total of 2 births.

BIRTH WEIGHT OF BABIES BORN TO TEEN MOTHERS

Both Stark County and Ohio have witnessed an increase from 1992 to 1998 in the number of teens having low birth weight babies. Stark County, however, showed a decrease in the number from 1997 to 1998. Three of the five cities (Alliance City, Louisville City, and North Canton City) represented in the chart below saw a decrease in number of teens with low birth weight babies for the period 1992 to 1998. All but Alliance City saw an increase in number of low birth weight babies from 1997 to 1998.

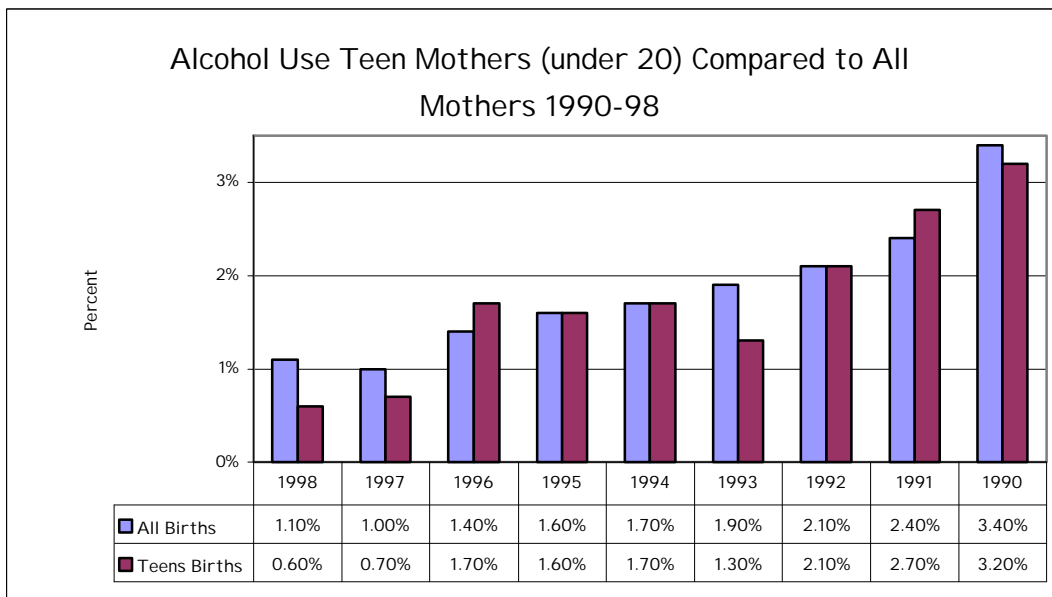


Source: ODH Data Warehouse

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ALCOHOL USE: TEENS VS. ALL MOTHERS

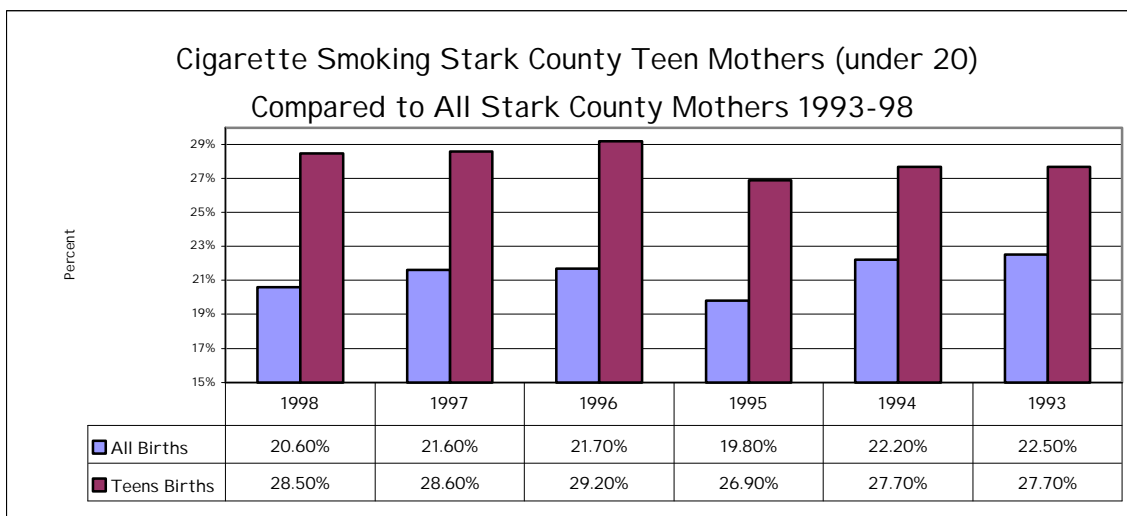
The percent of alcohol use reflected in teen births as well as all births in Stark County has shown a dramatic decrease from 1990 to 1998. For teen moms, the decrease is approximately 500% and for all births, approximately 300%. There was a slight increase in percent of alcohol use for all births from 1997 to 1998, but the percent for teen births continues to fall.



Source: ODH Data Warehouse

CIGARETTE SMOKING: TEENAGE MOTHERS VS. ALL MOTHERS

Cigarette smoking for teen births failed to decline but rather registered a slight increase during the period 1993 to 1998. There was, however, a marginal decrease in the case for all births in Stark County from 1993 to 1998.

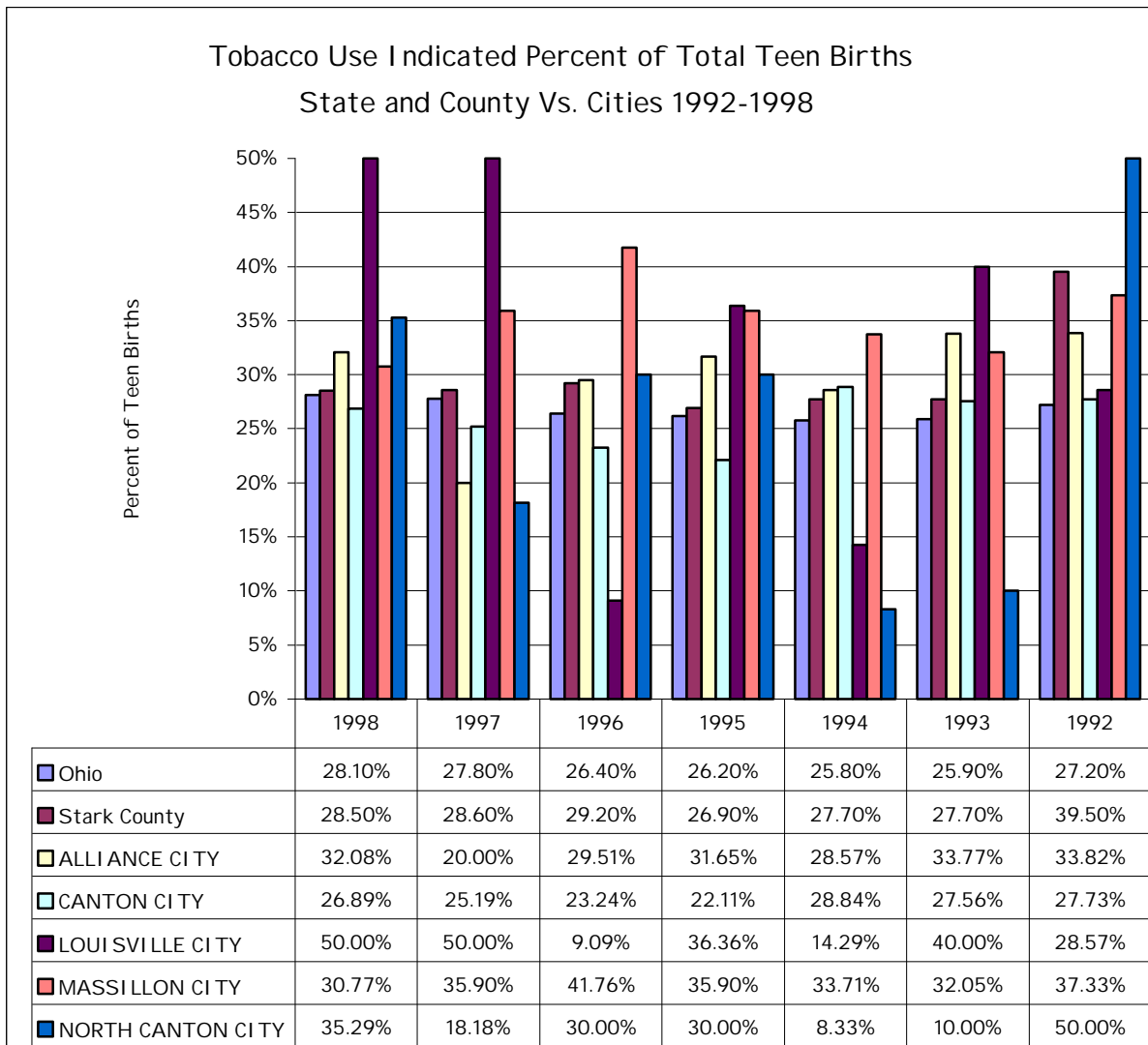


Source: ODH Data Warehouse

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CIGARETTE SMOKING: TEEN MOTHERS

Because of the small numbers presented for some of the cities, the percentage can change significantly by a small change in the number reported. Both Stark County and Ohio has shown a decrease in cigarette smoking for all births. However, the pattern of cigarette smoking for Ohio teen births is increasing while the number for Stark County shows a steady decrease. In Stark County, 1995 saw the percent of use lower for both teens and all mothers than at any other time during the period 1993 to 1998. Ohio, Stark County and three of the five cities reported on below have shown a decrease in cigarette smoking by teen mothers during the period 1992 to 1998. Alliance City and Louisville City have shown an increase during that period.

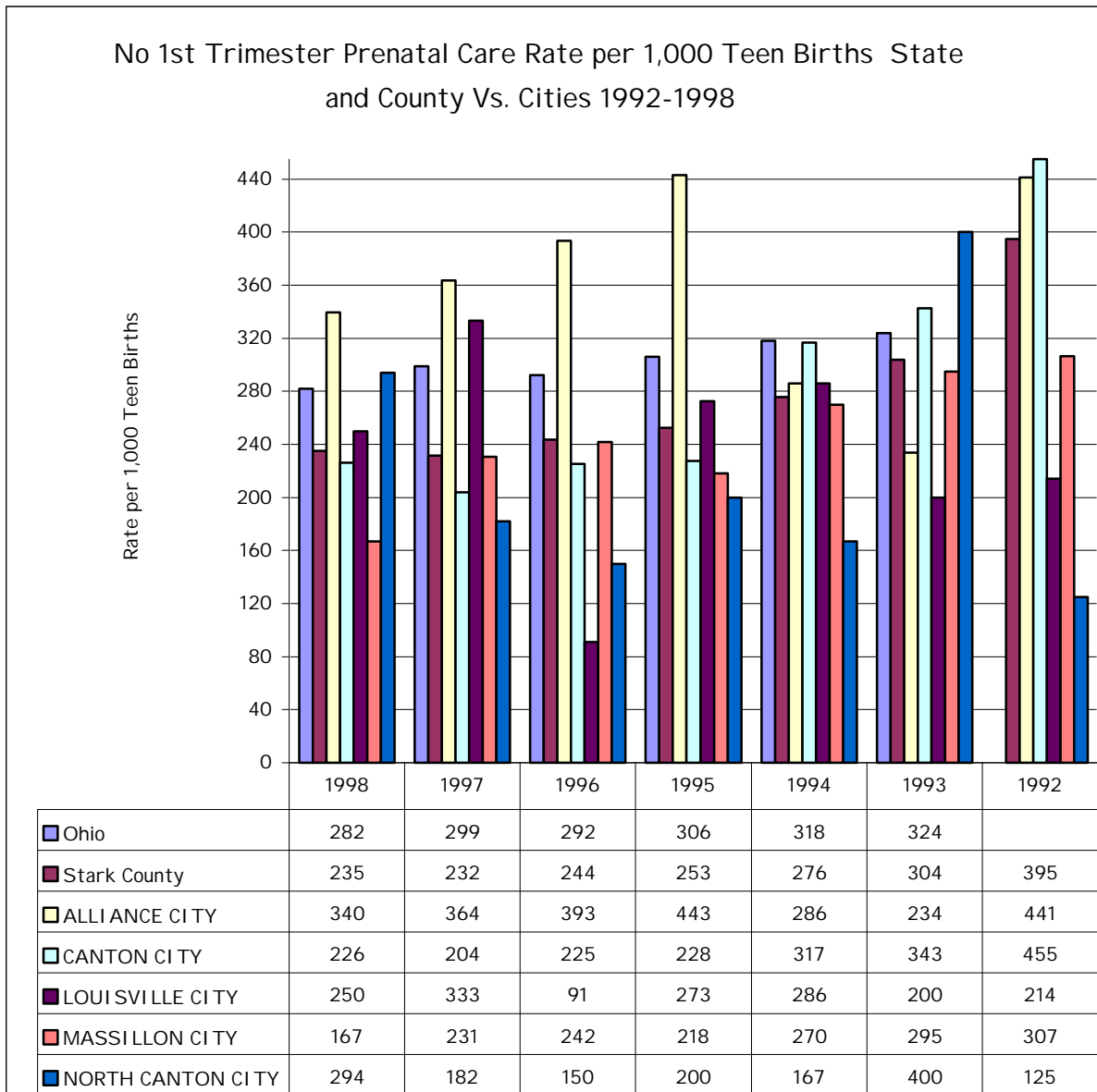


Source: ODH Data Warehouse

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NO FIRST TRIMESTER PRENATAL CARE

Data reported for the period 1992 to 1998 shows that each year more Ohio and Stark County teen mothers are receiving First Trimester Prenatal Care, with the exceptions being the year 1997 for Ohio and 1998 for Stark . Stark County and all but two of the five below defined cities registered an increase from 1992 to 1998 in the number of teens receiving First Trimester Prenatal Care--Louisville City and North Canton City are the exceptions. Again, it must be noted that a small number of reports can change the rate significantly.

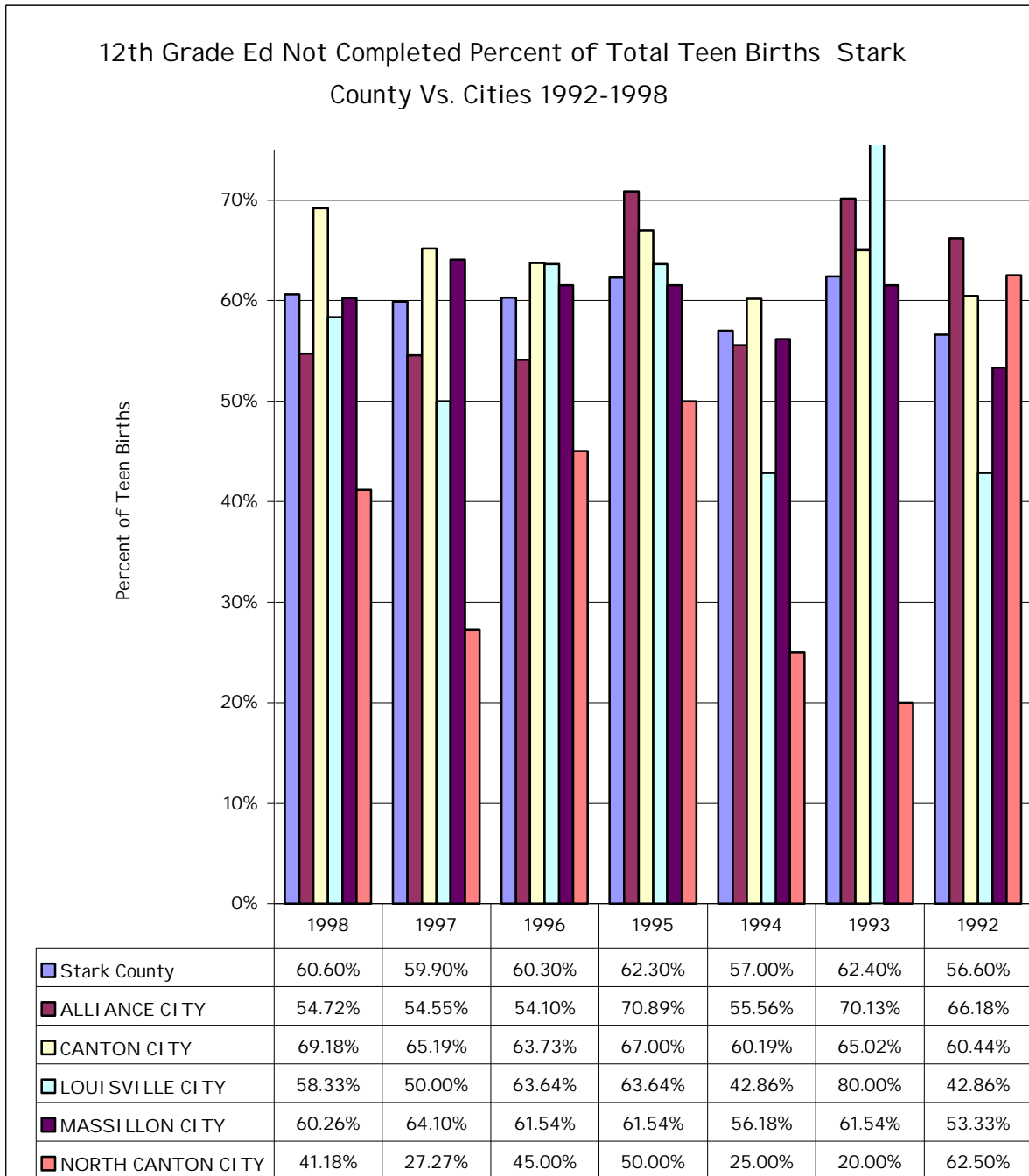


Source: ODH Data Warehouse

Stark County 2000 Health Assessment

HIGH SCHOOL NOT COMPLETED

For the period 1992 to 1998, there has been no clear pattern in the rate of teen mothers, or mothers in general, completing their 12th grade education either in Stark County, the five cities listed in the chart below, or Ohio as a whole.



Source: ODH Data Warehouse

Stark County 2000 Health Assessment

STARK COUNTY HEALTHY START EXPANSION AND CHIP

Office of Medicaid states: "The number of potential eligibles for the CHIP and Healthy Start Expansion Program is defined as those children in Ohio under the age of 19 whose family's countable income is below 150% of the federal poverty level, and who would not be eligible for existing Medicaid and Healthy Start programs based on the financial eligibility criteria in place in December 1997. There are two kinds of potential eligibles:

- those that do have some form of health insurance other than MEDICAID are eligible for the Healthy Start Expansion, and
- those with no other form of health insurance are eligible for CHIP

After 25 months of implementation (January 2000), the Ohio program is serving over 70,000 children or 25% of the potentially eligible population. This includes about 64.2% of the uninsured and 10.7 of the insured potentially eligible.

In Ohio as a whole, 72.7% of all eligibles in State Fiscal Year 1999 were previously eligible for Medicaid in another aid category. Approximately 8.5% of Healthy Start Expansion and CHIP eligibles were not previously eligible for Medicaid, but had a younger sibling eligible for Medicaid or regular Healthy Start previous to the first month of their eligibility for Health Start Expansion or CHIP. For January 2000, 91% of these eligibles were in families with previous Medicaid eligibility. Of those that were previously eligible for Medicaid, 60.2% were previously eligible for Healthy Start. A relatively small number (4,191) of those previously eligible for Medicaid came from the ABD (Aged, Blind, Disabled), eligibility category with 464 of those also SSI eligible.

Approximately 102,399 of the 172,444 children that have been in the program since January 1998 have left the program. Approximately 54% of eligibles that have lost eligibility have done so as a result of increases in family income or because they failed to reapply after 6 months.

Approximately 50% have become eligible for regular Healthy Start or Medicaid as a result of decreases in family income. Approximately 50.8% of new eligibles in Managed Care counties were enrolled in a Managed Care Program.

Stark County 2000 Health Assessment

The following charts provide a breakdown of children enrolled in the Stark County Healthy Start Expansion and CHIP. The first chart, *Insurance Status and Categories for January 2000*, shows 709 eligible children enrolled in Healthy Start Expansion (with some other form of insurance) and 1,437 in CHIP (without any other insurance) in Stark County. It also provides information on children previously eligible for assistance under categories of ABD (Aged, Blind, Disabled) or OWF (Ohio Works First) and the number not previously eligible for any medicaid program--233 under Healthy Start Expansion and 377 under CHIP.

INSURANCE STATUS AND CATEGORIES FOR JANUARY 2000

Healthy Start Expansion and CHIP Eligibles Insurance Status and Categories for January 2000								
Place	Eligibles with Insurance				Eligibles without Insurance			
	Previously Eligible for:		Not Previously Eligible for Any Medicaid Program	Total	Previously Eligible for:		Not Previously Eligible for Any Medicaid Program	Total without Insurance
	ABD	OWF			ABD	OWF		
STARK	6	470	233	709	7	1,023	377	1,437
OHIO	321	13,410	6,159	19,890	1,129	32,302	12,425	45,856

Source: Office of Medicaid

ELIGIBLES ENROLLED IN A MANAGED CARE PLAN

The chart on the right shows the number of Healthy Start Expansion and CHIP eligibles enrolled in a Managed Care Plan by month, from December 1998 through December 1999. During this period, Stark County had a 51.11% enrollment rate compared to 52.50% for Ohio.

Eligibles Enrolled in a Managed Care Plan by Month

Month	STARK	OHIO
Dec 98	60	8,892
Jan 99	43	9,679
Feb 99	207	10,571
Mar 99	694	12,039
Apr 99	966	12,093
May 99	1,357	13,607
June 99	1,520	14,350
July 99	1,098	16,180
Aug 99	1,081	16,436
Sep 99	1,057	17,012
Oct 99	1,090	17,717
Nov 99	1,101	18,594
Dec 99	1,084	19,622
% of Eligibles Enrolled in Managed for Nov 99	51.11%	52.50%

Source: Office of Medicaid

Stark County 2000 Health Assessment

ELIGIBLES BY MONTH FOR JANUARY 1998 THROUGH JANUARY 2000

The following chart, *Eligibles by Month for January 1998 through January 2000*, provides a synopsis of the number of eligible enrollees for each by month and year. As indicated on the chart, the actual number of enrollees in January 2000 (2,253) exceeded the expected number of eligibles (1,970) for 114.36% compared to the average for Ohio at 106.93%.

Healthy Start Expansion and CHIP Eligibles
Eligibles by Month for January 1998 through January 2000

Actual Eligibles by Month				
Month	STARK		OHIO	
	SFY2000	SFY1999	SFY2000	SFY1999
January	1,905	1,837	54,569	54,065
February	1,924	1,905	56,182	54,588
March	2,033	1,924	57,937	56,201
April	2,023	2,033	59,346	57,954
May	2,081	2,023	60,414	59,365
June	2,067	2,081	62,164	60,438
July	2,076	2,066	63,478	62,184
August	2,037	2,075	65,656	63,477
September	2,100	2,037	67,242	65,579
October	2,119	2,097	68,768	66,935
November	2,178	2,107	69,959	68,170
December	2,198	2,144	70,384	68,829
January	2,253	2,121	70,045	67,982
Expected Eligibles for January	1,970	1,940	65,509	64,497
Actual as % of Expected	114.36%	110.5%	106.93%	106.7%

Source: Office of Medicaid

YEAR-TO-DATE ELIGIBLES

The chart on the following page, *Year-to-date Eligibles and Eligibles by Previous Eligibility and Previous Sibling Eligibility*, in addition to providing year to date figures of eligibles for State Fiscal Year (SFY) 1999 and 2000, shows the number of unduplicated eligibles for Jan. 1, 1998 to January 31, 2000 (5,683). There is also a column which indicates number and percent previously eligible (2,892 or 80.3%), another column showing number and percent for those not previously eligible but who had a sibling who was previously eligible (134 or 3.7%), and finally, the last column shows the number and percent of eligibles in families with previous Medicaid eligibility (3,026 or 84.0%).

Stark County 2000 Health Assessment

Healthy Start Expansion and CHIP Eligibles

Year-to-date Eligibles and Eligibles by Previous Eligibility and Previous Sibling Eligibility

Place	Unduplicated Eligibles Jan. 1, '98 - Jan 31, '00	Year-to-date Eligibles SFY 1999	Year-to-date Eligibles - SFY 2000	Year-to-date eligible July 1, 1999 thru January 31, 2000					
				Previously Eligible		Not Previously Eligible but sibling previously eligible		Eligibles in Families with Previous Medicaid eligibility	
				Number	Percent	Number	Percent	Number	Percent
STARK	5,683	3,858	3,603	2,892	80.3%	134	3.7%	3,026	84.0%
OHIO	172,444	113,858	110,528	88,285	79.9%	4,501	4.1%	92,786	83.9%

Source: Office of Medicaid

Stark County 2000 Health Assessment

LEAD BLOOD LEVELS

Based on revised data provided by the ODH, Childhood Lead Poisoning Prevention Program, three point seventeen percent (3.17%) of Stark County children screened for lead poisoning in 1997 were found to have elevated blood lead levels as defined by CDC. In 1998, 2.49% of children tested were found to have elevated blood levels. CDC recommends that in areas which have 27% pre-1950 homes, all children 72 months and below should be tested. The State of Ohio, Department of Health recommends that areas which have 27% pre-1950 housing and 15% poverty level, all children 72 months and below should be tested.

Very severe lead exposure in children (blood lead levels ≥ 80 ug/dL) can cause coma, convulsions and death. Lower levels cause adverse affects on the central nervous system and kidneys. Blood lead levels as low as 10 ug/dL are associated with decreased intelligence and impaired neurobehavioral development. Decreased stature or growth has also been associated with these lower blood lead levels.

LEAD LEVELS (ug/dL) OF STARK COUNTY CHILDREN TESTED, 72 MONTHS AND YOUNGER								
	Total # Tested	Total Confirmed PbB Level 10 ug/dL and Above	10-14 ug/dL PbB Level	15-19 ug/dL PbB Level	20-29 ug/dL PbB Level	30-44 ug/dL PbB Level	45-69 ug/dL PbB Level	Greater 70 ug/dL PbB Level
1996	3079	109	56	37	12	4	0	0
1997	3089	98	63	22	11	1	0	1
1998	2970	74	46	11	11	4	2	0

Source: ODH, Childhood Lead Poisoning Prev. Program, 1/20/00

Stark County 2000 Health Assessment

HOMELESSNESS

The following data reported by Coalition on Homelessness and Housing In Ohio (COHHIO) shows the estimated homeless population in Stark County for 1998. This data includes a point-in-time estimate which attempts to count all people in a geographic area that are literally homeless at any given time (usually over the course of a day). COHHIO further states that “this ‘snap-shot,’ while potentially beneficial in terms of helping to understand the immediate shelter needs for homeless people, does not take into account changes over time. An annualized estimate, on the other hand, attempts to count all homeless people in a geographic area that are homeless throughout the course of the year. This can give a much better picture of the longer term needs of homeless people.”

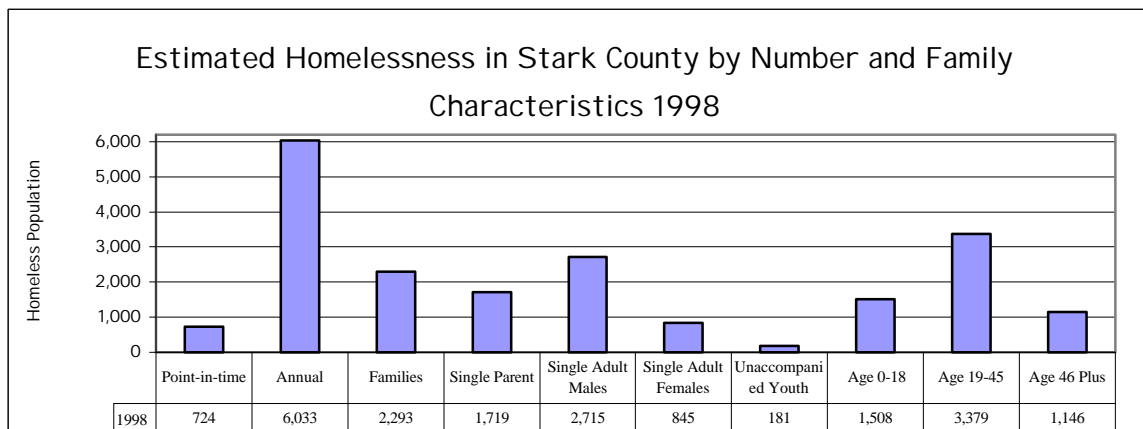
They state that “for the purposes of this estimation, persons are considered homeless only if they reside:

- In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or
- In an emergency shelter.

The definition includes only the ‘more visible’ homeless (i.e. those in shelters and on the streets), and does not include those who are ‘doubled up’ with family or friends.”

ICAN (formerly Stark County Community Support Consortium) reports that from their February 28, 1997, point-in-time homeless count, there were 668 sheltered homeless, 45 unsheltered homeless, and 962 precariously housed (at risk of becoming homeless). The following chart shows the number of Stark County homeless as well as ages and a breakdown of family composition.

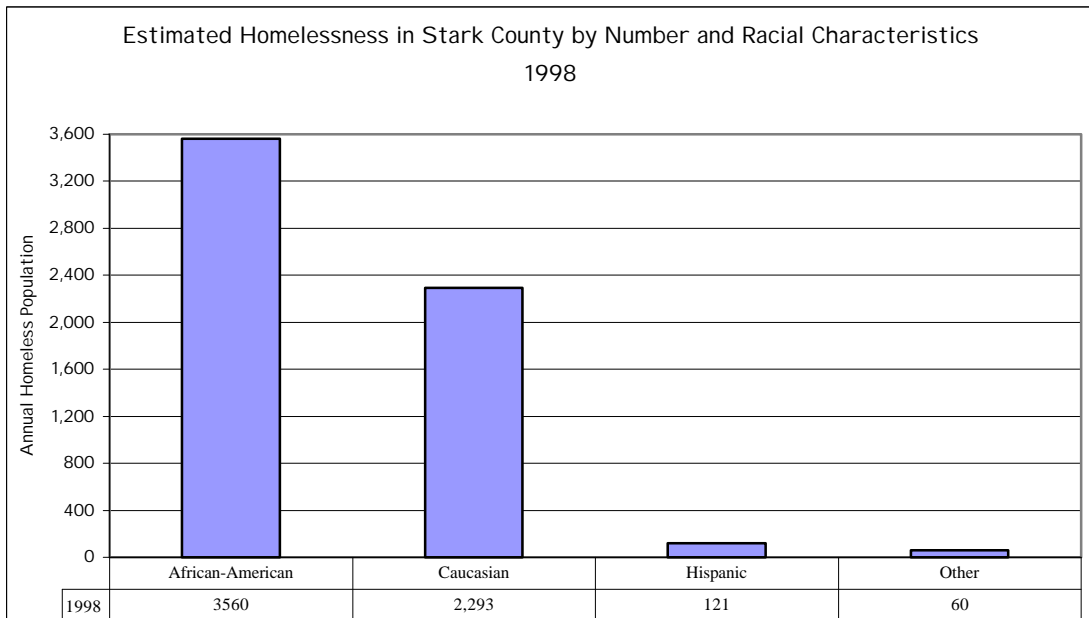
ESTIMATED HOMELESSNESS



Source: Coalition On Homelessness and Housing In Ohio

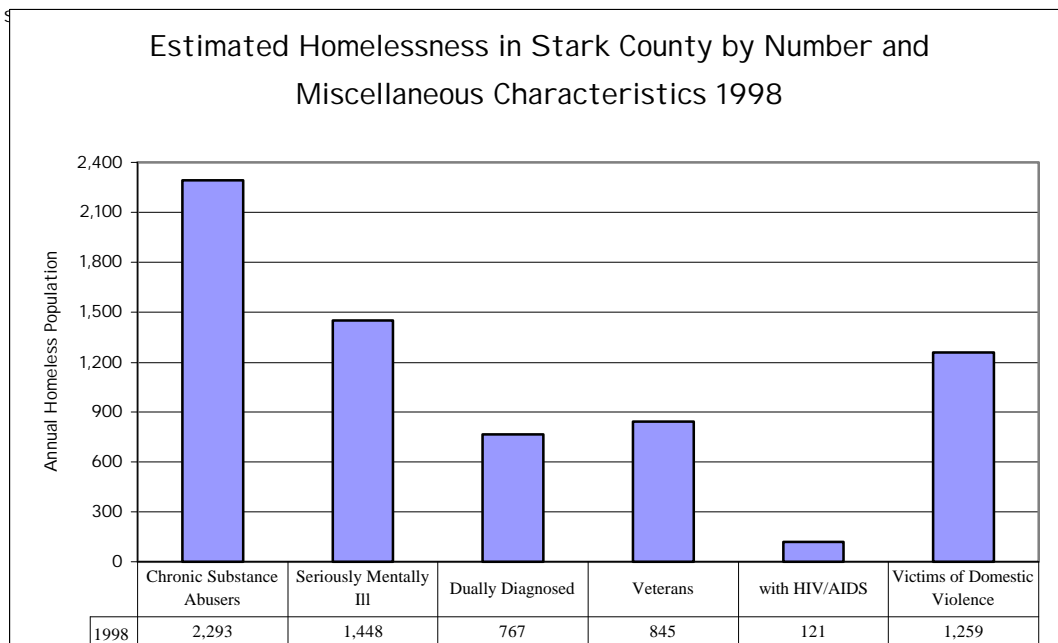
Stark County 2000 Health Assessment

The following chart shows the racial composition of the homeless in Stark County.



Source: Coalition on Homelessness and Housing in Ohio

The next chart provides data on various difficulties faced by the homeless, such as an illness or some type of abuse. These categories are not mutually exclusive; persons can and will show up in multiple categories.



Source: Coalition on Homelessness and Housing in Ohio

Stark County 2000 Health Assessment

CHILDREN IN CUSTODY

As reported by the Public Children Services Association of Ohio: “Between 1991 and 1997, the annual number of abused, neglected and dependent children in Stark County, as well as unruly and delinquent youth, who were placed in out-of-home care decreased from 1,512 to 1,236.

They further report that 23% of all out-of-home care in Stark County is now purchased from private sources by the public children services agency. Infants and preschoolers comprise the largest age group among children placed in out-of-home care in Stark County.

During 1997, a total of 83 public agency adoptions were finalized in Stark County, for a 51% increase over 1995. Between 1996 and 1998, there was an increase of 2 youth in Long-Term Foster Care. The number of Stark County children in any custody status on January 1 decreased 6% between 1996 and 1998.

The following charts reflect the number of children and the reason for placement as well as type of placement. There were 751 children in custody as of January 1, 1998. Of this total, 160 were in Long-Term Foster Care. Children in long-term foster care are not available for adoption nor is there a plan to return them to their parents. Three percent of these children were age 0-5, twenty-one percent age 6-11, and seventy-six percent age 12+. Sixty eight percent of them were whites, 31% black, and 1% other.

Of the 751 in custody as of January 1, 1998, there were 231 children in permanent custody. Permanent custody means that parental rights have been permanently severed. A majority are waiting for an adoptive family.

The remainder of the 751 children were in temporary custody. Temporary custody is limited to one year unless extended up to an additional year by the juvenile court.

About 70% of all parents with children in out-of-home care have a substance abuse problem. Recently enacted Ohio law requires those parents to participate in treatment services, or risk losing their children permanently.

Stark County 2000 Health Assessment

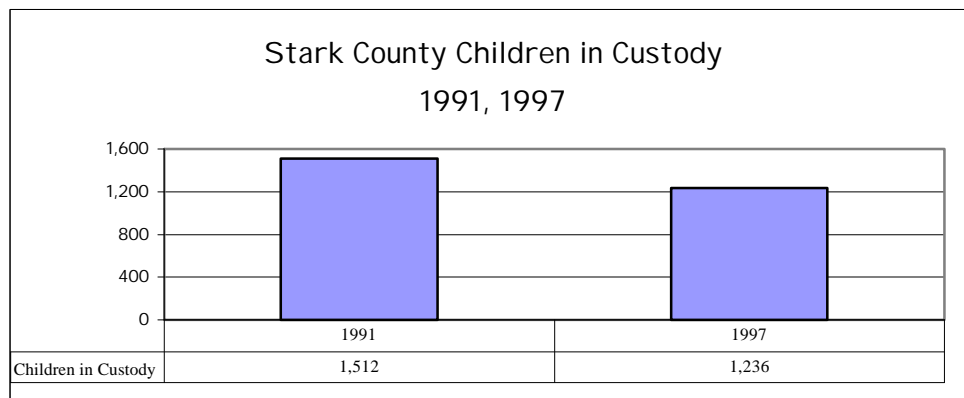
Out of Home Placement As Of January 1, 1998		
Reasons	#	%
Neglect	436	58%
Dependency	120	16%
Physical abuse	105	14%
Sexual abuse, Emotional mal- treatment	45	6%
Delinquency, Unruly, N/A	45	6%
Totals	751	100%

Source: Public Children Services Association of Ohio

Out of Home Placement As Of January 1, 1998		
Type	#	%
Family foster home	510	68%
Relative/kinship home	120	16%
Group home	68	9%
Residential care	8	1%
Adoptive homes	45	6%
Totals	751	100%

Source: Public Children Services Association of Ohio

The following chart shows the decrease in the number of children in custody from 1,512 in 1991 to 1,236 in 1997.



Source: Public Children Services Association of Ohio

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CHILD ABUSE AND NEGLECT

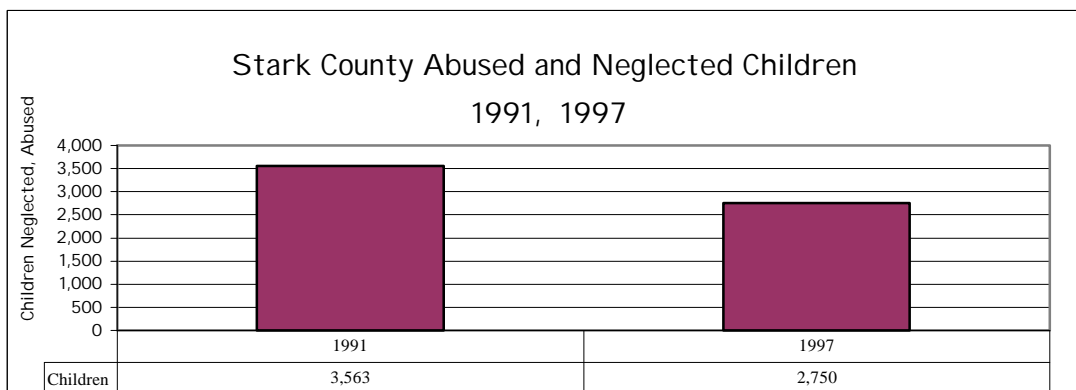
While families experiencing poverty, substance abuse, inadequate housing, teen pregnancy or the lack of educational success are not pre-disposed to abuse or neglect their children, families entering the child protection system are often struggling with one or more of these conditions.

The following chart shows the unduplicated number of new reports and their percentages:

Child Abuse and Neglect 1997		
Type of Abuse	#	%
Physical abuse	794	29%
Neglect	1166	42%
Sexual abuse	513	19%
Emotional maltreatment	277	19%
Dependency	0	0%
Totals	2750	100%

Source: Public Children Services Association of Ohio

The Public Services Association of Ohio further states that new reports of child abuse and neglect have fluctuated in Stark County. In 1997, new reports totaled 2,750, down from 3,563 in 1991. Recent Ohio law requires a comprehensive assessment of risk on all reports of abuse or neglect.



Source: Public Children Services Association of Ohio

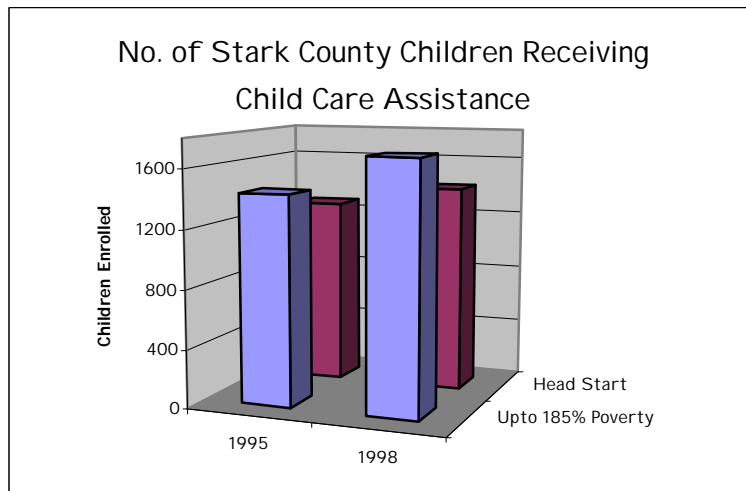
Stark County 2000 Health Assessment

CHILD CARE

The Children's Defense Fund reports: "Ohio's child care assistance program helps primarily low-wage workers afford child care. Currently, families may earn up to 185% of the federal poverty level (\$9.84 per hour for a full-time working parent with one child). Parents pay a fee based on their income, family size and the number of children who need care."

"Local child care centers and homes in many communities form partnerships with Head Start to provide full day care while parents work. Head Start families may earn no more than 100% of the federal poverty level (\$5.32 per hour for a full-time working parent with one child)."

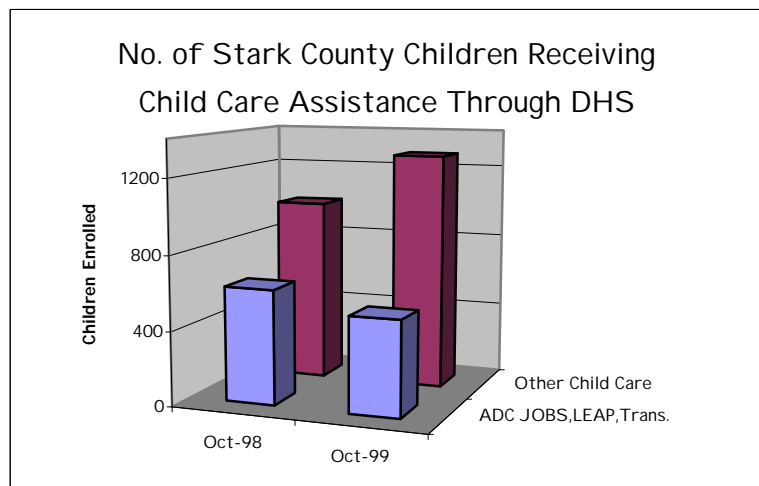
The chart at the right shows the number of children receiving child care assistance under the Head Start program and the number receiving assistance through the Department of Human Services for 1995 and 1998. The number under Head Start was 1277 children in 1995 and 1413 children in 1998.



Source: Children's Defense Fund-Ohio 1999-2000

DHS provided 1430 children assistance in 1995 and 1696 children in 1998.

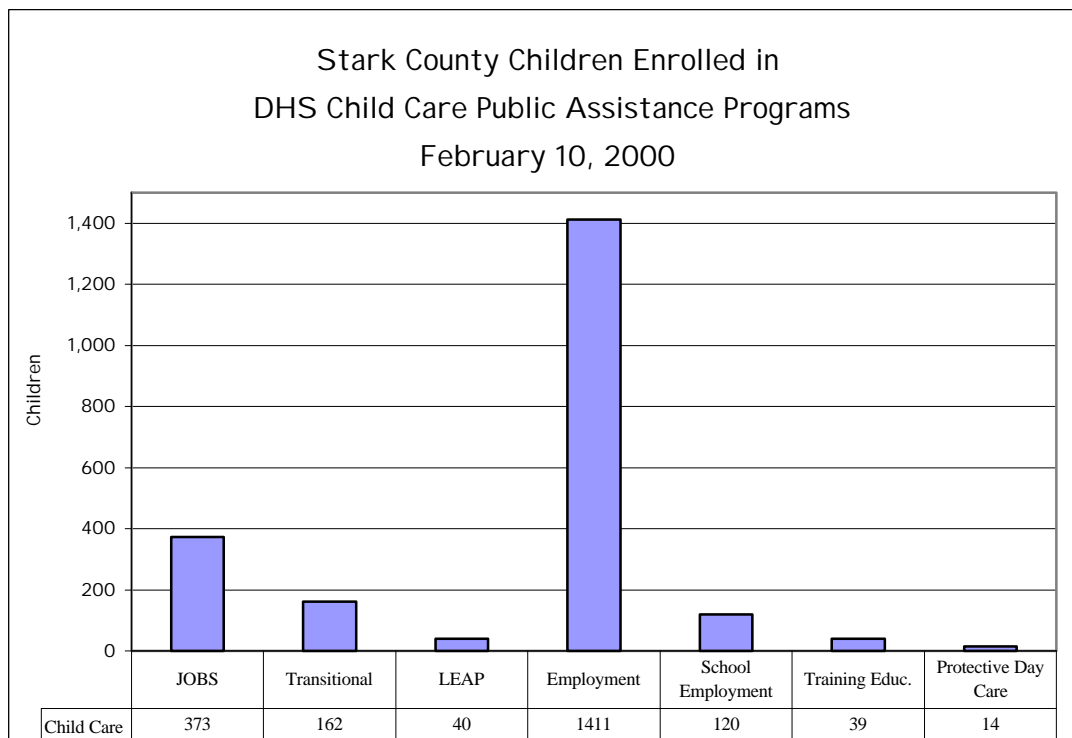
The chart at the right provides a comparison of the number of children served by Department of Human Services during the month of October 1998 (1610 children) and October 1999 (1789 children). The chart is divided by the number of children served under the ADC JOBS, LEAP and Transitional programs and the remaining number enrolled in other DHS programs.



Source: ODHS (PAMS)

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As of February 10, 2000, there were 2161 (unduplicated) children receiving child care assistance through the Stark County Department of Human Services. The following chart provides a breakdown of the programs under which these children are enrolled. The majority fall under programs where parents are working and/or going to school, but still meet the guidelines for 185% poverty. Due to the scale of the chart, the small number of children (2) enrolled in the Special Needs program could not be reflected.



Source: Stark County DHS

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NORMATIVE HEALTH INDICATORS

1998 NORMATIVE HEALTH INDICATORS

The following indicators were developed by the CDC in 1998 for tracking county wide health status.

<i>Indicators</i>	Measure	Stark	Ohio	Data Source
1. Percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.	Percent for CY-97	84.6%	68.1%	N: Immunization D: Vital Stats
2. Rate of births to teenagers 15-17 years.	per 1,000 in CY-96	28.1	29.4 %	N: Vital Stats D: US Census
3. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.	Percent in CY-97	NAV	29.4 %	N: BOHS D: ODE
4. Rate of deaths to children ages 1-14 caused by motor vehicle crashes.	Per 100,000 in CY-96	1.4	3.9	N: Vital Stats D: US Census
5. Percent of mothers who breastfeed their infants at hospital discharge.	Percent in CY-96	NAV	52%	N: Ross Labs D: Vital Stats
6. Percent of CSHCN with a source of insurance for primary and specialty care.	% SFY96 Treatment for up to 18	85%	80.1%	BCMh
7. Percent of children without health insurance.	% CY-96	NAV	10.2%	ODH Health Care Data Center
8. Percent of potentially eligible Medicaid children who have received service paid for by the Medicaid program.	% of CY-96	NAV	92%	ODHS Medicaid Policy
9. Percent of very low birth weight live births.	% of CY-96	.9%	1.5%	Vital Stats
10. Rate of suicide deaths among youths aged 15-19.	Per 100,000 in CY-96	3.8	6.3	Vital Stats
11. Percent of very low birth weight infants delivered at facilities for high risk deliveries and neonates.	% in CY-96	2.0%	61.3	Vital Stats
12. Percent of infants born to women receiving prenatal care beginning in the first trimester of pregnancy	% of CY-96	89.29%	84.5 %	Vital Stats
13. Incidence of unintended pregnancies in women of childbearing age.	Per 100,000 CY-96	NAV	831.1	Vital Stats
14. Percent of low income overweight children under the age of 5 years.	% of CY-96	NAV	8.8%	N: PedNSS D: BNS
15. Percent of low-income prenatal population who reduced or stopped smoking	Percent	NAV	NAV	BNS
16. Percent of children with obvious need for dental care	Percent	NAV	33.1%	BOHS 1992-93 School Survey
17. Percent of women receiving adequate prenatal care according to Kotelchuck Index	% CY-96	51.3%	48.5%	BCFHS
18. Percentage of children screened for lead poisoning with elevated blood lead levels	% CY-97	2.86%	6.8%	BCFHS

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2000 NORMATIVE HEALTH INDICATORS

The Following is a list of revised Consensus Indicators developed by the Center for Disease Control and Prevention:

Stark County Health Indicators

CDC Consensus Indicators

Indicator	1995		1996		1997		1995-1997			Ohio	U.S.	HP 2000 Goal
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Rank			
Infant Mortality	56	11.5	27	5.6	37	7.7	120	8.3	64	8.1	7.3	7
Total deaths	3,710	484.8	3,737	476.6	3,844	478.3	11,291	479.8	36	504	491.6	340
Motor vehicle crash deaths	40	12.3	51	14	49	11.8	140	12.7	17	13.2	16.2	14.2
Work-Related injury deaths	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.8	4
Suicides	36	7.8	38	9.3	34	8.1	108	8.4	29	9.8	10.8	10.5
Homicides	16	4.8	14	4.3	7	2.3	37	3.8	61	5.6	8.5	7.2
Lung cancer deaths	268	42.1	244	37.3	246	37.1	758	38.8	35	42.1	37.8	42
Female breast cancer deaths	82	42.2	89	45.8	68	35	239	41	69	37.4	20.2	20.6
Cardiovascular disease deaths	1,175	137.1	1,191	133.4	1,268	137.8	3,634	136.1	30	148	134.5	100
AIDS incidence	17	4.5	8	2.1	7	1.9	32	2.9	54	6.9	NA	NA
Measles incidence	0	0	0	0	0	0	0	0	1	0	0.1	0
Tuberculosis incidence	6	1.6	7	1.9	1	0.3	14	1.2	52	2.6	8.1	3.5
Syphilis incidence	1	0.3	1	0.3	0	0	2	0.2	55	5.1	4.6	4
Low birthweight prevalence	379	7.8	378	7.9	371	7.7	1128	7.8	74	7.6	7.4	5
Teen pregnancies	1666	34.6	1621	33.7	1526	31.7	4813	33.3	53	34.7	NA	NA
First trimester prenatal care	4286	88.3	4265	89.2	4314	89.5	12865	89.1	15	85.4	81.9	90
Childhood poverty	16487	17.5	NA	NA	NA	NA	NA	NA	NA	NA	18.4	NA
Air quality	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	81.3	85

ODH County Indicators

Stark County 2000 Health Assessment

DATA DEFINITIONS

1. Infant mortality

Measure: Infant mortality rate per 1,000 live births
Numerator: Number of deaths under one year of age
Denominator: Number of live births
Data Source: Ohio Department of Health, Certificate of Live Birth
Data Issues: Data represent Ohio residents only.

2. Total deaths

Measure: Total deaths per 100,000 population
Numerator: Number of deaths (ICD-9 numbers 1-E999)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

3. Motor vehicle crash deaths

Measure: Motor vehicle crash deaths per 100,000 population
Numerator: Number of motor vehicle crash deaths (ICD-9 numbers E810-E825)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

4. Work-related injury deaths

Measure: Work-related injury deaths per 100,000 full time workers
Numerator: Number of work-related injury deaths
Denominator: Population 16 years and older
Data Source: Ohio Department of Health, Census of Fatal Occupational Injuries
Data Issues: Data not displayed for cell sizes less than 3.

5. Suicides

Measure: Suicides per 100,000 population
Numerator: Number of suicides (ICD-9 numbers E950-E959)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

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6. Homicides

Measure: Homicides per 100,000 population
Numerator: Number of homicides (ICD-9 numbers E960-E978)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

7. Lung cancer deaths

Measure: Lung cancer deaths per 100,000 population
Numerator: Number of lung cancer deaths (ICD-9 number 162)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

8. Female breast cancer deaths

Measure: Female breast cancer deaths per 100,000 population
Numerator: Number of female breast cancer deaths (ICD-9 number 174)
Denominator: Total female population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population.

9. Cardiovascular disease deaths

Measure: Cardiovascular disease deaths per 100,000 population
Numerator: Number of cardiovascular disease deaths (ICD-9 numbers 390-448)
Denominator: Total population
Data Source: Ohio Department of Health, Certificate of Death
Data Issues: Data represent Ohio residents only. Data are age-adjusted to the 1940 standard population

10. AIDS incidence

Measure: AIDS incidence per 100,000 population
Numerator: Number of incident AIDS cases
Denominator: Total population
Data Source: Ohio Department of Health, Infectious Disease Surveillance
Data Issues: Data presented by date of diagnosis.

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11. Measles incidence

Measure: Measles incidence per 100,000 population
Numerator: Number of incident measles cases
Denominator: Total population
Data Source: Ohio Department of Health, Infectious Disease Surveillance
Data Issues: Data presented by date of report.

12. Tuberculosis incidence

Measure: Tuberculosis incidence per 100,000 population
Numerator: Number of incident tuberculosis cases
Denominator: Total population
Data Source: Ohio Department of Health, Infectious Disease Surveillance
Data Issues: Data presented by date case was confirmed and counted as verified.

13. Primary and secondary syphilis incidence

Measure: Primary and secondary syphilis incidence per 100,000 population
Numerator: Number of incident primary and secondary stage syphilis cases
Denominator: Total population
Data Source: Ohio Department of Health, Infectious Disease Surveillance
Data Issues: Data presented by date of diagnosis.

14. Low birthweight prevalence

Measure: Percentage of live born infants weighing under 2,500 grams at birth
Numerator: Number of live born infants weighing under 2,500 grams at birth
Denominator: Number of live births for whom birthweight was recorded on the birth certificate
Data Source: Ohio Department of Health, Certificate of Live Birth
Data Issues: Data represent Ohio residents only.

15. Teen pregnancies

Measure: Number of pregnancies to females 15-17 years of age per 100,000 population
Numerator: Number of live births, fetal deaths and abortions to females 15-17 years of age
Denominator: Total female population 15-17 years of age
Data Source: Ohio Department of Health, Certificates of Live Birth, Fetal Death and Abortion
Data Issues: Data represent Ohio residents only.

Stark County 2000 Health Assessment

16. First trimester prenatal care

- Measure: Percentage of women delivering live born infants who received prenatal care during the first trimester (three months)
- Numerator: Number of women delivering live born infants who received prenatal care during the first trimester
- Denominator: Number of women delivering live born infants for whom entry into prenatal care was recorded on the birth certificate
- Data Source: Ohio Department of Health, Certificate of Live Birth
- Data Issues: Data represent Ohio residents only.

17. Childhood poverty

- Measure: Proportion of children under 15 years of age living in families at or below the poverty level
- Numerator:
- Denominator:
- Data Sources: U.S. Census Bureau, Current Population Survey
- Data Issues: County-specific data not available annually.

18. Air quality

- Measure: Proportion of persons living in counties exceeding U.S. EPA standards for air quality during the previous year
- Numerator:
- Denominator:
- Data Source: Ohio Environmental Protection Agency
- Data Issues: County-specific data not available.

Population: U.S. Census Bureau population estimates were used for population denominators. Numerator year and denominator year are comparable. For example, for AIDS incidence reported for 1995, the numerator represents incident AIDS cases for the year 1995; the denominator represents the population estimate for 1995.

Ranks: Rankings were ordered from best to worst for the three-year average rate by county (1 is best, 88 is worst, and ties receive the same rank). For example, for infant mortality, the best rank will be for the lowest infant mortality rate; for first trimester prenatal care, the best rank will be for the highest percentage of women delivering live born infants who received care during the first trimester.

Stark County 2000 Health Assessment

KEY INFORMANT SURVEY

HEALTH/ WELLNESS AND NUTRITION NEEDS

The following chart presents in rank order, community health, wellness and nutrition related needs, identified by 72 key informants: Respondents were asked to identify their top three community health, wellness and nutrition related unmet needs, concerns or problems.

Health/Wellness and Nutrition Needs, Concerns, Problems

	environment	poor nutrition	spousal abuse	parental conflict and student conflict	health professionals	sexual assault/abuse	alcoholism	low self esteem	24 hour health care	HIV/STD	adult substance abuse	teen substance abuse	pre- and post-natal care	affordable medication (all ages)	health accept medical care	child abuse	teen pregnancy
Score	6	7	7	11	13	14	15	18	18	18	26	27	29	29	30	32	46
Average	2.0	1.4	1.8	1.8	1.9	1.6	2.1	2.3	2.6	2.0	2.4	2.3	2.4	1.9	1.9	2.1	2.2
St Dev	1.0	0.9	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.9	0.8	0.6	0.7	0.8	0.7	0.8	0.9
															Third	Second	First

Source of Data: 1998 Stark County Needs Assessment, Survey of 72 Key Informants

EDUCATION NEEDS

The following chart presents in rank order, community education related needs, identified by 72 key informants: Respondents were asked to identify their top three community education related unmet needs, concerns or problems.

Education Needs, Concerns, Problems

	elderly care training	training in pre-school operation	resource Directory	social awareness	adult education	sex education	child/day care training	awareness/info on pregnancy	communication skills	nutrition and health education	high school drop-out	functional literacy	drug and alcohol awareness	youth activities	job training	ed opps at risk children	parenting and life skills
Score	4	7	7	8	10	10	11	11	15	19	20	22	27	28	32	41	79
Average	1.3	2.3	1.8	2.7	3.0	1.7	1.8	1.6	1.9	2.1	2.2	1.8	1.9	2.3	1.8	2.2	2.3
St Dev	0.6	0.6	1.0	0.6	0.0	0.8	1.0	0.8	0.6	0.8	0.8	0.9	0.7	0.8	0.7	0.8	0.8
															Third	Second	First

Source of Data: 1998 Stark County Needs Assessment, Survey of 72 Key Informants

Revised June 2000

Stark County 2000 Health Assessment

SOCIAL SERVICE NEEDS

The following chart presents in rank order, community social service related needs, identified by 72 key informants: Respondents were asked to identify their top three community social service related unmet needs, concerns or problems.

Social Service Needs, Concerns, Problems

	dental insurance	transportation	child care	unemployment	hourly wage rates	low income levels	respite care	homelessness	emergency shelter for kids 0-18	jobs	awareness of services/resources	affordable housing	resource center	juvenile delinquency	Third center for teen/youth activities	Second affordable and accessible child care	First health insurance
Score	9	9	10	11	11	12	12	17	18	19	21	24	26	27	35	43	45
Average	1.5	1.8	2.0	2.8	1.8	2.0	2.4	2.4	2.6	2.1	1.8	1.6	2.0	1.9	1.9	2.0	2.4
St Dev	0.5	0.8	0.7	0.5	0.8	0.9	0.5	0.8	0.8	0.8	1.0	0.8	0.8	0.9	0.8	0.9	0.6

Source of Data: 1998 Stark County Needs Assessment, Survey of 72 Key Informants

KEY INFORMANT AFFILIATION

Seventy-two employees of forty-three different agencies and organizations completed and returned surveys related to health, education and social service needs reported above. The following table provides details on number and type of agency, number of informants by agency type and percent of informants by agency type:

Affiliation Profile		
Affiliation	Respondents	Percent
Health Care	29	40.8%
Religious	2	2.8%
Education	7	9.9%
Social Service Agencies	20	28.2%
Local Government	7	9.9%
Commerical	5	7.0%
Community Foundation	1	1.4
Totals	71	100%

Stark County 2000 Health Assessment

CLIENT SURVEYS

HEALTH/ WELLNESS NEEDS, CONCERNS, PROBLEMS

The following chart presents in rank order, community health, wellness and nutrition related needs, identified by 266 clients, users and stakeholders: Respondents were asked to identify their top three community health, wellness and nutrition related unmet needs, concerns or problems.

Health/Wellness and Nutrition Needs, Concerns, Problems

	pre- and post-natal care	disabilities	emergency care	child immunization	Health professionals	health professionals accept med cards	low self esteem	alcoholism	teen substance abuse	adult substance abuse	affordable medication (all ages)	teen pregnancy	child abuse	infectious disease	HIV/STD
Score	34	39	44	44	54	57	58	60	65	73	74	86	139	171	203
Average	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2.4
STDEV	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.7

Source of Data: 1998 Stark County Needs Assessment Survey of 266 clients, users and stakeholders

EDUCATION

The following chart presents in rank order, community education related needs, identified by 266 clients, users and stakeholders: Respondents were asked to identify their top three community health, wellness and nutrition related unmet needs, concerns or problems.

Education Needs, Concerns, Problems

	CPR training	functional literacy	parenting skills	child/day care training	youth activities	college	GED	job interview skills	computer training	ed opps for at risk children	drug and alcohol awareness	sex education	parenting & life skills	job training	high school drop-out
Score	36	40	40	44	45	49	54	55	63	75	105	121	134	185	211
Average	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2.3
STDEV	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0.8

Source of Data: 1998 Stark County Needs Assessment Survey of 264 clients, users and stakeholders

Stark County 2000 Health Assessment

SOCIAL SERVICES

The following chart presents in rank order, community social service related needs, identified by 266 clients, users and stakeholders. Respondents were asked to identify their top three community health, wellness and nutrition related un- met needs, concerns or problems.

Social Service Needs, Concerns, Problems

	support groups for single parents	center for teen/youth activities	emergency shelter for kids 0-18	children with disabilities	juvenile delinquency	child care	resource center	low income levels	affordable and accessible child care	health insurance	hourly wage rates	affordable housing	homelessness Third	jobs Second	unemployment First
Score	29	30	39	55	56	58	66	69	73	91	94	128	135	149	228
Average	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2.3
STDEV	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0.8

Source of Data: 1998 Stark County Needs Assessment Survey of 262 clients, users and stakeholders

CLIENT RESPONDENT AFFILIATION

One hundred two clients from nine agencies and organizations completed and returned surveys related to health, education and social service needs reported above. The following table shows the number and percent of respondents by agency:

Affiliation Profile - Client Needs Survey		
Affiliation	Respondents	Percent
Health Care	115	41.4%
Education	10	3.6%
Social Service Agencies	111	39.9%
Child Care	21	7.6%
Support Groups	21	7.6%
Totals	278	100.0%

Stark County 2000 Health Assessment

STARK COUNTY CLIENT RESPONDENT PROFILE

The following is a disposition profile of 272 Clients of Stark County Agencies who completed disposition questionnaires along with Need Surveys.

1. Average Household Size (number of people living in home): 3.696
2. Average Number of Household Members Below 18 Years of Age: 1.8

3. Age	%	4. Gender	%	5. Race and Ethnic Composition	%	6. Household income:	%
15 to 20	7.7	Female	89.0	White	64.0	\$0 to \$7,500	37.4
20 to 25	26.0	Male	11.0	Black	32.2	\$7,500 to \$15,000	21.9
25 to 30	26.0			Hispanic	.04	\$15,000 to \$25,00	19.2
30 to 55	38.8			Asian and Pacific Islander	0.0	\$25,000 to \$35,000	9.4
55 to 65	1.5			Native American	2.3	Over \$35,000	12.1
65 to 75	0.0			Other	1.2		
75 to 85	0.0						
above 85	0.0						

7. Sources of Income:	%		%		%
Social Security	6.67	Alimony or Child Support	8.15	Food Stamps	34.44
Supplemental Security Income	2.96	Disability Benefits	1.11	Utility Assistance	1.11
Subsidized Housing	7.04	Retirement, VA or Military Pension	1.85	Community-based Charity	0.00
Unemployment Compensation	2.59	Welfare Payments	28.52	Employment	21.85

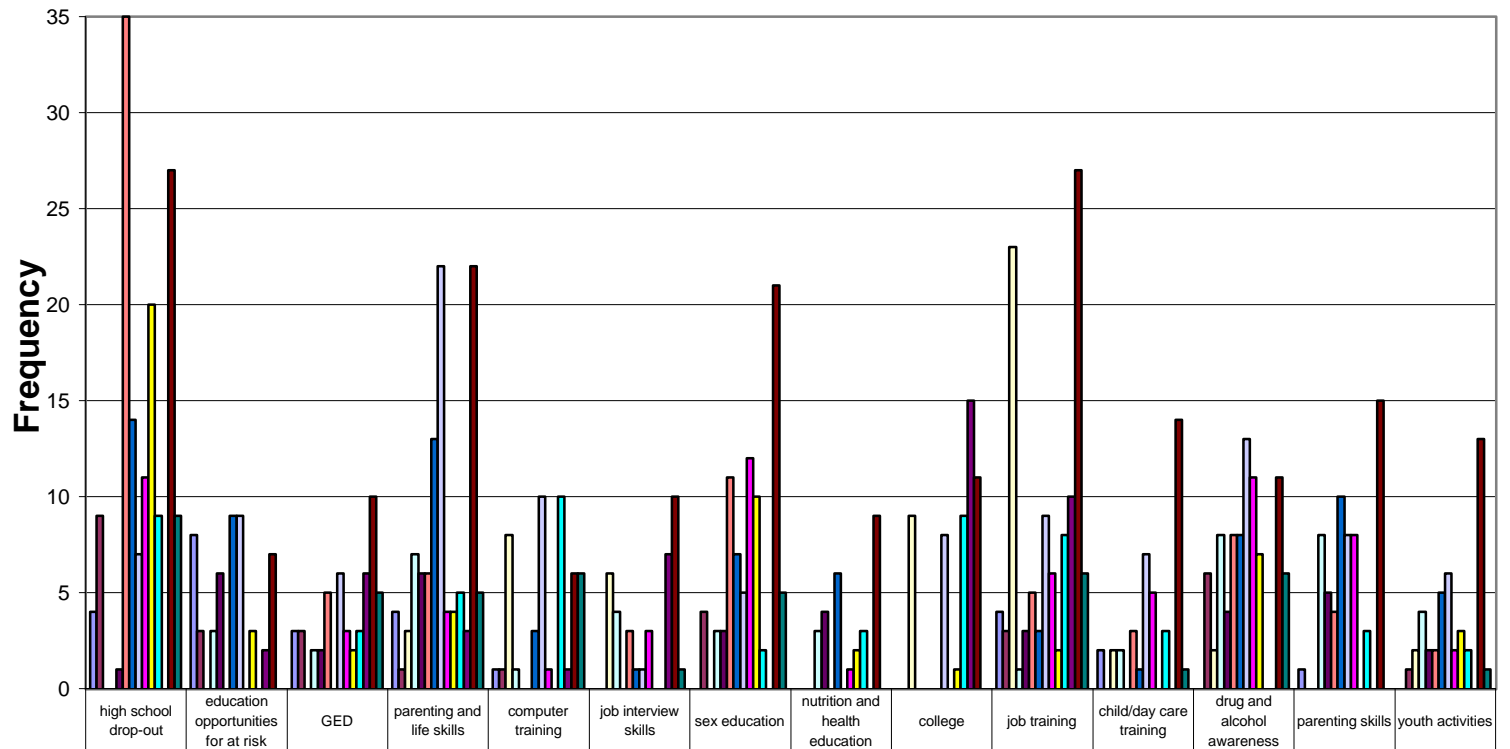
8. Medical/Health Insurance

Family Member	No Insurance	Private Insurance	Medicaid	HMO	Medicare	Other
Head of Household	21.9	31.9	21.9	10.0	5.2	2.2
Spouse	9.6	20.7	4.4	4.4	0.4	1.5
Children	9.3	22.6	33.7	11.1	4.1	3.0
Other:	2.6	1.1	1.9	1.1	0.0	0.7

Stark County 2000 Health Assessment

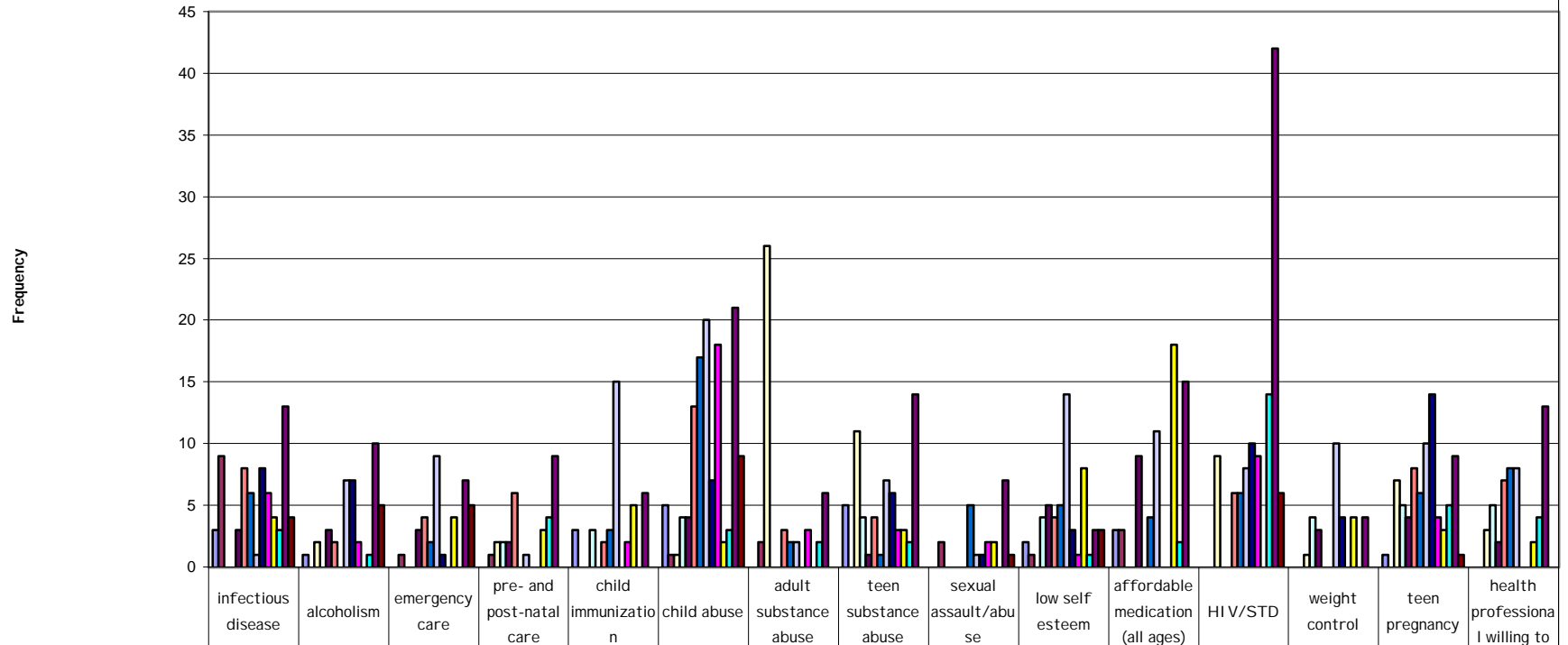
9. Residence	%		%		%
Alliance City	19.62	Limaville Village	0.00	Rural Pike Twp.	0.38
Navarre Village	0.00	Rural Lexington Twp.	0.00	Meyers Lake Village	0.38
Rural Bethlehem Twp.	0.38	Louisville City	3.02	North Canton City	3.40
Canton City	39.62	Rural Marlboro Twp.	0.75	Rural Plain Twp.	2.26
Rural Canton Twp.	1.89	Massillon City	9.43	Magnolia Village	0.75
Hills and Dales Village	0.00	Nimishillen Twp.	0.75	Waynesburg Village	0.75
Rural Jackson Twp.	3.40	East Canton Village	1.13	Rural Sandy Twp.	1.13
Greentown Village	0.00	Rural Osnaburg Twp.	0.00	Beach City Village	0.00
Hartville Village	1.13	Minerva Village	1.51	Brewster Village	0.38
Uniontown Village	1.51	Rural Paris Twp.	0.00	Wilmont Village	0.00
Rural Lake Twp.	0.38	Perry Heights	2.64	Rural Sugar Creek Twp.	0.00
Canal Fulton Village	0.75	Rural Perry Twp.	1.13	Tuscarawas Twp.	0.00
Rural Lawrence Twp.	1.13	East Sparta Village	0.38	Washington Twp.	0.00

Frequency Distribution of Client Education Needs by Agency



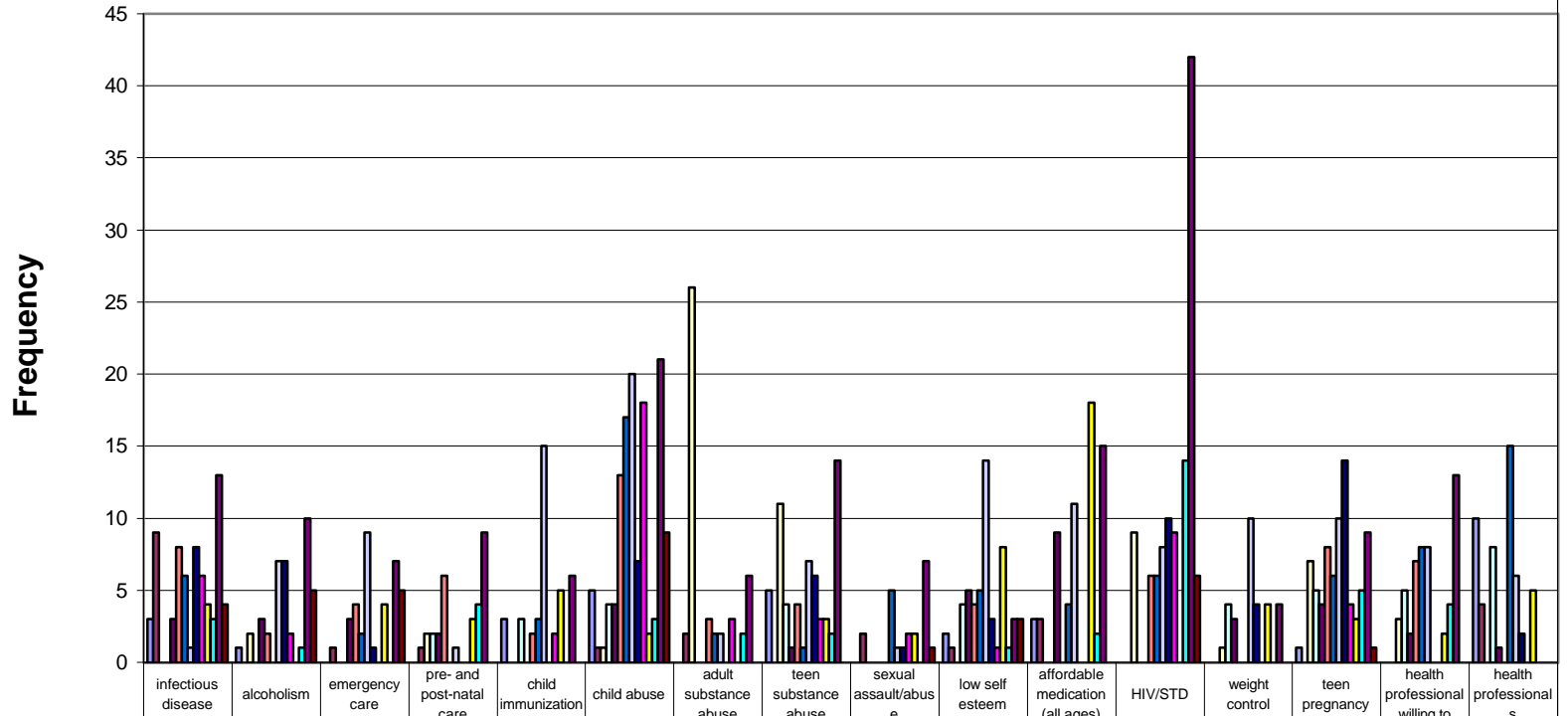
	high school drop-out	education opportunities for at risk	GED	parenting and life skills	computer training	job interview skills	sex education	nutrition and health education	college	job training	child/day care training	drug and alcohol awareness	parenting skills	youth activities
ARC United Parent Support for Down Syndrome	4	8	3	4	1	0	0	0	0	4	2	0	1	0
Canton Community Clinic	9	3	3	1	1	0	4	0	0	3	0	6	0	1
Canton Urban League	0	0	0	3	8	6	0	0	9	23	2	2	0	2
Chips	0	3	2	7	1	4	3	3	0	1	2	8	8	4
Community Night at Baxter	1	6	2	6	0	0	3	4	0	3	0	4	5	2
DHS	35	0	5	6	0	3	11	0	0	5	3	8	4	2
Family Life	14	9	0	13	3	1	7	6	0	3	1	8	10	5
Head Start	7	9	6	22	10	1	5	0	8	9	7	13	8	6
Planned Parenthood	11	0	3	4	1	3	12	1	0	6	5	11	8	2
Shipley	20	3	2	4	0	0	10	2	1	2	0	7	0	3
Stark Co. Health Dept.	9	0	3	5	10	0	2	3	9	8	3	0	3	2
Urban Family Life	0	2	6	3	1	7	0	0	15	10	0	0	0	0
WIC	27	7	10	22	6	10	21	9	11	27	14	11	15	13
YWCA	9	0	5	5	6	1	5	0	0	6	1	6	0	1

Frequency Distribution of Client Social Service Needs by Agency



	infectious disease	alcoholism	emergency care	pre- and post-natal care	child immunization	child abuse	adult substance abuse	teen substance abuse	sexual assault/abuse	low self esteem	affordable medication (all ages)	HIV/STD	weight control	teen pregnancy	health professional willing to
ARC Support for Down Syndrome	3	1	0	0	3	5	0	5	0	2	3	0	0	1	0
Canton Community Clinic	9	0	1	1	0	1	2	0	2	1	3	0	0	0	0
Canton Urban League	0	2	0	2	0	1	26	11	0	0	0	9	1	7	3
Chips	0	0	0	2	3	4	0	4	0	4	0	0	4	5	5
Community Night at Baxter	3	3	3	2	0	4	0	1	0	5	9	0	3	4	2
DHS	8	2	4	6	2	13	3	4	0	4	0	6	0	8	7
Family Life	6	0	2	0	3	17	2	1	5	5	4	6	0	6	8
Head Start	1	7	9	1	15	20	2	7	1	14	11	8	10	10	8
Planned Parenthood	8	7	1	0	0	7	0	6	1	3	0	10	4	14	0
Shipley	6	2	0	0	2	18	3	3	2	1	0	9	0	4	0
Stark Co. Health Dept..	4	0	4	3	5	2	-0	3	2	8	18	0	4	3	2
Urban Family Life	3	1	0	4	0	3	2	2	0	1	2	14	0	5	4
WIC	13	10	7	9	6	21	6	14	7	3	15	42	4	9	13

Frequency Distribution of Client Health Needs by Agency



	infectious disease	alcoholism	emergency care	pre- and post-natal care	child immunization	child abuse	adult substance abuse	teen substance abuse	sexual assault/abuse	low self esteem	affordable medication (all ages)	HIV/STD	weight control	teen pregnancy	health professional willing to	health professionals
ARC United Parent Support for Down Syndrome	3	1	0	0	3	5	0	5	0	2	3	0	0	1	0	10
Canton Community Clinic	9	0	1	1	0	1	2	0	2	1	3	0	0	0	0	4
Canton Urban League	0	2	0	2	0	1	26	11	0	0	0	9	1	7	3	0
Chips	0	0	0	2	3	4	0	4	0	4	0	0	4	5	5	8
Community Night at Baxter	3	3	3	2	0	4	0	1	0	5	9	0	3	4	2	1
DHS	8	2	4	6	2	13	3	4	0	4	0	6	0	8	7	0
Family Life	6	0	2	0	3	17	2	1	5	5	4	6	0	6	8	15
Head Start	1	7	9	1	15	20	2	7	1	14	11	8	10	10	8	6
Planned Parenthood	8	7	1	0	0	7	0	6	1	3	0	10	4	14	0	2
Shipley	6	2	0	0	2	18	3	3	2	1	0	9	0	4	0	0
Stark Co. Health Dept..	4	0	4	3	5	2	-0	3	2	8	18	0	4	3	2	5
Urban Family Life	3	1	0	4	0	3	2	2	0	1	2	14	0	5	4	0
WIC	13	10	7	9	6	21	6	14	7	3	15	42	4	9	13	0
YWCA	4	5	5	0	0	9	0	0	1	3	0	6	0	1	0	0