

Stark County
Indicators Report
2017

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Acknowledgements

The Stark County Indicators Report is a result of the past efforts of COMPASS (United Way), as well as, the 2010 Patient Protection and Affordable Care Act that required charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The Indicators Report is only part of the needs assessment process, but would not be possible without the dedication of the Stark County CHNA Advisory Committee. The Advisory Committee is composed of 23 agencies and organizations knowledgeable in the area of health and social services.

The Advisory Committee provided oversight, direction and recommendations for *The Stark County Indicators Report*. Special thanks is extended to Amanda Archer, Epidemiologist at the Canton City Health Department and Kelly Potkay, Accreditation Coordinator/Health Educator at the Stark County Health Department for compiling, updating and formatting the secondary data for *The Indicators Report*.

We would also like to thank the committee members and community partners who provided data and/or reviewed and edited *The 2017 Stark County Indicators Report*.

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Introduction

Format

Each segment of *The Stark County Indicators Report* is made up of the following sections:

- Narrative qualitative context surrounding the data
- Related Data additional data related to the indicator
- Data indicator in question
- Sources, Definitions, Caveats and/or Notes source citation, meaning of word, term or phase, and additional explanatory information

Purpose

The Stark County Indicators Report was created to track trends at the county level, on a variety of data sets, to monitor the current health status of the community and predict possible future conditions. The Advisory Committee selected the indicators based on accuracy, availability, consistency, timeliness, history, and reporting. Indicators have been added and subtracted through committee discussion, based on availability of data to monitor over time and the usefulness of the data to the community.

How To Use This Report

The Indicators Report consists of narratives and selected data sets that are intended as a starting point in the exploration of the issues. Although indicators cannot be used to establish causal relationships between specific interventions and outcomes, they can be used to monitor progress toward outcomes over time. The indicators presented can play a critical role in documenting whether changes are occurring in the desired direction.

The brevity of the narratives is intentional. The content of the narratives is condensed and open to multiple interpretations. The narratives are intended to provide a context within which to interpret the data and to start discussions.

The 2017 Stark County Indicators Report includes the most current and up-to-date data available. To review older data not included in this Report please reference the 2014 Indicators Report.

Please note that this document is best viewed/printed in color.

Population

The overall population in Stark County has been slightly decreasing since 2014. Population growth or decline is positively correlated with the economic health of an area.

Racial

Stark County is racially and ethnically homogenous. Minority populations represent approximately 12 percent of the total population. While minority groups have increased in number, they still represent a very small, but increasing, portion of the population. Stark County is also racially and ethnically segregated. Minorities live in pockets within the county. The urban areas of Stark County (Alliance, Canton, and Massillon) have a much higher percentage of minorities than the suburban areas of the county.

Age

The population in Stark County, like that of the state and the nation, is aging. The median age in Stark County is 41.6 years old which is 4.1 years older than the state median age and 3.7 years older than the national median age. The 65 and older population, represented 18.6 percent of the population in 2016.

Educational Attainment

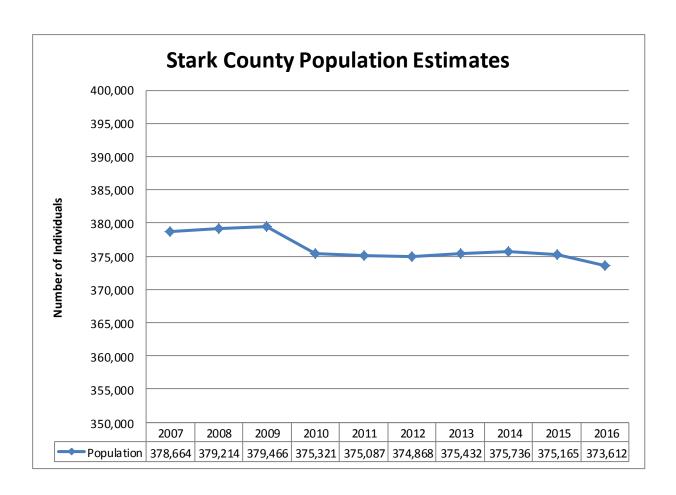
There is a developing consensus that education and training beyond a high school diploma is seen as critical to the economic growth within Stark County. A college degree is not the only postsecondary educational option available in Stark County. Approximately 20.8 percent of Stark County adults 25 years and older have some college experience but no degree. These post educational opportunities can include skilled training, certifications and stackable certificates resulting in a degree. On average, there is a direct correlation between educational attainment, earnings and employment. Higher educational attainment is directly related to higher individual earnings and to lower rates of unemployment. Educational attainment is higher among younger population groups than in the older population.

Income

Stark County's standard measures of income (per capita, median family and median household) are above that of the state, but below that of the nation. Stark County residents earning an income between \$35,000 and \$149,999 increased during 2016. The total percent of the population living below poverty within Stark County has been decreasing since 2014. Currently 13.1 percent of the population live in poverty and female headed households, with children under the age of 5, are the largest group below poverty at 63.7 percent.

Employment

Unemployment has consistently remained at approximately 4 percent within Stark County since 2014. Population estimates from the Census Bureau show Stark County's population between 20 and 54 years of age is in the 40 percent tile.



Source

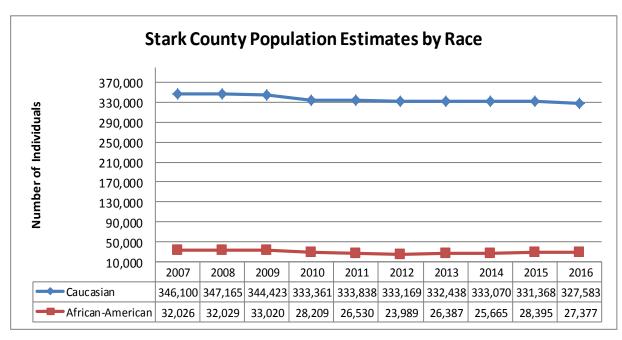
U.S. Census Bureau - American Community Survey (ACS)

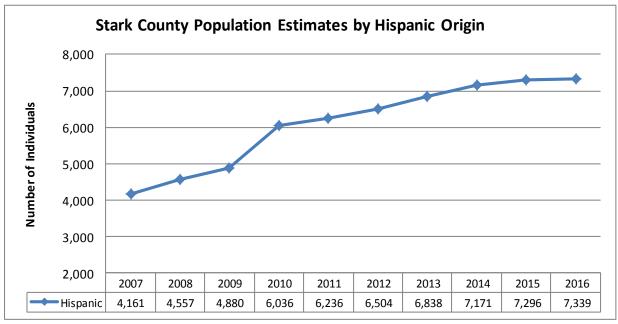
Caveat:

Data are based on a sample and are subject to sampling variability.

Note:

The Population Estimates Program annually produces population estimates based upon the last decennial census. Each year, the estimates are re-calculated using the most up-to-date demographic components of change and legal boundaries available.





Source:

U.S. Census Bureau - American Community Survey

Caveat:

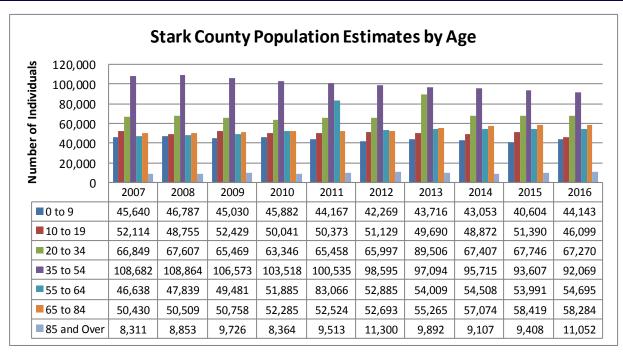
Data are based on a sample and are subject to sampling variability.

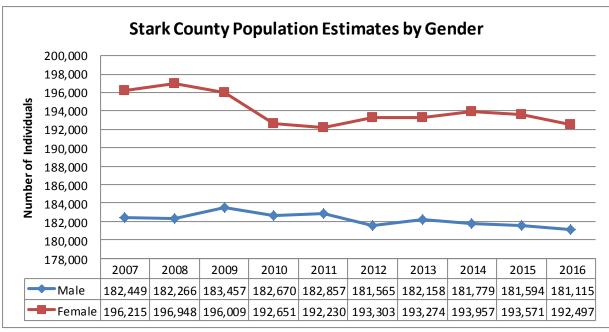
Native Americans and Asian/Pacific Islanders are not reported due to small population size.

Changes in small populations can result in a large percent change.

Note

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates





Source:

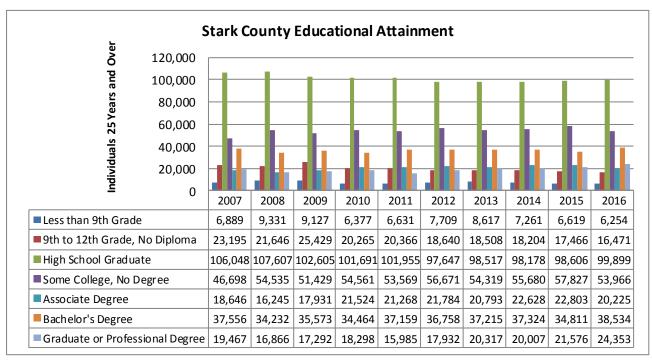
U.S. Census Bureau - American Community Survey

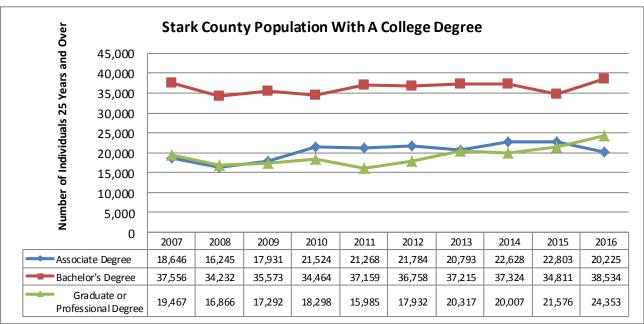
Caveat:

Data are based on a sample and are subject to sampling variability.

Note

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population.





Source:

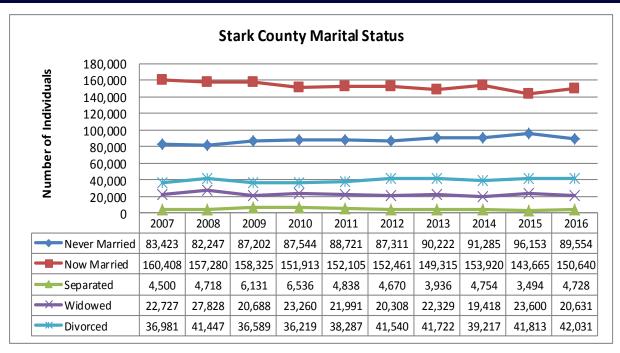
U.S. Census Bureau - American Community Survey

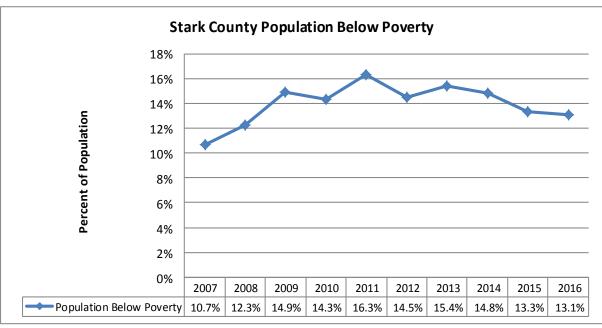
Caveat

Data are based on a sample and are subject to sampling variability.

Note:

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population.





Source

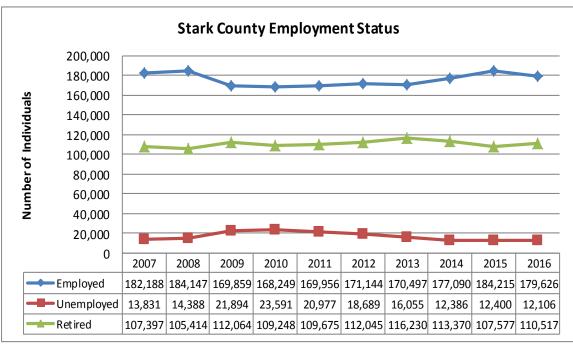
U.S. Census Bureau - American Community Survey

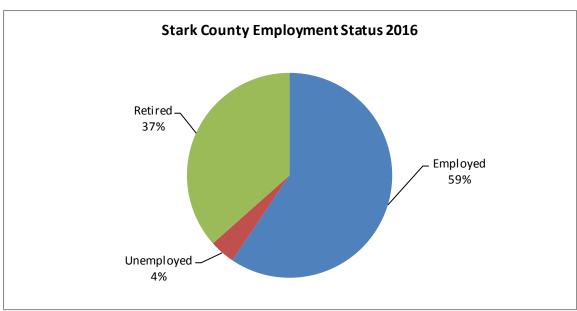
Caveat

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Note:

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produce sand disseminated the official estimates of the population.





Source

U.S. Census Bureau - American Community Survey

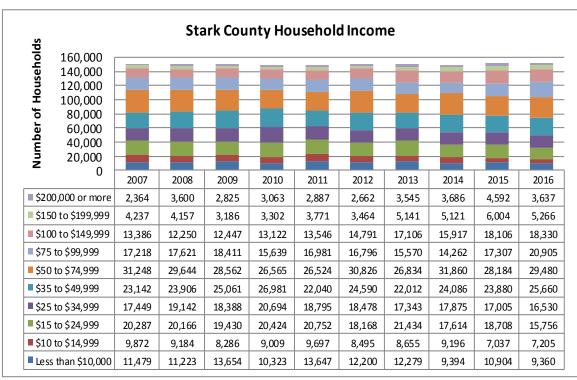
Caveat:

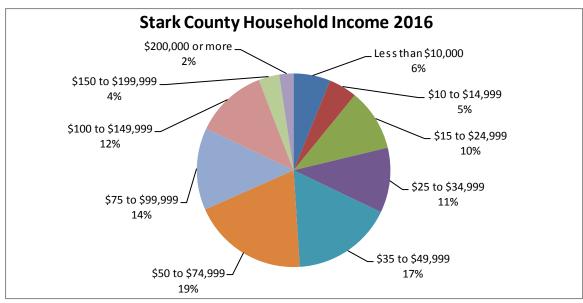
Data are based on a sample and are subject to sampling variability.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection.

Note:

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population.





Source:

U.S. Census Bureau - American Community Survey

Caveat:

Data are based on a sample and are subject to sampling variability.

Note

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population.

Stark County Narrative

Physical Health

The environment, nutrition, accidents, illness and age are factors that affect physical health. A higher infant mortality rate in the African-American population and an increase in sexually transmitted infections (STIs) are negative trends that are emerging locally. In Stark County there are significant disparities between the Caucasian and African-American populations including prenatal care, birth weights, infant mortality rates, and STIs. Health disparities are differences that can be seen in specific populations of a community in relation to diseases, health outcomes or quality of health care received. Several variables impacting disparities are health behaviors, status before care, access to healthcare and health care delivery.

Behavioral Health

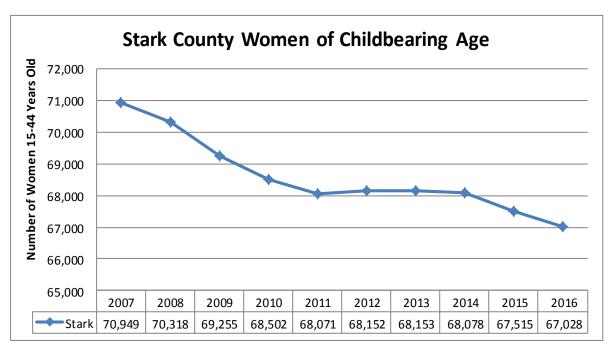
Behavioral health includes mental health, substance abuse treatment and prevention services. Many affected with metal illness do not seek or receive the treatment needed. Barriers to accessing treatment include stigma, lack of or inadequate insurance coverage, limited program capacity and wait time. The highest rates of mental illness are among adults aged twenty-five to thirty-four years old. Depressive, bipolar, anxiety, alcohol abuse, and opioid use disorders are the most frequent diagnoses among adults. The leading diagnoses for children are adjustment, conduct, attention deficit, anxiety, and depressive disorders. Unintentional drug overdose deaths continue to be a concern, while unintended interactions are a cause of death, most poisonings seem to be linked to recreational use.

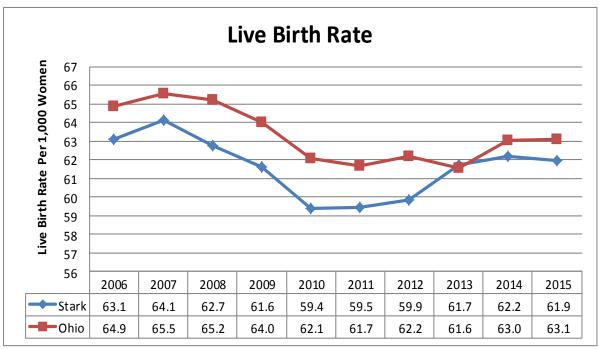
Access to HealthCare

As the cost of health insurance continues to rise, the demand for healthcare services at a free/sliding fee is increasing. More than fifteen thousand Stark County residents are without health insurance and the number of individuals who are underinsured continues to increase. Of concern are individuals between the age of thirty and sixty-four with chronic medical problems who have difficulty maintaining employment but are not medically disabled. Even if an individual is Medicaid eligible, few healthcare providers, especially specialists, are willing to accept new Medicaid patients. Having insurance does not guarantee easy access to affordable, quality care. Businesses that offer health insurance have increased the employee premium contribution and/or increased the deductible paid by the employee, often making medical coverage more difficult to afford.

Environmental Health

On average 98 percent of days in Stark County have been between good to moderate range for the air quality index (AQI). Air quality is measured by ozone, carbon monoxide and particulate matter. As air quality degrades, the air becomes unhealthy for adults and children with respiratory ailments such as asthma or heart disease. Two pollutants of concern are ozone and particulate matter. In the Earth's lower atmosphere, near ground level, ozone is formed when pollutants emitted by cars, power plants, industrial boilers, refineries, chemical plants, and other sources react chemically in the presence of sunlight. Particulate matter less than 2.5 micrometers in diameter are called "fine" particles. These fine particles can lodge deep within the respiratory system causing potential problems for sensitive groups. Sources of fine particles include all types of combustion, including motor vehicles, power plants, residential wood burning, forest fires, agricultural burning, and some industrial processes.





Source:

Ohio Department of Health - Ohio Public Health Data Warehouse, Population Data-MCH

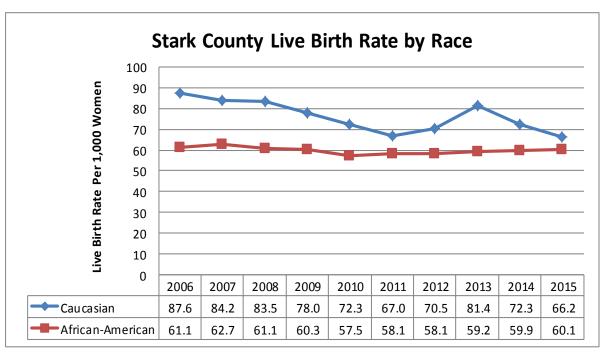
Definition:

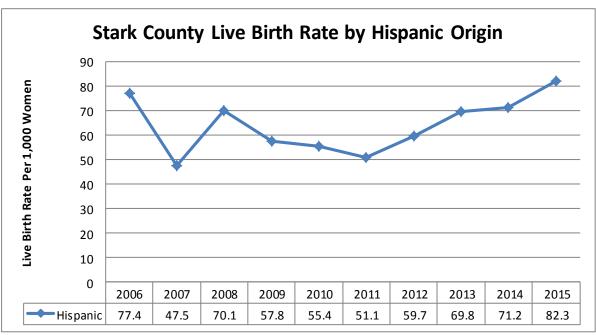
Women of Childbearing Age: women between 15 to 44 years of age

Birth Rate: Number of births per 1,000 women of childbearing age

Caveat

The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.





Source:

Ohio Department of Health - Secure Data Warehouse

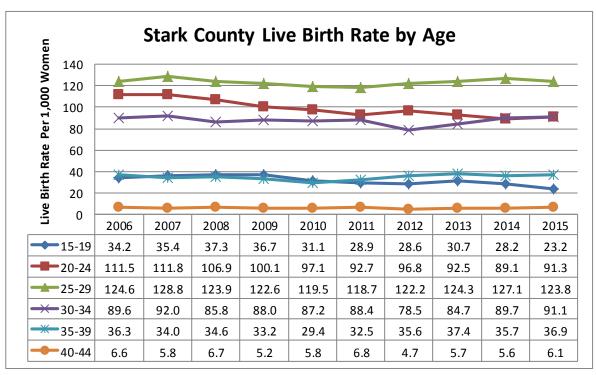
Definition:

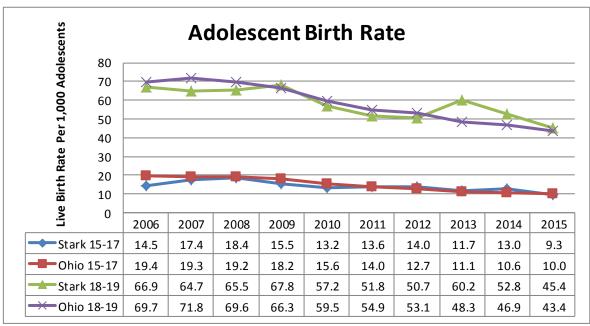
Birth Rate: Number of births per 1,000 women of childbearing age (15 to 44 years of age)

Women of Childbearing Age: women between 15 to 44 years of age

Caveat

Native Americans, Asian and Pacific Islanders not reported due to small numbers.





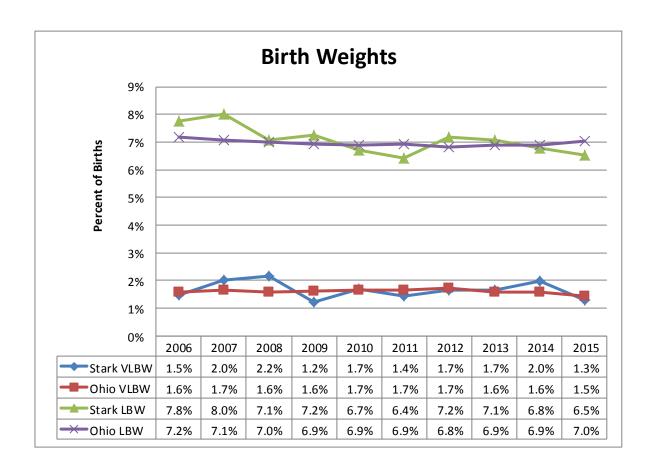
Source:

Ohio Department of Health - Secure Data Warehouse

Definition:

Birth Rate: Number of births per 1,000 women of childbearing age (15 to 44 years of age)

Adolescent Rate: Number of births per 1,000 adolescent women (15-19 years of age)



Source

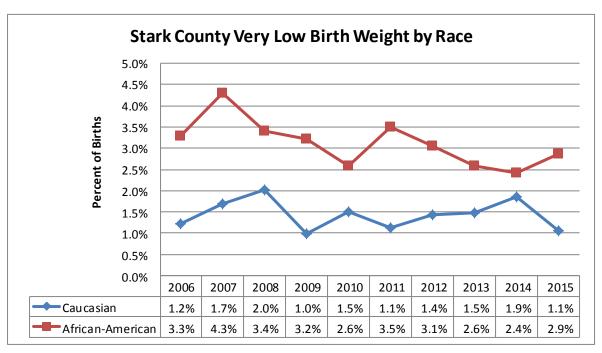
Ohio Department of Health - Secure Data Warehouse

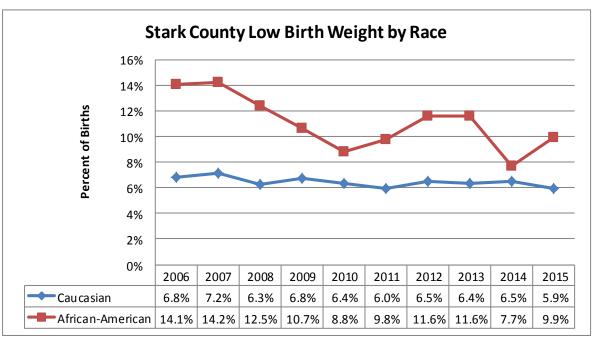
Definition:

Birth Weight - The percent of births with known weight

Very Low Birth Weight (VLBW) - Births of weight between 0 to 1,499 grams

Low Birth Weight (LBW) - Births of weight between 1,500 to 2,499 grams





Source

Ohio Department of Health - Secure Data Warehouse

Definition:

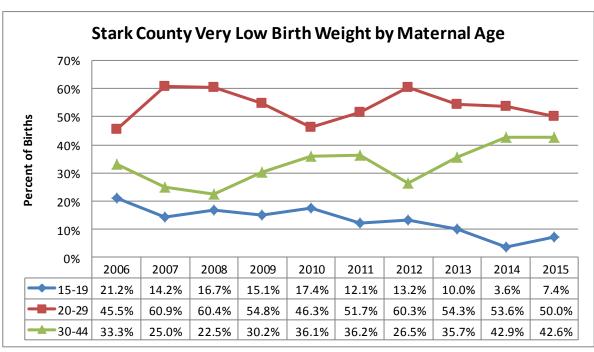
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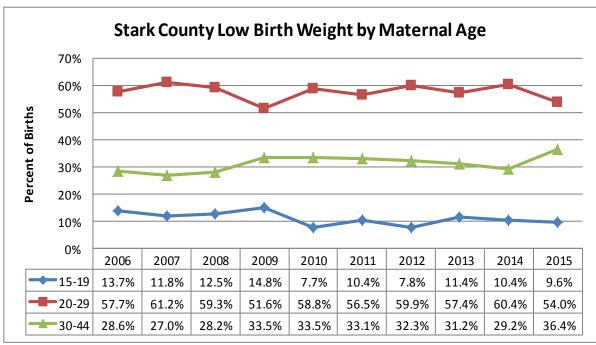
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Caveat:

Native Americans and Asian/Pacific Islanders are not reported due to small population size.





Source:

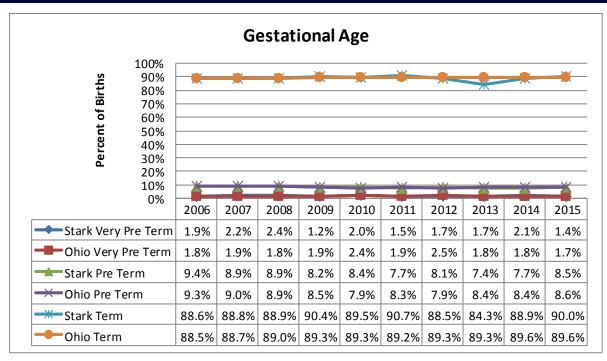
Ohio Department of Health - Secure Data Warehouse

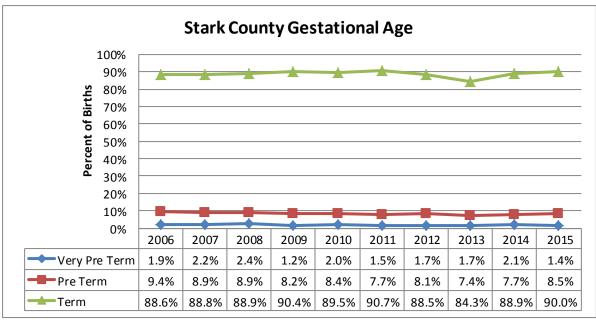
Definition

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Source:

Ohio Department of Health - Secure Data Warehouse

Definition:

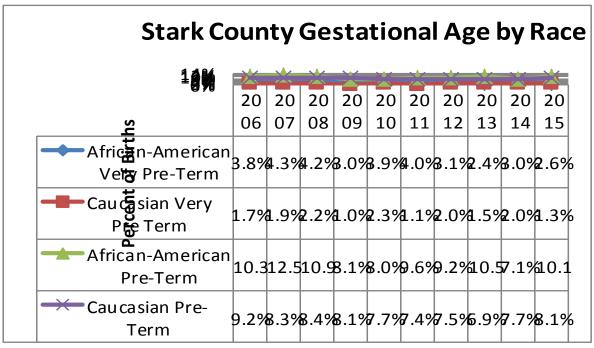
Gestational Age - is a clinical estimation

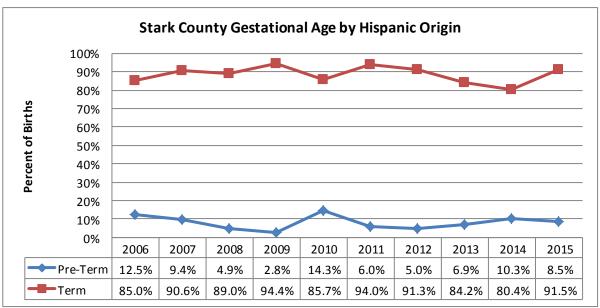
Very Pre-Term - <32 Weeks

Pre-Term - 32 to 36 Weeks

Term - 37 to 42 Weeks

Post-Term - >42 Weeks (not reported)







Ohio Department of Health - Secure Data Warehouse

Definition:

Gestational Age - is a clinical estimation

Very Pre-Term - <32 Weeks

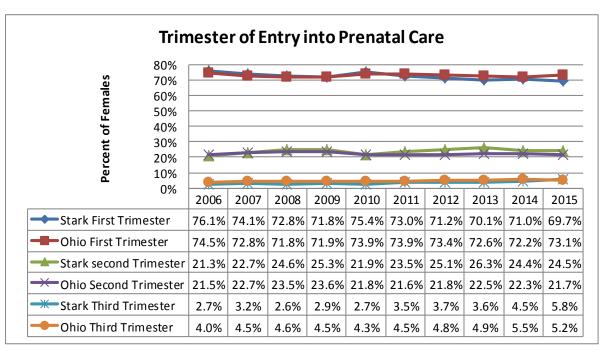
Pre-Term - 32 to 36 Weeks

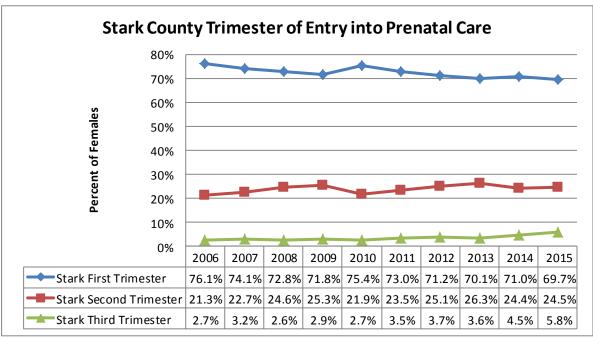
Term - 37 to 42 Weeks

Post-Term - >42 Weeks (not reported)

Caveat:

Native Americans and Asian/Pacific Islanders are not reported due to small population size.





Source:

Ohio Department of Health - Secure Data Warehouse

Definition:

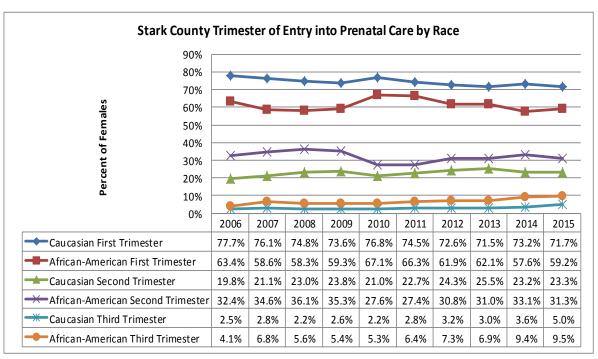
First Trimester - Time period extending from the first day of the last menstrual period through 12 weeks of gestation.

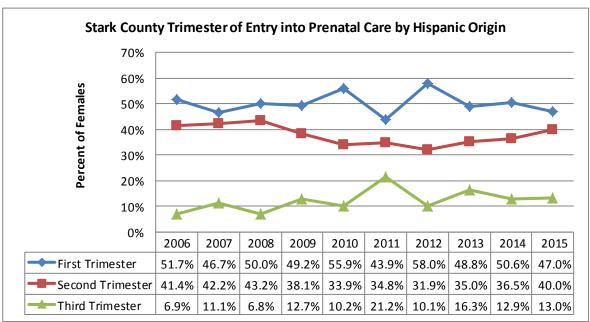
Second Trimester - Time period extending from the 13th to the 27th week of gestation.

Third Trimester - Time period extending from the 28th week of gestation until delivery.

Caveat:

Does not include females who did not receive prenatal care or who did not report.





Source:

Ohio Department of Health - Secure Data Warehouse

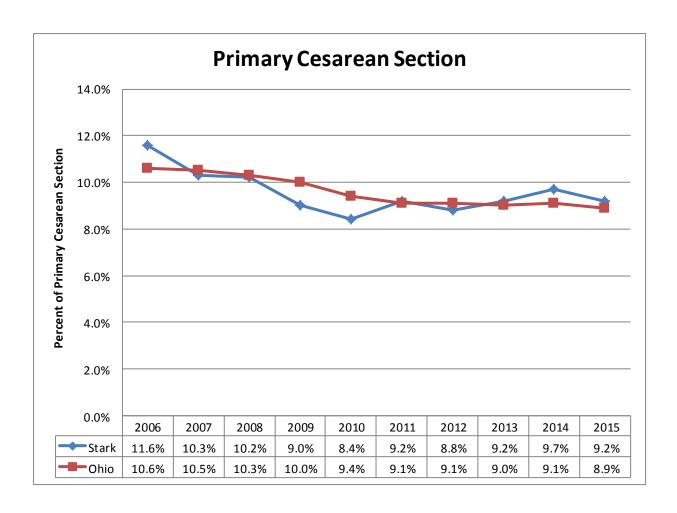
Definition:

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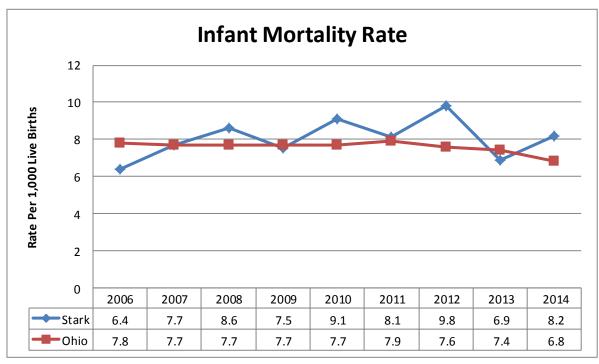


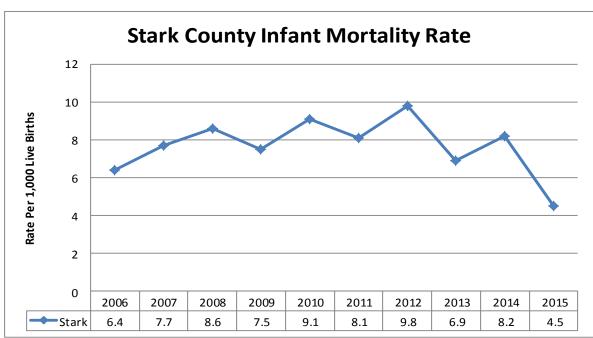
Source:

Ohio Department of Health - Ohio Public Health Data Warehouse

Caveat

The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.





Source:

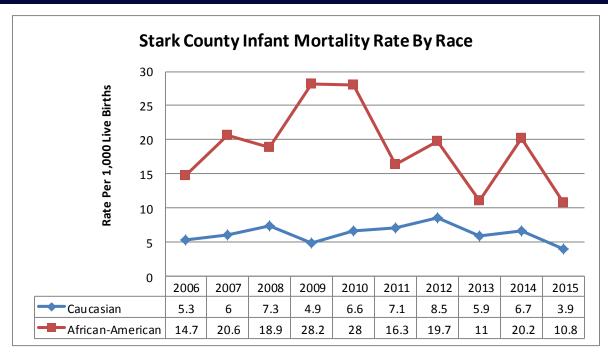
Ohio Department of Health - Vital Statistics

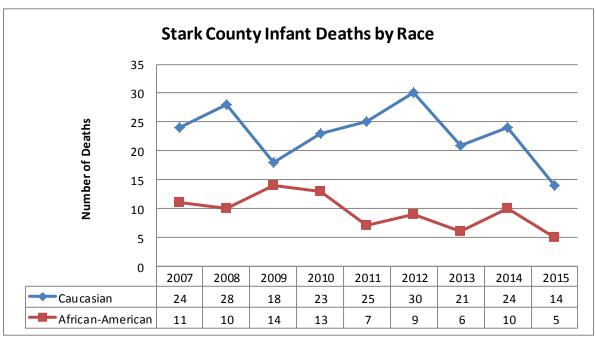
Definition:

Infant Mortality Rate - Number of infant deaths per 1,000 live births.

Note

Stark County 2015 data is preliminary. Preliminary means the data is strong enough to show a certain result, but has not been thoroughly analyzed.





Source:

Ohio Department of Health - Vital Statistics

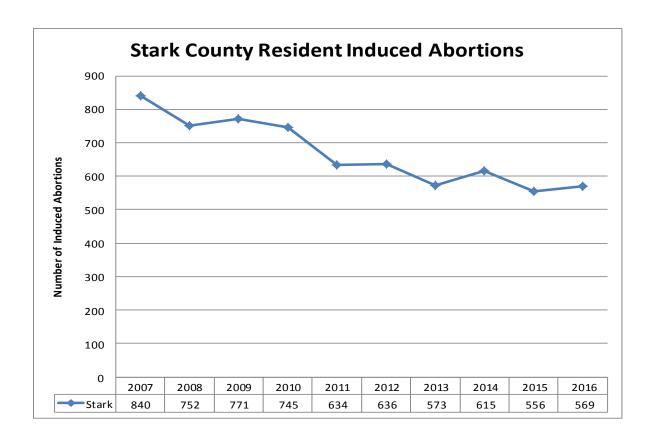
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Native Americans and Asian/Pacific Islanders are not reported due to small population size.

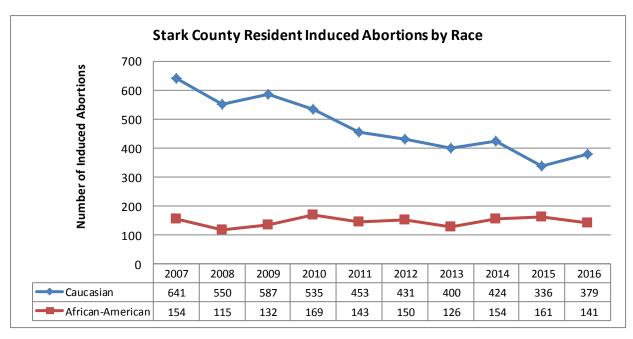


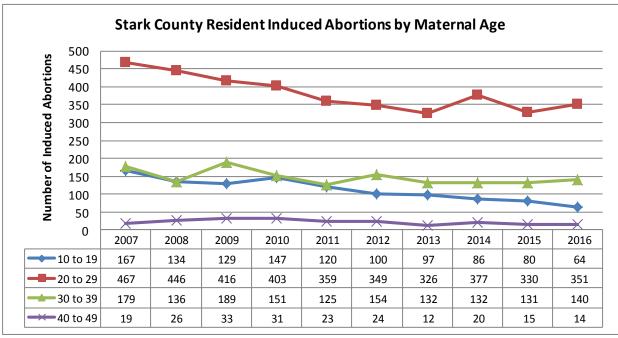
Source: Ohio Department of Health - Induced Abortions in Ohio

Table 3: Resident Induced Abortions by County of Residence, 2007-2016

Definition:

Induced Abortions - Pregnancy terminated by a physician.





Source: Ohio Department of Health - Induced Abortions in Ohio

Table 5a: Resident Induced Abortions 2006-2014

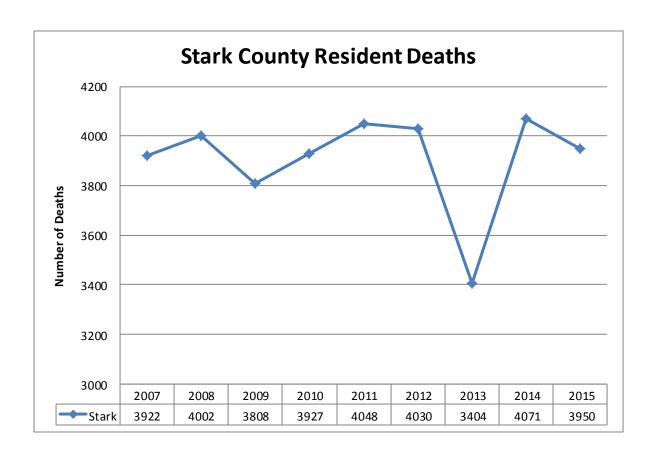
Definition:

Induced Abortions - Pregnancy terminated by a physician.

Caveat

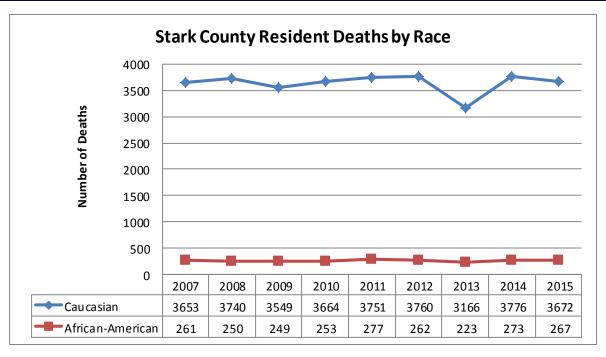
Native Americans and Asian/Pacific Islanders are not reported due to small population size.

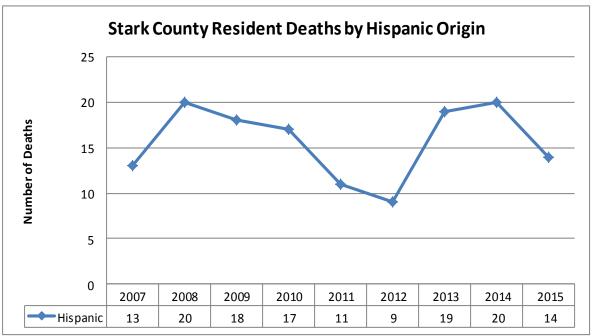
No data was available for age 50 and over.



Source

Ohio Department of Health - Vital Statistics



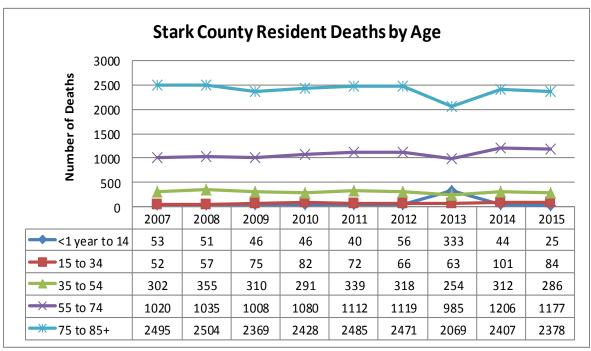


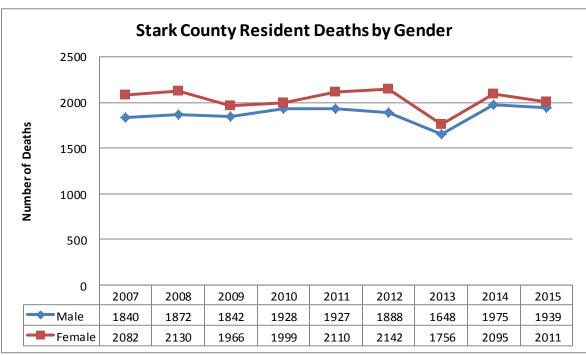
Source

Ohio Department of Health - Vital Statistics

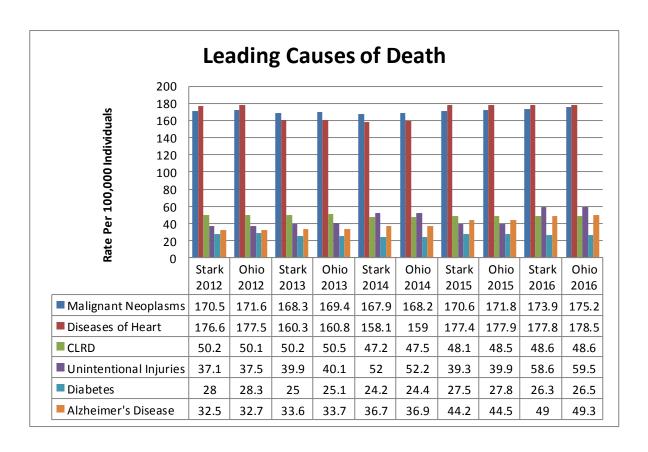
Caveat:

Native Americans and Asian/Pacific Islanders are not reported due to small population size.





Source: Ohio Department of Health - Vital Statistics



Source:

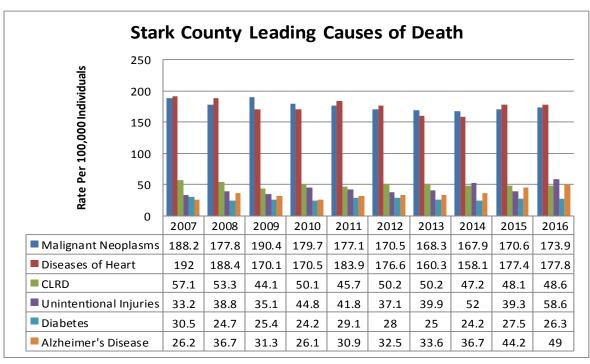
Ohio Department of Health, Ohio Public Health Data Warehouse

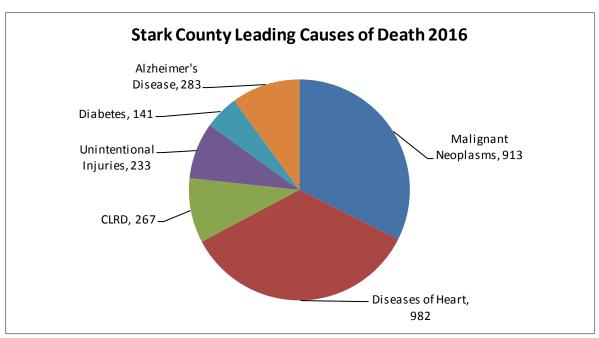
Definition:

Age-Adjusted Death Rate - Rate per 100,000 population age standardized to average out differences due to changes in the overall age of the population.

Malignant Neoplasms - Cancer

CLRD - Chronic Lower Respiratory Diseases





Source:

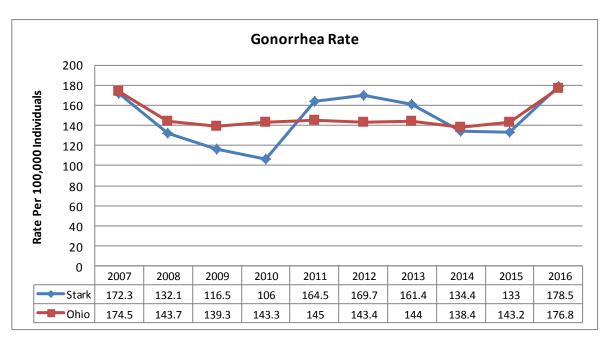
Ohio Department of Health, Ohio Public Health Data Warehouse

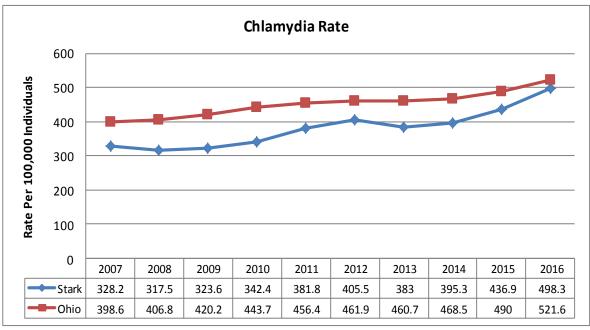
Definition:

Age-Adjusted Death Rate - Rate per 100,000 population age standardized to average out differences due to changes in the overall age of the population.

Malignant Neoplasms - Cancer

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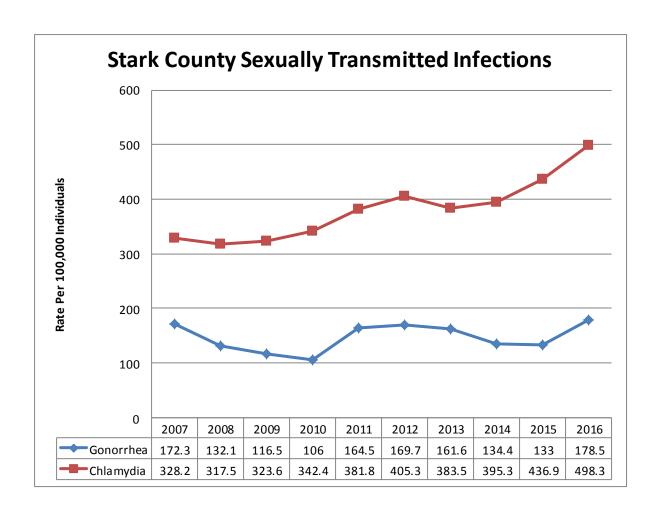
Source:

Ohio Department of Health - STD Surveillance Program

Notes:

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Provisional data. Numbers subject to change when additional information is gained.



Source:

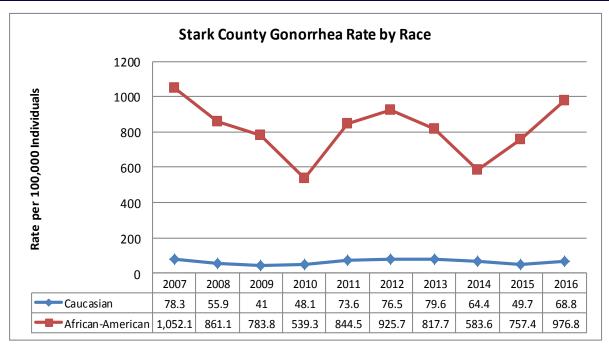
Ohio Department of Health - STD Surveillance Program

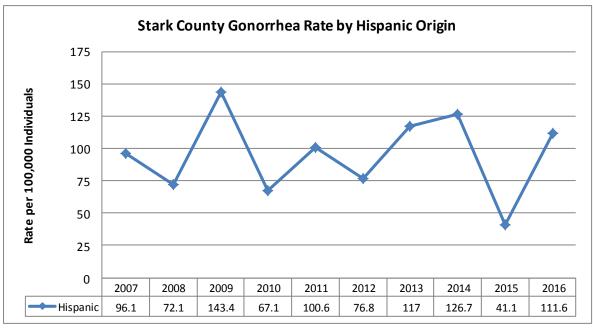
Notes:

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Syphilis diagnoses are not a good indicator of sexually transmitted diseases due to the small numbers of diagnoses. Small numbers are unstable and should be interpreted with caution.

Provisional data. Numbers subject to change when additional information is gained.





Source:

Ohio Department of Health - STD Surveillance Program

Caveat:

Native Americans and Asian/Pacific Islanders are not reported due to small population size.

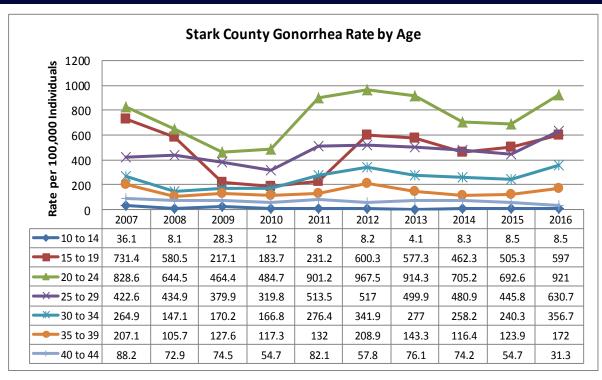
Notes

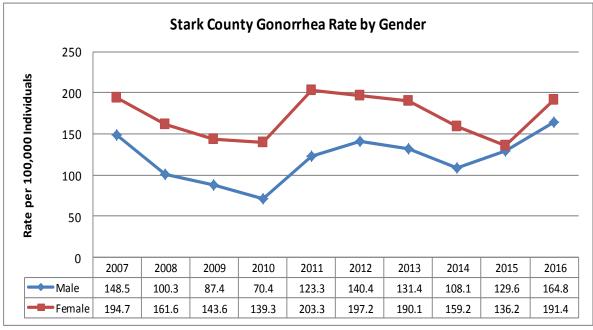
In this presentation, date of diagnosis is defined as the date the specimen was collected by the provider.

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Provisional data. Numbers subject to change when additional information is gained.

Small numbers are unstable and should be interpreted with caution.





Source:

Ohio Department of Health - STD Surveillance Program

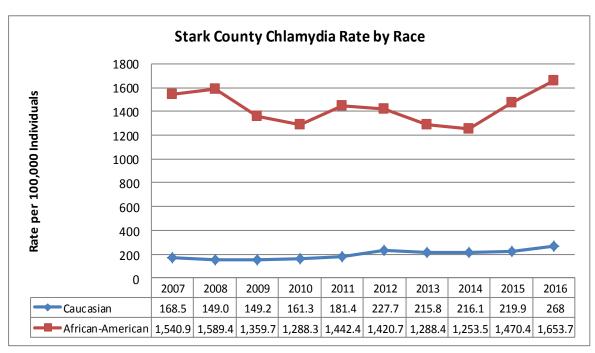
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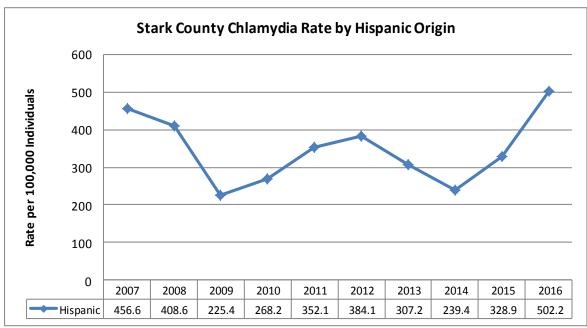
In this presentation, date of diagnosis is defined as the date the specimen was collected by the provider.

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Provisional data. Numbers subject to change when additional information is gained.





Source:

Ohio Department of Health - STD Surveillance Program

Caveat

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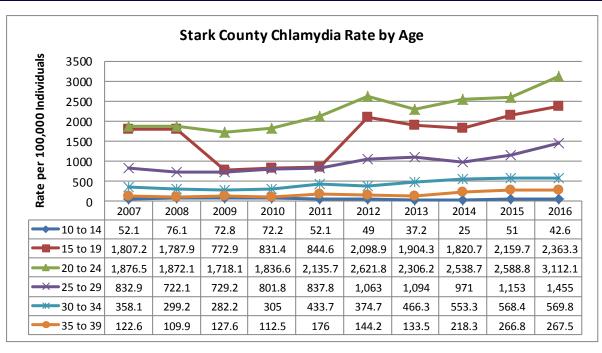
Notes

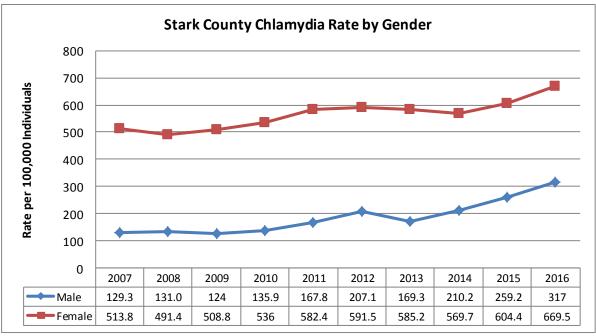
In this presentation, date of diagnosis is defined as the date the specimen was collected by the provider.

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Provisional data. Numbers subject to change when additional information is gained.

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Source:

Ohio Department of Health - STD Surveillance Program

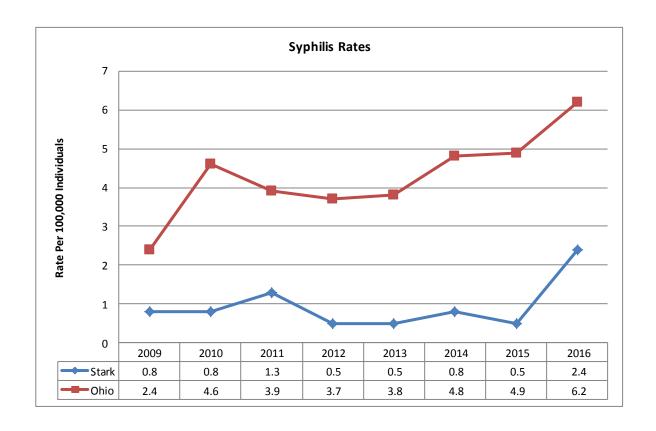
Notes

In this presentation, date of diagnosis is defined as the date the specimen was collected by the provider.

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Provisional data. Numbers subject to change when additional information is gained.

Small numbers are unstable and should be interpreted with caution.



Source:

Ohio Department of Health - STD Surveillance Program

Caveat:

Syphilis diagnoses are not a good indicator of sexually transmitted diseases due to the small numbers of diagnoses.

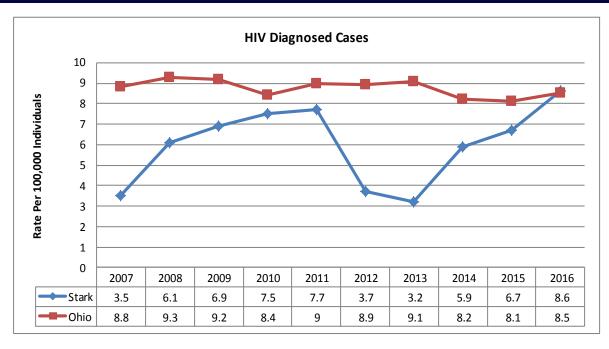
Small numbers are unstable and should be interpreted with caution.

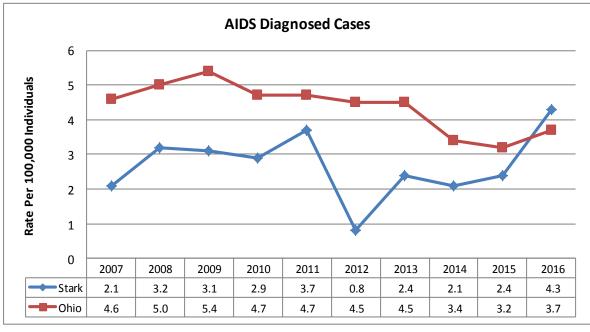
Notes

Syphilis rate includes primary and secondary cases.

Rates are shown per 100,000 persons and were calculated using census estimates for that year.

Provisional data. Numbers subject to change when additional information is gained.





Source:

Ohio Department of Health - HIV/AIDS Surveillance Program

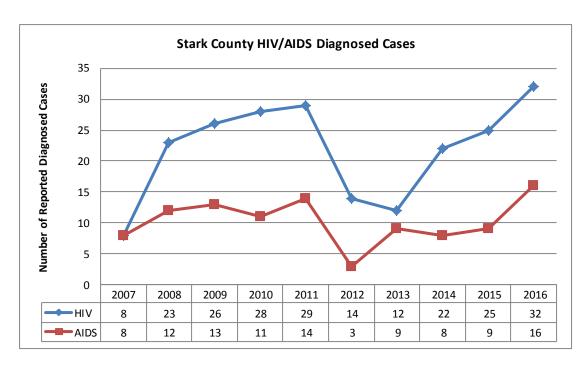
Notes:

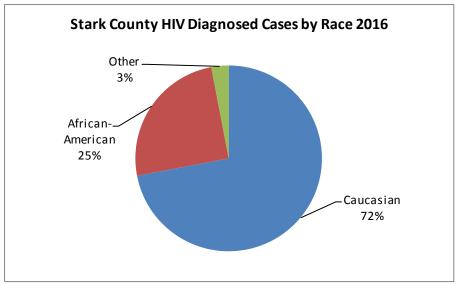
Diagnoses of HIV infection include persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later AIDS diagnosis and concurrent diagnoses of HIV infection and AIDS.

Diagnoses of HIV infection by year represent all reported cases diagnosed in each year.

AIDS diagnoses by year represent all reported AIDS cases diagnosed in each year.

Rate per 100,000 population. The rate is based on the U.S. Census Bureau's population estimates.





Source:

Ohio Department of Health - HIV/AIDS Surveillance Program

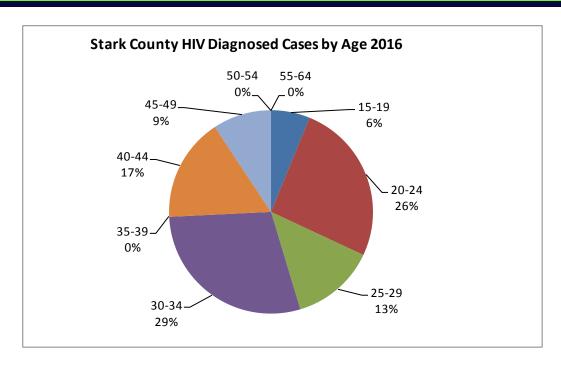
Caveat:

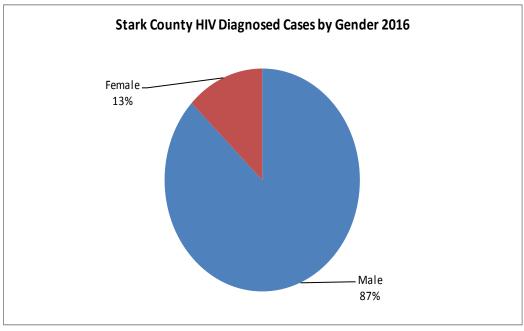
Native Americans and Asian/Pacific Islanders are not reported due to small population size.

Notes:

Diagnoses of HIV infection include persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later AIDS diagnosis and concurrent diagnoses of HIV infection and AIDS.

Diagnoses of HIV/AIDS by year represent all reported cases diagnosed in each year.





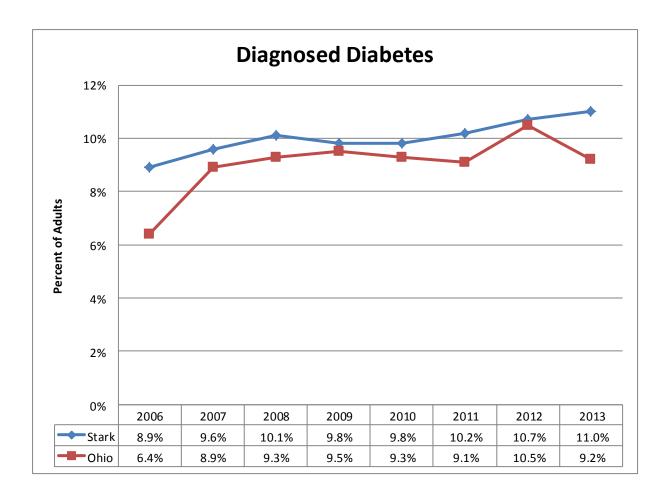
Source

Ohio Department of Health - HIV/AIDS Surveillance Program

Notes:

Diagnoses of HIV infection include persons with a diagnosis of HIV infection (not AIDS), a diagnosis of HIV infection and a later AIDS diagnosis and concurrent diagnoses of HIV infection and AIDS.

Diagnoses of HIV infection by year represent all reported cases diagnosed in each year.



Source:

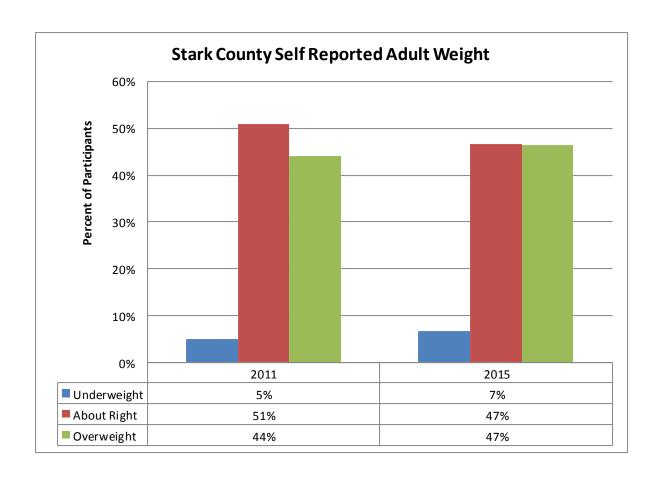
Centers for Disease Control and Prevention

Definition:

Age-Adjusted Percentage - Artificial estimate that minimizes the effects of different age distributions and allows comparisons between different populations.

Notes

Data computed by personnel of the CDC's Division of Diabetes Translation



Source:

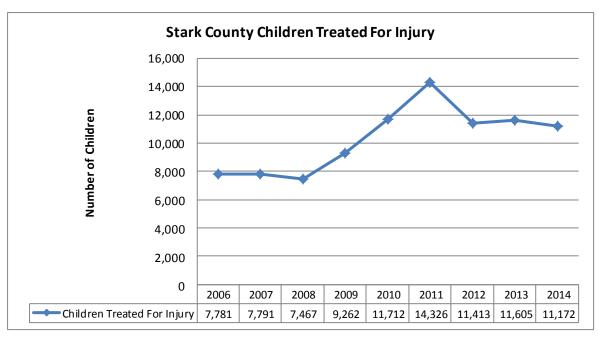
Center for Marketing and Opinion Research, L.L.C. - 2011, 2015 Stark Poll

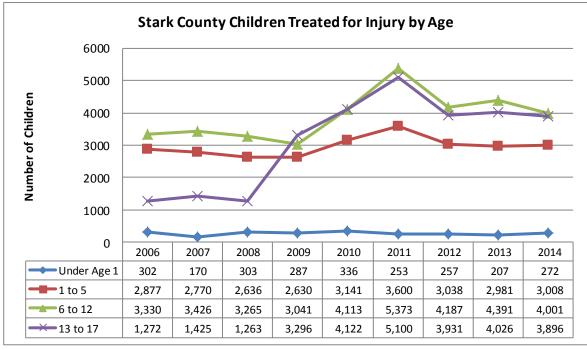
Caveat:

The Stark Poll is a statistically representative telephone survey of Stark County residents.

Note

All data collected through the Stark Poll is self reported.



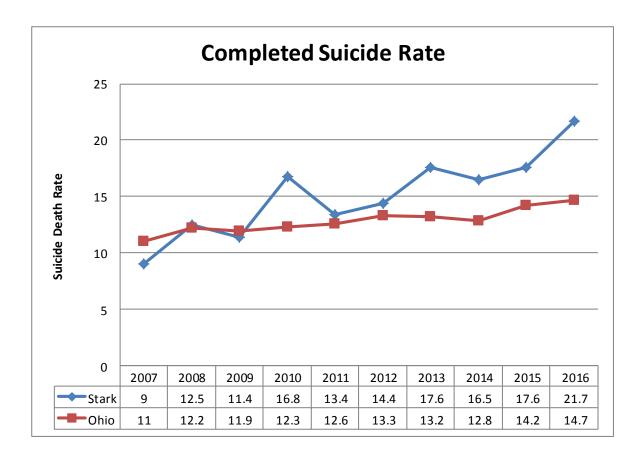




Stark County Health Department, Stark County Child Injury Report: 2006-2013

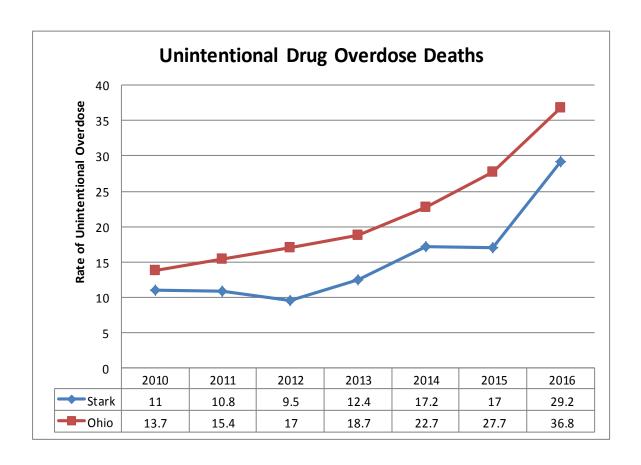
Note:

2002-2009 Reports did not include Immediate Care Facilitates, only Hospitals. 2009 Stark County Child Injury Report - First year to include adolescents age 15-17.



Ohio Department of Health - Ohio Public Heath Data Warehouse

The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.

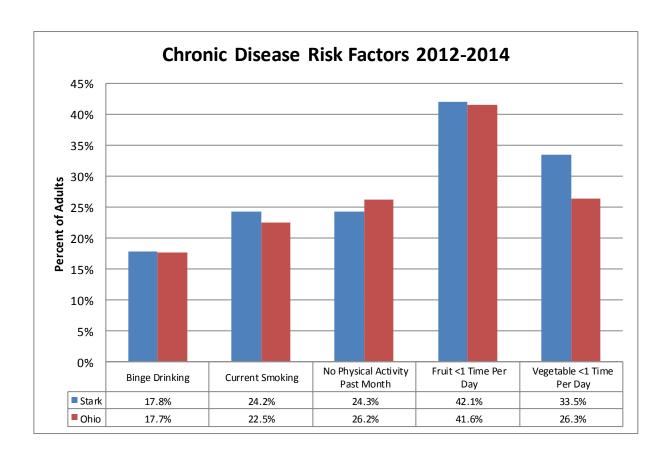


Source

Ohio Department of Health, Ohio Public Health Data Warehouse

Caveat:

The Ohio Department of Health specifically disclaims responsibility for any analysis, interpretations or conclusions.

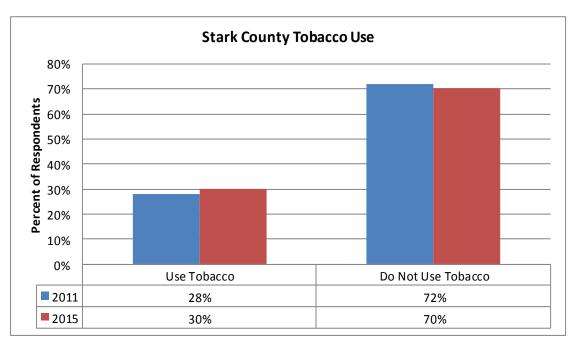


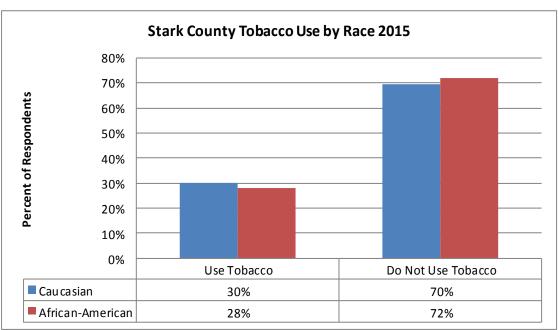
Source:

Ohio Behavioral Risk Factor Surveillance System, Chronic Disease and Behavioral Epidemiology, Center for Public Health Statistics and Informatics, Ohio Department of Health

Note:

Question regarding fruit/vegetable <1 time per day was only collected in 2013.







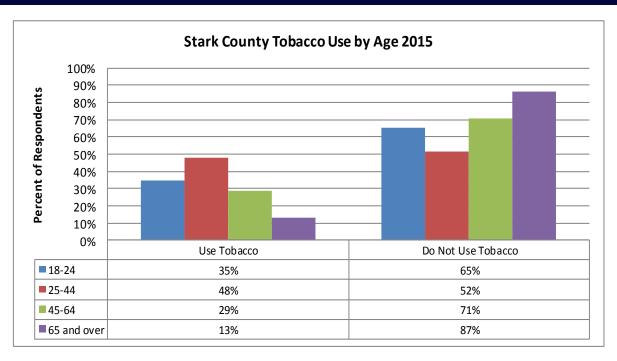
Center for Marketing and Opinion Research, L.L.C. - 2011, 2015 Stark Poll

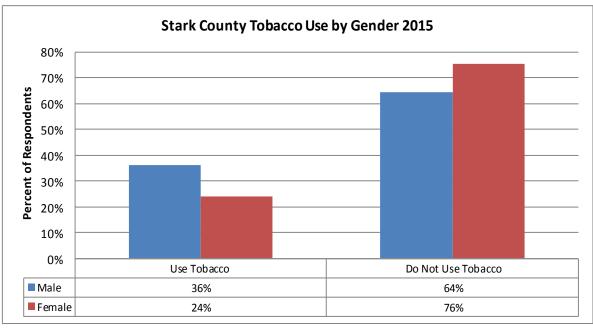
Caveat:

The Stark Poll is a statistically representative telephone survey of Stark County residents.

Note:

Tobacco use includes cigarettes and other tobacco products.







Center for Marketing and Opinion Research, L.L.C. - 2015 Stark Poll

Caveat:

The Stark Poll is a statistically representative telephone survey of Stark County residents.

Note:

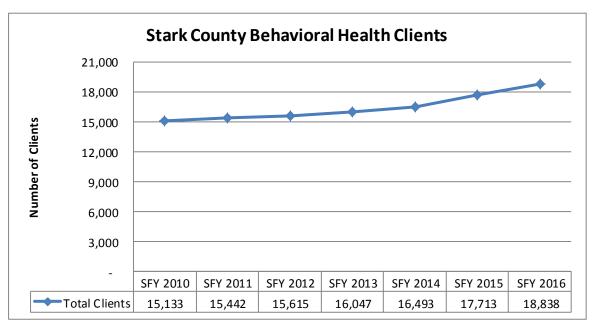
Tobacco use includes cigarettes and other tobacco products.

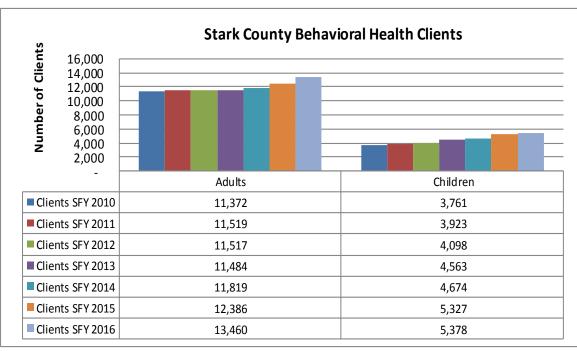
Top Ten Diagnostic Groups SFY 2016	Adults
Depressive Disorders	3,618
Bipolar Disorders	2,632
Anxiety Disorders	2,265
Alcohol Use Disorders	1,586
Opioid Use Disorders	1,577
Schizophrenia/Other Psychotic Disorders	1,253
Post-Traumatic Stress Disorders	1,174
Adjustment Disorders	979
Cannabis Use Disorders	688
V Codes	609
Total	16,381

Top Ten Diagnostic Groups SFY 2016	Children
Adjustment Disorders	2,094
Conduct Disorders	1,281
Attention-Deficit/Disruptive Behavior	1,144
Anxiety Disorders	1,050
Depressive Disorders	888
Post-Traumatic Stress Disorders	612
Bipolar Disorders	424
Cannabis Use Disorders	228
Pervasive Developmental Disorders	216
Personality Disorders	138
Total	8,075

Source:

Mental Health and Recovery Board of Stark County - Heartland East Reporting Services





Source

Mental Health and Recovery Board of Stark County - Heartland East Reporting Services

Definition:

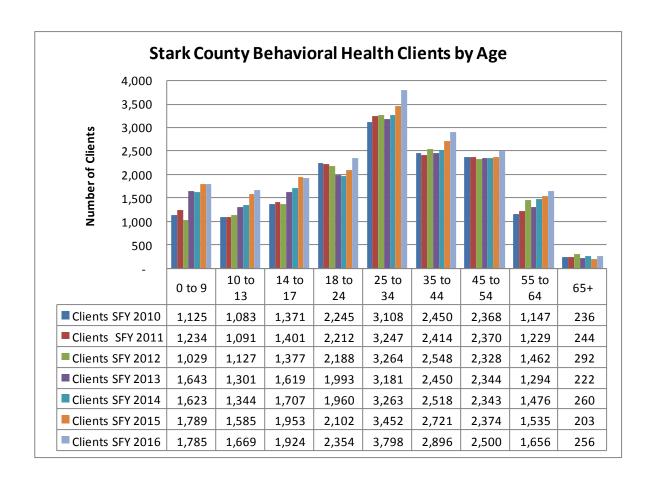
Behavioral health includes mental health, substance abuse treatment and prevention services.

Caveat:

Native Americans and Asian/Pacific Islander are not reported due to small population size.

Note:

State Fiscal Year (SFY) July 1st through June 30th.



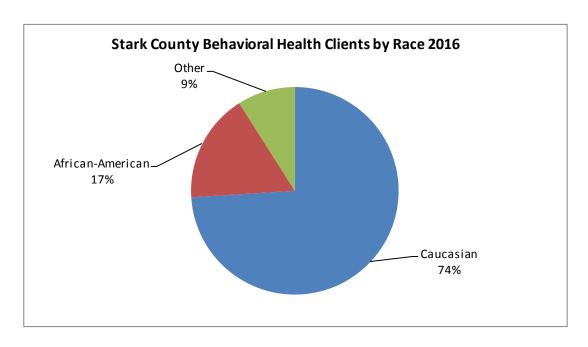
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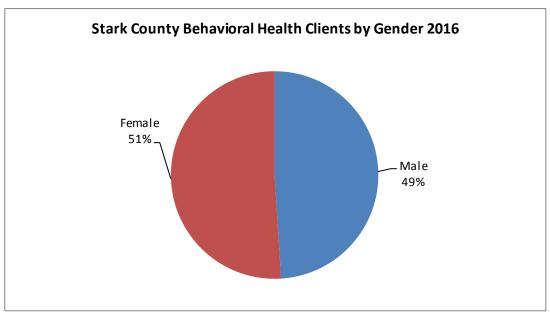
Mental Health and Recovery Board of Stark County - Heartland East Reporting Services Definition:

Behavioral health includes mental health, substance abuse treatment and prevention services.

Note:

State Fiscal Year (SFY) July 1st through June 30th.





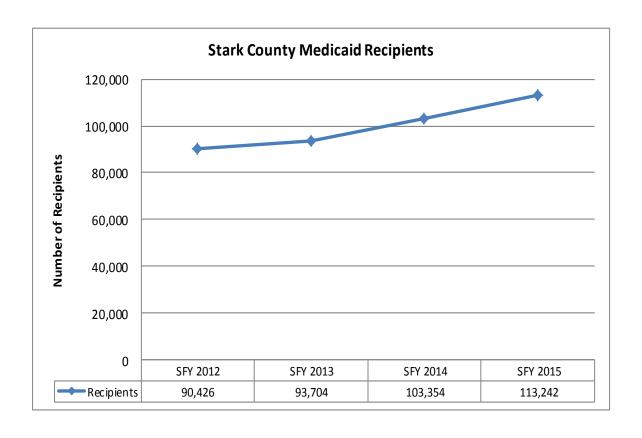
Source:

Mental Health and Recovery Board of Stark County - Heartland East Reporting Services Definition:

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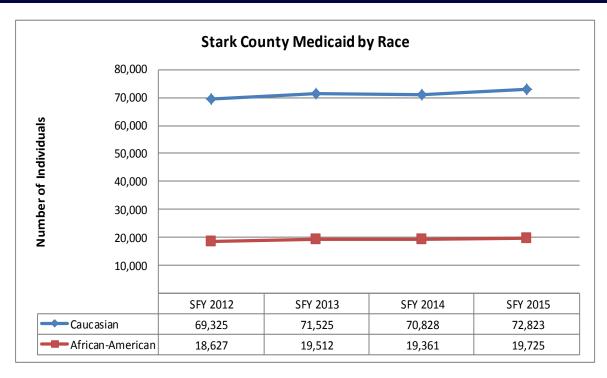


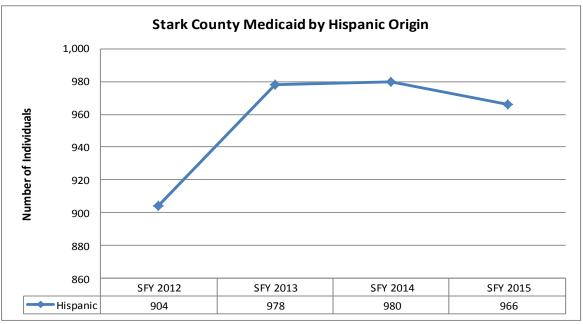
Source:

Ohio Department of Medicaid - QDSS (Quality Decision Support System)

Definition:

State Fiscal Year (SFY) - The fiscal year for the State of Ohio is July 1st through June 30th.





Source:

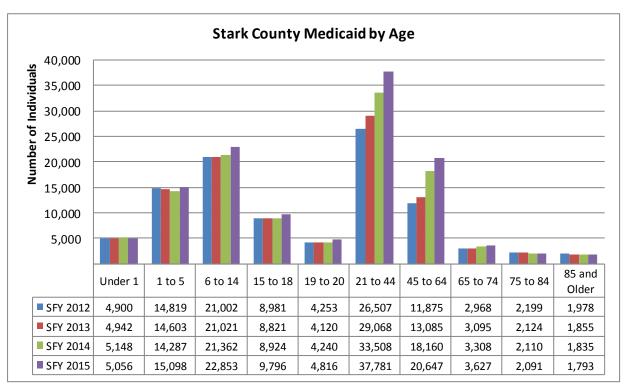
Ohio Department of Medicaid - QDSS (Quality Decision Support System)

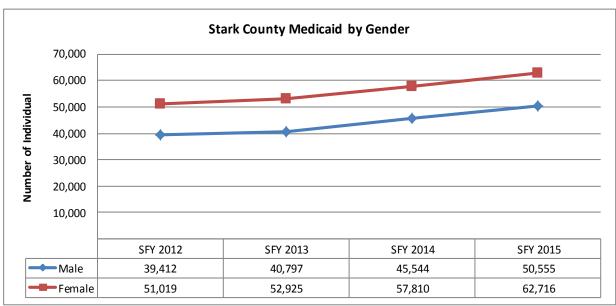
Definition:

State Fiscal Year (SFY) - The fiscal year for the State of Ohio is July 1st through June 30th.

Caveat:

Native Americans and Asian/Pacific Islanders are not reported due to small population size.





Source:

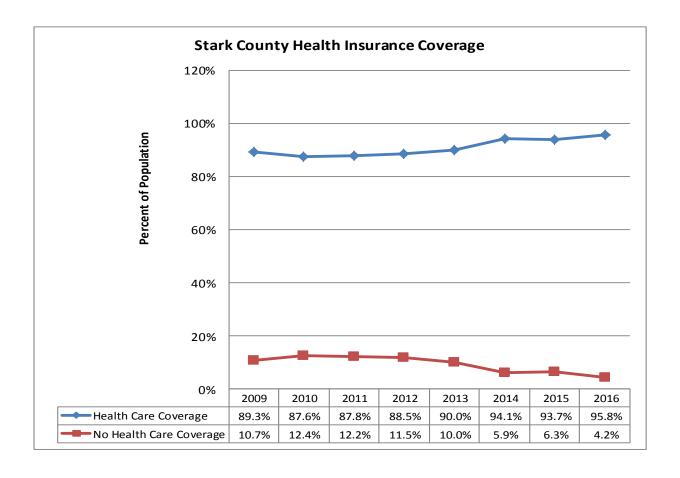
Ohio Department of Medicaid - QDSS (Quality Decision Support System)

Definition:

State Fiscal Year (SFY) - The fiscal year for the State of Ohio is July 1st through June 30th.

Caveat:

The Age in Years is a calculated field determined by the Date of Birth and Eligibility Start Date for the record.



Source

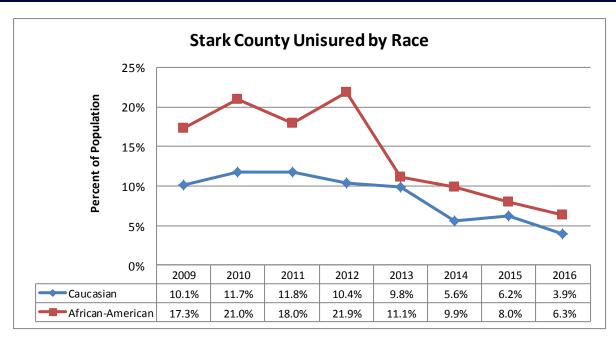
U.S. Census Bureau - American Community Survey

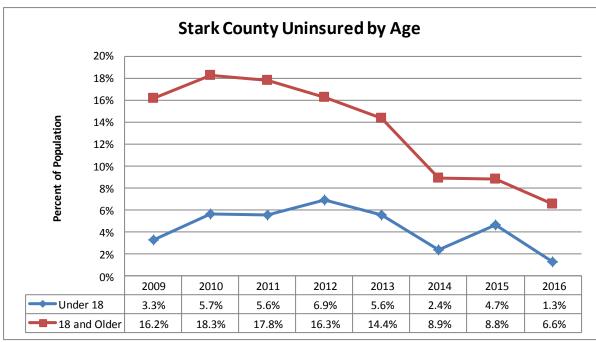
Caveat

Data are based on a sample and are subject to sampling variability.

Note:

Although the ACS produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.





Source:

U.S. Census Bureau—American Community Survey

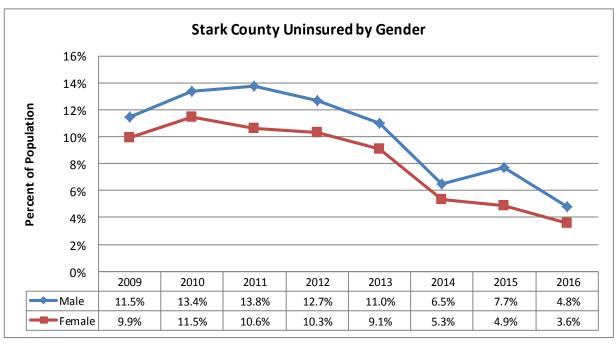
Caveat:

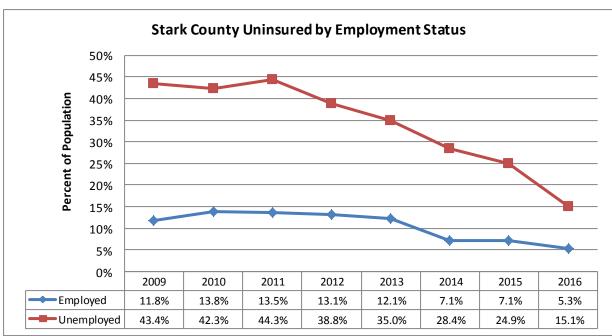
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Source:

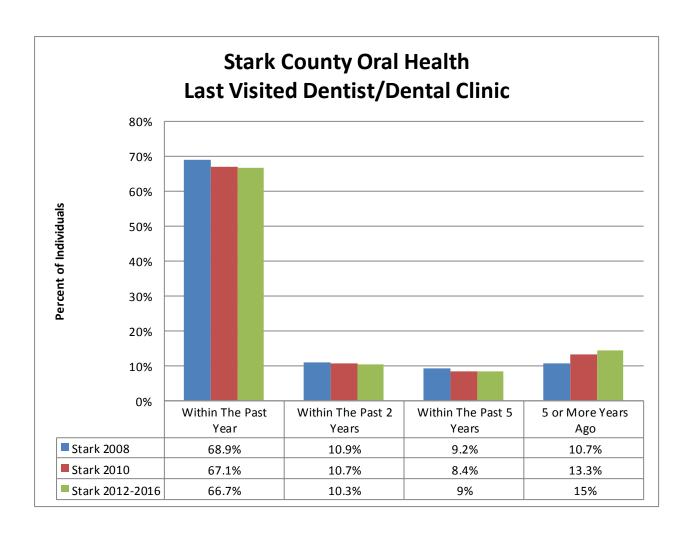
U.S. Census Bureau—American Community Survey

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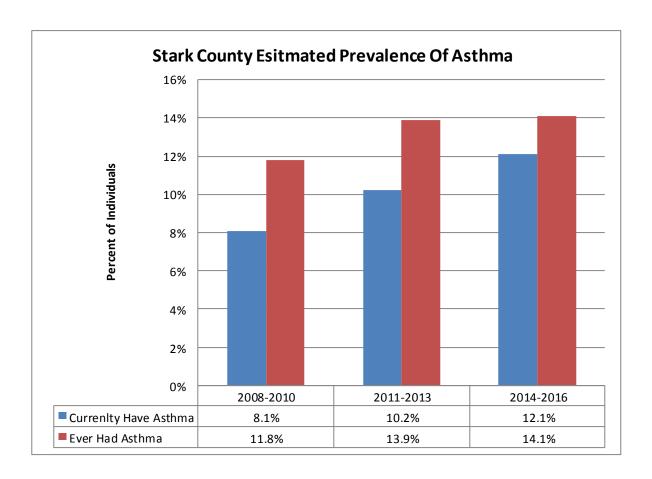
Note:

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Source:

Ohio Behavioral Risk Factor Surveillance System, Chronic Disease and Behavioral Epidemiology, Center for Public Health Statistics and Informatics, ODH



Source:

Ohio Behavioral Risk Factor Surveillance System, Ohio Department of Health

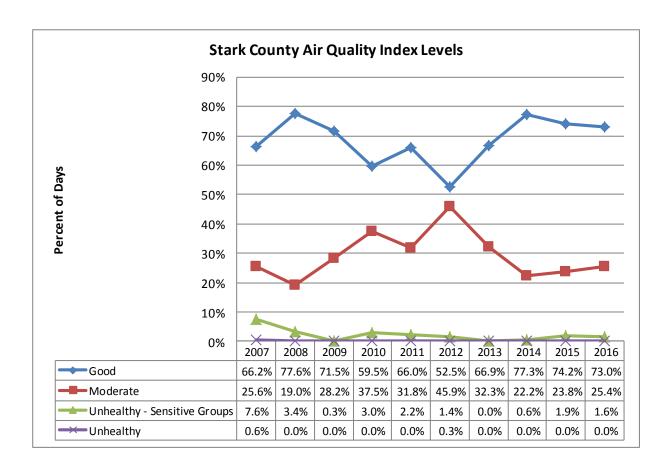
Caveat:

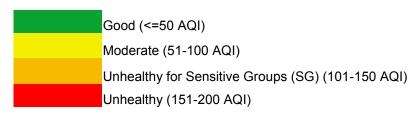
Estimates are based on statistical regression and not on actual counts.

Definition:

Ever Had Asthma - Individuals who have reported ever having been diagnosed with asthma.

Currently Have Asthma - Individuals who reported having asthma at the time of the survey.





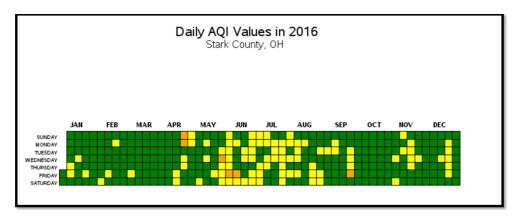
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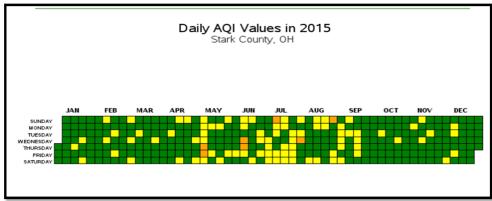
US EPA - Air Data Air Quality Index Report - https://www.epa.gov/outdoor-air-quality-data

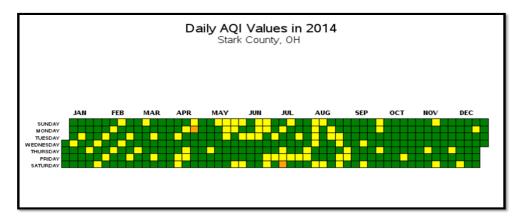
Notes:

AirData reports are produced from an extract of EPA's air pollutions database. They represent the best information available to EPA from agencies on that date. However, some values may be absent due to incomplete reporting, and some values subsequently may be changed due to quality assurance activities. The AQS database is updated daily by organizations who own and submit the data.

<u>Air Quality Index</u> (AQI) is a standardized value for reporting daily air quality based on the measured pollutant concentration that produces the highest AQI value. Generally, an AQI value of 100 equals the national air quality standard for the pollutant, which is the level set by EPA to protect public health and is considered satisfactory. Values above 100 are considered unhealthy.







Source:

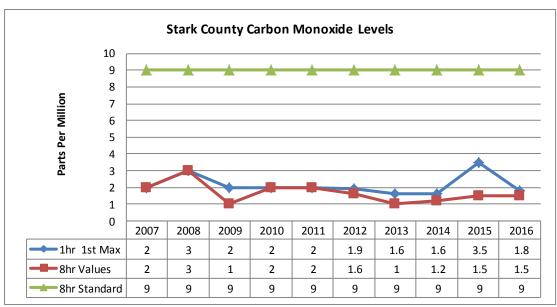
 $US\ EPA-Air\ Data\ Air\ Quality\ Index\ Report-https://www.epa.gov/outdoor-air-quality-data$

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	Carbon Monoxide		Ozone		Particle Matter 2.5	
Year	2nd Max 1-hr Value	2nd Max 8-hr Value	2nd Max 1-hr Value	4th Max 8-hr Value	98th Percentile Value	Annual Mean Value
2007	2.1	1.7	0.108	0.087	33.4	16.24
2008	2.9	2.5	0.090	0.077	38.5	13.12
2009	2.0	1.0	0.076	0.066	32.0	13.20
2010	2.0	2.0	0.095	0.080	42.0	15.00
2011	2.0	2.0	0.089	0.081	28.0	12.80
2012	1.8	1.6	0.089	0.077	27.0	12.30
2013	1.3	0.9	0.077	0.070	28.0	12.00
2014	1.5	1.1	0.078	0.065	25.0	11.60
2015	1.8	1.4	0.082	0.072	26.0	12.40
2016	1.8	1.4	0.080	0.072	20.0	9.50



Source:

US EPA - Air Data County Air Quality Report - http://www.epa.gov/airdata/ad_rep_con.html

EPA National Ambient Air Quality Standards:

Carbon Monoxide - 35 parts per million (1 hr average), 9 parts per million (8 hr average)

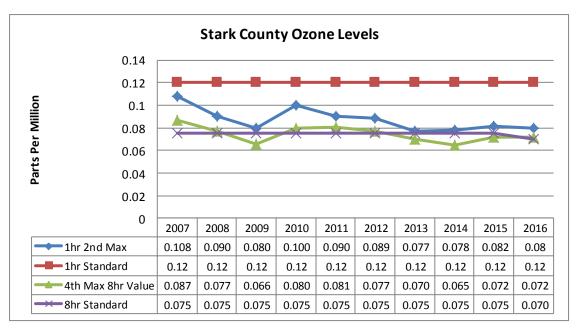
Ozone - 0.12 parts per million (1 hr average), 0.075 parts per million (8 hr average)

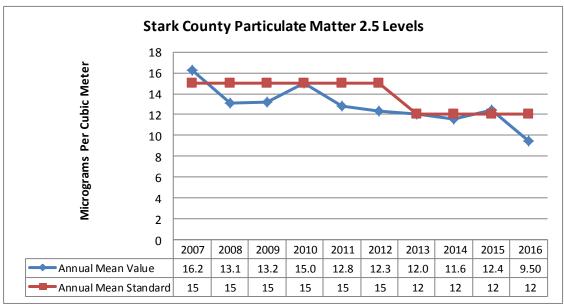
Particulate Matter (diameter <2.5 Micrometers) - 35 micrograms per cubic meter (24 hr average),

12.0 micrograms per cubic meter (annual mean)

The annual mean standard for PM 2.5 changed from 15.0 micrograms per cubic meter to 12.0 micrograms per cubic meter in 2012, with implementation in 2013 at the new, lower standard.

AirData reports are produced from an extract of EPA's air pollutions database. They represent the best information available to EPA from agencies on that date. However, some values may be absent due to incomplete reporting, and some values subsequently may be changed due to quality assurance activities. The database is updated daily by state and local organizations who own and submit the data.





Source:

US EPA - Air Data Monitor Values Report - http://www.epa.gov/airdata/ad_rep_mon.html

EPA National Ambient Air Quality Standards:

Ozone - 0.12 parts per million (1 hr average); 0.075 parts per million (8 hr average) 2006-2015. 0.070 parts per million (8 hr average) 2016 - current

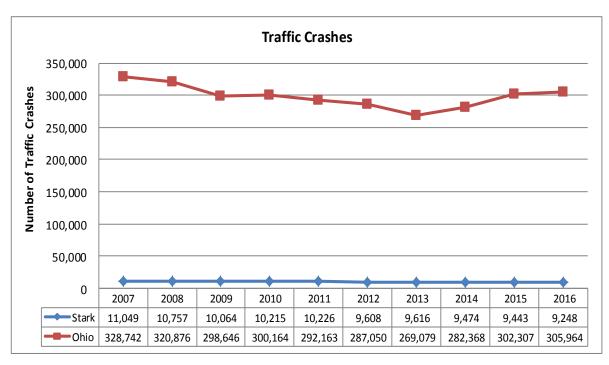
Particulate Matter (diameter <2.5 Micrometers) - 35 micrograms per cubic meter (24 hr average),

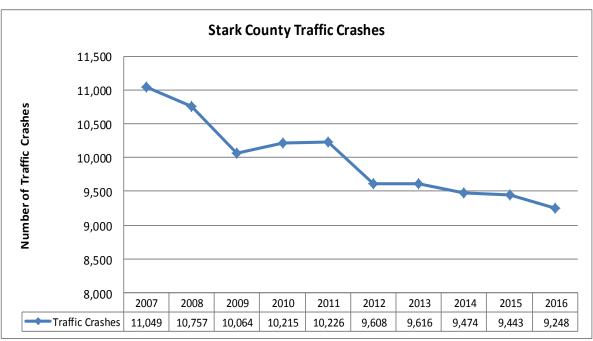
12.0 micrograms per cubic meter (annual mean)

The annual mean standard for PM 2.5 changed from 15.0 micrograms per cubic meter to 12.0 micrograms per cubic meter in 2012, with implementation in 2013 at the new, lower standard.

AirData reports are produced from an extract of EPA's air pollutions database. They represent the best information available to EPA from agencies on that date. However, some values may be absent due to incomplete reporting, and some values subsequently may be changed due to quality assurance activities. The database is updated daily by state and local organizations who own and submit the data.

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