

# MARION COUNTY



## 2017 Nutrition and Physical Activity Health Assessment

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Improving Community Health:  
Healthy Foods & Physical Activity

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# FOREWORD

This health assessment provides us with a snapshot of physical activity and nutrition in Marion County, as well as our state and nation. The data presented in this report provides valuable information to develop strategies that focus on increasing nutritious food consumption and increasing physical activity in Marion County, particularly within families.

The Marion County Nutrition and Physical Activity Assessment is being conducted for the first time, although these topics have been included in the county's community health assessment several times.

Through collaboration with the Hospital Council of Northwest Ohio, every effort has been made to assure that this report contains valid and reliable data. This assessment follows the guidance of *Moving to the Future*. This data should be used in conjunction with other relevant data, such as the community health assessment. To assure the success of this effort, the leaders of Marion County have made commitments in the following ways:

1. The assessment will not "sit on a shelf." The identified priorities and recommendations will be followed up and acted on.
2. The assessment will not be done in a vacuum. In order to be successful, any and all stakeholders will need to be involved in current and future efforts. Every agency dealing in some aspect of health care in Marion County needs to be "at the table" and offering their particular areas of expertise and experience. The concept of "health care" is so broad that it cannot be the sole responsibility of any one agency. There can be no "silos" in these efforts or there will be no success.
3. The assessment will continue to be repeated on a regular basis and data and results will be trended so that yearly results can be compared. This will ensure that benchmarking can occur and improvements (or degradation) in services as noted.
4. The assessment will be flexible. As additional unmet needs are identified, or existing needs are met, the study itself must evolve to remain a meaningful and workable instrument for health planning in Marion County.

# ACKNOWLEDGEMENTS

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## This report has been commissioned by: *Creating Healthy Communities Coalition*

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Marion City Mayor  
Marion City Parks  
Marion City Police  
Marion City School Superintendent  
Marion City Schools  
Marion City Schools Food Service  
Marion County DD Board  
Marion County Commissioners  
Marion County Park District  
Marion General Hospital  
Marion Industrial Center  
Marion Matters

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**The 2017 Marion County Nutrition & Physical Activity Health Assessment is available on the following websites:**

#### **Marion Public Health**

<http://www.marionpublichealth.org>

#### **Hospital Council of Northwest Ohio**

<http://www.hcno.org/community/reports.html>

# TABLE OF CONTENTS

<u>TABLE OF CONTENTS</u>	<u>PAGE 4</u>
<u>EXECUTIVE SUMMARY</u>	
<u>DESIGN</u>	<u>PAGE 5</u>
<u>INSTRUMENT</u>	<u>PAGE 5</u>
<u>PROCEDURE   Community Survey</u>	<u>PAGE 5</u>
<u>MOVING TO THE FUTURE</u>	<u>PAGE 6</u>
<u>ALIGNMENT OF STATE HEALTH IMPROVEMENT PLAN (SHIP)</u>	<u>PAGE 6</u>
<u>INSTITUTIONAL REVIEW BOARD (IRB)</u>	<u>PAGE 6</u>
<u>DATA ANALYSIS</u>	<u>PAGE 6</u>
<u>LIMITATIONS</u>	<u>PAGE 6</u>
<u>CURRENT LANDSCAPE AND RESOURCES</u>	<u>PAGE 6</u>
<u>DATA SUMMARY</u>	
<u>ADULT NUTRITION</u>	<u>PAGES 7-12</u>
<u>CHILD NUTRITION</u>	<u>PAGES 13-18</u>
<u>ADULT PHYSICAL ACTIVITY</u>	<u>PAGES 19-21</u>
<u>CHILD PHYSICAL ACTIVITY</u>	<u>PAGES 22-24</u>
<u>BUILT ENVIRONMENT   Community</u>	<u>PAGES 25-27</u>
<u>BUILT ENVIRONMENT   Key Leaders</u>	<u>PAGES 28-31</u>
<u>SOCIAL ENVIRONMENT   Community</u>	<u>PAGE 32</u>
<u>SOCIAL ENVIRONMENT   Key Leaders</u>	<u>PAGES 33-34</u>
<u>COMMUNITY IMPROVEMENT   Perceptions</u>	<u>PAGES 35-37</u>
<u>APPENDIX I   Information Sources</u>	<u>PAGE 38</u>
<u>APPENDIX II   Acronyms and Terms</u>	<u>PAGE 39</u>
<u>APPENDIX III   Community Sample Demographic Profile</u>	<u>PAGE 40</u>
<u>APPENDIX IV   Key Leader Sample Demographic Profile</u>	<u>PAGE 41</u>
<u>APPENDIX V   Gaps and Potential Strategies</u>	<u>PAGE 42</u>

# EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Marion County adults (19 years of age and older), who participated in a county-wide nutrition and physical activity health assessment survey during February through March 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the Moving to the Future Framework, as well as survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

## DESIGN

This community nutrition and physical activity health assessment was cross-sectional in nature and included an online survey for adults and key leaders within Marion County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

## INSTRUMENT DEVELOPMENT

Two online survey instruments were designed and pilot tested for this study through Survey Monkey: one for adult community members and one for key leaders in the community. As a first step in the design process, staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for identifying the opportunities and challenges in accessing healthy foods and physical activity opportunities within the county. The investigators decided to derive most of the adult and key leader survey items from the Moving to the Future framework. This decision was based on meeting the requirements outlined in the grant provided by the Ohio Department of Health.

The project coordinator from HCNO met with the Creating Healthy Communities Coalition (CHCC). During this meeting, banks of potential survey questions from the Moving to the Future Framework, BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the CHCC, the Project Coordinator composed drafts of surveys containing 76 items for the community survey, and 28 items for the key leader survey. The drafts were reviewed and approved by the committee.

## PROCEDURE | Community & Key Leader Survey

Coalition members were asked to distribute the community survey link via social media (i.e. Facebook, Twitter, website, etc.) and send out to their email listserv and post to their websites. In addition, HCNO provided the coalition with a list of approximately 20 sectors that should participate in the key leader survey. Coalition members reached out to those sectors individually. The coalition was provided introduction language to use as a template prior to distributing both survey links as well as a press release template to distribute out to media outlets.

The community survey generated 187 completed surveys and the key leader survey generated 45 responses. Although this was a good response, data is not generalizable to the entire county.

## **MOVING TO THE FUTURE**


Staff from Marion Public Health, along with HCNO staff, participated in six webinars coordinated by the ODH and Karen Probert, founder of Moving to the Future.

ODH secured grant funds to work on nutrition and physical activity and provided funding to local health departments through their Maternal and Child Health (MCH) grant. Grantees were required to use the Moving to the Future Framework.

Moving to the Future is an online resource that provides tools to the community for planning nutrition and physical activity programs. It places emphasis on changing policies and the environment. The online tools feature a planning guide that includes forms, worksheets and sample surveys, a forum network, and a member directory. The planning guide is a five-step process: Community Assessment; Priorities, Goals, and Objectives; Nutrition and Physical Activity Plan; Implementation; and Evaluation. This report serves as the community assessment and the starting point for all future priority selection and work.

For more information about Moving to the Future, go to: <http://movingtothefuture.org/>.

## **ALIGNMENT OF STATE HEALTH IMPROVEMENT PLAN (SHIP) and STATE HEALTH ASSESSMENT (SHA)**

Staff from HCNO referenced indicators from the Ohio State Health Assessment (SHA) and State Health Improvement plan (SHIP), when applicable. Examples of common indicators include, fruit and vegetable consumption, access to exercise opportunities, driving to work, etc. For those indicators that align with the SHA and SHIP, they will be marked with the state icon. 

To view the full 2016 Ohio State Health Assessment, please visit: [http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA\\_FullReport\\_08042016.pdf?la=en](http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en)

## **INSTITUTIONAL REVIEW BOARD (IRB) EXEMPTION**

Marion Public Health submitted an application, along with the proposed surveys to the Ohio Department of Health's Institutional Review Board (IRB) to secure approval. The assessment that was conducted was classified as a category #2: research involving the use of survey procedures that will not allow subjects to be identified, directly or through identifiers; and any disclosure of responses that could place subjects at risk or be damaging to their reputation.

## **DATA ANALYSIS**

Individual responses were anonymous and confidential. Only group data is available. All data was analyzed by HCNO staff. Crosstabs were used to calculate descriptive statistics for the data presented in this report.

## **LIMITATIONS**

As with all health assessments, it is important to consider the findings in light of all possible limitations. To work within the grant budget, the surveys were distributed by email and social media. Some populations are less likely to have internet access or a computer, such as the elderly population or those with low incomes. In using this survey process, the results are not generalizable to the entire community.

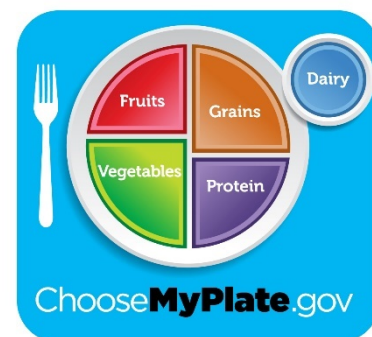
## **CURRENT LANDSCAPE AND RESOURCES**

A resource assessment was conducted by the CHCC committee to look at the built and social environment in Marion County. Key findings from the resource assessment are spread throughout the full report. Please contact Marion Public Health for the full resource assessment.



# Nutrition | ADULT

## Key Findings

*The 2017 health assessment identified that 54% of Marion County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and of U.S. adults were obese by BMI. Nearly two-fifths (39%) of Marion County adults were obese.*



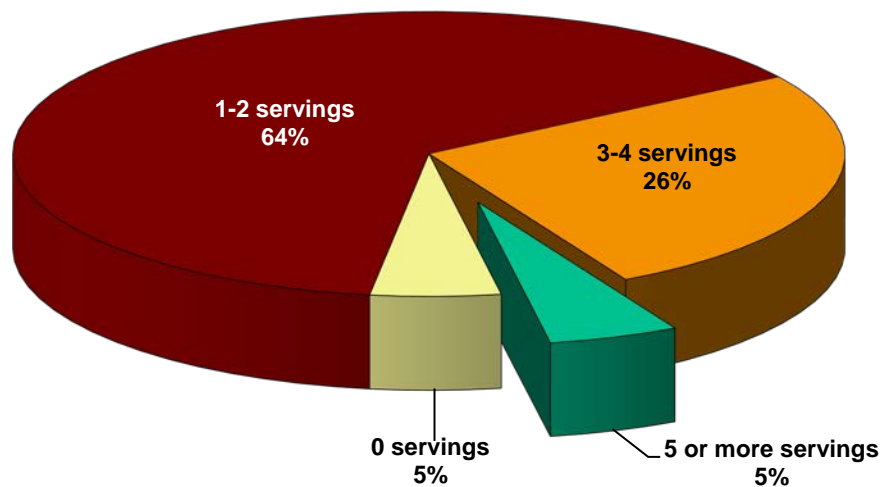
## Adult Consumption

-  In 2017, the health assessment indicated that two-thirds (54%) of Marion County adults were either overweight (21%) or obese (33%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of chronic diseases.
- Nearly two-thirds (65%) of adults were trying to lose weight, 24% were trying to maintain their current weight or keep from gaining weight and 1% were trying to gain weight. One-tenth (10%) of Marion County adults were not doing anything to lose or gain weight.
- Marion County adults did the following to lose weight or keep from gaining weight: drank more water (63%), exercised (60%), ate less food, fewer calories, or foods low in fat (58%), ate more fruits and vegetables (42%), skipped meals (16%), went without eating 24 or more hours (2%), smoked cigarettes (2%), and took diet pills, powders or liquids without a doctor's advice (1%). No one reported they vomited or took laxatives.
-  In 2017, 64% of adults ate between 1 to 2 servings of fruits and vegetables per day; 26% ate between 3 to 4 servings; and 5% were eating 5 or more servings of fruits and vegetables per day. 5% of Marion County adults did not have any servings of fruits and vegetables. The American Cancer Society recommended that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.
- In 2013, 42% of Ohio adults consumed fruits less than one time daily and 26% consumed vegetables less than one time daily (*Source: 2013 BRFSS*).
- Ten percent (10%) of adults drank 10 or more servings of water per day; 16% drank between 7 to 9 servings; 38% drank 4 to 6 servings; and 34% drank 1 to 3 servings of water per day. 2% reported they did not consume any water in a day. The Institute of Medicine, National Academy of Sciences recommended that men drink a total of 16 (cups/servings) and women drink a total of 11 (cups/servings) of total water a day. (*Source: The Institute of Medicine, National Academy*)
- Nearly one-quarter (23%) of adults drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks, or other sugar-sweetened drinks at least once per day in the past week. 33% of adults did not drink any sugar-sweetened beverages in the past week.
- Ninety-one percent (91%) of adults ate out in a restaurant or brought home take-out food at least once in the past week, including 11% of adults who did so for 5 or more meals in the past week.
- Marion County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (79%), cost (71%), ease of preparation/time (61%), healthiness of food (60%), what their family prefers (48%), availability (45%), food they were used to (40%), nutritional content (32%), calorie content (31%), organic (9%), genetically modified (9%), artificial sweetener content (9%), other food sensitivities (3%), lactose free (3%), health care provider's advice (2%), gluten free (2%), and other reasons (3%).

The following pie charts shows the average daily consumption of fruits/vegetables and water for Marion County adults. An example of how to interpret the information: 26% of all Marion County adults ate 3 to 4 servings of fruits and vegetables per day.

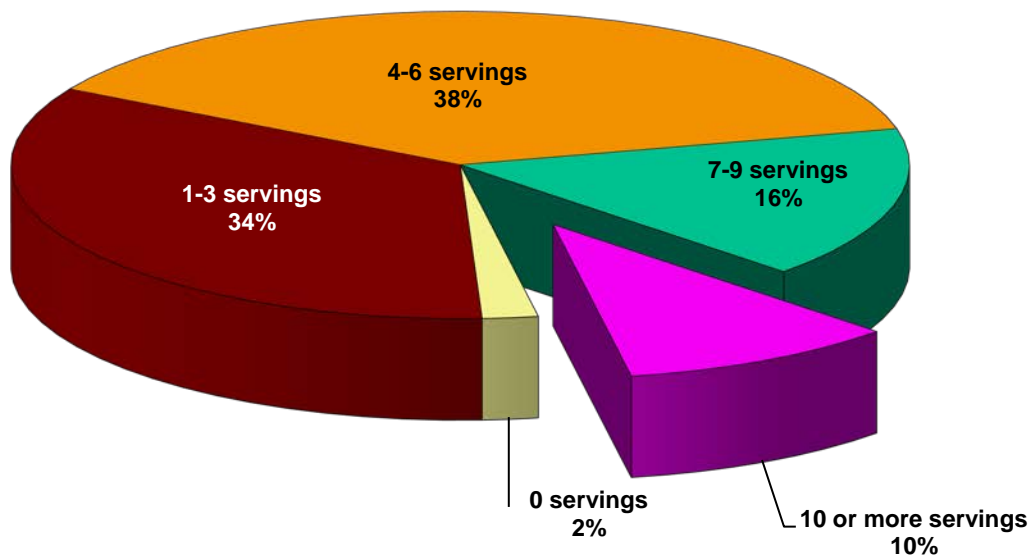
- In Marion County, 5% of adults ate the recommended 5 or more servings of fruits and vegetables per day.
- Ten percent (10%) of adults drank the recommended 10 servings or more of water per day.

### Marion County Adults Average Daily Fruit and Vegetable Consumption\*




*\*A serving size of fruits and vegetable is ½ cup.*

### Marion County Adults Average Daily Water Consumption\*




*\*A serving size of water is 1 cup (8oz.)*

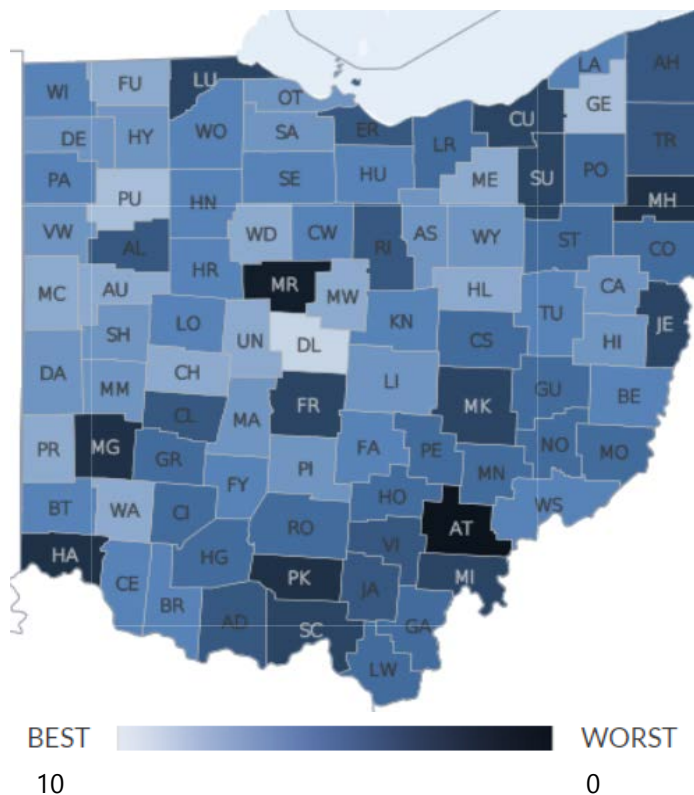
## Adult Access to Food

- Marion County adults purchased their fruits and vegetables from the following places: large grocery store (98%), grow their own/garden (26%), Farmer's Market (26%), local grocery store (9%), mail order food service (2%), corner/convenience store (1%), community garden (1%), Community Supported Agriculture (CSA) (1%), Dollar General/Store (1%), food pantry (1%), Mobile produce (1%), and other places (3%).
- Adults reported the following food insecurity issues in consuming fruits and vegetables: too expensive (24%), did not like the taste (8%), did not know how to prepare (6%), no access (1%), no variety (1%), and other barriers (4%). No one reported transportation or stores did not take electronic benefits transfer (EBT) as barriers.
-  Marion County adults experienced the following food insecurity issues in the past 12 months: had to choose between paying bills and buying food (9%), increasing to 67% of those adults with incomes less than \$20,000; went hungry/ate less to provide more food for their family (7%); were worried food would run out (6%); loss of income led to food insecurity (4%); they were hungry, but did not eat because they had no money for food (3%); and their food assistance was cut (1%).

**One in eleven, (9%) of Marion County adults had to choose between paying bills in the past year.**

 The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are: limited access to healthy foods & food insecurity.

### Food Environment Index

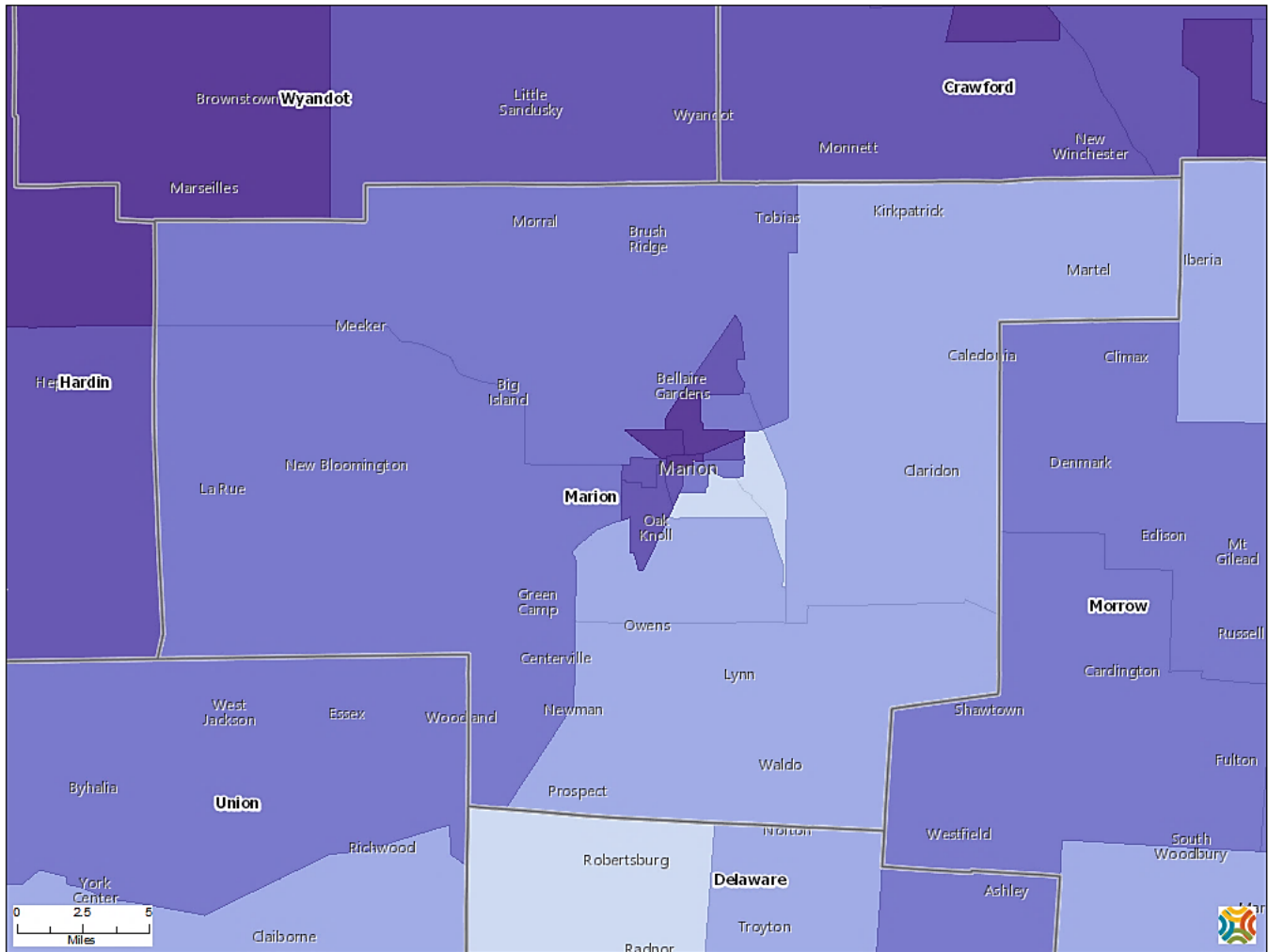


**Marion County had a food index measure of:**

**5.8**

*(Source: USDA Food Environment Atlas, as compiled by County Health Rankings, 2010 & 2014)*

## Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



### Map Legend

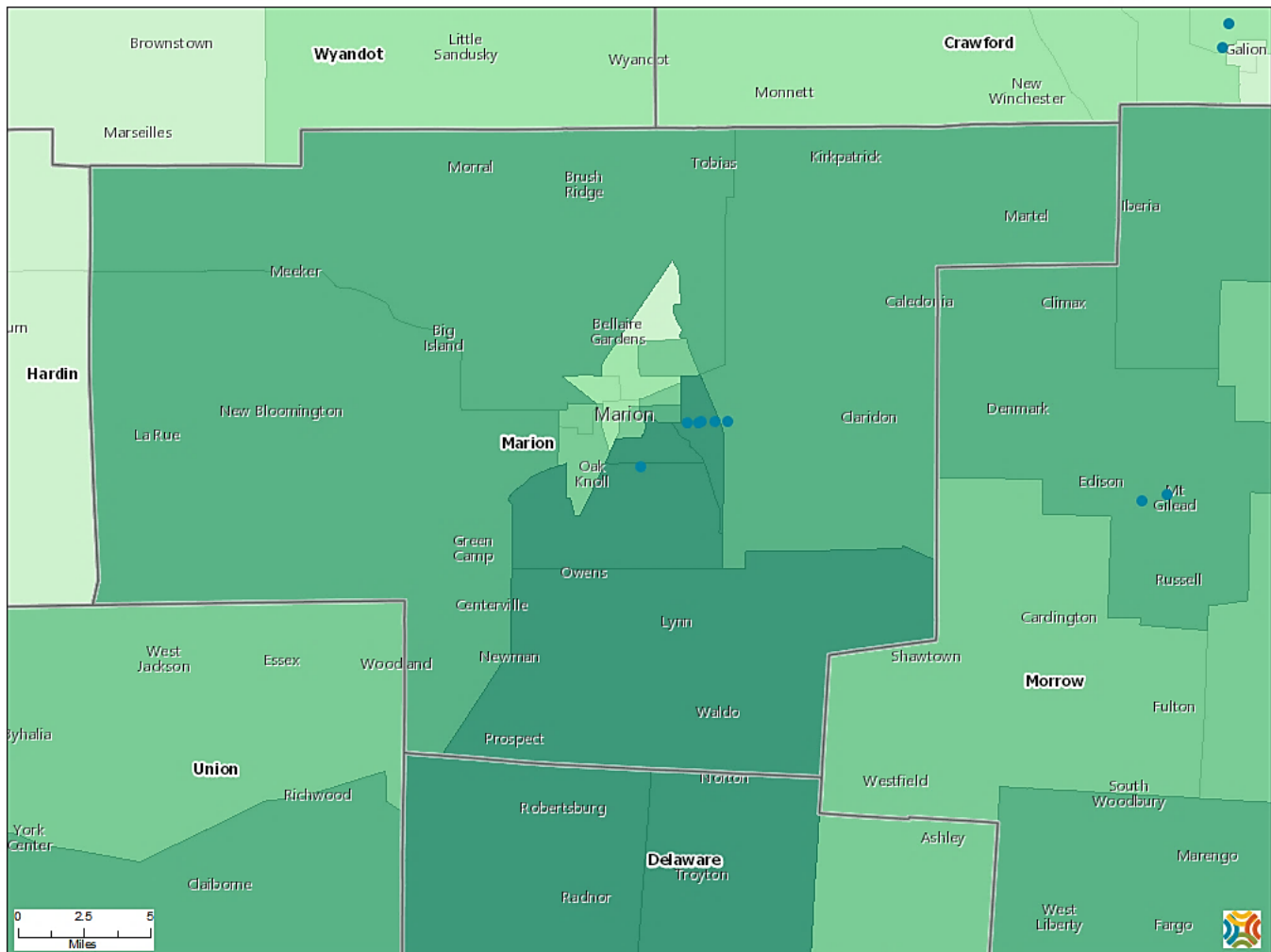
Soda Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 6/7/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

## Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank, 2014



### Map Legend

● Major Supermarkets, USDA May 2016

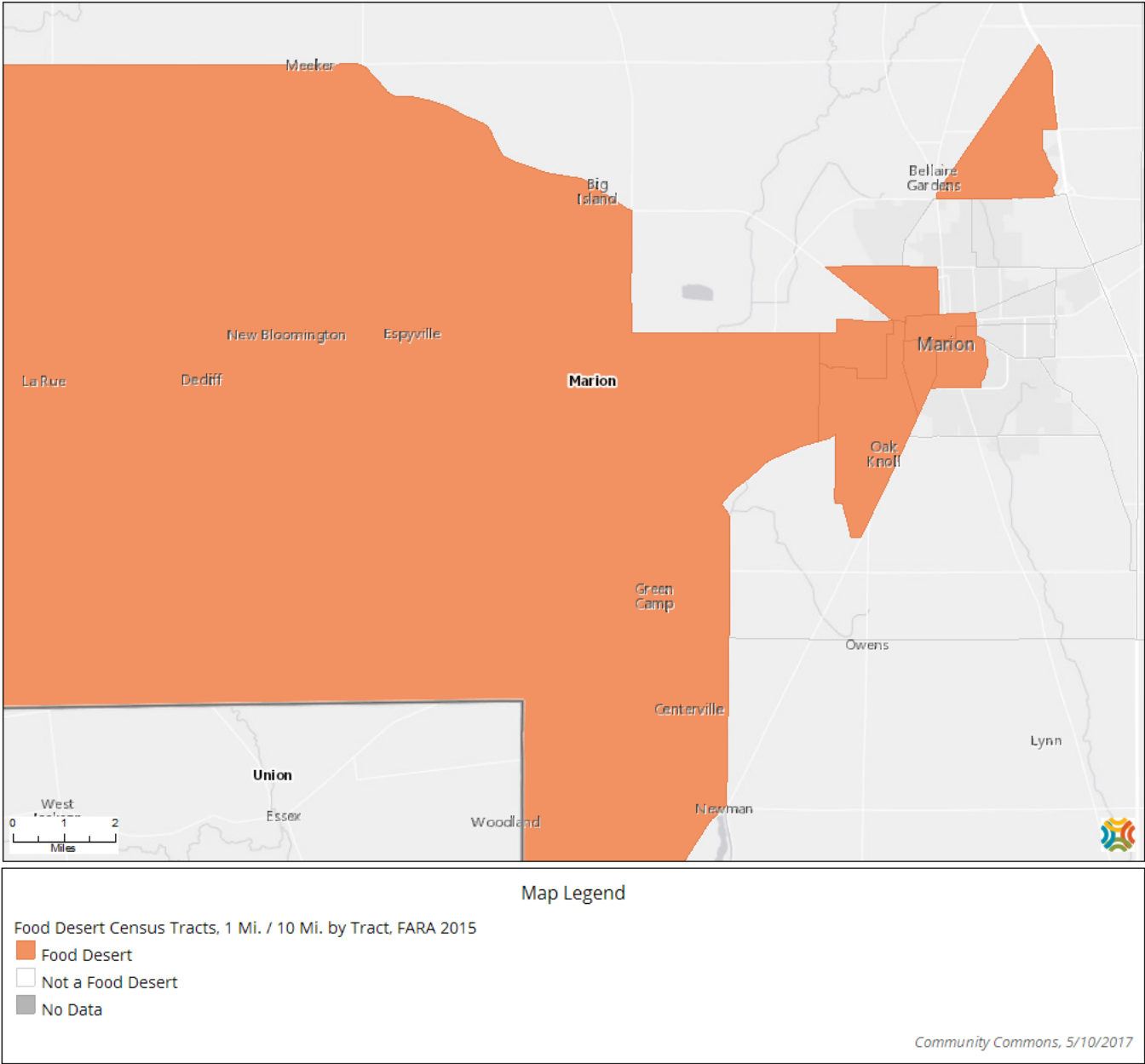
Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, State Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 6/7/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

Food Desert Census Tract, .5Mi. / 10 Mi. Tract, FARA 2015



(Source: US Department of Agriculture, Economic, USDA - Food Access Research Atlas: 2010-2015, as compiled by Community Commons)

# Nutrition | CHILD

## Key Findings



*The 2017 health assessment identified that 4% of school-aged children ate the recommended 5 or more servings of fruits and vegetables per day and no children ages 0-5 ate the recommended amount. 17% of mothers did not breastfeed their children.*

MORE THAN  
**1 in 3 children**  
**in Ohio is overweight**  
**or obese**



## Child Consumption (Ages 0-5)


*The following information was reported by Marion County parents of Children 0-5 years old.*

-  Forty-four percent (44%) of Marion County children ages 0-5 ate 3 to 4 servings of fruits and vegetables per day and 56% ate 1 to 2 servings per day. No parent reported that their child did not eat any servings of fruits and vegetables, nor did they report that their child ate 5 or more servings of fruits and vegetables per day.
- Eighty-three percent (83%) of parents reported their child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- In 2010, the Institute of Medicine, National Academy of Sciences recommended children ages 1 to 3 years consume 700 milligrams of calcium daily.
- Nearly two-fifths (39%) of children drank 3 to 4 servings of water per day and 56% drank 1 to 2 servings per day. 6% of children did not drink any servings of water per day. No parent reported their child drank 5 or more servings of water per day. The Institute of Medicine, National Academy of Sciences recommended that children ages 4-5 years old drink 7 cups/servings of total water per day. *(Source: The Institute of Medicine, National Academy)*
- Six percent (6%) of Marion County children drank soda pop (not diet), punch, Kool-Aid, juice, or other fruit-flavored drinks at least once per day in the past week. 44 % of children did not drink any soda pop or fruit flavored beverages in the past week.
-  Mothers breastfed their child: more than 1 year (33%), 10 to 12 months (6%), 7 to 9 months (6%), 4 to 6 months (6%), less than 3 months (22%), and never breastfed (17%). No one reported that they were still breastfeeding.

*(Source: Data Resource Center for Child & Adolescent Health, 2011/2012)*

## Child Consumption (Grades Pre-K through high school)

*The following information was reported by Marion County parents of school-age children from Pre-K through high school.*

-  Four percent (4%) of Marion County school-age children ate 5 or more servings of fruits and vegetables per day; 31% ate 3 to 4 servings per day; and 64% ate 1 to 2 servings of fruits and vegetables per day. No parent reported that their child did not eat any servings of fruits and vegetables per day.
- Two percent (2%) of Marion County school-age children drank 10 or more servings of water per day. 13% drank 7 to 9 servings, 33% drank 4 to 6 servings, and 51% drank 1 to 3 servings of water per day. No parent reported that their child did not drink any water per day. The Institute of Medicine, National Academy of Science recommends that males ages 9-18 years old drink between 10-14 (cups/servings) and females ages 9-18 years old drink between 9-10 (cups/servings) of total water per day. *(Source: The Institute of Medicine, National Academy)*
- The 2015 YRBS reported 4% of high school youth in the U.S. did not drink water in the past 7 days.

## Child Consumption (Grades Pre-K through high school), continued

- Marion County parents reported their school-age child consumed the following sources of calcium: milk (86%), yogurt (46%), other dairy products (40%), calcium fortified juice (7%), lactose free milk (4%), calcium supplements (2%), and other calcium sources (10%).
- Nearly three-fifths (55%) of parents reported their school-age child drank milk, lactose free milk, calcium fortified juice, or other calcium sources at least once per day in the past week.
- The 2013 YRBS reported 18% of high school youth in Ohio did not drink milk in the past 7 days and the 2015 YRBS reported 22% for U.S. high school youth.
- Thirteen percent (13%) of Marion County school-age children drank soda pop (not diet), punch, Kool-Aid, juice, sports drinks, energy drinks or other fruit-flavored drinks at least once per day in the past week. 29% of children did not drink any soda pop or fruit flavored beverages in the past week.

## Healthy School Environment

*The following information was reported by Marion County parents of school-age children from Pre-K through high school.*

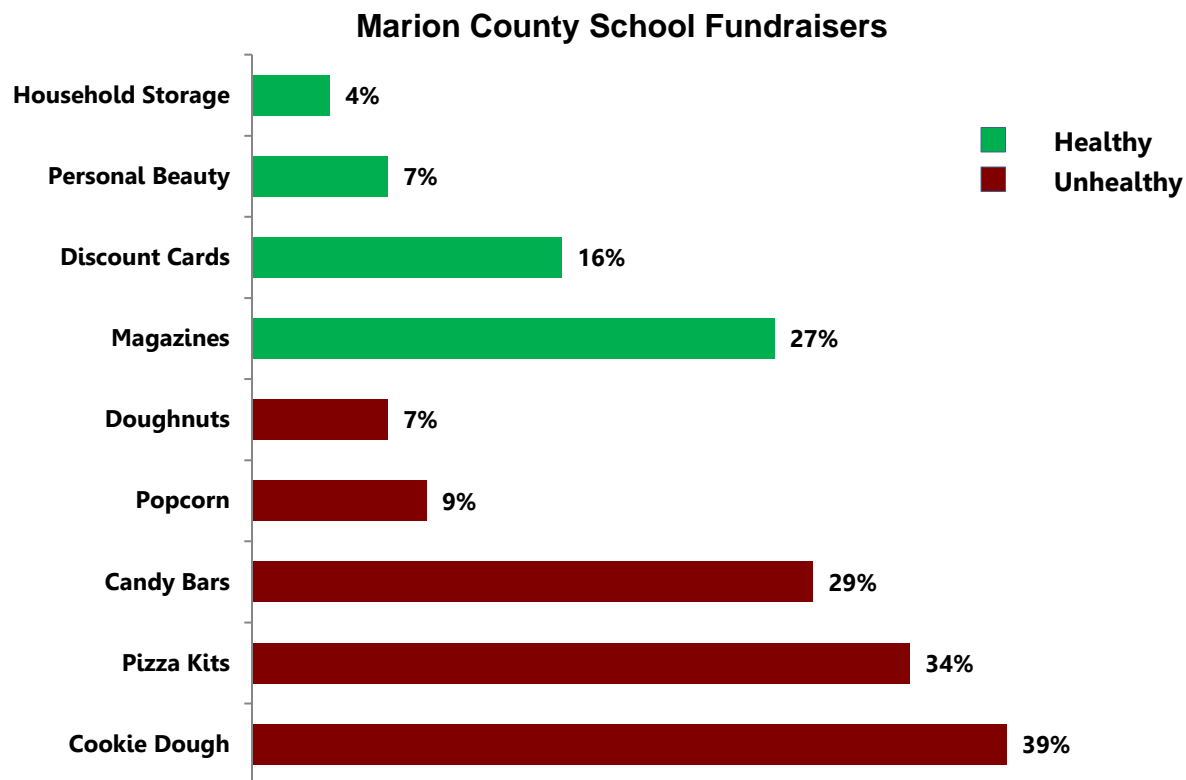
- Marion County parents reported their child's school participated in the following fundraising sales: cookie dough (39%), pizza kits (34%), candy bars (29%), magazines (27%), discount cards (16%), popcorn (9%), personal beauty sales (7%), doughnuts (7%), household storage (4%), and other (16%).
- Marion County parents reported their child's school promoted nutrition and physical activity through the following ways: physical education (59%), safe playground equipment (50%), healthy cafeteria food choices (41%), allow breakfast in the classroom (38%), bringing water bottles to school (37%), After-school program (34%), healthy eating habits education (32%), summer food program (23%), Safe Routes to School (16%), backpack program (16%), school garden (14%), salad bar in the cafeteria (11%), and Farm-to-School program (5%). 4% of parents reported their child's school did not have a cafeteria.
- Marion County parents would support the following community improvement initiatives for their schools: increased physical education/recess time (71%), Farm-to-School program (67%), more nutrition education in the classroom (49%), after-school program (45%), healthier fundraising sales (40%), healthier vending machine items (38%), Safe Routes to School program (36%), and more playground equipment (33%).

### Cooking up Change

- Launched in 2007, *Cooking up Change* is a dynamic culinary competition that challenges high school students in cities across the nation to create healthy, appealing school meals.
- 20 cities have hosted Cooking up Change competitions.
- 1,800+ student chefs have participated.
- 8,200,000+ student-designed meals have been served in school cafeterias across the country.
- The program helps students build valuable professional & team work skills.

*(Source: Healthy Schools Campaign)*

The following bar graph compares Marion County school fundraisers by type of items sold.



**Marion County School Fundraisers by Zip Code**

Types of Items Sold	43301	43302	43314	43332	43337	43341
Household storage	X	X	X	✓	X	X
Personal beauty	X	✓	X	✓	X	X
Discount cards	X	✓	X	✓	X	X
Magazines	X	✓	X	✓	X	X
Doughnuts	✓	✓	X	✓	X	X
Popcorn	X	✓	X	X	X	X
Candy bars	✓	✓	✓	✓	X	X
Pizza kits	✓	✓	✓	✓	X	X
Cookie dough	X	✓	X	X	X	X

The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. Research shows that the health of students is linked to their academic achievement.

### Whole School, Whole Community, Whole Child Model



- The child in the center is at the focal point of the model; the child is encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.”
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health.
- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

(Source: CDC, Adolescent and School Health)

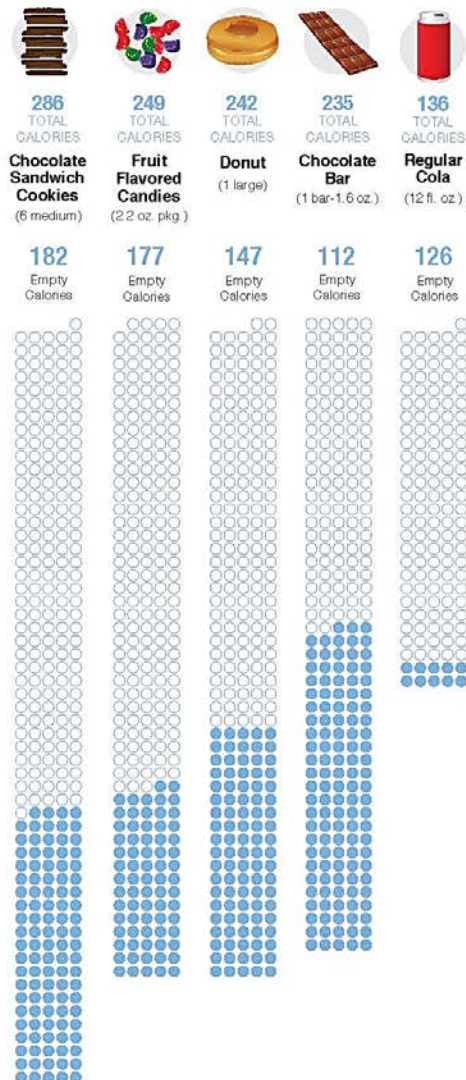
## New Healthy Snacking Standards Established by the United States Department of Agriculture (USDA)

### SMART SNACKS IN SCHOOL

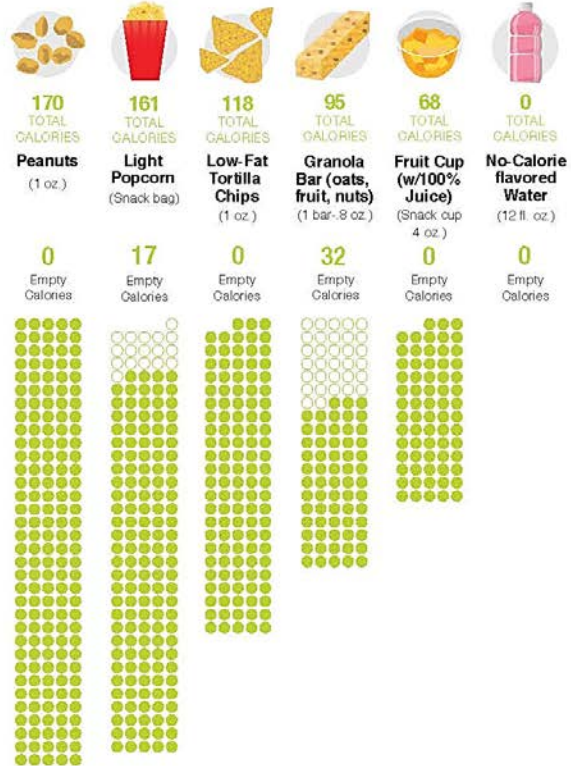
The Healthy, Hunger-Free Kids Act of 2010 requires USDA to establish nutrition standards for all foods sold in schools — beyond the federally-supported meals programs. This new rule carefully balances science-based nutrition guidelines with practical and flexible solutions to promote healthier eating on campus. The rule draws on recommendations from the Institute of Medicine, existing voluntary standards already implemented by thousands of schools around the country, and healthy food and beverage offerings already available in the marketplace.

● Equals 1 calorie ○ Shows empty calories\*

#### Before the New Standards



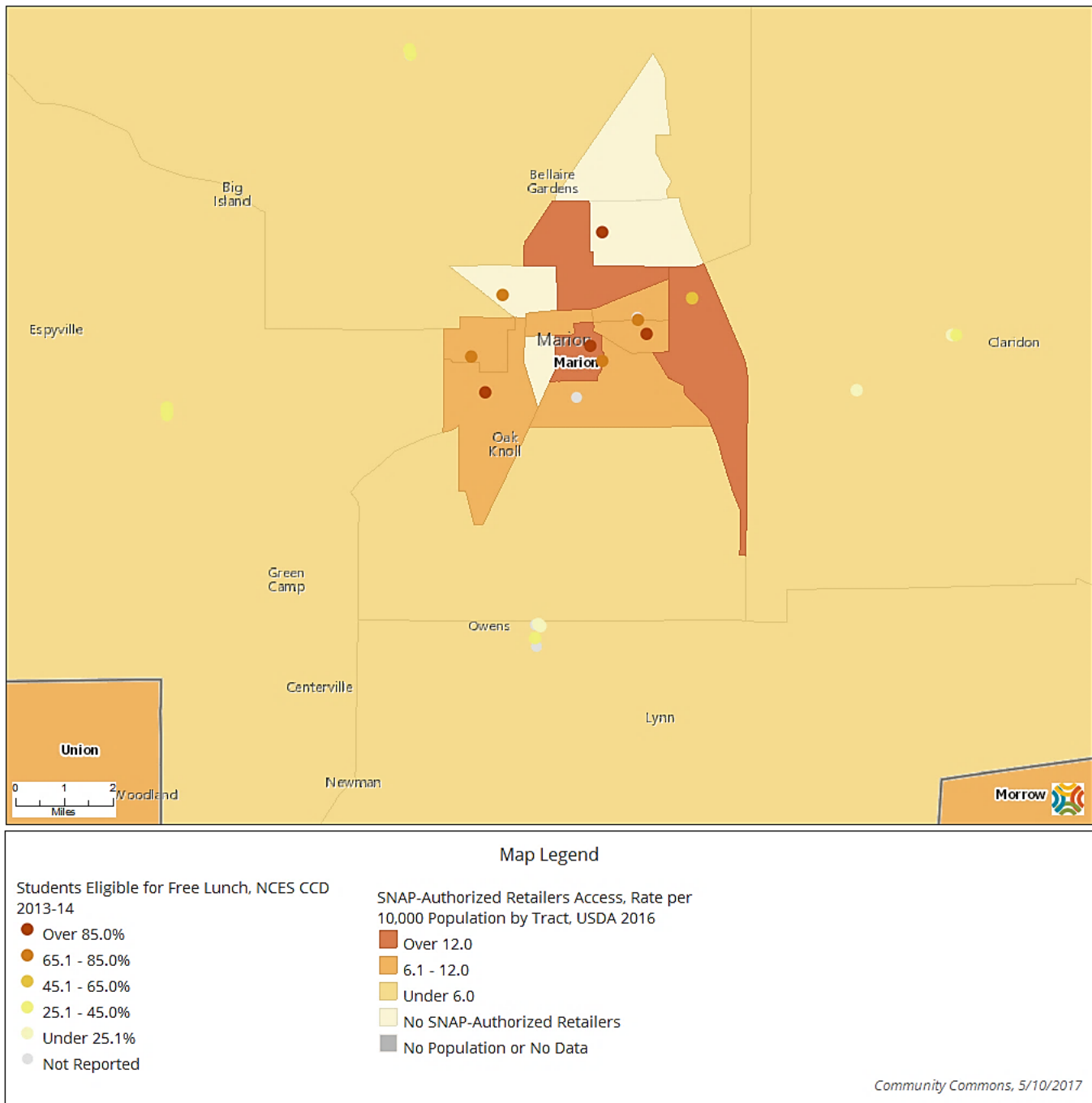
#### After the New Standards



\*Calories from food components such as added sugars and solid fats that provide little nutritional value. Empty calories are part of total calories.

(Source: United States Department of Agriculture, USDA)

## SNAP-Authorized Retailers Access, Rate per 10,000 Population By Tract, USDA 2016




(Source: US Department of Agriculture, Food and Nutrition Service, USDA: 2016, as compiled by Community Commons.

# Physical Activity | ADULT

## Key Findings

*The 2017 health assessment identified that 26% of Marion County adults engaged in some type of physical activity or exercise for at least 30 minutes on 5 or more days per week.*

## Adult Physical Activity

-  In Marion County, 59% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. More than one-quarter (26%) of adults exercised on 5 or more days per week. 15% of adults did not participate in any physical activity in the past week, including 2% who were unable to exercise.
- Marion County adults spent the most time doing the following physical activities in the past year: walking (43%), exercise machines (10%), group exercise classes (7%), cycling (6%), strength training (6%), exercise videos (5%), occupational exercise (3%), running/jogging (3%), swimming (2%), and other activities (6%). 7% of adults did not exercise at all in the past year, including 2% who were unable to do so.

**In Marion County, 59% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.**

- Reasons for not exercising included: time (44%), too tired (33%), laziness (25%), weather (24%), pain or discomfort (12%), could not afford a gym membership (11%), no exercise partner (8%), no child care (7%), poorly maintained/no sidewalks (7%), no walking, biking trails or parks (5%), did not know what activities to do (3%), no gym available (3%), physical impairments or challenges (2%), no transportation (1%) and doctor advised them not to exercise (1%).
- Marion County employed adults spent the most time doing the following physical activities while at work: sitting (57%), walking (10%), heavy labor/physical work (2%) and activities varied (17%). 8% of Marion County adults reported they were unemployed or did not work and 6% reported they were retired.
- Marion County adults spent an average of 2.3 hours watching TV, 1.6 hours on their cell phone, 1.1 hours on the computer (outside of work) and 0.2 hours playing video games an average day of the week.

### Physical Activity Guidelines for Adults


#### Aerobic Activities

- **2 hours and 30 minutes** (150 minutes) each week of **moderate-intense activity**  
OR
- **1 hour and 15 minutes** (75 minutes) each week of **vigorous-intense activity**

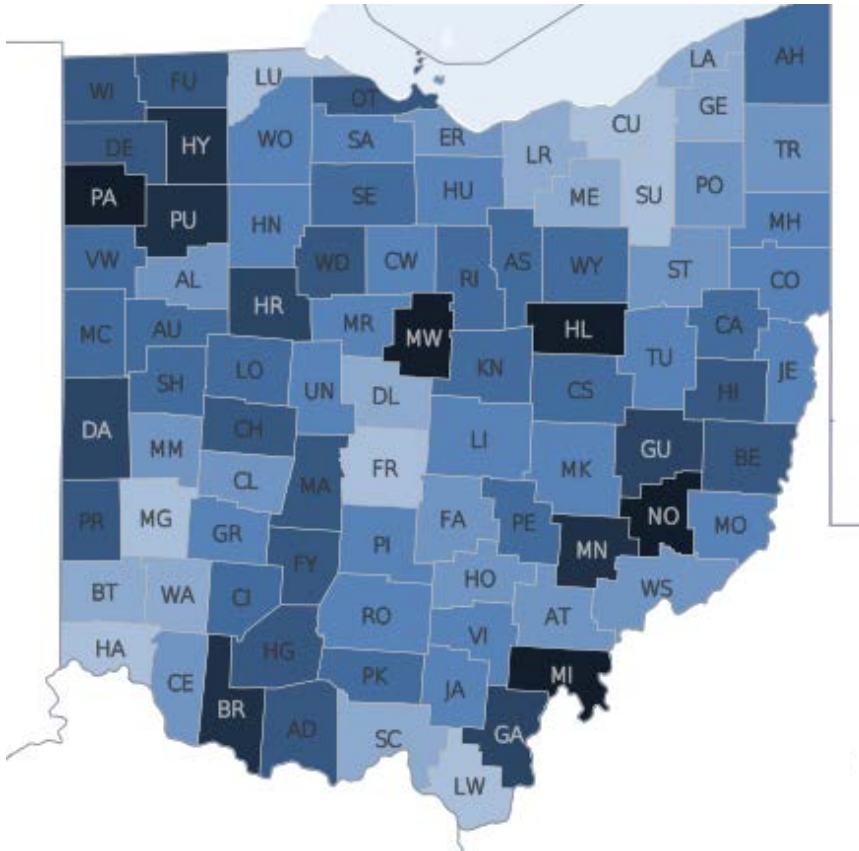
#### Muscle Strengthening Activities

- All major muscle groups should be worked out **2 or more days per week**. This includes legs, hips, back, abdomen, chest, shoulders, and arms.
- Exercises for each muscle group should be **repeated 8 to 12 times** per set.

*(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)*

 **Access to Exercise Opportunities** measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals who reside within three miles of a recreational facility are considered to have adequate access for opportunities for physical activity.

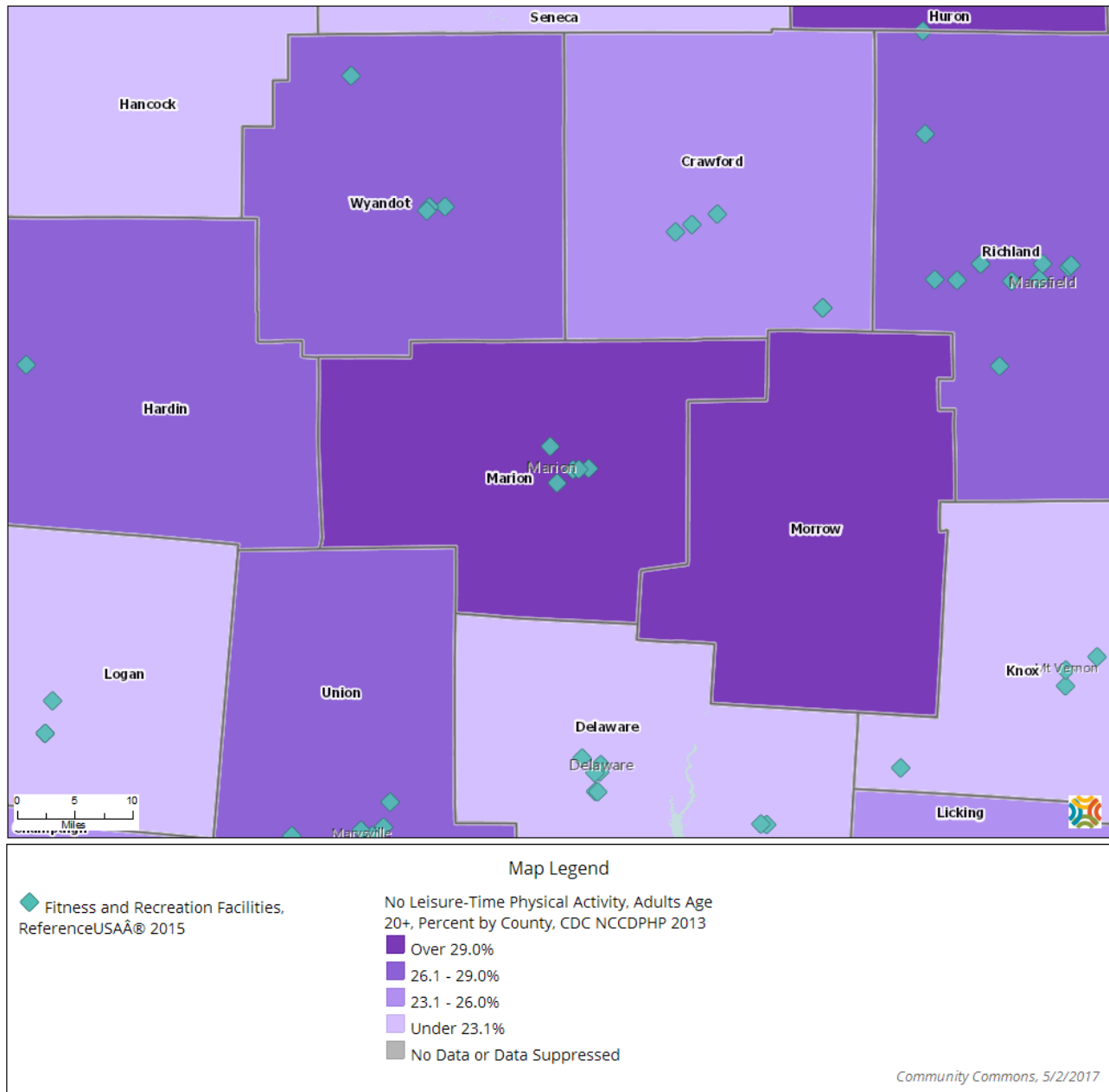
### Access to Exercise Opportunities



**69%**  
Of Marion County adults  
had access to exercise  
opportunities

*(Source: ArcGIS Business Analyst, as compiled by  
County Health Rankings 2014)*

## Physical Inactivity, Adults Age 20+, Percent by County, CDC NCCDPHP 2013



(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2013, as compiled by Community Commons)

# Physical Activity | CHILD

## Key Findings

*The 2017 health assessment identified that more than three-fifths (61%) of Marion County school-aged children were physically active for at least 60 minutes on 3 or more days per week.*

### Child Physical Activity (Ages 0-5)

*The following information was reported by Marion County parents of children 0-5 years old.*


- Marion County children ages 0-5 spent an average of 1.6 hours watching TV, and 0.7 hours on the computer/tablet/cellphone on an average day of the week. No parent reported their child played video games.
- The 2011/2012 NSCH reported 9% of children ages 1-5 years in Ohio spent 1 to 3 hours per day on the computer, cell phone, or other electronic devices.



*(Source: Alliance for Healthier Generation)*

### Child Physical Activity (Grades Pre-K through high school)

*The following information was reported by Marion County parents of school age children from Pre-K through high school.*

-  More than three-fifths (61%) of parents reported their school-age child was physically active for at least 60 minutes on 3 or more days per week. 32% reported their child had done so on 5 or more days and 13% said their child was physically active for at least 60 minutes every day per week. 9% reported no physical activity.
- Marion County school-age children spent an average of 1.5 hours watching TV, 1.5 hours on the computer (outside of school), 1.2 hours on the cell phone, and 1.0 hours playing video games an average day of the week.
- Nearly one-fifth (16%) of Marion County school-age children spent 3 or more hours watching TV on an average day.
- The 2013 YRBS reported 28% of high school youth in Ohio spent 3 or more hours watching TV on an average day and the 2015 YRBS reported 25% for U.S. high school youth.
- When asked how far parents live from their child's school, 38% of Marion County parents said more than 2 miles, 18% said 1 to 2 miles, 5% said ½ mile to 1 mile, 20% said ¼ mile to ½ mile and 16% said less than ¼ mile.

### Physical Activity Guidelines for Children and Adolescents

Children and adolescents should do **1 hour or more** of physical activity each day.

**Within that 1 hour** of physical activity, the following should be included:

- **Muscle-strengthening** on **at least 3 days a week**. They should be moderate to high levels of efforts and work the major muscle groups of the body.
- **Bone-strengthening** on **at least 3 days of the week**.
- Physical activities should be **appropriate** for their age, **enjoyable**, and **varied**.

*(Source: Centers for Disease Control & Prevention, "Physical Activities Guidelines for Americans," fact sheet)*

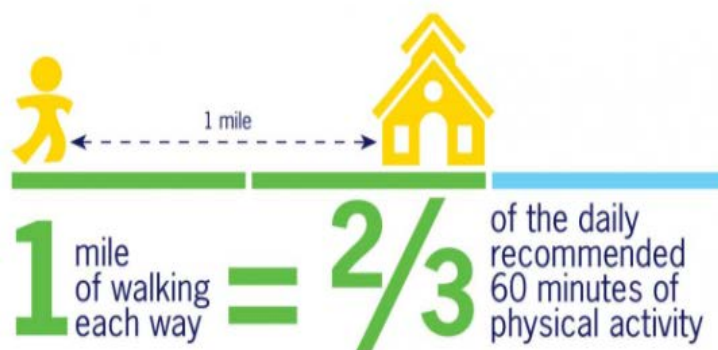
## Safe Routes to School

**Safe Routes to School (SRTS) programs are sustained efforts by parents, schools, community leaders and local, state, and federal governments to improve the health and well-being of children by enabling and encouraging them to walk and bicycle to school.**

**SRTS projects make it safer for more children to walk and bicycle to school, which will help address the obesity crisis among children by creating increases in physical activity.**

**For more information, go to:**

<http://www.saferoutespartnership.org/healthy-communities/101/getting-started>



### Ways to Start a Safe Route to School in Your Community

#### 1. Plan an Event

- Start small and organize an event with a principal or teacher on board, and try hosting a Walk to School Day event.
- Get a few families to walk together to school on a regular basis.
- Gather stakeholders and update district policies.
- THERE'S NO WRONG WAY TO GET STARTED!!!

#### 2. Build your task force

- Involve a wide variety or array of representatives from your community.
- Represent the interest of many different stakeholders from each school district to be advocates for school safety.
- People to invite from the city/county and or county routes to engage would be:
  - Principal/Teachers
  - PTA
  - Students
  - Elected Officials
  - Engineers
  - Police
  - Health Officials

#### 3. Create an Action Plan

- Utilize the stakeholders to make informed decisions about the best strategies to get more student walking and biking
- Identify areas to be worked on for safer routes such as safety hazards and support
- Be armed with information and a timeline

*(Source: Safe Routes to School National Partnership, 2017)*

## Strategies for Recess in Schools

### January 2017



1

#### Make Leadership Decisions

1. Identify and document recess policies.
2. Put documented recess policies into practice and revise as needed.
3. Develop a written recess plan.
4. Designate spaces for outdoor and indoor recess.
5. Establish weather guidelines to ensure student safety.
6. Train school staff and volunteers for recess.



2

#### Communicate and Enforce Behavioral and Safety Expectations

7. Establish and communicate behavior management strategies.
8. Teach conflict resolution skills.
9. Ensure that recess spaces and facilities meet recommended safety standards.



3

#### Create an Environment Supportive of Physical Activity During Recess

10. Provide adequate physical activity equipment.
11. Add markings to playground or physical activity areas.
12. Create physical activity zones.
13. Provide planned activities or activity cards.
14. Provide a combination of recess strategies.



4

#### Engage the School Community to Support Recess

15. Establish roles and responsibilities for supervising and facilitating recess.
16. Involve students in planning and leading recess.
17. Mobilize parents and others in the school community to support and sustain recess at school.



5

#### Gather Information on Recess

18. Track physical activity during recess.
19. Collect information on recess to show the effect on student and school outcomes.


(Source: CDC, *Recess Planning in Schools*)

# Built Environment | COMMUNITY

## Key Findings

Nearly two-fifths (39%) of Marion County adults did not have sidewalks where they lived.

## Community Characteristics

-  Marion County adults reported they lived within 2 miles of the following: a park or green space (72%), grocery stores (67%) and recreation centers (58%).
- More than three-fifths (61%) of adults reported their community was extremely or quite safe from crime. 34% said slightly safe and 5% said not safe at all.
- Marion County adults had the following concerns for their community: drugs/alcohol (50%), crime (36%), heavy traffic (21%), no sidewalks accessible (18%), loud noises (14%), no place for kids to play (11%), bullying (11%), water quality (9%), gangs (5%), air pollution (5%), lead issues (1%), and other (4%).
- Marion County adults traveled outside the county for the following: dine-in-restaurants (87%), parks (48%), grocery stores (42%), recreation centers (11%), gyms (4%), and other (24%).

## Roadways

- Nearly three-fifths (39%) of Marion County adults did not have sidewalks where they lived. Of those adults who did not have sidewalks, 43% lived in the country, 36% lived in the outskirts of town, and 21% lived in town.
- Of those adults who had sidewalks, only 39% were connected to all streets. 40% were mostly connected, 15% had some that were connected, 4% had few streets that were connected, and 2% did not have any sidewalks connected to streets.
- Marion County adults who had sidewalks, reported 6% were in excellent condition, 55% were in good condition, 19% were in fair condition, 18% were in poor condition and 2% did not know what condition their sidewalks were in.
- Nearly one-quarter (24%) of Marion County adults did not have bike trails in or around their community. Of those adults who did not have bike trails, 49% lived in town, 34% lived in the country, and 17% lived in the outskirts of town.
- Of those adults who had bike trails in or around their community, 4% did not have access to them.
- Marion County adults who had bike trails in or around their community, reported 49% were in excellent condition, 35% were in good condition, 3% were in fair condition, 1% were in poor condition and 12% did not know what condition their bike trails were in.
- Marion County adults who had bike trails in or around their community, reported they were: well lit (5%), not well lit (45%), and did not know (50%).

## Parks

- Four percent (4%) of Marion County adults did not have any parks available in their community. Of those adults who did not have parks available, 17% lived in town, 50% lived in the outskirts of town, and 33% lived in the country.
- Of those adults who had parks available in or around their community, 66% reported there were 3 or more available. 12% had two and 22% had one park available.
- Of those adults who had parks available in or around their community, 3% did not have access to them.

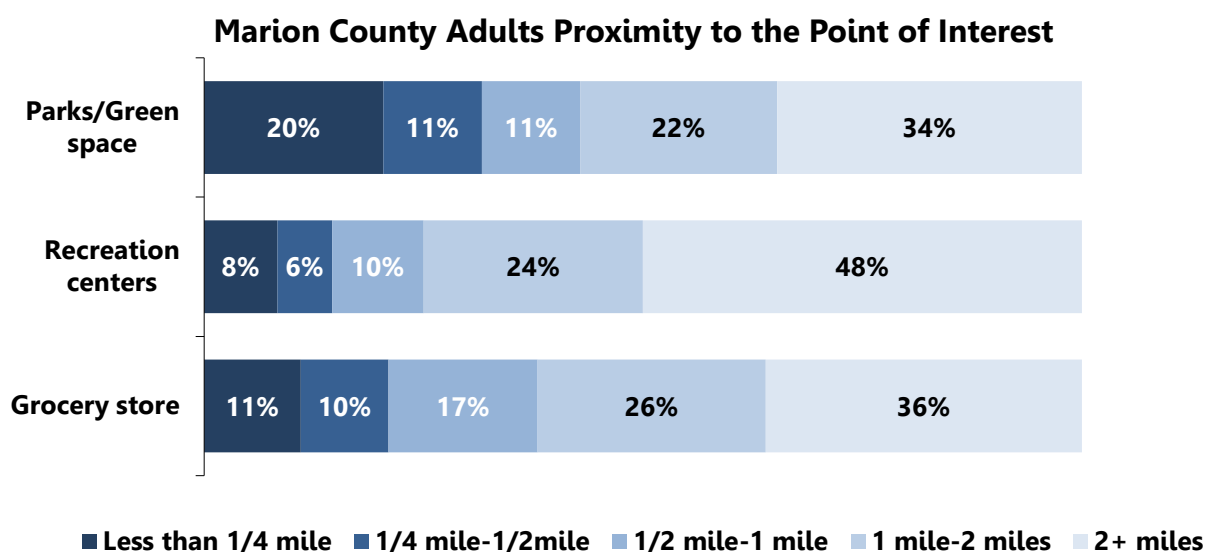
## Parks, continued

- Marion County adults who had parks in or around their community, reported only 44% were handicapped accessible. 52% of adults did not know if their parks were handicapped accessible.
- Of those adults who had parks in or around their community, 10% were in excellent condition, 62% were in good condition, 18% were in fair condition, 8% were in poor condition, and 3% of adults did not know what condition the parks were in.
- Five percent (5%) of Marion County adults, thought their parks were very safe. 46% reported their parks were quite safe, 33% said slightly safe, and 3% said not safe at all. 13% did know how safe their parks were.
- Of those who had parks in or around their community, 5% of Marion County adults visited them very often, 21% visited them somewhat often, 60% not so often and 14% did not visit them at all.

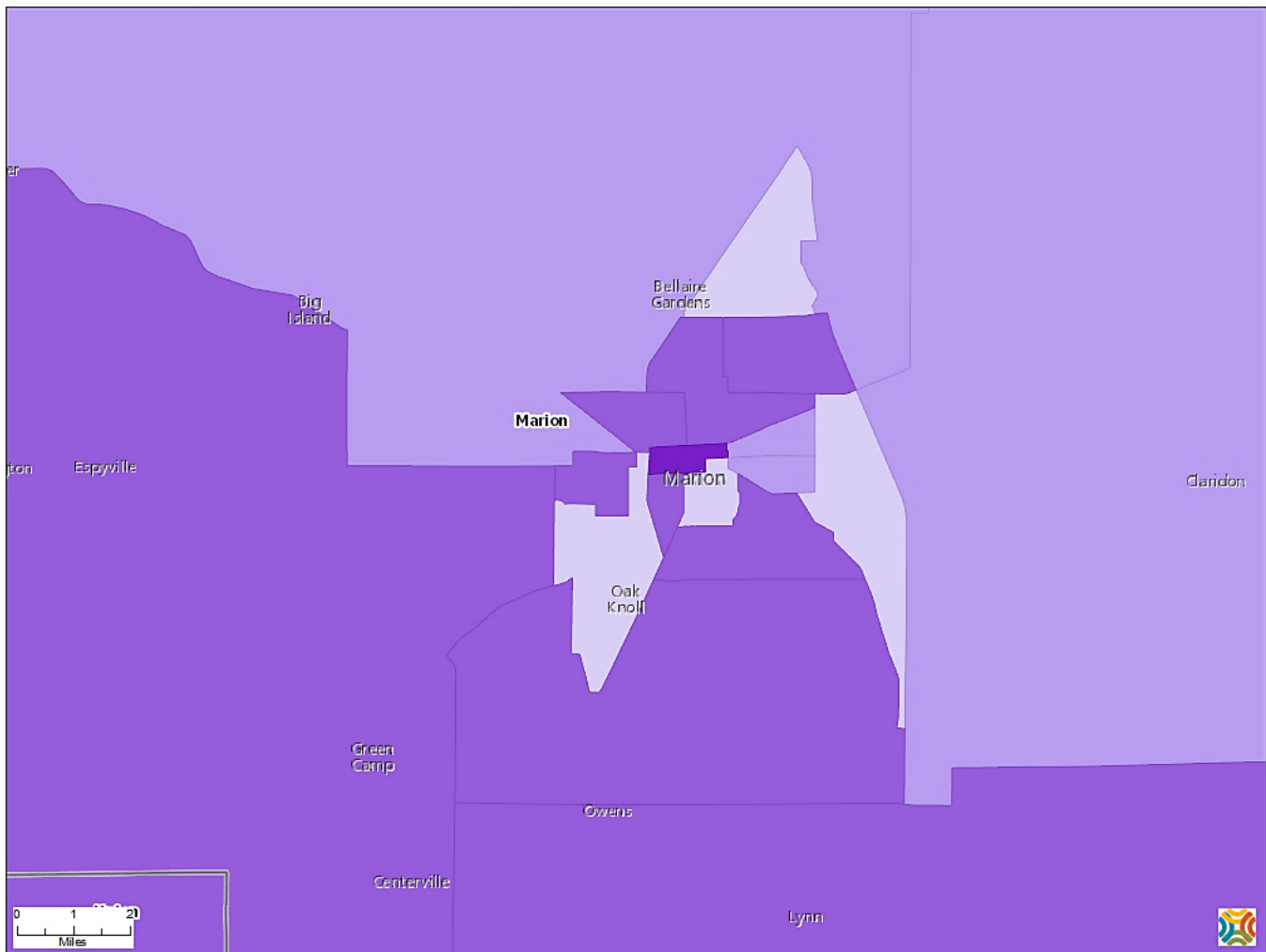
## Other Recreation Areas

- Nearly one-fifth (16%) of Marion County adults did not have recreation centers in or around their community. Of those adults who did not have recreation centers, 44% lived in town, 41% lived in the country, and 15% lived in the outskirts of town.
- Of those adults who had recreation centers in or around their community, 54% reported there were 3 or more available. 27% had two and 19% had one available.
- Of those adults who had recreation centers in or around their community, 16% visited them very often. 16% said somewhat often, 23% said not so often and 45% did not visit them at all.

The following graph shows the average distance Marion County adults were from the nearest grocery store, recreation centers, and parks/green space. Examples of how to interpret the information include: 26% of Marion County adults live 1 mile – 2 miles away from the nearest grocery store.



## Workers Traveling to Work by Walking/Biking, 2011-2015



### Map Legend

Workers Traveling to Work by Walking/Biking, Percent by Tract, ACS 2011-15

- Over 4.0%
- 1.1 - 4.0%
- 0.1 - 1.0%
- No Workers Walking or Biking
- No Data or Data Suppressed

Community Commons, 5/10/2017

(Source: US Census Bureau, American Community Survey: 2011-15, as compiled by Community Commons)

# Built Environment | KEY LEADERS

## Key Findings

*Eight-four percent (84%) of Marion County key leaders were concerned about drugs/alcohol in their community/county.*

## Community Characteristics

*The following information was reported by Marion County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.*

- Two-thirds (66%) of Marion County key leaders reported their community/county was quite safe, 30% said slightly safe and 5% said not at all safe. No one reported their community/county was extremely safe.
- Marion County key leaders had the following concerns for their community/county: drugs/alcohol (84%), crime (51%), heavy traffic (33%), no sidewalks accessible (26%), no place for kids to play (19%), bullying (16%), water quality (14%), loud noises (9%), lead issues (9%), air pollution (7%), gangs (2%), and other (3%).

## Roadways

- When asked if there were sidewalks available in their community/county, 20% of Marion County key leaders reported there were many available, 59% said some, 11% said few, and 7% said none were available. 2% of key leaders did not know if sidewalks were available.
- Key leaders reported sidewalks in their community/county were in: excellent condition (3%), good condition (53%), fair condition (18%), and poor condition (23%). 5% of key leaders did not know the conditions of their sidewalks.
- One in eleven (9%) of Marion County key leaders indicated they did not have bike trails in their community/county.
- Key leaders reported bike trails in their community/county were in: excellent condition (40%), good condition (53%), and fair condition (6%). No one reported sidewalks were in poor condition. 3% of key leaders did not know the condition of their bike trails.
- Key leaders reported bike trails in their community/county were reported they were: well lit (5%), not well lit (53%), and 42% did not know.

## Parks

- Five percent (5%) of Marion County key leaders reported they did not have parks in their community/county.
- Key leaders reported the following availability of parks: 3 or more (85%), two (5%) and one (5%). 5% of key leaders did not know how many parks were available.
- Key leaders reported parks were in: excellent condition (7%), good condition (63%), fair condition (12%), and poor condition (12%). 5% of key leaders did not know the conditions of their parks.
- Nearly one-third (32%) of key leaders reported parks were handicapped accessible.
- Key leaders reported 69% of parks were easily accessible by walking or biking to.
- Marion County key leaders considered parks in their community/county to be: very safe (8%), quite safe (41%), slightly safe (38%), and not safe at all (3%). 10% of key leaders did not know the safety of their parks.

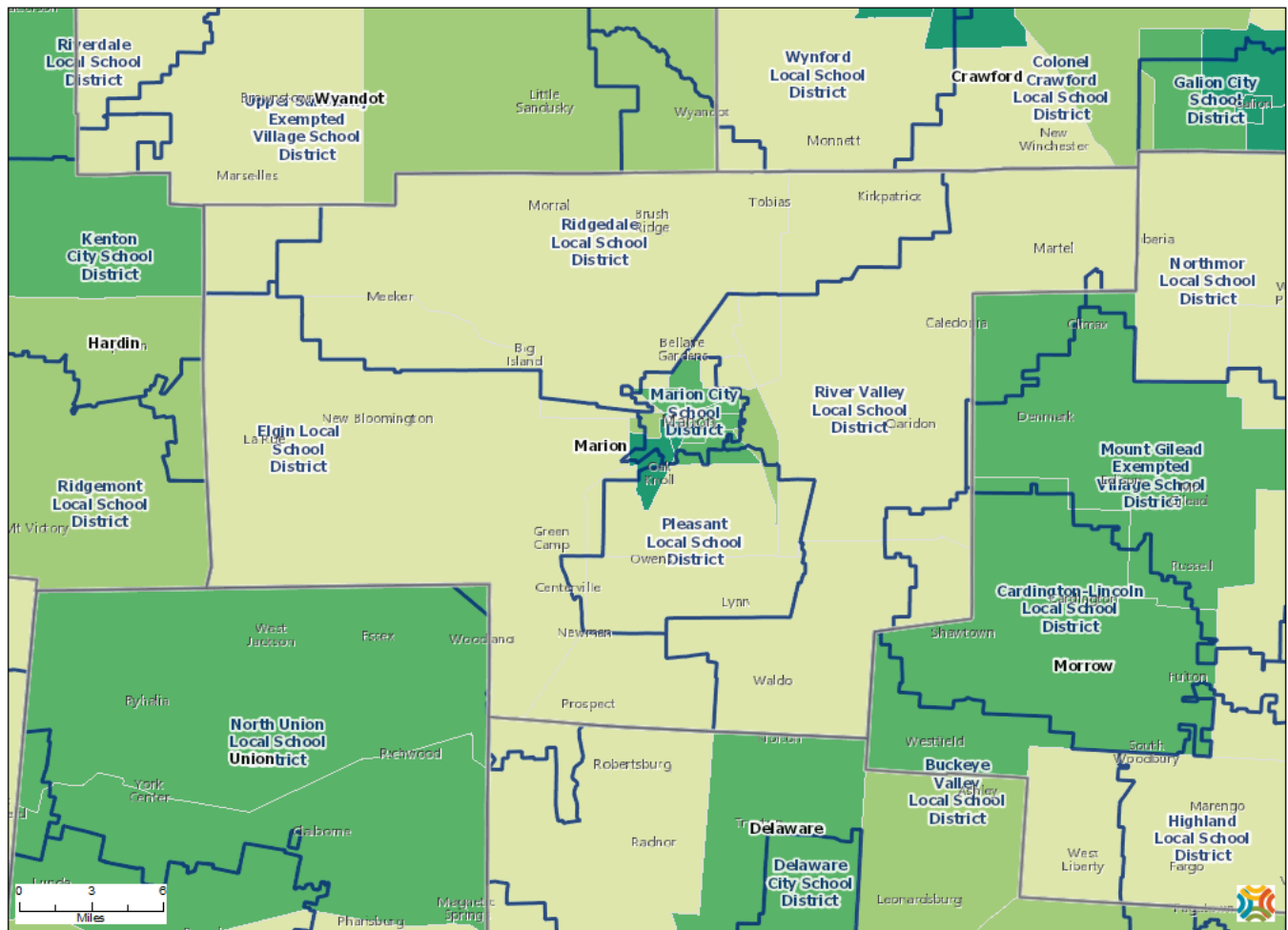
## Other Recreation Areas

- Eighty-two percent (82%) of Marion County key leaders reported there were recreation centers available in their community/county.
- Key leaders reported the following availability of recreation centers: 3 or more (47%), two (19%), and one (22%). 11% did not know how many were available.

## Current Landscape and Resources

- The following qualitative data was collected by Marion County key leaders.
- City residents are required to maintain their sidewalks. Some are in fair to good shape, while others are in poor condition.
- Lighting was identified as a barrier on SR95 and University Drive, which connect The Ohio State University Marion Campus students to their campus housing.
- A densely populated neighborhood on the North-end of Marion City, was recipient of SRTS infrastructure project. A pedestrian bridge and sidewalks were added as part of this project.
- A separated pathway was added to Ohio State University Marion Campus / Marion Technical College Campus as part of the University Rd. project.
- At the North-end of Marion City, Safe Routes to School has been implemented.
- There is a plan in place to connect east side neighborhoods to The Ohio State University Marion Campus
- Complete streets policy drafted and moving toward approval for Marion City.
- Some bike and pedestrian pathways need more lighting and are in high traffic areas.
- There is a 10-mile bike route through Marion city and connects to a new 11-mile multi-use path in Marion County, which has gained much community support.
- There are 19 city parks over 413 acres and are widely used.
- There is a 12-mile outdoor trail that is new and in excellent condition.
- In the process of creating a 3-mile multi-use path at the YMCA, Sawyer Park.
- Conversations have occurred that one of the most frequently visited parks is needing to be replaced. Partners are hopeful that fundraising for this project will occur over the next couple years and lead to a more inclusive/universal design.
- There's no place for seating or walkways around businesses. Most businesses are near four lane roads.
- There are bike lanes on State Route 95 in the business area.
- There are future growth plans to build a new Krogers Market, upgrade parks in (Marion City, the Villages, Prospect and Pleasant Township), create more pedestrian friendly designs downtown, adopt a Complete Streets Policy, and develop more multi-use pathways.

## Population with Park Access (Within ½ Mile), 2013



### Map Legend

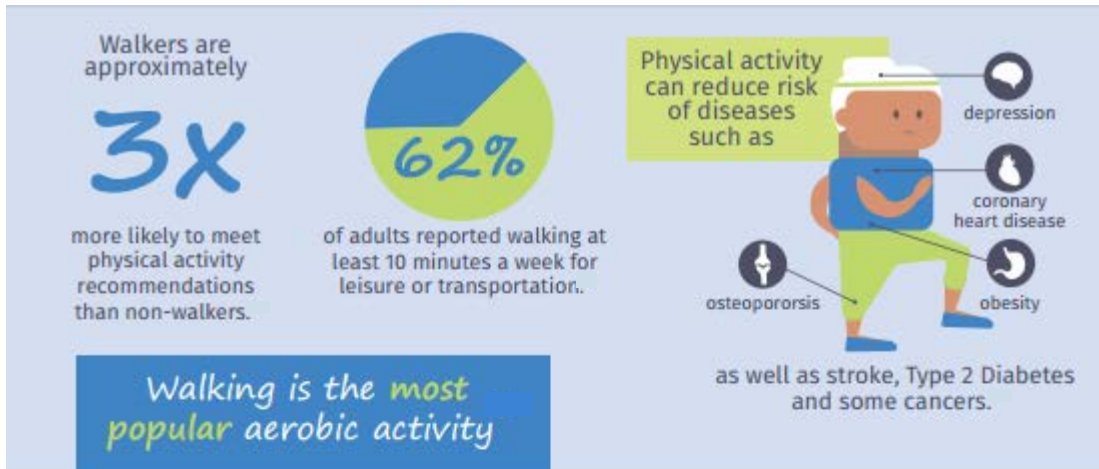
Population With Park Access (Within 1/2 Mile), Percent by Tract, ESRI/OSM 2013

- Over 90.0%
- 40.1 - 90.0%
- 10.1 - 40.0%
- Under 10.1%
- No Park Access
- No Data or Data Suppressed

Community Commons, 4/12/2017

(Source: ESRI Map Gallery and OpenStreetMap: 2013, as compiled by Community Commons)

## Safe Routes to Parks



## Five Essential Elements to Safe Routes to Parks

When people can safely walk to parks, it provides more opportunity for physical activity and greater access to open space.

-  **Safety** Safety elements (e.g., lighting, traffic) must be included for pedestrian routes.
-  **Convenience** Walking routes to parks should be no longer than a 10-minute walk.
-  **Access & Design** Proper design, signage, ADA compliance, and multiple entry points benefit all users.
-  **Conditions** Sidewalks and trails should be inviting, comfortable, and safe for all users.
-  **The Park** Facilities, amenities and programs at the park should reflect the needs of the community.

(Source: National Recreation and Parks Association, 2016)

# Social Environment | COMMUNITY

## Key Findings

*Nearly two-fifths (39%) of Marion County adults had access to health risk assessments through their employer or spouse's employer.*

## Worksite Wellness

- Marion County adults had access to the following programs through their employer or spouse's employer: health risk assessment (39%); gift cards for participating in wellness program (32%); on-site health screenings (31%); lower insurance premiums for participating in a wellness program (30%); free/discounted gym membership (20%); on-site fitness facility (14%); free/discounted weight loss program (14%); free/discounted smoking cessation program (13%); gift cards/cash for positive changes in health status (13%); lower insurance premiums for change in health status (12%); healthier food options in vending machines or cafeteria (10%); on-site health education classes (9%); and other (3%). 19% did not have access to any wellness program.
- Marion County adults reported their employers promoted work-site wellness through the following: encourage walking during breaks (22%); offer sugar-free beverages (20%); provide healthy food choices in the cafeteria (16%); and provide healthy food options in vending machines (13%). 50% of Marion County adults employers did not do any of these to promote work-site wellness.

## Food Retail Environment

- When asked what type of grocery stores were available in their community, Marion County adults reported the following: large grocery chains (92%), convenience stores (82%), Farmer's Markets (57%), and locally-owned food stores (54%).
- When asked what type of restaurants were available in their community, Marion County adults reported the following: fast-food restaurants (89%), dine-in/family-style restaurants (87%), local diners (85%), bakery/café shops (74%), and food trucks (56%).

## Community Wellness

- Marion County adults reported faith-based organizations in their community offered the following: food pantries (80%), community meals (73%), youth sports programs (39%), indoor/outdoor playgrounds (20%), wellness support groups/programs (14%), health screenings (8%), cooking demonstrations (4%), nutrition/physical activity education programs (4%), and free walking/gym time (4%).
- Marion County adults reported their local hospital and health center(s) offered the following services: health risk assessments (38%), nutrition counseling (34%), weight loss and weight management counseling (27%), health plan incentives for participating in a wellness program (15%), and fitness facilities (11%).
- Marion County adults reported their local school districts offered the following: an outdoor playground accessible to the public (43%), an outdoor/indoor track accessible to the public (42%), school garden (15%), produce markets (10%), health screenings (9%), healthy cooking demonstrations (6%), and food pantries (4%).

# Social Environment | KEY LEADERS

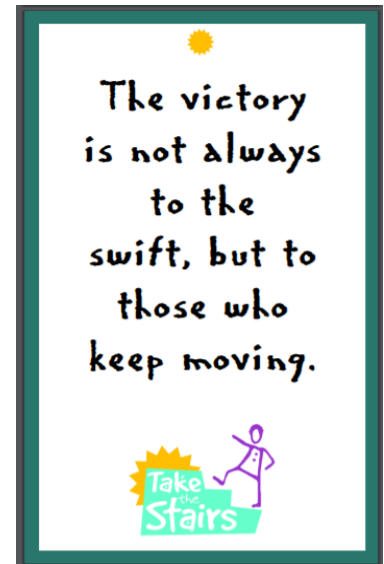
## Key Findings

Forty-three percent (43%) of Marion County key leaders reported employers offered health risk assessments to their employees.

## Worksite Wellness

*The following information was reported by Marion County key leaders from multiple sectors which included: medical professionals, public health workers, civic and community leaders, local politicians, etc. See appendix IV for further information.*

- Marion County key leaders reported employers offered the following to their employees: offer-sugar free beverages (45%); health risk assessments (43%); encourage walking during lunch breaks (33%); healthy food policy (33%); gifts cards/cash for participating in wellness programs (31%); healthier food options in vending machines/cafeteria (31%); lower insurance premiums for participating in wellness programs (31%); on-site health screenings (31%); free/discounted gym membership (29%); free/discounted smoking cessation program (26%); on-site fitness facility (26%); free/discounted weight loss program (19%); on-site health education classes (17%); lower insurance premiums for positive changes in health status (14%); and gift cards/cash for positive changes in health status (10%).
- Marion County key leaders reported employers promoted work-site wellness through the following ways: offer-sugar free beverages (48%); provide healthy food choices in the cafeteria (31%); encourage walking during breaks (29%); and provide healthy food options in vending machines (24%).
- When asked if employers in their community offered wellness opportunities, 57% of key leaders said few. 2% said most and 41% did not know.



(Source: CDC, Division of Physical Activity, StairWELL Wellness Program)

## Community Wellness

- When asked what type of grocery stores were available in their community/county, key leaders reported the following: large grocery store chains (93%), convenience stores (89%), Farmer's Markets (57%), locally-owned food stores (43%), and other (2%).
- When asked what type of restaurants were available in their community/county, key leaders reported the following: fast-food restaurants (93%), dine-in/family style chain restaurants (93%), local diners (89%), bakery/café shops (84%), food trucks (60%), and other (5%).
- Marion County key leaders reported faith-based organizations in their community offered the following: food pantries (89%), community meals (84%), youth sports programs (59%), indoor/outdoor playgrounds (41%), wellness support groups/programs (34%), health screenings (23%), nutrition/physical activity education programs (18%), cooking demonstrations (14%), and free walking/gym time (11%).

## Current Landscape and Resources

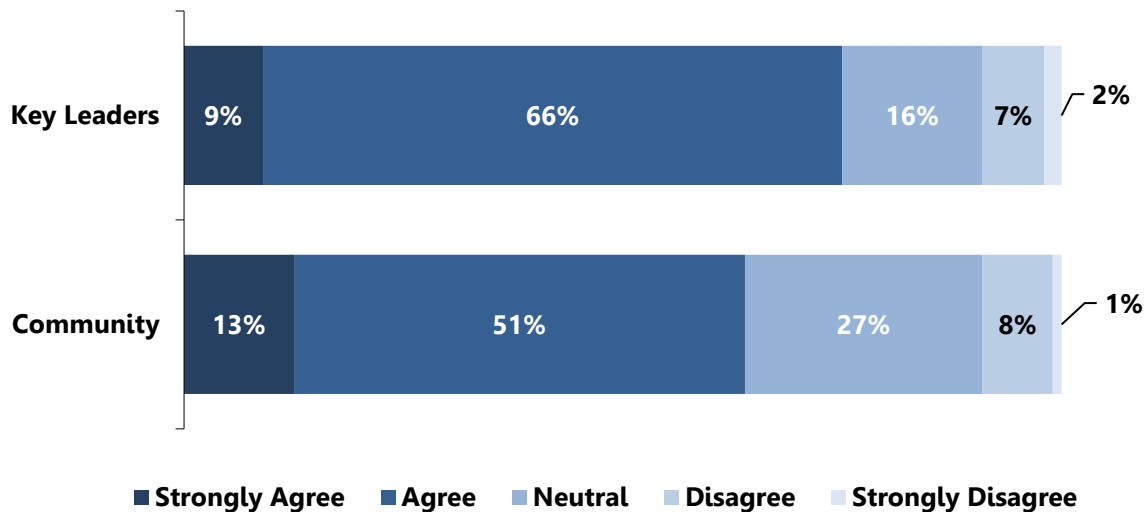
*The following qualitative data was collected by Marion County key leaders.*

- Ohio Health-Marion General Hospital did a recent renovation to the cafeteria offering highly nutritious offerings.
- There are many fast food restaurants available around work for employees.
- The County Building has vending machines which highlight healthy snack choices.
- Businesses that support having a private breastfeeding and/or pumping rooms are most likely only Whirlpool, possibly Marion General Hospital and Smith Clinic.
- Not aware of any businesses that have infant care centers so mothers can breastfeed.
- There are several large chains and a few locally owned stores that are available in the community.
- There are many convenient stores in low-income areas that have limited choices and quality.
- There are food deserts on the West and North-end of Marion.
- There are five locally owned restaurants in downtown Marion which include Italian, American and South American style foods.
- Types of restaurant chains available are: BW3's, Applebee's, and Red Lobster.
- Farmer's Markets occurs May-October on Thursdays downtown.
- Community gardens have expanded to over 100 beds.
- Local food committee is working to generate purchasing power for local foods.
- The local faith-based organizations sponsor youth sporting events, offer health screenings and provide space for weight loss support groups.
- The service clubs in the community sponsor or host 5K runs.
- Ohio Health provides heart health classes. OSU Extension provides nutrition education. The YMCA provides a diabetes prevention program.
- There are several providers whom implemented "Ounce of Prevention" in the past.
- The nutritional quality of meals is excellent at Ohio Health Marion General Hospital.
- Marion Community Foundation and the United Way support nutrition and physical activity.
- Marion County Schools is recognized at the state level for their school meals and youth nutrition services. The Universal breakfast and lunch program, summer meal program, produce markets, school gardens, fruit/vegetable snack offerings, highly nutritious lunches, nutritional education in classroom and hands on learning are some of the notable accomplishments. A few schools implemented the "Water First for Thirst Campaign".
- Elgin Local Schools recently adopted a healthy fundraiser policy. They participate in district-wide physical activity opportunities such as: Fun Run, Walk at School Day, and Relay for life.

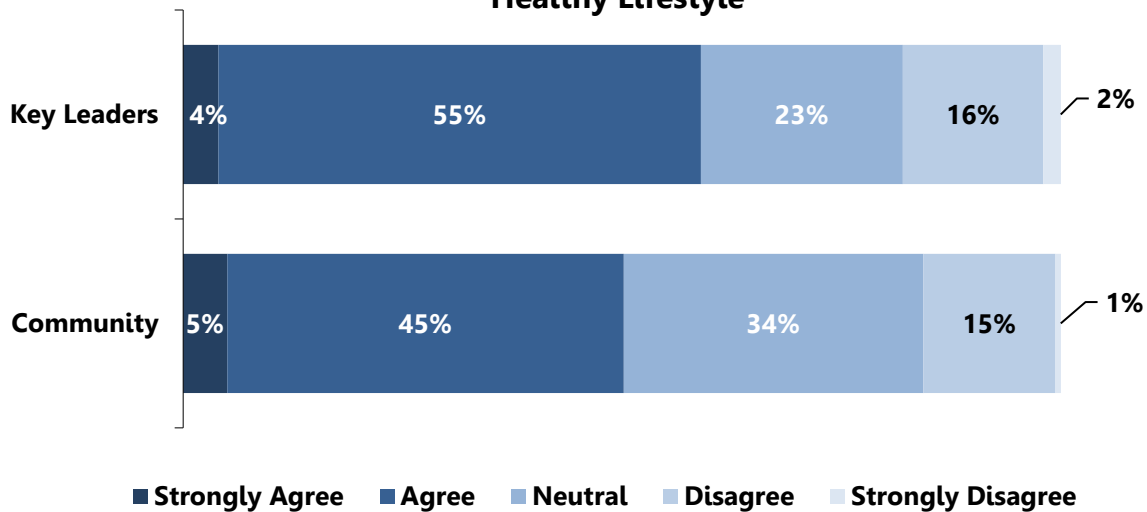
# Community Improvement | PERCEPTIONS

The following bar graphs compares Marion County key leaders and the community responses to their perceptions about their community.

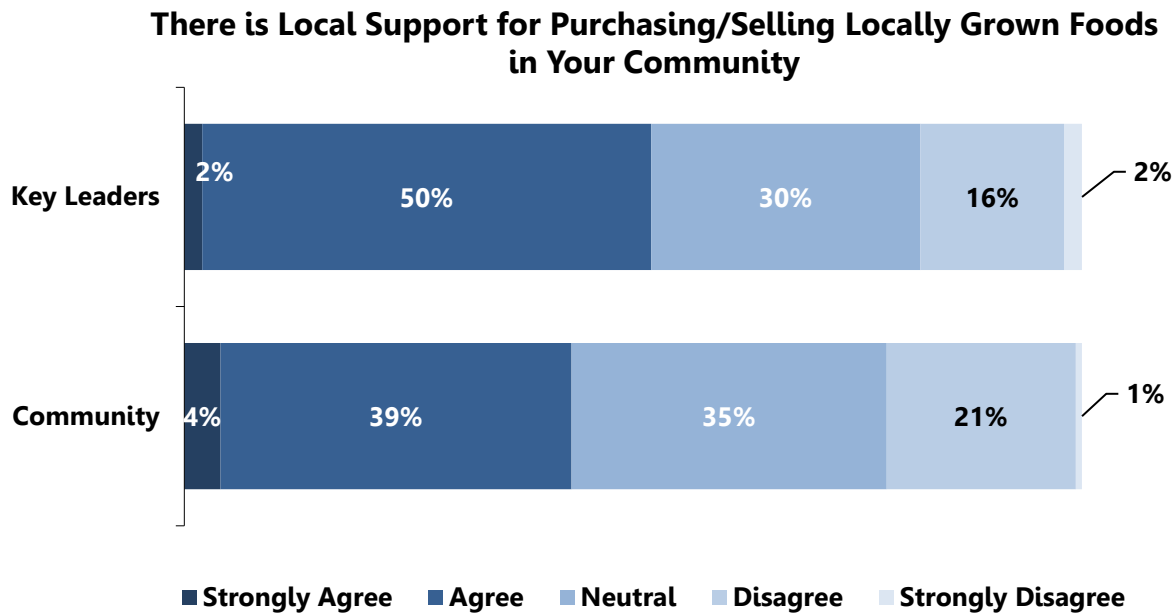
## Your Community is a Good Place to Live and/or Raise Children



## Your Community Has a Variety of Resources for Promoting a Healthy Lifestyle



The following bar graph compares Marion County key leaders and the community responses to their perceptions about their community.



## Community Improvement Initiatives

Which community improvement initiative would you support?	Community Response	Key Leader Response
Neighborhood safety	73%	73%
More locally-grown foods/Farmer's Markets	72%	93%
Bike/walking trail accessibility	59%	75%
New and/or updated parks	59%	61%
Local agencies partnering with grocery stores to provide low cost healthy foods	54%	68%
Sidewalk accessibility	45%	64%
Safe roadways	45%	55%
New and/or updated recreation centers	45%	61%
Community gardens	42%	55%
School-based initiatives (i.e. Safe Routes to School, nutrition education, etc.)	N/A	77%

## Survey Respondents Additional Comments

The following qualitative data came from community members who took the survey.

Community Responses
<i>"Need stronger air/water quality for the Marion, Ohio Area and less Drug Activity in the area; so, I am willing to support with my tax dollars updates for parks, better police/fire equipment, and monies towards taking drug activity away from the Area."</i>
<i>"Our community has parks that are in all the unsafe areas of Marion, there are needles and syringes everywhere, I will not take my children to those places. We have a nice aquatic center but is in the worst part of town possible, I won't go because there are drug deals going on across the street in those nasty trailers. There is no safe place to take your children to play the parks are dirty and old. The YMCA is a safe place, but it is so expensive to take. Fresh food is also expensive it is hard to buy."</i>
<i>"Would love to see some outdoor space updates at the senior center (walking trail, outdoor amphitheater, pickleball courts, picnic shelter, etc.)"</i>
<i>"I would love to see more locally grown and sourced foods available in our area and more small business restaurants offering modern, healthy food options (i.e. like Delaware or Columbus, local bakery/cafes, restaurants like 12 west and Veritas that might draw people to our area and make our area desirable. Also, offering Vegetarian, Vegan, hormone free, free range etc). I would also like to see more safe, well-lit parks on the south end of the town."</i>
<i>"I see a need for a coordinated effort to encourage good health. Politicians need to be bi-partisan, churches need to coordinate and not stand alone to address quality of life, community leaders need to get into the areas of Marion they have avoided in the past to encourage good health and nutrition."</i>
<i>"In my community" is a vague term. To get to the grocery store, I have to drive from Greenwood St out by Route 23. The recreation centers and gyms are accessible, unless you have to walk. Things are available, but it would be tough to do with a limited income and/or no transportation. The movement of the YMCA away from downtown where low income kids could use the facility to Barks Rd. was awful for the area. The new facilities are great, but good luck getting there on a bike."</i>
<i>"Honestly, I think more people would buy fruits and vegetables if they were cheaper. It would make sense to me to lobby to stop subsidizing sugar and corn and to subsidize more berries, salads, etc."</i>
<i>"Increase downtown life. More diversity, cultural programs at OSUM."</i>
<i>"I would love to see more walking/biking trails, particularly to increase accessibility to recreation centers, such as the YMCA. There are several very densely populated neighborhoods within walking distance of the Y, but Barks Road is incredibly dangerous to navigate outside of a motorized vehicle, particularly for children."</i>

## Appendix I | INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> <li>Nutrition Recommendations</li> </ul>	<a href="http://www.cancer.org">www.cancer.org</a>
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> <li>2009 – 2015 Adult Ohio and U.S. Correlating Statistics</li> </ul>	<a href="http://www.cdc.gov">www.cdc.gov</a>
Centers for Disease Control and Prevention, Division of Adolescent & School Health	<ul style="list-style-type: none"> <li>Whole School, Whole Community, Whole Child Model</li> </ul>	<a href="https://www.cdc.gov/healthyyouth/factsheets.htm">https://www.cdc.gov/healthyyouth/factsheets.htm</a>
Centers for Disease Control and Prevention, Healthy Schools	<ul style="list-style-type: none"> <li>Strategies for Recess in Schools</li> </ul>	<a href="https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_SchoolRecessStrategies_508.pdf">https://www.cdc.gov/healthyschools/physicalactivity/pdf/2016_12_16_SchoolRecessStrategies_508.pdf</a>
Centers for Disease Control and Prevention, Division of Physical Activity	<ul style="list-style-type: none"> <li>Physical Activity Guidelines for Adults</li> <li>Physical Activity Guidelines for Children and Adolescents</li> <li>Worksite Physical Activity</li> </ul>	<a href="https://www.cdc.gov/physicalactivity/index.html">https://www.cdc.gov/physicalactivity/index.html</a>
County Health Rankings	<ul style="list-style-type: none"> <li>Food Environment Index</li> <li>Access to Exercise Opportunities</li> </ul>	<a href="http://www.countyhealthrankings.org/app/ohio/2017/measure/factors/132/map">http://www.countyhealthrankings.org/app/ohio/2017/measure/factors/132/map</a>
Community Commons	<ul style="list-style-type: none"> <li>Soda Expenditures</li> <li>Fruit and Vegetables Expenditures</li> <li>Food Deserts</li> <li>SNAP-Authorized Retailers</li> <li>Workers Traveling to Work</li> <li>Population with Park Access</li> <li>Physical Inactivity</li> </ul>	<a href="http://www.communitycommons.org/">www.communitycommons.org/</a>
Healthy Schools Campaign	<ul style="list-style-type: none"> <li>Cooking Up Change</li> </ul>	<a href="https://healthyschoolscampaign.org/programs/national/cooking-up-change-national/">https://healthyschoolscampaign.org/programs/national/cooking-up-change-national/</a>
National Recreation and Parks Association	<ul style="list-style-type: none"> <li>Safe Routes to Parks</li> </ul>	<a href="https://www.nrpa.org/uploadedFiles/nrpa.org/Grants_and_Partners/Health_and_Livability/Safe-Routes-to-Parks-Infographic.pdf">https://www.nrpa.org/uploadedFiles/nrpa.org/Grants_and_Partners/Health_and_Livability/Safe-Routes-to-Parks-Infographic.pdf</a>
Safe Routes to School National Partnership	<ul style="list-style-type: none"> <li>Safe Routes to Schools</li> </ul>	<a href="http://www.saferoutespartnership.org/?gclid=CNvo3bWrrNQCFZWlswod7VsGPQ">http://www.saferoutespartnership.org/?gclid=CNvo3bWrrNQCFZWlswod7VsGPQ</a>
The Institute of Medicine, National Academy of Sciences	<ul style="list-style-type: none"> <li>Dietary Water Intake</li> <li>DRIs for Calcium and Vitamin D</li> </ul>	<a href="http://national-academies.org/">http://national-academies.org/</a>
U.S. Department of Agriculture	<ul style="list-style-type: none"> <li>Smart Snacks in School</li> </ul>	<a href="https://www.fns.usda.gov/sites/default/files/allfoods_infographic.pdf">https://www.fns.usda.gov/sites/default/files/allfoods_infographic.pdf</a>
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> <li>2009 - 2015 youth Ohio and U.S. correlating statistics</li> </ul>	<a href="http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx">http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx</a>

## Appendix II | ACRONYMS AND TERMS

<b>ACS</b>	<b>A</b> merican <b>C</b> ommunity <b>S</b> urvey
<b>BMI</b>	<b>B</b> ody <b>M</b> ass <b>I</b> ndex is defined as the contrasting measurement/relationship of weight to height.
<b>BRFSS</b>	<b>B</b> ehavior <b>R</b> isk <b>F</b> actor <b>S</b> urveillance <b>S</b> ystem, an adult survey conducted by the CDC.
<b>CDC</b>	<b>C</b> enters for <b>D</b> isease <b>C</b> ontrol and <b>P</b> revention.
<b>CHCC</b>	<b>C</b> reating <b>H</b> ealthy <b>C</b> ommunities <b>C</b> oalition
<b>ESR</b>	<b>ESRI's</b> ArcGIS map gallery provides a platform for viewing and downloading various public-use datasets.
<b>FARA</b>	<b>F</b> ood <b>A</b> ccess <b>R</b> esearch <b>A</b> tlas presents an overview of food access indicators for populations using different measures of supermarket accessibility.
<b>HCNO</b>	<b>H</b> ospital <b>C</b> ouncil of <b>N</b> orthwest <b>O</b> hio
<b>NCCDPHP</b>	Centers for Disease Control and Prevention's <b>N</b> ational <b>C</b> enter for <b>C</b> hronic <b>D</b> isease <b>P</b> revention and <b>H</b> ealth <b>P</b> romotion
<b>NCES CCD</b>	<b>N</b> ational <b>C</b> enter for <b>E</b> ducation <b>S</b> tatistics - <b>C</b> ommon <b>C</b> ore of <b>D</b> ata
<b>NSCH</b>	<b>N</b> ational <b>S</b> urvey of <b>C</b> hildren's <b>H</b> ealth
<b>N/A</b>	Data is not available.
<b>ODH</b>	<b>O</b> hio <b>D</b> epartment of <b>H</b> ealth
<b>OSM</b>	<b>O</b> pen <b>S</b> treet <b>M</b> ap is a collaborative project to create a free editable map of the world.
<b>SHA</b>	<b>S</b> tate <b>H</b> ealth <b>A</b> ssessment
<b>SHIP</b>	<b>S</b> tate <b>H</b> ealth <b>I</b> mprovement <b>P</b> lan
<b>SNAP</b>	<b>S</b> upplemental <b>N</b> utrition <b>A</b> ssistance <b>P</b> rogram; SNAP participation is a measure of households and not of total population; if any person in the household received food stamps/SNAP, the household is included in the count
<b>USDA</b>	<b>U</b> nited <b>S</b> tates <b>D</b> epartment of <b>A</b> griculture
<b>YRBS</b>	<b>Y</b> outh <b>R</b> isk <b>B</b> ehavior <b>S</b> urvey, a youth survey conducted by the CDC
<b>ZCTA</b>	<b>ZIP</b> <b>C</b> ode <b>T</b> abulation <b>A</b> reas, generalized areal representations of United States Postal Service (USPS) ZIP Code service areas.

## Appendix III | MARION COUNTY COMMUNITY SAMPLE DEMOGRAPHIC PROFILE\*

Variable	2017 Community Survey Sample
<b>Age</b>	
20 years or younger	2.7%
21-29	12.4%
30-39	24.2%
40-49	22.6%
50-59	22.0%
60 plus	16.1%
<b>Race/Ethnicity</b>	
White	97.8%
Black or African American	1.1%
American Indian and Alaska Native	1.0%
Asian	0.0%
Other	1.0%
Hispanic Origin (may be of any race)	1.6%
Native Hawaiian/other Pacific Islander	0.0%
<b>Marital Status†</b>	
Married Couple	64.0%
Never been married/member of an unmarried couple	21.5%
Divorced/Separated	12.4%
Widowed	2.2%
<b>Living Area</b>	
In town	55.4%
The outskirts of town	23.1%
Out in the country	21.5%
<b>Income (Families)</b>	
\$14,999 and less	3.3%
\$15,000 to \$24,999	5.3%
\$25,000 to \$49,999	23.8%
\$50,000 to \$74,999	23.8%
\$75,000 or more	32.5%
<b>Zip Codes</b>	
43302	78.5%
43314	3.9%
43341	3.9%
43332	3.3%
43342	3.3%
43337	1.1%
43301	1.1%

\* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

## Appendix IV | MARION COUNTY KEY LEADER SAMPLE DEMOGRAPHIC PROFILE\*

Variable	2017 Key Leader Survey Sample
<b>Represented Agencies</b>	
Non-profit agencies	26.7%
Schools & other education providers	22.2%
Employers & Businesses	17.8%
Hospitals	15.6%
Government employee	11.1%
Local Health Departments	11.1%
Advocacy/Coalition groups that specifically deal with health & wellness	8.9%
Service Clubs (ex: Rotary, Kiwanis/Exchange)	8.9%
Community-based health & human service agencies	6.7%
YMCA or other community centers	6.7%
Social service agency	4.4%
Mental Health	4.4%
Faith-based organizations	4.4%
Law enforcement	2.2%
Elected officials	2.2%
Other	11.1%
<b>Cities, Town, and Township Represented</b>	
Marion	77.3%
Waldo	2.3%
Prospect	2.3%
Marion Township	2.3%
Grand Township	2.3%
Big Island Township	2.3%
Montgomery Township	2.3%
Other	9.1%

\* The percent's reported are the actual percent within each category who responded to the survey. Percent's may not add to 100% due to missing data (non-responses).

## Appendix V | MARION COUNTY GAPS AND POTENTIAL STRATEGIES

Gaps	Potential Strategies	Best Practice/Evidence Based
1. Only 4% of school-aged children ate the recommended 5 or more servings of fruits and vegetables per day. 0% of children ages 0-5 ate the recommended amount. Only 5% of adults ate the recommended amount.	<ul style="list-style-type: none"> <li>• Increase fruit and vegetable consumption by increasing sites for mobile produce pantry.</li> <li>• Add at least 2 new sites in the next year, targeting the west side of Marion City.</li> <li>• During distribution, brainstorm with neighborhood residents about how to increase their intake of fruits and vegetables.</li> </ul>	Evidence Based
2. 73% of community members and 73% of key leaders would support more locally grown produce/farmers' markets.	<ul style="list-style-type: none"> <li>• Assist in developing the local farmer's market.</li> <li>• Help with providing incentives to local farmers to come to the farmer's market.</li> <li>• Provide produce at the farmer's market so that there are always healthy foods available at the farmer's market.</li> </ul>	Evidence Based
3. 59% of adults and 61% of youth got CDC recommended amount of physical activity in the last week.	<ul style="list-style-type: none"> <li>• Increase the amount of time adults and children spend in physical activity through walkability, crime prevention through environmental design, and shared use agreements.</li> </ul>	Best Practice/ Evidence Based
4. 43% reported that they spent most of their time walking.	<ul style="list-style-type: none"> <li>• Increase walking by creating more walkable spaces for families through lighting, sidewalks, and marked paths.</li> <li>• Making people aware of multi-use paths and shared use agreements for tracks.</li> </ul>	Best Practice/ Evidence Based
5. 72% of adults reported living close to a park or green space, but only 5% visited them.	<ul style="list-style-type: none"> <li>• Increase family trips to parks by making parks more appealing through clean-ups, facelifts, and new activities that make the parks fun and interactive.</li> <li>• Mark walking paths to parks to encourage walking to the park.</li> <li>• Ensure that walking routes to park are accessible to strollers and adaptive equipment.</li> </ul>	Best Practice/ Evidence Based
6. 61% of adults think their neighborhood is extremely or quite safe.	<ul style="list-style-type: none"> <li>• To increase perceptions of safety, as well as to address real safety concerns.</li> <li>• Implement crime prevention through environmental design (CPTED) concepts like lighting, marked paths, stroller and family safety measures; and clean-ups.</li> </ul>	Best Practice/ Evidence Based
7. 50% thought their parks were very or quite safe.	<ul style="list-style-type: none"> <li>• Implement CPTED strategies at parks.</li> <li>• Improve community perceptions of local parks.</li> <li>• Engage neighborhood residents in park redesign and activities.</li> </ul>	Best Practice/ Evidence Based