

Marion County Community Health Assessment

Examining the health of Marion County

Released on March 24th, 2020

Foreword

Marion Public Health is pleased to present the 2019 Health Assessment of our community. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners. This health assessment gives us the opportunity to glance into our community, state and nation to compare and analyze our strengths and weaknesses in order to take action to improve the health and well-being of residents of Marion County.

The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. It will provide additional insight into our community structure in the areas of health and well-being. This assessment is counted reliable through scientific method. Although comparisons can be made related to previous health assessments, one must be cautious in comparing previous data to this current assessment.

This assessment will prove invaluable to you as an agency or a community member. As we review the results of this assessment, we will continue to work collaboratively to coordinate resources, identify unmet needs in our community, and strive to initiate quality programs to improve the health of our residents.

Yours in good health,

Traci Kinsler Health Commissioner Marion Public Health

Acknowledgements

This report has been funded by:

Crawford-Marion ADAMH Board Marion Public Health United Way of Central Ohio

This report has been commissioned by the Marion County Community Health Assessment Committee:

Boys and Girls Club Crawford-Marion ADAMH Board Elgin Local School District Marion City School District Marion County Board of Developmental Disabilities Marion Crawford Prevention Program Marion Police Department Marion Public Health Marion YMCA Maryhaven **Ohio Heartland Community Action Center** Pleasant Local School District Ridgedale Local School District **River Valley Local School District Turning Point** The United Way of Central Ohio

Contact Information

Traci Kinsler JD, CPH

Health Commissioner Marion Public Health 181 S Main St. Marion, Ohio 43302 (740)-692-9102 tkinsler@MarionPublicHealth.com

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)3 non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master of public health (MPH) degree, with emphasis on epidemiology and health education.

Britney Ward, MPH Director of Community Health Improvement

Tessa Elliott, MPH Community Health Improvement Manager

Gabrielle Mackinnon, MPH Community Health Improvement Coordinator

Jodi Franks Graduate Assistant

Carolynn McCartney Graduate Assistant **Margaret Wielinski, MPH** Assistant Director of Community Health Improvement

Emily Stearns, MPH Community Health Improvement Manager

Mallory Ohneck, MPH, CHES Community Health Improvement Data Manager

Natalie Deeb Graduate Assistant

Bailey Fitzgerald Undergraduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH Professor and Chair School of Population Health University of Toledo

To see Marion County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

http://www.hcno.org/community/data-indicator.html

The 2019 Marion County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio http://www.hcno.org/community/reports.html

Marion Public Health www.marionpublichealth.org/marion-community-assessments

Table of Contents

Executive Summary	Pages 5-22
Public Health Accreditation Board (PHAB)	Page 5
Primary Data Collection Methods	Pages 5-7
Secondary Data Collection Methods	Page 7
2019 Ohio State Health Assessment (SHA)	Page 8
Data Summary	Pages 9-22
Trend Summary	Pages 23-26

HEALTH CARE ACCESS

Health Care Coverage	Pages 27-29
Access and Utilization	Page 30
Preventive Medicine	Pages 31-32
Women's Health	Pages 33-35
Men's Health	Pages 36-39
Oral Health	Pages 40-41

HEALTH BEHAVIORS

Health Status Perceptions	Pages 42-44
Adult Weight Status	Pages 45-47
Adult Tobacco Use	Pages 48-51
Adult Alcohol Consumption	Pages 52-53
Adult Drug Use	Pages 54-60
Adult Sexual Behavior	Pages 61-64
Adult Mental Health	Pages 65-66

CHRONIC DISEASE

Pages 67-71
Pages 72-75
Pages 76-77
Pages 78-79
Pages 80-81
Pages 82-84

SOCIAL CONDITIONS

Adult Social Determinants of Health	Pages 85-91
Environmental Conditions	Page 92

YOUTH HEALTH

Youth Weight Status	Pages 93-95
Youth Tobacco Use	Pages 96-99
Youth Alcohol Consumption	Pages 100-103
Youth Drug Use	Pages 104-106
Youth Sexual Behavior	Pages 107-108
Youth Mental Health	Pages 109-113
Youth Social Determinants of Health	Pages 114-116
Youth Violence	Pages 117-119

APPENDICES

APPENDIX I — Health Assessment Information Sources	Pages 120-122
APPENDIX II — Acronyms and Terms	Pages 123-124
APPENDIX III — School Participation	Page 125
APPENDIX IV — Weighting Methods	Pages 126-127
APPENDIX V — Sample Demographic Profile	Pages 128-129
APPENDIX VI — Demographics and Household Information	Pages 130-136
APPENDIX VII — County Health Rankings	Pages 137-139

Executive Summary

This executive summary provides an overview of health-related data for Marion County adults (ages 19 and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey from April through December 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). 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.

Public Health Accreditation Board (PHAB)

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the community: the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2019 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county-level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents 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 survey instruments were designed and pilot tested for this study: one for adults and one for adolescents in grades 6 through 12. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive most the adult survey items from the BRFSS and many of the adolescent survey items from the YRBSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the Marion County Community Health Assessment Committee. During these meetings, HCNO and the Marion County Community Health Assessment Committee reviewed and discussed banks of potential survey questions. Based on input from the Marion County Community Health Assessment Committee, the project coordinator composed drafts of each survey. The adult survey contained 115 items and the adolescent surveys contained 73 items. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Marion County. There were 50,904 persons ages 19 and older living in Marion County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 381 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Marion County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 6,075 youth ages 12 to 18 years old live in Marion County. A sample size of 361 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Marion County. This advance letter was personalized; printed on Marion County Community Health Assessment letterhead; and signed by Traci Kinsler (Health Commissioner, Marion Public Health), and Leslie Schneider (Marion County Manager, United Way of Marion County). The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter (on Marion County Community Health Assessment letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipients to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 33% (366: $CI = \pm 5.1$). Prior to surveys being sent, a power analysis was conducted which concluded that 381 surveys would need to be returned to have a $\pm 5\%$ confidence interval which is standard. However, there were only 366 surveys returned, thus reducing the level of power and broadening the confidence level to $\pm 5.1\%$.

PROCEDURE | Adolescent Survey

The survey was approved by participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=448: $Cl=\pm 4.46$).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Marion County, the adult data collected was weighted by age, gender, race, and income using 2016 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix IV.

LIMITATIONS

As with all county health assessments, it is important to consider the findings with respect to all possible limitations. First, the Marion County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Marion County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Also, it is important to note that although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. The CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment. For the youth survey, based on size, it was recommended that Marion City Schools survey nine classrooms. Only about five classrooms from Marion City Schools participated in the survey. To view all participating districts and schools, please see Appendix III of this report.

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and local sources. All data is included as a citation in the section of the report with which it corresponds, and the URLs are available in the references at the end of this report. All primary data collected in this report is from the 2019 Marion County Community Health Assessment (CHA). All other data is cited accordingly.

2019 Ohio State Health Assessment (SHA)

The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2019 Marion County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol vill be displayed in the trend summary when an indicator directly aligns with the 2019 Ohio SHA**.

The interconnectedness of Ohio's greatest health challenges, along with the overall consistency of health priorities identified in this assessment, indicates many opportunities for collaboration between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.

To view the full 2019 Ohio State Health Assessment, please visit: <u>https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/</u>

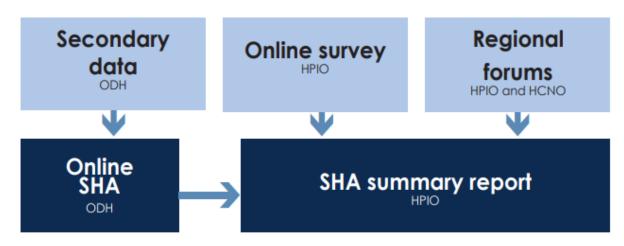
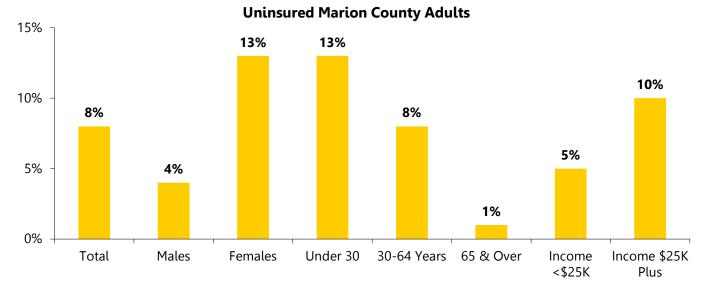


FIGURE 1.1 | Components of the 2019 State Health Assessment (SHA)

Data Summary | Health Care Access

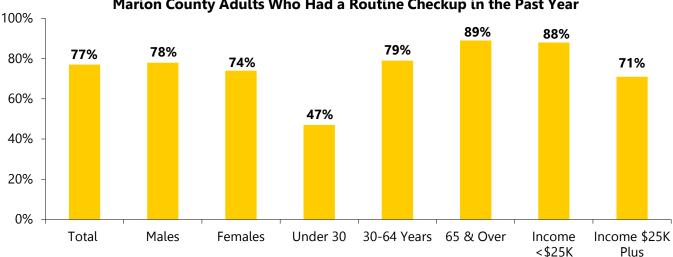
HEALTH CARE COVERAGE

Eight percent (8%) of Marion County adults were without health care coverage in 2019. Those most likely to be uninsured were those under 30 years old (13%) and females (13%).



ACCESS AND UTILIZATION

Seventy-seven percent (77%) of Marion County adults had visited a doctor for a routine checkup in the past year. Seventeen percent (17%) of adults needed to see a doctor in the past year but could not because of cost, increasing to 27% of those under the age of 30.



Marion County Adults Who Had a Routine Checkup in the Past Year

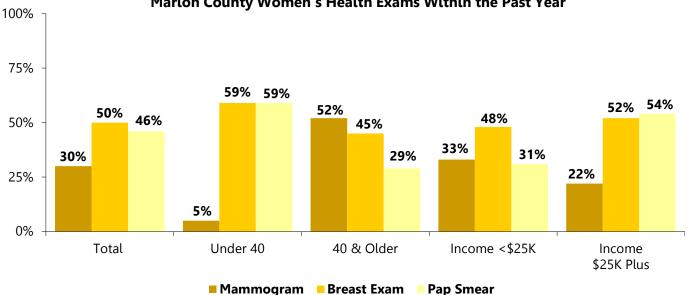
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

In 2019, 46% of Marion County adults had a flu vaccine. Twenty-five percent (25%) of adults indicated a doctor or health professional talked to them about depression, anxiety, or emotional problems in the past year.

WOMEN'S HEALTH

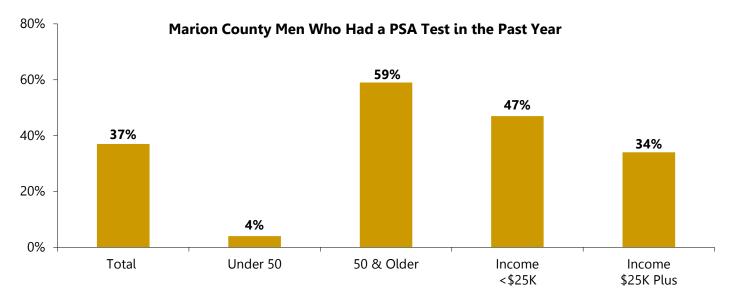
In 2019, 52% of Marion County women over the age of 40 reported having a mammogram. Fifty percent (50%) of women had a clinical breast exam and 46% had a Pap smear to detect cancer of the cervix in the past year. Eightyfour percent (84%) of women were obese, 47% had high blood pressure, 29% had high blood cholesterol, and 18% were identified as current smokers, all known risk factors for cardiovascular diseases.



Marion County Women's Health Exams Within the Past Year

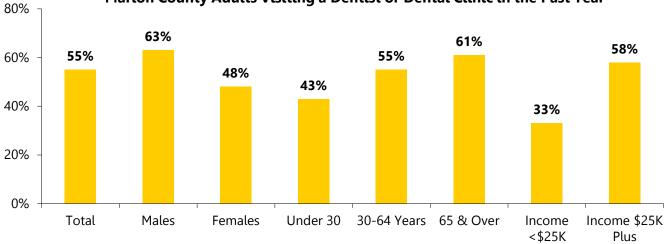
MEN'S HEALTH

In 2019, 59% of Marion County males over the age of 50 had a prostate-specific antigen (PSA) test. Almost half (46%) of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 11% were identified as current smokers, which, along with obesity (47%), all known risk factors for cardiovascular diseases.



ORAL HEALTH

Fifty-five percent (55%) of Marion County adults visited a dentist or dental clinic in the past year. Thirty percent (30%) of adults did not visit a dentist in the past year due to cost.



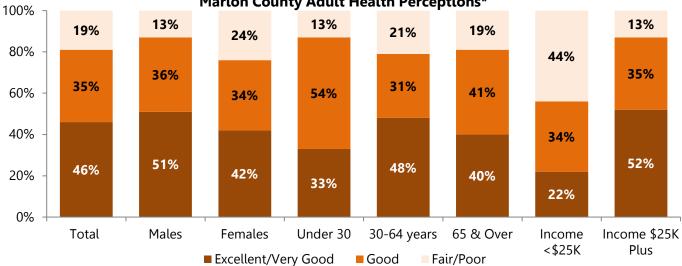
Marion County Adults Visiting a Dentist or Dental Clinic in the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

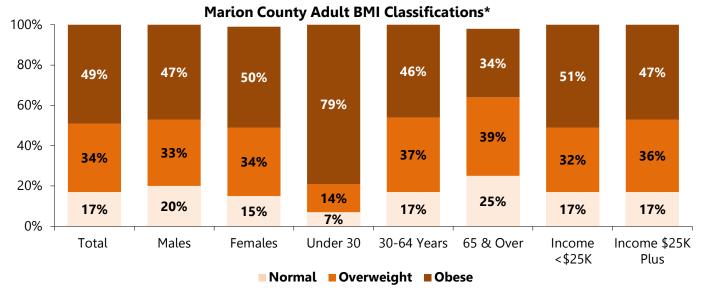
In 2019, 46% of Marion County adults rated their health status as excellent or very good. Conversely, 19% of adults described their health as fair or poor, increasing to 44% of those with incomes less than \$25,000.



Marion County Adult Health Perceptions*

ADULT WEIGHT STATUS

Eighty-three percent (83%) of Marion County adults were overweight or obese based on body mass index (BMI). Twenty-eight percent (28%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

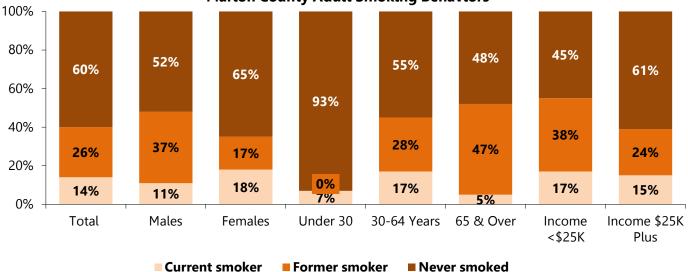


*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

^{*}Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT TOBACCO USE

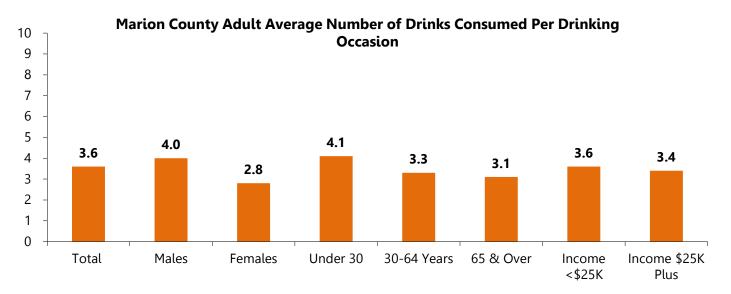
In 2019, 14% of Marion County adults were current smokers, and 26% were considered former smokers. Eight percent (8%) of adults used e-cigarettes/vape pens in the past year. Nearly one-third (31%) of adults did not know if e-cigarette vapor was harmful to themselves or others.



Marion County Adult Smoking Behaviors

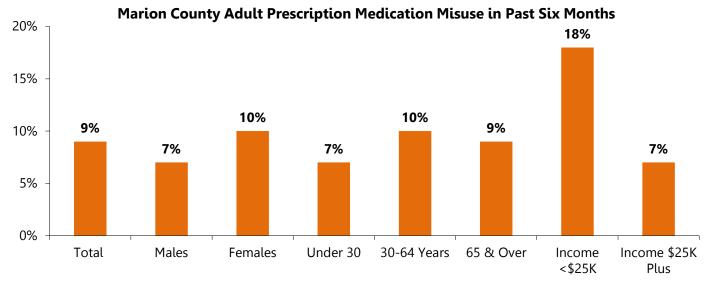
ADULT ALCOHOL CONSUMPTION

Forty-seven percent (47%) of Marion County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Fifteen percent (15%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



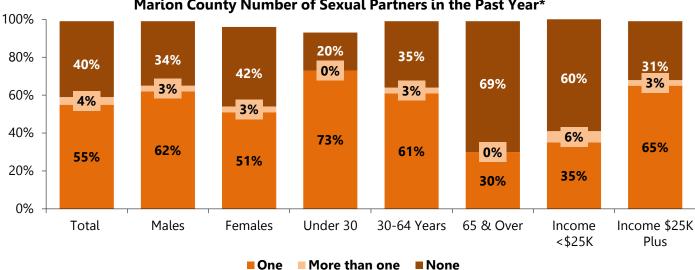
ADULT DRUG USE

In 2019, 6% of Marion County adults had used recreational marijuana or hashish during the past six months. Nine percent (9%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 18% of those with incomes less than \$25,000.



ADULT SEXUAL BEHAVIOR

In 2019, 59% of Marion County adults had sexual intercourse. Four percent (4%) of adults had more than one partner in the past year. Three percent (3%) of Marion County adults were not using any method of birth control.



Marion County Number of Sexual Partners in the Past Year*

*Respondents were asked: "During the past year, with how many different people have you had sexual intercourse?" Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

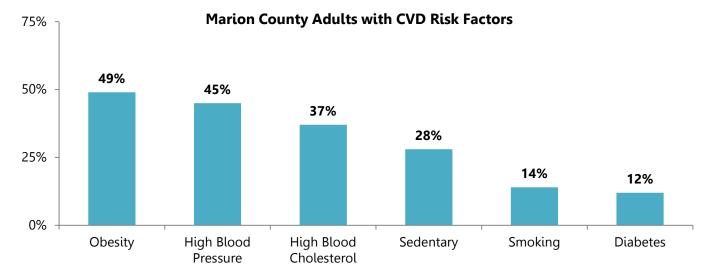
ADULT MENTAL HEALTH

In 2019, 8% of Marion County adults considered attempting suicide. Fifteen percent (15%) of Marion County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Seven percent (7%) of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Almost half (49%) of Marion County adults were obese, 45% had high blood pressure, 37% had high blood cholesterol, and 14% were current smokers, four known risk factors for heart disease and stroke.



CANCER

The Ohio Public Health (ODH) Data Warehouse indicates that from 2016-2018, cancers caused 21% (492 of 2,340 total deaths) of all Marion County resident deaths. The largest percent (31%) of 2016-2018 cancer deaths were from lung and bronchus cancers (Source: Ohio Public Health Data Warehouse, 2016-2018).

ARTHRITIS

0%

Total

Males

Females

80%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%

60%
</t

Under 30

Forty-four percent (44%) of Marion County adults were ever told by a health professional that they had some form of arthritis.

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

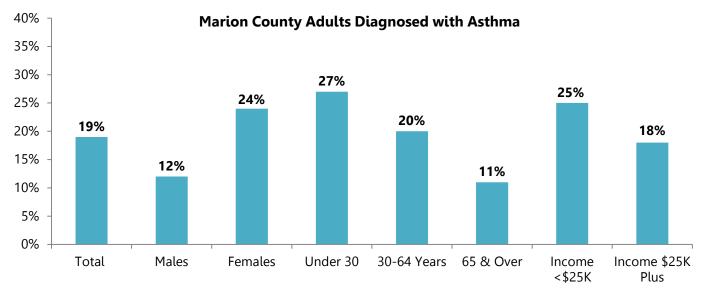
30-64 Years 65 & Over

Income \$25K

Plus

Income <\$25K

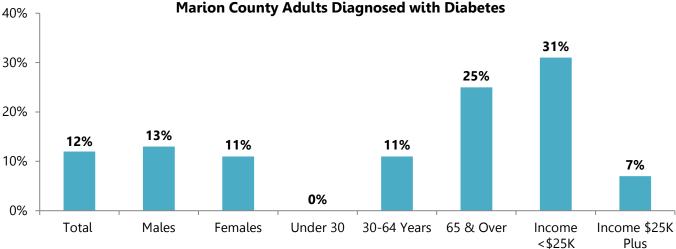
ASTHMA



Nineteen percent (19%) of Marion County adults had been diagnosed with asthma in their lifetime.

DIABETES

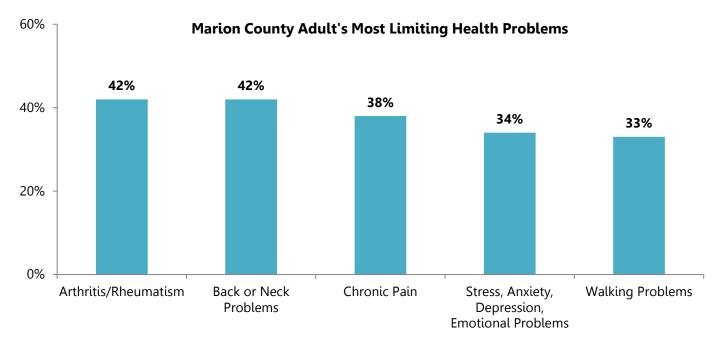
Twelve percent (12%) of Marion County adults had been diagnosed with diabetes in their lifetime. Ten percent (10%) of adults had been diagnosed with pre-diabetes or borderline diabetes.



Marion County Adults Diagnosed with Diabetes

QUALITY OF LIFE

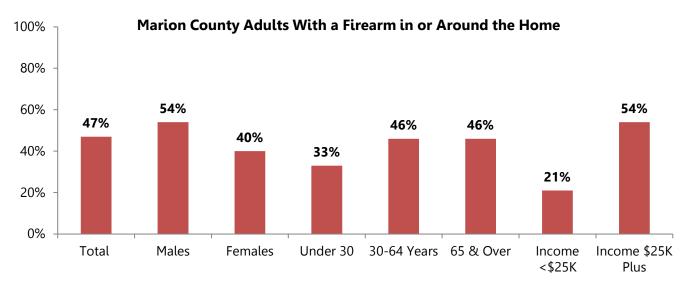
In 2019, 35% of Marion County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (42%); back or neck problems (42%); chronic pain (38%); stress, depression, anxiety, or emotional problems (34%); and walking problems (33%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Twenty-one percent (21%) of Marion County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Eleven percent (11%) of adults had experienced more than one issue related to food insecurity in the past year. In the past month, 12% of Marion County adults reported needing help meeting general daily needs such as food, clothing, shelter or paying utility bills, increasing to 27% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

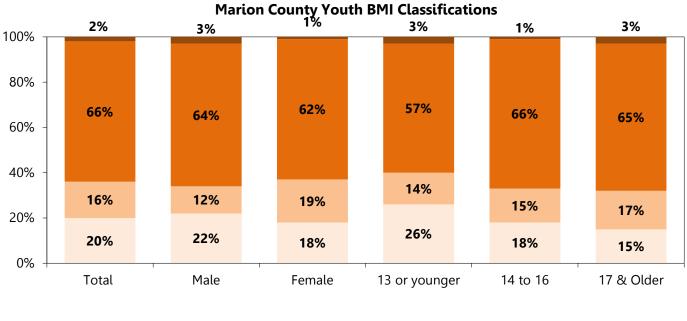
ENVIRONMENTAL CONDITIONS

Marion County adults reported insects (15%) as the top environmental health issues that threatened their health in the past year. Thirty-eight percent (38%) of Marion County adults used a septic tank for wastewater.

Data Summary | Youth Health

YOUTH WEIGHT STATUS

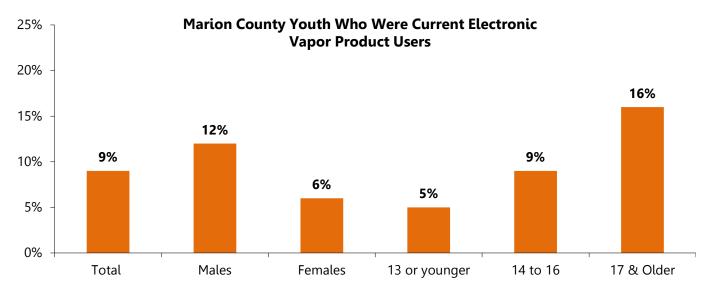
One-fifth (20%) of Marion County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 35% of Marion County youth reported that they were slightly or very overweight. Sixty-six percent (66%) of youth exercised for sixty minutes on three or more days per week.



Obese Overweight Normal Weight Underweight

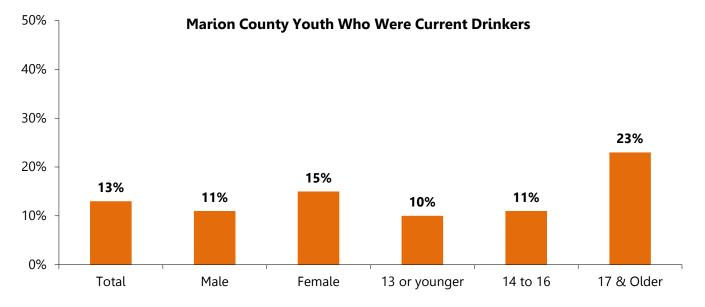
YOUTH TOBACCO USE

Four percent (4%) of Marion County youth were current smokers, having smoked at some time in the past month. Twelve percent (12%) of youth used e-cigarettes in the past year. The average age of onset for smoking was 12.5 years old.



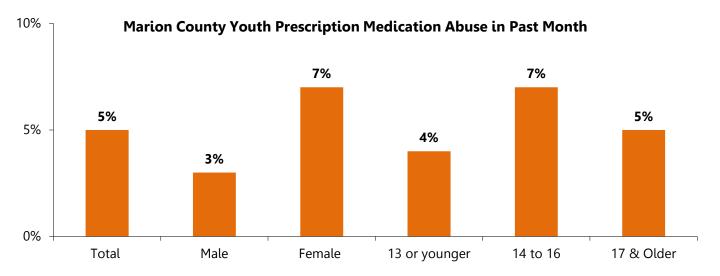
YOUTH ALCOHOL CONSUMPTION

One-third (33%) of Marion County youth had drank at least one drink of alcohol in their life, increasing to 48% of youth 17 and older. Thirteen percent (13%) of youth had at least one drink in the past month, defining them as a current drinker. Of those who drank, 51% were defined as binge drinkers.



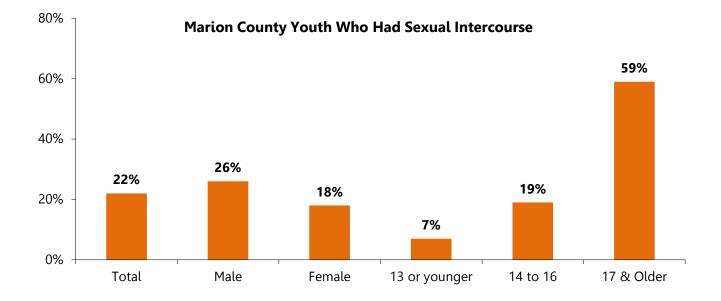
YOUTH DRUG USE

In 2019, 5% of Marion County youth had used marijuana at least once in the past month, increasing to 12% of those ages 17 and over. Five percent (5%) of youth used prescription drugs not prescribed for them in the past month. Nearly three-fourths (73%) of youth reported their reason for not using drugs was that their parents would be upset.



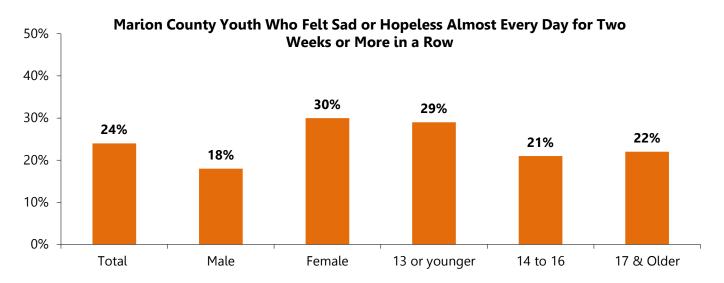
YOUTH SEXUAL BEHAVIOR

Twenty-two percent (22%) of Marion County youth had sexual intercourse in their lifetime. Fourteen percent (14%) of sexually active youth had four or more sexual partners. Five percent (5%) of youth engaged in intercourse without a reliable method of protection. Ten percent (10%) of youth had not been taught about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, or the use of condoms.



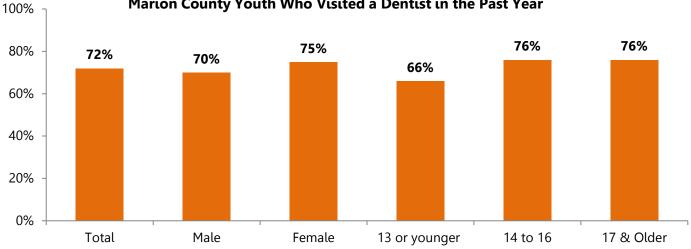
YOUTH MENTAL HEALTH

Eight percent (8%) of youth had seriously considered attempting suicide in the past year, and 4% attempted suicide in the past year. Eighteen percent (18%) of youth had three or more adverse childhood experiences (ACEs). Forty-two percent (42%) of youth reported academic success caused them anxiety, stress, or depression.



YOUTH SOCIAL DETERMINANTS OF HEALTH

Twenty percent (20%) of Marion County youth drivers had texted while driving in the past month. During the past month, 11% of all youth had ridden in a car driven by someone who had been drinking alcohol. Sixty-seven percent (67%) of youth reported having at least one adult they talked to or looked up to in the community.



Marion County Youth Who Visited a Dentist in the Past Year

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH VIOLENCE

Thirteen percent (13%) of Marion County youth carried a weapon (such as a gun, knife or club) in the past month. More than one-third (36%) of youth had been bullied in the past year. In the past year, 21% of youth had been involved in a physical fight, increasing to 29% of males. Ten percent (10%) of youth had been in a fight on more than one occasion.

Adult Trend Summary

Adult Variables	Marion County 2019	Ohio 2018	U.S. 2018	
Health Status				
Rated general health as good, very good, or excellent	81%	81%	83%	
Rated general health as excellent or very good	46%	49%	51%	
Rated general health as fair or poor 🔍	19%	19%	18%	
Average number of days that physical health not good (in the past month) (County Health Rankings)	4.5	4.0**	3.7**	
Rated physical health as not good on four or more days (in the past month)	27%	24%*	23%*	
Average number of days that mental health not good (in the past month) (County Health Rankings)	5.9	4.3**	3.8**	
Rated mental health as not good on four or more days (in the past month)	36%	26%*	24%*	
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past month)	32%	24%*	24%*	
Health Care Coverage, Access, and Utilizat	ion	I		
Uninsured 🛡	8%	7%	11%	
Had one or more persons they thought of as their personal health care provider	90%	80%	77%	
Visited a doctor for a routine checkup (in the past year)	77%	79%	77%	
Visited a doctor for a routine checkup (five or more years ago)	4%	7%	6%	
Unable to see a doctor due to cost (in the past year)	17%	10%	12%	
Arthritis, Asthma, & Diabetes	100/	1001	1.10/	
Ever been told by a doctor they have diabetes (not pregnancy-related)	12%	12%	11%	
Ever been diagnosed with pregnancy-related diabetes	2%	1%	1%	
Ever been diagnosed with pre-diabetes or borderline diabetes	10%	2%	2%	
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	44%	31%	26%	
Had ever been told they have asthma	19%	13%	15%	
Cardiovascular Health Ever diagnosed with angina or coronary heart disease	6%	5%	4%	
Ever diagnosed with a heart attack, or myocardial infarction	7%	5% 6%	4 % 5%	
Ever diagnosed with a stroke	4%	4%	3%	
Had been told they had high blood pressure	45%	35%*	32%*	
Had been told their blood cholesterol was high	37%	33%*	33%*	
	77%	85%*	86%*	
Had their blood cholesterol checked within the last five years	1170	05%	0070**	
Weight Status	170/	200/	2.20/	
Normal weight (BMI of 18.5 – 24.9)	17%	30%	32%	
Overweight (BMI of 25.0 – 29.9)	34%	34%	35%	
Obese (includes severely and morbidly obese, BMI of 30.0 and above) Marchaelee Alcohol Consumption	49%	34%	31%	
Current drinker (had at least one drink of alcohol within the past month)	47%	52%	54%	
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	16%	16%	
Drove after having perhaps too much alcohol to drink (in the past month)	5%	4%	3%	
Tobacco Use				
Current smoker (smoked on some or all days)	14%	21%	16%	
Former smoker (smoked of some of all days) — Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	25%	25%	
-	5%	5%*	5%*	
Current e-cigarette user	18%	19%*	16%*	
Former e-cigarette user Indicates alignment with the Ohio State Health Assessment	1070	1970	1070	

Indicates alignment with the Ohio State Health Assessment

*2017 BRFSS **2016 BRFSS as compiled by 2019 County Health Rankings

Adult Variables	Marion County 2019	Ohio 2018	U.S. 2018
Mental Health			
Ever been told they have a form of depression	32%	20%	20%
Preventive Medicine			
Had a mammogram within the past two years (ages 40 and older)	62%	74%	72%
Had a Pap smear in the past three years (ages 21-65)	65%	79%	80%
Had a PSA test within the past two years (ages 40 and older)	65%	34%	33%
Quality of Life			
Limited in some way because of physical, mental or emotional problem	35%	21%**	20%**
Oral Health			
Visited a dentist or a dental clinic (within the past year)	55%	68%	68%

**2015 BRFSS

Youth Trend Summary

Youth Variables	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control	1		1
Obese 💓	20%	17%	15%
Overweight	16%	17%	16%
Described themselves as slightly or very overweight	35%	33%	32%
Tried to lose weight	48%	48%	47%
Physically active at least sixty minutes per day on every day in past week	22%	21%	26%
Physically active at least sixty minutes per day on five or more days in past week	44%	48%	47%
Did not participate in at least sixty minutes of physical activity on any day in past week	19%	17%	15%
Watched three or more hours per day of television (on an average school day)	19%	15%	21%
Tobacco Use	·	·	l
Ever tried cigarette smoking (even one or two puffs)	13%	13%	29%
Current smoker (smoked on at least one day during the past month)	4%	3%	9%
First tried cigarette smoking before age 13 (of all youth)	6%	4%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past month)	1%	1%	3%
Currently smoked cigarettes daily (on all 30 days during the past month)	1%	1%	2%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month)	9%	10%	13%
Currently frequently used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past month)	1%	2%	3%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, during the past year, among students who used any tobacco products during the past year)	43%	40%	59%
Alcohol Consumption	I	1	1
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	33%	35%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	13%	14%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	7%	7%	14%
Drank for the first time before age 13 (of all youth)	15%	7%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	25%	29%	44%
Drug Use			
Used marijuana in the past month	5%	6%	20%
Ever used marijuana (in their lifetime)	11%	14%	36%
Ever used methamphetamines (in their lifetime)	1%	<1%	3%
Ever used cocaine (in their lifetime)	1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	2%
Ever used inhalants (in their lifetime)	3%	2%	6%
Ever used ecstasy (also called MDMA) (in their lifetime)	1%	<1%	4%
Ever took steroids without a doctor's prescription (in their lifetime)	0%	0%	3%
		8%	20%

Vindicates alignment with the Ohio State Health Assessment

Youth Variables	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Sexual Behavior			
Ever had sexual intercourse	22%	34%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	3%	4%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	2%	2%	3%
Used a condom (during last sexual intercourse)	53%	58%	54%
Used birth control pills (during last sexual intercourse)	37%	46%	21%
Used an IUD (during last sexual intercourse)	5%	5%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	6%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	5%	5%	14%
Mental Health	•		
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	24%	21%	32%
Seriously considered attempting suicide (in the past year)	8%	7%	17%
Attempted suicide (in the past year)	4%	3%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the past year)	2%	2%	2%
Social Determinants of Health			
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	76%	74%
Drank and drove (of all youth in the past month)	3%	3%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	11%	8%	17%
Did not get eight or more hours of sleep (on an average school night)	59%	67%	75%
Violence			
Carried a weapon (in the past month)	13%	14%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	9%	8%	7%
Threatened or injured with a weapon on school property (in the past year)	8%	8%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year) *	5%	3%	8%
Were bullied on school property (during the past year)	29%	24%	19%
Were electronically bullied (in the past year)	8%	6%	15%
Were in a physical fight on school property (in the past year)	7%	5%	9%
Were in a physical fight (during the past year)	21%	11%	24%

*U.S. YRBS indicator worded slightly different than Marion County

Health Care Access: Health Care Coverage

Key Findings

Eight percent (8%) of Marion County adults were without health care coverage in 2019. Those most likely to be uninsured were those under 30 years old (13%) and females (13%).

Health Coverage

- In 2019, 92% of Marion County adults had health care coverage, leaving 8% of adults uninsured.
- Eight percent (8%) of adults with children did not have health care coverage, compared to 3% of those who did not have children living in their household.
- Adults used the following types of health coverage:
 - Employer (39%)Medicare (27%)
 - Medicare (27%)
 Someone else's employer (11%)
 - Medicaid or medical assistance (11%)
 - Self-paid plan (5%)
 - Multiple, including private sources (2%)
 - Health Insurance Marketplace (2%)
 - Multiple, including government sources (2%)
 - Military or VA (1%)

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.
- One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.
- In 2017, uninsured nonelderly adults were three or more times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

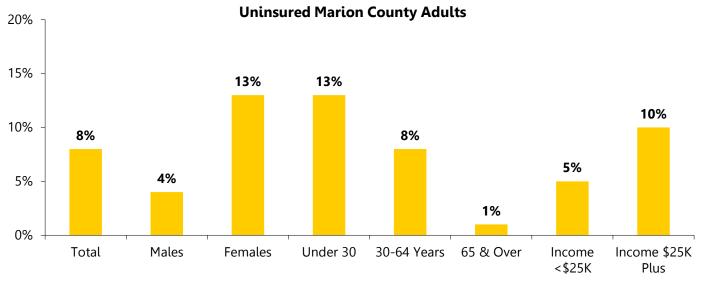
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, December 2018)

• Marion County adult health care coverage included the following: medical (97%), prescription coverage (91%), immunizations (78%), preventive health (74%), outpatient therapy (74%), dental (67%), vision/eyeglasses (65%), mental health (59%), durable medical equipment (38%), alcohol and drug treatment (34%), home care (31%), skilled nursing/assisted living (26%), hospice (24%), and transportation (17%).

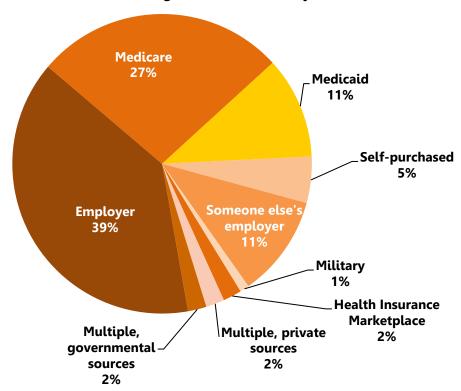
4,072 of Marion County adults were uninsured.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Uninsured	8%	7%	11%

The following graph shows the percentage of Marion County adults who were uninsured. Examples of how to interpret the information in the graph includes: 8% of all Marion County adults were uninsured, including 13% of females and 13% of those under the age of 30. The pie chart shows sources of Marion County adults' health care coverage.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Source of Health Coverage for Marion County Adults

The following chart shows what is included in Marion County adults' insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	0%	3%
Prescription Coverage	91%	5%	4%
Immunizations	78%	2%	20%
Preventive Health	74%	2%	24%
Outpatient Therapy (occupational therapy, physical therapy)	74%	1%	25%
Dental	67%	28%	5%
Vision/Eyeglasses	65%	27%	8%
Mental Health	59%	2%	39%
Durable Medical Equipment	38%	4%	58%
Alcohol and Drug Treatment	34%	7%	59%
Skilled Nursing/Assisted Living (inpatient rehab/therapy)	26%	6%	68%
Home Care	31%	6%	63%
Hospice	24%	5%	71%
Transportation	17%	16%	67%

Healthy People 2020 Access to Health Services (AHS)

Objective	Marion County 2019	Ohio 2018		
AHS-1.1: Persons under age of 65 years with health insurance	67% age 20-24 83% age 25-34 96% age 35-44 96% age 45-54 91% age 55-64	87% age 18-24 89% age 25-34 92% age 35-44 92% age 45-54 95% age 55-64	83% age 18-24 81% age 25-34 83% age 35-44 87% age 45-54 91% age 55-64	100%

(Sources: Healthy People 2020 Objectives, 2018 BRFSS, 2019 Marion County Health Assessment)

Health Care Access: Access and Utilization

Key Findings

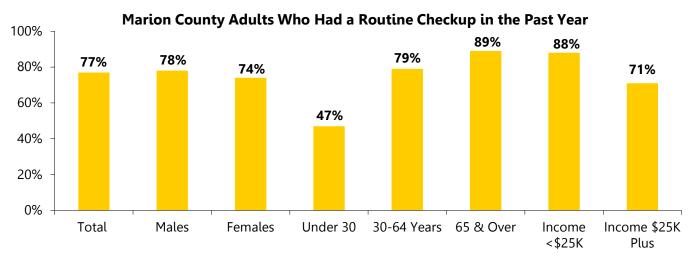
Seventy-seven percent (77%) of Marion County adults had visited a doctor for a routine checkup in the past year. Seventeen percent (17%) of adults reported there was a time in the past year they needed to see a doctor but could not because of cost, increasing to 27% of those under the age of 30.

Health Care Access and Utilization

- Seventy-seven percent (77%) of Marion County adults visited a doctor for a routine checkup in the past year, increasing to 89% of those over the age of 65.
- More than half (54%) of adults indicated they had one person they thought of as their personal doctor or health care provider. Thirty-six percent (36%) of adults indicated they had more than one, and 10% did not have one particular doctor or health care provider.
- Seventeen percent (17%) of adults needed to see a doctor in the past year but could not because of cost, increasing to 27% of those under the age of 30.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Visited a doctor for a routine checkup (in the past year)	77%	79%	77%
Visited a doctor for a routine checkup (five or more years ago)	4%	7%	6%
Had one or more persons they thought of as their personal health care provider	90%	80%	77%
Unable to see a doctor due to cost	17%	10%	12%

The following graph shows the percentage of Marion County adults who had a routine check-up in the past year. Examples of how to interpret the information includes: 77% of all Marion County adults had a routine check-up in the past year, including 89% of those 65 years and older and 88% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Care Access: Preventive Medicine

Key Findings

In 2019, 46% of Marion County adults had a flu vaccine. Twenty-five percent (25%) of adults indicated a doctor or health professional talked to them about depression, anxiety, or emotional problems in the past year.

Preventive Medicine

- Forty-six percent (46%) of Marion County adults had a flu vaccine in 2019.
- Adults who did not get the flu vaccine reported the following reasons: did not need it (34%), get sick from it (22%), believed it does not work (17%), vaccine was not effective (12%), religious beliefs (4%), cost (2%), time (1%), insurance won't pay for it (1%), and other reasons (39%).
- Marion County adults indicated a doctor or health professional talked to them about the following topics in the past year: family history (37%); weight control (diet, physical activity) (37%); immunizations (36%); safe use of prescription medication (25%); depression, anxiety, or emotional problems (25%); tobacco use (17%); PSA test (16%); falls (14%); bone density (13%); family planning (10%); injury prevention such as safety belt use, helmet use, or smoke detectors (9%); safe use of opiate-based pain medication (8%); alcohol use (7%); alternative pain therapy (6%); sexually transmitted diseases (STD's) (6%); genetic testing (5%); testicular self-exam (5%); domestic violence (2%); illicit drug abuse (2%); and firearm safety (<1%).

23,416 Marion County adults had a flu vaccine in the past year.

Preventive Wellness

- Marion County adults reported having access to the following wellness programs through their employer or spouse's employer:
 - Free/discounted gym membership (22%)
 - Health risk assessment (18%)
 - Lower insurance premiums for participation in wellness programs (18%)
 - Free/discounted smoking cessation programs (15%)
 - Gift cards or cash for participation in wellness programs (15%)
 - On-site fitness facility (12%)
 - On-site health screenings (11%)
 - Free/discounted weight loss program (9%)
 - Gift cards for cash or positive changes in health status (8%)
 - Healthier food options in vending machines or cafeteria (7%)
 - Lower insurance premiums for positive changes in health status (5%)
 - On-site health education classes (4%)
 - Other (6%)
- Fifteen percent (15%) of adults reported having no access to any wellness program.

Preventive Health Screenings and Exams

- Fifty-two percent (52%) of women ages 40 and over had a mammogram in the past year.
- Fifty-six percent (56%) of Marion County males had a prostate-specific antigen (PSA) test at some time in their life.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and pap test screening information for Marion County adults.

Table 1 Recommended Adult Immunization Schedule by Age Group United States, 2019

Vaccine	19-21 years	22–26 years	27–49 yea	ars	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV)			1 dose annu	ally		
Influenza live attenuated (LAIV)			or 1 dose annu	ally		
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td booster every 10 yrs					
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)					
Varicella (VAR)	2 doses (if born in 1980 or later)				
Zoster recombinant (RZV) (preferred)						oses
Zoster live (ZVL)						ose
Human papillomavirus (HPV) Female	2 or 3 doses depending or	age at initial vaccination				
Human papillomavirus (HPV) Male	2 or 3 doses depending or	age at initial vaccination				
Pneumococcal conjugate (PCV13)					10	lose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication 1 dose 1					
Hepatitis A (HepA)	2 or 3 doses depending on vaccine					
Hepatitis B (HepB)	2 or 3 doses depending on vaccine					
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, then booster every 5 yrs if risk remains					
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication					
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication					
		r adults who meet age requirement, ation, or lack evidence of past infectio			tion for adults with an another indication	No recommendation

Health Care Access: Women's Health

Key Findings

In 2019, 52% of Marion County women over the age of 40 reported having a mammogram. Fifty percent (50%) of women had a clinical breast exam and 46% had a Pap smear to detect cancer of the cervix in the past year. Eighty-four percent (84%) of women were iverweight or obese, 47% had high blood pressure, 29% had high blood cholesterol, and 18% were identified as current smokers, all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Over half (54%) of women had a mammogram at some time in their life, and thirty percent (30%) had this screening in the past year.
- Fifty-two percent (52%) of women ages 40 and over had a mammogram in the past year, and 62% had one in the past two years.
- Eighty-eight percent (88%) of Marion County women have had a clinical breast exam at some time in their life, and 50% had one within the past year. Sixty-four percent (64%) of women ages 40 and over had a clinical breast exam in the past two years.

Marion County Female Leading Causes of Death, 2016–2018

Total Female Deaths: 1,158

- 1. Heart Diseases (21% of all deaths)
- 2. Cancers (20%)
- 3. Chronic Lower Respiratory Diseases (7%)
- 4. Stroke (5%)
- 5. Accidents, Unintentional Injuries (5%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Female Leading Causes of Death, 2016–2018

Total Female Deaths: 182,368

- 1. Heart Diseases (22% of all deaths)
- 2. Cancers (20%)
- 3. Chronic Lower Respiratory Diseases (6%)
- 4. Stroke (6%)
- 5. Alzheimer's Disease (6%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

• Eighty-nine percent (89%) of Marion County women have had a Pap smear in their lifetime, and 46% reported having had the exam in the past year. Sixty-five percent (65%) of women ages 21-65 had a Pap smear in the past three years.

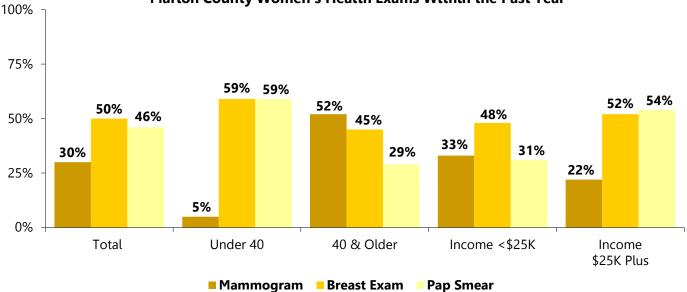
Pregnancy

- One quarter (25%) of Marion County women had been pregnant in the past five years.
- During their last pregnancy within the past five years, Marion County women had a prenatal appointment in the first three months (63%), took a multi-vitamin with folic acid (63%), experienced depression (32%), received WIC services (29%), had a dental exam (17%), and experienced domestic violence (15%).

Women's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Marion County, the 2019 health assessment identified that:
 - 84% of women were overweight or obese
 - 47% were diagnosed with high blood pressure
 - 29% were diagnosed with high blood cholesterol
 - 18% of all women were current smokers
 - 9% had been diagnosed with diabetes
- From 2016 to 2018, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all female deaths in Marion County *(Source: Ohio Public Health Data Warehouse, 2016-2018).*

The following graph indicates the percentage of Marion County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph includes: 30% of Marion County females had a mammogram within the past year, 50% had a clinical breast exam, and 46% had a Pap smear.



Marion County Women's Health Exams Within the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Had a mammogram in the past two years (age 40 and over)	62%	74%	72%
Had a Pap smear in the past three years (ages 21-65)	65%	79%	80%

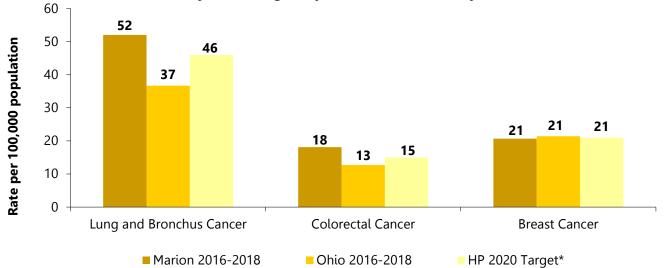
U.S. Women's Health Data

- Approximately 13% of adult females ages 18 years or older reported fair or poor health.
- Twelve percent (12%) of adult females in the U.S. currently smoke.
- Of the adult females in the U.S., 20% had 4 or more drinks in 1 day at least once in the past year.
- Almost half (49%) of adult females in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Forty-one percent (41%) of females 20 years and over are obese.
- There are 10% of females under the age of 65 without healthcare coverage.
- The leading causes of death for females in the United States are heart disease, cancer, and chronic lower respiratory disease.

(Source: CDC, National Center for Health Statistics, Women's Health, Fast Stats, Updated on January 19, 2017)

The following graph shows the Marion County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives. The graph shows:

- From 2016 to 2018, the Marion County female age-adjusted mortality rate for lung cancer was higher than both the Ohio rate and the Healthy People 2020 target objective.
- The Marion County female age-adjusted mortality rate for colorectal cancer was higher than the Ohio rate and the Healthy People 2020 target objective.
- The Marion County female age-adjusted mortality rate for breast cancer was equal to the Ohio and Healthy People 2020 target objective.



Marion County Female Age-Adjusted Cancer Mortality Rates, 2016-2018

(Source: Ohio Public Health Data Warehouse, 2016-2018) *Note: The Lung and Colorectal Cancer Healthy People 2020 target rates are not gender specific.

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight
- Exercise regularly (at least four hours a week)
- Get enough sleep
- Don't drink alcohol, or limit alcohol drinks to no more than one per day
- Avoid exposures to chemicals that can cause cancer (carcinogens)
- Reduce exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you
- Breastfeed your babies, if possible

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Anti-estrogens or other medicines that block or decrease estrogen in your body
- Surgery to reduce your risk of breast cancer
 - Prophylactic (preventive) mastectomy (removal of breast tissue)
 - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes)

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated September 11, 2018)

Health Care Access: Men's Health

Key Findings

•

In 2019, 59% of Marion County males over the age of 50 had a prostate-specific antigen (PSA) test. Almost half (46%) of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 11% were identified as current smokers, which, along with obesity (47%), all known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- More than half (56%) of Marion County males had a prostate-specific antigen (PSA) test at some time in their life, and 37% had one in the past year.
- More than three-fourths (76%) of males age 40 and over had a PSA test at some time in their life, and 65% had one in the past two years.
- Eighty-two percent (82%) of males age 50 and over had a PSA test at some time in their life, and 59% had one in the past year.

Marion County Male Leading Causes of Death, 2016–2018

Total Male Deaths: 1,182

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (22%)
- 3. Accidents, Unintentional Injuries (9%)
- 4. Chronic Lower Respiratory Diseases (7%)
- 5. Diabetes (4%)
- 5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Male Leading Causes of Death, 2016–2018

Total Male Deaths: 185,146

- 1. Heart Diseases (24% of all deaths)
- 2. Cancers (22%)
- 3. Accidents, Unintentional Injuries (9%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (4%)

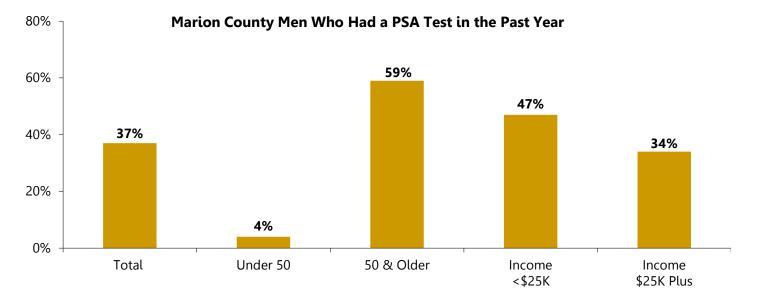
(Source: Ohio Public Health Data Warehouse, 2016-2018)

Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Marion County, the 2019 health assessment identified that:

- 79% of men were overweight or obese
- 46% were diagnosed with high blood cholesterol
- 39% were diagnosed with high blood pressure
- 13% had been diagnosed with diabetes
- 11% of all men were current smokers

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018	
Had a PSA test within the past two years (age 40 and over)	65%	34%	33%	

The following graph shows the percentage of Marion County male adults that had a prostate-specific antigen (PSA) test in the past year. Examples of how to interpret the information shown on the graph includes: 37% of Marion County males had a PSA test within the past year, including 47% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

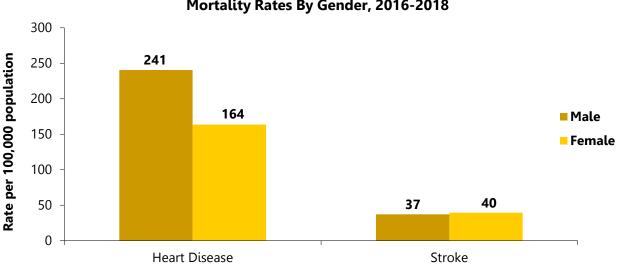
U.S. Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Of the adult males in the U.S., 31% had five or more drinks in one day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Sixteen percent (16%) of adult males in the U.S. currently smoke cigarettes.
- Thirty-seven percent (37%) of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, January 20, 2017)

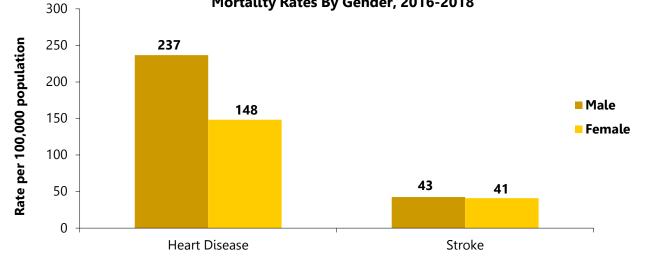
The following graphs show the Marion County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2016 to 2018, the Marion County and Ohio male age-adjusted mortality rates were higher than the female age-adjusted mortality rates for heart disease.
- The Marion County female age-adjusted stroke mortality rate was slightly higher than the Marion County male age-adjusted stroke mortality rate.



Marion County Age-Adjusted Heart Disease Mortality Rates By Gender, 2016-2018

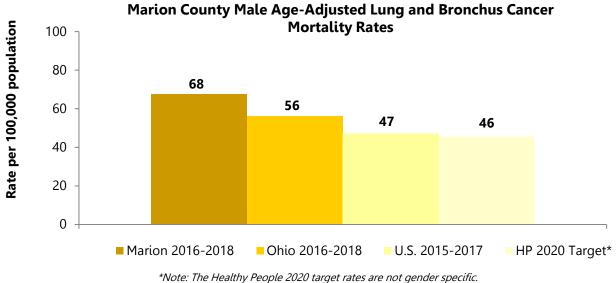
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2016-2018



(Source: for graphs Ohio Public Health Data Warehouse, 2016-2018)

The following graph shows the Marion County, Ohio and U.S. age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to the Healthy People 2020 objective. The graph shows:

• From 2016 to 2018, the Marion County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate and Healthy People 2020 target objective.



[&]quot;Note: The Healthy People 2020 target rates are not gender specific. (Sources: Ohio Public Health Data Warehouse, 2016-2018, CDC Wonder 2015-2017, and Healthy People 2020)

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - Digital rectal exam (DRE): A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
 - Prostate specific antigen test (PSA): PSA is a substance made by the prostate. The PSA test measures
 the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other
 conditions such as an enlarged prostate, prostate infection and certain medical procedures also may
 increase PSA levels.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, August 13, 2018)

Health Care Access: Oral Health

Key Findings

Fifty-five percent (55%) of Marion County adults visited a dentist or dental clinic in the past year. Thirty percent (30%) of adults did not visit a dentist in the past year due to cost.

Access to Dental Care

- In the past year, 55% of Marion County adults had visited a dentist or dental clinic, decreasing to 33% of those with incomes less than \$25,000.
- Thirteen percent (13%) of Marion County adults had visited a dentist or dental clinic five or more years ago.
- Nearly three-fifths (58%) of Marion County adults with dental insurance had been to the dentist in the past year, compared to 39% of those without dental insurance.

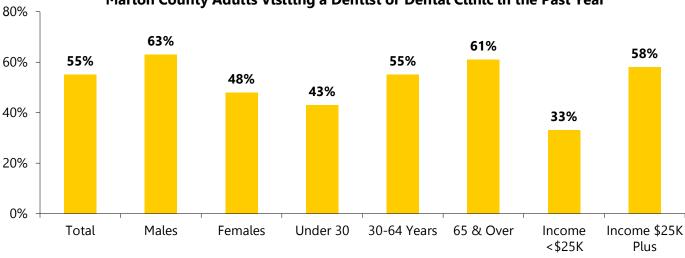
27,997 Marion County adults visited a dentist or dental clinic in the past year.

- Marion County adults reported the following reasons for not visiting a dentist in the past year:
 - Cost (30%)
 - Had no reason to go/had not thought of it (24%)
 - Had dentures (22%)
 - Fear, apprehension, nervousness, pain, and dislike going (16%)
 - Did not have/know a dentist (11%)
 - Dentist did not accept their medical coverage (3%)
 - Could not find a dentist that takes Medicaid (1%)
 - Used the emergency room for dental issues (1%)
 - Transportation (1%)
 - Other reasons (14%)
- Adults reported they had the following oral health issues: pain (11%), difficulty eating/chewing (9%), no teeth (6%), problems with dentures (5%), loose teeth (4%), oral bleeding (4%), skipped meals due to pain (4%), missed work due to mouth pain (1%), and other oral health issues (8%).

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never			
Time Since Last Visit to Dentist/Dental Clinic								
Males	63%	14%	7%	15%	0%			
Females	48%	18%	22%	11%	0%			
Total	55%	15%	15%	13%	0%			

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018	
Visited a dentist or a dental clinic (within the past year)	55%	68%	68%	

The following graph shows the percentage of Marion County adults who had visited a dentist or dental clinic in the past year. Examples of how to interpret the information on the graph includes: 55% of Marion County adults had been to the dentist or dental clinic in the past year, including 43% of those under the age of 30 and 33% of those with incomes less than \$25,000.



Marion County Adults Visiting a Dentist or Dental Clinic in the Past Year

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose "softer" root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don't have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

Key Findings

In 2019, 46% of Marion County adults rated their health status as excellent or very good. Conversely, 19% of adults described their health as fair or poor, increasing to 44% of those with incomes less than \$25,000.

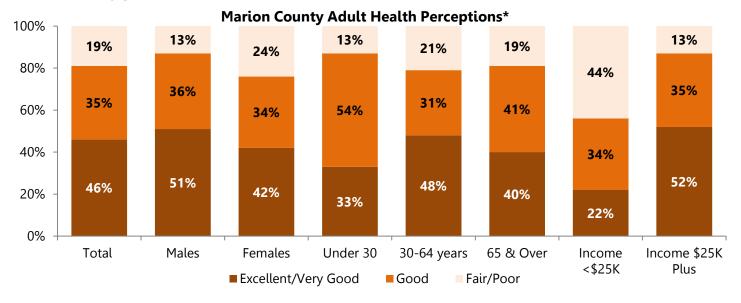
General Health Status

- In 2019, almost half (46%) of Marion County adults rated their health as excellent or very good. Marion County adults with higher incomes (52%) were most likely to rate their health as excellent or very good, compared to 22% of those with incomes less than \$25,000.
- Nineteen percent (19%) of adults rated their health as fair or poor, increasing to 44% of those with incomes less than \$25,000.

9,672 adults rated their general health as fair or poor.

- Marion County adults were more likely to rate their health as fair or poor if they:
 - Had an annual household income under \$25,000 (44%)
 - Had been diagnosed with diabetes (35%)
 - Were divorced (25%)
 - Were female (24%)
- Nearly one-third (32%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

The following graph shows the percentage of Marion County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information includes: 46% of Marion County adults, 51% of males, and 40% of those ages 65 and older rated their health as excellent or very good.



*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?" Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Physical Health Status

- In 2019, 27% of Marion County adults rated their physical health as not good on four or more days in the previous month.
- Marion County adults reported their physical health as not good on an average of 4.5 days in the previous month.
- Marion County adults were most likely to rate their physical health as not good if they:
 - Were ages 30 or younger (73%)
 - Had an annual household income less than \$25,000 (71%)
 - Were female (53%)

18,325 adults rated their mental health as not good on four or more days in the previous month.

Mental Health Status

- In 2019, 36% of Marion County adults rated their mental health as not good on four or more days in the previous month.
- Adults reported their mental health as not good on an average of 5.9 days in the previous month.
- Marion County adults were most likely to rate their mental health as not good if they:
 - Were ages 30 or younger (87%)
 - Had an annual household income less than \$25,000 (71%)
 - Were female (66%)

The following table shows the percentage of adults with poor physical and mental health in the past month.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days					
Physical Health Not Good in Past month*										
Males	56%	21%	4%	0%	14%					
Females	47%	10%	7%	0%	25%					
Total	50%	15%	7%	0%	19%					
	Mental Hea	alth Not Good	in Past month	*						
Males	57%	17%	4%	5%	10%					
Females	31%	12%	14%	1%	33%					
Total	44%	14%	9%	3%	21%					

*Totals may not equal 100% as some respondents answered, "Don't know/Not sure."

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Rated general health as good, very good, or excellent	81%	81%	83%
Rated general health as excellent or very good	46%	49%	51%
Rated general health as fair or poor	19%	19%	18%
Average number of days that physical health not good (in the past month) (County Health Rankings)	4.5	4.0**	3.7**
Rated physical health as not good on four or more days (in the past month)	27%	24%*	23%*
Average number of days that mental health not good (in the past month) (County Health Rankings)	5.9	4.3**	3.8**
Rated mental health as not good on four or more days (in the past month)	36%	26%*	24%*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past month)	32%	24%*	24%*

*2017 BRFSS

**2016 BRFSS as compiled by 2019 County Health Rankings

Health Behaviors: Adult Weight Status

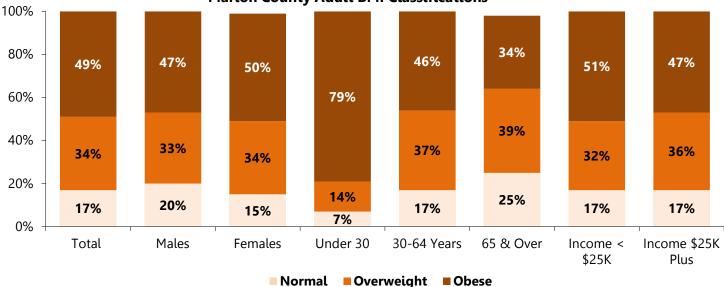
Key Findings

Eighty-three percent (83%) of Marion County adults were overweight (34%) or obese (49%) based on body mass index (BMI). Twenty-eight percent (28%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

Adult Weight Status

- Eighty-three percent (83%) of Marion County adults were either overweight (34%) or obese (49%) by body mass index (BMI). This puts them at elevated risk for developing a variety of preventable diseases.
- In 2019, 49% of adults were trying to lose weight, 25% were trying to maintain their current weight or keep from gaining weight, and 4% were trying to gain weight.
- Marion County adults did the following to lose weight or keep from gaining weight: drank more water (44%); ate less food, fewer calories, or foods low in fat (43%); exercised (41%); ate a low-carb diet (14%); smoked cigarettes (6%); went without eating for 24 hours (5%); used a weight loss program (3%); received health coaching (3%); took diet pills, powders or liquids without a doctor's advice (2%); took prescribed medications (2%); participated in a prescribed dietary or fitness program (1%); had bariatric surgery (1%); and took laxatives (<1%).

The following graph shows the percentage of Marion County adults who are overweight or obese by body mass index (BMI). Examples of how to interpret the information include: 17% of all Marion County adults were classified as normal weight, 34% were overweight, and 49% were obese.



Marion County Adult BMI Classifications*

*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Normal weight (BMI of 18.5 – 24.9)	17%	30%	32%
Overweight (BMI of 25.0 – 29.9)	34%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	49%	34%	31%

Physical Activity

- Fifty-six percent (56%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week; 30% of adults exercised five or more days per week; and 28% of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- The U.S. Department of Health and Human Services recommends that adults participate in a least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 744 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity *(Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans, 2018).*
- Marion County adults reported the following would help them use community parks, bike trails and walking
 paths more frequently: more available parks, bikes, and walking paths (30%); improvements to existing parks,
 trails, and paths (23%); better promotion and advertising of existing parks, trails and paths (17%); designated
 safe routes (17%); more accessible parks, bike trails, or walking paths (15%); and more public events and
 programs involving parks, trails and paths (14%).
- Adults reported they use or visit the parks, bike trails, and walking paths in their community: very often (5%), somewhat often (19%), not very often (35%), and not at all (38%). Three percent (3%) of adults reported there were no parks, bike trails, or walking paths are available in their community.

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Marion County adults consumed per day.

	5 or more servings	3 to 4 servings	1 to 2 servings	0 servings
Fruit	2%	9%	70%	19%
Vegetables	2%	18%	72%	8%
Sugar-sweetened beverages	10%	12%	37%	41%
Caffeinated beverages	11%	19%	48%	22%

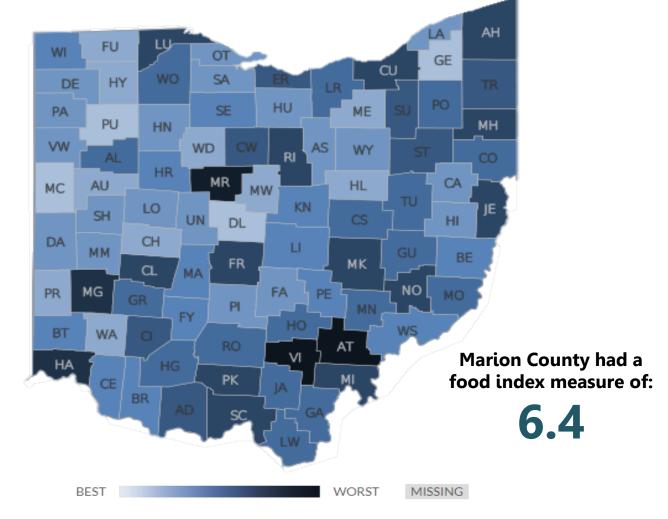
- In 2019, 43% of adults ate between one to two servings of fruits and/or vegetables per day. One-third (33%) ate between three to four servings per day, and 18% ate five or more servings per day. Six percent (6%) of adults ate zero servings of fruits and/or vegetables per day.
- Marion County adults reported they obtained their fresh fruits and vegetables from the following:
 - Large grocery store (such as Wal-Mart) (92%)
 - Grow their own/garden (28%)
 - Farmer's market (19%)
 - Local grocery store (19%)
 - Corner/convenience stores (4%)
 - Food pantry (3%)

- Dollar General/Dollar Store (2%)
- Veggie mobile/mobile produce (1%)
- Mail order food services (<1%)
- Community garden (<1%)
- Other (4%)
- The American Cancer Society recommends that adults eat at least 2½ cups (five servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (Source: American Cancer Society, ACS Guidelines for Nutrition and Physical Activity, updated 2019).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (19%), did not like the taste (4%), did not know how to prepare (3%), no access (2%), no variety (2%), store did not take Electronic Benefits Transfer (EBT) (1%), transportation (1%), and other barriers (5%).

- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies: one to two meals (62%), three or four meals (17%), and five or more meals (4%). Seventeen percent (17%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.
- Marion County adults reported the following reasons determined the types of food they choose to eat: taste/enjoyment (57%), cost (53%), ease of preparation/time (47%), healthiness of food (39%), food that their family prefers (30%), food that they are used to (29%), availability (28%), nutritional content (18%), calorie content (15%), if it was genetically modified (7%), artificial sweetener content (6%), if it was organic (5%), if it was lactose free (5%), other food sensitivities (4%), limitations due to dental issues (4%), health care provider's advice (4%), availability of food at the food pantry (4%), if it was gluten free (3%), limitations set by WIC (2%), and other reasons (7%).

The Food Environment Index measures the quality of the food environment in a county on a scale from zero to ten (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 (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

• The food environment index in Marion County is 6.4.



• The food environment index in Ohio is 6.7.

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2019)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2019, 14% of Marion County adults were current smokers, and 26% were considered former smokers. Eight percent (8%) of adults used e-cigarettes/vape pens in the past year. Nearly one-third (31%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Tobacco Use Behaviors

- In 2019, 14% of Marion County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- More than one-quarter (26%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

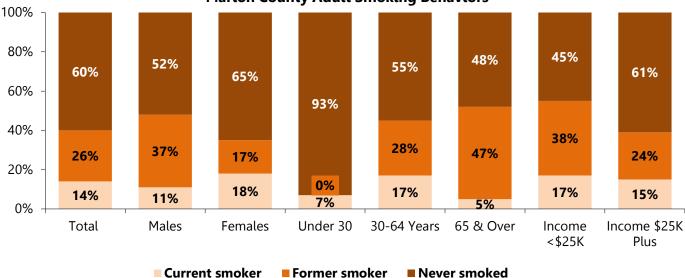
In 2019, 7,127 Marion County adults were current smokers.

- Marion County adult smokers were more likely to have:
 - Been female (18%)
 - Incomes less than \$25,000 (17%)
 - Been ages 30-64 years old (17%)
- Marion County adults used the following tobacco products in the past year: cigarettes (18%); e-cigarettes/vape pens (8%); chewing tobacco, snuff, dip (6%); cigars (3%); cigarillos (1%); pipes (1%); hookah (1%); little cigars (1%); and dissolvable tobacco (<1%).
- Nearly one-third (32%) of current smokers had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- In 2019, 5% of Marion County adults were current e-cigarette users. Eighteen percent (18%) of adults indicated that they were former e-cigarette users.
- Adults who used e-cigarettes/vapes in the past year put the following in it: e-liquid or e-juice with nicotine (53%), marijuana or THC (24%), and e-liquid or e-juice without nicotine (10%).
- Adults indicated e-cigarette vapor is harmful to the following: themselves (59%), others (48%), and not harmful to anyone (3%). Nearly one-third (31%) of adults did not know if e-cigarette vapor was harmful to themselves or others.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018	
Current smoker (smoked on some or all days)	14%	21%	16%	
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	25%	25%	
Current e-cigarette user	5%	5%*	5%*	
Former e-cigarette user	18%	19%*	16%*	

*2017 BRFSS

The following graph shows Marion County smoking behaviors. Examples of how to interpret the information includes: 14% of all Marion County adults were current smokers, 26% of all adults were former smokers, and 60% had never smoked.



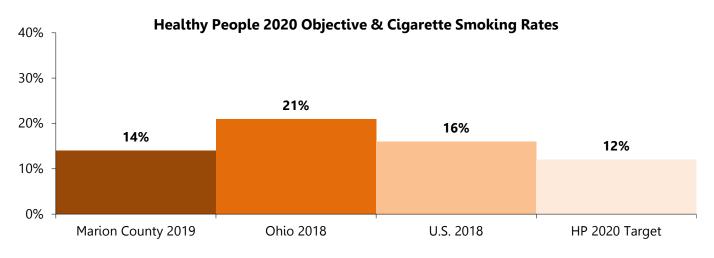
Marion County Adult Smoking Behaviors

*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows Marion County, Ohio, and U.S. adult cigarette smoking rates. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. The graph shows:

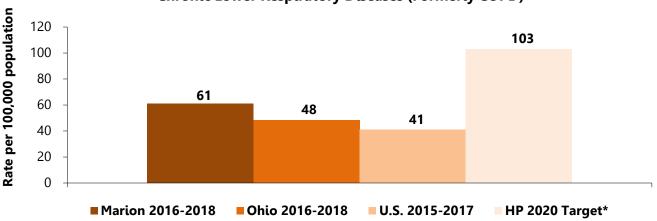
• The Marion County adult cigarette smoking rate was lower than the Ohio and U.S. rate, but higher than the Healthy People 2020 target objective.



(Source: 2019 Marion County Health Assessment, 2018 BRFSS and Healthy People 2020)

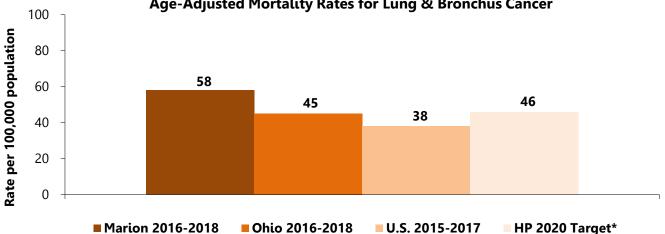
The following graphs show Marion County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD), and lung and bronchus cancer in comparison with the Healthy People 2020 objective. These graphs show:

- From 2016 to 2018, Marion County's age-adjusted mortality rate for chronic lower respiratory diseases was higher than the Ohio and U.S. rates, but lower than the Healthy People 2020 target objective.
- Marion County's age-adjusted mortality rate for lung and bronchus cancer was higher than the Ohio rate, the . U.S. rate and the Healthy People 2020 target objective.



Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)

^{*}Healthy People 2020's target rate is for adults aged 45 years and older.

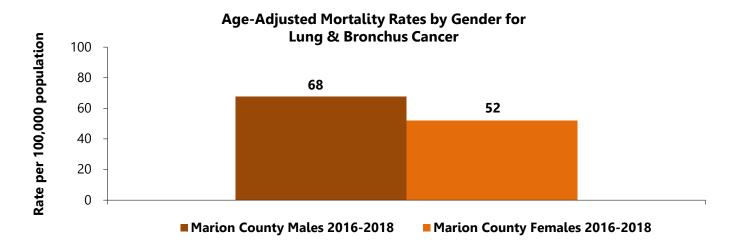


Age-Adjusted Mortality Rates for Lung & Bronchus Cancer

*The Health People 2020 target objective only includes the age-adjusted lung cancer death rate. (Sources for graphs: Ohio Public Health Data Warehouse 2016-2018, CDC Wonder 2015-2017, and Healthy People 2020.)

The following graph shows the Marion County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:

• Disparities existed by gender for Marion County lung and bronchus cancer age-adjusted mortality rates. The Marion County male rate was significantly higher than the Marion County female rate.



(Sources: Ohio Public Health Data Warehouse, 2016-2018)

Smoking and Other Health Risks

- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
 - Preterm (early) delivery
 - Stillbirth (death of the baby before birth)
 - Low birth weight
 - Sudden infant death syndrome (known as SIDS or crib death)
 - Ectopic pregnancy
 - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- Smoking can affect bone health.
 - Women past childbearing years who smoke have lower bone density (weaker bones) than women who
 never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers.
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, Smoking & Tobacco Use, Smoking and Other Health Risks, updated May 15, 2017)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Forty-seven percent (47%) of Marion County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Fifteen percent (15%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Adult Alcohol Consumption

- Forty-seven percent (47%) of Marion County adults had at least one alcoholic drink in the past month, increasing to 57% of those with incomes more than \$25,000.
- Of those who drank, Marion County adults drank 3.6 drinks on average, increasing to 4.0 drinks for males.
- Fifteen percent (15%) of Marion County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 34% had at least one episode of binge drinking.
- Five percent (5%) of adults reported driving after perhaps having too much alcohol to drink in the past month.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Current drinker (had at least one drink of alcohol within the past month)	47%	52%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	15%	16%	16%
Drove after having perhaps too much alcohol to drink (in the past month)	5%	4%	3%

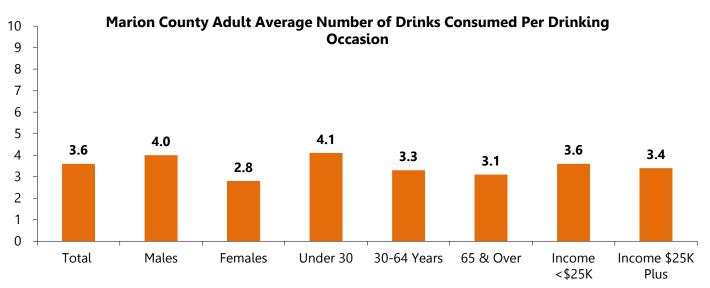
The following graphs show the percentage of Marion County adults who consumed alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph includes: 51% of all Marion County adults did not drink alcohol in the past month, including 62% of those 65 and older and 54% of females.



Marion County Average Number of Days Drinking Alcohol in the Past Month*

*Percentages may not equal 100% as some respondents answered, "Don't know."

23,925 of Marion County adults had at least one alcoholic drink in the past month.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Health Behaviors: Adult Drug Use

Key Findings

In 2019, 6% of Marion County adults had used recreational marijuana or hashish during the past six months. Nine percent (9%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 18% of those with incomes less than \$25,000.

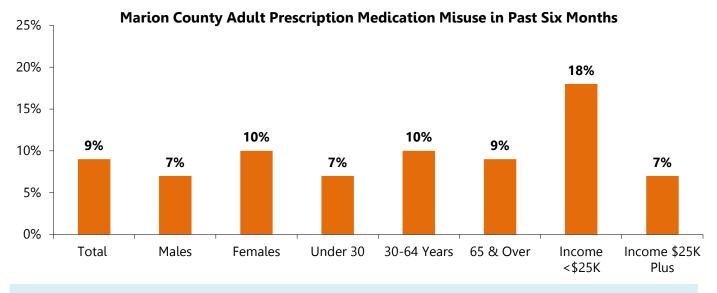
Prescription Drug Misuse

- Nine percent (9%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 18% of those with incomes less than \$25,000.
- Adults misused the following medications in the past six months:
 - Tranquilizers (4%)
 - Codeine, Demerol, Morphine, Percocet, or Dilaudid (4%)
 - Tramadol (2%)
 - Steroids (2%)
 - Vicodin (2%)
 - Ritalin (2%)
 - Neurontin (2%)
 - OxyContin (1%)
 - Suboxone (1%)
- Marion County adults obtained the above medications from the following: primary care physician (49%), bought from drug dealer (20%), ER or urgent care doctor (14%), multiple doctors (9%), free from friend or family member (6%), dentist (6%), and nurse practitioner (3%).
- Marion County adults indicated they did the following with their unused prescription medication: took all medication as prescribed (24%), took it to the medication collection program (20%), kept it (18%), threw it in the trash (13%), flushed it down the toilet (11%), took it in on National Prescription Drug Take Back Days (10%), took it to the sheriff's office (5%), kept in a locked cabinet (4%), used drug deactivation pouches (1%), trade them (1%), give them away (<1%), and other method (3%). Thirty-four percent (34%) of adults did not have unused medication.

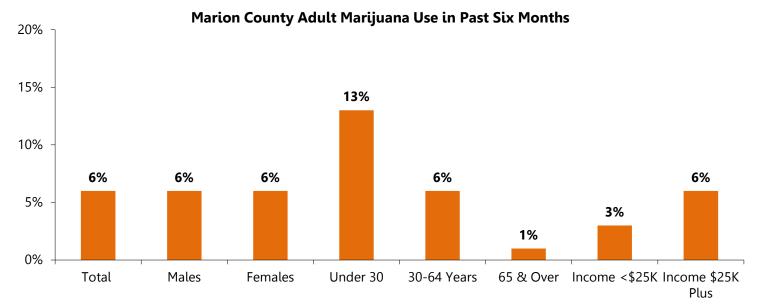
Marijuana and Other Drug Use

- Six percent (6%) of Marion County adults had used recreational marijuana or hashish in the past six months.
- Four percent (4%) of Marion County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Marion County adults reported that as a result of using drugs, they or someone in their household had failed a drug screen (4%), failed to fulfill obligations at work or home (3%), been placed in dangerous situations (3%), received Narcan or nasal naloxone (3%), had legal problems (2%), and overdosed and required EMS/hospitalization (2%).
- Three percent (3%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: do not feel they have a problem (6%), could not afford to go (2%), programs are always full (2%), insurance does not cover it (1%), stigma of seeking services (1%), could not get to the office or clinic (1%), did not have any openings (<1%), transportation (<1%), did not want to miss work (<1%), had not thought of it (<1%), did not want to get in trouble (<1%), and wait time (<1%).

The following graph indicates adult prescription medication misuse and recreational marijuana use during the past six months. Examples of how to interpret the information includes: 9% of Marion County adults used misused prescription medications in the past six months, including 18% of those with incomes less than \$25,000.

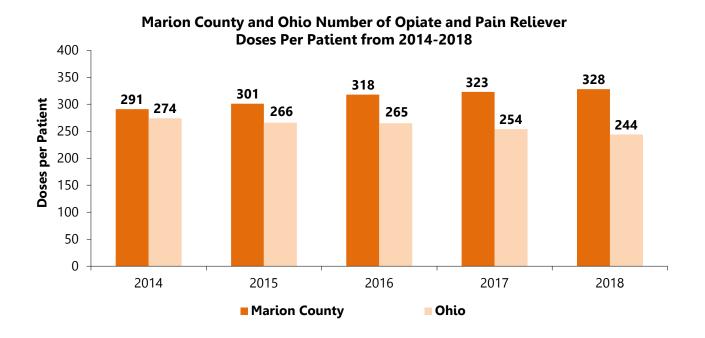


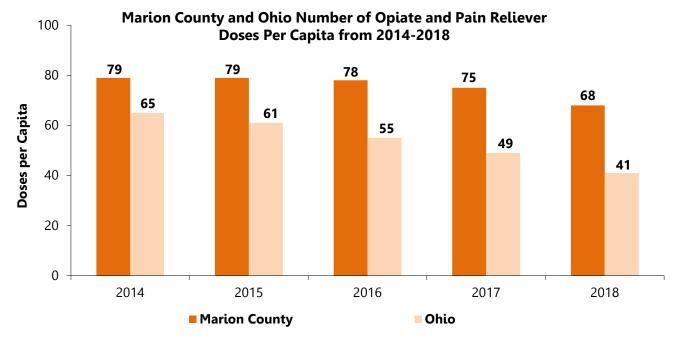
4,581 Marion County adults had used medication not prescribed to them during the past six months.



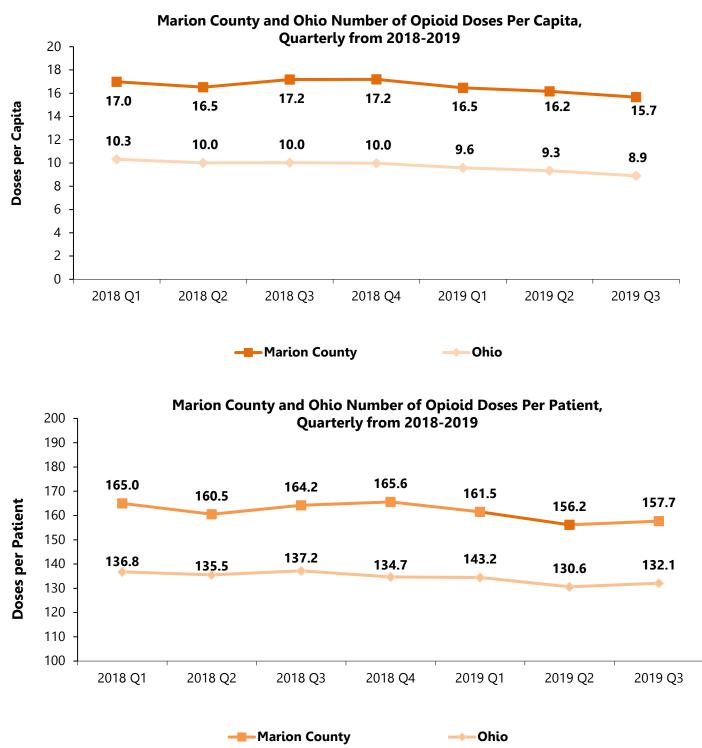
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Marion County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.





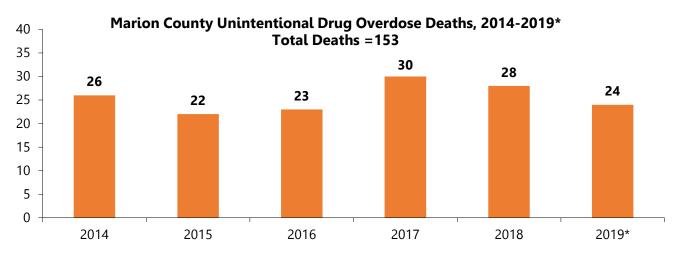
(Source for graphs: Ohio's Automated Rx Reporting System, 2014-2019, retrieved on 1-6-20)



The following graphs show Marion County and Ohio quarterly opiate and pain reliever doses per patient and doses per capita.

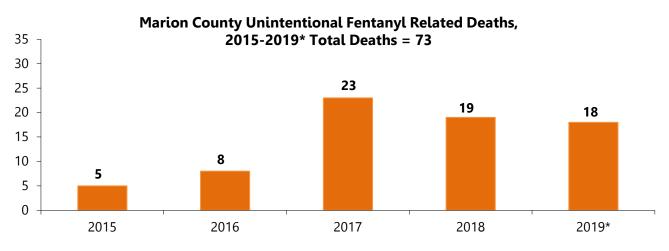
(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019, retrieved 3/10/20)

The following graphs show the number of unintentional drug overdose deaths as well as the number of unintentional Fentanyl related deaths in Marion County.



(Source for graph: Ohio Public Health Data Warehouse, 2014-2019) Years with * are considered partial and may be incomplete.

Note: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred. Marion County Coroner's Office statistics may differ from ODH data



*Years with * are considered partial and may be incomplete.*

(Source for graphs: Ohio Public Health Data Warehouse, 2015-2019)

Note: Resident deaths include individuals that resided in Marion at the time of death regardless of where the death occurred. Marion County Coroner's Office statistics may differ from ODH data

Ohio Automated Rx Reporting System (OARRS)

- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
 - All data reported is updated every 24 hours and is maintained in a secure database.
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OARRS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
 - OARRS works in limiting patients who "doctor shop" which refers to individuals fraudulently obtaining
 prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal
 distribution.
- Additionally, OARRS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.

(Source: Ohio Automated RX Reporting System; What is OARRS?, updated August 2017)

The table below shows the number of unintentional drug overdose deaths, and average crude and age-adjusted annual death rates per 100,000 population, for Marion County and Ohio.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2012- 2018 Total	2018 Crude Rate
Marion County	7	3	8	9	9	8	13	19	18	27	22	24	30	29	169	50.5
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	3,764	22,273	34.1

Number of Unintentional Drug Overdose Deaths and Average Crude Rates Per 100,000 Population, by County, 2005-2018

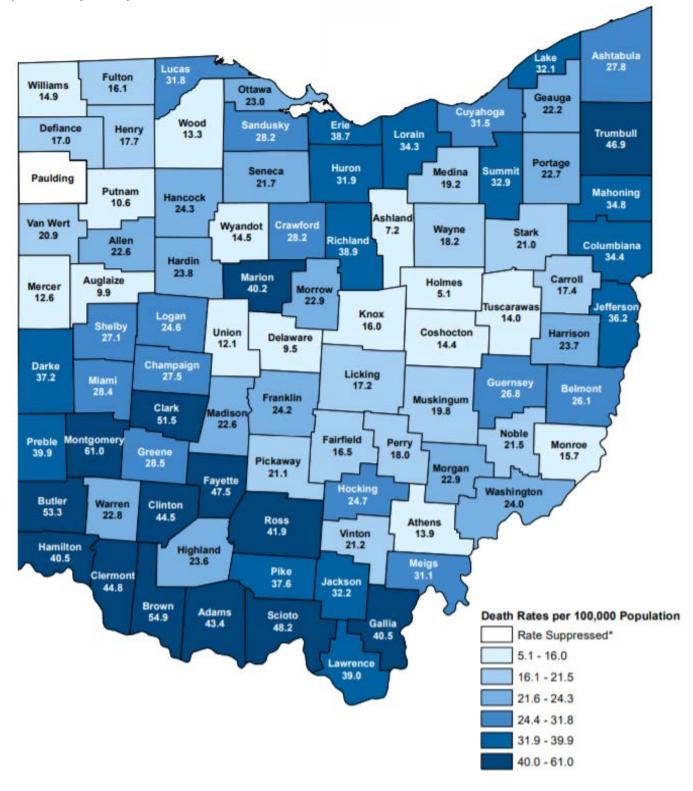
(Source: Ohio Department of Health, 2018 Ohio Drug Overdose Data: General Findings)

Ohio's New Limits on Prescription Opiates

- The opioid epidemic is undeniably a major public health issue that Ohio has been addressing since 2012. Furthering steps to save lives, Ohio has updated its policies in limiting opiate prescriptions, especially acute pain. With the highlights of Ohio's new opiate prescribing limits below, Ohio hopes to reduce opiate doses by 109 million per year:
 - No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors
 - The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day
 - Health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits
 - Prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, OARRS
 - The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction
 - The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing
- Since 2012, Ohio has reduced opiate prescriptions by 20% yet, more needs to be done to reduce the possibility of opiate abuse to those who are prescribed.

(Source: Ohio Mental Health and Addiction Services; New Limits on Prescription Opiates Will Save Lives and Fight Addiction, updated March 31, 2017)

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county, from 2013-2018.



(Source: Ohio Department of Health, 2018 Ohio Drug Overdose Data: General Findings)

Health Behaviors: Adult Sexual Behavior

Key Findings

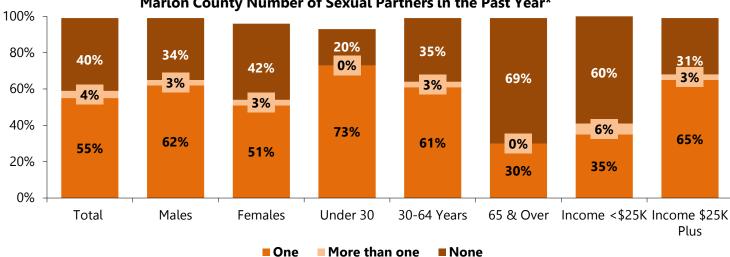
In 2019, 59% of Marion County adults had sexual intercourse. Four percent (4%) of adults had more than one partner in the past year. Three percent (3%) of Marion County adults were not using any method of birth control.

Adult Sexual Behavior

- Fifty-nine percent (59%) of Marion County adults had sexual intercourse in the past year.
- Four percent (4%) of adults reported they had intercourse with more than one partner in the past year.
- Two percent (2%) of adults reported they had unprotected sexual intercourse with more than one partner in the . past year.
- Marion County adults used the following methods of birth control: no partner/not sexually active (abstinent) (29%); they or their partner were too old (15%); hysterectomy (12%); vasectomy (12%); tubes tied (12%); birth control pill (11%); condoms (8%); infertility (6%); withdrawal (3%); ovaries or testicles removed (3%); IUD (2%); contraceptive implants (2%); shots (1%); abstinence (1%); they were gay or lesbian (<1%); and foam, jelly, film or cream (<1%). Two percent (2%) were currently trying to get pregnant and 5% were currently pregnant.
- Three percent (3%) of Marion County adults were not using any method of birth control. •
- The following situations applied to Marion County adults: had sex without a condom in the past year (26%), had anal sex without a condom in the past year (5%), tested positive for HPV (4%), were forced to have sex (3%), had sexual activity with someone of the same gender (2%), had four or more sexual partners in the past year (2%), tested positive for Hepatitis C (2%), had sex with someone they did not know (1%), engaged in sexual activity that they would not have done if sober (1%), treated for an STD in the past year (1%), had sex with someone they met on social media (<1%), and tested positive for HIV (<1%).

1,527 Marion County adults were not using any method of birth control.

The following graph shows the number of sexual partners Marion County adults had in the past year. Examples of how to interpret the information in the graph includes: 59% of all Marion County adults had one sexual partner in the past year, and 4% had more than one; additionally, 62% of males had one partner in the past year.



Marion County Number of Sexual Partners in the Past Year*

*Respondents were asked: "During the past year, with how many different people have you had sexual intercourse?" Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

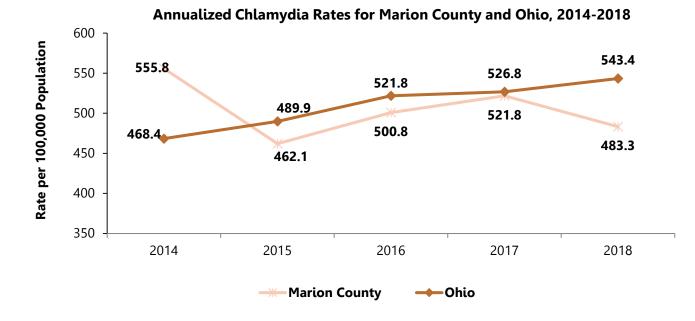
Understanding Sexual Violence

- Sexual violence is a very serious public health that affects millions of women and men.
- In the United States, 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetime.
- Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape and 1 in 14 men was made to penetrate someone (completed or attempted) during his lifetime.
- Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence.
- Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victims will or involve a victim who is unable to consent. Sexual violence also includes:
 - Unwanted sexual contact or
 - Non-contact, unwanted sexual experiences (such as verbal sexual harassment)
- Sexual violence can be committed by anyone including:
 - A current or former intimate partner
 - A family member
 - A person in position of power or trust
 - A friend or acquaintance
 - A stranger, or someone known only by sight
- Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. For example, victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence, last updated March 12, 2019)

The following graphs show Marion County chlamydia rates per 100,000 population and the number of chlamydia disease cases. The graphs show:

- Marion County chlamydia rates fluctuated from 2014 to 2018.
- The number of chlamydia cases in Marion County decreased from 2017 to 2018.

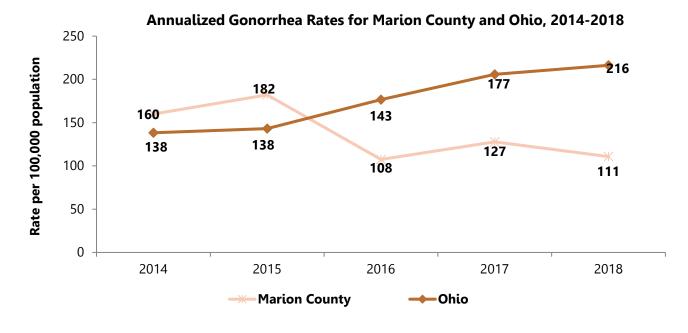


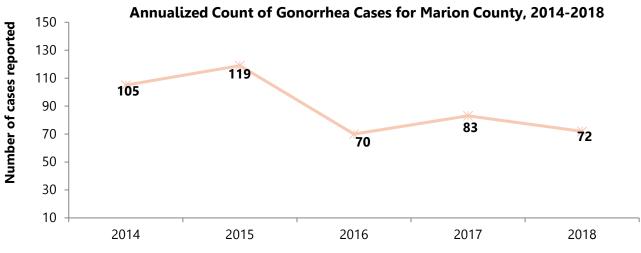
Annualized Count of Chlamydia Cases for Marion County, 2014-2018 Number of cases reported

(Source for graphs: ODH, STD Surveillance Program, data reported through 5/2/19, updated 8/2/19)

The following graphs show Marion County gonorrhea disease rates per 100,000 population and the number of gonorrhea cases. The graphs show:

- The Marion County gonorrhea rate fluctuated from 2014 to 2018.
- The number of gonorrhea cases in Marion County decreased from 2017 to 2018.





(Source for graphs: ODH, STD Surveillance Program, data reported through 5/2/19, updated 8/2/19)

Health Behaviors: Adult Mental Health

Key Findings

In 2019, 8% of Marion County adults considered attempting suicide. Fifteen percent (15%) of Marion County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems.

Adult Mental Health

- During the past year, 19% of Marion County adults experienced feeling so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities.
- During the past year, Marion County adults experienced the following almost every day for two weeks or more in a row: did not get enough sleep or rest (28%); had high stress (25%); felt worried, tense or anxious (24%); felt sad, blue or depressed (18%); felt very healthy and full of energy (11%); stopped during some usual activities (11%); and unusual increase or loss of appetite (8%).
- Eight percent (8%) of Marion County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- One quarter (25%) of Marion County adults had ever been told they had a depressive disorder including depression, major depression, dysthymia and minor depression.
- Adults indicated they would do the following if they knew someone who was suicidal: talk to them (76%), try to calm them down (58%), call 911 (47%), call a crisis line (44%), take them to the ER (29%), call a friend (18%), call their spiritual leader (16%), text a crisis line (7%), and nothing (4%).

4,072 Marion County adults considered attempting suicide in the past year.

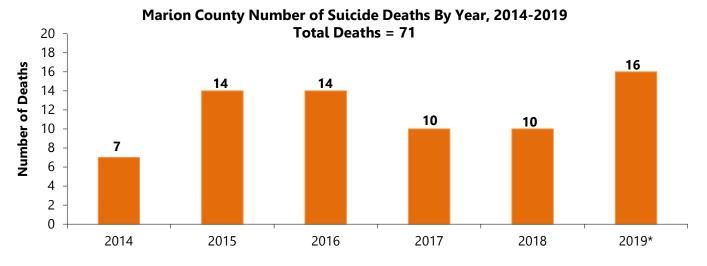
- Marion County adults indicated the following caused them anxiety, stress, or depression: financial stress (35%), job stress (32%), poverty/no money (26%), death of close family member or friend (22%), other stress at home (17%), raising/caring for children (16%), sick family member (15%), marital/dating relationship (15%), current news/political environment (13%), fighting at home (12%), unemployment (9%), caring for a parent (8%), family member with mental illness (5%), not feeling safe in the community (5%), not having enough to eat (4%), divorce/separation (4%), social media (4%), not feeling safe at home (2%), sexual orientation/gender identity (1%), and other causes (16%).
- Marion County adults dealt with stress in the following ways: talked to someone they trust (40%), listened to
 music (36%), slept (36%), prayer/meditation (31%), ate more or less than normal (31%), exercised (28%), worked
 on a hobby (26%), worked (17%), drank alcohol (12%), took it out on others (12%), smoked tobacco (10%), used
 prescription drugs as prescribed (8%), used illegal drugs (3%), talked to a professional (2%), misused
 prescription drugs (2%), self-harm (1%), and other ways (17%).
- Marion County adults reported they or a family member were diagnosed with, or treated for, the following mental health issues: anxiety or emotional problems (26%), depression (26%), an anxiety disorder (21%), bipolar (11%), attention deficit disorder (ADD/ADHD) (9%), post-traumatic stress disorder (PTSD) (7%), alcohol and illicit drug abuse (6%), psychotic disorder (4%), other trauma (4%), developmental disability (3%), autism spectrum (2%), eating disorder (2%), life-adjustment disorder/issue (1%), problem gambling (1%), and some other mental health disorder (5%). One quarter (25%) of Marion County adults indicated they or a family member had taken medication for one or more mental health issues.

• Fifteen percent (15%) of Marion County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: had not thought of it (11%), could not afford to go (7%), fear (6%), stigma of seeking mental health services (6%), did not know how to find a program (6%), co-pay/deductible too high (4%), other priorities (3%), transportation (2%), cannot get to office or clinic (2%), cannot find a mental health doctor or provider (1%), took too long to get in to see a doctor (<1%), and other reasons (8%). More than half (55%) of adults indicated they did not need such a program.

Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Ever been told they have a form of depression	25%	20%	20%

The graph below shows the Marion County suicide deaths by year. The graph shows:

• From 2014 to 2019, there was an average of 12 suicide deaths per year in Marion County.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 3/10/20) Years with * are considered partial and may be incomplete.

Common Signs of Mental Illness in Adults

- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
 - Excessive worrying or fear
 - Feeling excessively sad or low
 - Extreme mood changes
 - Avoiding friends and social activities
 - Changing in sleeping habits or feeling tired and low energy
 - Changes in eating habits such as increased hunger or lack of appetite
 - Abuse of substances like alcohol or drugs
 - Inability to carry out daily activities or handle daily problems and stress

(Source: National Alliance on Mental Illness, Know the Warning Signs, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

In 2019, 7% of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Almost half (49%) of Marion County adults were obese, 45% had high blood pressure, 37% had high blood cholesterol, and 14% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Seven percent (7%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 13% of those over the age of 65.
- Four percent (4%) of Marion County adults reported they had survived a stroke, increasing to 10% of those over the age of 65.
- Six percent (6%) of adults reported they had angina or coronary heart disease, increasing to 14% of those over the age of 65.

Marion County Leading Causes of Death, 2016-2018

Total Deaths: 2,340

- 1. Heart Diseases (22% of all deaths)
- 2. Cancers (21%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (7%)
- 5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

Ohio Leading Causes of Death, 2016-2018

Total Deaths: 367,518

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (21%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2016-2018)

• Five percent (5%) of adults reported they had congestive heart failure, increasing to 11% of those with incomes less than \$25,000 and 10% of those over the age of 65.

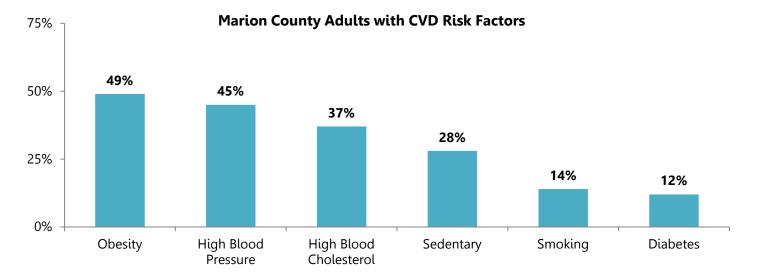
High Blood Pressure (Hypertension)

- More than two-fifths (45%) of adults had been diagnosed with high blood pressure.
- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-one percent (91%) of adults had their blood pressure checked within the past year.
- Marion County adults diagnosed with high blood pressure were more likely to have:
 - Incomes less than \$25,000 (71%)
 - Been ages 65 years or older (69%)
 - Been classified as obese by body mass index (BMI) (55%)

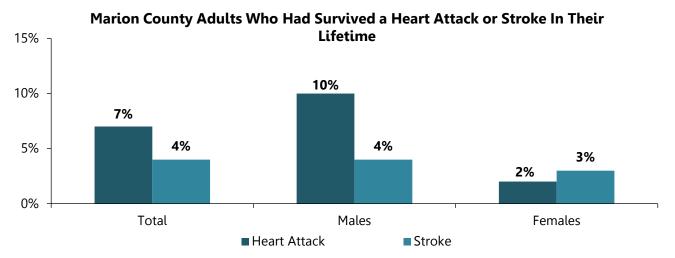
High Blood Cholesterol

- Thirty-seven percent (37%) of adults had been diagnosed with high blood cholesterol.
- More than three-fourths (77%) of adults had their blood cholesterol checked within the past five years.
- Marion County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (55%)
 - Incomes less than \$25,000 (51%)
 - Been male (46%)

The following graph shows the percentage of Marion County adults who had major risk factors for developing cardiovascular disease (CVD).



The following graph shows the percentage of Marion County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 10% of Marion County males survived a heart attack compared to 2% of females.

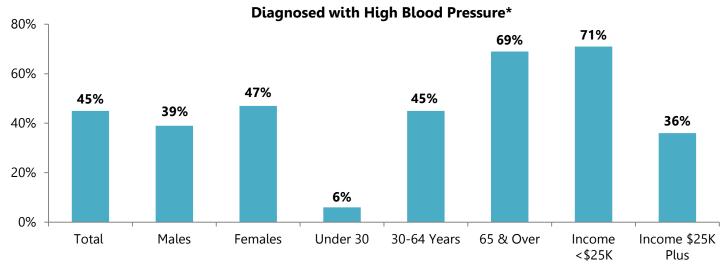


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

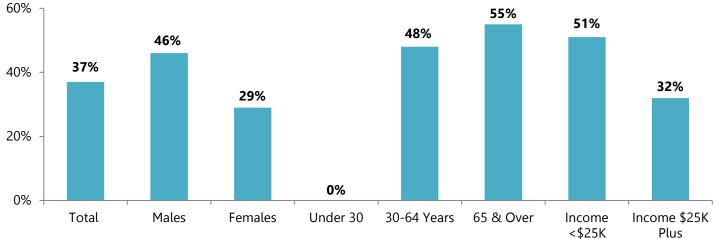
Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Ever diagnosed with angina or coronary heart disease	6%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction	7%	6%	5%
Ever diagnosed with a stroke	4%	4%	3%
Had been told they had high blood pressure	45%	35%*	32%*
Had been told their blood cholesterol was high	37%	33%*	33%*
Had their blood cholesterol checked within the last five years	77%	85%*	86%*

*2017 BRFSS

The following graphs indicates the percentage of Marion County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph includes: 45% of all Marion County adults have been diagnosed with high blood pressure, including 47% of females and 69% of those 65 and older.



*Does not include respondents who indicated high blood pressure during pregnancy only.

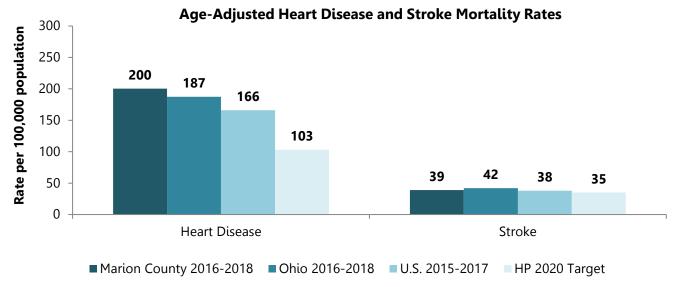


Diagnosed with High Blood Cholesterol

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the age-adjusted mortality rates per 100,000 population for heart disease and stroke. The graph shows:

- When age differences are accounted for, the statistics indicate that from 2016 to 2018, the Marion County heart disease mortality rate was higher than the Ohio rate, the U.S. rate and the Healthy People 2020 target objective.
- The Marion County age-adjusted stroke mortality rate was lower than the state rate but higher than the U.S. and the Healthy People 2020 target objective.



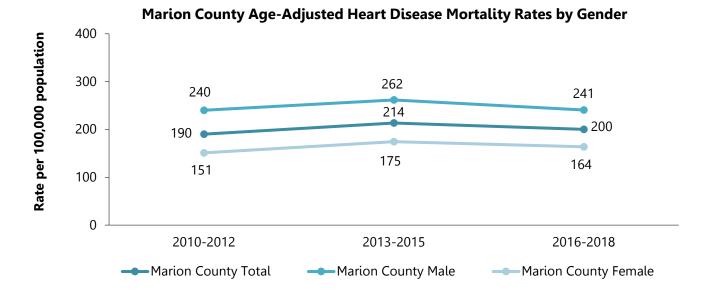
(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020)

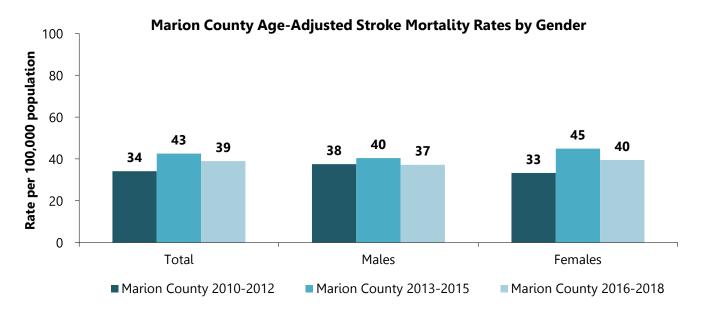
Healthy People 2020 Objectives Heart Disease and Stroke

Objective	2019 Marion Survey Population Baseline	2018 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	45%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding five years	77%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	37%	33% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard. (Sources: 2019 Marion County Health Assessment, 2017 BRFSS, Healthy People 2020) *The following graphs shows the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender. The graphs show:*

- From 2013-2018, the Marion County age-adjusted heart disease mortality rate slightly decreased.
- From 2016 to 2018, the Marion County age-adjusted stroke mortality rate was higher for females than males.





(Source for graphs: Ohio Public Health Data Warehouse, 2009-2017)

Chronic Disease: Cancer

Key Findings

The Ohio Public Health (ODH) Data Warehouse indicates that from 2016-2018, cancers caused 21% (492 of 2,340 total deaths) of all Marion County resident deaths. The largest percent (31%) of 2016-2018 cancer deaths were from lung and bronchus cancers (Source: Ohio Public Health Data Warehouse, 2016-2018).

Cancer Facts

• The Ohio Public Health (ODH) Data Warehouse indicates that from 2016-2018, cancers caused 21% (492 of 2,340 total deaths) of all Marion County resident deaths. The largest percent (31%) of 2016-2018 cancer deaths were from lung and bronchus cancers (*Source: Ohio Public Health Data Warehouse, 2016-2018*).

Marion County Incidence of Cancer, 2012-2016

All Types: 1,924 cases

- Lung and Bronchus: 345 cases (18%)
- Breast: 236 cases (12%)
- Colorectal: 229 cases (11%)
- Prostate: 155 cases (8%)

From 2016-2018, there were 492 cancer deaths in Marion County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 1/14/19)

Lung Cancer

- Eleven percent (11%) of Marion County male adults were current smokers, and 35% had stopped smoking for one or more days in the past year because they were trying to quit.
- Approximately 18% of Marion County female adults were current smokers, and 27% had stopped smoking for one or more days in the past year because they were trying to quit.
- The Ohio Department of Health reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=79) and female cancer deaths (n=72) from 2016-2018 in Marion County *(Source: Ohio Public Health Data Warehouse, 2016-2018).*
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke have about a 20-30 percent greater chance to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2019).

Breast Cancer

- In 2019, 50% of Marion County females reported having had a clinical breast examination in the past year.
- Fifty-two percent (52%) of Marion County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30. *(Source: American Cancer Society, Facts & Figures 2019).*

Prostate Cancer

- Seventy-six percent (76%) of males age 40 and over had a prostate-specific antigen (PSA) test at some time in their life, and 65% had one in the past two years.
- ODH statistics indicate that prostate cancer deaths accounted for 7% of all male cancer deaths from 2016-2018 in Marion County (*Source: Ohio Public Health Data Warehouse, 2016-2018*).

• No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (*Source: American Cancer Society, Facts & Figures 2019*).

Colorectal Cancers

- ODH statistics indicate that colon cancer deaths accounted for 11% of all male and female cancer deaths from 2016-2018 in Marion County (*Source: Ohio Public Health Data Warehouse, 2016-2018*).
- Modifiable factors that increase colorectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes *(Source: American Cancer Society, Facts & Figures 2019).*

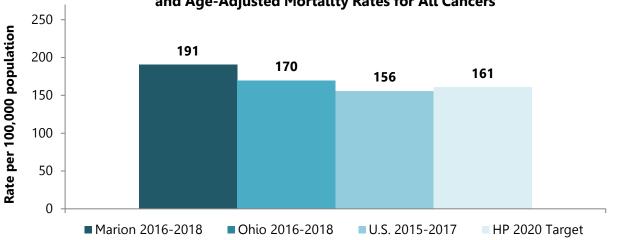
2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 9,680 (14%) will be from lung and bronchus cancers and 3,750 (6%) will be from melanoma (skin) cancer.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,340 (8%).

(Source: American Cancer Society, Facts and Figures 2019)

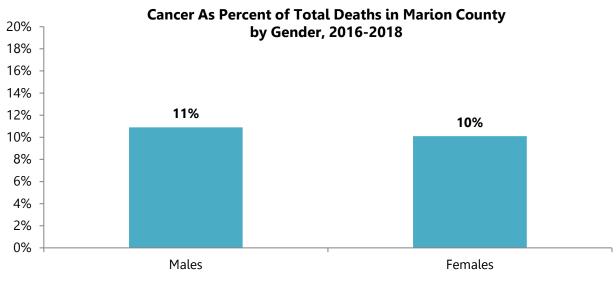
The following graphs show the Marion County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective and the percent of total cancer deaths in Marion County. The graphs show:

- When age differences are accounted for, Marion County had a higher cancer mortality rate than Ohio. The Marion County age-adjusted cancer mortality rate was also higher than the U.S. rate and the Healthy People 2020 target objective.
- The percentage of Marion County males who died from all cancers was slightly higher than the percentage of Marion County females who died from all cancers.



Healthy People 2020 Objective and Age-Adjusted Mortality Rates for All Cancers

(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017, Healthy People 2020)



⁽Source: Ohio Public Health Data Warehouse, 2016-2018)

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	345	18%	80.4
Breast	236	12%	58.4
Colorectal	229	12%	55.4
Other Sites/Unspecified	168	9%	41.5
Prostate	155	8%	72.5
Melanoma of Skin	86	4%	22.8
Non-Hodgkin's Lymphoma	85	4%	21.1
Bladder	78	4%	19.2
Kidney and Renal Pelvis	76	4%	18.1
Uterus	61	3%	28.2
Thyroid	61	3%	17.1
Oral Cavity & Pharynx	58	3%	13.2
Leukemia	50	3%	12.6
Pancreas	45	2%	10.2
Liver and Bile Ducts	32	2%	7.5
Stomach	29	2%	7.3
Multiple Myeloma	24	1%	6
Larynx	22	1%	5.2
Cervix	22	1%	15.9
Ovary	19	1%	8
Brain and CNS	18	<1%	4.7
Esophagus	12	<1%	2.7
Testis	9	<1%	5.5
Hodgkins Lymphoma	4	<1%	N/A
Total	1,924	100%	467.6

Marion County Incidence of Cancer, 2012-2016

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/08/18)

Chronic Disease: Arthritis

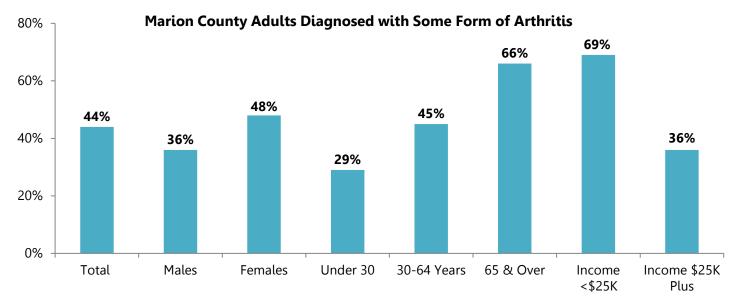
Key Findings

Forty-four percent (44%) of Marion County adults were ever told by a health professional that they had some form of arthritis.

Arthritis

- Forty-four percent (44%) of Marion County adults were ever told by a health professional that they had some form of arthritis, increasing to 69% of those with incomes less than \$25,000 and 66% of those over the age of 65.
- More than four-fifths (89%) of adults diagnosed with some form of arthritis were overweight or obese.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (*Source: CDC, Arthritis, 2019*).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions *(Source: CDC, Arthritis, 2019)*.

The following graph indicates the percentage of Marion County adults who have been diagnosed with some form of arthritis. Examples of how to interpret the information includes: 44% of all Marion County adults have been diagnosed with some form of arthritis, including 48% of females and 66% of those 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	44%	31%	26%

Arthritis: Key Public Health Messages

- Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.
- Key self-management activities include the following:
 - 1. Learn Arthritis Management Strategies Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
 - 2. Be Active –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
 - **3.** Watch your weight –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
 - **4. See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
 - 5. **Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, Updated February 2018)

Chronic Disease: Asthma

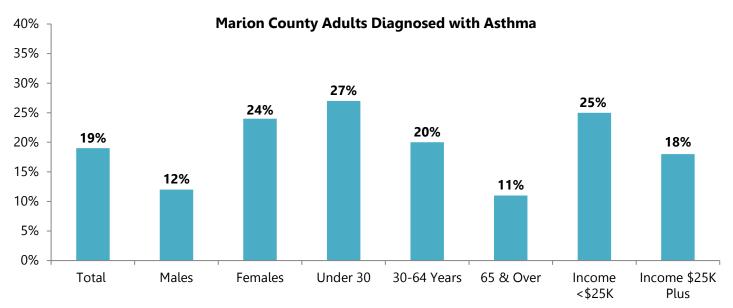
Key Findings

Nineteen percent (19%) of Marion County adults had been diagnosed with asthma in their lifetime.

Asthma and Other Respiratory Disease

- Nineteen percent (19%) of Marion County adults had been diagnosed with asthma in their lifetime.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke; dust mites; outdoor air pollution; cockroach allergens; pets; mold; smoke from burning wood or grass; infections linked to the flu, colds, and respiratory viruses *(Source: CDC, Common Asthma Triggers 2017).*
- Chronic lower respiratory disease was the 4th leading cause of death in Marion County and the 4th leading cause of death in Ohio from 2015 to 2017 *(Source: Ohio Public Health Data Warehouse, 2015-2017).*

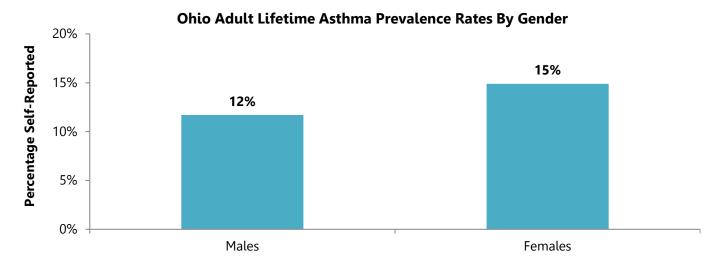
The following graph indicates the percentage of Marion County adults who have been diagnosed with asthma. Examples of how to interpret the information includes: 19% of all Marion County adults have been diagnosed with asthma, including 24% of females and 25% of those with incomes less than \$25,000.

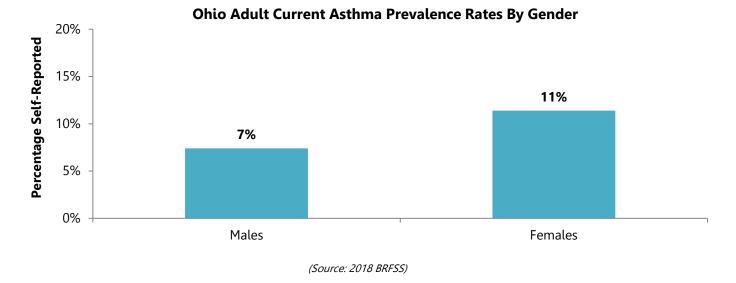


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Had ever been told they have asthma	19%	13%	15%

The following graphs demonstrate the lifetime and current prevalence rates of asthma by gender for Ohio residents.





Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma.
- Asthma mortality is almost 3,500 deaths per year.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Patients with asthma reported 11 million visits to a doctor's office and 1.7 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, updated 6/13/18)

Chronic Disease: Diabetes

Key Findings

Twelve percent (12%) of Marion County adults had been diagnosed with diabetes in their lifetime. Ten percent (10%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

Diabetes

- Twelve percent (12%) of Marion County adults had been diagnosed with diabetes in their lifetime, increasing to 31% of those with incomes less than \$25,000.
- Ten percent (10%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

Diabetes by the Numbers

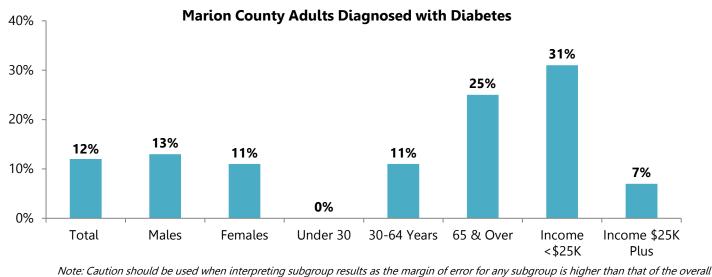
- **30.3 million** US adults have diabetes, and 1 in 4 of them don't know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- Diabetes I the **No.1** cause of kidney failure, lower -limb amputations, and adults-onset blindness
- In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the American population has aged and become more overweight or obese.

(Source: CDC, Diabetes by the Numbers, Updated: June 1, 2017)

- Two percent (2%) of Marion County adults had been diagnosed with pregnancy-related diabetes.
- Over one-third (34%) of adults with diabetes rated their health as fair or poor.
- Marion County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 93% were obese or overweight
 - 86% had been diagnosed with high blood pressure
 - 61% had been diagnosed with high blood cholesterol

Adult Comparisons	Marion County 2019	Ohio 2018	U.S. 2018
Ever been told by a doctor they have diabetes (not pregnancy-related)	12%	12%	11%
Ever been diagnosed with pregnancy-related diabetes	2%	1%	1%
Ever been diagnosed with pre-diabetes or borderline diabetes	10%	2%	2%

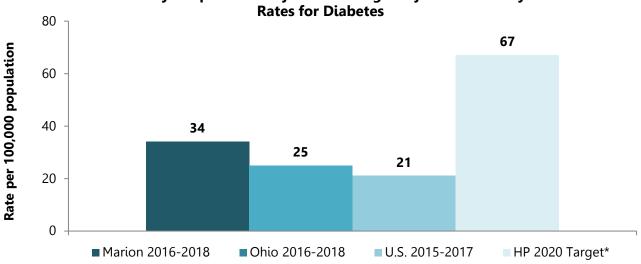
The following graph indicates the percentage of Marion County adults who have been diagnosed with diabetes. Examples of how to interpret the information include: 12% of all Marion County adults have been diagnosed with diabetes, including 13% of males and 31% of those with incomes less than \$25,000.



survey.

The following graph indicates the Marion County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for diabetes in comparison to the Healthy People 2020 objective. The graph shows:

When age differences are accounted for, Marion County had a higher diabetes mortality rate than Ohio and the . U.S., but a lower mortality rate than the Healthy People 2020 target objective.



Healthy People 2020 Objective and Age-Adjusted Mortality

*Note: The Healthy People 2020 rate is for all diabetes-related deaths. (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017, Healthy People 2020)

Chronic Disease: Quality of Life

Key Findings

In 2019, 35% of Marion County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (42%); back or neck problems (42%); chronic pain (38%); stress, depression, anxiety, or emotional problems (34%); and walking problems (33%).

Impairments and Health Problems

- Marion County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (17%)
 - A friend, family member or spouse with a health problem (8%)
 - An elderly parent or loved one (6%)
 - Children with discipline issues (6%)
 - A friend, family member or spouse with a mental health issue (6%)
 - An adult child (5%)
 - Grandchildren (5%)
 - Someone with special needs (4%)
 - A friend, family member or spouse with dementia (2%)
 - Foster children (1%)
- As a result of disability, Marion County adults reported the following applied to themselves or an immediate family member:
 - Are able to understand and speak their needs (23%)
 - They feel prepared to handle their needs in case of an emergency (18%)
 - They feel there are community resources available to handle their needs in case of an emergency (14%)
 - Has access to needs within the community (11%)
 - Has physical restrictions (8%)
 - Has emotional issues related to their disability (7%)
 - The police and/or fire department has themselves or the individual registered with 911 or with their departments in case of an emergency (2%)
- Approximately one in six (17%) adults had fallen in the past year, increasing to 20% of those 65 and older.
- Over one-third (35%) of Marion County adults were limited in some way because of a physical, mental or emotional problem, increasing to 54% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Back or neck problems (42%)
 - Arthritis/rheumatism (42%)
 - Chronic pain (38%)
 - Stress, depression, anxiety, or emotional problems (34%)
 - Walking problems (33%)
 - Chronic illness (28%)
 - Sleep problems (24%)
 - Lung/breathing problems (17%)
 - Fitness level (12%)

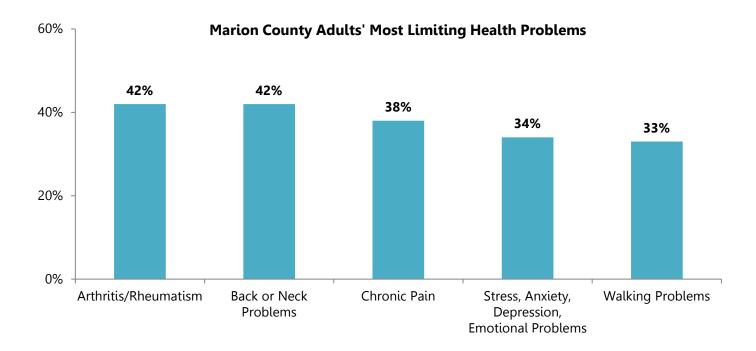
- Mental health illness/disorder (11%)
- Memory loss (11%)
- Fractures, bone/joint injuries (9%)
- Dental problems (9%)
- Hearing problems (7%)
- Confusion (7%)
- Eye/vision problems (6%)
- Learning disability (2%)
- Other impairments/problems (10%)

Adult Comparisons	Marion County 2019	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problems	35%	21%	20%

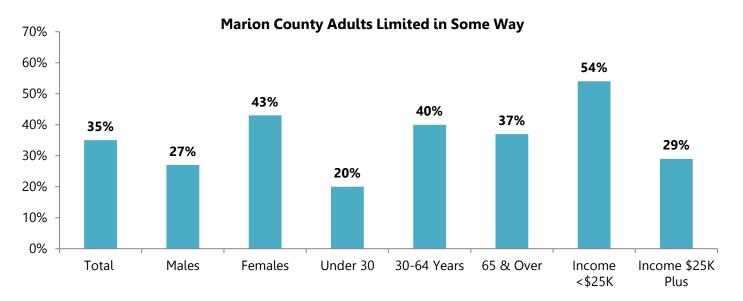
Healthy People 2020 Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Marion County 2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor- diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	42%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard. (Sources: Healthy People 2020 Objectives, 2019 Marion County Health Assessment)



The following graph shows the percentage of Marion County adults that were limited in some way. Examples of how to interpret the information includes: 35% of Marion County adults were limited in some way, including 40% of those 30-64 years old, and 54% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Social Conditions: Social Determinants of Health

Key Findings

Twenty-one percent (21%) of Marion County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Eleven percent (11%) of adults had experienced more than one issue related to food insecurity in the past year. In the past month, 12% of Marion County adults reported needing help meeting general daily needs such as food, clothing, shelter or paying utility bills,

increasing to 27% of those with incomes less than \$25,000.

Healthy People 2020

Healthy People 2020 developed five key determinants as a "place-based" organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment

Economic Stability



- Ten percent (10%) of adults reported they went to bed hungry because they did not have enough money for food at least one night per week. Three percent (3%) of adults went to bed hungry every night of the week.
- Adults experienced the following food insecurity issues in the past year: had to choose between paying bills and buying food (15%), worried food might run out (9%), went hungry/ate less to provide more food for their family (8%), did not eat because they did not have enough money for food (8%), their food assistance was cut (5%), and loss of income led to food insecurity issues (4%).
- Eleven percent (11%) of adults experienced more than one food insecurity in the past year.

5,599 Marion County adults experienced more than one food insecurity in the past year.

- In the past month, 12% of Marion County adults reported needing help meeting general daily needs such as food, clothing, shelter or paying utility bills, increasing to 27% of those with incomes less than \$25,000.
- Adults reported the following percent of their household income goes to their housing:
 - Less than 30% (45%)
 - 30-50% (23%)
 - 50% or higher (19%)
 - Don't know (14%)
- In the past year, adults were worried or stressed about having enough money to pay their rent/mortgage at the following frequencies:
 - Always (11%)
 - Usually (4%)
 - Sometimes (15%)
 - Rarely (14%)
 - Never (50%)
 - Don't know (6%)

- Three-fourths (75%) of Marion County adults owned their home, 20% rented their home, and 5% reported another arrangement.
- Fourteen percent (14%) of adults reported that their electric, gas, oil or water company threatened to shut of services in their home in the past year. One percent (1%) of adults reported it was already shut off.
- The median household income in Marion County was \$50,893. The U.S. Census Bureau reports median income levels of \$52,407 for Ohio and \$57,652 for the U.S. *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*
- Fourteen percent (14%) of all Marion County residents were living in poverty, and 22% of children and youth ages 0-17 were living in poverty (*Source: U.S. Census Bureau, American Community Survey, 2013-2017*).
- The unemployment rate for Marion County was 2.8% as of March 2018 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 22,235 housing units. The owner-occupied housing unit rate was 73%. Rent in Marion County cost an average of \$707 per month *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

Education

- Marion County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (8%); reading and understanding instructions (4%); reading a map, signs, food ingredients; and labels, etc. (3%); and completing a job application (3%).
- Eighty-eight percent (88%) of Marion County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- One-fifth (20%) of Marion County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2013-2017).

Health and Health Care

- In 2019, 92% of Marion County adults had health care coverage, leaving 8% of adults uninsured.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Marion County adults.

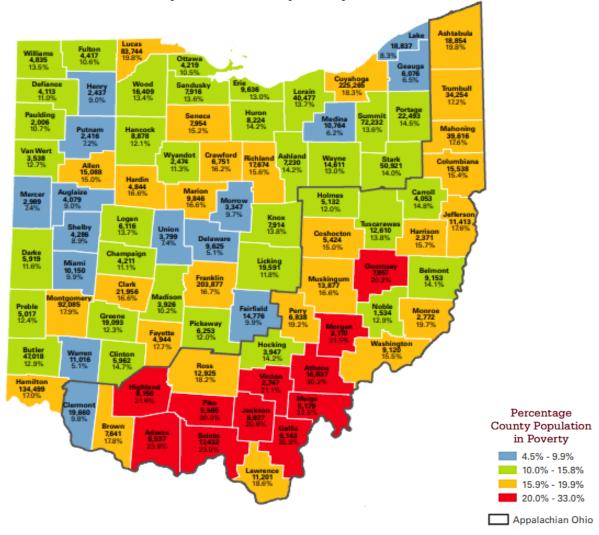
Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience "place" and the impact of "place" on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved July 23, 2017)

The map below shows the variation in poverty rates across Ohio during the 2013 to 2017 period.

- The 2013 to 2017 American Community Survey five-year estimates report that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 16.6% of Marion County residents were in poverty.



Estimated Poverty Rates in Ohio by County (2013-2017)

(Source: 2013-2017 American Community Survey five-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2019)

Social and Community Context

- Marion County adults indicated the following has motivated or motivates them to make positive changes in their health: family/kids (42%), to have more energy (41%), a health scare or fear of illness (22%), social support (16%), financial incentives (13%), exposure to a healthy environment (13%), discounted services (7%), incentives other than financial (4%), and exposure to a negative environment (4%). Thirty percent (30%) of adults indicated none of the above motivates or has motivated them to make changes in their health.
- Thirty-seven percent (37%) of adults reported gambling in the past year. They reported the following types of gambling: lottery/scratch-offs/pull tabs (81%); casinos (25%); bingo (7%); poker or other card games, dice, or craps (not at a casino) (5%); fantasy sports/online betting (4%); and horse/dog racing track (2%).
- Marion County adults experienced the following in the past year: a close family member went to the hospital (36%); death of a family member or close friend (32%); had bills they could not pay (18%); decline in their own health (16%); were a caregiver (12%); moved to a new address (9%); someone in their household lost their job/had their hours at work reduced (8%); someone close to them had a problem with drinking or drugs (7%); were threatened or abused by someone physically, emotionally, sexually and/or verbally (6%); their household income was cut by 50% (6%); had someone homeless living with them (4%); their child was threatened or abused by someone physically, sexually and/or verbally (4%); became separated or divorced (3%); knew someone living in a hotel (2%); were at risk for losing their home (1%), and witnessed someone in their family being hit or slapped (1%).
- Twelve percent (12%) of adults reported they were abused in the past year in the following ways:
 - Emotionally (81%)
 - Verbally (79%)
 - Financially (33%)
 - Sexually (16%)
 - Physically (5%)
 - Any of the above through electronic methods (33%)
- Adults reported the following people abused them in the past year: another person from outside the home (4%), a child (3%), a parent (<1%), family member living in the home (<1%), and someone else (1%).

10,690 Marion County adults experienced four or more ACEs.

- Marion County adults reported the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (30%)
 - A parent or adult in their home swore at, insulted, or put them down (28%)
 - Lived with someone who was a problem drinker or alcoholic (20%)
 - Lived with someone who was depressed, mentally ill, or suicidal (18%)
 - Someone at least five years older than them or an adult touched them sexually (17%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (15%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (10%)
 - Someone at least five years older than them or an adult tried to make them touch them sexually (9%)
 - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (8%)
 - Their family did not look out for each other, feel close to each other, or support each other (7%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (5%)
 - Someone at least five years older than them or an adult forced them to have sex (4%)
 - Their parents were not married (4%)
- More than one-fifth (21%) of adults experienced four or more ACEs.

Behaviors of Marion County Adults

Experienced four or more ACEs v	s. Did Not Experience Any ACEs

Adult Behaviors	Experienced four or more ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	89%	78%
Current drinker (had at least one alcoholic beverage in the past month)	61%	40%
Binge drinker (drank five or more drinks for males and four or more for females on an occasion)	49%	27%
Current smoker (currently smoke on some or all days)	27%	9%
Felt sad or hopeless for two or more weeks in a row (in the past month)	35%	12%
Seriously considered attempting suicide (in the past year)	26%	2%
Used recreational marijuana in the past six months	11%	4%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survev.

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors—which we term adverse childhood experiences (ACEs)—are common. The most common are separated or divorced parents; verbal, physical or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social • problems such as the following:
 - Depression Alcoholism and alcohol abuse
 - Fetal death — COPD
 - Illicit drug use — Unintended pregnancies
 - Liver disease
 - STDs

- Suicide attempts
- Early initiation of smoking
- Multiple sexual partners
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and • prevent childhood maltreatment and associated family dysfunction in the US.
- Studies are finding that there is a repetitive dose-response relationship between ACEs and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
 - Myocardial Infarction
 Mental Distress
 Disability
 - Unemployment
- Stroke

— Diabetes

Lowered educational attainment

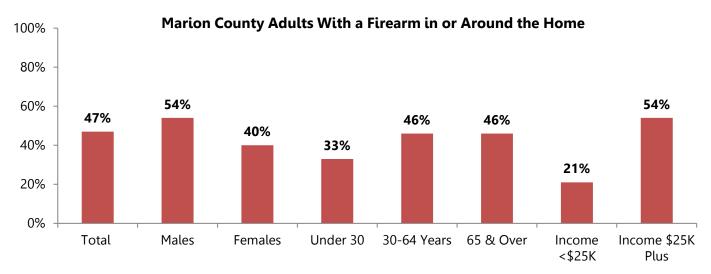
(Source: CDC, Adverse Childhood Experiences (ACEs), About Adverse Childhood Experiences, Updated 4/1/16)

Neighborhood and Built Environment

- Adults reported they would support the following community improvement initiatives: more locally-grown food/Farmer's Markets (48%), neighborhood safety (46%), local agencies partnering with grocery stores to provide healthier low-cost food items (37%), new and/or updated parks (37%), safe roadways (36%), bike/walking trail accessibility or connectivity (35%), sidewalk accessibility (30%), community gardens (27%), new and/or updated recreation centers (24%), housing regulations (13%), and smoke-free initiatives (9%). Eleven percent (11%) of adults indicated they would not support any of the above community improvement initiatives.
- Adults reported the following best described the social and physical environment in which they lived, worked, and played:
 - Parks and trails are available (57%)
 - There are many ways to get involved within the community (43%)
 - Health care services are easy to find and use (43%)
 - Fresh, health food is easy to get (43%)
 - There are adequate transportation services available (42%)
 - Working conditions are safe (35%)
 - Sidewalks are prevalent and accessible (34%)
 - There are good employment opportunities (31%)
 - It is a great pace to raise children (29%)
 - Sidewalks, parks and trails are frequently used (27%)
 - Neighborhoods are safe (24%)
 - Housing is safe and affordable (19%)
 - There is economic opportunity/there is room to grow financially (19%)
 - People are often treated differently based on the color of their skin (14%)
- Twenty-one percent (21%) of Marion County adults reported that their neighborhood was extremely safe, 48% reported it to be quite safe, 20% reported it to be slightly safe, and 8% reported it to be not safe at all. Three percent (3%) reported they did not know.
- Nearly half (49%) of Marion County adults strongly agreed that they felt comfortable being themselves in Marion County. Forty percent (40%) somewhat agreed, 6% somewhat disagreed, and 5% strongly disagreed.
- Seventeen percent (17%) of Marion County adults strongly agreed that the Marion area is a place that welcomes and embraces diversity in general. Fifty-seven percent (57%) somewhat agreed, 19% somewhat disagreed, and 6% strongly disagreed.
- In the past month, Marion County adults reported feeling upset, angry, sad or frustrated as a result of how they were treated based on the following: age (10%), gender (8%), race/ethnicity (6%), disability (6%), sexual orientation (1%), and past criminal activity (1%).
- Fifteen percent (15%) of adults had the following transportation issues:
 - Could not afford gas (30%)
 - Suspended/no driver's license (23%)
 - No car (21%)
 - Disabled (13%)
 - Cost of public or private transportation (11%)
 - Limited public transportation available or accessible (9%)
 - Did not feel safe to drive (8%)
 - No public transportation available or accessible (6%)
 - No car insurance (6%)
 - Other car issues/expenses (28%)

- Marion County adults reported doing the following while driving:
 - Talking on hands-free cell phone (43%)
 - Eating (42%)
 - Talking on hand-held cell phone (41%)
 - Texting (24%)
 - Using Internet on their cell phone (13%)
 - Not wearing a seatbelt (13%)
 - Being under the influence of alcohol (6%)
 - Read (5%)
 - Being under the influence of prescription drugs (4%)
 - Being under the influence of recreational drugs (2%)
 - Other activities (such as applying makeup, shaving, etc.) (2%)
- Nearly half (47%) of adults kept a firearm in or around their home, increasing to 54% of males. Six percent (6%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Marion County adults that had a firearm in or around the home. Examples of how to interpret the information shown on the graph includes: 55% of all Marion County adults had a firearm in or around the home, including 54% of males and 33% of those under 30 years old.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Social Conditions: Environmental Conditions

Key Findings

Marion County adults reported insects (15%) as the top environmental health issue that threatened their health in the past year. Thirty-eight percent (38%) of Marion County adults used a septic tank for wastewater.

Environmental Health

7,636 of Marion County adults reported that insects threatened their health in the past year.

- Marion County adults thought the following threatened their health in the past year:
 - Insects (15%)
 - Mold (12%)
 - Temperature regulation (9%)
 - Moisture issues (9%)
 - Rodents (8%)
 - Bed bugs (5%)
 - Safety hazards (4%)
 - Cockroaches (4%)
 - Plumbing problems (3%)
 - Air quality (3%)
 - Sewage/waste water problems (3%)

- Agricultural chemicals (3%)
- Food safety/foodborne illness (2%)
- Unsafe water supply/wells (2%)
- Asbestos (2%)
- Lice (1%)
- Sanitation issues (1%)
- Lyme disease (1%)
- Lead paint (1%)
- Chemicals found in products (1%)
- Radon (1%)
- Thirty-eight percent (38%) of Marion County adults used a septic tank for wastewater. Of those adults who had a septic tank, they last had it pumped at the following frequencies: within the past five years (46%), six to eight years ago (10%), more than eight years ago (6%), and have never had it pumped (3%). More than one-third (35%) of adults did not know the last time they had it pumped.

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by:
 - Keep humidity levels as low as you can, no higher than 50%, all day long.
 - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
 - Clean bathrooms with mold-killing products.
 - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly. Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, Facts about Mold and Dampness, Updated August 2017)

Youth Health: Weight Status

Key Findings

One-fifth (20%) of Marion County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 35% of Marion County youth reported that they were slightly or very overweight. Sixty-six percent (66%) of youth exercised for sixty minutes on three or more days per week.

2,187 Marion County youth were classified as overweight or obese.

Youth Weight Status

- Body mass index (BMI) for children is calculated differently from adults. The CDC uses BMI-for-age, which is
 gender and age specific as children's body fat changes over the years as they grow. In children and teens, BMI
 is used to assess underweight, normal, overweight, and obese.
- One-fifth (20%) of Marion County youth were classified as obese by BMI calculations. Sixteen percent (16%) of youth were classified as overweight. Sixty-four percent (6%) were normal weight, and 2% were underweight.
- More than one-third (35%) of youth described themselves as being either slightly or very overweight.
- Forty-eight percent (48%) of all youth were trying to lose weight, increasing to 57% of females (compared to 40% of males).
- Youth did the following to lose weight or keep from gaining weight in the past month:
 - Drank more water (50%)
 - Exercised (44%)
 - Ate more fruits and vegetables (31%)
 - Ate less food, fewer calories, or foods lower in fat (29%)
 - Skipped meals (18%)
 - Went without eating for 24 hours or more (7%)
 - Vomited or took laxatives (2%)
 - Smoked cigarettes/e-cigarettes (1%)
 - Took diet pills, powders, or liquids without a doctor's advice (1%)
- Thirty-six percent (36%) of youth did not do anything to lose or keep from gaining weight.

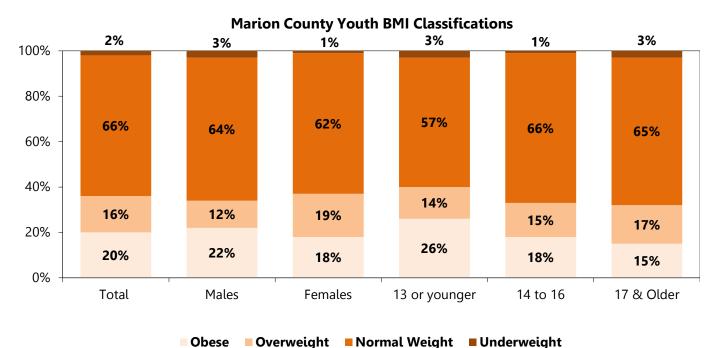
Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Marion County 2019	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged two to 19 years who are considered obese	20% (6-12 Grade) 17% (9-12 Grade)	15% (9-12 Grade)	15%

Note: The Healthy People 2020 target is for children and youth aged 2-19 years.

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Marion County Health Assessment)

The following graph shows the percentage of Marion County youth who were classified as obese, overweight, normal weight or underweight according to body mass index (BMI) by age. Examples of how to interpret the information in the graph include: 66% of all Marion County youth were classified as normal weight, 20% were obese, 16% were overweight, and 2% were underweight for their age and gender.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Nutrition

- Six percent (6%) of youth reported they went to bed hungry on at least one day per week because their family did not have enough money for food.
- In the past week, youth reported they had drank soda pop, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at the following frequencies: at least one time per day (9%), two times per day (9%), three times per day (4%), four or more times per day (8%), one to three times during the past week (42%), and four to six times during the past week (14%). Fifteen percent (15%) of youth did not drink any soda pop, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks during the past week.

The table below indicates the number of servings Marion County youth had of fruit, vegetables, sugarsweetened beverages and caffeinated beverages per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	4%	14%	75%	7%
Vegetables	3%	13%	67%	17%
Sugar-sweetened beverage	7%	14%	59%	21%
Caffeinated beverages	7%	10%	50%	32%

Youth Physical Activity

- Sixty-six percent (66%) of youth participated in at least sixty minutes of physical activity on three or more days in the past week. Forty-four (44%) did so on five or more days in the past week and 22% did so every day in the past week. Nineteen percent (19%) of youth did not participate in at least sixty minutes of physical activity on any day in the past week.
- The CDC recommends that children and adolescents participate in at least sixty minutes of physical activity per day. Aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week (*Source: CDC, Youth Physical Activity Guidelines*).
- On an average day of the week, Marion County youth spent an average of 3.5 hours on a cellphone, 1.6 hours on a computer or tablet, 1.6 hours playing video games, and 1.4 hours watching TV.

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Obese	20%	17%	15%
Overweight	16%	17%	16%
Described themselves as slightly or very overweight	35%	33%	32%
Tried to lose weight	48%	48%	47%
Physically active at least sixty minutes per day on every day in past week	22%	21%	26%
Physically active at least sixty minutes per day on five or more days in past week	44%	48%	46%
Did not participate in at least sixty minutes of physical activity on any day in past week	19%	17%	15%
Watched three or more hours per day of television (on an average school day)	19%	15%	21%

• Nineteen percent (19%) of youth spent three or more hours watching TV on an average day.

Youth Health: Tobacco Use

Key Findings

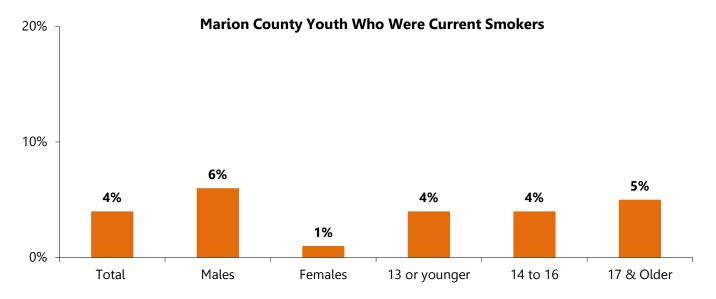
Four percent (4%) of Marion County youth were current smokers, having smoked at some time in the past month. Twelve percent (12%) of youth used e-cigarettes in the past year. The average age of onset for smoking was 12.5 years old.

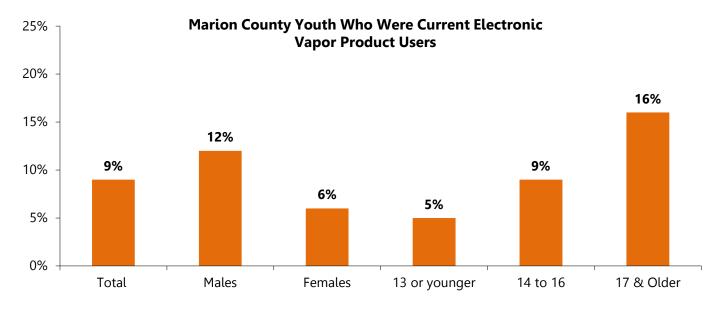
729 Marion County youth used e-cigarettes in the past year.

Youth Tobacco Use Behaviors

- In 2019, 13% of youth had tried cigarette smoking, even one or two puffs, increasing to 17% of those ages 17 and older.
- Six percent (6%) of all Marion County youth had tried cigarette smoking, even one or two puffs, for the first time before the age of 13.
- One-fifth (20%) of those who had smoked a cigarette, even one or two puffs, did so at 10 years old or younger, and another 27% had done so by 12 years old. The average age of onset for smoking was 12.5 years old.
- Four percent (4%) of Marion County youth were current smokers, having smoked at some time in the past month.
- Nine percent (9%) of Marion County youth used an electronic vapor product in the past month, increasing to 16% of those ages 17 and older.
- Youth used the following forms of tobacco in the past year:
 - E-cigarettes (12%)
 - Cigarettes (6%)
 - Swishers (5%)
 - Black & Milds (4%)
 - Pouch [snus] (3%)
 - Chewing tobacco, snuff, or dip (3%)
 - Cigars (2%)
 - Hookah (1%)
 - Little cigars (1%)
 - Bidis (1%)
 - Dissolvable tobacco products (1%)
- More than half (57%) of youth who used tobacco products in the past year (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products) had tried to quit.

The following graphs show the percentage of Marion County youth who were current smokers and current electronic vapor product users. Examples of how to interpret the information in the second graph include: 9% of all Marion County youth were current electronic vapor product users, including 12% of males and 16% of those ages 17 and older.





Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between those who have ever tried cigarette smoking and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 51% of those who have ever tried cigarette smoking felt sad or hopeless almost every day for two or more weeks in a row, compared to 20% of those who have never tried cigarette smoking.

Behaviors of Marion County Youth

Ever tried cigarette smoking vs. never tried cigarette smoking

Youth Behaviors		Never tried cigarette smoking
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	86%	25%
Currently participate in extracurricular activities	79%	84%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	51%	20%
Ever used marijuana		6%
Had sexual intercourse (in their lifetime)	47%	18%
Bullied (in the past year)	40%	35%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)		16%
Seriously considered attempting suicide (in the past year)		5%
Attempted suicide (in the past year)		2%
Misused prescription drugs (in the past month)	9%	5%

Healthy People 2020

Tobacco Use (TU)

Objective	Marion County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	4% (6-12 Grade) 3% (9-12 Grade)	9% (9-12 Grade)	16%*

*Note: The Healthy People 2020 target is for youth in grades 9-12.

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Marion County Health Assessment)

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	13%	13%	29%
Current smoker (smoked on at least one day during the past month)	4%	3%	9%
First tried cigarette smoking before age 13 (of all youth)	6%	4%	10%
Currently frequently smoked cigarettes (on 20 or more days during the past month)	1%	1%	3%
Currently smoked cigarettes daily (on all 30 days during the past month)	1%	1%	2%
Currently used an electronic vapor product (including e- cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens, on at least one day during the past month)	9%	10%	13%
Currently frequently used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pens, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past month)	1%	2%	3%
Did not try to quit using all tobacco products (including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products, during the past year, among students who used any tobacco products during the past year)	43%	40%	59%

E-Cigarettes and Youth: What Educators Need to Know

• What are e-cigarettes?

- E-cigarettes are battery-powered devices that deliver nicotine, flavorings, and other ingredients to the user. E-cigarette use is sometimes called "vaping." E-cigarettes do not create harmless water vapor they create an aerosol that contains harmful chemicals.
- Since 2014, e-cigarettes are the most commonly used tobacco product among youth.
- In 2018, the CDC and FDA data indicated that more than 3.6 million youth in the U.S. were past month ecigarette users.
- From 2017-2018, e-cigarette use skyrocketed, leading the U.S. Surgeon General to call the use of these products an epidemic.

• What are the risks for youth?

- 1. Most e-cigarettes contain nicotine, which is highly addictive. Nicotine exposure can cause harmful brain development; impact learning, memory, and attention; and increase risk for future addiction to other drugs.
- 2. Young people who use e-cigarettes may be more likely to use regular cigarettes.
- 3. E-cigarette aerosol may contain substances including cancer causing chemicals, flavorings that have been linked to lung disease, heavy metals such as tin, nickel and lead, etc.

(Source: CDC, Smoking and Tobacco Use, 12/5/19)

Youth Health: Alcohol Consumption

Key Findings

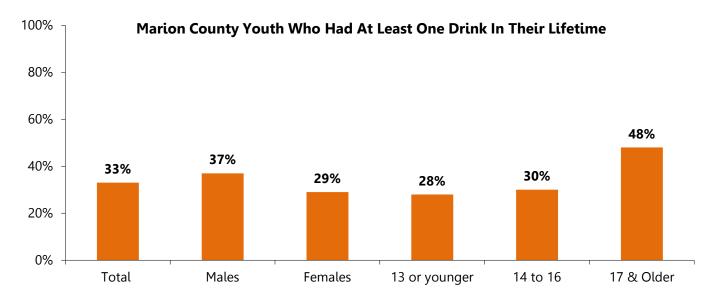
One-third (33%) of Marion County youth had drank at least one drink of alcohol in their life, increasing to 48% of youth 17 and older. Thirteen percent (13%) of youth had at least one drink in the past month, defining them as a current drinker. Of those who drank, 51% were defined as binge drinkers.

In 2019, 790 Marion County youth had at least one drink of alcohol in the past 30 days.

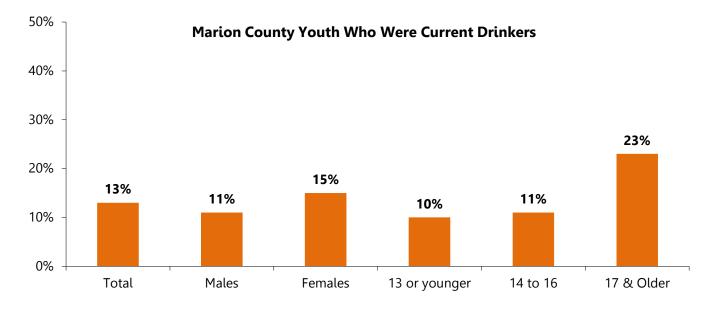
Youth Alcohol Consumption

- One-third (33%) of youth had at least one drink of alcohol in their life, increasing to 48% of those ages 17 and older.
- One-in-eight (13%) of youth had at least one drink in the past month, increasing to 23% of those ages 17 and older.
- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 13% of those ages 17 and older. Of those who drank, 51% were defined as binge drinkers.
- Of all youth, 15% had drunk alcohol for the first time before the age of 13.
- Nearly half (47%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 23% took their first drink between the ages of 13 and 14, and 30% started drinking between the ages of 15 and 18. The average age of onset was 12.5 years old.
- Youth drinkers reported they got their alcohol from the following:
 - A parent gave it to them (37%)
 - Someone gave it to them (25%)
 - Someone older bought it for them (24%)
 - Obtained it some other way (24%)
 - Took it from a store or family member (21%)
 - An older friend or sibling bought it (12%)
 - A friend's parent gave it to them (7%)
 - Bought it in a liquor store/convenience store/gas station (1%)
- Youth reported the last time a parent or guardian talked to them about the dangers of underage drinking or drug use was less than a month ago (30%), 2-3 months ago (14%), 4-6 months ago (7%), 7-12 years ago (5%), and more than a year ago (15%). Nearly one-third (31%) of youth reported their parent never talked to them about this subject.

The following graphs show the percentage of Marion County youth who drank in their lifetime and who were current drinkers. Examples of how to interpret the information include: 43% of all Marion County youth had drank at some time in their life, including 37% of males and 48% of those ages 17 and older.

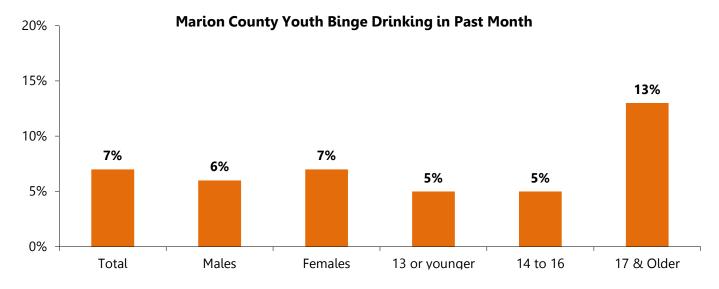


Based on all Marion County youth surveyed, 425 were defined as binge drinkers.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of youth who binge drank in the past month. Examples of how to interpret the information include: 7% of youth binge drank, including 7% of females and 13% of those ages 17 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between youth who ever drank alcohol and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 33% of those who have ever drank alcohol experienced 3 or more adverse childhood experiences in their lifetime, compared to 11% of those who have never drank alcohol.

Behaviors of Marion County Youth

Youth Behaviors		Never drank alcohol
Currently participate in extracurricular activities	82%	83%
Had sexual intercourse (in their lifetime)	38%	14%
Bullied (in the past year)	36%	35%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	34%	19%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	33%	11%
Ever tried cigarette smoking (even one or two puffs)	33%	3%
Used marijuana (in the past month)	27%	3%
Seriously considered attempting suicide (in the past year)	16%	4%
Attempted suicide (in the past year)	9%	1%
Misused prescription drugs (in the past month)	6%	5%

Had at least one drink in their lifetime vs. never drank in their lifetime

Healthy People 2020 Substance Abuse (SA)

Objective	Marion County 2019	U.S. 2017	Healthy People 2020 Target		
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (6-12 Grade) 7% (9-12 Grade)	14% (9-12 Grade)	9%*		

*Note: The Healthy People 2020 target is for youth aged 12-17 years.

(Sources: Healthy People 2020 Óbjectives, 2017 U.S. YRBS, 2019 Marion County Health Assessment)

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th –12 th)	U.S. 2017 (9 th –12 th)
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	33%	35%	60%
Current drinker (at least one drink of alcohol on at least one day during the past month)	13%	14%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	7%	7%	14%
Drank for the first time before age 13 (of all youth)	15%	7%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	25%	29%	44%

Preventing Teen Drinking and Driving: What Works?

- **Minimum legal drinking age** (MLDA) laws in every state make it illegal to sell alcohol to anyone under the age of 21. Research has shown that enforcement of MLDA laws, including compliance checks, has reduced retail sales of alcohol to those under the legal age.
- **Zero tolerance laws** make it illegal for those under age 21 to drive after drinking any alcohol. Research has shown that these laws have reduced drinking and driving crashes among teens.
- **Graduated driver licensing** (GDL) systems help new drivers get more experience under less risky conditions. As teens move throughout the different stages, they gain more privileges (such as driving at night, driving with a passenger, etc.). Every state has a GDL, but the rules may differ from state to state. Research indicates GDL systems prevent crashes.
- **Parent involvement**, with a focus on monitoring and restricting what new drivers are allowed to do, helps keep teens safe as they learn to drive. Parents may consider creating and signing a parent-teen driving agreement with their teens. Research shows when parents enforce rules, new drivers report lower rates of risky driving, crashes, and violations.

(Source: CDC, Teen Drinking and Driving, updated on August 2, 2018)

Youth Health: Drug Use

Key Findings

In 2019, 5% of Marion County youth had used marijuana at least once in the past month, increasing to 12% of those ages 17 and over. Five percent (5%) of youth used prescription drugs not prescribed for them in the past month. Nearly three-fourths (73%) of youth reported their reason for not using drugs was that their parents would be upset.

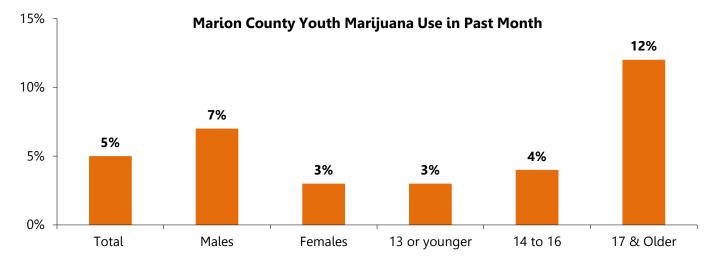
304 Marion County youth were current marijuana users.

Youth Drug Use

- In 2019, 5% of youth had used marijuana at least once in the past month, increasing to 12% of those ages 17 and over.
- Eleven percent (11%) of youth had tried marijuana in their lifetime.
- Youth agreed with the following statements: marijuana is addictive (47%), medical marijuana should be legalized (43%), recreational marijuana should be legalized (25%), and using marijuana leads to using other drugs (41%). Eighteen percent (18%) of youth did not agree with any of the above statements.
- Marion County youth had tried the following in their lifetime:
 - Liquid THC (4%)
 - Misused cough syrup (3%)
 - Inhalants (3%)
 - Posh/salvia/synthetic marijuana (2%)
 - Methamphetamines (1%)
 - Bath salts (1%)
 - Ecstasy/MDMA/Molly (1%)
 - Heroin (1%)
 - Cocaine (1%)
 - Hallucinogenic drugs, such as LDS, acid, PC, angel dust, mescaline, or mushrooms (1%)
 - K2/spice (1%)
 - Over-the -counter medications (to get high) (1%)
 - Misused hand sanitizer (<1%)
- During the past year, 7% of all Marion County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 9% of males.
- In the past month, 5% of youth used prescription drugs not prescribed to them.
- Youth reported that in their lifetime they had used the following medications that were not their prescription: Oxycontin (1%), Vicodin (1%), and Adderall (1%).
- Youth indicated the following reasons for not using drugs: parents would be upset (73%), personal values (64%), legal consequences (50%), being kicked out of extra-curricular activities (50%), friends would not approve (41%), health problems (39%), random student drug testing (38%), and other reasons (27%).
- Youth reported that their parents would disapprove of them doing the following: misusing prescription drugs (91%), smoking cigarettes (90%), using e-cigarettes (88%), using marijuana (87%), and drinking alcohol (81%).
- Youth reported that their friends would disapprove of them doing the following: misusing prescription drugs (82%), smoking cigarettes (79%), using marijuana (69%), using e-cigarettes (68%), and drinking alcohol (60%).

• Youth reported that they would disapprove of someone their age doing the following: misusing prescription drugs (86%), smoking cigarettes (84%), using e-cigarettes (72%), using marijuana (71%), and drinking alcohol (70%).

The following graph indicates youth marijuana use in the past month. Examples of how to interpret the information include: 5% of youth have used marijuana in the past month, including 12% of those ages 17 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 63% of those who have ever used marijuana had sexual intercourse in their lifetime, compared to 17% of those who have never tried marijuana.

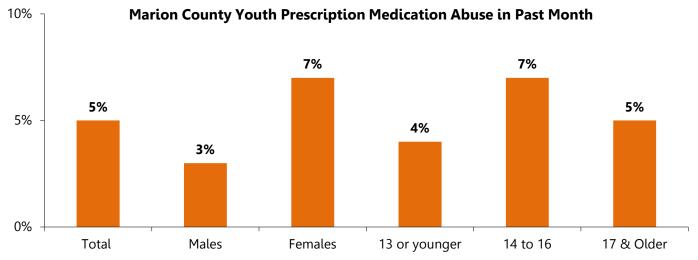
Behaviors of Marion County Youth

Ever used marijuana vs. never used marijuana

Youth Behavior		Never used marijuana
Currently participate in extracurricular activities	83%	84%
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	81%	27%
Had sexual intercourse (in their lifetime)	63%	17%
Ever tried cigarette smoking (even one or two puffs)	54%	8%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	42%	15%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	40%	22%
Bullied (in the past year)	34%	36%
Seriously considered attempting suicide (in the past year)	19%	7%
Attempted suicide (in the past year)	13%	3%
Misused prescription drugs (in the past month)	8%	5%

"Current marijuana use" indicates youth who self-reported using marijuana at any time during the past month.

The following graph shows youth prescription medication abuse in the past month. Examples of how to interpret the information include: 2% of youth have misused prescription medication in the past month, including 3% of males and 7% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Used marijuana in the past month	5%	6%	20%
Ever used marijuana	11%	14%	36%
Ever used methamphetamines (in their lifetime)	1%	<1%	3%
Ever used cocaine (in their lifetime)	1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	2%
Ever used inhalants (in their lifetime)	3%	2%	6%
Ever used ecstasy (also called MDMA) (in their lifetime)	1%	<1%	4%
Ever took steroids without a doctor's prescription (in their lifetime)	0%	0%	3%
Were offered, sold, or given an illegal drug on school property (in the past year)	7%	8%	20%

Youth Health: Sexual Behavior

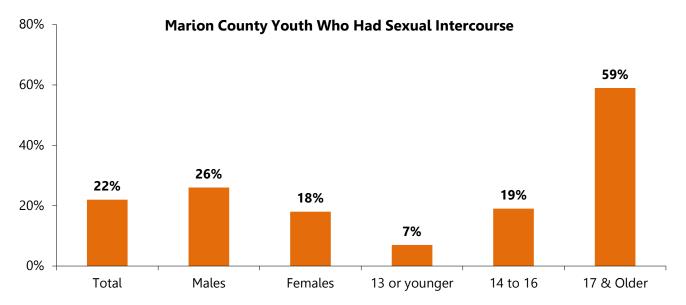
Key Findings

Twenty-two percent (22%) of Marion County youth had sexual intercourse in their lifetime. Fourteen percent (14%) of sexually active youth had four or more sexual partners. Five percent (5%) of youth engaged in intercourse without a reliable method of protection. Ten percent (10%) of youth had not been taught about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, or the use of condoms.

Youth Sexual Behavior

- Twenty-two percent (22%) of Marion County youth had sexual intercourse in their lifetime, increasing to 59% of those ages 17 and over.
- Of sexually active youth, 52% had one sexual partner and 48% had multiple partners.
- Forteen percent (14%) of sexually active youth had four or more sexual partners.
- Three percent (3%) of all youth had four or more sexual partners.
- Of sexually active youth, 21% had done so by the age of 13, and another 43% had done so by 15 years of age. The average age of onset was 14.9 years old.
- Of all youth, 2% were sexually active before 13 years old.
- More than half (53%) of youth who were sexually active used condoms to prevent pregnancy; 37% used birth control pills; 12% used the withdrawal method; 5% used a shot, patch or birth control ring; 5% used an IUD; and 7% used some other method. Nine percent (9%) of youth reported they were gay or lesbian. However, 5% engaged in intercourse without a reliable method of protection, and 17% reported they were unsure.
- Marion County youth had experienced the following:
 - Had sexual contact with a female (12%)
 - Had sexual contact with a male (10%)
 - Wanted to get pregnant (1%)
 - Been pregnant (1%)
 - Tried to get pregnant (<1%)
 - Been treated for an STD (<1%)
 - Had a child (<1%)
 - Got someone pregnant (<1%)
- In the past month, youth reported the following situations:
 - Received a text or e-mail with a revealing or sexual photo of someone (11%)
 - Texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (5%)
 - Discovered that a revealing or sexual photo of themselves was texted, e-mailed, or posted electronically without their permission (1%)
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (74%), their parents (58%), the Internet or social media (28%), their friends (27%), their doctor (26%), their siblings (17%), church (7%), and somewhere else (7%). Ten percent (10%) of youth had not been taught about these subjects.

The following graphs show the percentage of Marion County youth who participated in sexual intercourse. Examples of how to interpret the information include: 22% of all Marion County youth had sexual intercourse, including 26% of males, and 18% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever had sexual intercourse	22%	34%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	3%	4%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	2%	2%	3%
Used a condom (during last sexual intercourse)	53%	58%	54%
Used birth control pills (during last sexual intercourse)	37%	46%	21%
Used an IUD (during last sexual intercourse)	5%	5%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	6%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	5%	5%	14%

Youth Health: Mental Health

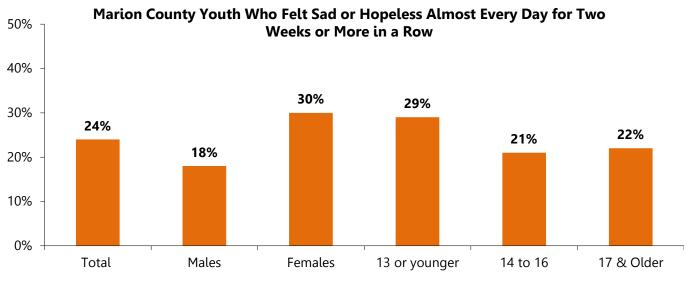
Key Findings

Eight percent (8%) of youth had seriously considered attempting suicide in the past year, and 4% attempted suicide in the past year. Eighteen percent (18%) of youth had three or more adverse childhood experiences (ACEs). Forty-two percent (42%) of youth reported academic success caused them anxiety, stress, or depression.

Youth Mental Health

- Nearly one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 30% of females.
- Eight percent (8%) of youth reported they had seriously considered attempting suicide in the past year.
- In the past year, 4% of youth had attempted suicide. One percent (1%) of youth made more than one attempt.
- Of those who attempted suicide in the past year, 41% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (36%)
 - Parents or adults in home swore at them, insulted them or put them down (17%)
 - Parents were not married (14%)
 - Family did not look out for each other, feel close to each other, or support each other (13%)
 - Lived with someone who was depressed, mentally ill or suicidal (12%)
 - Lived with someone who was a problem drinker or alcoholic (9%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (9%)
 - Lived with someone who used illegal street drugs or abused prescription drugs (8%)
 - Parents or adults in the home abused each other (4%)
 - Parents or adults in home abused them (3%)
 - An adult or someone five years older touched them sexually (2%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%)
 - And an adult or someone five years older than them forced them to have sex (1%)
 - An adult or someone five years older than them tried to make them touch them sexually (1%)
- Eighteen percent (18%) of youth had three or more adverse childhood experiences (ACEs).
- Marion County youth reported the following caused them anxiety, stress or depression: academic success (42%), death of close family member or friend (38%), fighting with friends (37%), self-image (35%), peer pressure (32%), sports (28%), other stress at home (25%), being bullied (23%), breakup (19%), fighting at home (18%), dating relationship (17%), parent divorce/separation (14%), parent is sick (13%), current news/world events/political environment (11%), social media (11%), caring for younger siblings (10%), poverty/no money (7%), alcohol or drug use in the home (5%), not having enough to eat (4%), sexual orientation (3%), and not having a place to live (2%), and other (14%). Seventeen percent (17%) of youth stated none of the above caused them anxiety, stress, or depression.

The following graph shows Marion County youth who felt sad or hopeless every day for two weeks or more in a row. Examples of how to interpret the information include: 24% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 18% of males and 30% of females.



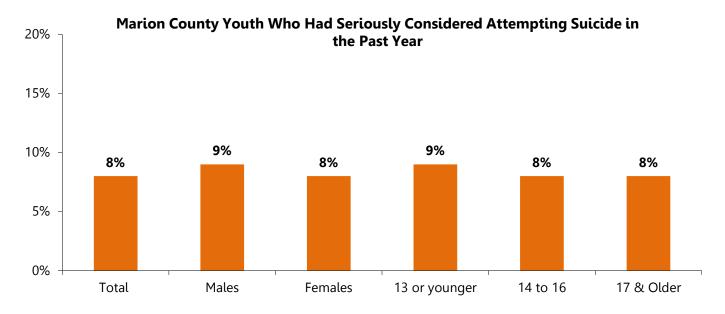
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

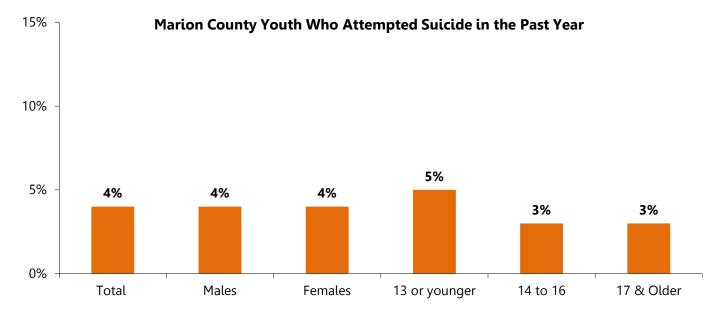
Youth Depression: Signs and Symptoms

- Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Examples of behaviors often seen when children are depressed include
 - Feeling sad, hopeless, or irritable a lot of the time
 - Not wanting to do or enjoy doing fun things
 - Changes in eating patterns eating a lot more or a lot less than usual
 - Changes in sleep patterns sleeping a lot more or a lot less than normal
 - Changes in energy being tired and sluggish or tense and restless a lot of the time
 - Having a hard time paying attention
 - Feeling worthless, useless, or guilty
 - Self-injury and self-destructive behavior
- Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death.
- Some children may not talk about helpless and hopeless thoughts, and they may not appear sad. Depression might also cause a child to make trouble or act unmotivated, so others might not notice that the child is depressed or may incorrectly label the child as a trouble-maker or lazy.

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 15, 2019)

The following graphs show Marion County youth who had seriously considered attempting suicide in the past year and had attempted suicide in the past year. Examples of how to interpret the information include: 8% of youth seriously considered attempting suicide in the past year, including 9% of males and 8% of females.





Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	24%	21%	32%
Seriously considered attempting suicide (in the past year)	8%	7%	17%
Attempted suicide (in the past year)	4%	3%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (during the past year)	2%	2%	2%

The table below indicates correlations between those who experienced three or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 81% of those who experienced three or more ACEs participated in extracurricular activities, compared to 86% of those who did not experience any ACEs.

Experienced three or More ACEs vs. Did Not Experience Any ACEs			
Youth Behaviors	Experienced three or More ACEs	Did Not Experience Any ACEs	
Currently participate in extracurricular activities	81%	86%	
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	61%	24%	
Bullied (in the past year)	55%	27%	
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	52%	18%	
Ever used marijuana	26%	8%	
Seriously considered attempting suicide (in the past year)	14%	4%	
Misused prescription drugs (in the past month)	12%	5%	
Attempted suicide (in the past year)	8%	2%	
Misused prescription drugs (in the past month)	12%	5%	

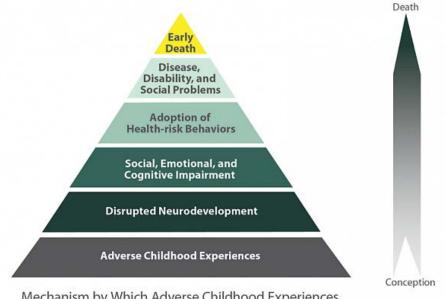
Behaviors of Marion County Youth

"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood
 experiences (ACEs) are common. The most common are separated or divorced parents, verbal, physical or
 sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
- Alcoholism and alcohol abuse
 COPD
- Risk for intimate partner violence
 Multiple sexual partners

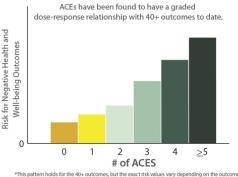
- Fetal death
- Illicit drug use
 Liver disease
- Unintended pregnancies
- Suicide attempts
- STDs
- Early initiation of smoking
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

ACES can have lasting effects on....







Youth Health: Social Determinants of Health

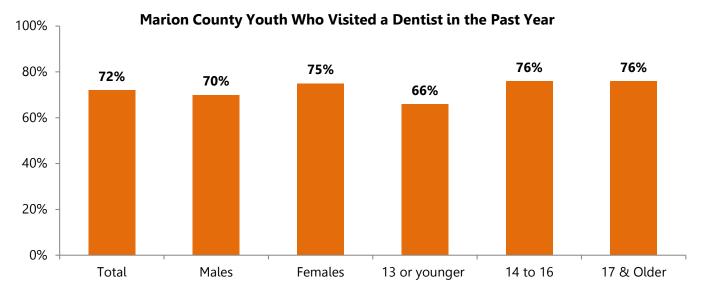
Key Findings

Twenty percent (20%) of Marion County youth drivers had texted while driving in the past month. During the past month, 11% of all youth had ridden in a car driven by someone who had been drinking alcohol. Sixty-seven percent (67%) of youth reported having at least one adult they talked to or looked up to in the community.

Personal Health

- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (72%), one to two years ago (8%), more than two years ago (4%), never (2%), and do not know (14%).
- On an average school night, Marion youth slept at the following frequencies:
 - 4 hours or less (8%)
 - 5 hours (10%)
 - 6 hours (18%)
 - 7 hours (23%)
 - 8 hours (27%)
 - 9 hours (13%)
 - 10 or more hours (2%)

The following graphs show Marion County youth who visited a doctor and who visited a dentist in the past year. Examples of how to interpret the information include: 72% of youth had visited a dentist in the past year, including 70% of males and 75% of females.



Note for graph: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Personal Safety

- In the past month, youth drivers did the following while driving:
 - Wore a seatbelt (77%)
 - Ate (39%)
 - Drove while tired or fatigued (32%)
 - Talked on their cell phone (29%)
 - Texted (20%)
 - Used their cell phone other than for talking or texting (12%)
 - Used marijuana (2%)
 - Applied makeup (1%)
 - Read (1%)
 - Used illegal drugs (1%)
 - No one reported drinking alcohol or misused prescription drugs while driving
- Twelve percent (12%) of youth drivers had more than one distraction while driving.
- During the past month, 11% of all youth had ridden in a car driven by someone who had been drinking alcohol.
- Three percent (3%) of youth drivers had driven a car in the past month after they had been drinking alcohol.

Education

- In the past year, the youth reported their grades in school were: mostly A's (42%), mostly B's (35%), mostly C's, (12%), mostly D's (3%), and mostly F's (1%). Six percent (6%) of youth reported they were not sure.
- Youth stated the following about school:
 - Their teachers care about them (75%)
 - Their teachers push them to do their best (71%)
 - They are bored at school (66%)
 - They get a lot of encouragement (52%)
 - Their school has a lot of school pride (50%)
 - They feel protected at school (47%)
 - The community supports their school (45%)
 - Adults do not take bullying serious at school (22%)
 - Their school does not have a lot of school pride (19%)
 - They come to class unprepared (17%)
 - They skipped school in the past month (13%)
 - They feel unsafe at school (8%)
 - Classes they wanted to take got cut (5%)
 - Teachers and/or staff members bully them (3%)
 - Extracurricular activities they were involved in got cut (1%)

Neighborhood and Built Environment

- Marion County youth lived with the following: both parents (53%), mother and step-father (19%), mother only (14%), father and step-mother (10%), parents have joint custody (9%), grandparents (7%), another relative (6%), father only (5%), mother and partner (3%), father and partner (2%), and guardians/foster parents (1%). One percent (1%) of youth reported living on their own or with friends.
- Youth lived in the following places: a house (92%), an apartment (5%), a relative's home (2%), other (1%), and a shelter (<1%).
- Youth reported the following issues in their household: temperature regulation (4%), insects (3%), rodents (3%), plumbing problems (1%), bed bugs/lice (1%), and mold (1%).

• Youth reported their parent or guardian regularly did the following: talk to them about school (71%); ask about homework (70%); talk about goals for their future (60%); help them with school work (54%); make the family eat a meal together (57%); talk about respecting themselves (48%); talk to them about healthy choices (46%); talk to about dating and healthy relationships (45%); talk about healthy ways to deal with stress and emotions (37%), talk to them about social media (34%); talk to you about alcohol, drug use or sex (30%); talk to them about body image (21%); talk about condoms/safer sex/STD prevention (19%); talk about abstinence and how to refuse sex (18%); and talk about birth control options (15%). Eleven percent (11%) of youth reported their parent or guardian does not regularly do any of the above.

Social and Community Context

- Sixty-seven percent (67%) of youth reported having at least one adult they talked to or looked up to in the community. One-third (33%) of youth had no adult to talk to and look up to in the community.
- Ninety-two percent (92%) of youth reported having at least one adult they talked to or looked up to at home. Eight percent (8%) of youth had no adult to talk to and look up to at home.
- Eighty percent (80%) of youth reported having at least one adult they talked to or looked up to at school. Twenty percent (20%) had no adult to talk to and look up to in school.
- Marion County youth participated in the following activities:
 - A sports or intramural program (48%)
 - A school club or social organization (32%)
 - Exercising outside of school (31%)
 - A part-time job (19%)
 - A church or religious organization (18%)
 - A church youth group (17%)
 - Take care of siblings after school (16%)
 - Volunteer in the community (12%)
 - Babysit for other kids (11%)
 - Some other organized activity (9%)
 - Take care of parents or grandparents (3%)
- Eighty-three percent (83%) of Marion County youth participated in extracurricular activities.

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	76%	74%
Drank and drove (of all youth in the past month)	3%	3%	6%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	11%	8%	17%
Did not get eight or more hours of sleep (on an average school night)	59%	67%	75%

Youth Health: Violence

Key Findings

Thirteen percent (13%) of Marion County youth carried a weapon (such as a gun, knife or club) in the past month. More than one-third (36%) of youth had been bullied in the past year. In the past year, 21% of youth had been involved in a physical fight, increasing to 29% of males. Ten percent (10%) of youth had been in a fight on more than one occasion.

Violence-Related Behaviors

- Nine percent (9%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.
- Thirteen percent (13%) of youth carried a weapon (such as a gun, knife or club) in the past month, increasing to 20% of males.
- One percent (1%) of youth carried a weapon (such as a gun, knife or club) on school property in the past month.
- Eight percent (8%) youth were threatened or injured with a weapon on school property in the past year.

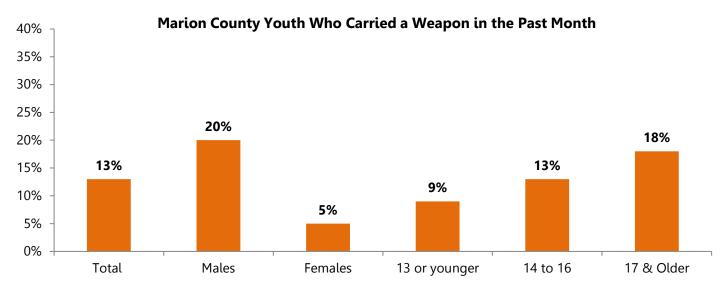
Physical and Sexual Violence

- In the past year, 21% of youth had been involved in a physical fight, increasing to 29% of males. Ten percent (10%) of youth had been in a fight on more than one occasion.
- In the past year, 7% of youth had been involved in a physical fight on school property, increasing to 12% of males. Two percent (2%) of youth had been in a fight on more than one occasion.
- In the past year, 4% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Five percent (5%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past year.
- Five percent (5%) of youth had been forced by someone they were dating or going out with to participate in a sexual activity when they did not want to.

Bullying

- Almost two-fifths (36%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 27% were verbally bullied (teased, taunted or called harmful names)
 - 21% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 8% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 6% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 1% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- More than one-fourth (29%) of youth had been bullied on school property in the past year

The following graph shows Marion County youth who carried a weapon in the past month. Examples of how to interpret the information include: 13% of youth had carried a weapon in the past month, including 20% of males and 18% of those ages 17 and older.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2020

Injury and Violence Prevention (IVP)

Objective	Marion County 2019	U.S. 2017	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	29% (6-12 Grade) 24% (9-12 Grade)	19% (9-12 Grade)	18%*

*Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year.

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Marion County Health Assessment)

Types of Bullying Marion County Youth Experienced in Past Year

Youth Behaviors	Total	Males	Females	13 or younger	14-16 Years old	17 and older
Verbally Bullied	27%	26%	26%	31%	27%	17%
Indirectly Bullied	21%	15%	26%	23%	21%	19%
Cyber Bullied	8%	5%	10%	10%	7%	5%
Physically Bullied	6%	8%	3%	11%	4%	0%
Sexually Bullied	1%	1%	2%	1%	2%	1%

The table below indicates correlations between those who were bullied in the past year and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 14% of those who were bullied seriously considered attempting suicide in the past year, compared to 5% of those who were not bullied.

Behaviors of Marion County Youth Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	85%	82%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	40%	15%
Overweight or obese	39%	34%
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	34%	33%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	28%	13%
Had sexual intercourse (in their lifetime)	22%	21%
Ever tried cigarette smoking (even one or two puffs)	15%	12%
Carried a weapon (in the past month)	15%	12%
Seriously considered attempting suicide (in the past year)	14%	5%
Ever used marijuana	10%	11%
Misused prescription drugs (in the past month)	8%	4%

Youth Comparisons	Marion County 2019 (6 th -12 th)	Marion County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon (in the past month)	13%	14%	16%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past month)	9%	8%	7%
Threatened or injured with a weapon on school property (in the past year)	8%	8%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past year)*	5%	3%	8%
Were bullied on school property (during the past year)	29%	24%	19%
Were electronically bullied (in the past year)	8%	6%	15%
Were in a physical fight on school property (in the past year)	7%	5%	9%
Were in a physical fight (during the past year)	21%	11%	24%

**U.S. YRBS indicator worded slightly different than Marion County*

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society	 2019 Cancer Facts, Figures, and Estimates ACS Guidelines for Nutrition and Physical Activity 	www.cancer.org/content/dam/cancer- org/research/cancer-facts-and- statistics/annual-cancer-facts-and- figures/2019/cancer-facts-and- figures-2019.pdf
2017 Ohio Drug Overdoes Data: General Findings, Ohio Department of Health; Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates)	 Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2005- 2017 	https://odh.ohio.gov/wps/wcm/conne ct/gov/5deb684e-4667-4836-862b- cb5eb59acbd3/2017_OhioDrugOverd oseReport.pdf?MOD=AJPERES&CONV ERT_TO=url&CACHEID=ROOTWORKS PACE.Z18_M1HGGIK0N0JO00QO9DD DDM3000-5deb684e-4667-4836- 862b-cb5eb59acbd3-moxPbu6
American College of Allergy, Asthma & Immunology, 2018	Asthma Facts	acaai.org/news/facts-statistics/asthma
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	 2009 – 2017 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
CDC, About Diabetes	• Diabetes by the Numbers	www.cdc.gov/diabetes/basics/diabete s.html
CDC, Adolescent and School Health	Sexual Risk Behavior	www.cdc.gov/healthyyouth/sexualbeh aviors/index.htm
CDC, Alcohol and Public Health	• Underage Drinking in the U.S.	www.cdc.gov/alcohol/fact- sheets/underage-drinking.htm
CDC, Arthritis	 Arthritis Key Public Health Messages 	www.cdc.gov/arthritis/about/key- messages.htm
CDC, Asthma	Common Asthma Triggers	www.cdc.gov/asthma/triggers.html
CDC, Breast Cancer	 What Can I do to Reduce My Risk of Breast Cancer? 	www.cdc.gov/cancer/breast/basic_info /prevention.htm
CDC, Cancer Prevention and Control	Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resources/f eatures/prostatecancer/index.htm
CDC, Children's Mental Health	 Youth Depression: Signs and Symptoms 	https://www.cdc.gov/childrensmental health/depression.html
CDC, Immunization Schedules	 Recommended Adult Immunization Schedule by Age Group, 2019 	https://www.cdc.gov/vaccines/schedul es/hcp/imz/adult.html
	Men's Health	www.cdc.gov/nchs/fastats/mens- health.htm
CDC, National Center for Health Statistics	 Prevalence of Depression Among Adults Ages 20 and Over: US 2013-2016 	www.cdc.gov/nchs/products/databrief s/db303.htm

Source	Data Used	Website
CDC, Oral Health	Facts About Adult Oral Health	www.cdc.gov/oralhealth/basics/adult- oral-health/index.html
CDC, Overweight & Obesity	 Childhood Overweight and Obesity 	www.cdc.gov/obesity/data/childhood.h tml
CDC, Physical Activity	Youth Physical Activity Guidelines	www.cdc.gov/healthyschools/physicala ctivity/guidelines.htm
CDC, Smoking and Tobacco Use,	 Smoking and Other Health Risks 	www.cdc.gov/tobacco/data_statistics/fa ct_sheets/health_effects/effects_cig_sm oking/index.htm
2017	 What's the Bottom Line on the Risks of E-cigarettes for Kids, Teens, and Young Adults? 	www.cdc.gov/tobacco/basic_informatio n/e-cigarettes/index.htm
CDC, Violence Prevention	Adverse Childhood Experiences	www.cdc.gov/violenceprevention/acest udy/index.html
CDC, Violence Prevention, Sexual Violence	Understanding Sexual Violence	www.cdc.gov/violenceprevention/pdf/S V-Factsheet.pdf
CDC, Wonder, About Underlying Cause of Death, 2008-2016	U.S. comparison statistics	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	Food Environment Atlas	www.countyhealthrankings.org/
Healthy People 2020: U.S.	All Healthy People 2020 Target Data Points	www.healthypeople.gov/2020/topicsob jectives2020
Department of Health & Human Services	Social Determinants of Health	www.healthypeople.gov/2020/topics- objectives/topic/social-determinants- of-health
Henry Kaiser Family Foundation, The	 Key Facts about the Uninsured Population 	www.kff.org/report-section/the- uninsured-a-primer-2013-4-how-does- lack-of-insurance-affect-access-to- health-care/
National Alliance on Mental Illness (NAMI)	Common Signs of Mental Illness in Adults	www.nami.org/learn-more/know-the- warning-signs
Ohio Automated Rx Reporting System (OARRS), 2013-2017	 Marion County and Ohio Number of Opiate and Pain Reliever Doses Per Patient Marion County and Ohio Number of Opiate and Pain Reliever Doses Per Capita Number of Opioid Doses Per Capita and Patient – Quarterly Ohio Automated Rx Reporting System (OARRS) 	www.ohiopmp.gov/Default.aspx
Ohio Department of Health (ODH), Ohio Public Health Data Warehouse, 2008-2017	 Ohio Automated Rx Reporting System (OARRS) Leading Causes of Death Cancer Mortality Disease incidence rates 	http://publicapps.odh.ohio.gov/EDW/D ataBrowser/Browse/Mortality
Ohio Department of Health (ODH), STD Surveillance, 2012-2018	 Marion County and Ohio Chlamydia and Gonorrhea Annualized Disease Rates and cases 	https://odh.ohio.gov/wps/portal/gov/o dh/know-our-programs/std- surveillance/data-and- statistics/sexually-transmitted- diseases-data-and-statistics
Ohio Development Services Agency	Ohio Poverty Report, The	https://www.development.ohio.gov/file s/research/p7005.pdf

Source	Data Used	Website
Ohio Mental Health and Addiction Services (OMAS), 2017	 Ohio's New Limits on Prescription Opiates 	https://www.ohioafp.org/public- policy/state-legislative-regulatory- issues/opioid-prescribing-guidelines/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	 American Community Survey 5- year estimate, 2012-2016 Ohio and Marion County 2016 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
U.S. Department of Health and Human Services	 Physical Activity Guidelines for Americans, 2018 	https://www.hhs.gov/fitness/be- active/physical-activity-guidelines-for- americans/index.html
Youth Risk Behavior Surveillance System (YRBS), National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	 2009 - 2017 youth Ohio and U.S. correlating statistics 	https://nccd.cdc.gov/youthonline/app/

Appendix II: Acronyms and Terms

AHS	Access to Health Services, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
ВМІ	B ody M ass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
СҮ	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart D isease and S troke, Topic of Healthy People 2020 objectives
НР 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic <u>></u> 140 and Diastolic <u>></u> 90
IID	Immunizations and Infectious D iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile Overweight is defined as BMI-for-age 85^{th} percentile to < 95^{th} percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.

 ${\bf Y} {\rm outh} \; {\bf R} {\rm isk} \; {\bf B} {\rm ehavior} \; {\bf S} {\rm urvey},$ a youth survey conducted by the CDC

YRBS

APPENDIX II: ACRONYMS AND TERMS | 124

Appendix III: School Participation

The following schools agreed to participate in the 2019 Marion County Health Assessment:

River Valley Local School District

River Valley Middle School River Valley High School

Pleasant Local School District

Pleasant Middle School Pleasant High School

Marion City School District

Grant Middle School Harding High School

Elgin Local School District

Elgin Middle School Elgin High School

Ridgedale Local School District

Ridgedale Jr./Sr. High School

Appendix IV: Methods for Weighting the 2019 Marion County Health Assessment Data

Data from sample surveys have the potential for bias if there are different rates of response for different segments of the population. In other words, some subgroups of the population may be more represented in the completed surveys than they are in the population from which those surveys are sampled. If a sample has 25% of its respondents being male and 75% being female, then the sample is biased towards the views of females (if females respond differently than males). This same phenomenon holds true for any possible characteristic that may alter how an individual responds to the survey items.

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Marion County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Marion County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Marion County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2018 Marion County Survey and the 2017 Census Estimates from the American Community Survey.

2019 Marion Survey		<u>201</u>	7 Census	<u>Weight</u>	
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	192	55.97668	34,853	53.22450	0.950834
Female	151	44.02332	30,630	46.77550	1.062516

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Marion County. The weighting for males was calculated by taking the percent of males in Marion County (based on Census information) (53.22450%) and dividing that by the percent found in the 2019 Marion County sample (55.97668%) [53.22450/55.97668= weighting of 0.950834 for males]. The same was done for females [46.77550/44.02332 = weighting of 1.062516 for females]. Thus, males' responses are weighted less by a factor of 0.950834 and females' responses weighted heavier by a factor of 1.062516.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.99354 [1.06252 (weight for females) x 0.92432 (weight for White) x 2.45304 (weight for age 35-44) x 0.82749 (weight for income \$35-\$50k)]. Thus, each individual in the 2019 Marion County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

- 1. Total weight (product of 4 weights) for all analyses that did not separate age, race, sex, or income.
- 2. Weight without sex (product of age, race, and income weights) used when analyzing by sex.
- 3. Weight without age (product of sex, race, and income weights) used when analyzing by age.
- 4. Weight without race (product of age, sex, and income weights) used when analyzing by race.
- 5. Weight without income (product of age, race, and sex weights) used when analyzing by income.
- 6. Weight without sex or age (product of race and income weights) used when analyzing by sex and age.
- 7. Weight without sex or race (product of age and income weights) used when analyzing by sex and race.
- 8. Weight without sex or income (product of age and race weights) used when analyzing by sex and income.

Category	Marion County Sample	%	2018 Census	%	Weighting Value
Sex:					
Male	192	55.97668	34,853	53.22450	0.950834
Female	151	44.02332	30,630	46.77550	1.062516
Age:					
20 to 34 years	24	7.20721	12,891	25.09490	3.48192
35 to 44 years	22	6.60661	8,325	16.20627	2.45304
45 to 54 years	46	13.81381	9,267	18.04006	1.30594
55 to 59 years	38	11.41141	4,947	9.63032	0.84392
60 to 64 years	44	13.21321	4,180	8.13720	0.61584
65 to 74 years	91	27.32733	6,215	12.09874	0.44273
75 to 84 years	54	16.21622	3,911	7.61354	0.46950
85+ years	14	4.20420	1,633	3.17896	0.75614
Race:					
White	333	95.96542	58,085	88.70241	0.92432
Non-White	14	4.03458	7,398	11.29759	2.80019
Household Income:					
Less than \$25,000	84	27.09677	6,670	27.00514	0.99662
\$25,000 to \$34,999	41	13.22581	3,093	12.52277	0.94684
\$35,000 to \$49,999	57	18.38710	3,758	15.21519	0.82749
\$50,000 to \$74,999	45	14.51613	4,762	19.28013	1.32819
\$75,000 to \$99,999	34	10.96774	2,710	10.97210	1.00040
\$100,000 to \$149,999	30	9.67742	2,696	10.91542	1.12793
\$150,000 or more	19	6.12903	1,010	4.08923	0.66719

Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Marion County in each subcategory by the proportion of the sample in the Marion County survey for that same category.

*Marion County population figures taken from the 2017 Census estimates.

Appendix V: Marion County Sample Demographic Profile*

Adult Variable	2019 Marion County Adult Survey Sample	Marion County Census 2014-2018 (5-year estimate)	Ohio Census 2017
Age			
20-29	9.5%	13.1%	13.3%
30-39	18.8%	12.7%	12.5%
40-49	13.7%	13.0%	12.0%
50-59	19.6%	14.7%	13.7%
60 plus	27.7%	23.6%	23.4%
Race/Ethnicity			
White	91.0%	89.8%	81.3%
Black or African American	0.5%	5.8%	12.4%
American Indian and Alaska Native	0.8%	0.2%	0.2%
Asian	0.3%	0.6%	2.2%
Native Hawaiian and Other Pacific Islander		0.0%	
Some other race	1.1%	0.7%	0.9%
Hispanic Origin (may be of any race)	0.5%	2.6%	3.7%
Marital Status†			
Married Couple	54.6%	46.1%	47.4%
Never been married/member of an unmarried			
couple	10.9%	29.1%	32.6%
Divorced	14.2%	15.0%	13.7%
Separated		2.1%	
Widowed	14.9%	7.8%	6.3%
Education [†]			
Less than High School Diploma	6.8%	20.2%	9.7%
High School Diploma	36.6%	48.5%	33.3%
Some college/College graduate	51.3%	31.4%	56.9%
			001070
Income (Families)			
\$14,999 and less	8.7%	6.5%	6.9%
\$15,000 to \$24,999	14.2%	6.6%	6.6%
\$25,000 to \$49,999	26.8%	19.6%	21.2%
\$50,000 to \$74,999	12.3%	18.0%	19.5%
\$75,000 or more	22.7%	49.3%	45.9%

* The percents reported are the actual percent within each category who responded to the survey. The data contained within the report however are based on weighted data (weighted by age, race, sex, and income). Percents may not add to 100% due to missing data (non-responses).

⁺ The Ohio and Marion County Census percentages are slightly different than the percent who responded to the survey. Marital status is calculated for those individuals 15 years and older. Education is calculated for those 25 years and older.

Youth Variable	2019 Youth Survey Sample
Age	
12 years old or younger	22.2%
13 years old	15.7%
14 years old	16.6%
15 years old	15.7%
16 years old	9.7%
17 years old	12.6%
18 years old or older	7.4%
Gender	
Male	48.9%
Female	48.7%
Transgender	1.0%
Do not identify as female, male, or transgender	1.0%
Race/Ethnicity	
White	90.8%
American Indian and Alaska Native	5.2%
Black or African American	5.0%
Asian	2.3%
Hispanic or Latino	5.4%
Native Hawaiian or Other Pacific Islander	0.7%
Grade Level	
Middle School (6-8)	45.3%
High School (9-12)	54.7%
Individual Grade Level	
6 th grade	14.8%
7 th grade	15.7%
8 th grade	14.8%
9 th grade	19.0%
10 th grade	14.1%
11 th grade	4.9%
12 th grade	16.8%

* Percents may not equal 100% due to missing data (non-responses) and/or multiple response questions.

Appendix VI: Demographics and Household Information

U.S. Census 2010				
Age	Total	Males	Females	
Marion County	66,501	34,875	31,626	
0-4 years	3,862	1,949	1,913	
1-4 years	3,066	1,550	1,516	
< 1 year	796	399	397	
1-2 years	1,544	779	765	
3-4 years	1,522	771	751	
5-9 years	4,004	2,099	1,905	
5-6 years	1,527	810	717	
7-9 years	2,477	1,289	1,188	
10-14 years	4,160	2,148	2,012	
10-12 years	2,491	1,249	1,232	
13-14 years	1,669	899	770	
12-18 years	6,075	3,133	2,942	
15-19 years	4,371	2,256	2,115	
15-17 years	2,703	1,378	1,325	
18-19 years	1,668	878	878	
20-24 years	4,229	2,393	1,836	
25-29 years	4,201	2,414	1,787	
30-34 years	4,172	2,358	1,814	
35-39 years	4,309	2,404	1,905	
40-44 years	4,548	2,553	1,995	
45-49 years	5,140	2,887	2,253	
50-54 years	5,316	2,922	2,394	
55-59 years	4,646	2,432	2,214	
60-64 years	4,075	2,016	2,059	
65-69 years	2,809	1,340	1,469	
70-74 years	2,194	1,023	1,171	
75-79 years	1,774	759	1,015	
80-84 years	1,417	522	895	
85-89 years	863	301	562	
90-94 years	315	88	227	
95-99 years	81	9	72	
100-104 years	14	1	13	
105-109 years	1	1	0	
110 years & over	0	0	0	
Total 85 years and over	1,274	400	874	
Total 65 years and over	9,468	4,044	5,424	
Total 19 years and over	51,733	27,696	24,037	

Marion County Population by Age Groups and Gender U.S. Census 2010

MARION COUNTY PROFILE

(Source: U.S. Census Bureau, 2018) 2018 ACS 1-year estimates

General Demographic Characteristics Number Percent (%)				
Total Population	Number			
2018 Total Population	65,256	100%		
	03,230	10070		
Largest City - Marion				
2018 Total Population	36,399	100%		
Population by Race/Ethnicity				
Total Population	65,256	100%		
White	58,259	89.3%		
Black or African American	3,627	5.6%		
American Indian and Alaska Native	239	0.4%		
Asian	459	0.7%		
Native Hawaiian and Other Pacific Islander	74	0.1%		
Some other race	358	0.5%		
Population by Age				
Under 5 years	3,755	5.8%		
5 to 9 years	4,329	6.6%		
10 to 14 years	3,542	5.4%		
15 to 19 years	3,880	5.9%		
20 to 24 years	4,053	6.2%		
25 to 34 years	8,788	13.5%		
35 to 44 years	7,939	12.2%		
45 to 64 years	8,401	12.9%		
65 years and more	11,407	17.5%		
Median age (years)	41.3	N/A		
Household by Type				
Household by Type Total households	24,205	100%		
Total families	14,270	59.0%		
Households with children <18 years	5,747	23.7%		
Married-couple family household	10,079	41.6%		
Married-couple family household with children <18 years	3,366	13.9%		
Female householder, no husband present	3,200	13.2%		
Female householder, no husband present with children <18 years	1,838			
remate householder, no husband present with children < to years	1,050	7.6%		
Nonfamily household (single person)	9,935	100%		
Nonfamily household (single person) living alone	8,127	81.8%		
Nonfamily household (single person) 65 years and >	3,060	30.8%		
Households with one or more people <18 years	6,777	28.0%		
Households with one or more people 60 years and >	1,089	44.9%		
riousenoius with one of more people of years and >	1,009	44.3%		
Average household size	2.47 people	N/A		

General Demographic Charac	teristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$110,700	N/A
Median housing units with a mortgage	\$1,055	N/A
Median housing units without a mortgage	\$371	N/A
Median value of occupied units paying rent	\$711	N/A
Median rooms per total housing unit	6.0	N/A
Total occupied housing units	24,205	N/A
Lacking complete plumbing facilities	60	0.2%
Lacking complete kitchen facilities	310	1.3%
No telephone service available	346	1.4%

Selected Social Characteristics

School Enrollment				
Population 3 years and over enrolled in school	14,466	100%		
Nursery & preschool	973	6.7%		
Kindergarten	950	6.6%		
Elementary School (Grades 1-4)	3,028	20.9%		
Elementary School (Grades 5-8)	2,931	20.3%		
High School (Grades 9-12)	3,387	23.4%		
College, undergraduate	2,672	18.5%		
Graduate, professional school	525	3.6%		
Educational Attainment				
Population 25 years and over	45,697	100%		
< 9 th grade education	1,334	2.9%		
9 th to 12 th grade, no diploma	3,087	6.8%		
High school graduate (includes equivalency)	21,790	47.7%		
Some college, no degree	10,838	23.7%		
Associate degree	3,504	7.7%		
Bachelor's degree	3,155	6.9%		
Graduate or professional degree	1,989	4.4%		
Percent high school graduate or higher	N/A	90.5%		
Percent Bachelor's degree or higher	N/A	15.0%		
Marital Status (5-year estimate)				
Population 15 years and over	54,093	100%		
Never married	15,741	29.1%		
Now married, excluding separated	24,937	46.1%		
Separated	1,136	2.1%		
Widowed	4,219	7.8%		
Divorced	8,114	15.0%		
Veteran Status				
Civilian population 18 years and over	51,298	100%		
Veterans 18 years and over	4,042	7.8%		

Selected Economic Characteristics, Continued

Selected Economic Characteristics, Contin		
Employment Status		1000
Population 16 years and over	52,627	100%
16 years and over in labor force	28,223	53.6%
16 years and over not in labor force	24,404	46.4%
Females 16 years and over	24,342	46.3%
Females 16 years and over in labor force	13,271	25.2%
Population living with own children <6 years	4,595	8.7%
All parents in family in labor force	2,908	5.5%
Class of Worker		
Civilian employed population 16 years and over	27,024	100%
Private wage and salary workers	23,905	88.5%
Government workers	2,382	8.8%
Self-employed in own not incorporated business workers	679	2.5%
Unpaid family workers	58	0.2%
Occupations		
Civilian employed population 16 years and over	27,024	100%
Management, business, science, and arts occupations	6,325	23.4%
Service occupations	5,954	22.0%
Sales and office occupations	5,052	18.7%
Natural resources, construction, and maintenance occupations	1,949	7.2%
Production, transportation, and material moving occupations	7,744	28.7%
Leading Industries		
Civilian employed population 16 years and over	27,024	100%
Agriculture, forestry, fishing and hunting, and mining	162	0.6%
Construction	1,125	4.2%
Manufacturing	5,456	20.2%
Wholesale trade	476	1.8%
Retail trade	3,209	11.9%
Transportation and warehousing, and utilities	1,890	7.0%
Information	119	0.4%
Finance and insurance, and real estate and rental and leasing	623	2.3%
Professional, scientific, and management, and administrative and		
waste management services	2,176	8.1%
Educational services, and health care and social assistance	6,765	25.0%
Arts, entertainment, and recreation, and accommodation and food	2,366	
services	,	8.8%
Other services, except public administration	1,666	6.2%
Public administration	991	3.7%

Income In 2018		
Total households	24,205	100%
Less than \$10,000	2,483	10.3%
\$10,000 to \$14,999	1,401	5.8%
\$15,000 to \$24,999	3,040	12.6%
\$25,000 to \$34,999	2,555	10.6%
\$35,000 to \$49,999	4,344	17.9%
\$50,000 to \$74,999	4,393	18.1%
\$75,000 to \$99,999	2,958	12.2%
\$100,000 to \$149,999	1,807	7.5%
\$150,000 to \$199,999	889	3.7%
\$200,000 or more	335	1.4%
Median household income (dollars)	\$43,008	N/A
In some in 2010		
Income in 2018 Families	14.270	1000/
	14,270	100%
Less than \$10,000	1,095 405	7.7%
\$10,000 to \$14,999		2.8%
\$15,000 to \$24,999	1,098	7.7%
\$25,000 to \$34,999	1,017	7.1%
\$35,000 to \$49,999	2,821	19.8%
\$50,000 to \$74,999	2,919	20.5%
\$75,000 to \$99,999	2,234	15.7%
\$100,000 to \$149,999	1,548	10.8%
\$150,000 to \$199,999	798	5.6%
\$200,000 or more	335	2.3%
Median family income (dollars)	\$56,014	N/A
Per capita income in 2018	\$21,296	N/A
Poverty Status in 2018		
People in families	N/A	15.1%
Unrelated individuals 15 years and over	N/A	26.0%

(Source: U.S. Census Bureau, 2017)

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2018	\$38,252	71 th of 88 counties
BEA Per Capita Personal Income 2017	\$36,753	71 th of 88 counties
BEA Per Capita Personal Income 2016	\$34,690	72 th of 88 counties
BEA Per Capita Personal Income 2015	\$33,464	78 nd of 88 counties
BEA Per Capita Personal Income 2014	\$32,292	77 nd of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm) Note: BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things.

Poverty Rates, 2013-2017	5-year averages
--------------------------	-----------------

Category	Marion County	Ohio		
Population in poverty	16.6%	14.9%		
< 125% FPL (%)	23.3%	19.3%		
< 150% FPL (%)	28.6%	23.6%		
< 200% FPL (%)	39.1%	32.5%		
Population in poverty (2002)	11.0%	10.2%		

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2019, http://www.development.ohio.gov/files/research/P7005.pdf)

Employment Statistics

Category	Marion County	Ohio
Labor Force	28,300	5,822,300
Employed	27,300	5,601,400
Unemployed	1,000	220,800
Unemployment Rate* in November 2019	3.6	3.8
Unemployment Rate* in October 2019	3.9	3.9
Unemployment Rate* in November 2018	4.3	4.2

*Rate equals unemployment divided by labor force. (Source: Ohio Department of Job and Family Services, November 2019, http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2018

Age Groups	Number	90% Lower Confidence	90% Upper Confidence	Percent	90% Lower Confidence	90% Upper Confidence
		Interval	Interval		Interval	Interval
Marion County						
All ages in poverty	9,772	8,207	11,337	16.5%	13.8%	19.2%
Ages 0-17 in poverty	3,274	2,574	3,974	24.7%	19.4%	30.0%
Ages 5-17 in families in poverty	2,271	1,734	2,808	23.8%	18.2%	29.4%
Median household income	\$45,419	\$42,125	\$48,713			
Ohio						
All ages in poverty	1,568,586	1,542,309	1,594,863	13.8%	13.6%	14.0%
Ages 0-17 in poverty	489,053	474,343	503,763	19.2%	18.6%	19.8%
Ages 5-17 in families in poverty	329,764	317,103	342,425	17.8%	17.1%	18.5%
Median household income	\$56,155	\$55,735	\$56,575			
United States						
All ages in poverty	41,852,315	41,619,366	42,085,264	13.1%	13.0%	13.2%
Ages 0-17 in poverty	12,997,532	12,873,127	13,121,937	18.0%	17.8%	18.2%
Ages 5-17 in families in poverty	8,930,152	8,834,521	9,025,783	17.0%	16.8%	17.2%
Median household income	\$61,937	\$61,843	\$62,031			

(Source: U.S. Census Bureau, 2018 Poverty and Median Income Estimates,

https://www.census.gov/data/datasets/2018/demo/saipe/2018-state-and-county.html)

Poverty Thresholds in 2018 by Size of Family and Number of Related Children Under 18 Years

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$13,064					
1 Person 65 and >	\$12,043					
2 people Householder < 65 years	\$16,815	\$17,308				
2 People Householder 65 and >	\$15,178	\$17,242				
3 People	\$19,642	\$20,212	\$20,231			
4 People	\$25,900	\$26,324	\$25,465	\$25,554		
5 People	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509	
6 People	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925
7 People	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581
8 People	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696
9 People or >	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082

(Source: U. S. Census Bureau, Poverty Thresholds 2018,

https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VII: County Health Rankings

	Marion County 2019	Ohio 2019	U.S. 2019					
Healt	Health Outcomes							
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	10,000	8,500	6,900					
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	18%	17%	16%					
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	4.2	4.0	3.7					
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.3	4.3	3.8					
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2010- 2016)	9%	9%	8%					
Healt	h Behaviors							
Tobacco. Percentage of adults who are current smokers (2016)	25%	23%	17%					
Obesity. Percentage of adults that report a BMI of 30 or more (2014)	39%	32%	29%					
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	6.4	6.7	7.7					
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	31%	25%	22%					
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2016)	77%	84%	84%					
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%					
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2012-2016)	24%	33%	29%					
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2015)	495.8	521	497.3					
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	49	26	25					

(Source: 2019 County Health Rankings for Marion County, Ohio, and U.S. data)

	Marion County	Ohio	U.S.						
	2019	2019	2019						
Cli	Clinical Care								
Coverage and affordability. Percentage of population under age 65 without health insurance (2015)	6%	7%	10%						
Access to health care/medical care. Ratio of population to primary care physicians (2015)	2,710:1	1,300:1	1,330:1						
Access to dental care. Ratio of population to dentists (2016)	1,800:1	1,620:1	1,460:1						
Access to behavioral health care. Ratio of population to mental health providers (2017)	620:1	470:1	440:1						
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	7,353	5,135	4,520						
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	41%	41%	41%						
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	46%	47%	45%						
Social and Ec	onomic Environme	ent							
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	90%	85%	85%						
Education. Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	50%	65%	65%						
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2016)	5%	5%	4%						
Employment, poverty, and income. Percentage of children under age 18 in poverty (2016)	24%	20%	18%						
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.5	4.8	4.9						
Family and social support. Percentage of children that live in a household headed by single parent (2012-2016)	35%	36%	33%						
Family and social support. Number of membership associations per 10,000 population (2015)	14	11	9						
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	215	293	386						
Injury. Number of deaths due to injury per 100,000 population (2012-2016)	100	82	67						

(Source: 2019 County Health Rankings for Marion County, Ohio, and U.S. data)

	Marion County 2019	Ohio 2019	U.S. 2019
Physical	Environment		
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.6	11.5	8.6
Air, water, and toxic substances.			
Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2016)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	14%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2012-2016)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	25%	30%	35%

(Source: 2019 County Health Rankings for Marion County, Ohio, and U.S. data) N/A – Not Available