



2026 MARION COUNTY COMMUNITY HEALTH ASSESSMENT

Examining the health of Marion County



MARION

PUBLIC HEALTH

Healthy People, Healthy Places

MAY 5, 2026

MARION PUBLIC HEALTH

Table of Contents

Introduction	2
Executive Summary	3
About Us	6
About the Community Health Assessment	7
About the Community	12
Overall Health	20
Health Behaviors	23
Socio-economic Factors	26
Chronic Disease	30
Behavioral Health	35
Food Access	39
Built Environment	42
Housing	44

Introduction

The Community Health Assessment (CHA) for Marion County, Ohio, was conducted to understand the health needs and challenges of our community. This assessment is a collaborative effort led by Marion Public Health, our local health department, to create a culture of health and provide all residents with the opportunity to reach their greatest health potential at every stage of life.

Marion County is a community with a unique demographic makeup and unique health challenges. With a population of 65,359, the county is predominantly White, with populations of Black, Hispanic or Latino, and other racial and ethnic groups. The community faces several health needs, including high rates of chronic disease, behavioral health issues, and socio-economic factors that impact overall well-being.

A majority of data gathered was curated in partnership with Metopio, unless noted otherwise. This allowed us to capture a comprehensive picture of the community's health status and identify key areas for improvement.

The assessment identified several prioritized health needs, including overall health, health behaviors, socio-economic factors, chronic disease, behavioral health, food access, the built environment, and housing. These needs were selected based on their impact on the community's health and well-being.

Marion Public Health is committed to addressing these health needs through targeted programs and initiatives. By understanding the demographic trends and health challenges, we can better tailor our efforts to meet the needs of all residents, ensuring that everyone has the opportunity to achieve their best health.

In the following sections, we will delve deeper into the specific health needs identified in this assessment, providing detailed insights and recommendations for improving community health. Our goal is to create a healthier Marion County, where every resident has the support and resources they need to thrive.

Executive Summary

Purpose and Scope

The Community Health Assessment (CHA) for Marion County, Ohio, was conducted to better understand the health needs and priorities of our community. This assessment, led by Marion Public Health, aims to develop strategies and initiatives that promote a healthier community. By identifying key health needs, we can focus our efforts on creating sustainable, long-term health improvements.

Methodology Overview

Data for this assessment was sourced through a partnership with Metopio. Only secondary data sources were utilized in this assessment. This approach allowed us to capture a wide range of perspectives and insights for our community.

Major Findings and Priorities

Overall Health

Overall health in Marion County reflects a need for targeted interventions to improve maternal and infant health, as indicated by the infant mortality rate of 6.3 deaths per 1,000 live births. Life expectancy at 73.69 years is lower than the national average, highlighting the impact of premature mortality. A significant portion of adults report poor physical health, with 15% experiencing poor health in the past month, higher than the national average.

Health Behaviors

Health behaviors in Marion County show areas for improvement, particularly in smoking and physical activity. The high rate of smoking, at 19.9%, and lack of exercise, with 27.1% of adults reporting no exercise, are significant concerns. Environmental factors, such as access to recreational facilities, and socioeconomic conditions, including income and education levels, impact these behaviors.

Socio-economic Factors

Socio-economic factors in Marion County reveal significant challenges. The high poverty rate (18.04%) and low median household income (\$62,268) suggest widespread economic instability. Educational attainment is also a concern, with low rates of higher education and college graduation. These factors correlate with poorer health outcomes and highlight the need for comprehensive strategies to address economic and educational gaps.

Chronic Disease

Chronic diseases, including heart disease, cancer, and diabetes, are leading causes of death and disability in Marion County. High rates of obesity (42.4%), diagnosed diabetes (12.9%), and heart disease mortality (274.47 deaths per 100,000 residents) indicate a need for targeted interventions to manage and prevent chronic conditions. Socioeconomic factors, such as income and education levels, impact residents' ability to access healthcare and make healthy lifestyle choices.

Behavioral Health

Behavioral health challenges in Marion County include high rates of depression (28.2%) and poor mental health days (6.48 days per month). Social isolation affects nearly 37% of residents, underscoring the importance of community support systems. The availability of substance use treatment facilities suggests a focus on addressing substance use disorders, yet more comprehensive mental health services are needed.

Food Access

Food access in Marion County is a pressing issue, with 17.1% of residents experiencing food insecurity, higher than the state and national averages. The low density of grocery stores and high percentage of residents living in food deserts highlight the need for targeted interventions to improve access to nutritious food.

Built Environment

The built environment in Marion County shows a heavy reliance on personal vehicles for commuting, with 82.32% of workers driving alone to work. Limited access to green spaces and a low walkability index indicate a need for infrastructure improvements to encourage physical activity and reduce reliance on cars.

Housing

Housing issues in Marion County include a high eviction rate of 3.58% and housing insecurity rate of 13.5%, affecting the overall health and stability of the community. The median monthly housing cost and severe housing cost burden highlight financial strain on households. Addressing housing issues is crucial for promoting health equity and ensuring that all residents have access to safe, stable, and affordable housing.

Conclusion and Next Steps

The findings from this Community Health Assessment highlight the need for comprehensive strategies to address the health challenges in Marion County. By focusing on improving overall health, promoting healthy behaviors, addressing socio-economic factors, managing chronic diseases, enhancing behavioral health services, improving food access, and addressing housing issues, Marion County can work towards reducing health disparities and improving the overall health and well-being of its residents. Collaboration between local health departments, community organizations, and healthcare providers will be essential to effectively address these challenges and create a healthier future for Marion County.

About Us

Marion Public Health (MPH) is proud to present this Community Health Assessment (CHA) for Marion County, Ohio. As the local health department, our mission is to foster a culture of health, ensuring that all residents have the opportunity to achieve their best health potential at every stage of life. We are committed to working collaboratively with local organizations, partners, and healthcare facilities to enhance the health and well-being of our community.

Our Role and Expertise

At Marion Public Health, we implement a variety of programs and initiatives designed to address the unique health needs of Marion County. Our efforts focus on disease prevention, health promotion, and emergency preparedness. By partnering with local organizations and healthcare providers, we extend our reach and impact, ensuring that our programs are both comprehensive and effective.

Commitment to Community Health

Our dedication to Marion County goes beyond our immediate programs. We actively engage with community members to understand their needs and concerns, ensuring that our initiatives are relevant and impactful. This CHA is a testament to our ongoing commitment to transparency and community involvement. By sharing this assessment, we aim to inform, educate, and inspire collective action towards better health outcomes.

Collaboration and Engagement

Transparency and trust are the cornerstones of our work. We believe that by being open about our processes and findings, we can build stronger relationships with the community and our partners. This CHA is not just a report; it is a call to action for all stakeholders to come together and address the health challenges we face.

This assessment and findings were reviewed and analyzed by our local CHA Steering Committee comprised of local leaders, partners, and stakeholders. Whether you are a resident, a community organization, or a healthcare provider, your involvement is crucial. Together, we can create a healthier Marion County, where everyone has the opportunity to thrive.

By working hand-in-hand with our community, we can turn the insights from this assessment into meaningful actions that improve health and well-being for all.

About the Community Health Assessment

What is a Community Health Assessment (CHA)?

A Community Health Assessment (CHA) is a comprehensive process of gathering and analyzing data about the health status, needs, and resources of a community. It serves as a critical tool for public health planning and decision-making. The primary goal of a CHA is to identify key health issues and develop strategies to address them, ultimately improving the health and well-being of the community.

Why Was This Assessment Conducted?

The Marion County Community Health Assessment was conducted to gain a deeper understanding of the health challenges and needs facing our community. By identifying these needs, we can develop targeted interventions and allocate resources more effectively. This assessment is part of our ongoing commitment to create a culture of health and ensure all residents have the opportunity to reach their greatest health potential.

Scope and Objectives

This specific CHA aims to address several key areas:

- Identifying the most pressing health needs in Marion County
- Understanding the social determinants of health that impact our community
- Highlighting disparities in health outcomes and access to care
- Guiding the development of programs and policies to improve community health

Our guiding research questions include:

- What are the leading causes of morbidity and mortality in Marion County?
- How do social, economic, and environmental factors influence health outcomes?
- What resources and services are available to address health needs, and where are the gaps?

Methodology

Marion Public Health traditionally conducts a comprehensive Community Health Assessment (CHA) using a mixed-methods approach that incorporates both quantitative and qualitative data to provide a holistic understanding of community health needs. However, in order to meet the timeline requirements outlined in the Ohio Revised Code, this CHA was developed as an interim update ahead of the next full CHA cycle.

As a result, this report relies solely on quantitative data, with a primary focus on secondary data sources. Data for this assessment was accessed and analyzed through Metopio, a data platform that aggregates validated public health datasets from state and national sources. While this approach provides a timely snapshot of key health indicators, it does not include primary data collection or community voice, both of which will be incorporated into the forthcoming comprehensive CHA.

Intended Use of Assessment Results

The findings from this CHA will be used to:

- Inform the development of community health improvement plans
- Guide resource allocation and funding decisions
- Support policy advocacy efforts
- Foster partnerships and collaborations to address identified health needs

By leveraging these findings, we aim to create impactful, sustainable improvements in the health and well-being of Marion County residents.

Community Involvement

This assessment was a collaborative effort, reflecting the input and engagement of numerous community stakeholders. We are grateful to everyone who contributed their time and insights, including:

- Community organizations that provided valuable data and context
- Health professionals and experts who offered their expertise

Limitations and Contextual Factors

While this assessment provides a comprehensive overview of community health, it is important to acknowledge its limitations. Data collection was constrained by available resources and time. Only secondary data was utilized, resulting in a lack of primary data and community input. Additionally, some health issues may be underreported due to stigma or

lack of access to healthcare services. Despite these challenges, we believe this CHA offers valuable insights that will drive meaningful health improvements in Marion County.

Mobilizing for Action through Planning & Partnerships (MAPP) 2.0 Process Overview

The Public Health Accreditation Board (PHAB) requires Community Health Assessments to be completed at least every five years in order to achieve or retain Nation Public Health Accreditation status. Community Health Assessments are intended to learn about the health of the Marion community, including health issues, disparities, outcomes, and behaviors, as well as community assets and resources available to improve population health.

The 2026 CHA was developed using the Mobilizing for Action through Partnerships and Planning (MAPP) 2.0 process. This is a nationally adopted framework created by the National Association of County and City Health Officials (NACCHO). MAPP 2.0 is a community-driven, multi-sector process to improve community health and achieve health equity by identifying urgent health issues in a community and aligning community resources. The MAPP 2.0 process includes the following three phases:

1. Build the Community Health Improvement Foundation

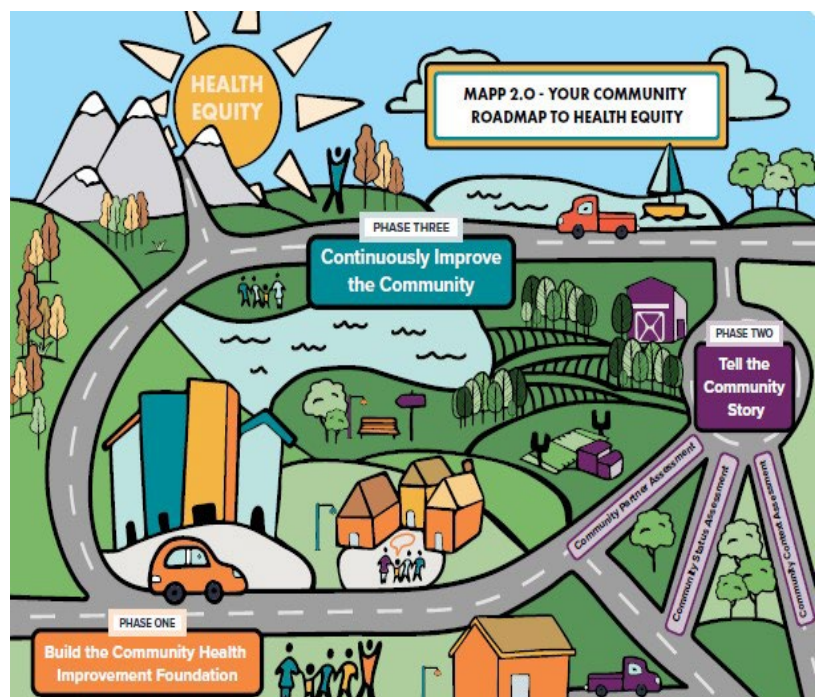
This phase unites many partner organizations and people to plan for MAPP. This phase sets the stage for the rest of the MAPP 2.0 process by building commitment and ownership among a wide variety of participants. Community members and partners will create a steering committee and develop a shared vision for the community and its health.

2. Tell the Community Story

This phase includes preparation, application, and analysis of the three assessments. This phase emphasizes the need for a complete, accurate, and timely understanding of community health and well-being across all sub-populations within the community. In doing so, this guides the community through an array of views, ranging from health outcomes to root causes of those outcomes.

3. Continuously Improve the Community

This phase centers on developing the CHIP by prioritizing issues and applying and evaluating strategies by community partners. The CHIP is used in collaboration with community partners to set priorities, coordinate actions, and target resources based on findings from the CHA. This phase encourages the community to take transformational approaches that use strategic partnerships for sustainable impact.



2023 Ohio State Health Assessment

The 2023 Ohio State Health Assessment (SHA) provides a comprehensive overview of the state of health and well-being in Ohio. This overview is intended to provide the information that will be needed to develop the next State Health Improvement Plan (SHIP), which will serve as a guiding document for local health departments and others working to support health and well-being in Ohio. The 2023 SHA documents the progress that has been made in target areas since the 2020-2022 SHIP, identifies trends that have continued since previous SHAs, and introduces newer issues that have emerged since that 2019 SHA.

Similar to the 2023 Ohio SHA, the 2026 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.

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 among 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 the Marion County Community Health Assessment Committee's hope that this CHA will serve as a foundation for such collaboration.

To view the full 2023 Ohio State Health Assessment, please visit:

<https://odh.ohio.gov/about-us/state-health-assessment>

About the Community

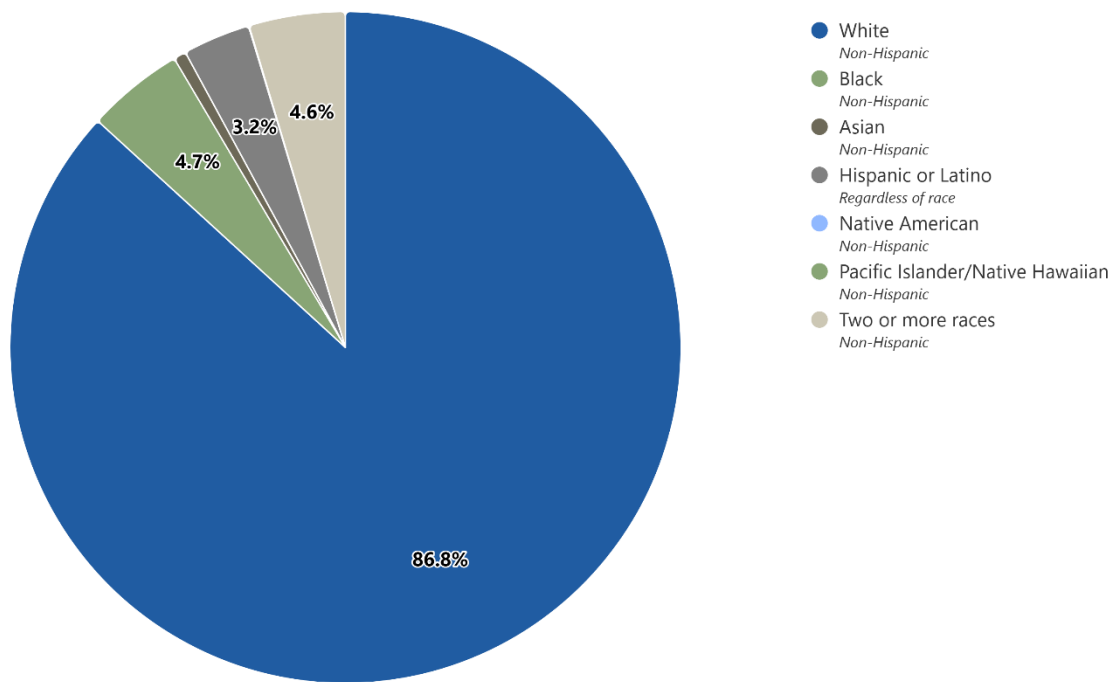
Marion County, OH, is a community served by Marion Public Health, a dedicated local health department committed to enhancing the health and well-being of its residents. With a population of 65,359 according to the 2020 Decennial Census, Marion County is characterized by its unique health challenges attributed to a combination of rural and urban features.

Demographic Overview

The population distribution in Marion County shows a predominantly White community, with 56,085 individuals identifying as White. This is significantly higher than the Black population, which stands at 3,035 individuals. The Hispanic or Latino community is also present, comprising 2,098 individuals. Additionally, there are 2,994 individuals of two or more races, 395 Asian individuals, 23 Native American individuals, and no Pacific Islander or Native Hawaiian individuals.

Population by Race/Ethnicity

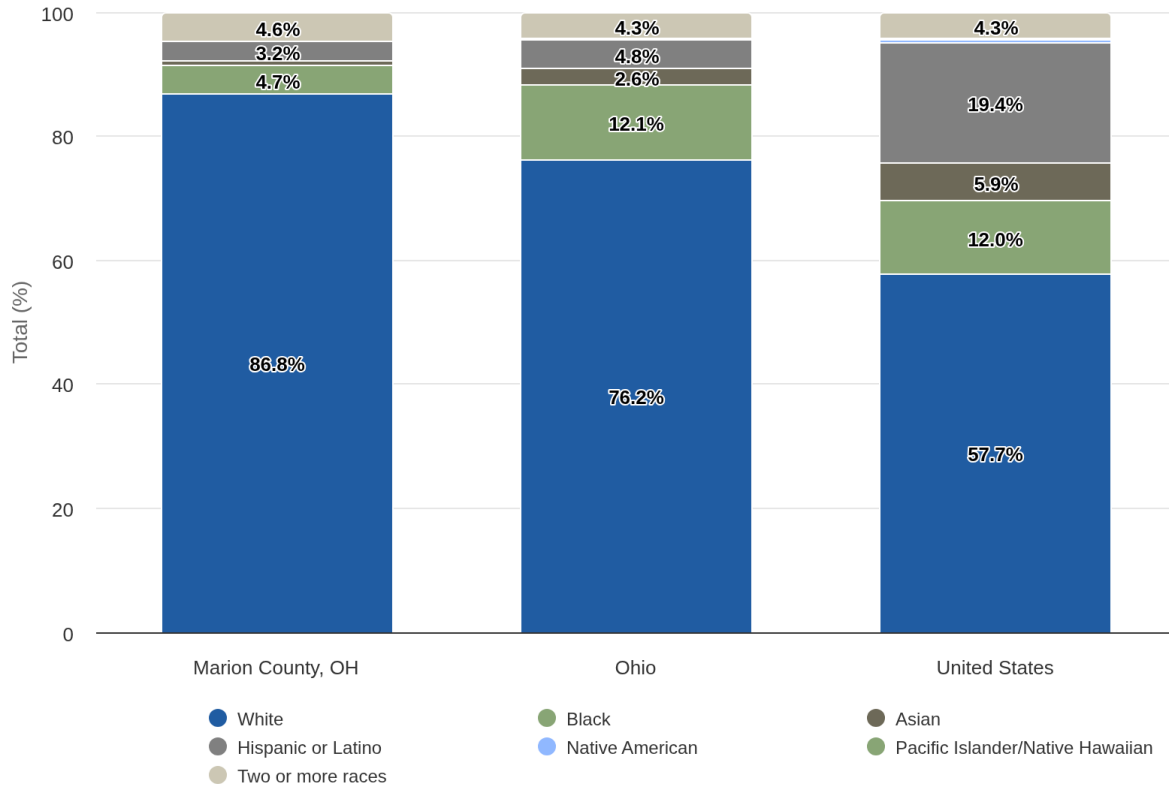
Marion County, OH, 2020-2024



Created on Metopio | metop.io/i/k6qmxic8 | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001 (sex and age), B03002 (race/ethnicity); Decennial Census: Table P012)
 Population: Average population over the time period.

Population by Race/Ethnicity, 2020-2024

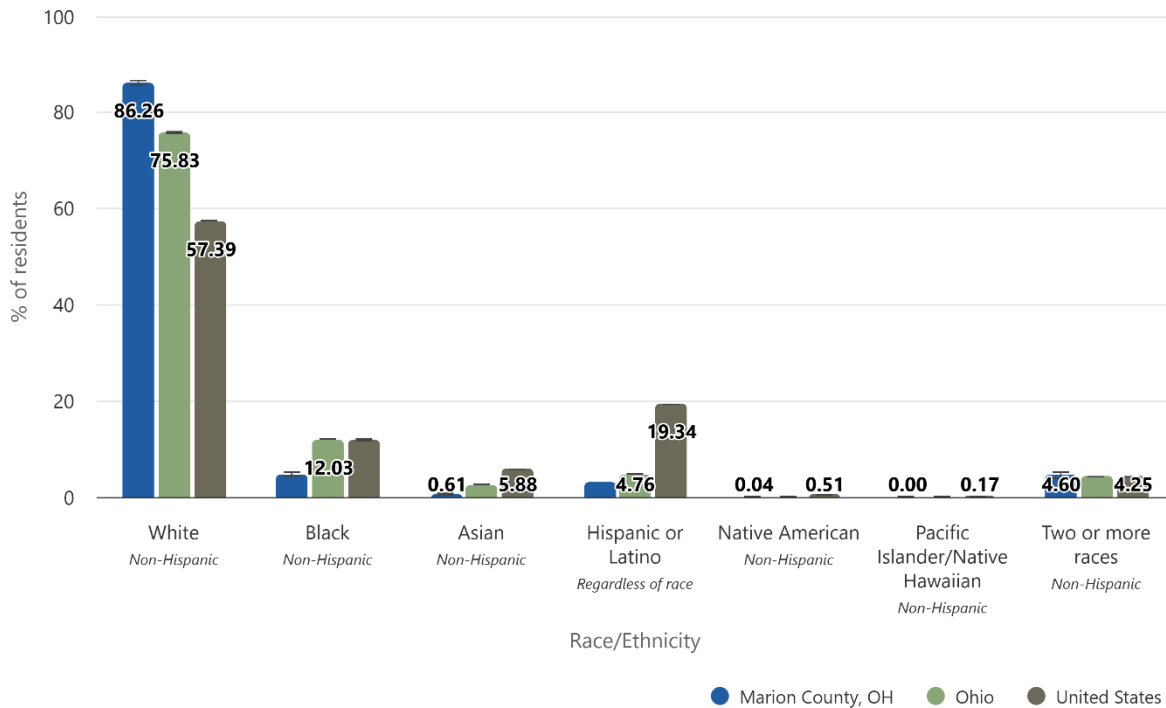
Marion County, OH and comparison



Created on Metopio | metop.io/i/x29w5snb | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001)

Demographics by Race/Ethnicity, 2020-2024

Marion County, OH and comparison

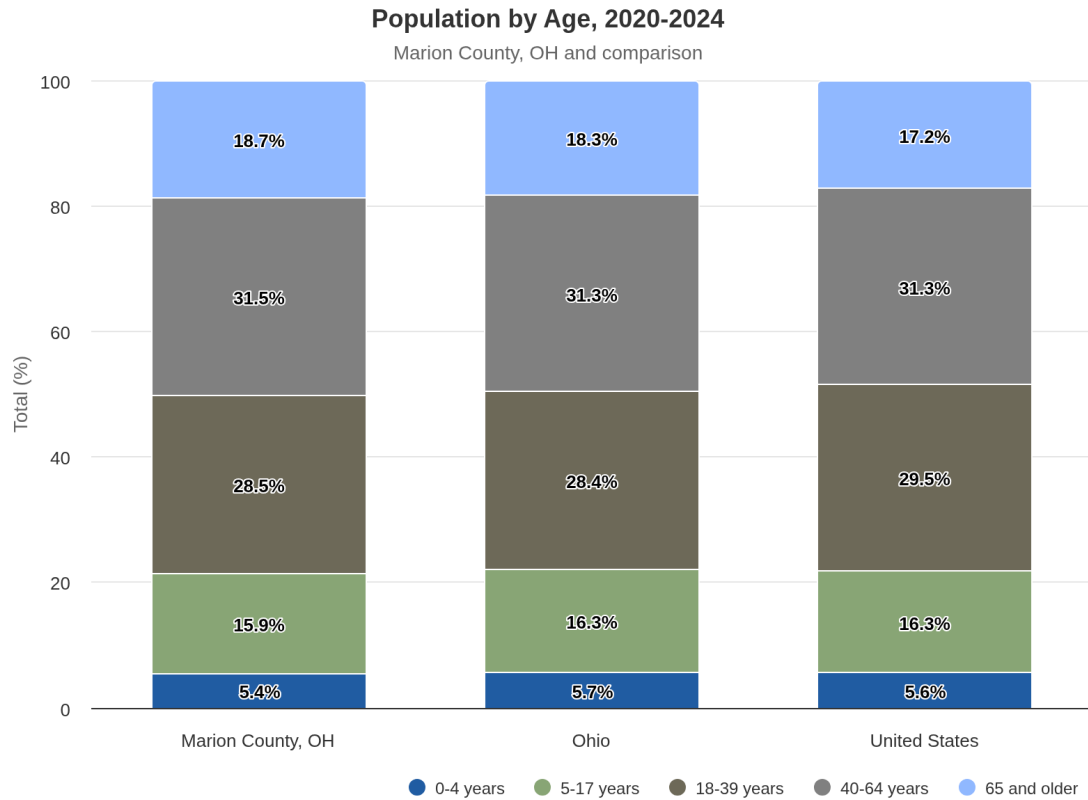


Created on Metopio | metop.io/i/6uixybk | Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)

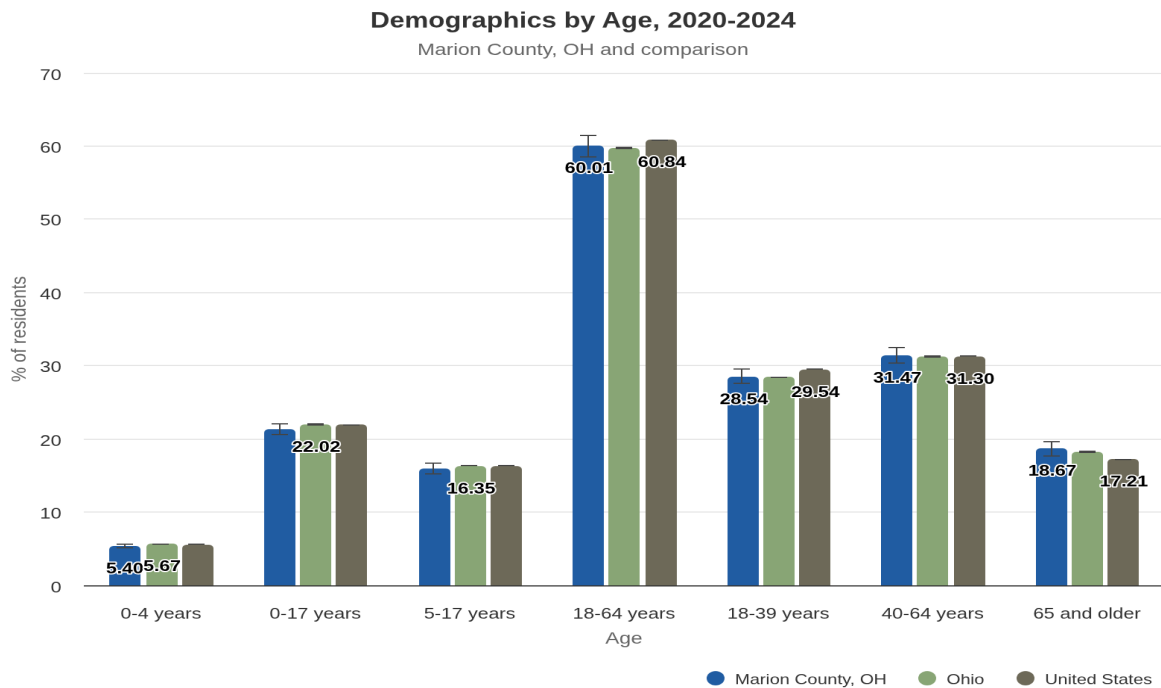
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

Age Distribution

The age distribution in Marion County mirrors broader national trends but with some unique differences. The county has a higher percentage of individuals aged 65 and older compared to the national average, indicating a slightly older population. This demographic trend is crucial for health planning, as older adults typically require more healthcare services and support.



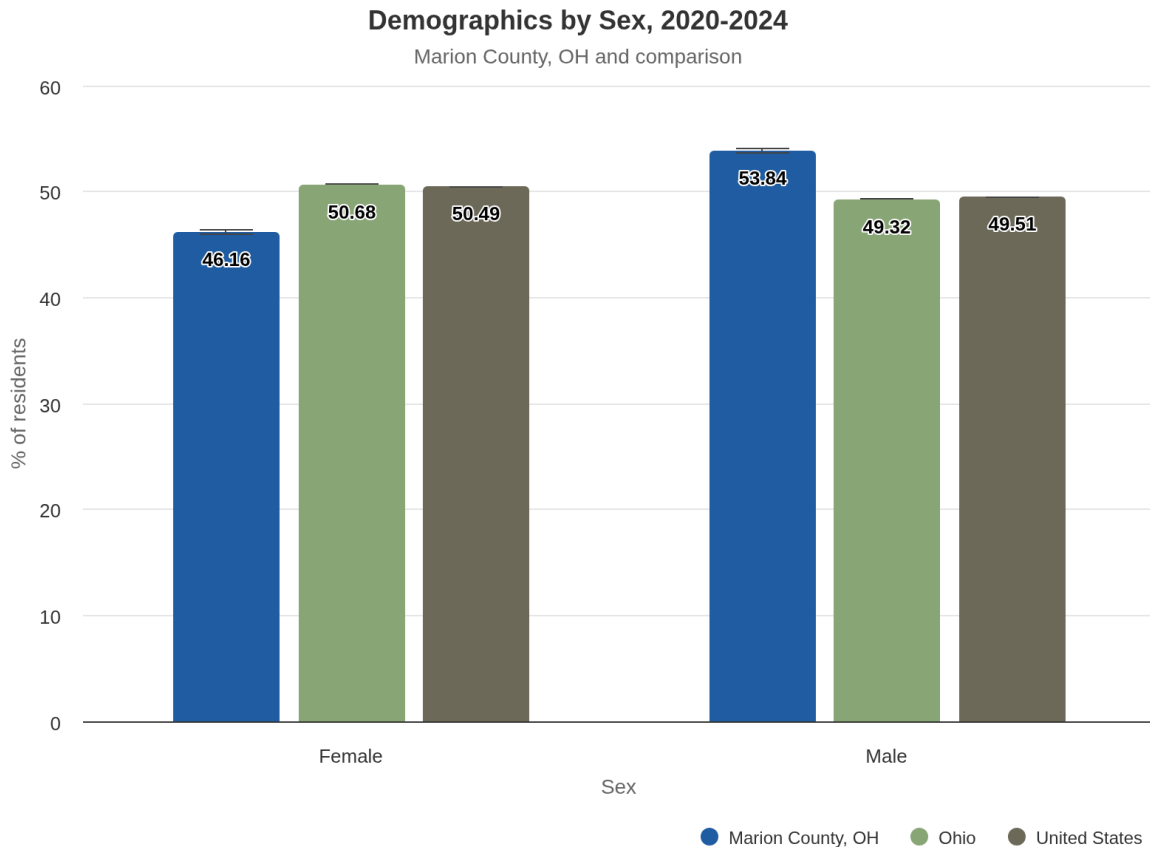
Created on Metopio | metop.io/i/43nrrz6h | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001)



Created on Metopio | metop.io/i/n4qx3rb1 | Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau:

Gender Distribution

In terms of gender, Marion County has a higher proportion of males (53.84%) compared to the overall state of Ohio (49.32%) and the United States (49.51%). Conversely, the female population in Marion County is lower (46.16%) relative to Ohio (50.68%) and the nation (50.49%). This gender imbalance has implications for health services, particularly in areas like reproductive health and gender-specific health programs.



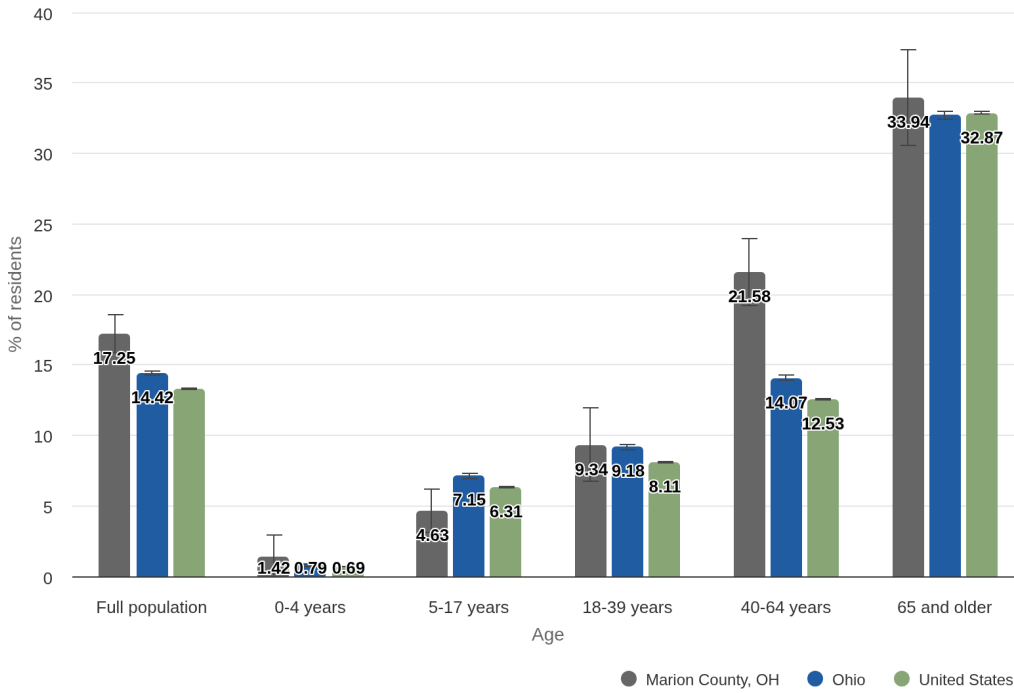
Created on Metopio | metop.io/l/qwn5oi9 | Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau:

Disability Rates

Disability rates in Marion County are higher than both state and national averages across nearly all age groups. The highest disability rate is among individuals aged 65 and older, at 33.94%. This high prevalence of disability underscores the need for robust support systems and accessible healthcare services tailored to individuals with disabilities.

Disability by Age, 2020-2024

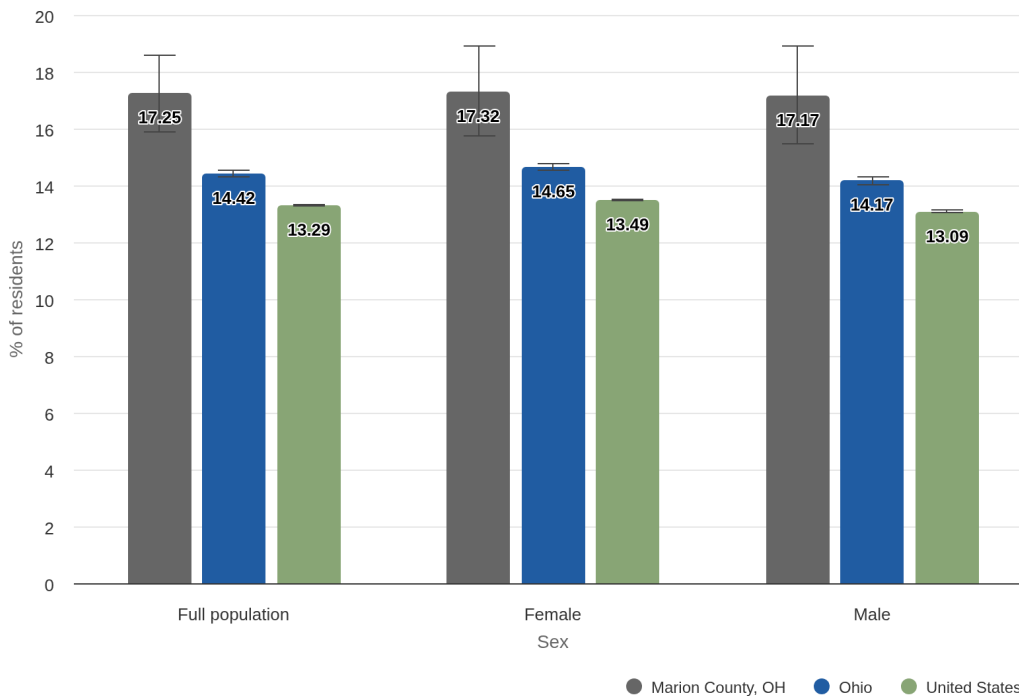
Marion County, OH and comparison



Created on Metopio | metop.io/umy4csuy | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Disability by Sex, 2020-2024

Marion County, OH and comparison

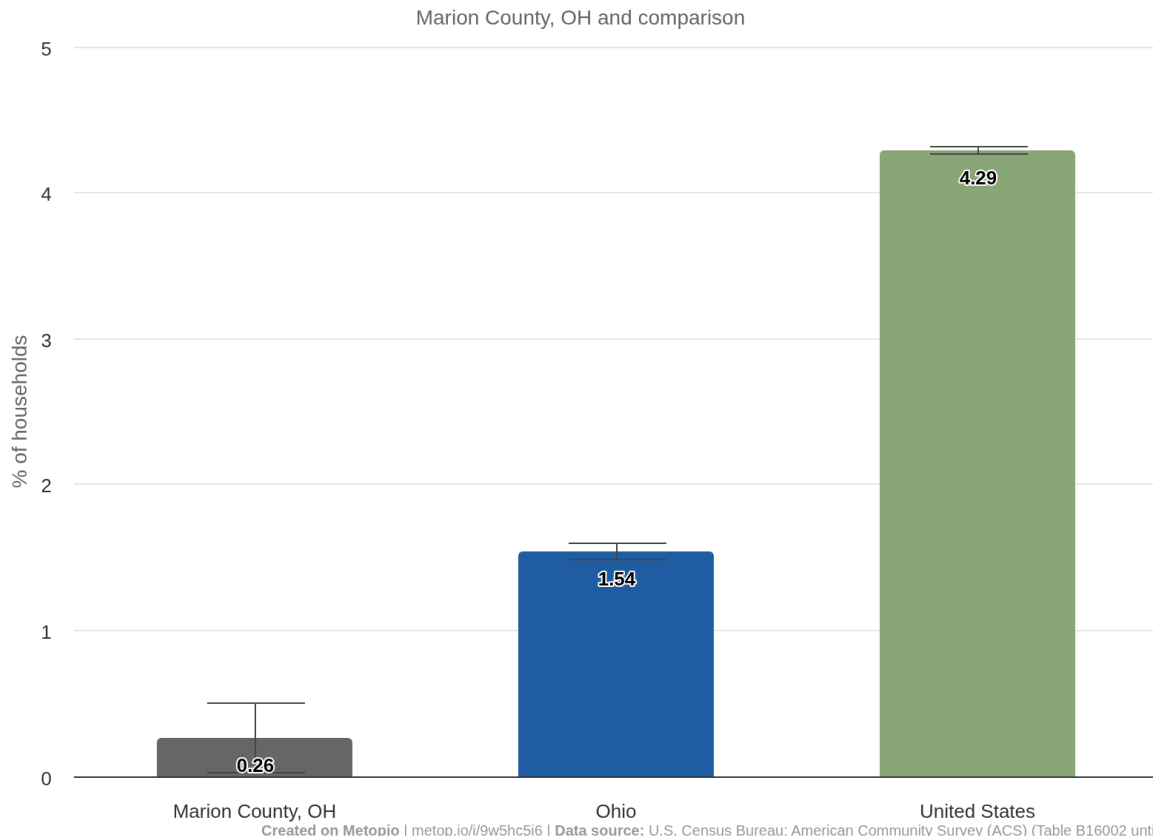


Created on Metopio | metop.io/6m8keerh | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Language and Limited English Proficiency

Marion County has a smaller number of Limited English proficiency households compared to state and national levels. This suggests that language barriers might be less of a concern in healthcare access for this community. However, it is still important to ensure that health information and services are accessible to all residents, regardless of language proficiency.

Limited English proficiency households, 2020-2024



Language Spoken at Home (5-year estimate)						
	Marion County		Ohio		United States	
Population 5 years and over	61,059	100%	11,140,750	100%	316,142,548	100%
Speak only English	59,186	96.2%	10,247,600	92.0%	245,767,039	77.7%
Speak a language other than English	2,323	3.8%	893,150	8.0%	70,375,509	22.3%
Spanish	1,169	1.9%	294,716	2.6%	42,869,908	13.6%
Other Indo-European language	537	0.9%	323,580	2.9%	12,249,474	3.9%
Asian and Pacific Island languages	253	0.4%	144,672	1.3%	11,320,253	3.6%
Other languages	364	0.6%	130,182	1.2%	3,935,874	1.2%

Note data obtained from the U.S. Census Bureau. "Language Spoken at Home." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601*,

<https://data.census.gov/table/ACSST5Y2024.S1601?q=marion+county+ohio+language>.

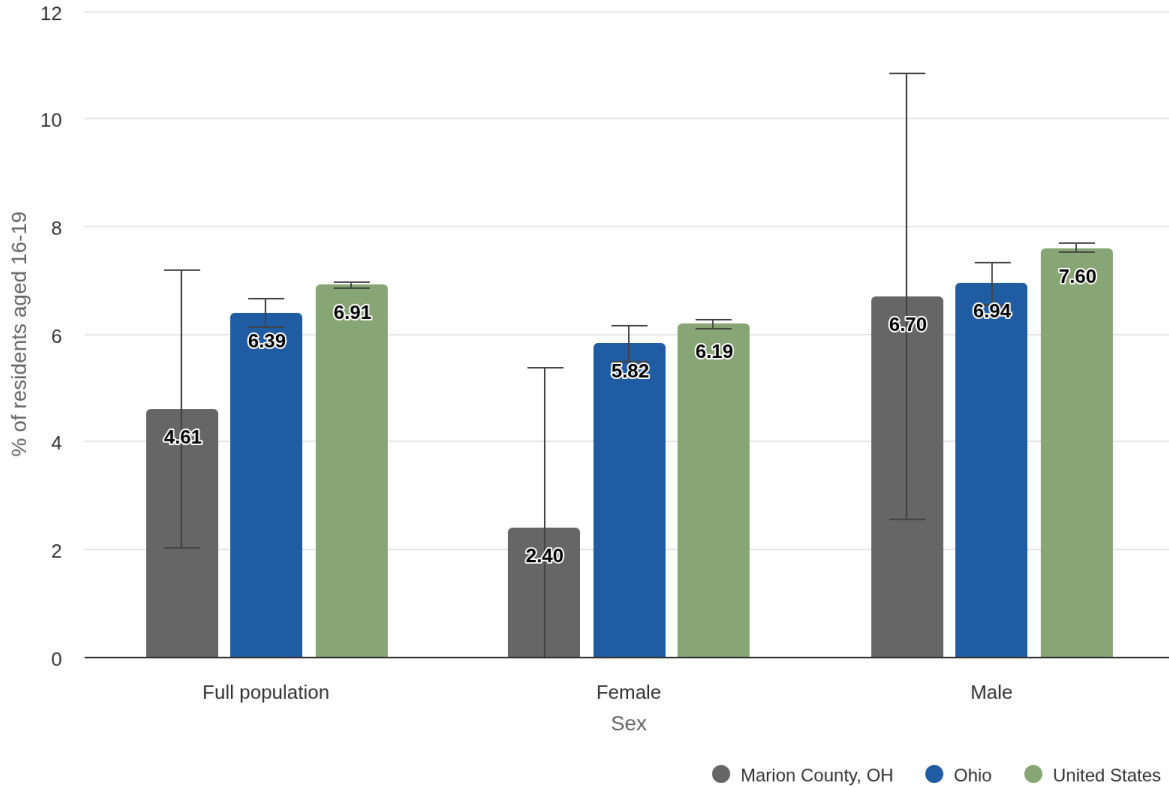
Accessed on 20 Apr 2026.

Opportunity Youth

The data indicates a higher rate of opportunity youth among males in Marion County compared to the overall population. Opportunity youth are young people who are neither in school nor working, and addressing their needs is critical for the community's future. The higher rate among males highlights a gender disparity that may require targeted interventions.

Opportunity youth by Sex, 2020-2024

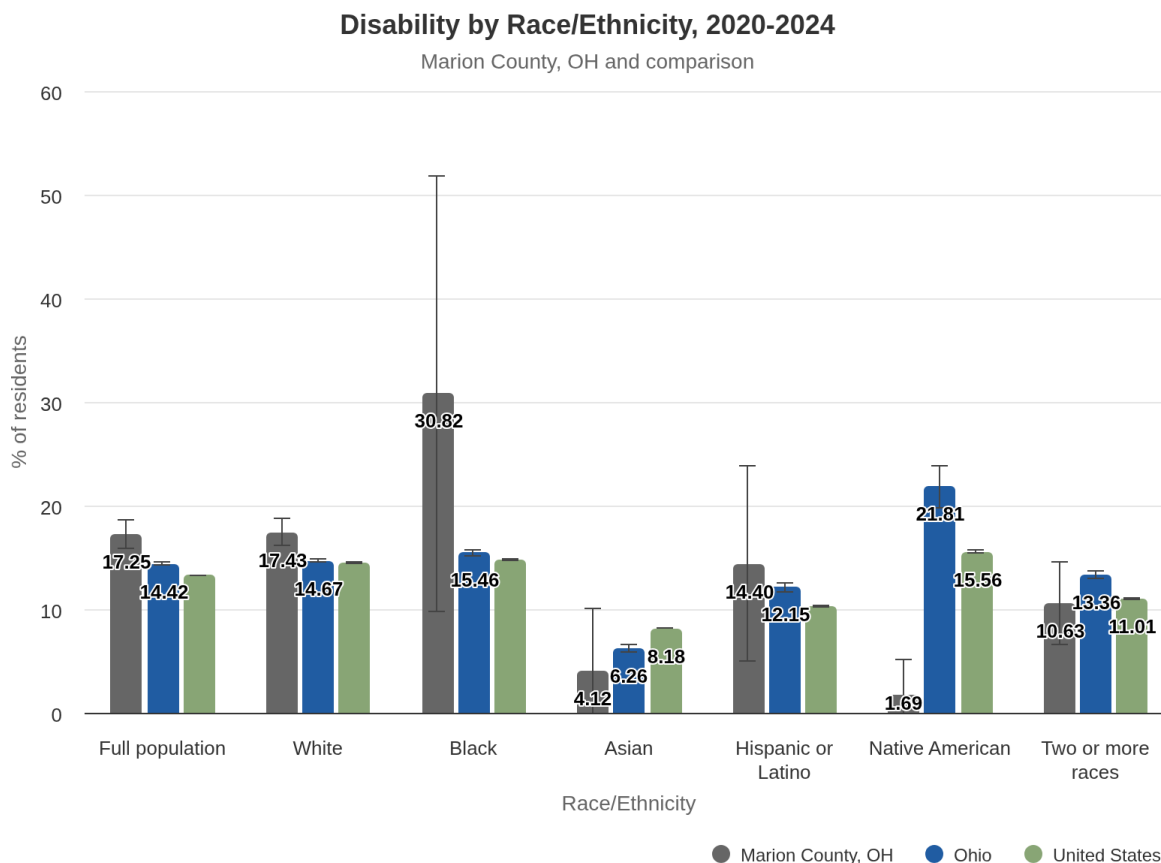
Marion County, OH and comparison



Created on Metopio | metop.io/ij57ajxa | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

Racial and Ethnic Health Disparities

The disability rate among the full population in Marion County is higher than both the state and national averages. Notably, the disability rate for Black individuals in Marion County is significantly higher than in Ohio and the United States. Additionally, the disability rate for Hispanic or Latino individuals in Marion County is higher than the state and national averages. These disparities highlight the need for culturally sensitive healthcare services and targeted health interventions.



Created on Metopio | metop.io/i/32o8a4kx | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Implications for Community Health

The demographic and health data for Marion County reveal several key areas of focus for improving community health. The higher disability rates, particularly among older adults, indicate a need for enhanced support services and accessible healthcare. The gender imbalance suggests that gender-specific health programs may be necessary to address the unique needs of the population. Additionally, addressing the needs of opportunity youth and reducing health disparities among racial and ethnic minorities are critical for fostering a healthier community.

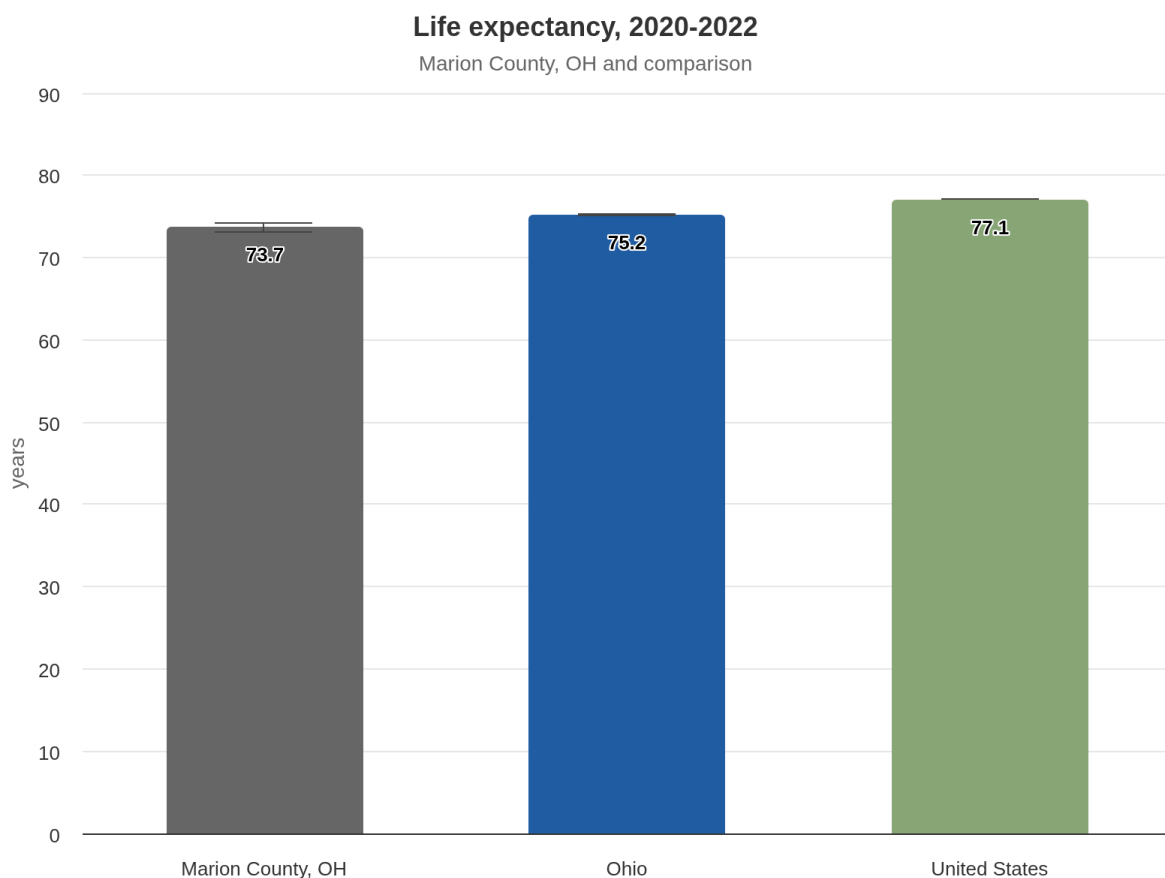
By understanding these demographic trends and health challenges, Marion County can better tailor its programs and initiatives to meet the needs of all residents, ensuring that everyone has the opportunity to reach their greatest health potential.

Overall Health

Overall health is a crucial indicator of a community's well-being, reflecting not just the absence of disease but also the presence of a high quality of life. It encompasses various aspects such as life expectancy, self-reported health status, and mortality rates. These indicators help identify disparities and track progress over time, ensuring that strategies align with improving both length and quality of life.

Key Findings at a Glance

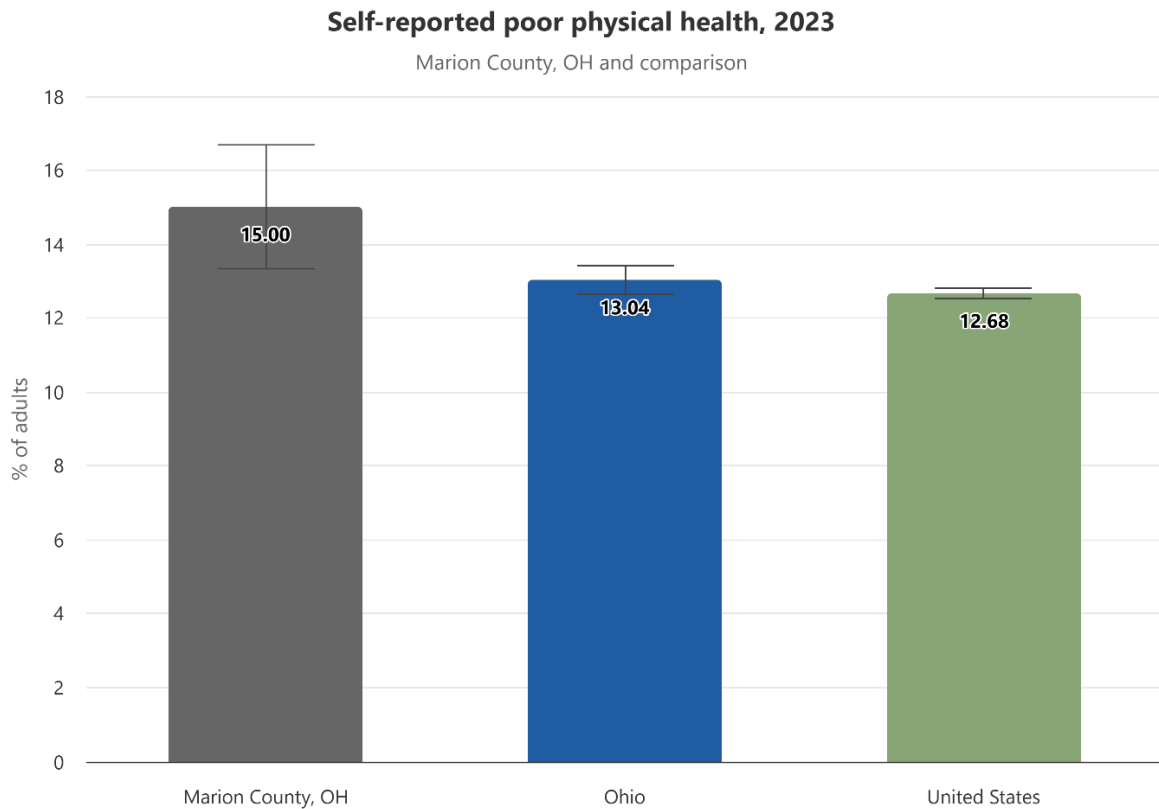
- **Infant Mortality:** The infant mortality rate in Marion County is 6.3 deaths per 1,000 live births, placing it in the third quartile nationally. This indicates a need for targeted interventions to improve maternal and infant health.
- **Life Expectancy:** At 73.69 years, life expectancy in Marion County is lower than the national average, highlighting the impact of premature mortality.
- **Self-Reported Health Status:** A significant portion of adults report poor physical health, with 15% experiencing poor health in the past month. This is higher than the national average, suggesting a need for better health management and support.
- For more information, please see the data summary at the end of the document.



Created on Metopio | metop.io/i/w1aqjbbv | Data sources: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics,

Contributing Factors and Determinants

Several factors contribute to the overall health status in Marion County. Poor health behaviors, such as lack of physical activity and poor nutrition, play a significant role. Environmental factors, including access to healthcare and exposure to pollutants, also influence health outcomes. Socioeconomic conditions, such as income and education levels, further exacerbate health disparities.

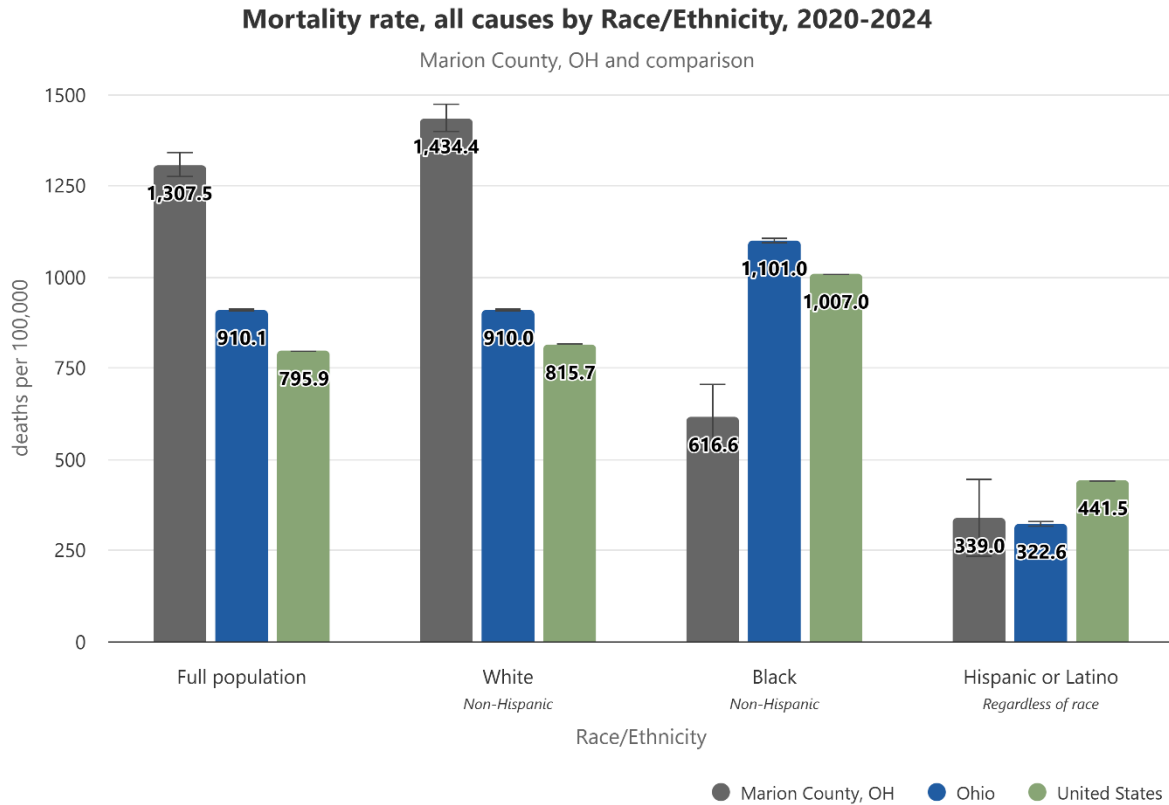


Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Self-reported poor physical health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.

Health Equity and Priority Populations

Certain groups in Marion County face greater health challenges. For instance, the mortality rate and life expectancy vary significantly across different demographics. Addressing these disparities requires targeted interventions that consider the unique needs of these populations.



Created on Metopio | metop.io | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Mortality rate, all causes: Deaths per 100,000 residents from all causes. Age-adjusted.

Implications and Next Steps

Improving overall health in Marion County requires a multifaceted approach. This includes enhancing access to healthcare, promoting healthy behaviors, and addressing socioeconomic disparities. Collaboration with local organizations and healthcare providers is essential to implement effective strategies and track progress over time.

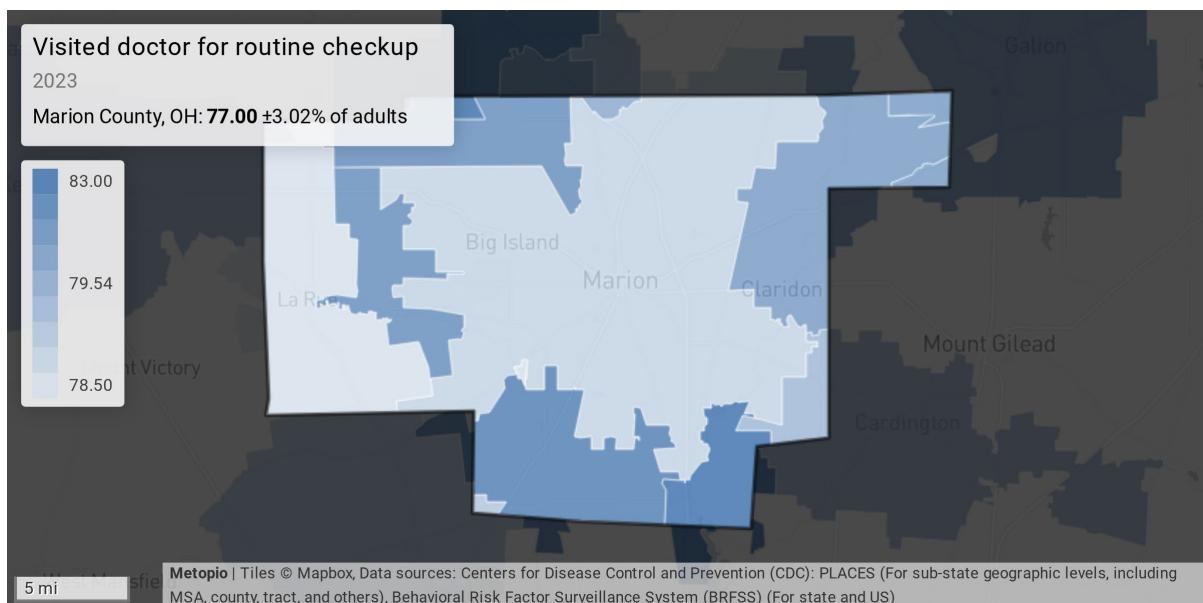
Health Behaviors

Overview

Health behaviors, including tobacco use, physical activity, nutrition, and substance use, are key drivers of overall health outcomes. By addressing modifiable risk factors, we can prevent disease before it starts and improve quality of life across all age groups. Investing in prevention yields long-term community-wide benefits.

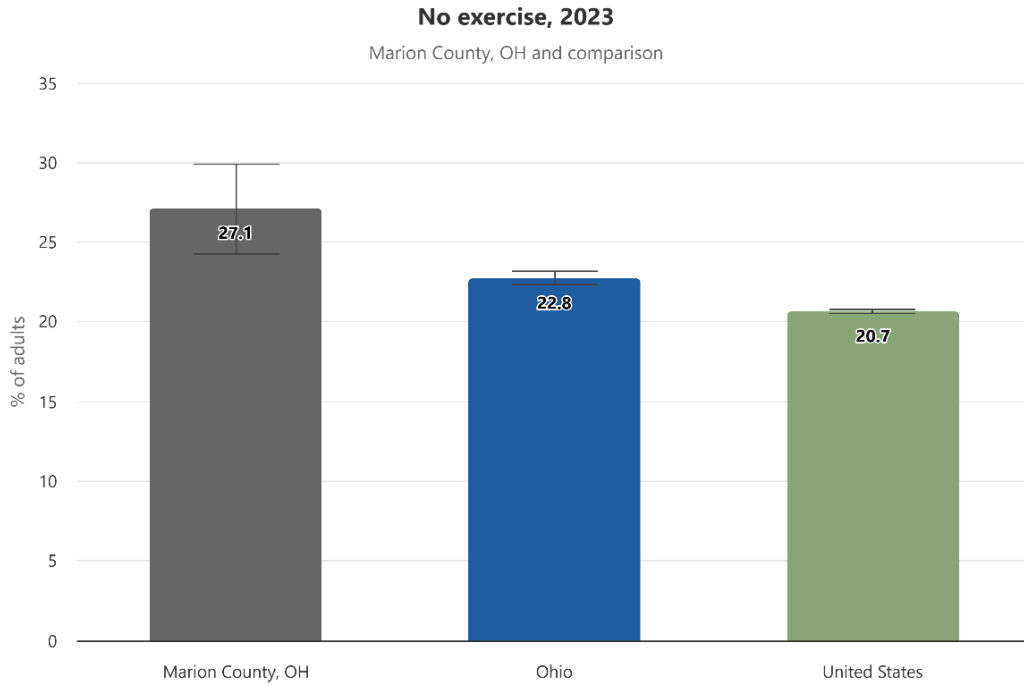
Key Findings at a Glance

- **Cholesterol screening:** 82.1% of adults in Marion County have had their cholesterol checked within the past five years, which is in the second quartile nationally.
- **Cigarette smoking rate:** 19.9% of adults in Marion County smoke cigarettes, which is in the top quartile nationally.
- **No exercise:** 27.1% of adults in Marion County report no exercise, which is in the highest 10% nationally.
- For more information, please see the data summary at the end of the document.

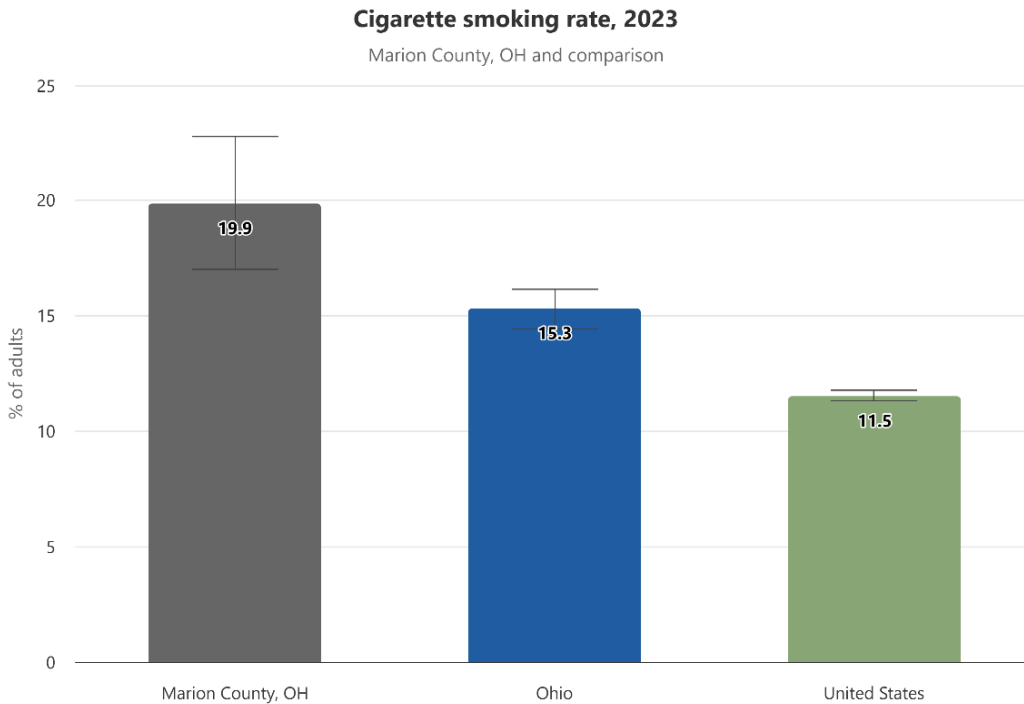


Contributing Factors and Determinants

Several factors influence health behaviors in Marion County. The high rate of smoking and lack of exercise are significant concerns. Environmental factors, such as access to recreational facilities and safe spaces for physical activity, also play a role. Socioeconomic conditions, including income and education levels, also impact health behaviors.



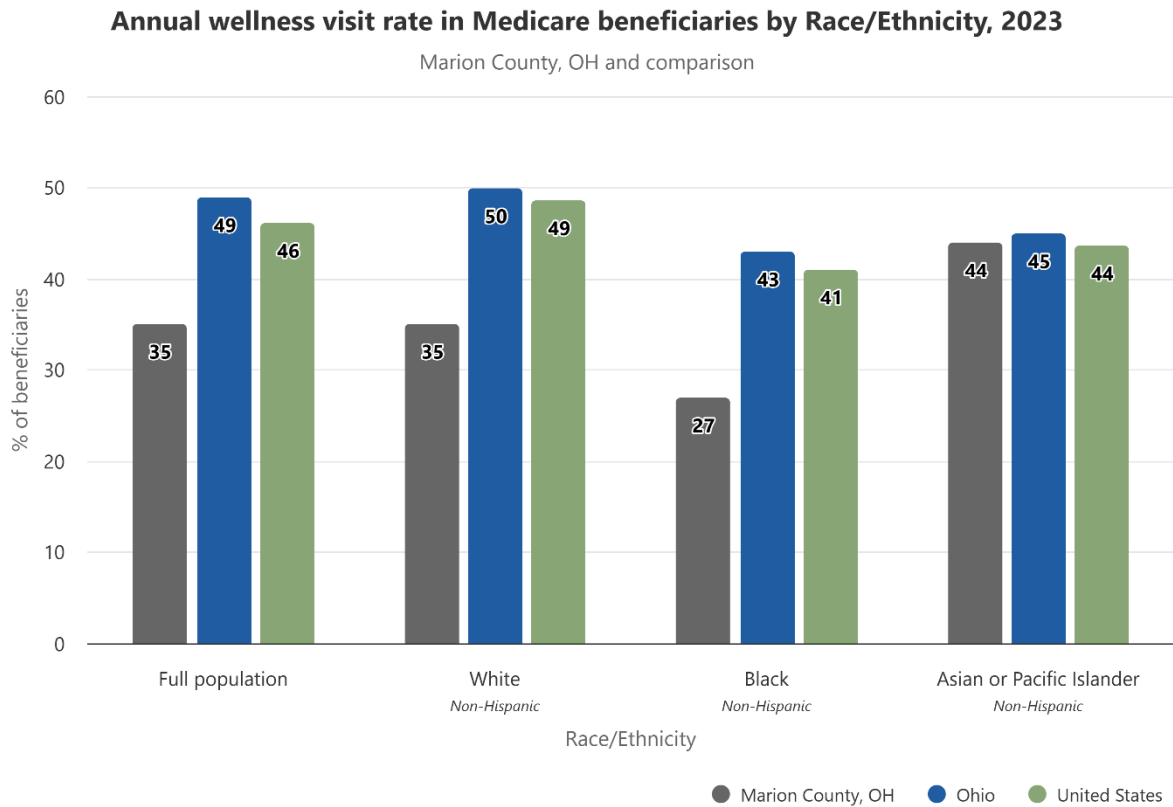
Created on Metopio | metop.io/i/vgz2f7jg | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data), Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System (County, state, and national data)
No exercise: Percent of resident adults aged 20 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"



Created on Metopio | metop.io/i/bgyaxrfo | **Data sources:** Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Health Equity and Priority Populations

Certain groups in Marion County may face greater barriers to healthy behaviors. Lower-income individual, minorities, and those with less education may have less access to resources for physical activity and healthy eating. Addressing these disparities is crucial for improving overall health outcomes.



Created on Metopio | metop.io | Data source: Centers for Medicare & Medicaid Services (CMS); Mapping Medicare Disparities
 Annual wellness visit rate in Medicare beneficiaries: Percent of Medicare fee-for-service beneficiaries receiving an annual wellness visit at any point during the year, as determined from claims.

Implications and Next Steps

These findings suggest a need for community-wide initiatives to promote healthy behaviors. Collaboration between local health departments, schools, and community organizations can help address these issues. Investing in prevention and health education can lead to long-term improvements in community health.

Socio-economic Factors

Overview

Socio-economic factors, including income, education, employment, and social support, play a crucial role in shaping the health outcomes and life expectancy of Marion County residents. Economic instability is often linked to higher rates of chronic disease and limited access to healthcare, creating significant health disparities. Addressing these socio-economic factors is essential for reducing health disparities and creating conditions where all residents can thrive.

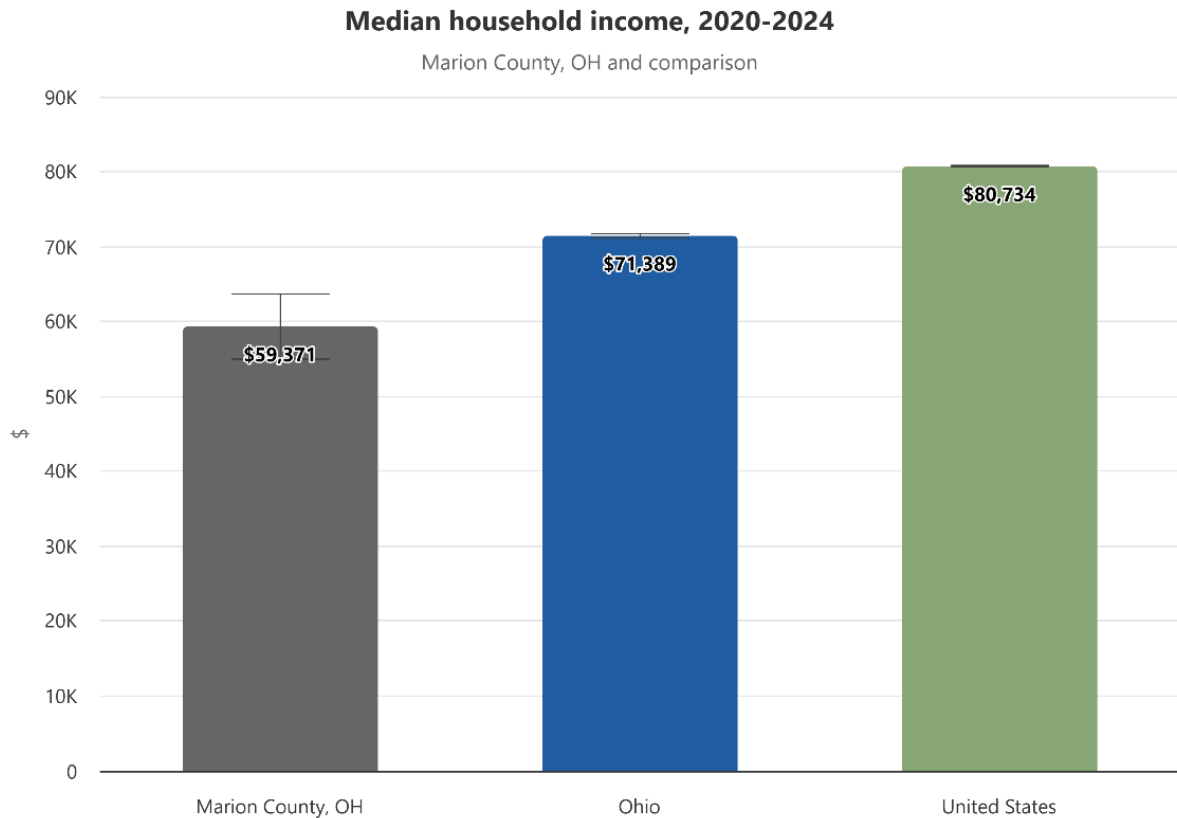
Key Findings at a Glance

- **Households below ALICE threshold:** 47.63% (2023) - This is in the third quartile nationally.
- **High school graduation rate:** 91.06% (2024) - This is in the second quartile nationally.
- **Any higher education rate:** 52.01% (2024) - This is in the lowest quartile nationally.
- **College graduation rate:** 17.91% (2024) - This is in the lowest 5% nationally.
- **Median household income:** \$62,268 (2024) - This is in the lowest quartile nationally.
- **Labor force participation:** 53.20% (2020-2024) - This is in the lowest quartile nationally.
- **Poverty rate:** 18.04% (2024) - This is in the top quartile nationally.
- **Below 200% of poverty level:** 39.06% (2024) - This is in the top quartile nationally.
- **Seniors living alone:** 32.24% (2024) - This is in the highest 10% nationally.
- **Social Vulnerability Index:** 64.43% (2022) - This is in the third quartile nationally.
- **Unemployment rate:** 6.32% (2020-2024) - This is in the top quartile nationally.
- For more information, please see the data summary at the end of the document.

These indicators highlight significant socio-economic challenges in Marion County, with many measures falling below state and national averages. The high poverty rate and low educational attainment levels are particularly concerning, as they correlate with poorer health outcomes.

Contributing Factors and Determinants

Several factors contribute to the socio-economic challenges in Marion County. The high poverty rate and low median household income suggest widespread economic instability. The low labor force participation rate indicates that many residents may be struggling to find employment. Additionally, the high percentage of seniors living alone and the elevated Social Vulnerability Index point to potential gaps in social support systems.

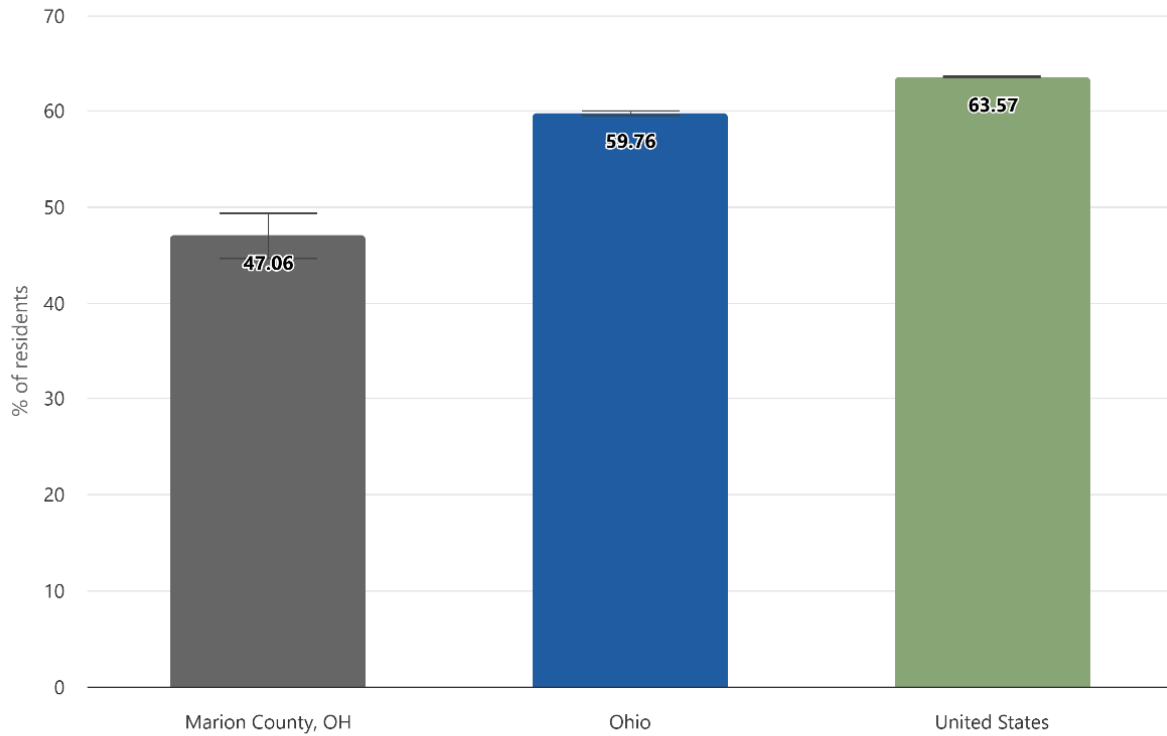


Created on Metopio | metop.io/i/rgor939a | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)
Median household income: Income in the past 12 months.

The high school graduation rate is relatively high, which is a positive indicator. However, the low rates of any higher education and college graduation suggest that many residents may not have the advanced skills needed for higher-paying jobs. This educational gap can perpetuate economic instability and limit opportunities for upward mobility.

Any higher education rate, 2020-2024

Marion County, OH and comparison

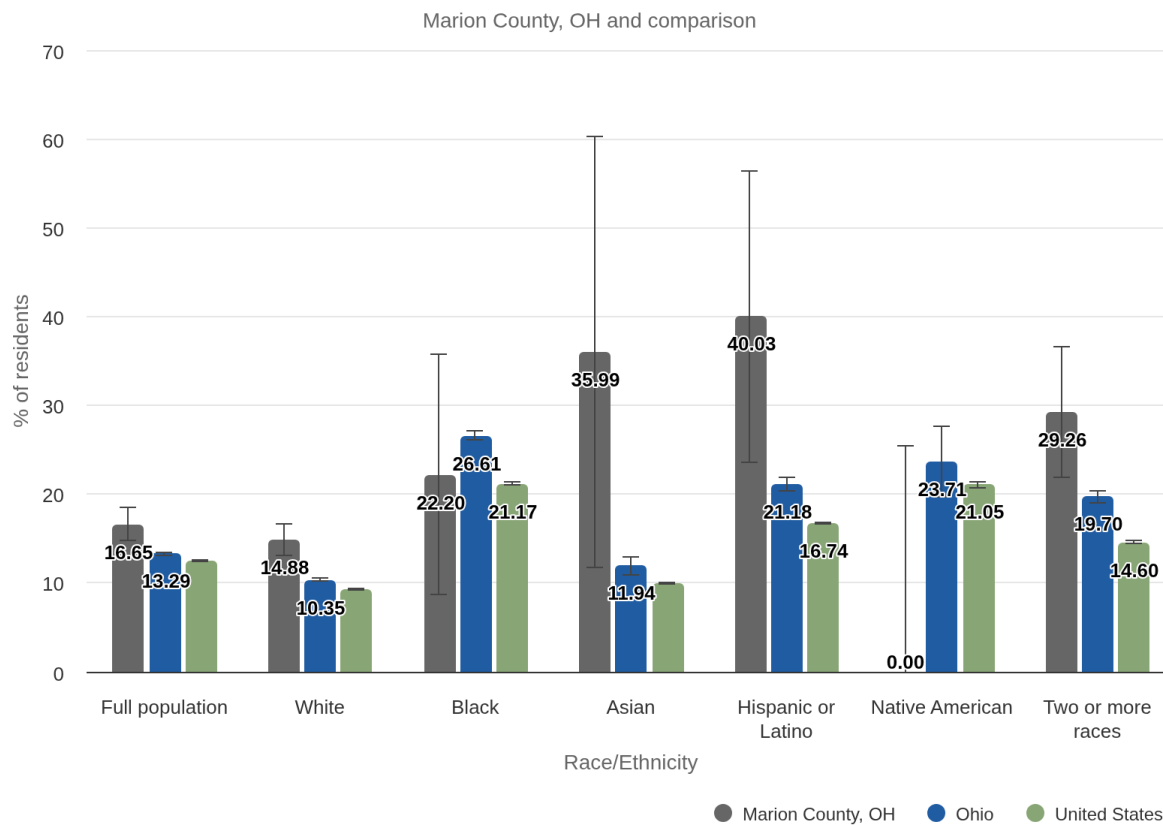


Created on Metopio | metop.io/i/4qzph3h | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)
Any higher education rate: Residents 25 or older with any post-secondary education, including less than 1 year

Health Equity and Priority Populations

Certain groups in Marion County face greater socio-economic challenges. The poverty rate is notably higher for Hispanic or Latino individuals compared to the state and national averages. Educational attainment is also lower among Hispanic or Latino residents. These disparities highlight the need for targeted interventions to support these communities

Poverty rate by Race/Ethnicity, 2020-2024



Created on Metopio | metop.io/i/biz81fmk | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Addressing these disparities requires a multifaceted approach that includes improving access to education, creating job opportunities, and enhancing social support systems. By focusing on these areas, Marion Public Health can help reduce health disparities and improve overall community health.

Implications and Next Steps

The findings on socio-economic factors underscore the need for comprehensive strategies to address economic instability and educational gaps in Marion County. Marion Public Health should collaborate with local organizations, educational institutions, and employers to create programs that support economic development and educational attainment. By addressing these underlying socio-economic factors, the community can work towards reducing health disparities and improving the overall health and well-being of its residents.

Chronic Disease

Overview

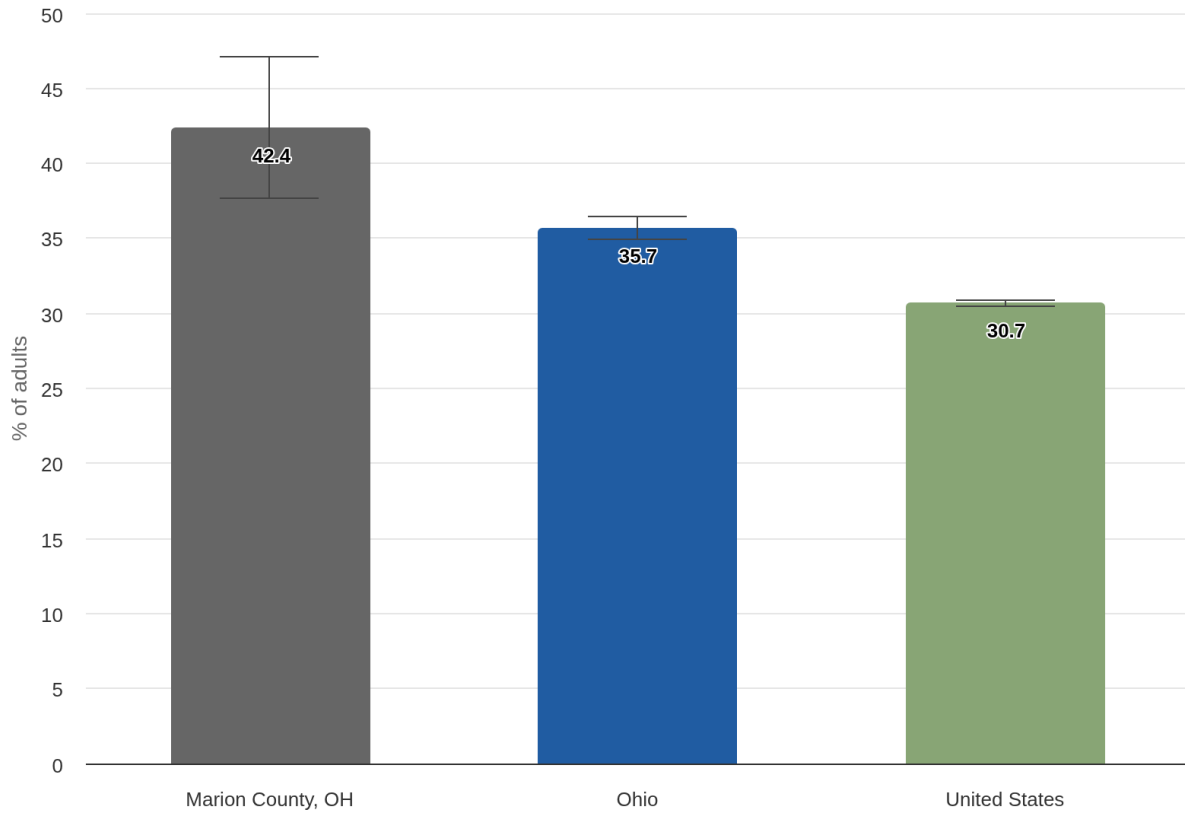
Chronic diseases, including heart disease, cancer, and diabetes, are leading causes of death and disability in Marion County. These conditions not only reduce quality of life but also drive significant healthcare costs. Many of these diseases are preventable or manageable through early detection and lifestyle changes, making it crucial to prioritize chronic disease management to improve long-term health outcomes and reduce the burden on families and healthcare systems.

Key Findings at a Glance

- **Diagnosed diabetes** is notably high in Marion County, with 12.9% of adults reporting a diagnosis, which is significantly above the national average of 8.6%.
- **Heart disease mortality** stands at 274.47 deaths per 100,000 residents, placing Marion County in the third quartile nationally.
- **Cancer mortality** is also a concern, with 248.26 deaths per 100,000 residents, reflecting a similar national trend.
- **Obesity** rates in Marion County are alarmingly high at 42.4%, well above the national average of 30.7%.
- **Chronic obstructive pulmonary disease (COPD)** affects 8.5% of adults, placing Marion County in the top quartile nationally.
- For more information, please see the data summary at the end of the document.

Obesity, 2023

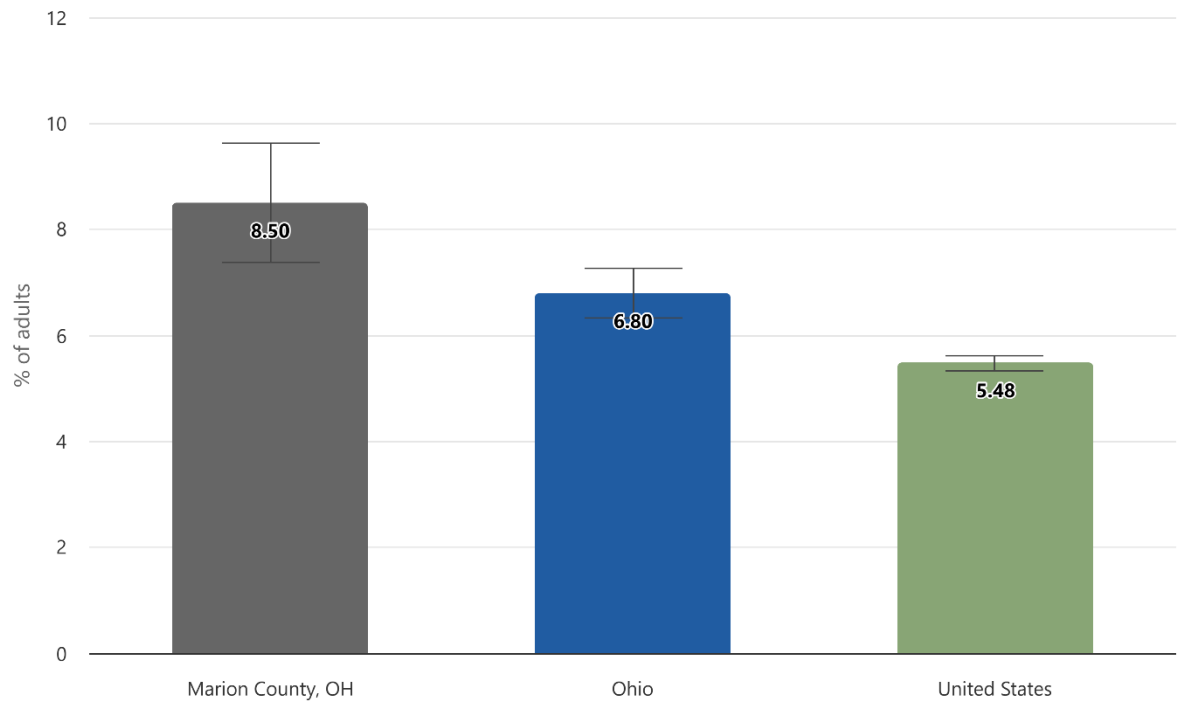
Marion County, OH and comparison



Created on Metopio | metop.io/i/885xt7tm | Data sources: Centers for Disease Control and Prevention (CDC); United States Diabetes Surveillance System

Chronic obstructive pulmonary disease (COPD), 2023

Marion County, OH and comparison



Created on Metopio | metop.io/i/849wa1ra | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)

Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.

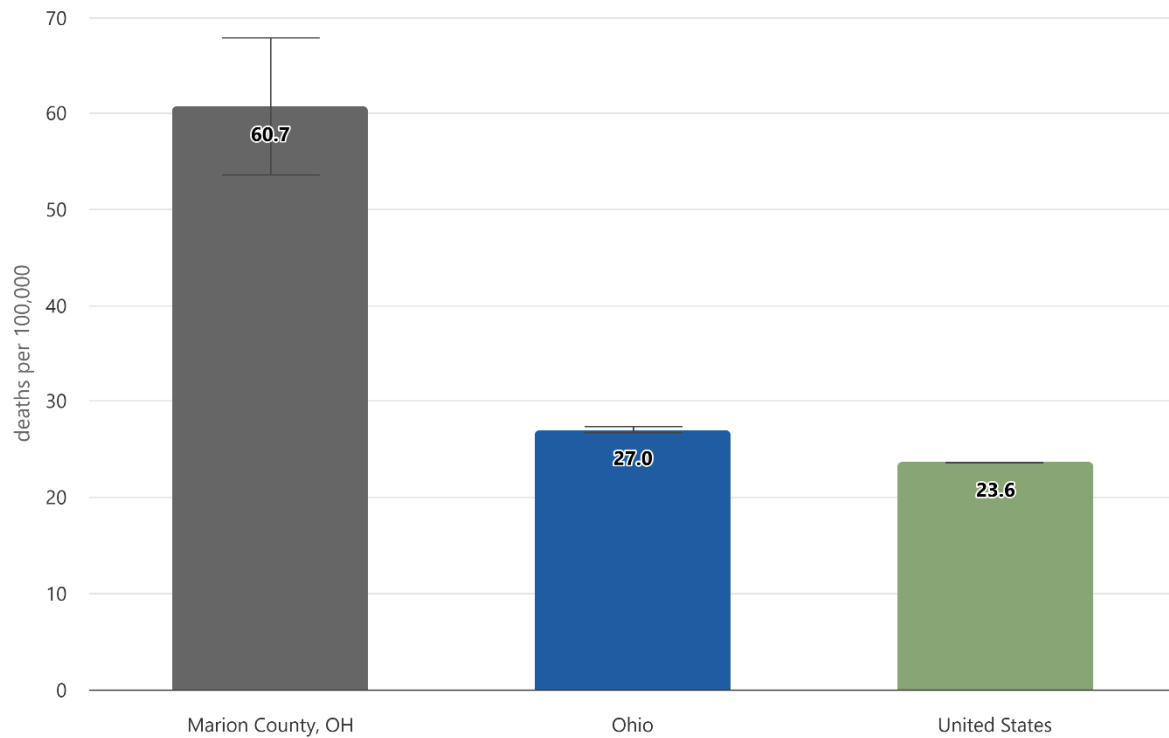
Contributing Factors and Determinants

Several factors contribute to the high rates of chronic diseases in Marion County. **Obesity** is a significant issue, with 42.4% of adults classified as obese, which is linked to higher risks of heart disease, diabetes, and other chronic conditions. The prevalence of **high blood pressure** (37%) and **high cholesterol** (33.2%) further exacerbates the risk of heart disease and stroke.

Environmental and lifestyle factors also play a role. Limited access to healthy food options and opportunities for physical activity can contribute to higher rates of obesity and related chronic conditions. Additionally, socioeconomic factors such as income and education levels can impact residents' ability to access healthcare and make healthy lifestyle choices.

Diabetes mortality, 2020-2024

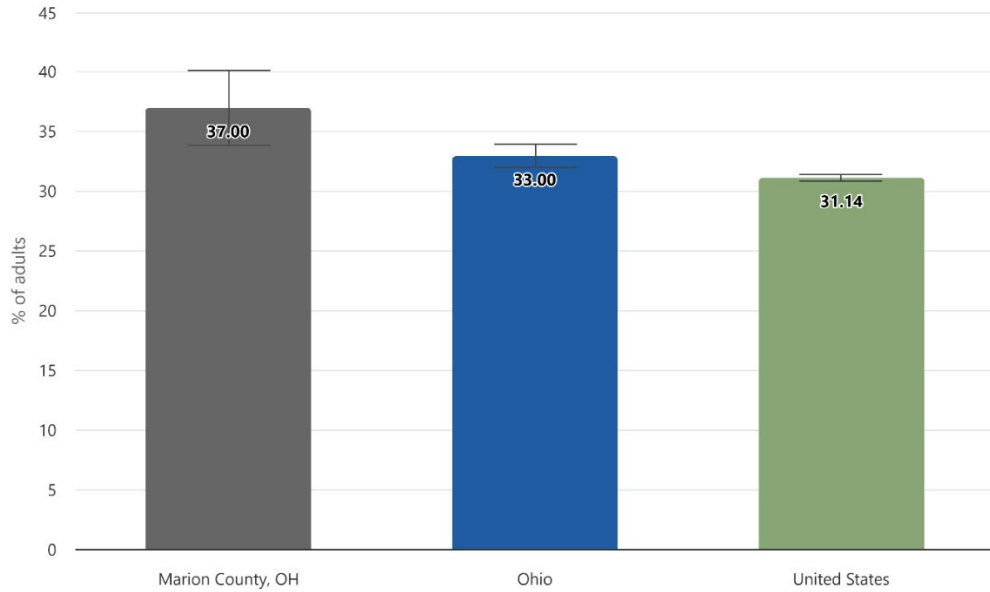
Marion County, OH and comparison



Created on Metopio | metop.io/i/uqhmcx3d | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
 Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

High blood pressure, 2023

Marion County, OH and comparison



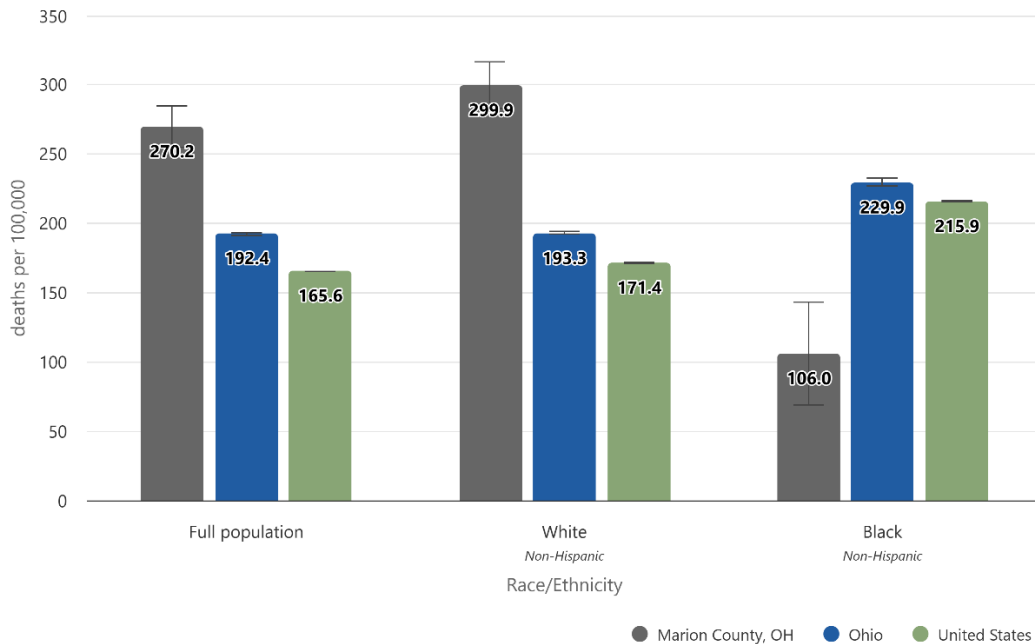
Created on Metopio | metopio.io/xsb3mbns | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Health Equity and Priority Populations

Certain groups in Marion County face higher risks and barriers to managing chronic diseases. **Low-income residents** and those with limited access to healthcare services, such as the senior population, are particularly vulnerable. The high rates of obesity and related chronic conditions suggest a need for targeted interventions in these populations.

Heart disease mortality by Race/Ethnicity, 2020-2024

Marion County, OH and comparison



Created on Metopio | metopio.io | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Implications and Next Steps

The findings highlight the need for comprehensive strategies to address chronic diseases in Marion County. This includes promoting healthy lifestyles, improving access to healthcare services, and targeting interventions towards high-risk populations. Collaboration between local health departments, community organizations, and healthcare providers will be essential to effectively address these challenges and improve health outcomes for all residents.

By focusing on chronic disease management and prevention, Marion County can reduce healthcare costs, improve quality of life, and ensure that all residents have the opportunity to live healthier lives.

Behavioral Health

Overview

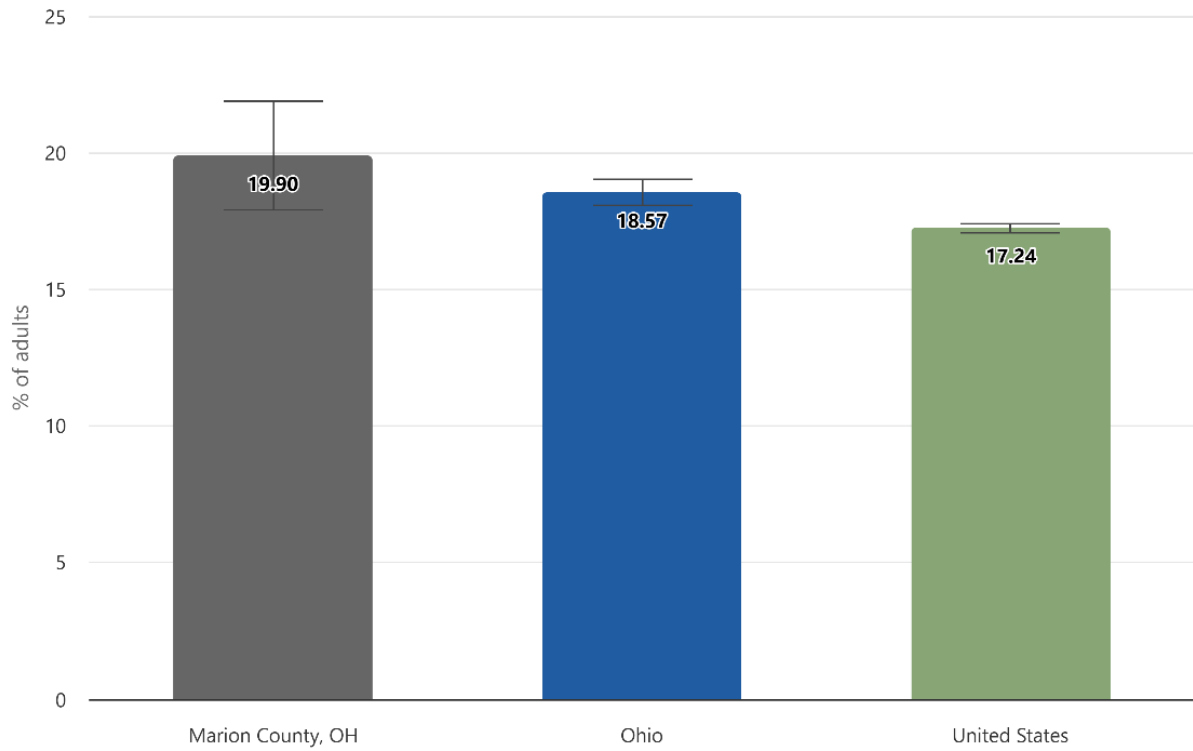
Behavioral health is a critical aspect of overall well-being, encompassing mental health and substance use. It affects individuals, families, workplaces, and schools, making it a vital focus for community health. Increased rates of depression and anxiety highlight the urgent need for prevention, early intervention, and access to care. Prioritizing behavioral health can strengthen community resilience and safety.

Key Findings at a Glance

- **Depression:** 28.2% of adults in Marion County reported depression in 2023, placing the county in the top quartile nationally.
- **Poor Mental Health Days:** Adults in Marion County experienced an average of 6.48 mentally unhealthy days per month in 2022, among the highest in the nation.
- **Self-Reported Poor Mental Health:** 19.9% of adults reported poor mental health in the past month, surpassing state and national averages.
- **Social Isolation:** 36.9% of residents reported feeling socially isolated, higher than the state average.
- **Substance Use Treatment Facilities:** Marion County has 6.01 substance use treatment facilities per 100,000 residents, in the third quartile nationally.
- **Opioid Treatment Providers:** The county has 26.93 opioid treatment providers per 100,000 residents, in the highest 10% nationally.
- For more information, please see the data summary at the end of the document.

Self-reported poor mental health, 2023

Marion County, OH and comparison

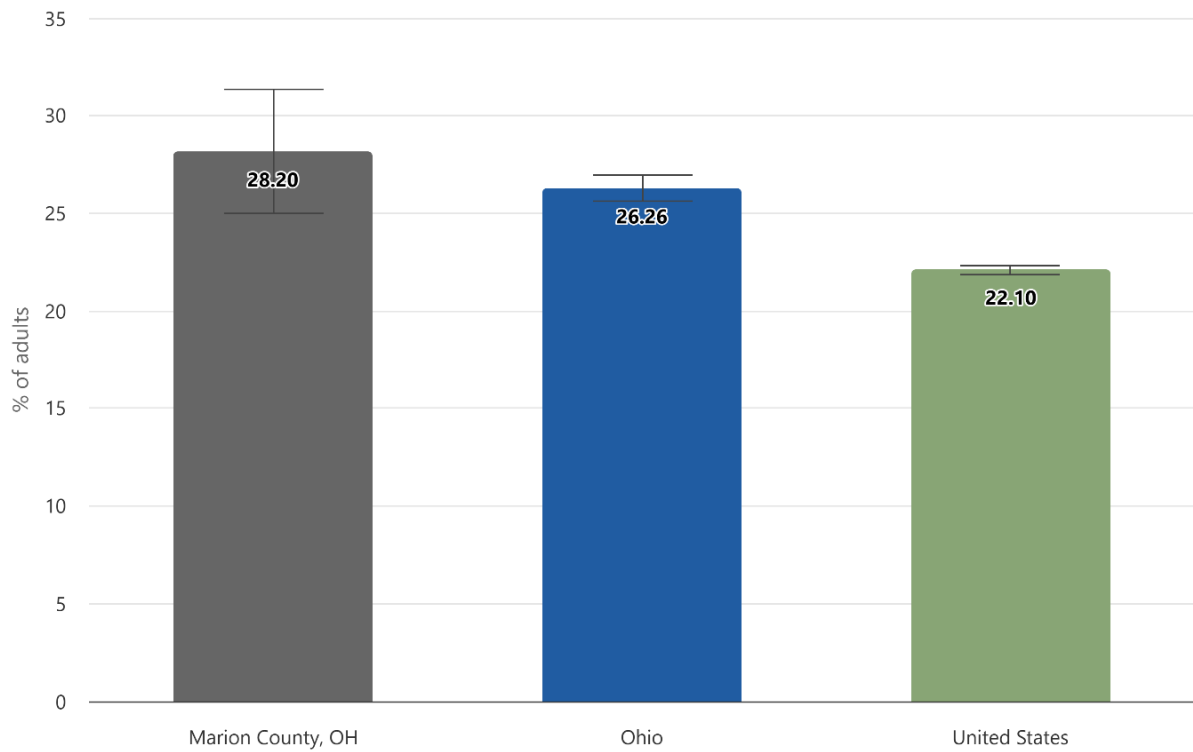


Created on Metopio | metop.io/i/rtystcia | Data source: Centers for Disease Control and Prevention (CDC): PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Depression, 2023

Marion County, OH and comparison

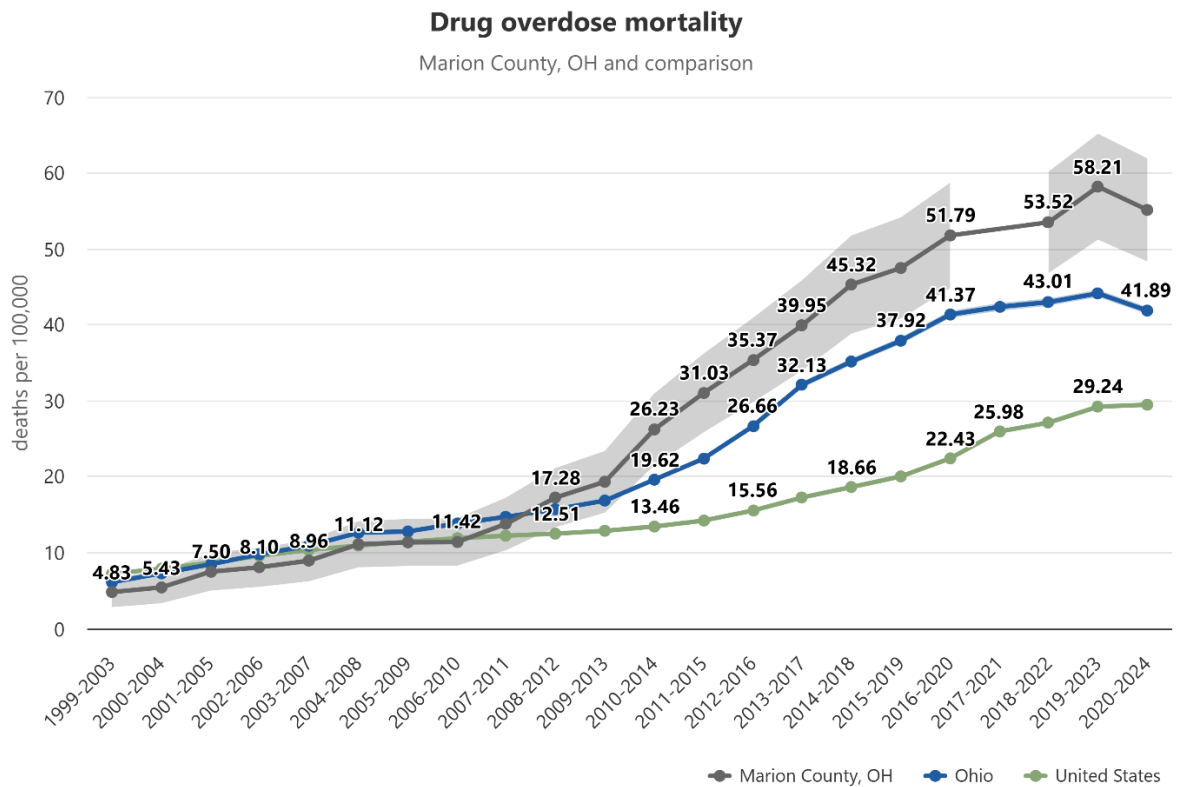


Created on Metopio | metop.io/i/ug9o2s7u | Data source: Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older.

Contributing Factors and Determinants

Several factors contribute to the behavioral health challenges in Marion County. High rates of depression and poor mental health days indicate a significant need for mental health services. Social isolation, affecting nearly 37% of residents, underscores the importance of community support systems. The availability of substance use treatment facilities and opioid treatment providers suggests a focus on addressing substance use disorders due to the higher rate of drug overdose mortality compared to state and national averages, yet the high rates of depression and poor mental health days suggest that more comprehensive mental health services are needed.



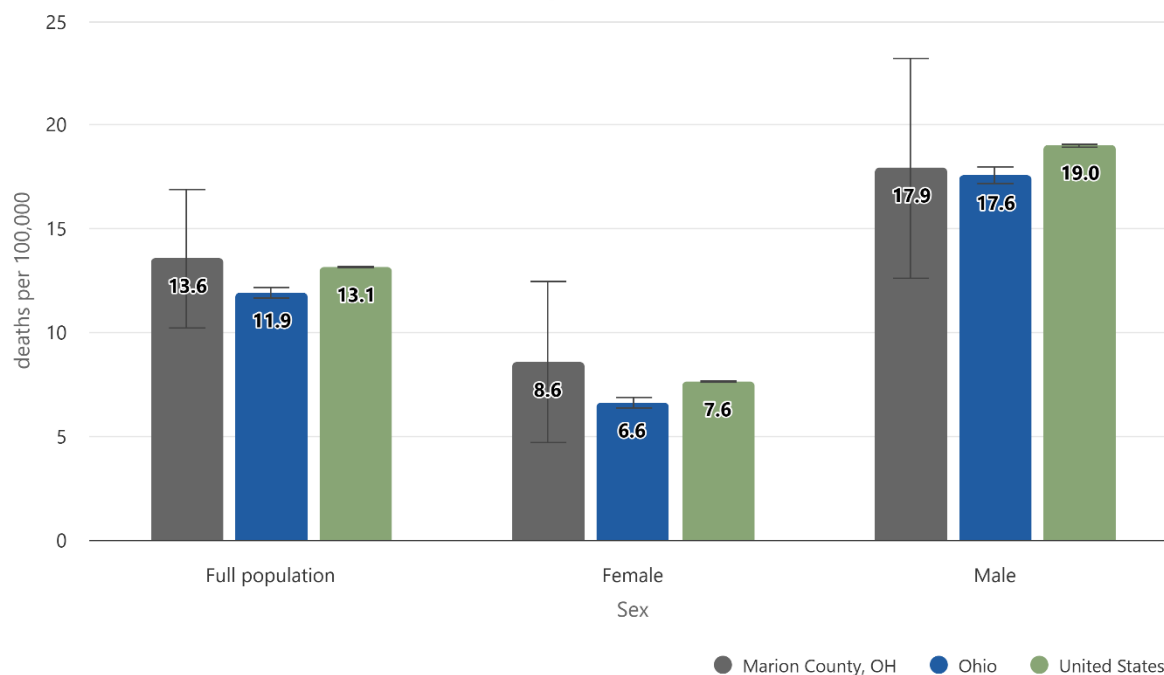
Created on Metopio | metop.io/l/8p1w6j21 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality; Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Health Equity and Priority Populations

Certain groups, such as sex, may face greater barriers to accessing behavioral health services. Socioeconomic factors, such as income and education, can influence mental health outcomes. Additionally, geographic disparities in the availability of treatment facilities highlight the need for equitable distribution of resources. Addressing these disparities is crucial for ensuring that all residents have access to the care they need.

Alcohol-related mortality by Sex, 2020-2024

Marion County, OH and comparison



Created on Metopio | metop.io/i/kdcyzgpc | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)
Alcohol-related mortality: Deaths per 100,000 residents with an underlying cause related to excessive alcohol use. This includes deaths attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis, and others. Because alcohol use is often a contributing factor in mortality from many other diseases, the CDC uses a complicated methodology to estimate total alcohol-related mortality, which is described in the technical notes. The estimates presented here are only from causes 100% attributable to alcohol consumption, so they are likely an undercount of the total societal impact of alcohol abuse.

Implications and Next Steps

The findings suggest several opportunities for action. Increasing access to mental health services, particularly for depression and anxiety, is essential. Enhancing community support systems to reduce social isolation can also improve overall well-being. Collaboration between local health departments, healthcare providers, and community organizations can help align resources and strategies to address these needs effectively.

By focusing on behavioral health, Marion County can strengthen community resilience and safety, ultimately improving the quality of life for all residents.

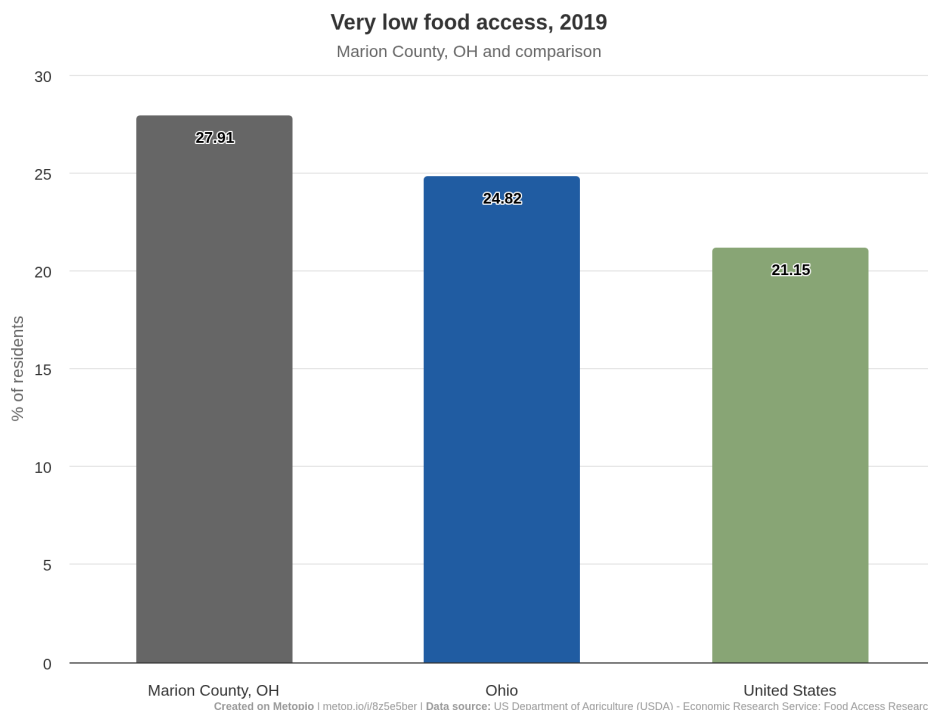
Food Access

Overview

Access to affordable, nutritious food is a cornerstone of community health. In Marion County, this issue is particularly pressing, as it directly impacts chronic disease rates, child development, and overall well-being. Food insecurity, defined as limited or uncertain access to adequate food, affects a significant portion of the population, leading to higher rates of obesity, diabetes, and poor mental health. By prioritizing food access, Marion County can ensure that all residents have the opportunity to make healthy choices, thereby improving the overall health of the community.

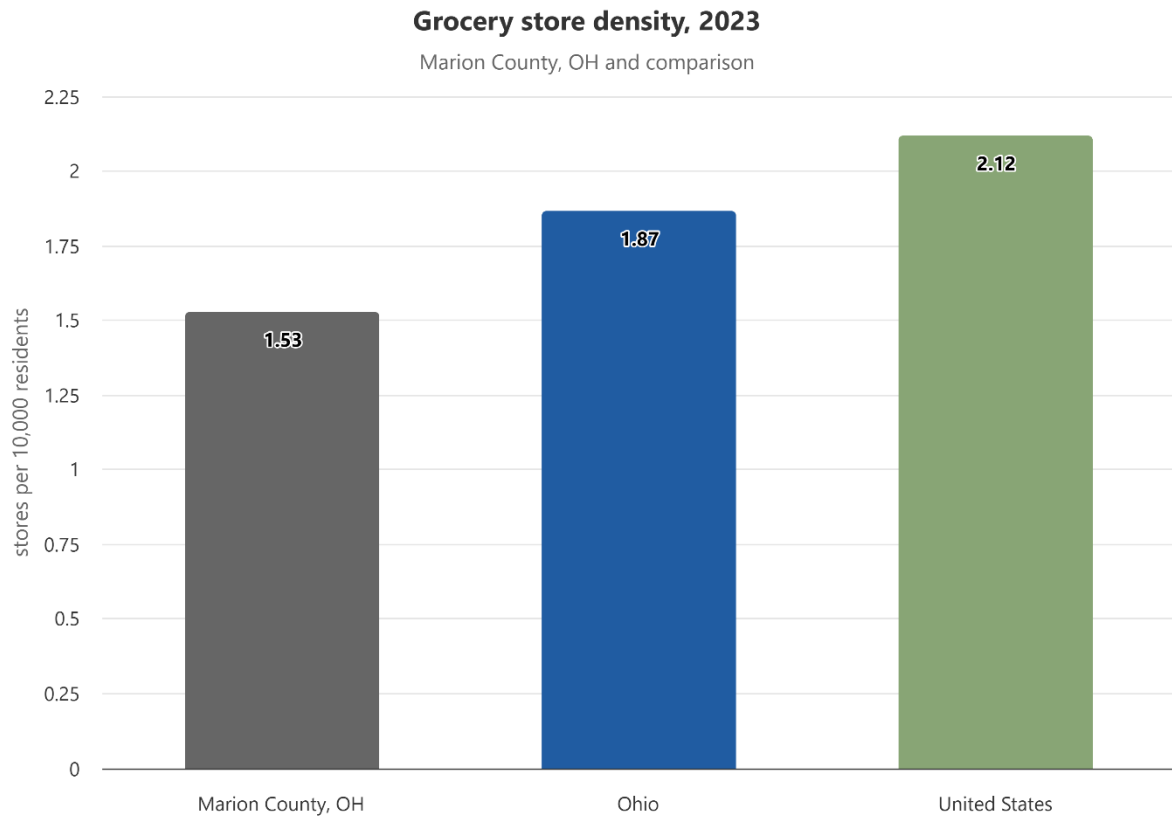
Key Findings at a Glance

- **Food insecurity:** 17.1% of Marion County residents experience food insecurity, higher than the state average of 15.3% and the national average of 14.5%.
- **Living in food deserts:** 11.79% of residents live in food deserts, higher than the national average of 10.15%.
- **Grocery store density:** Marion County has 1.53 grocery stores per 10,000 residents, lower than the state's 1.87 and the national average of 2.12.
- **Low food access:** 54.49% of residents have low food access, defined as living further than 1/2 mile from the nearest supermarket in urban areas or 10 miles in rural areas.
- **Food Environment Index:** Marion County scores 6.4, lower than the state's 7.0 and the national average of 7.4, indicating a more challenging food environment.
- For more information, please see the data summary at the end of the document.



Contributing Factors and Determinants

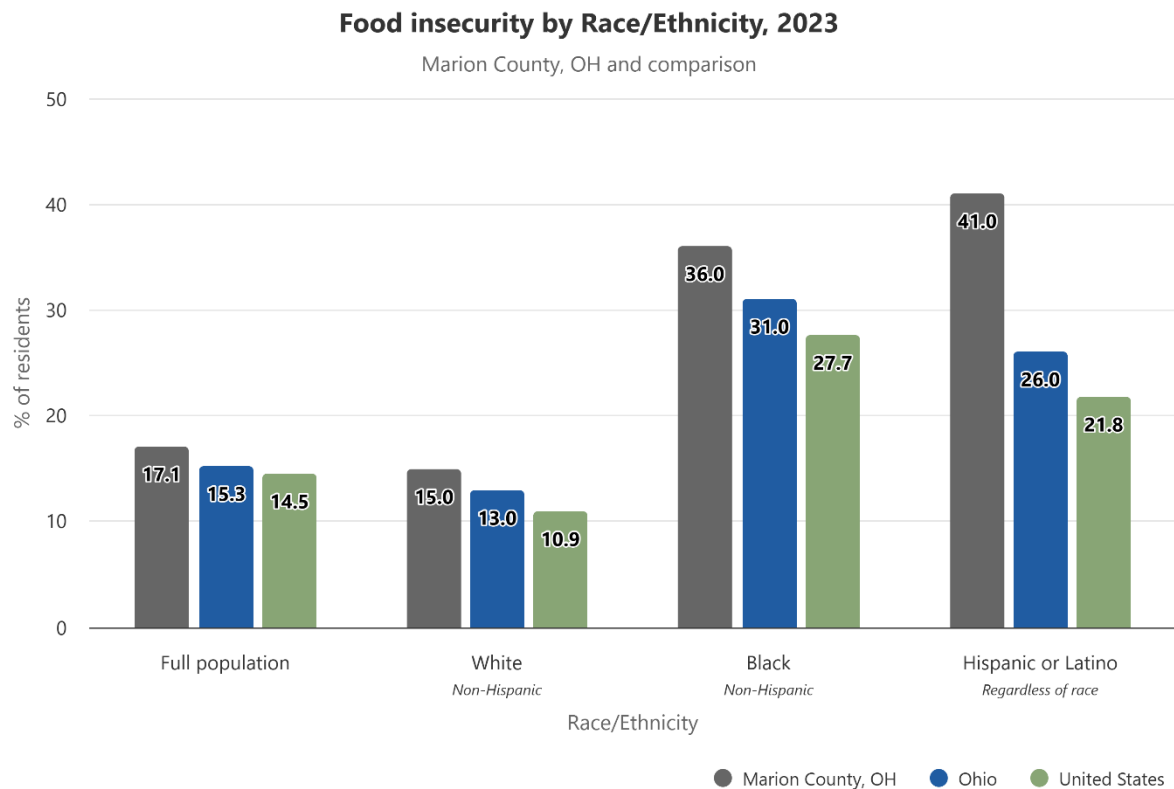
Several factors contribute to the food access challenges in Marion County. The low density of grocery stores means that many residents have to travel further to access fresh, healthy food. This is compounded by the high percentage of residents living in food deserts, where access to supermarkets is limited. Additionally, the high cost of food in the county, as indicated by the average cost per meal, makes it difficult for many families to afford nutritious options. Socioeconomic factors, such as high poverty rates and low-income levels, further exacerbate these challenges.



Created on Metopio | metop.io/i/1bxkwqjhj | Data source: U.S. Census Bureau: County Business Patterns
Grocery store density: Number of grocery stores (NAICS codes 445110 and 452311) per 10,000 residents.

Health Equity and Priority Populations

Food insecurity and limited access to nutritious food disproportionately affect certain groups in Marion County. Low-income families, children, minorities, and elderly residents are particularly vulnerable. These groups often face additional barriers, such as limited transportation options and higher rates of chronic diseases, which make it even more challenging to access healthy food. Addressing food access is not only a matter of public health but also a matter of equity, ensuring that all residents have the opportunity to lead healthy lives.



Created on Metopio | metopio.io/1/yf7u3mdo | Data source: Feeding America: Map the Meal Gap

Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Implications and Next Steps

The findings on food access in Marion County highlight the need for targeted interventions to improve access to nutritious food. Potential strategies include increasing the number of grocery stores in food deserts, implementing programs to reduce the cost of healthy food, and providing transportation options for residents in food deserts. Collaboration between local government, community organizations, and healthcare providers will be essential in addressing these challenges and improving food access for all residents.

By prioritizing food access, Marion County can take a significant step towards improving the health and well-being of its residents, particularly those who are most vulnerable. This will require a concerted effort from all stakeholders, but the potential benefits for the community are substantial.

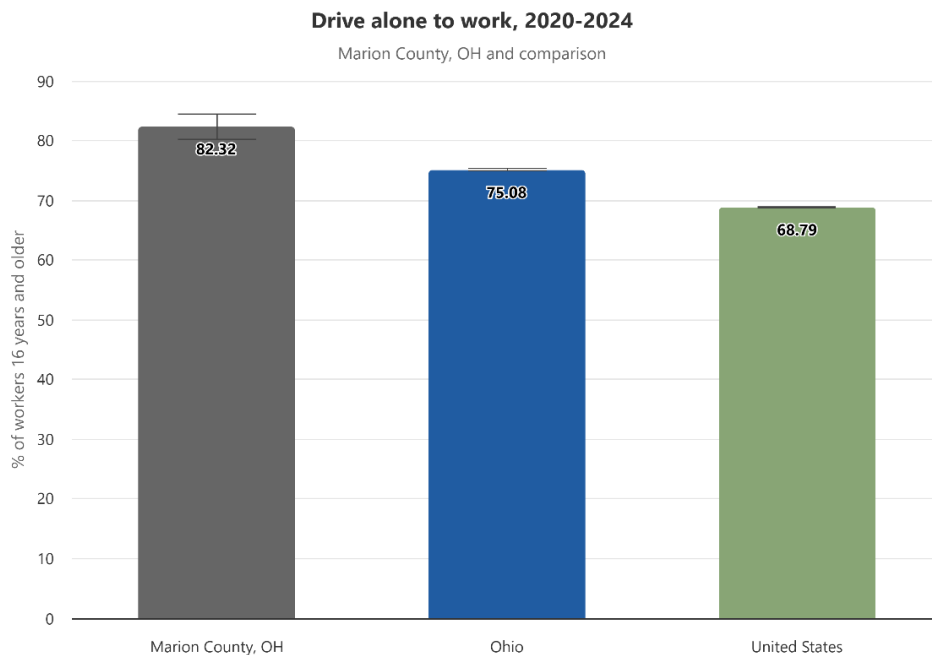
Built Environment

Overview

The built environment, encompassing everything from sidewalks and parks to transportation systems and access to services, plays a crucial role in shaping the health behaviors of Marion County residents. A supportive built environment promotes physical activity, reduces injury risk, and fosters social connections, all of which contributes to long-term health improvements.

Key Findings at a Glance

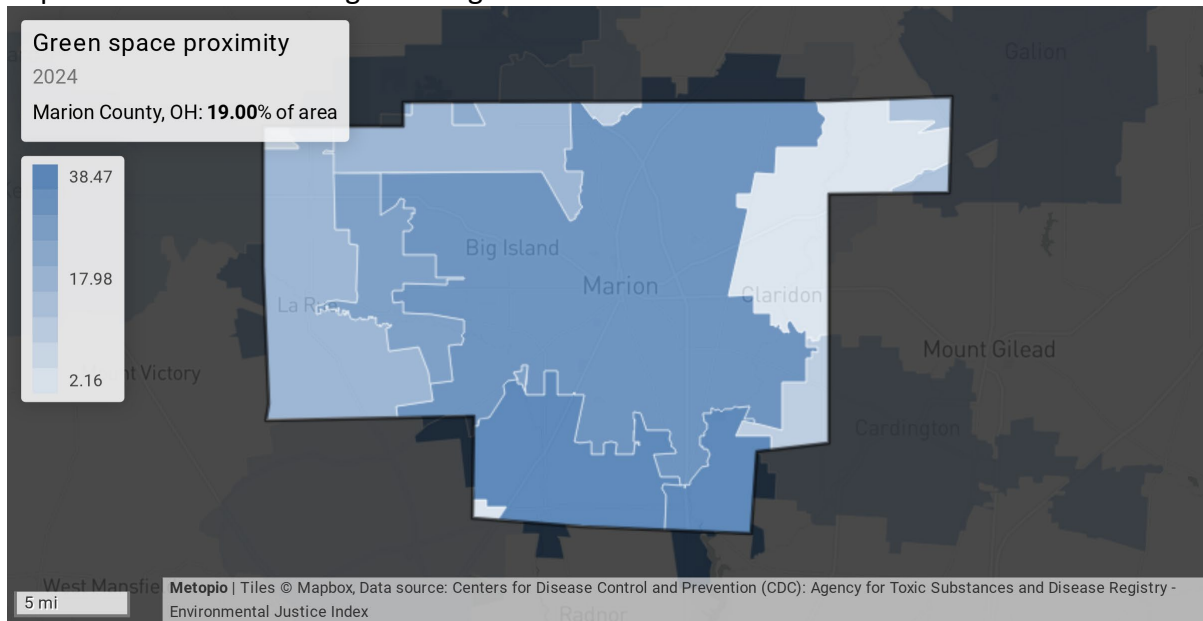
- **Drive alone to work:** 82.32% of workers in Marion County drive alone to work, higher than both the state and national averages. This indicates a heavy reliance on personal vehicles for commuting.
- **Green space proximity:** Only 19.0% of Marion County's area is within 1 mile of green space, significantly lower than the national average of 44.94%. This suggests limited access to parks and recreational areas.
- **Environmental burden index:** Marion County has a high environmental burden index score of 58.29, indicating greater exposure to harmful environmental factors.
- **Walkability Index:** Marion County's walkability index is 6.05, lower than both Ohio and the national average, suggesting that the area is less conducive to walking.
- **Internet access:** 90.5% of households in Marion County have internet access, slightly lower than the state average but still relatively high.
- For more information, please see the data summary at the end of the document.



Created on Metopio | metopio.io/3e6hnr8h | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B08301)
Drive alone to work: Percent of workers 16 and older who commute to work using a car, truck, or van (not including carpool)

Contributing Factors and Determinants

Several factors contribute to the current state of the built environment in Marion County. The high rate of solo car commuting suggests a lack of viable alternatives for transportation, such as public transit or bike lanes. The low green space proximity and high environmental burden index highlight environmental challenges that may deter outdoor activities and impact overall health. The walkability index further underscores the need for infrastructure improvements to encourage walking and reduce reliance on cars.



Health Equity and Priority Populations

Certain groups may be more affected by the current state of the built environment. For example, older adults and individuals with disabilities may face greater challenges in accessing green spaces and navigating less walkable areas. Addressing these disparities is crucial for promoting health equity in Marion County.

Implications and Next Steps

Improving the built environment presents significant opportunities for enhancing community health in Marion County. By investing in infrastructure that promotes physical activity, reduces environmental hazards, and increases social connections, the county can create sustainable, long-term health improvements. Collaboration between local government, community organizations, and residents will be key to implementing effective solutions.

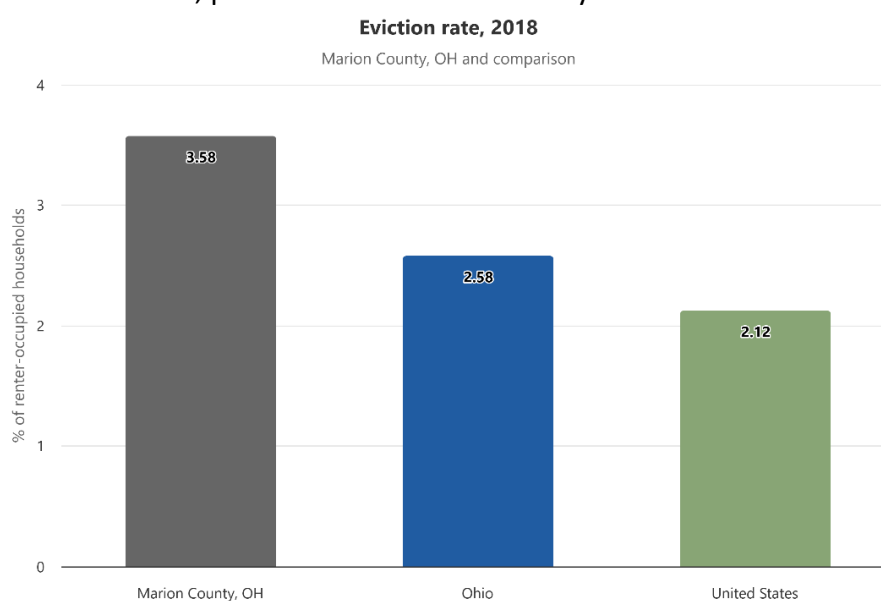
Housing

Overview

Housing is a critical determinant of health, influencing various aspects of well-being, including physical and mental health. Poor housing conditions can lead to chronic illnesses, injuries, stress, and increased healthcare utilization. Addressing housing issues supports healthier families and strengthens community stability.

Key Findings at a Glance

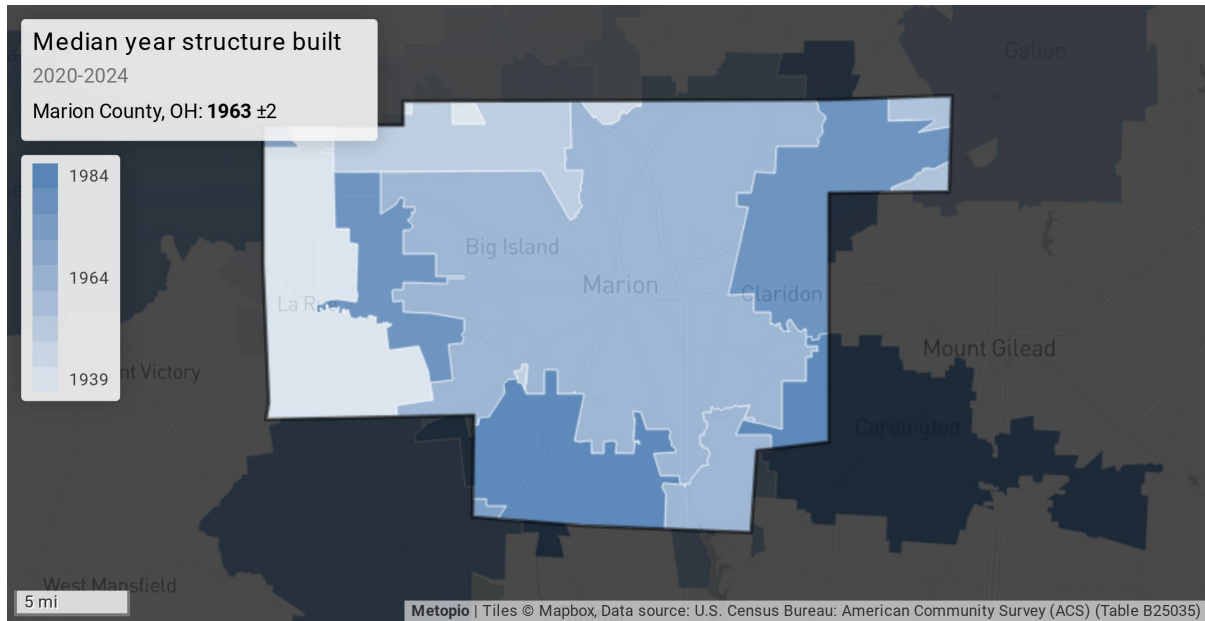
- **Severe housing problems:** Marion County has a lower rate of severe housing problems compared to the national average, with 12.16% of households affected.
- **Housing cost burden:** 29.69% of households in Marion County are housing cost-burdened, which is in the third quartile nationally.
- **Severe housing cost burden:** 16.55% of households are severely housing cost-burdened, placing Marion County in the top quartile nationally.
- **Eviction rate:** Marion County has one of the highest eviction rates nationally, at 3.58% of renter-occupied households.
- **Housing insecurity:** 13.5% of adults in Marion County reported housing insecurity in the past 12 months, which is in the third quartile nationally.
- **Vacant housing:** Marion County has a slightly higher rate of vacant housing units compared to the national average, at 9.78%.
- **Median monthly housing costs:** The median monthly housing cost in Marion County is \$942, which is in the lowest quartile nationally.
- For more information, please see the data summary at the end of the document.



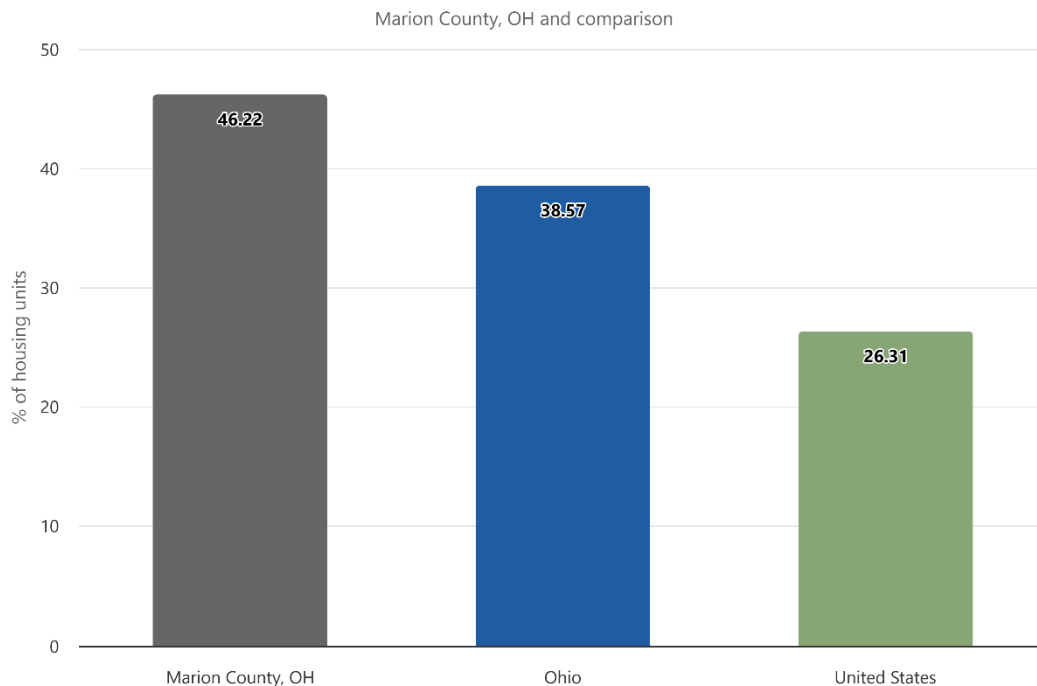
Created on Metopio | metop.io/f/g6tko3ct | Data source: The Eviction Lab at Princeton University: Estimating Eviction Prevalence across the United States
Eviction rate: Percentage of renter-occupied housing units with an eviction over the past year. An eviction happens when a landlord expels people from property he or she owns. Evictions are landlord-initiated involuntary moves that happen to renters. This is based on available eviction records and estimates for missing data, and does not include voluntary move-outs or evictions that take place outside of the legal system. A high eviction rate could be based on a high number of evictions, a very low number of renter-occupied units, or both.

Contributing Factors and Determinants

Several factors contribute to housing issues in Marion County. The median year structures were built is 1960, indicating older housing stock that may require more maintenance and pose health risks such as lead exposure. The high eviction rate and housing insecurity suggest economic instability and housing instability among residents. Additionally, the high percentage of income spent on rent and the severe housing cost burden highlight financial strain on households.



Potential lead paint indicator, 2019-2023



Created on Metopio | metop.io | Data source: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (Derived from American Community Survey estimates)
Potential lead paint indicator: Percent of housing units built pre-1960, as an indicator of potential lead paint exposure. Roughly half of such housing actually contains significant lead-based paint.

Health Equity and Priority Populations

Certain groups may be more affected by housing issues, including low-income households, renters, and those living in older housing units. These groups may face barriers such as financial strain, limited access to resources, and increased exposure to housing-related health risks. Addressing housing issues is crucial for promoting health equity and ensuring that all residents have access to safe, stable, and affordable housing.

Implications and Next Steps

The findings highlight the need for targeted interventions to address housing issues in Marion County. Potential strategies include increasing access to affordable housing, providing support for renters and homeowners, and addressing housing-related health risks. Collaboration with local organizations, policymakers, and community members is essential for developing effective solutions and promoting community health.

Conclusion

The Community Health Assessment (CHA) for Marion County, OH, was conducted to better understand the health needs and priorities of our community. This assessment, led by Marion Public Health, aimed to identify key health needs and develop strategies to promote a healthier community. Through a comprehensive approach that included surveys, focus groups, and secondary data analysis, several critical health needs were identified.

The assessment revealed that chronic diseases, such as diabetes and heart disease, are a significant burden on the community. Health behaviors, including diet, exercise, and substance use, were also highlighted as critical areas for improvement. Additionally, overall health indicators, such as life expectancy and self-reported health status, provided valuable insights into the well-being of our residents. Other identified needs included housing, food access, the built environment, behavioral health, and socio-economic factors. Each of these areas plays a crucial role in shaping the health outcomes of our community.

One of the most urgent health concerns is the high prevalence of chronic diseases. The high rates of obesity, diabetes, and heart disease mortality indicate a need for targeted interventions to manage and prevent these conditions. Promoting healthy lifestyles, improving access to healthcare services, and targeting interventions towards high-risk populations are essential steps to address this issue.

Another critical area is behavioral health. The high rates of depression, poor mental health days, and social isolation highlight the urgent need for mental health services and community support systems. Increasing access to mental health services, particularly for depression and anxiety, and enhancing community support systems to reduce social isolation can improve overall well-being.

Food access is also a pressing issue. The high rates of food insecurity and limited access to nutritious food are significant challenges in the county. Increasing the number of grocery stores in food deserts, implementing programs to reduce the cost of healthy food, and providing transportation options for residents in food deserts are potential strategies to improve food access.

The built environment, including transportation systems and access to green spaces, also impacts health behaviors. Improving infrastructure to promote physical activity and reduce environmental hazards can lead to long-term health improvements.

Housing issues, such as high eviction rates and housing insecurity, affect the overall health and stability of the community. Increasing access to affordable housing, providing support for renters and homeowners, and addressing housing-related health risks are crucial steps to promote health equity.

Socio-economic factors, including income, education, and employment, play a significant role in health outcomes. Addressing economic instability and educational gaps through comprehensive strategies can reduce health disparities and improve community health.

Marion County is committed to addressing these health needs through collaborative efforts with local organizations, partners, and healthcare facilities. By understanding the health needs of our community, we can better tailor our programs and initiatives to meet the specific needs of our residents. This includes enhancing senior care services, promoting disability support programs, and fostering inclusive healthcare practices.

In conclusion, the Community Health Assessment serves as a foundation for promoting informed, community-driven health strategies. By working together, we can build a healthier future for Marion County. Through collaborative efforts and targeted interventions, we can address the identified health needs and improve the overall health and well-being of our community.

Data Summary Table

Marion County, OH

Topic	Marion County, OH	Ohio	United States	Highlights
Overall Health				Prioritized
Infant mortality <i>deaths per 1,000 live births</i> 2020-2022	6.3	7.3 2023	5.6 2023	Top half 1.4-35.3
Life expectancy <i>years</i> 2020-2022	73.7 ±0.4	75.2 ±0.0	77.1 ±0.0	Bottom half 54.0-94.2
No health insurance <i>% of adults</i> 2023	9.80 ±1.20	6.70 ±0.51 2024	11.19 ±0.18 2024	Bottom half 4.00-43.70
Self-reported poor physical health <i>% of adults</i> 2023	15.00 ±1.02	13.04 ±0.24	12.68 ±0.08	Top half 8.70-23.60
Self-reported fair or poor health <i>% of adults</i> 2023	21.50 ±1.73	19.20	18.56	Top half 10.40-41.90
Years of potential life lost <i>life-years lost per 100,000</i> 2019-2023	6,469.4	9,459.0	7,852.2	Top 75% 33.6-18,190.6
Health Behaviors				Prioritized
Visited doctor for routine checkup <i>% of adults</i> 2023	77.00 ±1.84	77.70 ±0.69 2024	76.16 ±0.19 2024	Top half 60.20-84.00
Cholesterol screening <i>% of adults</i> 2023	82.10 ±1.30	84.00 ±0.61	85.72 ±0.18	Bottom half 67.40-90.40

Topic	Marion County, OH	Ohio	United States	Highlights
Colorectal cancer screening <i>% of adults</i> 2022	56.60 ±2.22	69.80 ±1.02 2024	66.63 ±0.33 2024	Bottom half 39.40–71.10
Visited dentist <i>% of adults</i> 2022	55.10 ±1.73	63.70 ±0.61	63.39 ±0.21	Bottom half 4.90–78.30
No exercise <i>% of adults</i> 2023	27.1 ±1.7	22.8 ±0.3	20.7 ±0.1	Highest 10% 9.4–36.3
Flu vaccination (survey) <i>% of seniors</i> 2006-2012	61.00 ±4.70	62.80 ±1.20 2024	63.08 ±0.40 2024	Bottom 25% 38.80–93.00
Mammography use <i>% of adults</i> Female, 2022	73.00 ±3.42	74.80 ±1.10	76.38 ±0.42	Bottom half 48.50–86.60
Pap smear use <i>% of adults</i> Females, Adults (18-64 years), 2020	82.50 ±1.22	77.40 ±1.07	77.55 ±0.39	—
Cigarette smoking rate <i>% of adults</i> 2023	19.9 ±1.8	14.1 ±0.6 2024	10.9 ±0.1 2024	Top 75% 6.5–40.3
Socio-economic Factors				Prioritized
Households below ALICE threshold <i>% of households</i> 2023	47.63	39.00	42.00	Top half 19.30–82.52
High school graduation rate <i>% of residents</i> 2024	91.06 ±3.91	92.18 ±0.32	89.92 ±0.07	Bottom half 58.74–98.43

Topic	Marion County, OH	Ohio	United States	Highlights
Any higher education rate <i>% of residents</i> 2024	52.01 ±3.18	60.89 ±0.26	64.19 ±0.06	Bottom 25% 31.23–87.78
College graduation rate <i>% of residents</i> 2024	17.91 ±1.76	32.35 ±0.18	36.85 ±0.05	Lowest 5% 13.09–75.32
Preschool enrollment <i>% of toddlers ages 3-4</i> 3-4 years, 2020-2024	25.10 ±4.75	43.47 ±0.99 2024	49.28 ±0.24 2024	Bottom 25% 0.00–100.00
Hardship Index <i>score</i> 2020-2024	60.7	44.7	48.5	Top half 4.9–99.7
Single-parent households <i>% of households</i> 2024	3.72 ±1.32	5.85 ±0.13	5.84 ±0.03	—
Median household income 2024	\$62,268 ±\$3,675	\$72,212 ±\$327	\$81,604 ±\$78	Bottom 25% \$16,803–\$177,567
Labor force participation <i>% of residents 16 and older</i> 2020-2024	53.20 ±0.87	63.45 ±0.14 2024	63.96 ±0.03 2024	Bottom 25% 21.54–86.36
No vehicle available <i>% of households</i> 2024	4.09 ±1.27	7.57 ±0.13	8.52 ±0.03	—
Poverty rate <i>% of residents</i> 2024	18.04 ±3.01	12.67 ±0.18	12.15 ±0.05	Top 75% 2.96–51.61

Topic	Marion County, OH	Ohio	United States	Highlights
Below 200% of poverty level <i>% of residents</i> 2024	39.06 ±4.50	28.56 ±0.29	27.36 ±0.06	Top 75% 9.24–79.83
Seniors living alone <i>% of seniors</i> 65 and older, 2024	32.24 ±4.85	28.97 ±0.29	25.77 ±0.06	Highest 10% 12.55–45.04
Social Vulnerability Index <i>percentile</i> 2022	64.43	45.70	58.40	Top half 0.00–100.00
Unemployment rate <i>%</i> 2020-2024	6.32 ±0.83	3.99 ±0.10 2024	4.63 ±0.02 2024	Top 75% 0.00–28.63
Chronic Disease				Prioritized
Current asthma <i>% of adults</i> 2023	11.00 ±0.66	11.50 ±0.48 2024	10.30 ±0.13 2024	Top half 7.80–15.10
Have ever had cancer <i>% of adults</i> 2023	7.40 ±0.38	8.20 ±0.36 2024	7.09 ±0.09 2024	Top 75% 4.20–8.00
Coronary heart disease <i>% of adults</i> 2023	6.80 ±0.43	4.10 ±0.20 2024	3.60 ±0.06 2024	Top 75% 3.80–11.40
High cholesterol <i>% of adults</i> 2023	33.20 ±1.99	32.10 ±0.64	33.13 ±0.23	Top half 25.00–37.90
Chronic kidney disease <i>% of adults</i> 2021	3.0 ±0.2	3.9 ±0.3 2024	3.6 ±0.1 2024	Top half 2.0–5.3

Topic	Marion County, OH	Ohio	United States	Highlights
Diagnosed diabetes <i>% of adults</i> 2023	12.9 ±1.5	11.3 ±0.3	8.6 ±0.2	Highest 5% 4.4–18.6
Chronic obstructive pulmonary disease (COPD) <i>% of adults</i> 2023	8.50 ±0.69	7.10 ±0.33 2024	5.59 ±0.09 2024	Top 75% 3.20–15.00
Taking medicine for high blood pressure <i>% of adults with high blood pressure</i> 2023	61.30 ±2.09	61.18 ±0.50	57.19 ±0.19	Top 75% 48.00–69.90
High blood pressure <i>% of adults</i> 2023	37.00 ±1.94	33.00 ±0.56	31.14 ±0.19	Top 75% 21.00–53.10
Diabetes mortality <i>deaths per 100,000</i> 2024	64.6 ±10.0	23.7 ±0.4	21.7 ±0.1	Highest 10% 5.9–313.3
Heart disease mortality <i>deaths per 100,000</i> 2024	237.0 ±19.1	183.7 ±1.1	157.6 ±0.2	Top half 56.0–794.1
Kidney disease mortality <i>deaths per 100,000</i> 2020–2024	21.6 ±2.6	14.4 ±0.3 2024	12.6 ±0.1 2024	Bottom half 3.0–106.1
Cancer mortality <i>deaths per 100,000</i> 2024	230.9 ±18.8	154.9 ±1.0	139.4 ±0.2	Top half 60.5–637.4
Obesity <i>% of adults</i> 2023	42.4 ±2.9	35.7 ±0.4	30.7 ±0.1	Highest 1% 14.7–44.4

Topic	Marion County, OH	Ohio	United States	Highlights
Diagnosed stroke <i>% of adults</i> 2023	3.50 ±0.23	3.70 ±0.23 2024	3.07 ±0.07 2024	Top 75% 1.90–7.40
Behavioral Health				Prioritized
Binge drinking <i>% of adults</i> 2023	18.10 ±1.61	17.40 ±0.64 2024	16.54 ±0.18 2024	Top half 8.20–26.30
Opioid treatment providers per capita <i>providers per 100,000 residents</i> 2025	26.93	20.00	14.54	Highest 10% 0.00–182.66
Depression <i>% of adults</i> 2023	28.20 ±1.94	26.26 ±0.40	22.10 ±0.13	Top 75% 12.30–36.20
Poor mental health days <i>days per month</i> 2022	6.5 ±0.5	6.1 ±0.1	5.2 ±0.0	Highest 10% 3.5–8.2
Drug overdose mortality <i>deaths per 100,000</i> 2024	32.32 ±7.05	27.17 ±0.50	23.08 ±0.08	Highest 10% 6.68–307.62
Alcohol-related mortality <i>deaths per 100,000</i> 2020-2024	13.6 ±2.0	10.6 ±0.3 2024	12.1 ±0.1 2024	Bottom half 4.4–231.0
Self-reported poor mental health <i>% of adults</i> 2023	19.90 ±1.22	18.57 ±0.30	17.24 ±0.10	Top 75% 12.70–26.60
Mental health treatment facilities per capita <i>per 100,000 residents</i> 2024	3.09	4.23	2.48	Top half 0.00–123.17

Topic	Marion County, OH	Ohio	United States	Highlights
Substance use treatment facilities per capita <i>per 100,000 residents</i> 2024	6.01	4.02	3.64	Top half <small>0.00–115.25</small>
Lacking social and emotional support <i>% of residents</i> 2023	23.50 <small>±1.79</small>	21.96 <small>±0.46</small>	25.18 <small>±0.20</small>	Bottom half <small>16.70–37.80</small>
Social isolation <i>% of residents</i> 2023	36.90 <small>±2.68</small>	35.98 <small>±0.62</small>	—	Top 75% <small>25.70–43.80</small>
Suicide mortality <i>deaths per 100,000</i> 2024	29.2 <small>±6.7</small>	15.2 <small>±0.4</small>	13.7 <small>±0.1</small>	Top half <small>5.0–121.1</small>
Psychiatry physicians per capita <i>physicians per 100,000 residents</i> 2023	2	10	12	Top half <small>0–142</small>
Suicide attempts among high school students <i>% of high school students</i>	—	—	10.32 <small>2023</small>	—
Food Access				Prioritized
Average cost per meal 2023	\$3.28	\$3.39	\$3.54	Bottom 25% <small>\$2.60–\$6.09</small>
Food insecurity <i>% of residents</i> 2023	17.1	15.3	14.5	Top half <small>5.8–30.5</small>
Annual food budget shortfall 2023	\$6,929,000	\$1,158,299,000	\$32,323,355,000	Top half <small>\$6,000–\$1,040,411,000</small>

Topic	Marion County, OH	Ohio	United States	Highlights
Living in food deserts <i>% of residents</i> 2019	11.79	6.62	10.15	Top 75% 0.00-54.54
Grocery store density <i>stores per 10,000 residents</i> 2023	1.53	1.87	2.12	Bottom half 0.41-35.55
Food Environment Index 2022	6.4	7.0	7.4	Bottom 25% 0.0-10.0
Low food access <i>% of residents</i> 2019	54.50	54.57	50.24	Top 75% 0.00-100.00
Food stamps (SNAP) <i>% of households</i> 2024	19.29 ±2.86	11.60 ±0.13	11.78 ±0.03	Highest 10% 1.66-54.76
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line</i> 2024	43.89 ±8.33	56.29 ±0.82	60.19 ±0.14	Lowest 10% 19.67-99.15
Few fruits and vegetables <i>% of adults</i> 2003-2009	76.20 ±5.00	79.00 ±0.60 2009	76.14 ±0.19 2009	Bottom half 57.90-95.80
Very low food access <i>% of residents</i> 2019	27.91	24.82	21.15	Top 75% 0.00-100.00
Built Environment				Prioritized
Drive alone to work <i>% of workers 16 years and older</i> 2020-2024	82.32 ±1.32	75.23 ±0.24 2024	69.22 ±0.05 2024	Top 75% 4.97-96.15

Topic	Marion County, OH	Ohio	United States	Highlights
Green space proximity <i>% of area</i> 2024	19.00	31.54	44.94	Bottom half 0.00–100.00
Environmental burden index 2024	58.29	54.13	50.25	Top 75% 0.31–90.01
Walkability Index 2024	6.05	8.40	9.47	Top half 2.63–16.03
Lifetime inhalation cancer risk <i>lifetime risk per million</i> 2019	20.0	20.7	16.1	Median value (50%) 5.0–77.5
Social Engagement Index <i>score</i> 2019–2023	70.8	74.7	78.1 2020–2024	Bottom 25% 36.8–90.3
Internet access <i>% of households</i> 2024	92.54 ±2.49	94.64 ±0.14	95.46 ±0.05	Bottom 25% 73.09–99.47
Housing				Prioritized
Lead paint Environmental Justice Index <i>percentile</i> 2024	57.8	51.0	47.1	Top half 4.4–99.0
Eviction rate <i>% of renter-occupied households</i> 2018	3.58	2.58	2.12	Highest 10% 0.00–19.44
Severe housing cost burden <i>% of occupied housing units</i> 2024	16.55 ±2.83	12.43 ±0.19	15.09 ±0.03	Top 75% 4.85–32.05

Topic	Marion County, OH	Ohio	United States	Highlights
Housing cost burden <i>% of occupied housing units</i> 2024	29.70 ±3.53	26.76 ±0.26	32.00 ±0.04	Top half 14.24–53.50
Housing insecurity <i>% of adults</i> 2023	13.5 ±1.1	12.3 ±0.3	—	Top half 5.9–33.6
Crowded housing <i>% of occupied housing units</i> 2020-2024	0.83 ±0.22	1.60 ±0.07 2024	3.54 ±0.02 2024	—
Owner occupied <i>% of occupied housing units</i> 2024	66.76 ±2.84	68.00 ±0.21	65.27 ±0.12	Bottom half 19.67–88.67
Percent of income spent on rent <i>% of income</i> 2022	29.90	27.46	29.97	Top 75% 9.00–51.00
Median monthly housing costs 2024	\$942 ±\$35	\$1,110 ±\$4	\$1,435 ±\$1	Bottom 25% \$282–\$3,000
Severe housing problems <i>% of households</i> 2017-2021	12.16 ±0.84	12.69 ±0.08	17.03 ±0.02	Bottom half 0.00–61.16
Vacant <i>% of housing units</i> 2024	7.89 ±1.95	7.62 ±0.16	9.54 ±0.06	—
Median year structure built 2024	1960 ±2	1971 ±1	1981 ±1	Lowest 5% 1939–2010

Highlights

Percentile ranking of Marion County, OH compared to other counties nationwide.

The range shown below each badge represents the minimum and maximum values across all counties.

Stands out (doing well)

Doing well

Other notable facts

Not doing well

Stands out (not doing well)

Topic Dictionary

Topic	Description	Data Source
Infant mortality	Rate of death of children under 1 year of age. Race/ethnicity stratifications are available in 5-year data and reflect the demographics of the mother. Male/female stratifications available for some 1-year data and reflect the sex of the infant.	HRSA's Maternal and Child Health Bureau (MCHB): Maternal and Infant Health Mapping Tool (3-year data) (Everywhere except WI), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N) (5-year data for counties and states) (Everywhere except WI), Health Resources & Services Administration: Area Health Resources Files (AHRF) (1-year data)
Life expectancy	Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.	Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (2010-2015), Center for Urban Population Health (Derived from death counts by age and ZIP code obtained from the Wisconsin Department of Health and Services, Vital Records, and population counts from the 2010 Census.) (For 2014-2018 Wisconsin estimates), University of Wisconsin Population Health Institute: County Health Rankings (Data calculated using data from NVSS-M) (For 3-year averaged county-level data)
No health insurance	Percent of resident adults aged 18 to 64 years who report having no current health insurance coverage.	Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Self-reported poor physical health	Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their physical health was not good.	Centers for Disease Control and Prevention (CDC): PLACES
Self-reported fair or poor health	Percent of resident adults aged 18 and older with self-reported fair or poor health status.	Behavioral Risk Factor Surveillance System (BRFSS) (For data at the state and US levels, starting in 2019.), University of Wisconsin Population Health Institute: County Health Rankings (Data between 2014-2018. Calculated using data from BRFSS and the UW Population Institute.), Centers for Disease Control and Prevention (CDC): PLACES (For data at the county, zip code, place, and census tract levels, starting in 2019.)
Years of potential life lost	YPLL is a summary measure of premature mortality (early death). It represents the total number of years not lived by people who die before reaching a given age (here, 75). YPLL puts more emphasis on causes of death that are more common at earlier ages, because persons dying at younger ages will have more years subtracted from age 75. Therefore it may underestimate the importance of chronic and other conditions occurring later in life.	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M), Metopio (2019-2023 onward)
Visited doctor for routine checkup	Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Cholesterol screening	Percent of resident adults aged 18 and older who report having their cholesterol checked within the previous 5 years.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Colorectal cancer screening	Percent of resident adults aged 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.	Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Visited dentist	Percent of resident adults aged 18 and older who report having been to the dentist or dental clinic in the previous year.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
No exercise	Percent of resident adults aged 20 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data), Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System (County, state, and national data)

Topic	Description	Data Source
Flu vaccination (survey)	Percent of resident adults aged 65 and older who report receiving an influenza vaccination in the past year.	Behavioral Risk Factor Surveillance System (BRFSS)
Mammography use	Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Pap smear use	Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Cigarette smoking rate	Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.	Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Households below ALICE threshold	The % of households below the ALICE threshold are those that don't meet the minimum income level necessary to afford the Household Survival Budget for each county in the U.S. ALICE households earn above the Federal Poverty Level (FPL) but are unable to afford the basics of housing, child care, food, transportation, health care, and technology in the communities where they live	United for Alice: United Way ALICE Data
High school graduation rate	Residents 25 or older with at least a high school degree: including GED and any higher education	U.S. Census Bureau: American Community Survey (ACS) (Table B15002)
Any higher education rate	Residents 25 or older with any post-secondary education, including less than 1 year	U.S. Census Bureau: American Community Survey (ACS) (Table B15002)
College graduation rate	Residents 25 or older with a four-year college (bachelor's) degree or higher	U.S. Census Bureau: American Community Survey (ACS) (Table B15002)
Preschool enrollment	Percentage of 3- and 4-year-olds enrolled in school.	U.S. Census Bureau: American Community Survey (ACS) (Table B14003)
Hardship Index	The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.	U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)
Single-parent households	Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.	U.S. Census Bureau: American Community Survey (ACS) (Table B11012)
Median household income	Income in the past 12 months.	U.S. Census Bureau: American Community Survey (ACS) (Table B19013)
Labor force participation	Percent of residents 16 and older who are currently employed, enlisted in the armed forces, or actively seeking employment.	U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
No vehicle available	Percent of occupied households with no vehicles available.	U.S. Census Bureau: American Community Survey (ACS) (Table B25044)
Poverty rate	Percent of residents in families that are in poverty (below the Federal Poverty Level).	U.S. Census Bureau: American Community Survey (ACS) (Table B17001)
Below 200% of poverty level	Individuals in families that are below 200% of the federal poverty level, past 12 months income.	U.S. Census Bureau: American Community Survey (ACS) (Table C17002)
Seniors living alone	Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.	U.S. Census Bureau: American Community Survey (ACS) (Table B09020)
Social Vulnerability Index	The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).	Centers for Disease Control and Prevention (CDC): Geospatial Research, Analysis, and Services Program (GRASP)
Unemployment rate	Percent of residents 16 and older in the civilian labor force who are actively seeking employment.	U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)

Topic	Description	Data Source
Current asthma	Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"	Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Have ever had cancer	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer).	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Coronary heart disease	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have angina or coronary heart disease.	Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
High cholesterol	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol.	Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others), Behavioral Risk Factor Surveillance System (BRFSS) (For state and US)
Chronic kidney disease	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have kidney disease.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020) (County-level estimates modeled based on BRFSS data), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Diagnosed diabetes	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy.	Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data), Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System (County, state, and national level data)
Chronic obstructive pulmonary disease (COPD)	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Taking medicine for high blood pressure	Percent of resident adults aged 18 and older with high blood pressure, who report taking medicine for their high blood pressure.	Centers for Disease Control and Prevention (CDC): PLACES
High blood pressure	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Diabetes mortality	Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Heart disease mortality	Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Kidney disease mortality	Deaths per 100,000 residents with an underlying cause of death of kidney diseases (ICD-10 codes N00-N07, N17-N19, N25-N27). Includes nephritis, nephrotic syndrome, and nephrosis.	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Cancer mortality	Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Obesity	Percent of resident adults aged 20 and older who are obese (have a body mass index (BMI) "e30.0 kg/m ² calculated from self-reported weight and height) height or weight and pregnant women.	Centers for Disease Control and Prevention (CDC): United States Diabetes Surveillance System (County, state, and national level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data)
Diagnosed stroke	Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke.	Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels,

Topic	Description	Data Source
Binge drinking	Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.	including MSA, county, tract, and others) Behavioral Risk Factor Surveillance System (BRFSS) (For state and US), Centers for Disease Control and Prevention (CDC): PLACES (For sub-state geographic levels, including MSA, county, tract, and others)
Opioid treatment providers per capita	An opioid treatment provider, also known as a buprenorphine practitioner, is a healthcare professional authorized to prescribe or administer buprenorphine, a medication used to treat opioid use disorder (OUD) as part of medication-assisted treatment (MAT).	Substance Abuse and Mental Health Services Administrations (SAMHSA): Buprenorphine Practitioner Locator
Depression	Prevalence of depression among adults 18 years and older.	Centers for Disease Control and Prevention (CDC): PLACES
Poor mental health days	Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.	Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Drug overdose mortality	Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Alcohol-related mortality	Deaths per 100,000 residents with an underlying cause related to excessive alcohol use. This includes deaths attributable to conditions such as alcohol abuse, alcohol poisoning, alcoholic liver disease (cirrhosis), alcohol-induced pancreatitis, and others. Because alcohol use is often a contributing factor in mortality from many other diseases, the CDC uses a complicated methodology to estimate total alcohol-related mortality, which is described in the technical notes. The estimates presented here are only from causes 100% attributable to alcohol consumption, so they are likely an undercount of the total societal impact of alcohol abuse.	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)
Self-reported poor mental health	Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.	Centers for Disease Control and Prevention (CDC): PLACES
Mental health treatment facilities per capita	Mental health facilities per 100,000 residents. Types of care include substance use treatment, mental health treatment, and treatments for co-occurring substance use plus either serious mental health illness in adults or serious emotional disturbances in children.	Substance Abuse and Mental Health Services Administrations (SAMHSA): National Substance Use and Mental Health Services Survey (N-SUMHSS)
Substance use treatment facilities per capita	Drug and alcohol use treatment facilities per 100,000 residents. This includes substance use treatment facilities, detoxification facilities, transitional housing, halfway houses, sober homes, treatment facilities for co-occurring substance use plus either serious mental health illness in adults or serious emotional disturbance in children.	Substance Abuse and Mental Health Services Administrations (SAMHSA): National Substance Use and Mental Health Services Survey (N-SUMHSS)
Lacking social and emotional support	Percent of adults who report rarely or never getting the social and emotional support they need.	Centers for Disease Control and Prevention (CDC): PLACES
Social isolation	The percent of adult residents who report feeling socially isolated always, usually, or sometimes.	Centers for Disease Control and Prevention (CDC): PLACES
Suicide mortality	Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."	Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Psychiatry physicians per capita	A Psychiatrist specializes in the prevention, diagnosis, and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders and adjustment disorders.	Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and state level data), Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI) (Zip code and place level data)
Suicide attempts among high school students	High school students who report having attempted suicide at least once in the past 12 months	Centers for Disease Control and Prevention (CDC): Youth Risk Behavior Surveillance System (YRBSS)
Average cost per meal	Relative price index representing the average cost per meal, calculated using nationwide food sales data weighted by food groups and divided by three meals per day.	Feeding America: Map the Meal Gap
Food insecurity	Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.	Feeding America: Map the Meal Gap
Annual food budget shortfall	Additional money that would be needed for residents that are food-insecure to buy enough food for their household. Calculated using the weekly food budget shortfall of people reporting food insecurity, weighted by the time spent food-insecure. This number can be interpreted as the amount of food benefits that would be needed to ensure nobody goes to bed hungry.	Feeding America: Map the Meal Gap

Topic	Description	Data Source
Living in food deserts	Percent of residents who experience living in a food desert, defined as being low-income and further than one mile from a supermarket (urban) or twenty miles (rural).	US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas
Grocery store density	Number of grocery stores (NAICS codes 445110 and 452311) per 10,000 residents.	U.S. Census Bureau: County Business Patterns
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	University of Wisconsin Population Health Institute: County Health Rankings (Calculated using USDA Food Environment Atlas and Map the Meal Gap from Feeding America)
Low food access	Percent of residents who have low access to food, defined solely by distance: further than 1/2 mile from the nearest supermarket in an urban area, or further than 10 miles in a rural area.	US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas
Food stamps (SNAP)	Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.	U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)
Households in poverty not receiving food stamps (SNAP)	Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.	U.S. Census Bureau: American Community Survey (ACS) (Table B22003)
Few fruits and vegetables	Percent of resident adults aged 18 and older who report eating fewer than 5 servings of fruits/vegetables per day.	Behavioral Risk Factor Surveillance System (BRFSS)
Very low food access	Percent of residents who have very low access to food, defined solely by distance: further than 1 mile from the nearest supermarket in an urban area, or further than 20 miles in a rural area.	US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas
Drive alone to work	Percent of workers 16 and older who commute to work using a car, truck, or van (not including carpool)	U.S. Census Bureau: American Community Survey (ACS) (Table B08301)
Green space proximity	Proportion of a geography's area within 1 mile of green space	Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index
Environmental burden index	Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden	Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index
Walkability Index	A ranking of an area's walkability, based on intersection density, proximity to transit, diversity of businesses, and density of housing. Values range from 1 to 20 with 20 being most walkable	Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index
Lifetime inhalation cancer risk	Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.	Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (via National-Scale Air Toxics Assessment (NATA, before 2017) and Air Toxics Screening Assessment (after 2017))
Social Engagement Index	The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency, and residents reporting poor mental health). Higher values indicate more social engagement.	Metopio
Internet access	Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.	U.S. Census Bureau: American Community Survey (ACS) (Table B28002)
Lead paint Environmental Justice Index	Weighted index of vulnerability to lead paint exposure. Measures exposure to housing built before 1960 and at risk of containing lead, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards.	Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN, derived from American Community Survey estimates)
Eviction rate	Percentage of renter-occupied housing units with an eviction over the past year. An eviction happens when a landlord expels people from property he or she owns. Evictions are landlord-initiated involuntary moves that happen to renters. This is based on available eviction records and estimates for missing data, and does not include voluntary move-outs or evictions that take place outside of the legal system. A high eviction rate could be based on a high number of evictions, a very low number of renter-occupied units, or both.	The Eviction Lab at Princeton University: Estimating Eviction Prevalence across the United States
Severe housing cost burden	Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.	U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Topic	Description	Data Source
Housing cost burden	Households spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.	U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)
Housing insecurity	The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.	Centers for Disease Control and Prevention (CDC): PLACES
Crowded housing	Percent of occupied housing units with more than one occupant per room (e.g. three occupants in a one-bedroom apartment).	U.S. Census Bureau: American Community Survey (ACS) (Table B25014)
Owner occupied		U.S. Census Bureau: American Community Survey (ACS) (Table B25003)
Percent of income spent on rent	Percent of income spent on rent.	Black Wealth Data Center
Median monthly housing costs	This represents the median total monthly housing costs for occupied housing units. This includes rent or mortgage as well as all utilities, maintenance, and taxes.	U.S. Census Bureau: American Community Survey (ACS) (Table B25105)
Severe housing problems	Percentage of households with at least 1 out of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Comprehensive Housing Affordability Strategy (CHAS))
Vacant	Percent of housing units (apartments, houses, etc) that have no one living in them.	U.S. Census Bureau: American Community Survey (ACS) (Table B25002)
Median year structure built	Expressed based on housing units, not buildings, so multi-family dwellings are weighted more heavily.	U.S. Census Bureau: American Community Survey (ACS) (Table B25035)