Community Health Assessment

MARION COUNTY PUBLIC HEALTH DEPARTMENT

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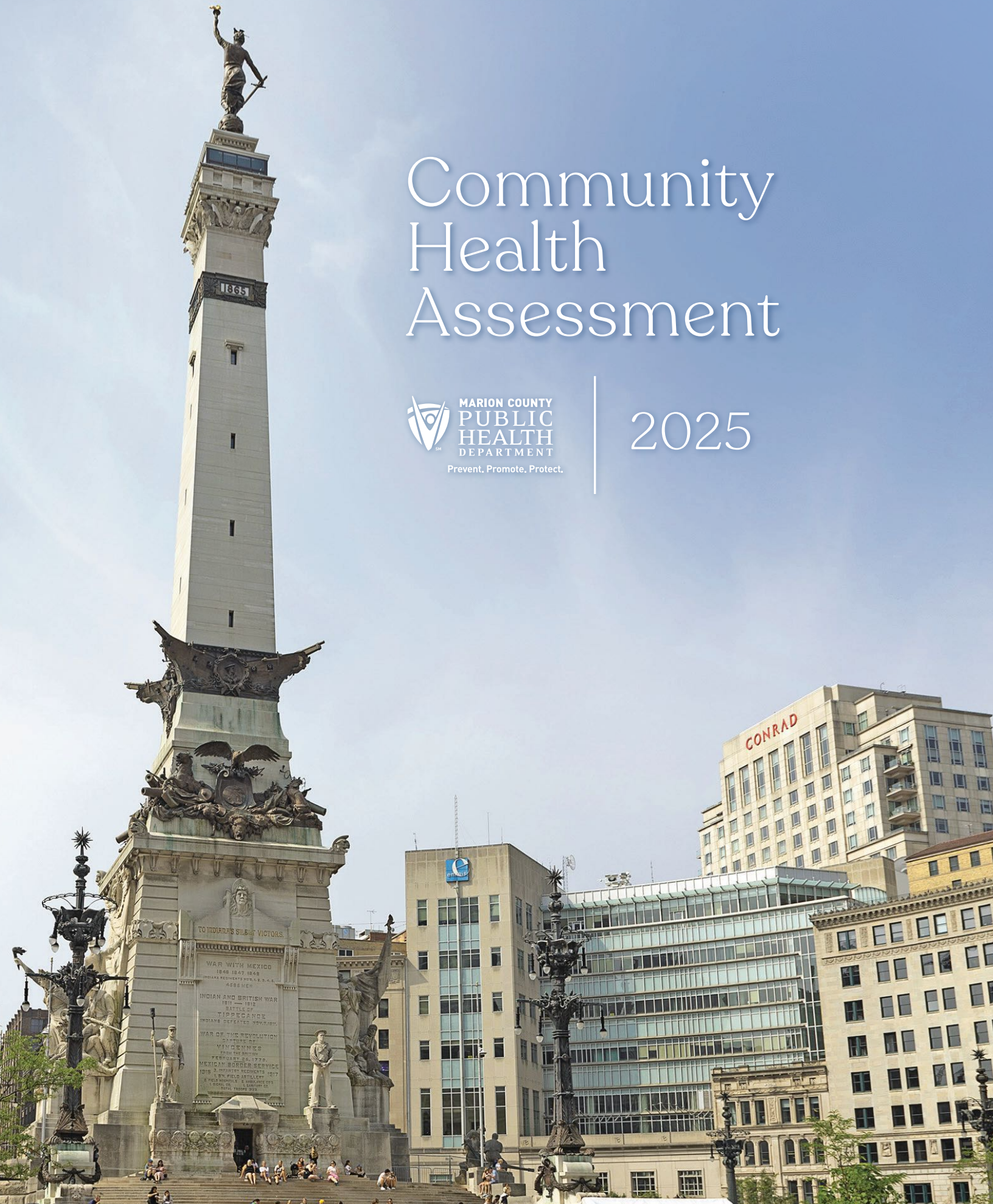
2025



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JANUARY **2026**

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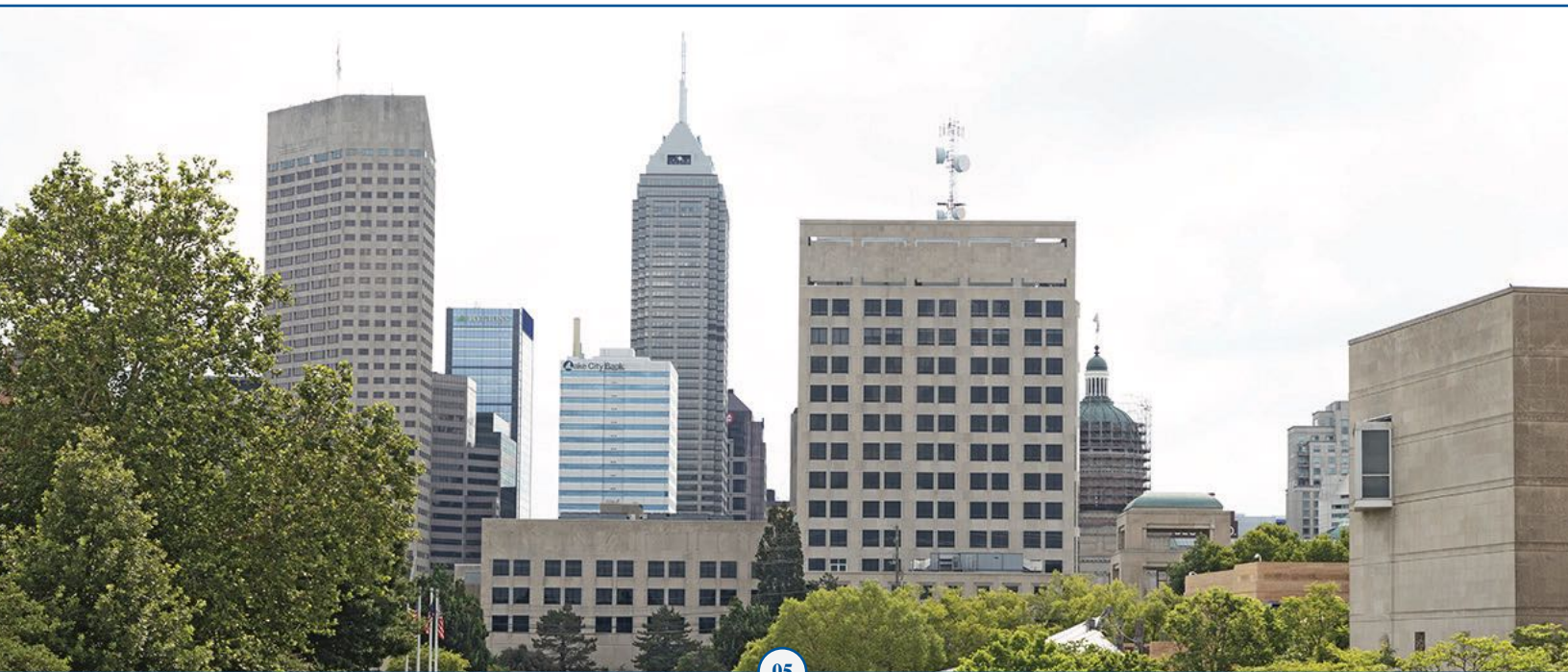
In addition to this report, the Community Health Assessment consists of additional supplementary reports that can be found on our website marionhealth.org/cha2025

- **Community Partner Assessment** – This report summarizes surveys completed by the CHA/CHIP parters about their assets and capacity to address health issues in Marion County.
- **Community Context Assessment** – This report, analyzed and prepared by Indiana University Indianapolis' Richard M. Fairbanks School of Public Health, summarizes qualitative interviews and focus groups with various demographic groups in Marion County.
- **CHA Survey Report** – This report summarizes the findings of MCPHD's large, local survey completed by randomly selected Marion County adult residents. The survey consisted of nearly 100 questions about various health topics.
- **Marion County Community Health Assessment Methodological Report** – This report, completed by our survey partner Market Decisions Research, summarizes the methods used to develop, collect, and analyze the CHA survey data.



Welcome

Dear Partner in Health,

On behalf of the Marion County Public Health Department and the Community Health Assessment Steering & Advisory Committees, I am pleased to present the 2025 Marion County Community Health Assessment. The assessment process fostered an unprecedented level of engagement with our residents and community partners, with the goal of learning more about what is going on in our community.

Over 4,500 residents took our detailed community survey to tell us what they are experiencing in their daily lives. Community members and leaders were interviewed to ensure that we heard from people with unique experiences, needs, and challenges. Over 200 partners and community leaders were invited to participate in this process to help us learn more about what they see as priorities in the community. This report takes those survey results, as well as findings from conversations with residents and partners, and combines them into this singular document.

Our message throughout this process has been and continues to be:

Your Voice + Your Community Needs + Bold Action. It All Adds Up to Better Health.

I hope you will use the Community Health Assessment to learn more about our community and to join us and our partners to develop a plan and next steps to achieve better health for all residents in Marion County. Your voice matters in shaping the future of health in Marion County.

Yours in health,

Virginia A. Caine

Virginia A. Caine, MD
Director and Chief Medical Officer

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Acknowledgements

Thank you to our MCPHD/HHC staff for all their hard on this effort. And a special thank you to all of our committee partners, whose time and expertise was invaluable.

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Steering & Advisory Committee Partners

As this process took more than two years to complete, organization representatives may have shifted over time. The list below shows the original organization a committee member was affiliated with when they joined the committee. As new representatives for a given organization joined, they were added to this list. This committee partner list only includes individuals who attended one or more of the six committee meetings that occurred between October 26, 2023 and September 10, 2025.

Steering Committee

Organization	Representative(s)
American Red Cross	Terry Stigdon, Phyllis Banks
Anthem	Nicki Gilbert, Elena Guadiana
Burmese Community of North America	Peter Thawnghmung
Butler University	Kevin Bogenschutz
CHIP	Chelsea Haring-Cozzi
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Community Health Network	Jill Christiansen
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FSSA	Adrienne Shields
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Health by Design	Kim Irwin
Hoosier Environmental Council	Paula Brooks
IHIE	Becky Learn, Jennifer Williams
Immigrant Welcome Center	Gurinder Kaur
Indiana Association of Public School Superintendents	Dr. Jeff Butts
Indiana Department of Health	Pamela Pontones
Indiana Hospital Association	Matthew Browning
Indiana Oral Health Coalition	Dr. Armando Soto Rajas
Indiana Patient Safety Coalition	Jim Fuller
Indiana Primary Care Association	Ben Harvey
Indiana Public Health Association	Allison Aultman
Indianapolis Medical Society	Dr. Mercy Obeime
Indianapolis Mental Health Association – Indianapolis	Julie Hayden
Indy Chamber	Taylor Hughes, Danielle Drake
Indy Hunger Network	Dave Miner
Indy Public Library	Yanna McGraw, Liz Schoettle
IndyGo	Lesley Gordon
IU Health	Marcie Memmer, Nichole Wilson
IU School of Nursing	Carol Shieh
Ivy Tech	Amanda Bonilla
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Marian University	Laura Gano
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Martin University	Davyd Hall, Kamille Ware, Marva Hunt
Martindale Brightwood Environmental Justice Collaborative	Shron Rucker
MCANA	Pat Andrews
MDWise	Rachel Maxey
MESH	Jennifer Pitcher
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St. Vincent/Ascension	Afia Griffith
UIndy	Heidi Hancher-Rauch, Ellen Burton
United Way	Fred Payne, Gina Ashley

Advisory Committee

Organization	Representative(s)
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Airport Authority	Holli Harrington
Alliance for Northeast Unification	Gregory Garrett
Alzheimer's Association Greater Indiana Chapter	Laura Aust
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American Heart Association	Lynne Griffin
American Lung Association	Tanya Husain
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Brothers United	Jasmine A. Black
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Eskenazi Injury Prevention	Blakney Brooks
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Indiana Latino Expo	Andy Nino
Indiana Legal Services	Krista Howard, Jessica Harris

Indiana University Dental School
Indiana University Indianapolis
Indiana Youth Group
Indianapolis Emergency Medical Services
Indianapolis Metropolitan Planning
Indianapolis Muslim Community Association
Indianapolis Public Schools
Indy Gov, Department of Public Works
Indy Parks
Indy Public Safety Foundation
IU Environmental Resilience Center
IU Methodist Injury Prevention
Keystone Millersville
Latino Health Organization
Light of The World Christian Church
Mapleton Fall Creek Development Corporation
Marion County Coroner's Office
Marion County Prosecutor's Office
Marion County Youth Violence Prevention Coalition
Martindale Brightwood Community Development Corporation
MLT Outreach
MSD Decatur
MSD Lawrence Township
MSD Warren
MSD Washington Township
MSD Wayne
Nurse Family Partnership
Office of Education Innovation (IndyGov)
Overdose Lifeline
Perry Township
Pharmaneek Pharmacy
Playworks
Pour House
Project Point
Raphael Health Center
Richard M. Fairbanks Foundation
Riley Hospital for Children
Ronald McDonald House Charities Central Indy
SAVI/Polis Center
Second Helpings
Shiloh Missionary Baptist Church
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Stop the Violence Indianapolis
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Introduction: CHA Survey & Data Notes

In this Community Health Assessment (CHA) Report, we utilize primary (newly collected) and secondary (data that had already been collected for other reasons) data sources to assess the health status of Marion County, Indiana, and to identify community strengths and opportunities for improvement. Primary data in this report comes mostly from a large CHA survey.

We hope that this report will be used by community partners, organizations, businesses and residents to inform programs and interventions, and in the development of the Community Health Improvement Plan (CHIP).

CHA Survey Methodology

In early 2024, the Marion County Public Health Department (MCPHD) released a Request for Proposal (RFP) to solicit proposals for the CHA survey data collection and weighting. After a team of MCPHD staff carefully reviewed the submitted proposals, Market Decisions Research (MDR) of Portland, Maine was selected as the vendor.

MDR worked with the MCPHD CHA team to create an electronic version of the over ninety-question survey, which was developed by MCPHD and refined by the CHA Steering and Advisory Committees. The survey was translated by AccIndy and made available in the following languages: English, Spanish, Hakha, Falam, Haitian Creole, and Kinyarwanda. These languages were selected after obtaining input from the Steering and Advisory Committees, as they were deemed the most commonly used languages in Marion County. Translations were reviewed by at least one native speaker of each language before they were made available to community members. Although most survey responses were completed online using the survey software Voxco®, respondents were also given the option to complete the survey over the phone to improve accessibility.

MDR used an address-based probability sample and sent an invitation letter to 45,000 randomly selected Marion County residents. In an effort to increase the response rate, MDR also sent out reminder letters, postcards, and emails to the selected residents. Every person who completed the survey was given the opportunity to receive gift card incentives valued at up to $15 from a variety of businesses. Survey data were collected from September 26, 2024 to May 14, 2025. Hereafter, the survey will be referred to as the 2025 CHA survey.

Once data collection was completed, MDR cleaned, weighted, and delivered all survey data to the MCPHD Epidemiology Department. The Epidemiology Department utilized SAS Enterprise Guide to analyze all survey data using appropriate survey weights to adjust the survey responses to more closely match key population demographics (race and ethnicity groups, poverty rates, age, sex, and education level). The Epidemiology Department utilized R Studio software to create the graphs shown in this report.

See additional details about the survey data collection and weighting process from MDR in the "Marion County Community Health Assessment Methodological Report."

Data Notes

The purpose of this section is to provide additional information about how the primary and secondary data are presented throughout this report.

Rate

Data presented in this report are primarily depicted as rates. A rate is a statistic that helps show relative differences between different populations. For our purposes, rates were used to account for different population sizes. This calculation involves dividing the number of people with a given condition, infection, or cause of death (the numerator) by the total number of people in a given population (the denominator), and then multiplying that number by 100, 1,000, or 100,000.

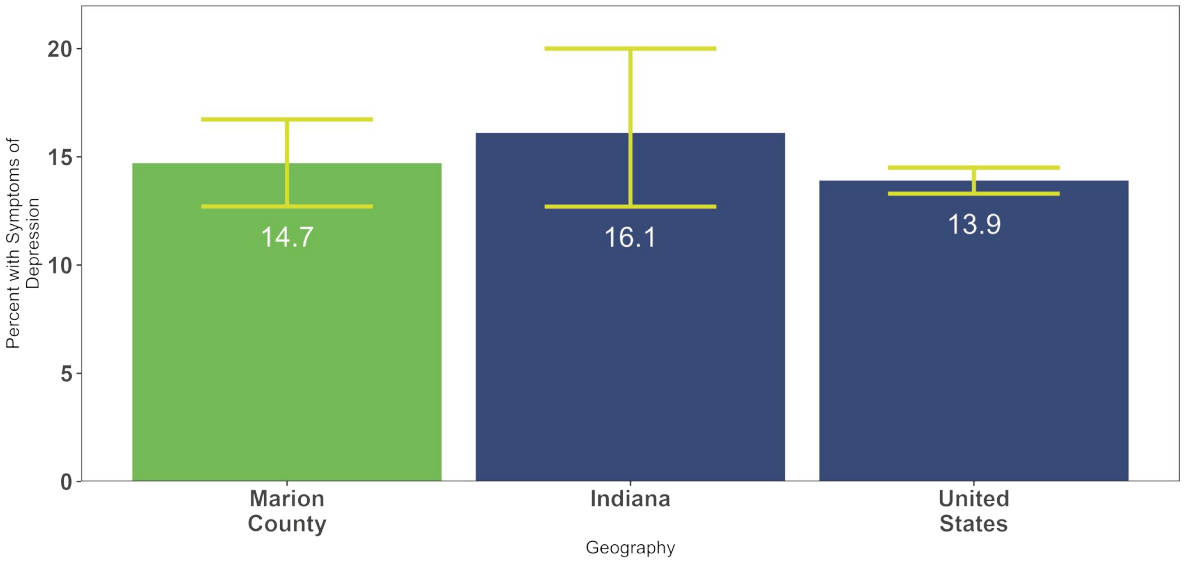
Example:

(Number of people in Marion County with diabetes/Number of people in Marion County) x 100,000 = the diabetes prevalence rate in Marion County per 100,000 persons

Confidence Intervals

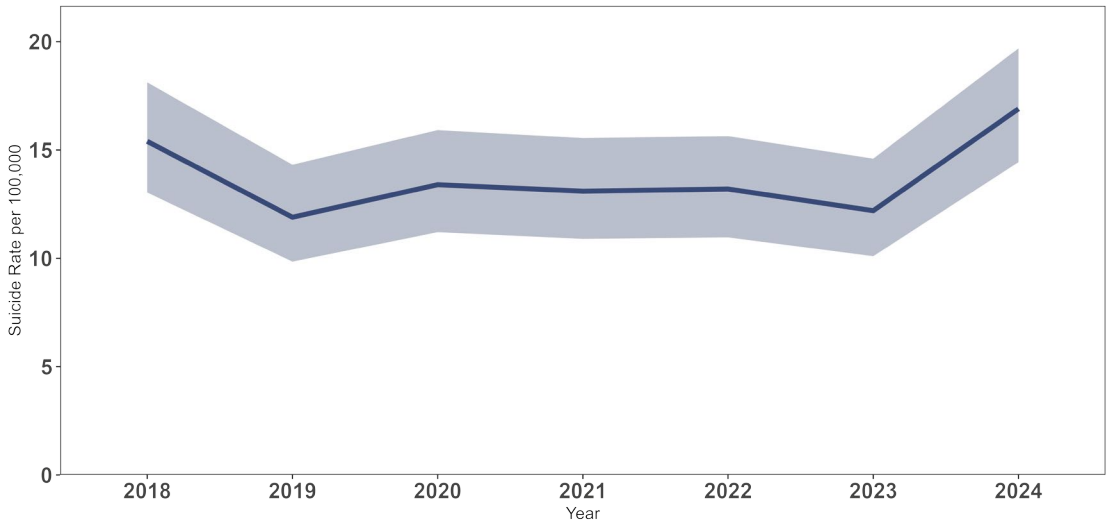
When possible, statistics in this report will be presented graphically with 95% confidence intervals (CI) following the rate. In the bar graphs, CIs are depicted as a gray or yellow "I" for each bar. In line graphs, the confidence interval is shown as a lighter ribbon around the darker line (see Figure A and Figure B below for examples). A CI is a way to statistically show how likely the rate will fall between two points and contains an upper confidence limit (UCL) and a lower confidence limit (LCL). With a 95% CI, there is a 95% probability (or chance) that the true rate falls between the LCL and UCL. A CI is used to better understand how accurate the statistics are. The smaller the difference between the UCL and LCL, the more reliable the statistic. For example, in "Figure A. Percent of respondents with symptoms of depression by geography, 2024," the United States rate of 13.9 (shown in the second bar) is considered more reliable because it has the narrowest CI.

Figure A. Percentage of residents with symptoms of depression in Marion County, IN (2025), Indiana (2024), and U.S. (2024)



Data Source: 2025 Marion County Community Health Assessment Survey, DR5915 and 2024 CDC Household Pulse Survey

Figure B. Marion County suicide rate per 100,000 population by year, 2018-2024



Data Source: MCPHD Vital Records (birth and death records), DR5915

Data Privacy

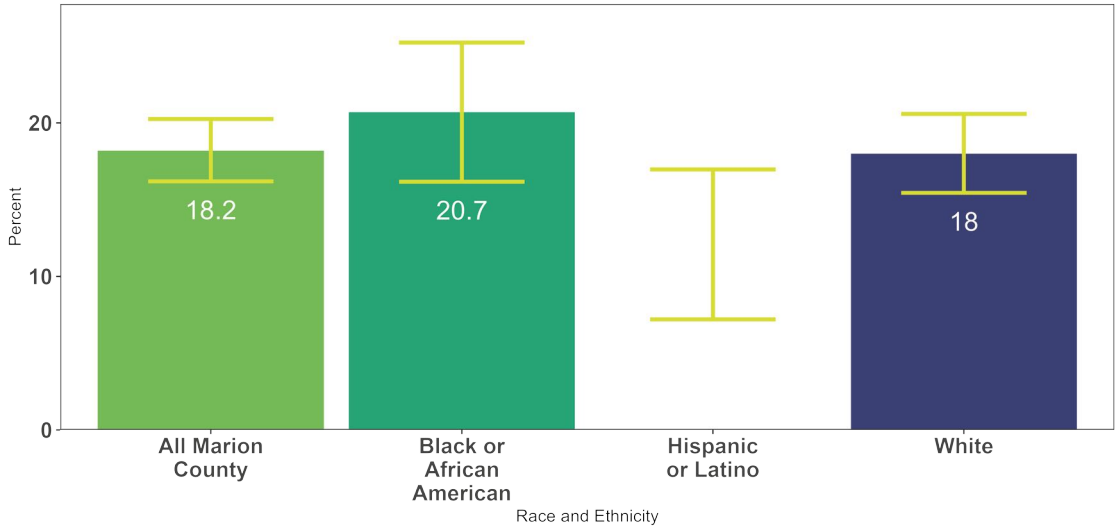
MCPHD goes to great lengths to protect the information of the people we serve. When a rate is determined to be "unstable," MCPHD censors or "suppresses" the rate to protect the privacy of Marion County residents' data. A rate is considered unstable in this report when the difference between the upper confidence limit and the lower confidence limit is greater than 60% of the rate or "point estimate." The formula is:

(UCL - LCL) x 0.60 > point estimate

In these instances, the confidence interval is shown, but the rate (shown as the bar) has been intentionally removed. In "Figure C. Percentage of residents who reported experiencing domestic violence, by race and ethnicity," the percent of Hispanic or Latino residents who reported experiencing domestic violence was determined to be unstable; therefore, only the confidence interval is shown.

Also, MCPHD does not share data when counts are less than 5. This measure has been taken to minimize the risk of re-identification of Marion County residents.

Figure C. Percentage of residents who reported experiencing domestic violence by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Disaggregating data by sex and federal poverty level (FPL)

Unless otherwise specified, CHA survey data shown by sex in this report uses sex at birth.

The U.S. Census Bureau sets an annual threshold for poverty which considers income of a household or individual, the number of individuals in a household, and the age of the household members. These thresholds are used to determine whether a given individual or household is considered to live in poverty. The MCPHD CHA survey used these thresholds to determine where each survey respondent's household income fell in relation to the federal poverty threshold (which we refer to as a line, or FPL).

Frequently Used Acronyms

Below is a list of acronyms that are frequently used throughout the report.

MCPHD = Marion County Public Health Department

CHA = Community Health Assessment

CHIP = Community Health Improvement Plan

CCA = Community Context Assessment

CPA = Community Partner Assessment

CI = Confidence Interval

CDC = Centers for Disease Control and Prevention

FDA = Food and Drug Administration

FPL= Federal Poverty Level

EPA = Environmental Protection Agency

HP 2030 = Healthy People 2030

NCHS = National Center for Health Statistics

HIV = Human Immunodeficiency Virus

AIDS = Acquired Immunodeficiency Syndrome

SUD = Substance Use Disorder

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Community Health Assessment & Community Health Improvement Plan: Purpose and Process

Purpose

The Marion County Public Health Department (MCPHD) conducts a routine Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process approximately once every five years. This process uses community feedback and data-driven assessments to identify health issues and align community resources to address those issues.[1] This is a collaborative effort with community and partner organizations providing information about their experiences on what the public health needs and challenges are facing Marion County and what the greatest strengths are within the community. The overarching goals of the Community Health Assessment and Improvement Process are to:

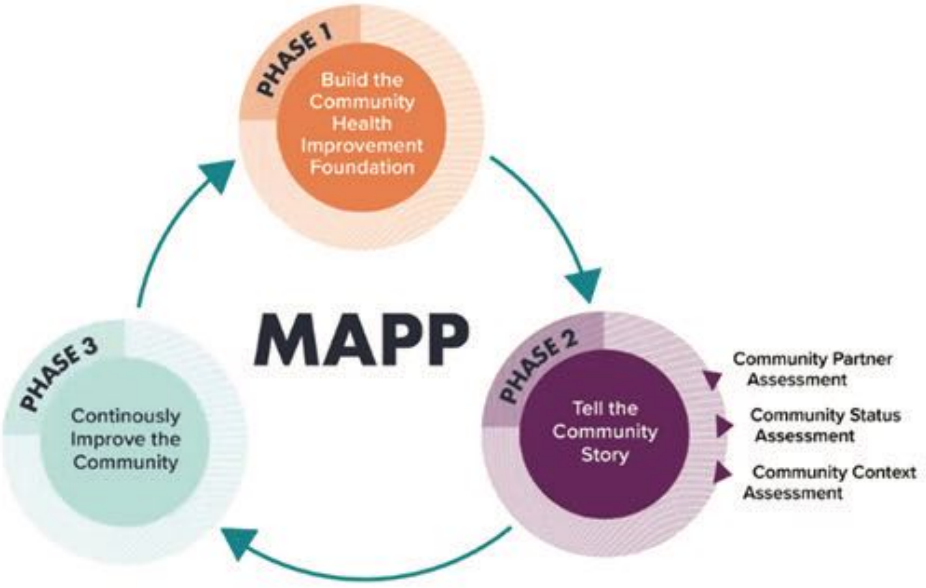
- Increase awareness of topics that affect community health, and their social determinants and risk factors.
- Compare the community health status of Marion County to peer urban areas, Indiana, and the U.S.
- Engage coalitions, the public, and health partners to provide their input to the process.
- Identify important health trends and disparities in the community.
- Prioritize identified community health topics.
- Provide collected information to drive future policy, program planning, and the Community Health Improvement Plan.

This report presents the summarized findings of our CHA and documents the process used to gather community and partner organization feedback to help drive prioritization.

Process

MCPHD used the most recent community health improvement framework developed by the National Association of City & County Health Officials (NACCHO) called Mobilizing for Action through Planning & Partnerships (MAPP) 2.0.[1] MAPP 2.0 has a three phase process, which was adapted and used for the Marion County context. The three phases are shown in Figure 1, below.

Figure 1. MAPP 2.0 Three Phase Framework[2]



Phase 1: Build the Community Health Improvement Foundation

MCPHD convened two different community partner advisory bodies for this work—first, a Steering Committee, and later, an additional, larger Advisory Committee. Community organizations who had partnered on previous CHA efforts and new organizations were invited to join this process. In building the foundation, MCPHD sought to ensure that many voices with a variety of experiences were included. The foundation incorporated individuals working in topic areas such as:

Race/Ethnicity	Gender	Sexuality	Socioeconomic Status	Education
Disability	Immigration status	Religion/Faith	Insurance status	Housing status
Criminal-legal system	Occupation	Age	Neighborhood	Other

The timeline for this work is shown in the table below (Table 1). The first Steering Committee meeting was convened in October 2023, followed by the first Advisory Committee meeting in January 2024. The Steering and Advisory Committees were asked to give feedback on topics such as which languages the surveys and materials should be translated into, how best to reach members of the public with a survey (via phone, mail, or electronically), what questions should be asked in the survey and how they should be asked, and who else should be included in the Steering and Advisory Committees. The feedback from the Committees helped guide the creation of the three assessments.

Table 1. CHA/CHIP Timeline

October 26, 2023	**Steering Committee (Meeting #1)** • Data introduction • Gather feedback • Partners asked to complete Community Partner Assessment
December 4, 2023	**Steering Committee (Meeting #2)** • Data introduction • Gather additional feedback
January 8, 2024	**Advisory Committee (Meeting #3)** • Share assessment timeline and methodology • Partners asked to complete Community Partner Assessment • Share updates • Preview CHA survey and committee's role in promotion of the survey
April 29, 2024	**Combined Steering + Advisory Committee (Meeting #4)** • Collaborating as a system • How do we best prioritize the work we do
September 2024	**CHA public survey begins**
October 2024	**Combined Steering + Advisory Committee (Meeting #5)** • Update on CHA survey progress • CHIP prioritization voting
January to April 2025	**Community context assessment interviews and focus groups conducted**
May 2025	**CHA public survey closes**
September 10, 2025	**Combined Steering + Advisory Committee (Meeting # 6)** • Community Context Assessment Findings
January 13, 2026	**Combined Steering + Advisory Committee Summit (Meeting #7)** • Release and presentation of Community Health Assessment • Additional prioritization discussion
Quarter 1 & 2, 2026	**Town Halls** • Data and reports shared with the community

Phase 2: Tell the Community Story

As shown in Figure 1, three assessments were conducted to gather information to tell the community's story. These three assessments are described here, and the data from the CCA is briefly described in the perceptions section of this report. More detailed information on each individual assessment may be found in the appendices.

- **Community Partner Assessment (CPA):** This assessment was completed by 73 partners from the Steering and Advisory Committees. Each partner who participated completed an online survey to help understand individual systems, processes, and capacities of each organization, as well as how to best work together as a larger network to address identified health issues.
- **Community Status Assessment (CSA):** This report, the CHA report, is MCPHD's Community Status Assessment. This assessment collected quantitative (numeric) data on demographics such as race, ethnicity, age, and sex, as well as information on the health status and behaviors of Marion County residents. A CHA survey was completed online or via phone by 4,518 residents of Marion County in either English, Spanish, Burmese, Kinyarwanda, or Haitian Creole. Residents who completed the survey were eligible to opt in to receive a gift card from a selection of potential vendors. The survey was conducted through an external company, Market Decisions Research. The survey was advertised through a dedicated website (see Figure 2), promotional materials, and a limited amount of radio advertising and interviews. A local marketing company, Buzzworthy Branding, was contracted to design and produce these promotional materials. These newly collected data are supplemented in this report with data that MCPHD has from other sources, such as birth and death records, hospitalization information, and more, to provide a more complete picture of the health of residents of Marion County.
- **Community Context Assessment (CCA):** This assessment collected qualitative (narrative data from conversations) from residents and community partner organizations. Focus groups and key informant interviews were conducted with individuals representing population groups which tend to be smaller and from which not many survey responses came. These interviews and focus groups gathered information on people's experiences around community strengths and assets, the built environment, and current and historical forces of change affecting their communities. This assessment was completed by IU Indianapolis Fairbanks School of Public Health in partnership with MCPHD.

For more information and to view the CPA and CCA results and our survey supplement and methodology report, check here: www.marionhealth.org/cha2025.

Figure 2. Community Health Assessment Survey Promotional Website

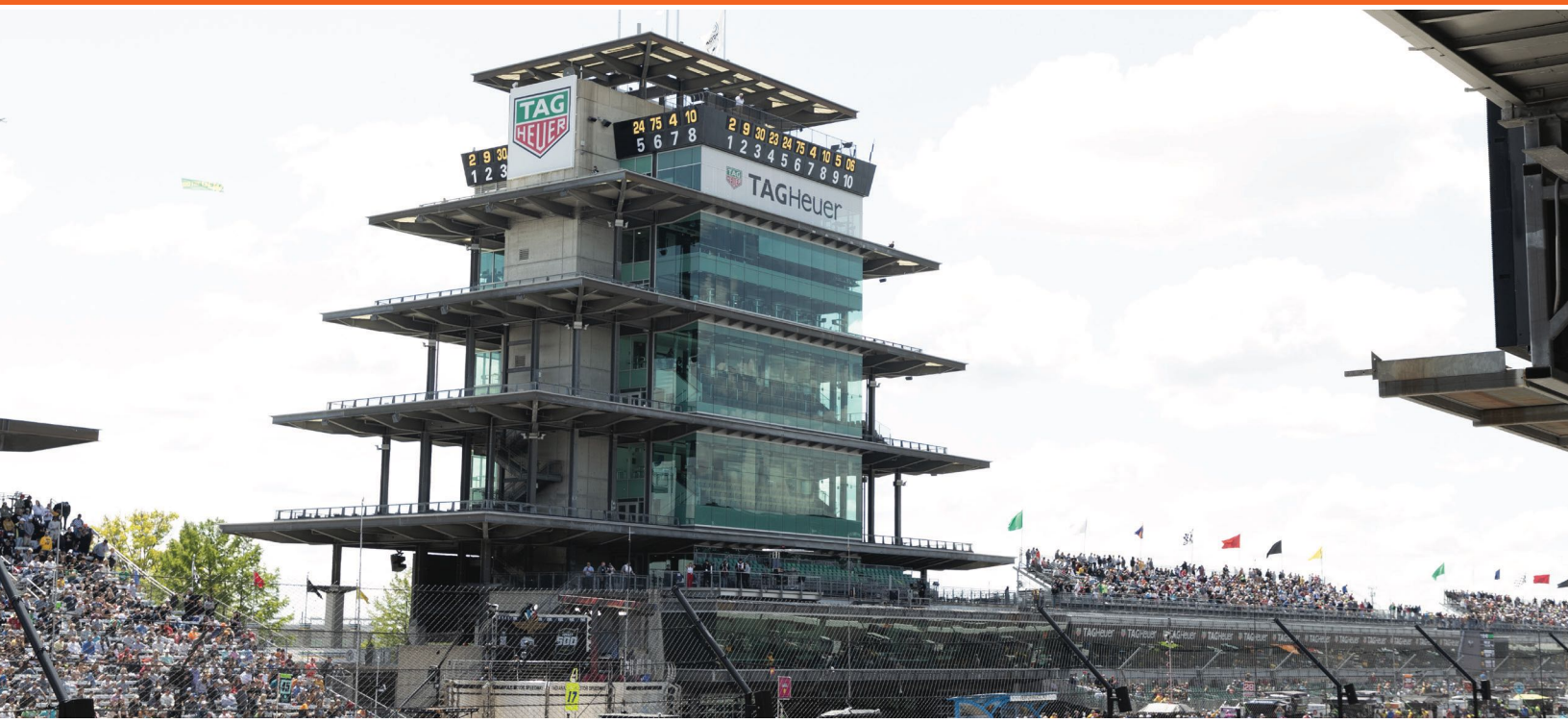
Phase 3: Continuously Improve the Community

In order to guide community improvement activities, a CHIP is developed collaboratively by the health department and its partners through careful data review and prioritization. A CHIP serves as a guide for programming and policy creation in Marion County for the next five years. It aims to measurably improve the health of Marion County residents, and progress towards goal completion is tracked on a routine basis. The CHIP serves as a long-term systematic plan to address issues identified within the CHA.

At the beginning of the CHIP creation process, the Steering and Advisory Committees electronically helped to finalize a list of potential topics that could be voted upon for prioritization beginning in August 2024. This list contained roughly 100 potentially important public health topics. Committee members were then given the opportunity to electronically vote for up to 15 topics each from the potential list circulated in September 2024. The results of that online voting are displayed in Table 2, below. Some topics received the same number of votes as other topics and those ties are shown with repeating rank numbers in the table below.

Table 2. Electronic prioritization voting results: Top 15 potential priorities

Rank	Topics	# of Votes
1	Health equity	40
2	Mental health, depression, suicide	38
3	Housing: rent vs. own, affordable housing	37
4	Crime, neighborhood safety	32
5	Equitable access to health care (disabilities, ability to afford, etc.)	31
6	Food access, food deserts	30
7	Poverty	26
8	Homelessness	21
8	Unemployment/underemployment (not making living wages) (labor force participation rate), financial stability	21
10	Transportation	19
10	Violence & violent deaths (homicide, assault)	19
12	Adverse childhood events	17
12	Opioids, heroin, fentanyl	17
13	Infant mortality	16
13	Nutrition & fitness (exercise, diet)	16



The MCPHD Epidemiology Department created data briefs on each of the 15 topics that received the most votes electronically, which were sent out in early October 2024 ahead of the October 9, 2024 meeting. The data briefs displayed standardized information for each topic, including: a definition of the topic; an overall score of severity in the county from 1 to 5 (with 5 being the most severe); an explanation of the potential health impacts from a topic; context and/or comparison of the topic to other geographies; statistics on the topic by demographic or other values; trends demonstrating whether the topic was getting better, worse, or staying the same; and, a description of evidence-based practices that are recommended to combat a given issue. These data helped to spur discussion at the meeting where topic prioritization occurred.

At the October 9, 2024 CHA meeting, MCPHD presented a high-level, brief presentation on each topic and conducted two rounds of breakout discussion by Committee members. Committee members then voted for their priority topics, which resulted in the following topics (see Table 3) being prioritized for resource alignment and CHIP creation. Due to an unprecedented availability of funding in late 2024 through Health First Indiana, prioritization occurred prior to the three reports being completed. Due to this adjustment, the CHA/CHIP committees will have the opportunity to determine if more priorities should be added to the five voted upon after the assessments' release. Details on specific planned work will be included in the upcoming CHIP report, which will begin in 2026.

Table 3. CHA/CHIP Prioritization Voting Results

Rank	Topic	# of Votes
1	Mental health, depression, and suicide	36
2	Equitable access to health care (disabilities, ability to afford, etc.)	31
3	Health equity	23
4	Infant mortality	19
4	Housing: rent vs. own, affordable housing	19

Stronger Together: Community Assets to Support Improvement

Marion County boasts a wide array of community assets that will be critical in trying to address the priorities shown in Table 3, above. Some of those assets are covered broadly here by priority area. This is not an exhaustive list, nor does it mention many critical partners—instead, it mentions the types of assets available.

Mental health, depression, and suicide is a complex topic area with no simple solutions. Community assets which already exist include community mental health centers, advocacy agencies, local and state governmental partners who do work in this area, hospital and healthcare partners, and more. Faith based groups are another important asset in this area, as they are uniquely positioned to help broaden the reach of initiatives. Peer counseling and support, especially in youth settings, can help connect more trusted messengers with populations with the most need. Crisis hotlines also play a critical role.

On equitable access to healthcare, healthcare agencies are one of our greatest assets, including not just our large hospitals but also federally qualified health centers. Organizations which seek to directly work with underserved communities are also critical here to help broaden the reach of initiatives—helping to set up health fairs where needed services may be present, including various medical screenings or immunization offerings. Public transit (specifically bus stations) help minimize transportation barriers to reach needed health care appointments, and so too can other ride support services to help connect patients to the locations they need to get to. Working with community groups for increased language translation and review of materials for cultural appropriateness are also important assets in this area.

Health equity is an incredibly broad issue, which here refers to the greater inequities faced by residents in the county. This can relate to greenspace access, which is addressed in part by local and state parks. Trails also help expand equitable access to safe exercise options for county residents. Food pantries and farmer's markets help expand access to food generally and fresh produce specifically.

Infant mortality is a complicated issue, requiring the intersection of community-based efforts (home visiting programs, for instance) along with healthcare partners and other support systems and efforts, such as programs which provide no-cost supplies needed for infants, like pack 'n' plays for safe sleep, diapers, formula, and more. Helping encourage early prenatal care initiation is key and can be aided by community partners and faith-based organizations. Interagency infant mortality review groups help identify what's happening in infant deaths and identify new opportunities to help combat further instances.

Housing challenges can be helped by working with housing agencies, advocating for more affordable housing, and helping to bolster support for unhoused individuals by working with community assets such as homeless shelters and other non-profit groups who work to address this issue. Continued policy work with legislative and advocacy partners is critical to help address ongoing housing concerns.

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Executive Summary

This Community Health Assessment (CHA) presents a view into the health of Marion County, Indiana residents by combining data from a large community survey with other sources like birth and death records, emergency department visits, and more. While not exhaustive, this report covers topics such as mental health, chronic diseases and conditions, HIV, immunizations, the built environment, substance use, violence, and many others. This brief executive summary highlights some of the key findings.

- Marion County's infant death (mortality) rate is higher than that of both Indiana and the U.S. and is highest among Black or African American residents.
- 1 in 4 children in Marion County are considered obese.
- Life expectancy in Marion County varies based on where you live and factors like your race and ethnicity. The life expectancy for Marion County residents in 2024 was 77.7 years.
- 1 in 3 residents reported that they have a medical bill that they are unable to fully pay, while 1 in 5 reported that they did not see a healthcare professional in the past year due to costs.
- 1 in 4 Marion County residents reported that they have been diagnosed with depression.
- 1 in 10 Marion County residents reported that they have been diagnosed with type II diabetes. In 2024, diabetes was the 6th leading cause of death for the county.
- Nearly 60% of residents reported drinking at least one sugar sweetened beverage per day.
- The number of HIV diagnoses has increased annually since 2020, but nearly 80% received care and 65% reached viral suppression in 2024.
- 1 in every 4 residents reported that they personally, or their close family or friends, were impacted by substance use. While the accidental overdose death rate in Marion County decreased by 30% from 2023 to 2024, it is still almost twice the rate of Indiana and the United States.
- 25% of residents reported that gun violence has affected them, their friends or family, or their neighborhood. The firearm homicide rate is nearly three times higher in Marion County than in Indiana and the United States. Homicide is the leading cause of death among 25–34-year-olds in Marion County.

The CHA survey also asked residents and partners about their experiences in order to better understand how residents feel about Marion County and the community they live in. The results highlighted that residents felt that there has been an uneven investment in the community. These differences highlight the gaps that exist in communities that can be addressed:

- When asked about what they like most about their community, residents noted that they enjoyed a sense of community (like looking after one another), safety, diversity, and affordability. They also noted that their neighborhoods were walkable with sidewalks and bike lanes, and access to grocery stores, libraries, and faith-based institutions.
- Conversely, when asked about what they liked least about their community, respondents noted that housing was expensive and unaffordable, particularly rental housing, with poor upkeep of some properties. Some noted concerns with their neighborhood such as crime and violence, busy streets, and lack of grocery stores, walkability, and parks.

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What Determines Our Health

Health is considered a state of complete physical, mental, and social well-being, not merely the absence of disease or illness.[3] It reflects how we live, work, and enjoy life. Many factors influence health that are both within and beyond our control.

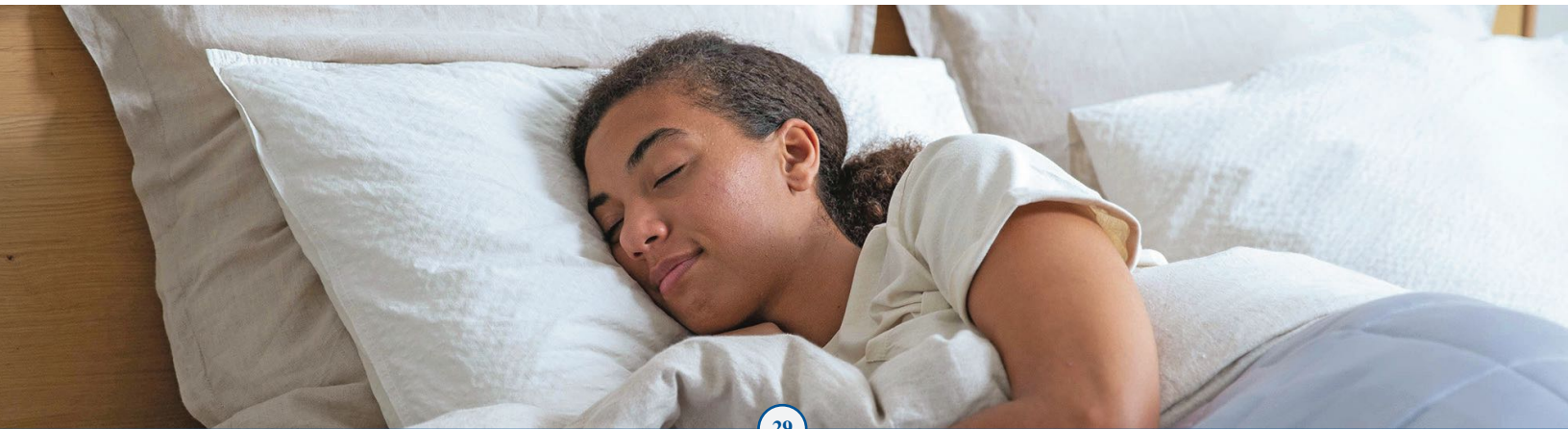
Our health is influenced by five main factors: genetics, behaviors, social circumstances, environmental factors, and access to health care. **Genetics** provide the foundation of our health, determining traits like our predisposition to certain diseases.[4] Our **behaviors,** such as eating habits[5], exercise[6], and sleep[7], play a major role in shaping our health by influencing our risk for certain diseases. **Social factors,** including income[8], education[9], and relationships[10] can either support or limit the resources and opportunities we have to live a healthy life. **Environmental factors,** such as clean air[11], safe neighborhoods[12], and access to healthy food[13] also significantly impact our health. Lastly, **access to health care** such as primary care, hospitals, and other services influences our health by affecting the diagnosis, treatment, and management of illnesses and disease.[14,15]

Figure 3. Socioecological model depicting the different levels of influence that affect our health, adapted from Bronfenbrenner[16]

To help us understand the ways in which these factors impact our health, we can use the socioecological model (Figure 3). The socioecological model is a framework that describes how different levels of influence affect our health.[16]

Individual Level: The individual level includes not only genetics but also our personal knowledge, beliefs, and behaviors. For example, choosing whether to smoke, what food we eat, and whether we follow medical advice are personal decisions that shape our health.

Interpersonal Level: At the interpersonal level, we recognize that our relationships with family, friends, and others affect our health and may influence personal choices. This includes things such as supporting friends or family to stay active together, or having people in our lives to talk to about our mental health.



Community & Organizational Level: The community and organizational level focuses on the environment we live in and includes things such as schools, workplaces, neighborhoods, healthcare, and community resources. The availability of healthy foods, sidewalks, and parks near where we live are examples of community level factors, while wellness programs available through workplaces are considered organizational level factors.

Policy/Societal Level: Lastly, the policy/societal level consists of national, state, and local laws, social and cultural norms, and economic systems. A historical example is discriminatory redlining policies from the 1930's that restricted where certain racial and ethnic groups could live[17]. Additional examples of policies that impact our health include smoking bans in public places that reduce secondhand smoke and Medicare and Medicaid policies that affect people's ability to access and afford medical care.

Individually, each of these levels shapes our health. However, these levels also influence one another. For example, a person may want to eat fresh fruits and vegetables, but they may not have a grocery store nearby that offers fresh fruits and vegetables, or they may not have access to public transportation to get to a store that does. In this example, a person's choice to eat fresh fruits and vegetables (i.e., individual level) is affected by the availability and accessibility of fresh fruits and vegetables in their community (i.e., community level).

We can see there are many factors—both within and beyond our control—that impact our health across different levels of influence. Together, these factors shape our health and wellbeing by affecting the decisions we make, the resources we have, and the healthcare we receive. By addressing health at each level of influence, we can create a healthy community where everyone can thrive. The purpose of this report is to provide information about some of the most important factors that are affecting health here in our community, with a focus on health conditions impacting our community as well as the factors that influence them.

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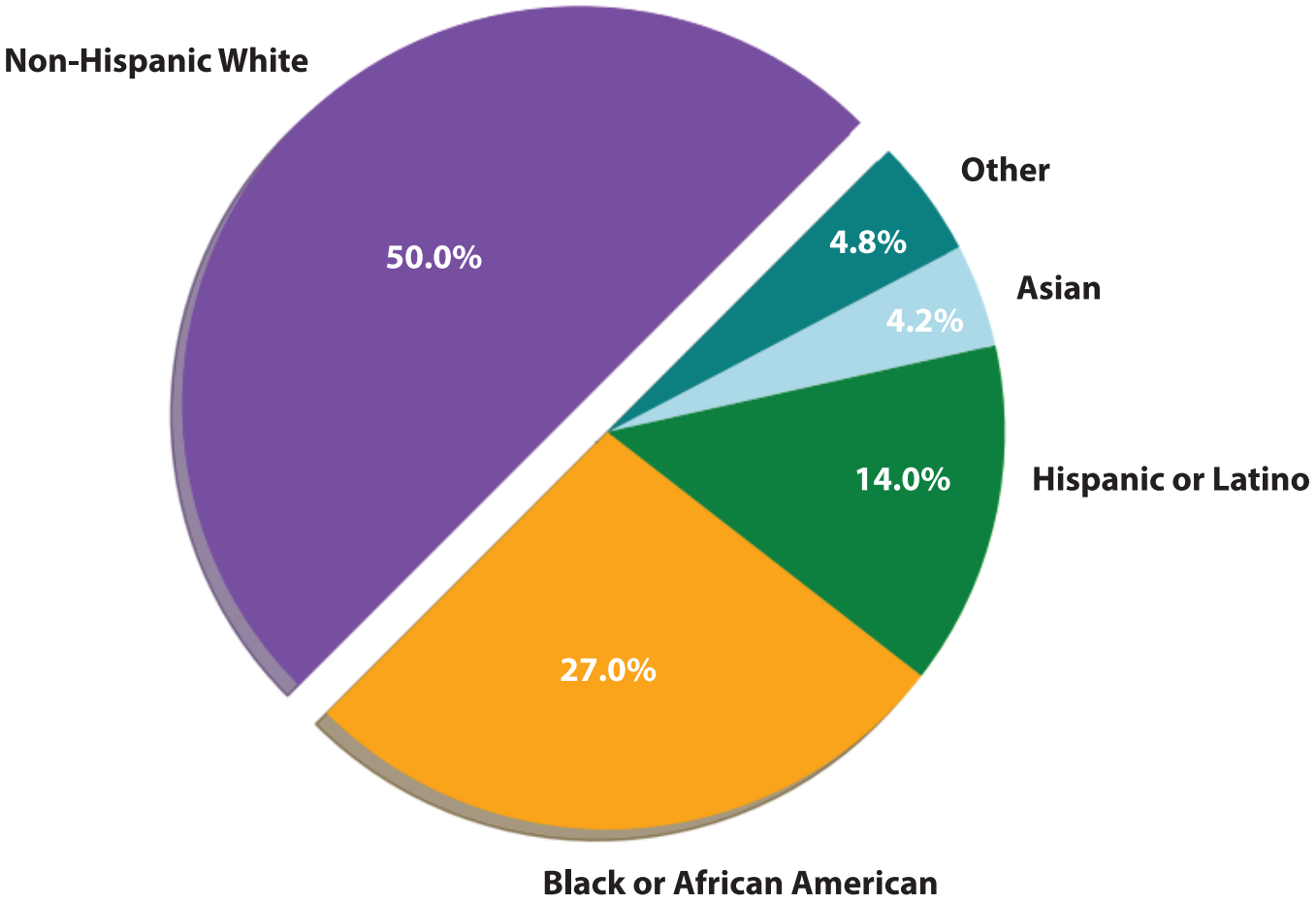
Our Community

The following talks about who makes up the Marion County, IN community, what languages they speak, where they come from, and what amount live in poverty. Information on who dies most commonly from what and how long people in Marion County are expected to live is found after that.

Marion County Population

Marion County, Indiana contains the city of Indianapolis, as well as the unincorporated cities and towns of Speedway, Beech Grove, and Lawrence. Altogether, the county has a population of 981,628 residents as of the 2023 U.S. Census Bureau estimates.[18] Marion County's population includes a diverse mix of individuals--in 2023, about 50% of the population was non-Hispanic White, 27% was Black or African American, 14% was Hispanic or Latino, and 4.2% was Asian.[18] In 2023, about 18% of Marion County's population were ages 65 and older.[19]

Figure 4. Marion County population by race and ethnicity, 2023[18]



Around 16.8% of Marion County households speak a language other than English at home.[20] Of the languages spoken at home in Marion County, English is the most common (83%), followed by Spanish (10%).[20]

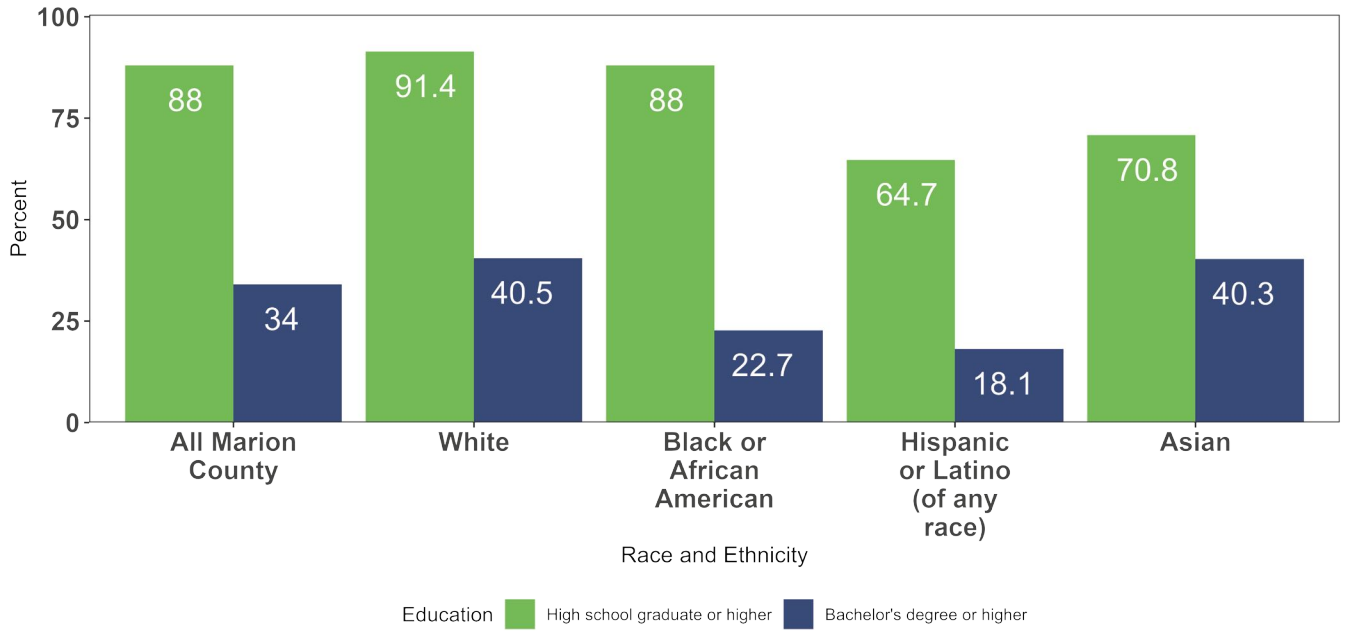
Table 4. Language spoken at home in Marion County, 2023[20]

Languages Spoken at Home	Percent
Only English	83.2
Spanish	10.0
Other Indo-European languages (French, Portuguese, Greek, Haitian, Hindi, Farsi, etc.)	2.6
Asian and Pacific Islander languages	2.4
Other languages	1.7

The U.S. Census Bureau estimates that around 11.6% of Marion County residents are foreign-born, with residents coming from countries including Mexico, Burma (Myanmar), Nigeria, India, Honduras, El Salvador, Haiti, Venezuela, Guatemala, and the Philippines. [21]

A total of 27.1% of residents ages 25 and over have a high school or equivalent degree, 18.8% have some college education, 7.8% achieved an associate's degree, 21.7% have a bachelor's degree, and 12.4% have a graduate or professional degree.[22]

Figure 5. Educational Attainment for Marion County residents 25 years and older by race and ethnicity, 202322

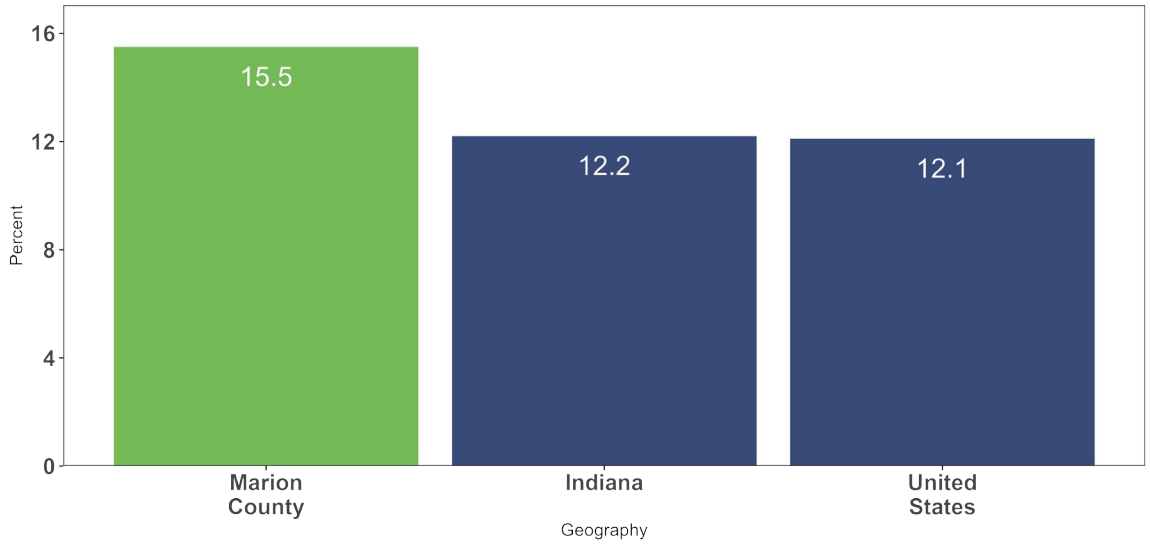


Data Source: US Census Bureau American Communities Survey, 5 year-estimates, 2019-2023, DR5975

Almost 90% of Marion County residents have a high school diploma or equivalent or higher, while 34% have a bachelor's degree or higher; differences by race and ethnicity are evident, with only 22.7% Black or African American residents having a bachelor's degree or higher, compared to 18.1% of Hispanic or Latino residents, 40.3% of Asian residents, and 40.5% of White residents.[22]

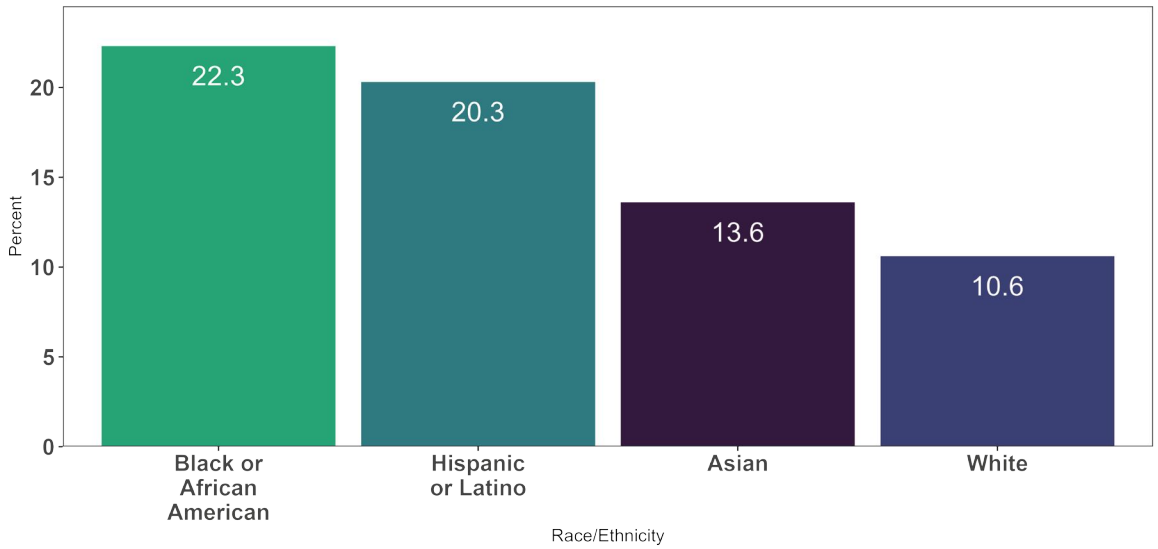
Around 15.5 % of Marion County residents live in poverty.[23] The poverty rate of Marion County is higher than the rates for Indiana (12.2%) and the U.S. overall (12.1%). [23] Additionally, 23% of the children in Marion County live in poverty.[23]

Figure 6. Poverty Rates by geography, 2023[23]



Data Source: 2023 American Community Survey 5-Year Estimates, DR5881

Figure 7. Poverty Rates by race and ethnicity in Marion County, 2023[23]



Data Source: 2023 American Community Survey 5-Year Estimates, DR5881

Top 10 Causes of Death

The top 10 causes of death for Marion County residents in 2024 overall and by race and ethnicity are presented in Table 5, while the same information presented by sex is found in Table 6 and by age group in Table 7.

The top 10 cause of death categories used in this report conform to the National Center for Health Statistics (NCHS) list of rankable causes, with one exception. Although not considered a rankable cause of death by the NCHS, unspecified dementia (International Classification of Diseases, Tenth Edition (ICD-10) code F03), shown in 10th place in our table, has been included in MCPHD's cause of death tabulations for many years due to its consistently high ranking in the county.

A comparison of Marion County's 10 leading causes of death in 2024 with the top 10 for Indiana and the U.S. in 2023, the most recent year available,[24,25] reveals that the same causes held the top three rankings across all three geographies: heart disease (1st), malignant neoplasms (cancer) (2nd), and accidents (3rd). The ranking of nephritis, nephrotic syndrome, and nephrosis (various kidney conditions/diseases) was also the same (8th) for the county, state, and nation. The causes occupying fourth through seventh places also matched for the county and state, but for the U.S., two pairs of these causes swapped positions. Chronic lower respiratory diseases and cerebrovascular diseases were the 4th and 5th leading causes for the county and state, but nationally, they were 5th and 4th respectively. Similarly, diabetes ranked 6th and Alzheimer disease was 7th for Marion County and Indiana but ranked 7th and 6th respectively for the nation. Although COVID-19 was the 10th leading cause of death in 2023 for Indiana and the nation, it did not rank among Marion County's top 10 in 2024. Conversely, assault (homicide), while the 9th leading cause for Marion County in 2024, failed to make the 2023 Indiana or national top 10.

The leading causes of death for Marion County's Hispanic or Latino population were distinct from those for the county's two major racial and ethnic groups in several ways. Accidents was the leading cause of death for Hispanic or Latino individuals. Among the non-Hispanic, White and non-Hispanic, Black or African American populations, it ranked 3rd. Certain conditions originating in the perinatal period and congenital anomalies ranked 5th and 7th respectively among Hispanic or Latino residents. These two causes did not rank in the top 10 for White or Black or African American residents. Diabetes mellitus, which ranked 6th among White and Black or African American populations, ranked 10th among Hispanic or Latino individuals. Alzheimer disease and unspecified dementia made the top ten10 for White and Black or African American populations, but not for Hispanic or Latino residents.

Assault (homicide) was the 4th leading cause of death for Hispanic or Latinos and Black or African Americans, but was not in the top 10 for White residents. Intentional self-harm (suicide) ranked 8th for White and 9th for Hispanic or Latino populations; for Black or African American residents, it did not rank among the top 10.

Table 5. Top 10 causes of death for Marion County residents overall and by race and ethnicity, 2024*

*Cell contents: Cause, Deaths per 100,000 population [95% Confidence Interval]

Rank	Overall (all Marion County)	Non-Hispanic, White	Non-Hispanic, Black or African American	Hispanic or Latino
1	Diseases of heart, 168 [158-174]	Diseases of heart, 208 [195-221]	Diseases of heart, 175 [160 - 191]	Accidents, 40 [30 - 52]
2	Malignant neoplasms, 148 [140-156]	Malignant neoplasms, 191 [179 - 203]	Malignant neoplasms, 141 [128 - 155]	Diseases of heart, 31 [23 - 42]
3	Accidents, 66 [61-72]	Accidents, 68 [61 - 76]	Accidents, 77 [67 - 87]	Malignant neoplasms, 30 [22 - 41]
4	Chronic lower respiratory diseases, 41 [37-45]	Chronic lower respiratory diseases, 65 [58 - 72]	Assault (homicide), 40 [33 - 48]	Assault (homicide), 11 [6 - 17]
5	Cerebrovascular diseases, 32 [28-36]	Cerebrovascular diseases, 38 [33 - 44]	Cerebrovascular diseases, 34 [28 - 41]	Certain conditions originating in the perinatal period, 8 [4 - 15]
6	Diabetes mellitus, 26 [23-29]	Diabetes mellitus, 28 [24 - 33]	Diabetes mellitus, 34 [28 - 41]	Cerebrovascular diseases, 8 [4 - 15]
7	Alzheimer disease, 19 [16-22]	Alzheimer disease, 26 [22 - 31]	Chronic lower respiratory diseases, 25 [20 - 31]	Congenital malformations, deformations & chromosomal abnormalities, 8 [4 - 14]
8	Nephritis, nephrotic syndrome & nephrosis, 18 [15-21]	Intentional self-harm (suicide), 25 [21 - 30]	Nephritis, nephrotic syndrome & nephrosis, 21 [17 – 27]	Chronic liver disease & cirrhosis, 8 [4 - 14]
9	Assault (homicide), 17 [15-20]	Nephritis, nephrotic syndrome & nephrosis, 21 [17 - 25]	Unspecified dementia, 20 [15-25]	Intentional self-harm (suicide), 4 [1 - 8]
10	Unspecified dementia, 17 [15-20]	Unspecified dementia, 21 [17 - 25]	Alzheimer disease, 19 [14 - 25]	Diabetes mellitus, 4 [1 - 8]

Data Source: MCPHD Vital Records (death records), DR5985

The four leading causes of death between the sexes in Marion County were the same, although accidents and chronic lower respiratory diseases switched places. Notable differences in leading causes of death by sex emerged below the top four. For females, Alzheimer disease and unspecified dementia ranked 6th and 7th, respectively. They did not rank in the top 10 for males. On the other hand, intentional self-harm (suicide), and assault (homicide), which ranked 6th and 8th respectively among males, did not appear in the top 10 for females.

Table 6. Top 10 causes of death for Marion County residents overall and by sex, 2024 *
*Cell contents: Cause, Deaths per 100,000 population [95% Confidence Interval]

Rank	Overall (all Marion County)	Female	Male
1	Diseases of heart, 168 [158-174]	Diseases of heart, 141 [130 - 151]	Diseases of heart, 193 [181 - 206]
2	Malignant neoplasms, 148 [140-156]	Malignant neoplasms, 137 [127 - 148]	Malignant neoplasms, 159 [148 - 171]
3	Accidents, 66 [61-72]	Chronic lower respiratory diseases, 44 [38 - 50]	Accidents, 92 [83 - 101]
4	Chronic lower respiratory diseases, 41 [37-45]	Accidents, 42 [37 - 48]	Chronic lower respiratory diseases, 38 [32 - 44]
5	Cerebrovascular diseases, 32 [28-36]	Cerebrovascular diseases, 33 [29 - 39]	Diabetes mellitus, 32 [27 - 37]
6	Diabetes mellitus, 26 [23-29]	Alzheimer disease, 25 [21 - 29]	Intentional self-harm (suicide), 31 [26 - 36]
7	Alzheimer disease, 19 [16-22]	Unspecified dementia, 22 [18 - 26]	Cerebrovascular diseases, 30 [26 - 36]
8	Nephritis, nephrotic syndrome & nephrosis, 18 [15-21]	Diabetes mellitus, 20 [16 - 24]	Assault (homicide), 29 [25 - 35]
9	Assault (homicide), 17 [15-20]	Nephritis, nephrotic syndrome & nephrosis, 17 [14 - 21]	Nephritis, nephrotic syndrome & nephrosis, 19 [15 - 23]
10	Unspecified dementia, 17 [15-20]	Septicemia, 11 [8 - 14]	Chronic liver disease & cirrhosis, 16 [12 - 20]

Data Source: MCPHD Vital Records (death records), DR5985

The data by age are only presented for the top three leading causes of death due to small counts of deaths in specific age groups. Notable differences in the data by age include:

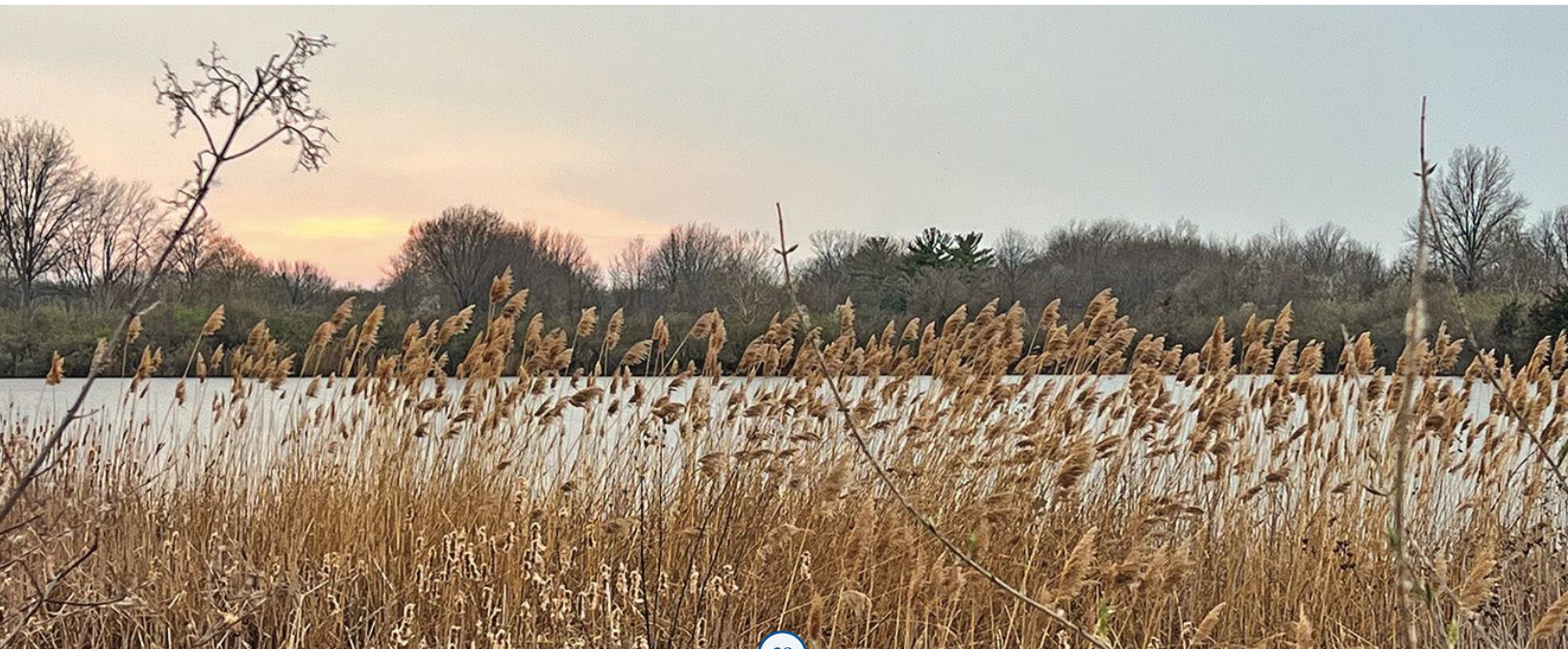
- Assault (homicide) is the top leading cause of death for those aged 15-24, the second leading cause for those aged 25-34, and the third leading cause for those aged 35-44.
- Intentional self-harm (suicide) was the third leading cause of death for those aged 15-24 and those aged 25-34.
- For those 45 years and older, the top two leading causes of death were heart disease and cancers.

Table 7. Top 3 causes of death for Marion County residents by age group, 2024*

*Cell contents: Cause, Deaths per 100,000 population [95% Confidence Interval]

Age Group	1st Leading Cause of Death	2nd Leading Cause of Death	3rd Leading Cause of Death
<1	Disorders related to short gestation & low birth weight, not elsewhere classified, 175 [111 - 263]	Congenital malformations, deformations & chromosomal abnormalities, 145 [87 - 226]	Accidents, 61 [26 - 120]
1-14	Accidents, 8 [4 - 13]	Congenital malformations, deformations & chromosomal abnormalities, 5 [3 - 10]	Malignant neoplasms, 3 [1 - 6]
15-24	Assault (homicide), 39 [29 - 51]	Accidents, 36 [27 - 48]	Intentional self-harm (suicide), 21 [14 - 30]
25-34	Accidents, 68 [56 - 82]	Assault (homicide), 29 [21 - 38]	Intentional self-harm (suicide), 19 [13 - 27]
35-44	Accidents, 92 [76 - 110]	Diseases of heart, 36 [27 - 48]	Assault (homicide), 27 [19 - 38]
45-54	Diseases of heart, 113 [94 - 135]	Malignant neoplasms, 93 [76 - 113]	Accidents, 80 [64 - 99]
55-65	Diseases of heart, 282 [251 - 316]	Malignant neoplasms, 253 [223 - 285]	Accidents, 100 [81 - 121]
65+	Diseases of heart, 844 [796 - 894]	Malignant neoplasms, 758 [712 - 805]	Chronic lower respiratory diseases, 233 [208 - 260]

Data Source: MCPHD Vital Records (death records), DR5985

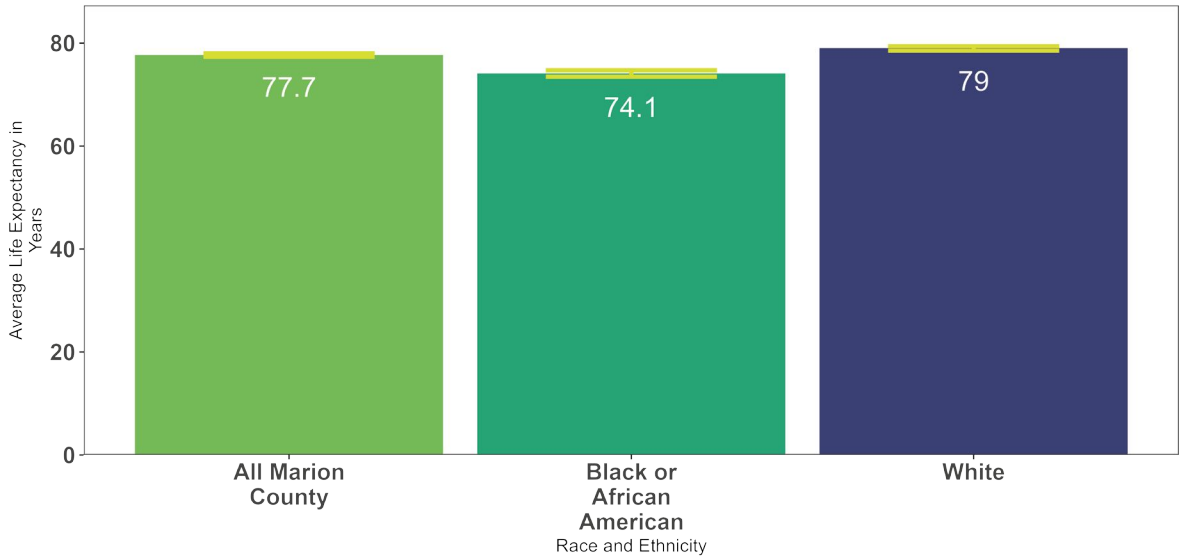


Life Expectancy

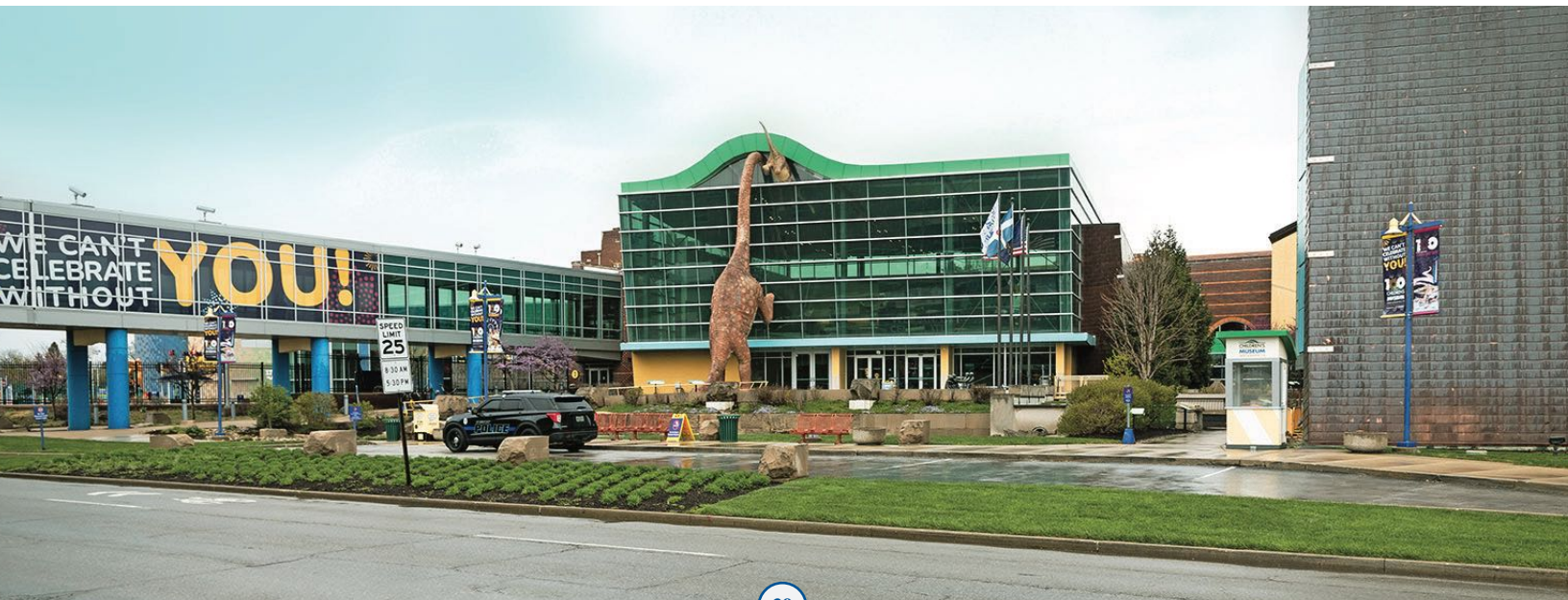
Life expectancy is often used as an indicator of quality of life. This measure estimates how long someone born in the year indicated could expect to live. A shorter estimated life expectancy does not indicate that years will be lost among the older population; rather, deaths occur across the life continuum.[26] Many factors contribute to life expectancy, including socioeconomic status, education, access to healthcare, race, and geography.[27,28]

Inequities exist in life expectancy by race and ethnicity. In 2024, Black, non-Hispanic Marion County residents had an average life expectancy of 74.1 years, which was lower than White, non-Hispanic residents (79.0 years), and Marion County residents overall (77.7 years). The Hispanic or Latino life expectancy (not shown) was higher than that of other racial and ethnic populations in Marion County. As noted in an observation referred to as the "Hispanic paradox," Hispanic populations in the United States have a lower risk of mortality than other racial and ethnic groups.[29] Explanations over time have included an artificially low denominator in the life expectancy calculation due to movement back to a country of origin before death, a non-representative numerator due to a relative healthier migrant population, and less lifespan variability within the Hispanic population.[29,30]

Figure 8. Marion County Life Expectancy by race and ethnicity, 2024

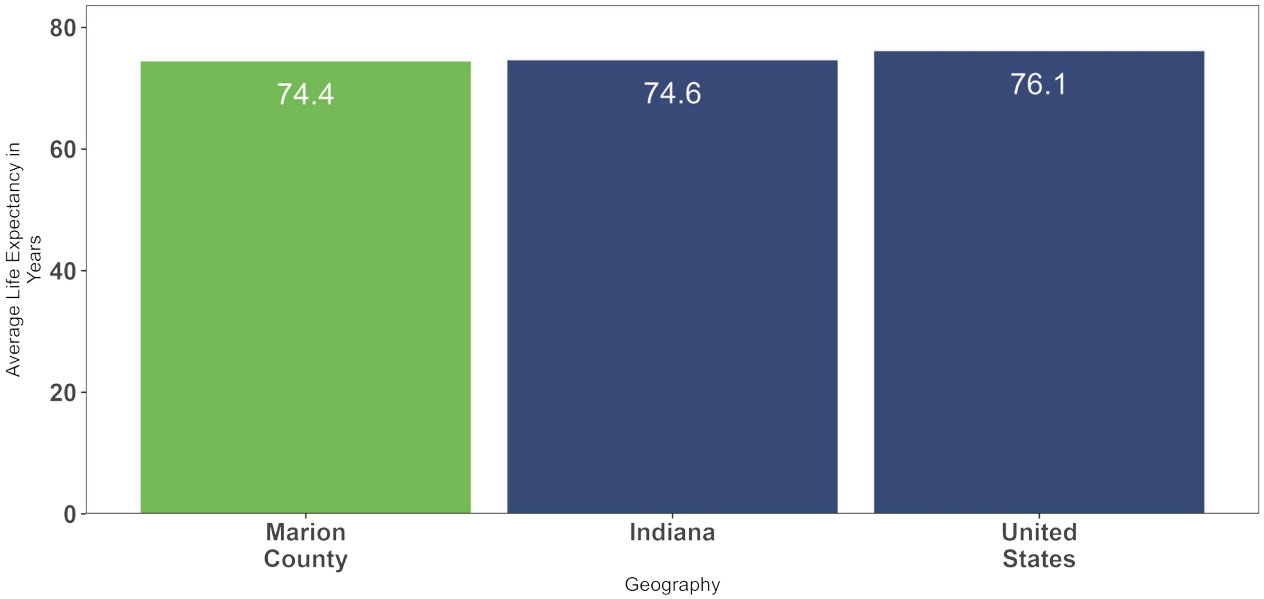


Data Source: MCPHD Vital Records (birth and death records), DR5860



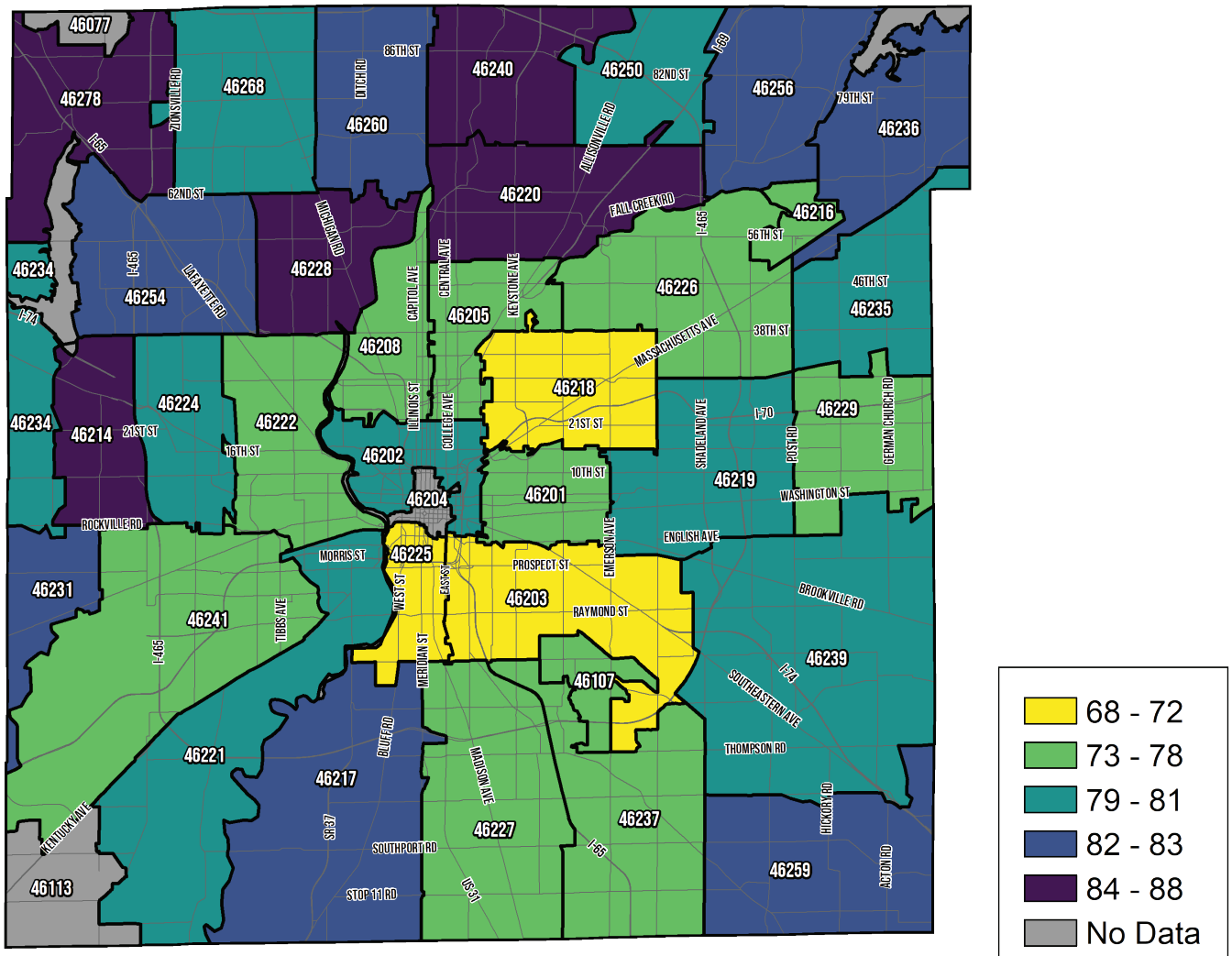
The most recent data available at the state and national levels is for the year 2021, so that year will be used to look at the average Marion County life expectancy in relation to the average life expectancy in Indiana and the U.S. overall. In 2021, Marion County had an overall life expectancy (74.4 years) similar to Indiana's (74.6 years)[31], both of which were slightly lower than for the U.S. overall (76.1 years).[32]

Figure 9. Average Life Expectancy by geography, 2021

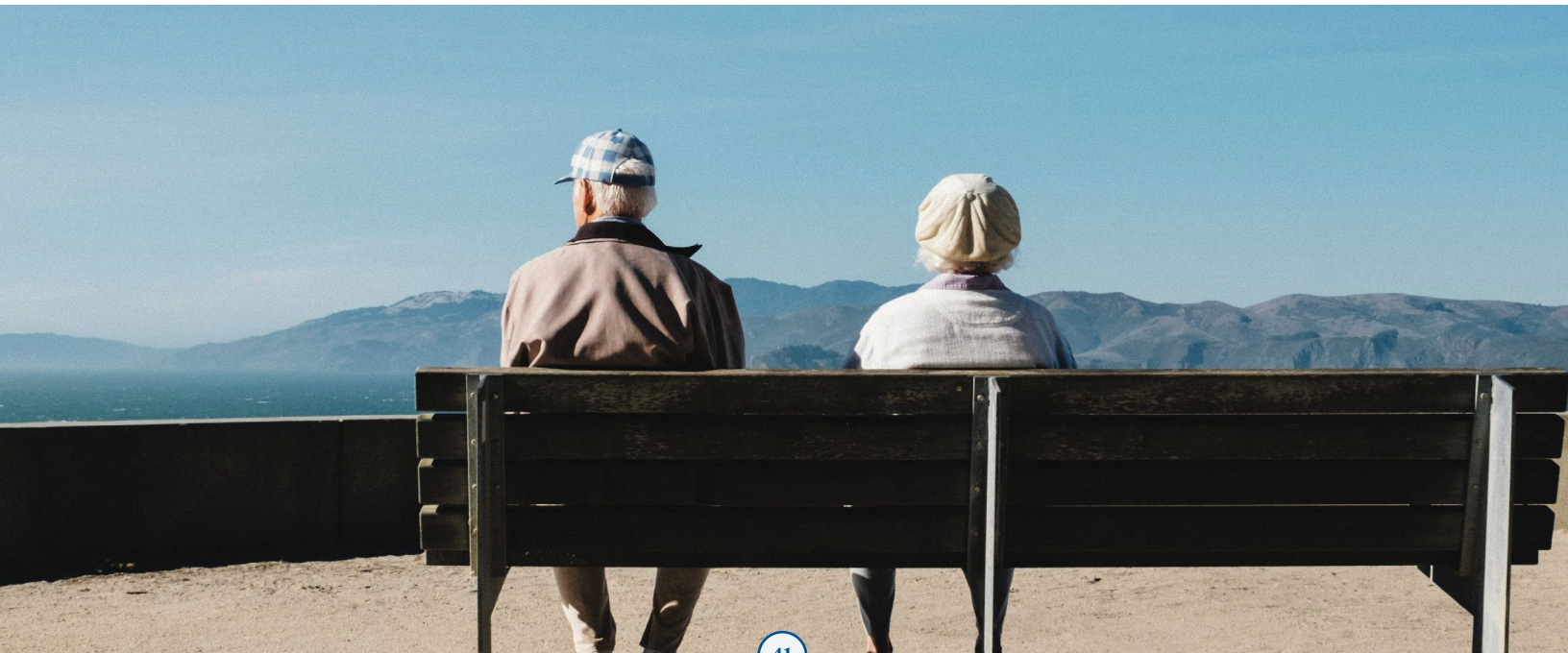


Data Source: MCPHD Vital Records (birth and death records), National Vital Records System, DR5860

Figure 10. Average Life Expectancy by Marion County ZIP Code, 2024



DATA SOURCE: MCPHD VITAL RECORDS (BIRTH AND DEATH RECORDS), DR5860



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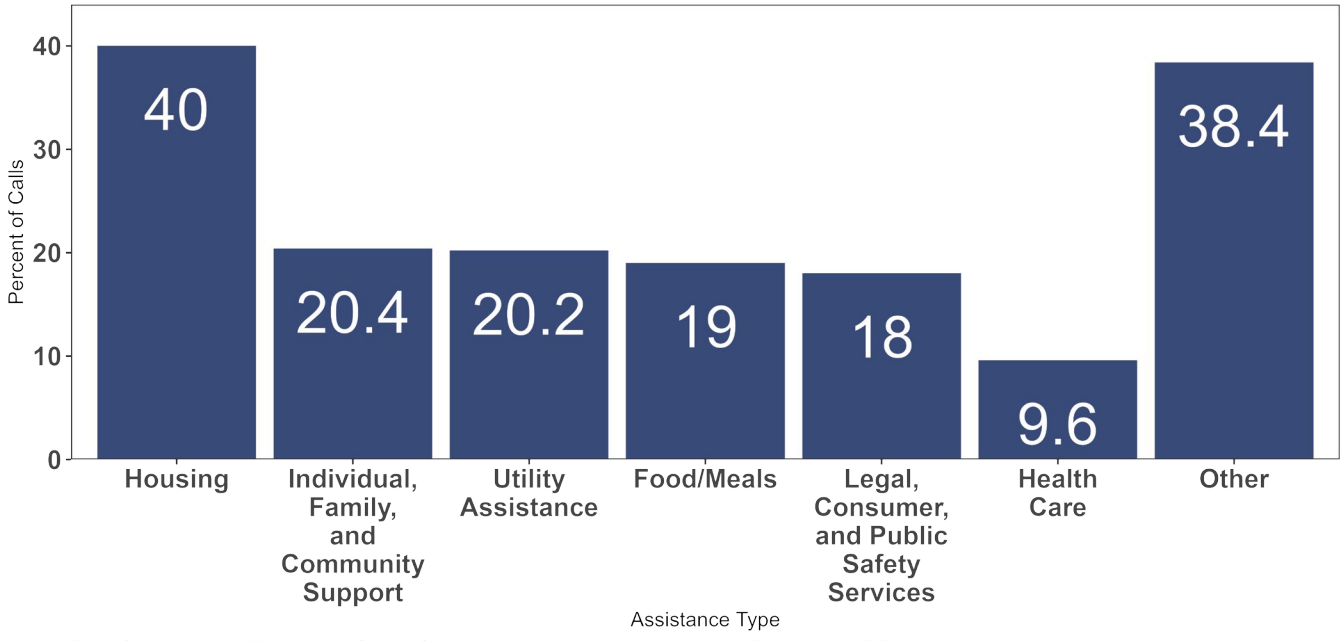
Social Support: Barriers and Needs

Social support services include programs and resources that improve the health of communities. These services are designed to help people get what they need to live a healthy life by connecting them with social and economic resources such as basic needs (e.g., food and shelter), physical and mental health care, and work support. Addressing social and economic factors is important given their impact on health outcomes.[33]

Accessing social support services can be difficult due to personal and systematic barriers.[34–36] Personal barriers can include things such as social isolation, limited computer or technology literacy, and competing priorities that make it difficult to or prevent individuals from accessing social support services.[34,35] Systematic barriers relate to factors that affect the availability of, and access to, social support services. These systematic barriers include things such as complex application processes, limited geographic availability or accessibility of resources in their community, and stigma associated with accessing resources.[34,36]

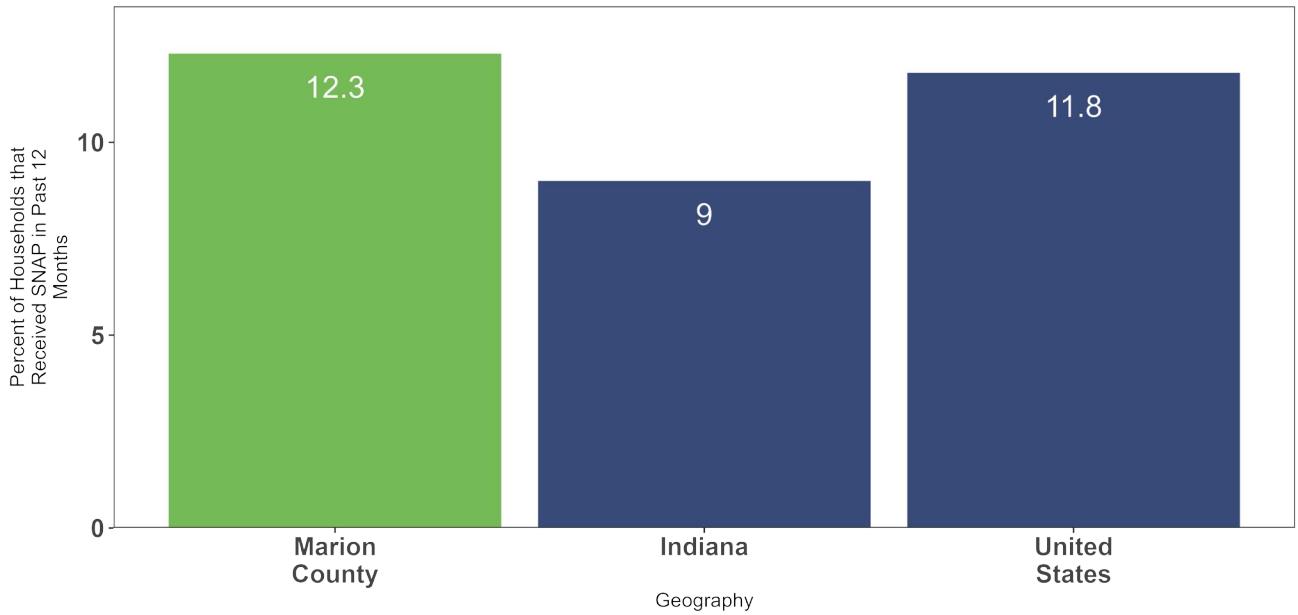
In the U.S., the 211 Hotline aims to reduce barriers to accessing social support services by connecting individuals with resources in their community. By dialing "211," callers are connected to referral specialists who link them to programs and resources in their community based on their need(s).[37] In Marion County, 37,528 callers used 211 in 2023.[38] The majority of calls were related to housing (40%), followed by individual, family, and community support (20.4%), utility assistance (20.2%), food/meals (19%), legal, consumer, and public safety services (18%), and health care (9.6%) (Figure 11). Calls related to other types of resources accounted for 38.4% of all calls to 211. Resources included in this other category each accounted for less than 7% of total calls and were related to income support/assistance, clothing/personal/household needs, transportation, information services, mental health/substance use disorders, employment, education, disaster services, volunteers/donations, arts, culture, and recreation as well as other government/economic services. An example of a resource that callers may be referred to is the Supplemental Nutrition Assistance Program (SNAP). SNAP is a program that provides food assistance to households and families with low income. In Marion County, 12.3% of households receive SNAP, as compared to 11.8% in the U.S. and 9% across Indiana (Figure 12). Ensuring social support services are available and accessible is essential to improving community health.

Figure 11. Proportion of calls to 211 by type of assistance for Marion County, 2023



Data Source: 2023 Family and Social Services Administration Indiana 211 Dashboard, DR5866

Figure 12. Proportion of households that received SNAP by geography, 2023

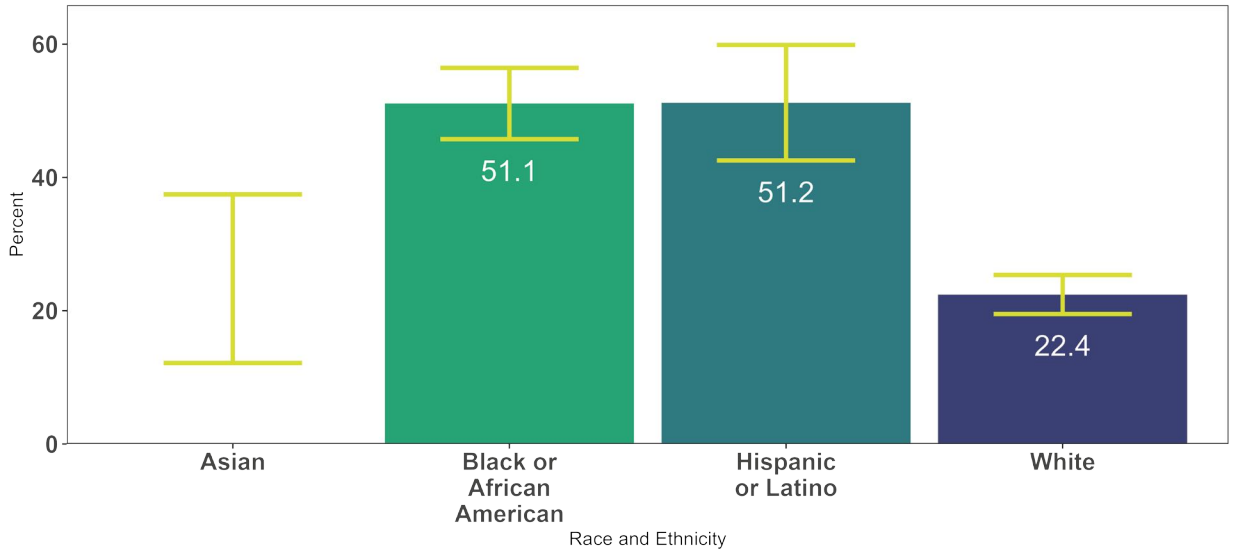


Data Source: 2023 American Community Survey 5-Year Estimates, DR5866

Limited resources can make it difficult for families to obtain food, which can lead to hunger and food insecurity. Food insecurity is when households have limited or uncertain access to adequate food.[39] Ensuring people have access to food is essential for health and well-being. A two-item questionnaire called the Hunger Vital Sign can be used to identify households that are at-risk of experiencing food insecurity, based on whether they are worried about being able to afford food, and whether food they bought lasted before running out of money to purchase more.[40]

In Marion County, 33.3% of residents are at-risk of food insecurity based on the Hunger Vital Sign questionnaire. When looking at food insecurity by demographic information, notable differences appear. One difference is based on sex, where a greater proportion of females are at-risk of food insecurity (37.0%) compared to males (28.5%). Another difference is based on race and ethnicity. Approximately 51% of both Black or African American, and Hispanic or Latino residents are at-risk of food insecurity compared to 22.4% of White residents and between 12% and 37% of Asian residents (Figure 13). Only the confidence interval range is presented for Asian residents due to the rate being considered unstable.

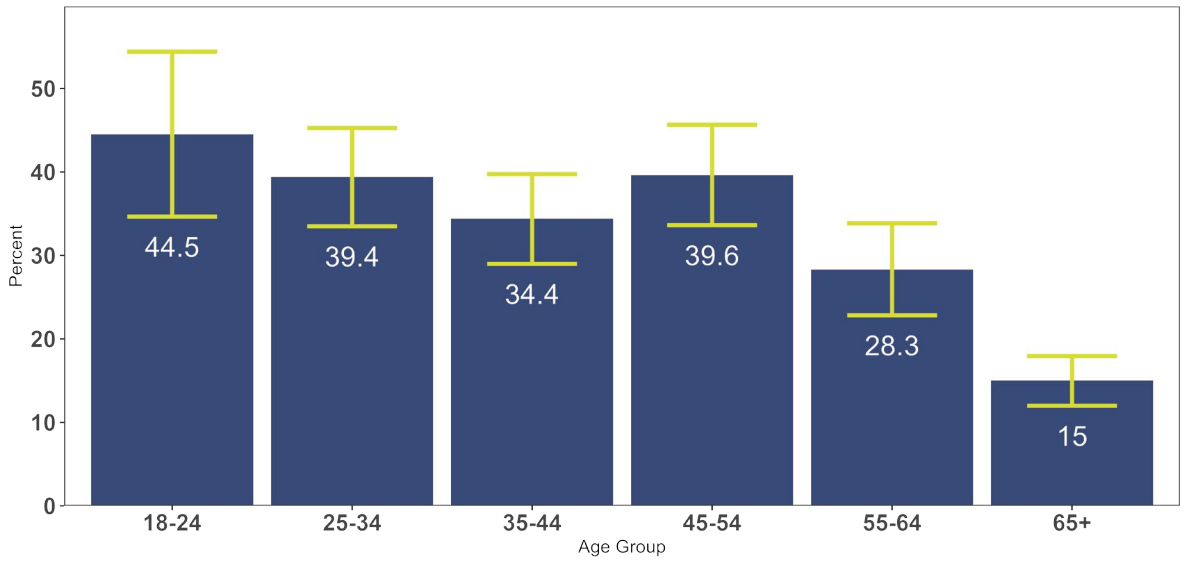
Figure 13. Proportion of Marion County residents at-risk of experiencing food insecurity by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5866

Across age groups, the proportion of residents at-risk of food insecurity tends to decrease among older age groups (Figure 14). The age group with the greatest percentage of residents at-risk of food insecurity is those between 18 and 24 years of age at 44.5%, while those 65 years of age or older have the lowest percentage at 15%. Approximately 34% to 39% of residents in the three ten-year age cohorts occurring between 25 and 54 years of age are at-risk of food insecurity, while 28.3% of those 55 to 64 years of age are also at-risk.

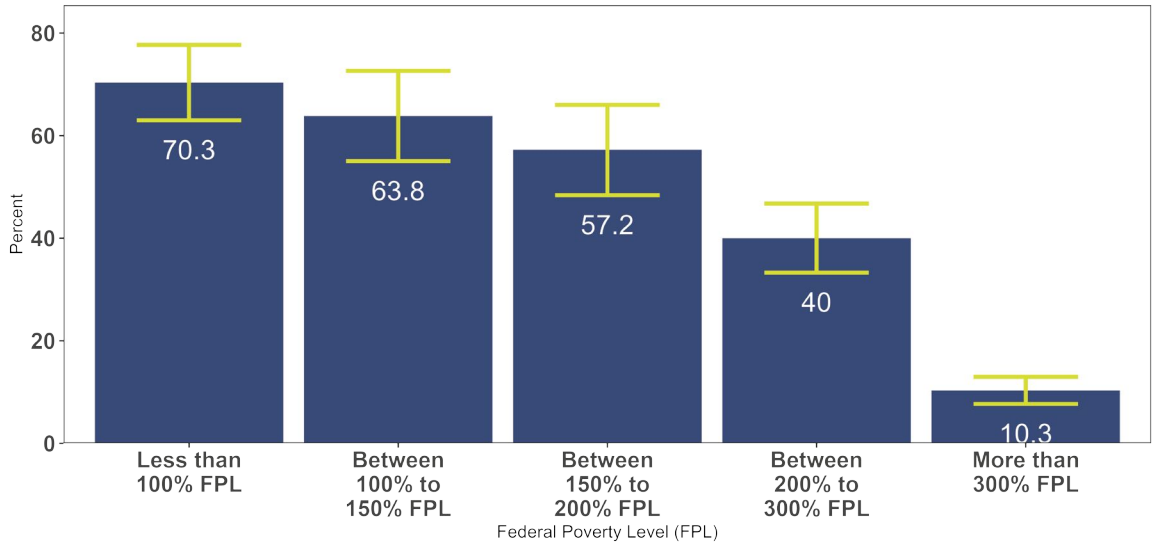
Figure 14. Proportion of Marion County residents at-risk of experiencing food insecurity by age group, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5866

Differences in food insecurity also exist based on socioeconomic factors such as health insurance and poverty. Among those without health insurance, 54.7% are at-risk of food insecurity as compared to 30.7% of those who have health insurance. When looking at food insecurity in relation to poverty levels, the proportion of residents at-risk of food insecurity decreases as poverty levels decrease (Figure 15). For example, 70.3% of those at 100% of the Federal Poverty Level (FPL) are at-risk of food insecurity, which steadily decreases to 10.3% for those at more than 300% of the FPL.

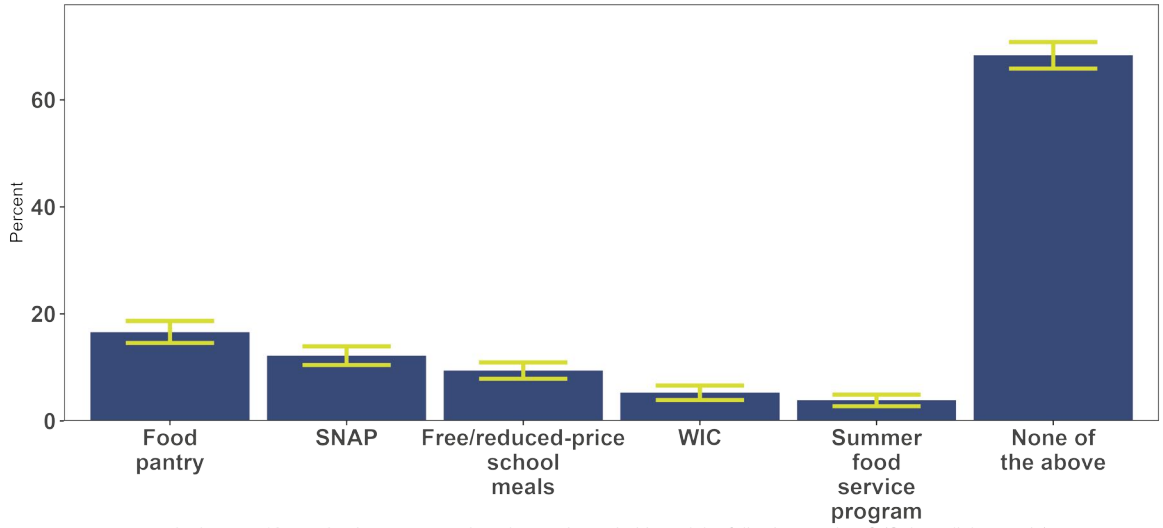
Figure 15. Proportion of Marion County residents at-risk of experiencing food insecurity by Federal Poverty Level (FPL), 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5866

Multiple food assistance resources and services are available in Marion County. Figure 16 shows the proportion of Marion County households who reported using different food assistance services. The most commonly used services were food pantries (16.6%), SNAP (12.2%), free/reduced-price school meals (9.4%), WIC (5.3%), and summer food service programs (3.9%). Additional services, reported by less than 3% of households included community kitchens, emergency food sites (e.g., churches and soup kitchens), Fresh Bucks, Meals on Wheels, and senior dining sites.

Figure 16. Proportion of Marion County residents who reported using services, 2025



In the past 12 months, have you or others in your household used the following services? (Select all that apply)

Data Source: 2025 Marion County Community Health Assessment Survey, DR5866

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Health Care & Access

Equitable access to health care refers to the ability of all individuals, regardless of socioeconomic status, race, gender, or geographic location, to obtain necessary health services without facing financial or logistical barriers.[41] This concept emphasizes not only affordability but also the availability, accessibility, and quality of care. It aims to reduce health disparities and ensure that marginalized populations can achieve optimal health outcomes.[42]

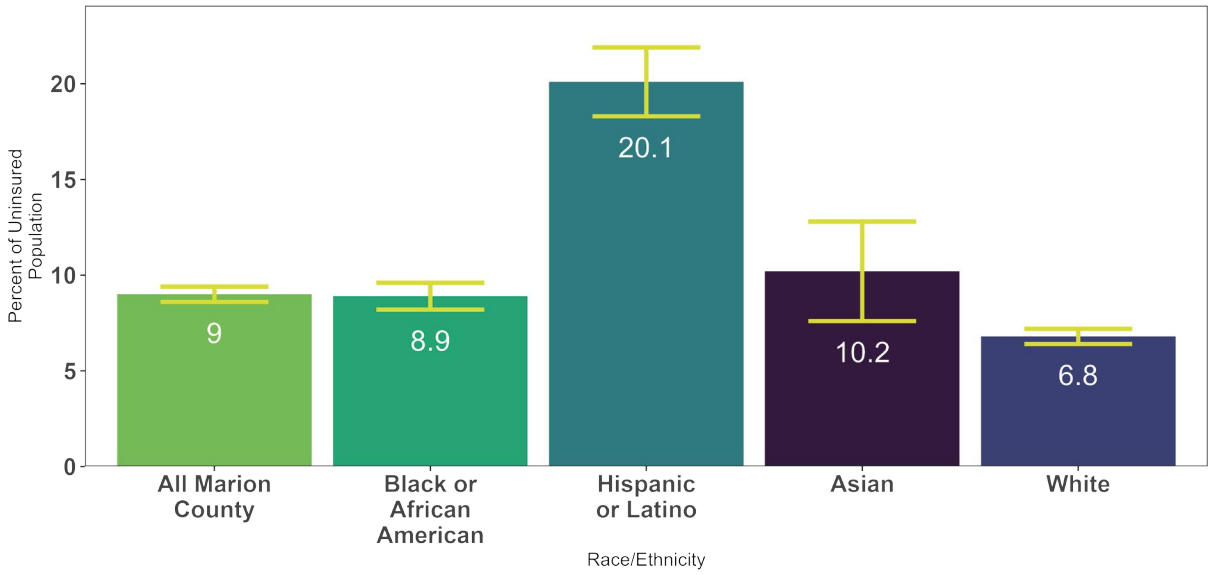
When people experience a breakdown in or a lack of access to affordable, quality health care, the following health impacts can occur:

- Increased risk of chronic conditions[43]
- Delayed medical care[44]
- Increased rates of hospitalizations[45]
- Reduced access to prescription medications[46]
- Higher mortality rates[47]
- Poor mental health outcomes[42]

Insurance

Insurance status plays a significant role in an individual's ability to access affordable, quality healthcare. Uninsured individuals often experience significant barriers to accessing healthcare, making being uninsured a strong indicator for limited access to care. The percentage of Marion County residents who are uninsured has remained steady over the past five years, with 9.5% of Marion County survey respondents reportedly living without health insurance in 2025, similar to the rate of 9% in 2023.[48] Marion County has a higher rate of uninsured residents compared to the U.S. and Indiana. In the U.S., health insurance coverage gaps exist within the American Indian Alaska Native (AIAN), Hispanic or Latino, and Black or African American communities. In 2023, the Hispanic or Latino uninsured rate grew from 2.7 to around 3 times higher than the rate for White uninsured rate, while the Black or African American uninsured rate remains steady at 1.5 times more likely to be uninsured as compared to White uninsured rates.[49] In 2023, Marion County residents who identify as Hispanic or Latino were 2.2 times more likely to be uninsured (20.1%) when compared to all Marion County residents (9%).

Figure 17. Percentage of Marion County residents without health insurance by race and ethnicity, 2023



Data Source: US Census Bureau American Communities Survey, 5 year-estimates, 2019-2023, DR5864

In 2023, 10.6% of the Marion County population aged 18 and under were uninsured. Marion County residents aged 19 to 25 years accounted for the highest percentage of uninsured, at 14.6%. The older adult population (ages 65 to 74, (1.3%) and 75 and older (0.3%)) were the smallest groups of uninsured Marion County residents.[48]

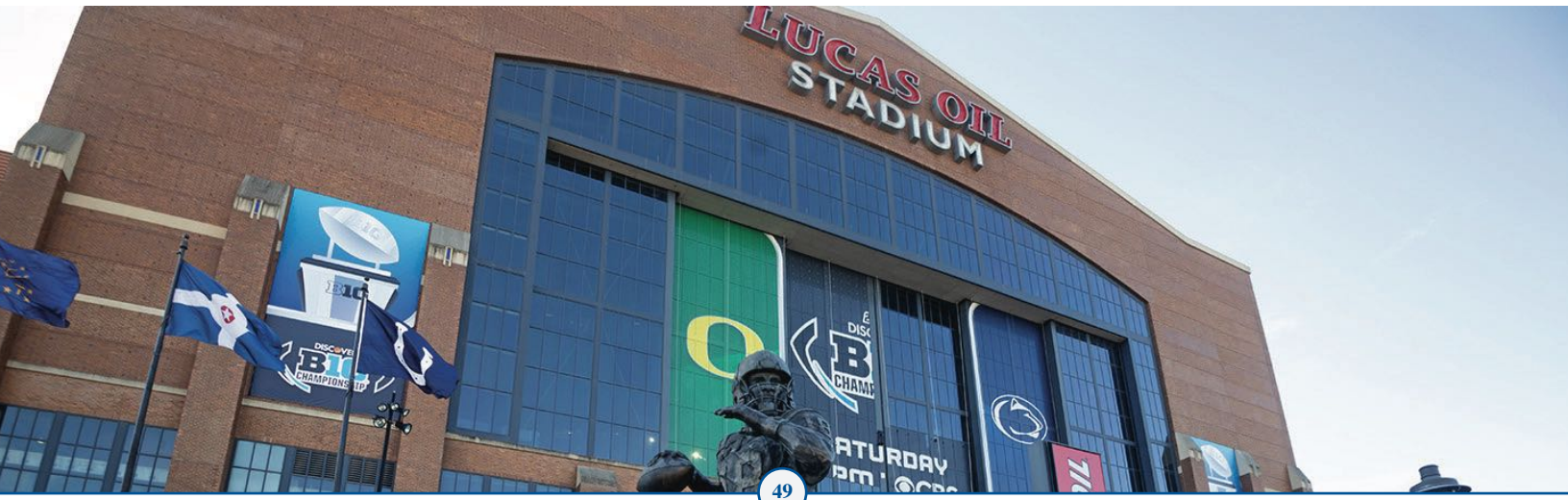
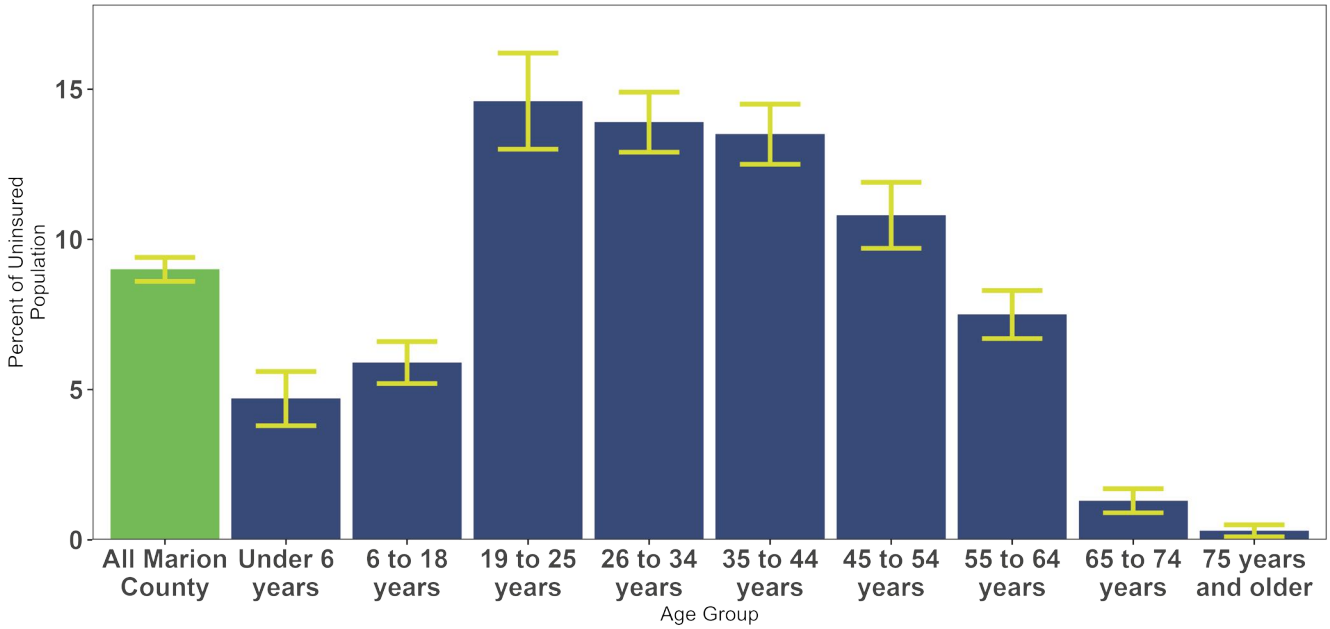


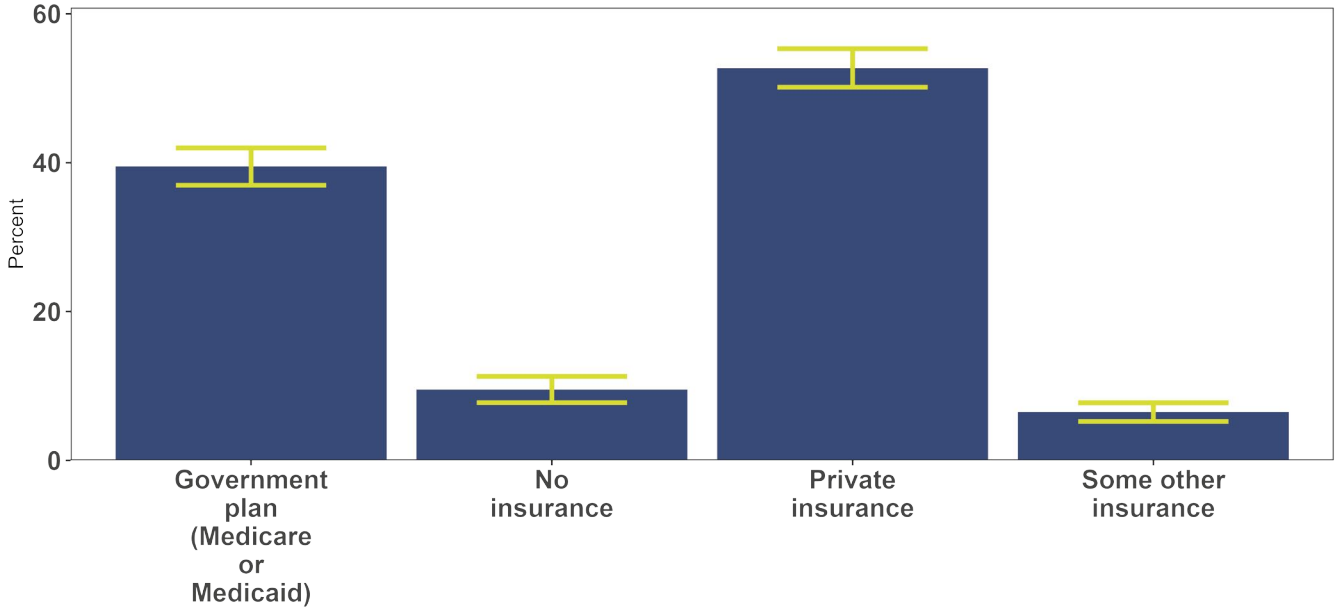
Figure 18. Percentage of Marion County residents without health insurance by age group, 2023



Data Source: US Census Bureau American Communities Survey, 5 year-estimates, 2019-2023, DR5864

The type of health insurance one has can vary. In the 2025 CHA survey (shown in Figure 19), 9.5% reported having no insurance, 52.7% had private insurance, 39.5% percent had government insurance such as Medicare or Medicaid and 6.5% had some other form of health insurance.

Figure 19. Percentage of Marion County survey respondents by health insurance type, 2025



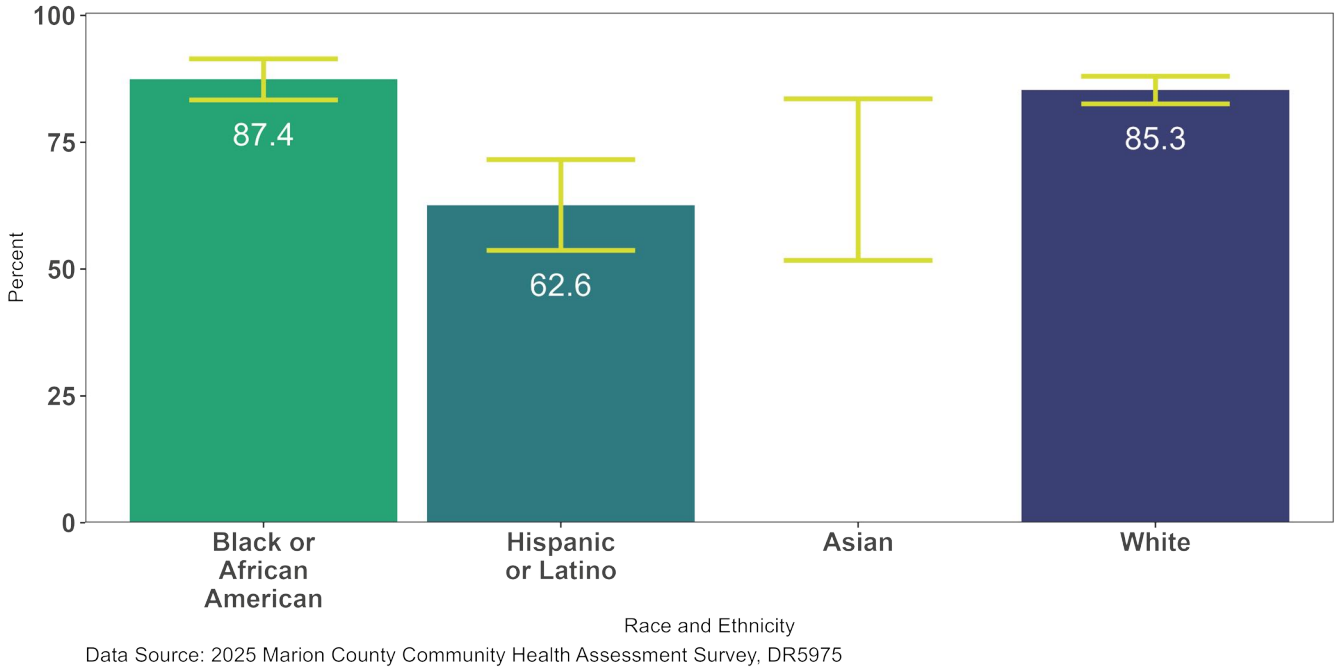
Data Source: 2025 Marion County Community Health Assessment Survey, DR5975

Health Care Use & Barriers to Access

In 2025, 42.8% of Marion County survey respondents reported having at least one doctor or health care professional, 34.4% identified as having more than one, and 22.9% denied having any at all. Of those who had a current healthcare provider, 96% reported feeling respected by their provider. Small differences existed in feeling respected by their providers within sex (male: 96.6%, female: 95.5%), and race and ethnicity groups (White: 97.2%, Black or African American: 95.5%, Hispanic or Latino: 92.1%).

While 83.3% of survey respondents reported seeing or speaking with a health care professional within the last 12 months regarding their own health, 16.7% denied any interaction with a healthcare professional in the previous year.

Figure 20. Marion County survey respondents who reported any doctor or healthcare professional visits within the previous 12 months by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5975

Nearly one-third (33.3%) of respondents denied having any dental care (i.e., routine check-ups, screenings, sealants, and orthodontist visits) during the previous year. Of the survey respondents who utilized dental care services, White individuals (69%), those who identified as being female (70%), and those making more than 300% of the federal poverty level (FPL) (77%) were more likely to have had dental care in the past 12 months.

In 2023, 8.1% of all Marion County households, regardless of health insurance status,[50] did not have a vehicle. The lack of health insurance and transportation are significant barriers to healthcare, leading to negative health outcomes, particularly for low-income populations. Without insurance, individuals may delay or avoid necessary medical care due to cost concerns, which can exacerbate medical conditions such as heart disease and diabetes. Similarly, the absence of reliable transportation hinders access to routine care, prescription medication, and emergency services.[41]

Disability status significantly influences equitable access to healthcare. Individuals with disabilities experience increased barriers to healthcare access, such as financial barriers and/or structural discrimination.[51] These obstacles can lead to delayed or avoided medical care, resulting in negative health outcomes.[51]

In Marion County, 6.5% of the uninsured population is estimated to have some type of disability.[48] According to the 2025 Marion County CHA survey, 13.8% of survey respondents reported having some type of physical or learning disability, regardless of insurance status. People with disabilities are more likely to report poor health, experience chronic conditions, and discrimination in healthcare settings.[51,52] The intersection of disability status and lack of health insurance can exacerbate these obstacles.

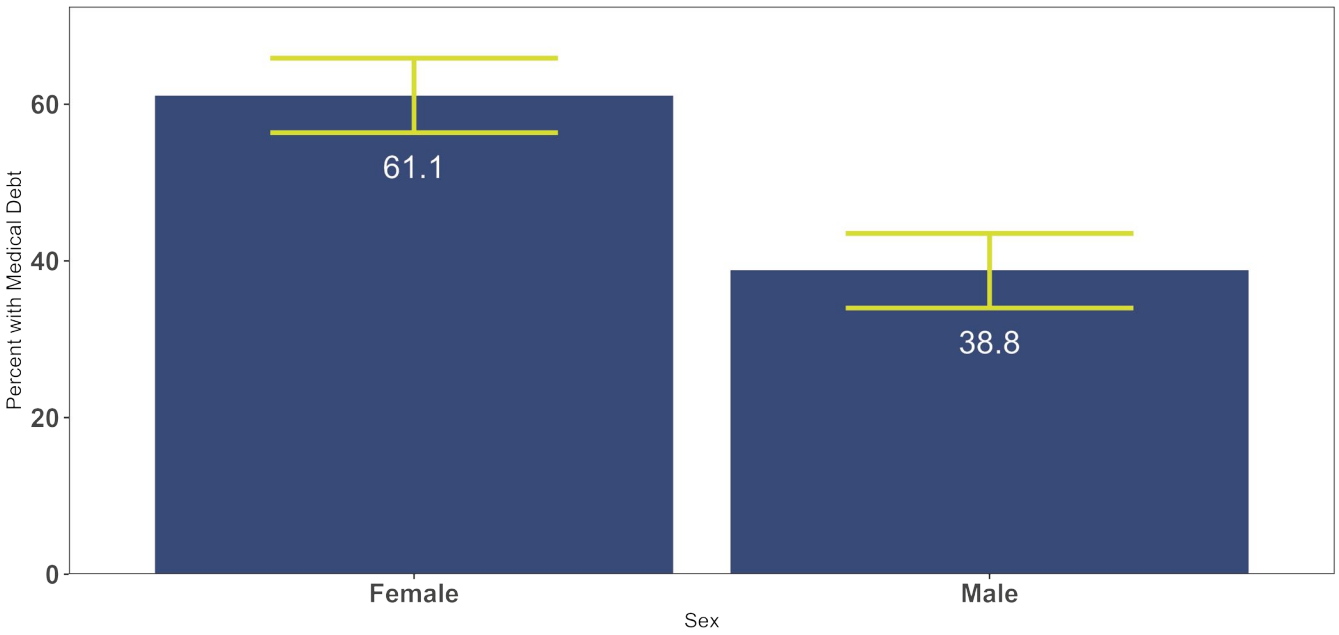
Medical Debt & Health Care Affordability

Medical and dental debt is a common issue across the U.S., impacting both insured and uninsured adults. Many people take on additional debt – such as credit card debt, personal loans, or money borrowed from friends and family – extending the burden past just unpaid medical bills.[53]

According to the 2025 CHA survey, one third (33.3%) of Marion County survey respondents reported having existing medical bills they were unable to pay in full. Of those who reported having outstanding medical bills, 44.7% were White, 34.3% were Black or African American, and 14.4% were Hispanic or Latino. Additionally, 17.9% of survey respondents with a physical or learning disability reported medical debt.

A significant majority of survey respondents experiencing medical debt were women (61.1%) while men reported less medical debt (38.8%).

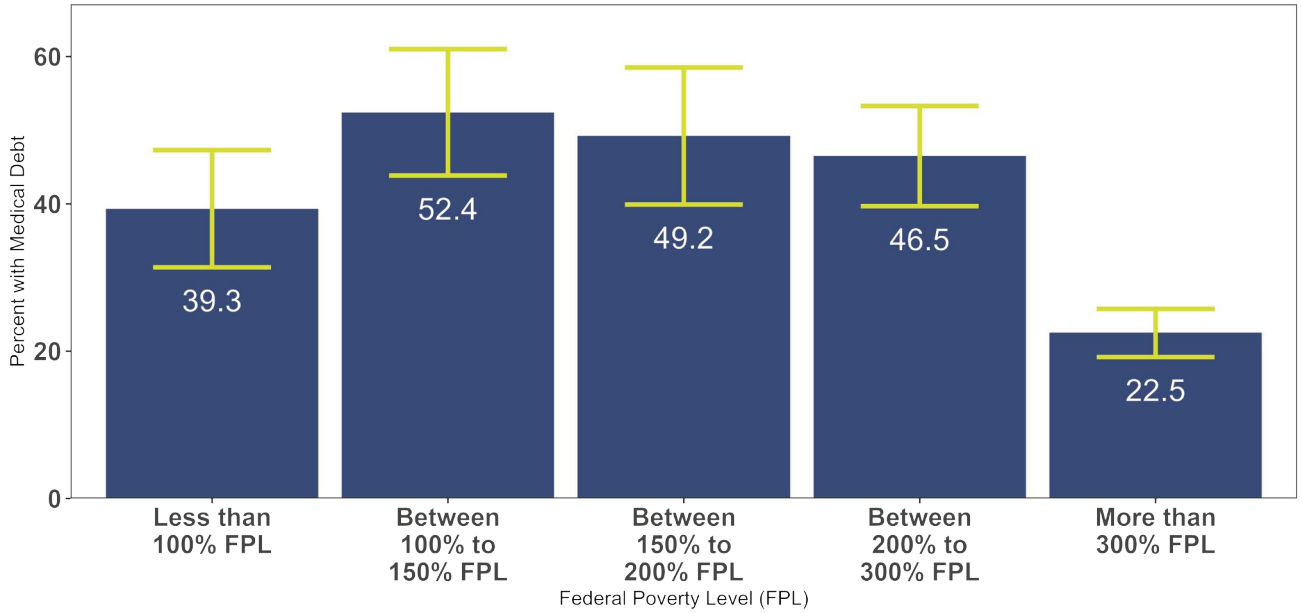
Figure 21. Percentage of Marion County survey respondents who reported having outstanding medical bills (medical debt) by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5975

The 2025 Marion County CHA survey revealed that survey respondents who are considered low income (100% to 150% above the FPL) are the most burdened by medical debt, whereas those who are more than 300% above the FPL are the group with the lowest percent of medical debt.

Figure 22. Percentage of Marion County survey respondents by federal poverty level (FPL) who reported having outstanding medical bills (medical debt), 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5975

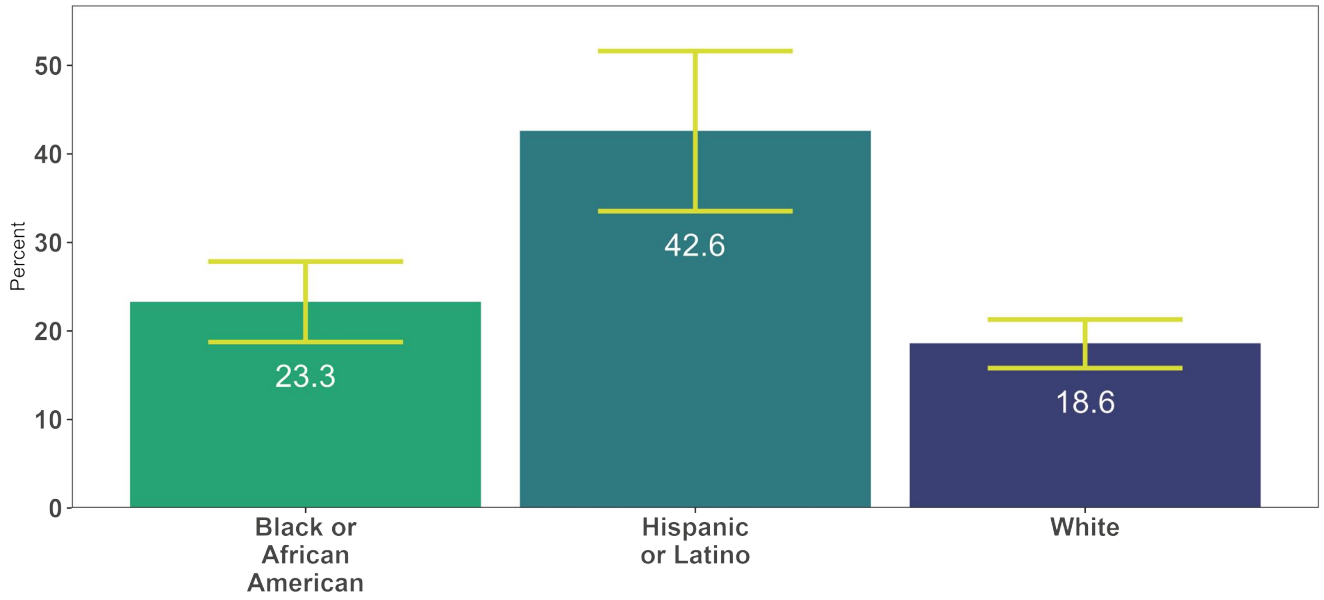
A Kaiser Family Foundation (KFF) analysis revealed that 23 million U.S. adults (9%) report medical debt, with 6% owing over $1,000 and 1% surpassing $10,000. Medical debt is disproportionately high in states like South Dakota (15%) and Mississippi (14%), as well as among Black or African American adults (16%), those with disabilities (15%), and individuals in poor health (18%). The study highlights how high out-of-pocket costs and insurance limitations exacerbate financial vulnerability, particularly among underserved populations, which highlights systemic inequalities in healthcare access and affordability.[54]

In order to assess the affordability of care in Marion County, survey respondents were asked the following questions:

- Was there a time in the past 12 months when you needed to see a **doctor or other health care professional,** but could not because of cost?
- Was there a time in the past 12 months when you needed **prescribed medicine,** but went without or did not take as much medicine as directed because of cost?

According to the 2025 CHA survey, 22.6% of Marion County survey respondents were unable to see a doctor or other health care professional during the previous year due to the cost of treatment. Figure 23 shows the race and ethnicity differences due to cost in healthcare utilization by Marion County survey respondents.

Figure 23. Percentage of Marion County survey respondents who were unable to see a doctor or other health-care professional due to cost by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5975

For the same year, nearly one in five (19.5%) respondents were unable to access prescription medications or took less than directed due to the cost of medicine. Across income groups, the proportion of adults reporting their inability to access prescription medications due to cost ranged from 24.1% to 29.5%, spanning those living below 100% of the FPL through those with incomes between 200% and 300% FPL. Adults with incomes more than 300% of the FPL had the greatest access (88.4%) to prescription medications.

Federally Qualified Health Centers (FQHCs)

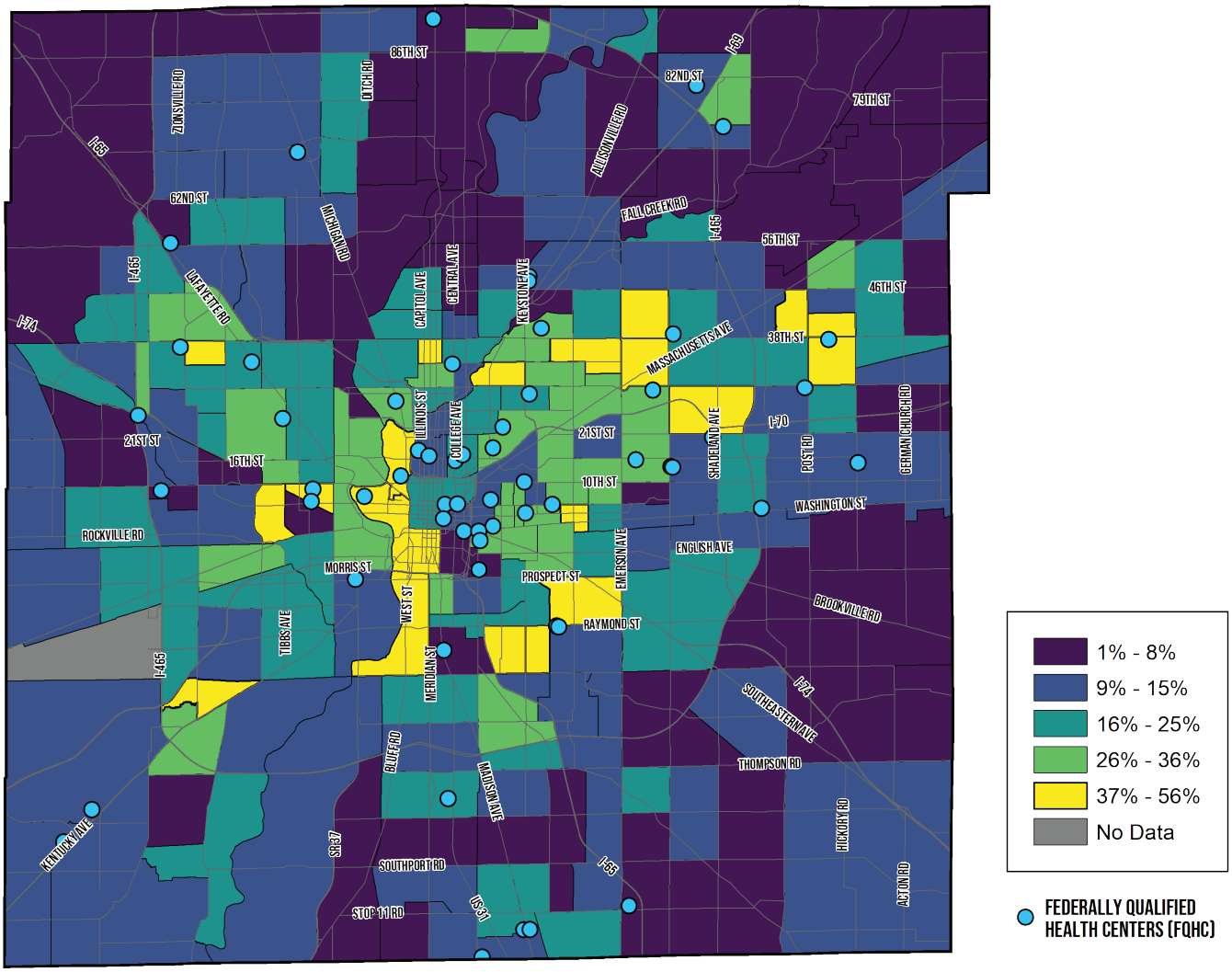
A FQHC (also known as a community health center) is a primary care center that is community based and provides services to all individuals, regardless of ability to pay. FQHCs can provide preventive services to vulnerable populations, including those without insurance.[55] FQHCs can act as mobile clinics or even school-based clinics.

In Marion County, there are 114 FQHCs, 62 of which are clinic-based community sites.[56] Figure 24 is a map of Marion County by percent of the population below the FPL.[57] On the map, clinic-based FQHCs are plotted to highlight where resources currently operate and where there may be service gaps.

The FQHCs displayed on the map tend to be in areas of Marion County experiencing higher levels of poverty. Most FQHCs are concentrated near downtown Indianapolis, in census tracts where poverty rates range from 9% to 36%. Fewer FQHCs are in census tracts experiencing the highest levels of poverty (37% to 56%), highlighting potential geographic barriers to healthcare access for the county's most socioeconomically vulnerable communities.

Figure 24. Map of Marion County FQHCs by census tract poverty percentage, 2023

Note: The colors represent the percentage of total populations below the federal poverty level within the past 12 months.



Data Source: U.S. Census Bureau American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701 2019-2023; FQHCs and LALs by State from HRSA, DR5864

Health Literacy

Health literacy for individuals has been defined by the National Institutes of Health as "the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others."[58] Individuals with low health literacy have difficulty with tasks such as understanding when to take prescribed medication, explaining an error in a medical bill, and interpreting lab results. Improving individual health literacy can empower patients to achieve their best health. Educating individuals and providing additional support to populations who may face general literacy, language, and cultural barriers to health literacy are important to improving the health literacy of a population. Organizations such as healthcare providers, hospital systems, and public health departments play an important role in helping individuals achieve health literacy by providing easy to understand information and services to patients and the general public. The role of organizations in improving health literacy is referred to as organizational health literacy.[58]

A lack of health literacy can be a barrier to patients understanding changes in their health, making healthcare appointments, understanding how much healthcare will cost, asking a healthcare provider necessary questions, making the best healthcare decisions for themselves, and understanding how to follow treatment or management plans.[59] These barriers have been shown to increase the overall cost of health care and rates of re-admission, among other negative outcomes.[59]

General literacy can impact health literacy. In Marion County, 25% of residents are either unable to read (illiterate) or have difficulty understanding what they read, which is a higher rate than the state of Indiana (19%) and the U.S. overall (22%).[60] While general literacy can be an important component of health literacy, someone with high general literacy can still have low health literacy. For example, someone who is ill or in distress may temporarily have low health literacy during their illness or after receiving a terminal diagnosis.[61]

Language can be a barrier to understanding health literacy in English. In Marion County, an estimated 16.8% of individuals speak a language other than English at home.[62] However, some individuals may not have sufficient general literacy or health literacy skills in their native language. Improving general literacy or health literacy in a patient's native language may be a prerequisite to attaining good health literacy in English and receiving necessary care.[63]

Ideally, resources provided by healthcare organizations should use plain language and avoid stigma.[64,65] Feedback from patients and community members can be an important way to ensure that materials and explanations are understandable and culturally relevant.[66–68] Healthcare providers can also utilize the "teach back" method to ensure that patients are able to "teach" a treatment plan back to the provider.[69,70] Providing interpretation services during all parts of the process for obtaining healthcare, especially if interpreters can also help translate cultural differences, can greatly improve access for patients who are more comfortable speaking a language other than English.[68]

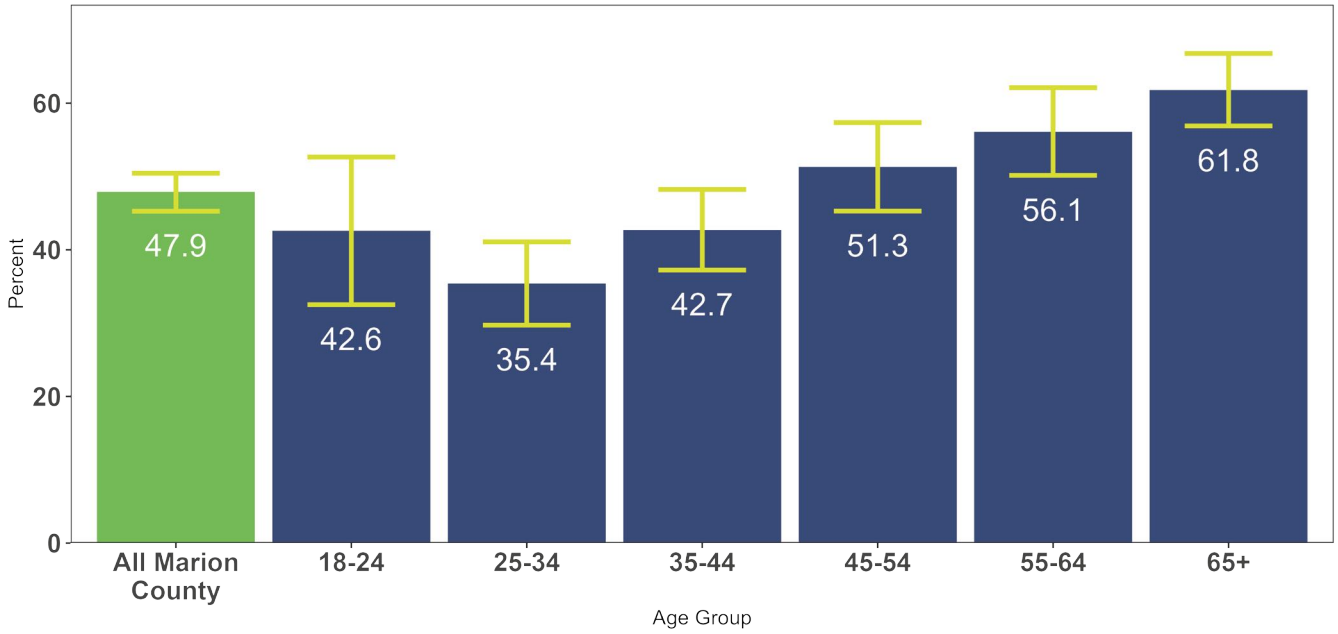
Using data collected from the 2025 Marion County CHA survey, we can assess how Marion County residents rated communication with their healthcare providers. This includes how often respondents needed help reading written materials from healthcare professionals; how often a healthcare professional made sure that the patient understood their health condition, concern, or diagnosis; how often respondents understood the actions they needed to take for their health; if the respondent had information explained to them in an understandable way; if the respondent was involved in healthcare decisions; and if they were listened to carefully by the healthcare provider.

Overall, most respondents seemed satisfied with healthcare provider communication. A total of 56.6% respondents rated their communication with healthcare providers at least a 4 out of 5, and 82.7% rated their communication at least a 3 out of 5. Additionally, 84.5% respondents stated that they never needed help reading materials provided by healthcare professionals.

The majority of respondents indicated sufficient communication from healthcare professionals, with 48% to 58% stating that healthcare professionals "always" made sure they understood their health condition, concern, or diagnosis, understood the actions they needed to take for their health, were explained things in an understandable way, were involved in healthcare decisions, and were listened to carefully by the healthcare provider. In addition, about 15% to 20% of respondents stated that healthcare professionals "frequently" met these communication needs, while 9% to 17% of respondents stated that healthcare professionals "never" met these communication needs.

Using demographic data supplied by respondents, we determined that responses were similar for males and females. However, we observed that younger respondents seemed less satisfied with communication from healthcare professionals. As shown in Figure 25, older respondents were likely to state that healthcare providers "always" made sure they understood their health condition, concern, or diagnosis. This trend was consistent across other health literacy-related questions.

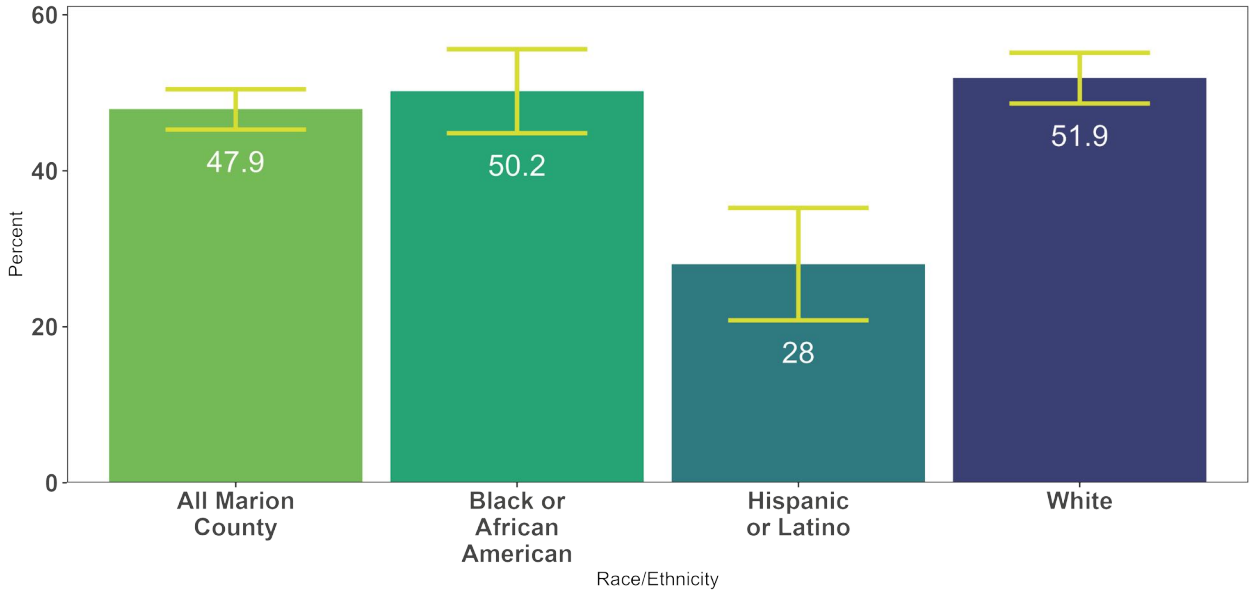
Figure 25. Percentage of Marion County survey respondents who reported that their healthcare providers "always" made sure they understood their health condition, concern, or diagnosis by age group, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5871

When stratifying responses by race and ethnicity, we observed that White, and Black or African American respondents were generally more satisfied with communication from healthcare providers, as compared to Hispanic respondents (Figure 26). Although we received a relatively small number of responses from residents identifying as Asian and Multiracial or Other, these respondents were generally less likely to be satisfied with healthcare communication as compared to White and Black or African American respondents.

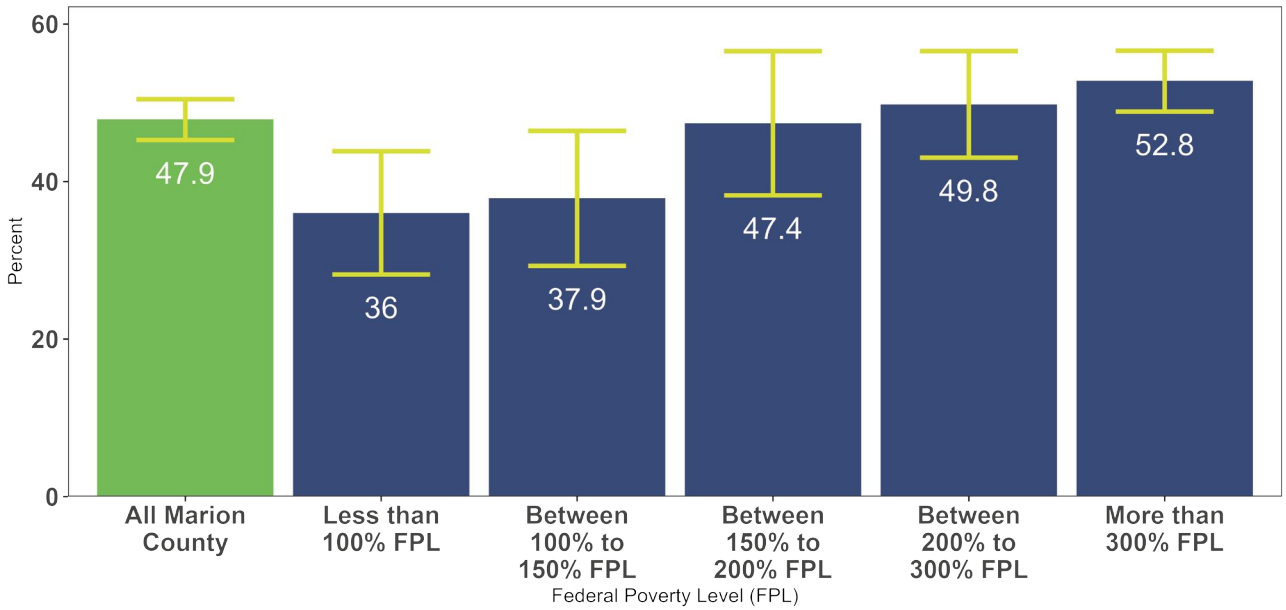
Figure 26. Percentage of Marion County survey respondents who reported that their healthcare providers "always" made sure they understood their health condition, concern, or diagnosis by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5871

Educational attainment played a role in healthcare provider communication satisfaction, with respondents who had not graduated high school or obtained a GED more likely to need help reading materials from a healthcare provider, and less likely to state that healthcare providers "always" provided satisfactory communication. Also, we observed that income played a role. Households with an income less than 150% of the federal poverty level were more likely to express dissatisfaction with healthcare provider communication (Figure 27).

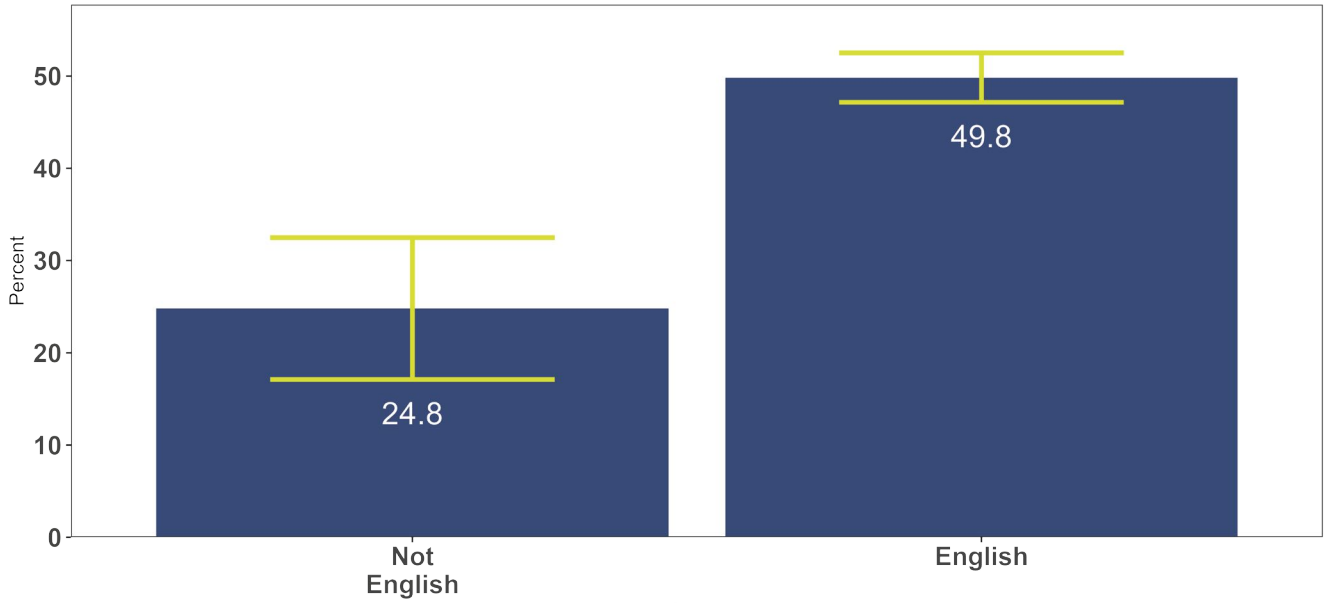
Figure 27. Percentage of Marion County survey residents who reported that their healthcare providers "always" made sure they understood their health condition, concern, or diagnosis by federal poverty level (FPL), 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5871

Finally, language barriers also impacted healthcare provider communication. Specifically, 40% of respondents who spoke a language other than English at home reported needing help reading materials from healthcare professionals at least some of the time, compared to 14% of respondents who spoke English at home. Additionally, Figure 28 below shows that only 25% of respondents who spoke a language other than English at home stated that healthcare providers "always" made sure they understood their health condition, concern, or diagnosis, compared to 50% for respondents who spoke English at home.

Figure 28. Percentage of Marion County survey respondents who reported that their healthcare providers "always" made sure they understood their health condition, concern, or diagnosis by the language spoken at home, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5871

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Neighborhood

The house and neighborhood one lives in, the proximity to parks and grocery stores, and how walkable a neighborhood is can all contribute to how healthy one can be. The following section dives into various topics on where one lives—particularly housing and its affordability, the built environment (how near one lives to parks or has a neighborhood with sidewalks), pedestrian accidents and fatalities, and food deserts (how closely one lives to a grocery store).

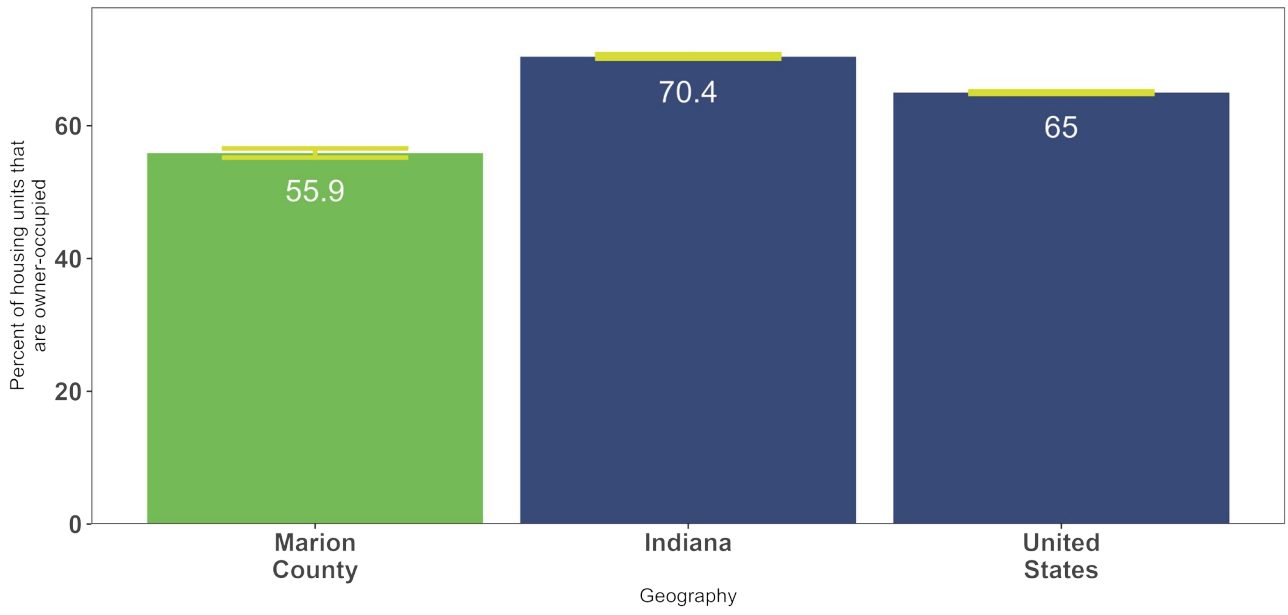
Housing

Housing is an issue that impacts many people and is associated with negative health outcomes including asthma, stress, and mortality.[71–73] Being unable to access affordable housing is associated with poor health outcomes. When quality affordable housing is not available, individuals are forced to live in substandard housing conditions and often have issues with pests, mold, and improper heating and cooling.[74] Substandard housing can cause or worsen health conditions such as asthma.[71]

When a household must spend a large percentage of their income on housing, less money is available for other needs. Individuals who struggle to afford housing often cannot afford medical care, which can result in delaying care and poorer health.[75] Unaffordable housing can also lead to financial stress, which is associated with poorer mental health.[72] Owning a home instead of renting has been found to have a positive impact on health, with the life expectancy of homeowners found to be 3.5 years greater than that of renters.[71] Homeowners were also found to have a 22% lower risk of all-cause mortality, 15% lower child mortality, 17% lower youth mortality, and significantly lower mortality from many common illnesses and chronic health conditions.[73]

Housing is considered affordable if a household spends 30% or less of their income on housing.[76] In Marion County, it is estimated that 48.4% of renters and 19.0% of homeowners spend greater than or equal to 30% of their income on housing.[77] Marion County has a lower percentage of housing units occupied by homeowners than Indiana and the United States.[78] Marion County, with 55.9% of housing units occupied by the owner,[78] is 14.5 percentage points below Indiana. The median home value estimated for Marion County in 2023 was $238,700, compared to an estimated median value of $225,900 for Indiana and $340,200 for the United States.[78] Figure 29 compares homeownership in Marion County, Indiana, and the United States.

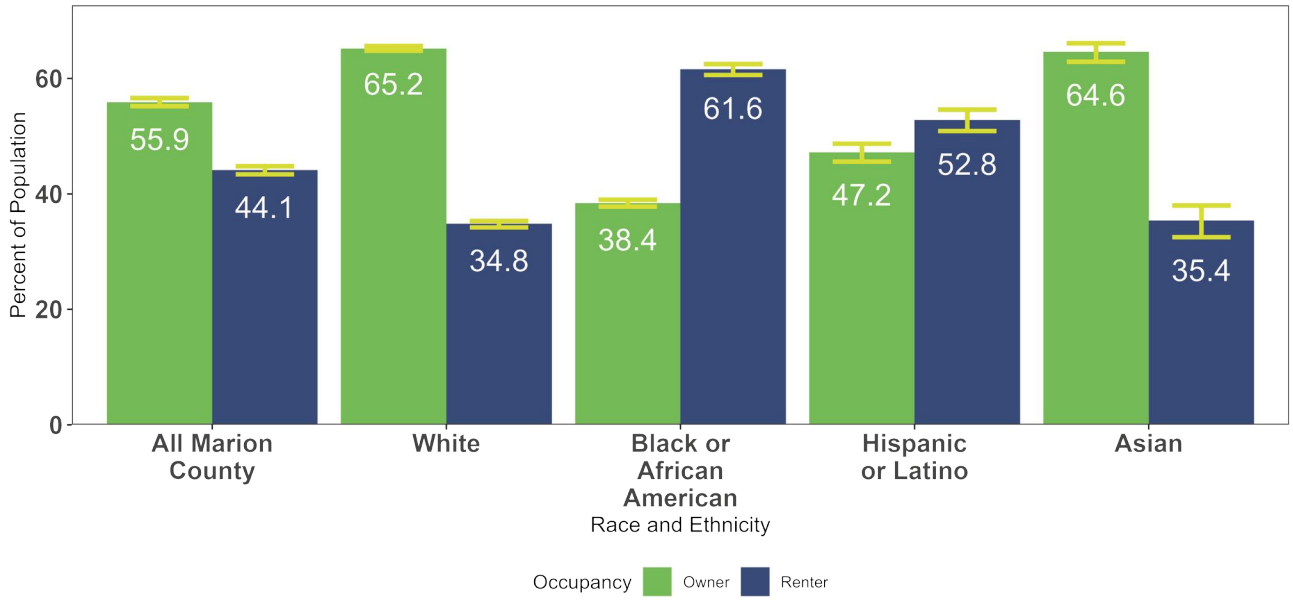
Figure 29. Homeownership by geography, 2023



Data Source: US Census Bureau American Community Survey, 5-year estimates, 2019-2023, DR5873

Homeownership in Marion County varies by age, race and ethnicity, and education. By race and ethnicity, 65.2% of White residents were homeowners, compared to 38.4% of Black or African American residents, 47.2% Hispanic or Latino residents, and 64.6% of Asian residents.[77] Homeownership has been decreasing in recent years due to increased housing costs, and this decrease has disproportionately impacted non-White home ownership.[79] Figure 30 depicts how homeownership differs by race and ethnicity in Marion County.

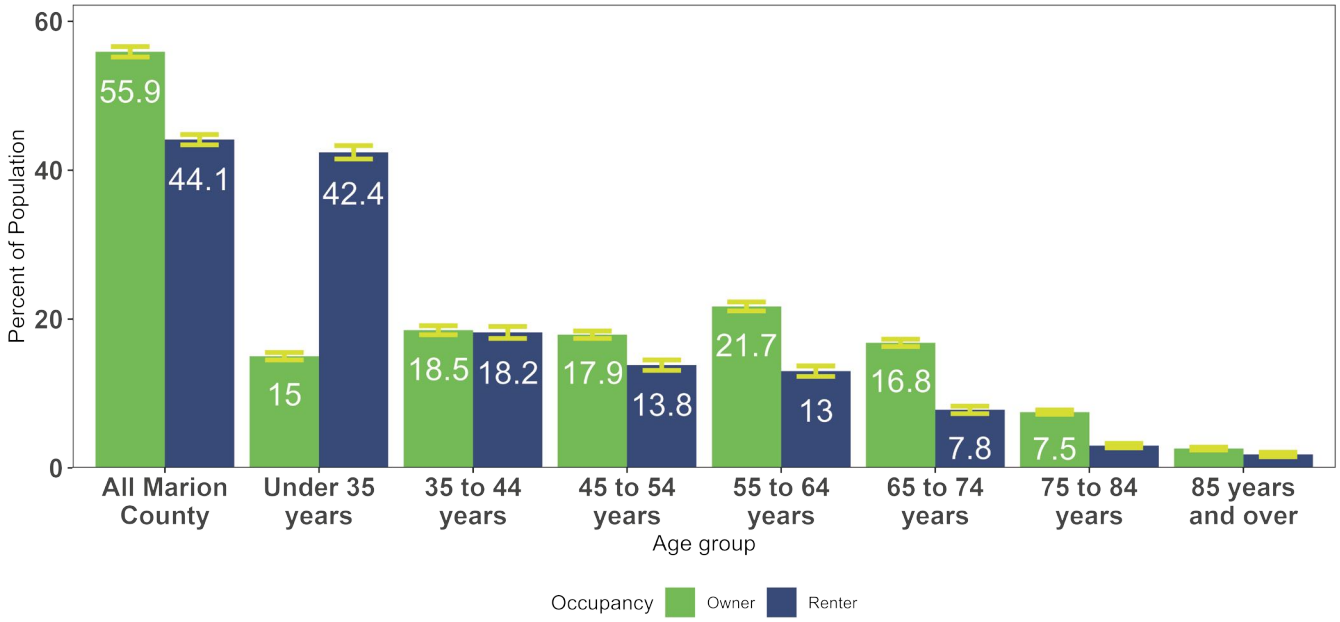
Figure 30. Percentage of homeowners and renters by race and ethnicity in Marion County, 2023



Data Source: US Census Bureau American Communities Survey, 5 year-estimates, 2019-2023, DR5873

The largest percentage of renters in Marion County by age group are those aged 35 and younger, with 42.4% of renters falling into this category.[77] Only 15.0% of homeowners are 35 or younger.[77] The largest group of homeowners are those aged 55 to 64, with 21.7% of homeowners falling into this category.[77] By educational attainment, those with a bachelor's degree or higher make up 43.1% of homeowners.[77] Figure 31 shows how renter and owner occupancy rates differ by age group.

Figure 31. Homeowners and renters by age group in Marion County, 2023



Data Source: US Census Bureau American Communities Survey, 5 year-estimates, 2019-2023, DR5873

**The occupancy status adds to 100%, not the age groups. The Marion County bars are separate from the age categories and do add up to 100%.*

Between 2014 and 2023, the estimated median home value in Marion County rose by $121,200 (from $117,500 to $238,700), a 103% increase.[80] In the same time period, the estimated median cost of rent rose from $788 to $1,187, a 51% increase.[80] The median yearly income in Marion County rose from $42,557 to $66,582, a 56% increase.[81] Between 2014 and 2023, home ownership in the county slightly increased from 54.3% to 57.4%.[80]

Housing unaffordability is a complex issue that will take a multifaceted approach to address. One approach is to decrease the number of people living in poverty. Those living in poverty are less able to access housing and often lack the resources needed for quality housing.[82] A related approach is to decrease the number of households experiencing housing cost-burden. Households that have to spend a significant portion of their income on housing often do not have the residual income to afford medical care and healthy foods, which puts them at-risk of health issues.[82] This can be achieved through raising wages. In Marion County, it is estimated that for a family of four consisting of two working adults and two children, a "survival" wage is $17 an hour.[83] A "survival" wage only includes basic household costs and necessities; in contrast, a "thriving" wage includes having enough money to save and spend on luxuries such as hobbies, travel, and socializing.[83,84] A "thriving" wage not only allows for decreased housing cost burden, but also allows for activities that improve mental health.[84]

There are also approaches to decreasing housing unaffordability that local and state governments can work towards. One is to increase funding for affordable housing. Housing projects that support affordable homeownership, such as grants for home purchases, and state sponsored mortgage insurance, have been shown to increase access to affordable housing.[85] Another is decreasing property taxes on multifamily housing units. This decrease can lead to a reduction in rent costs and allow for needed renovations to occur.[85]

Built Environment

The built environment refers to the physical spaces where we live, work, and play.[86] This includes things such as roads, sidewalks, parks, neighborhoods, and transportation systems. The design and quality of these spaces can influence health by shaping the resources and opportunities available to the community.[87]

The modes of transportation we use can also impact our health. Active forms of transportation—such as walking, biking, and public transit—encourage physical activity and reduce the risk of chronic diseases such as obesity, diabetes, and cardiovascular conditions.[88,89] On the other hand, reliance on motor vehicles is associated with higher rates of air pollution and inactive lifestyles, both of which negatively impact health.[90,91] Within Marion County, 83.5% of residents use a car, truck, or van as their primary mode of transportation to work, while only 1.7% walk, 1.3% use public transportation, and 0.9% use a taxicab, motorcycle, or other means.[92] Well-connected transportation networks that prioritize active forms of transportation are important for promoting healthy lifestyles.

Vacant housing is a built environment factor that can impact community health. Neighborhoods with high rates of vacant properties often experience increased crime, vandalism, and rodent infestations, leading to poor physical and mental health.[93–95] Vacant housing can also reduce property values and destabilize communities, exacerbating socioeconomic disparities that influence health outcomes.[96,97] In Marion County, 9.7% of housing units are vacant, which is lower than the U.S. overall (10.4%) and slightly higher than Indiana (9.2%) (Figure 32).[92]

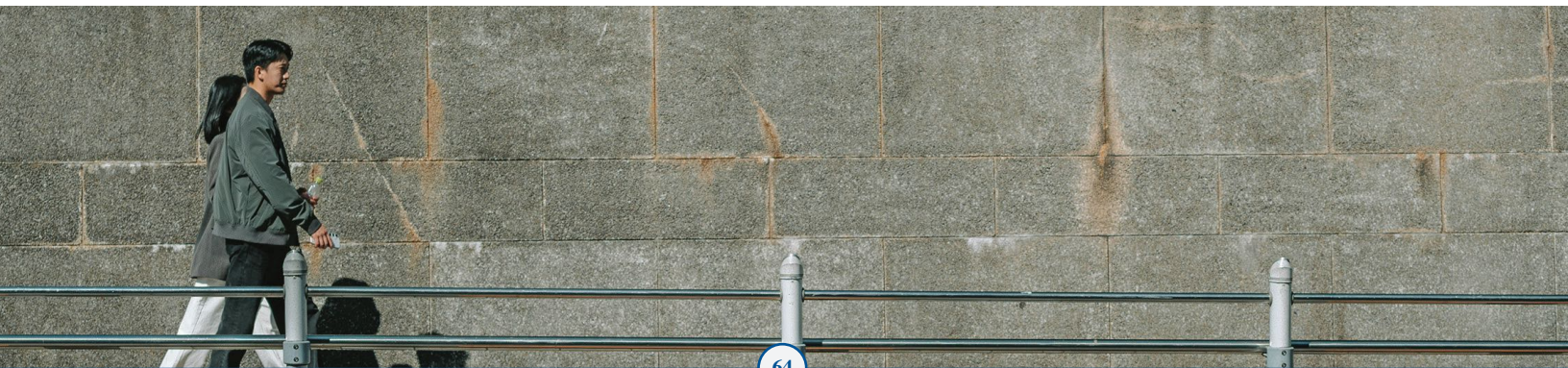
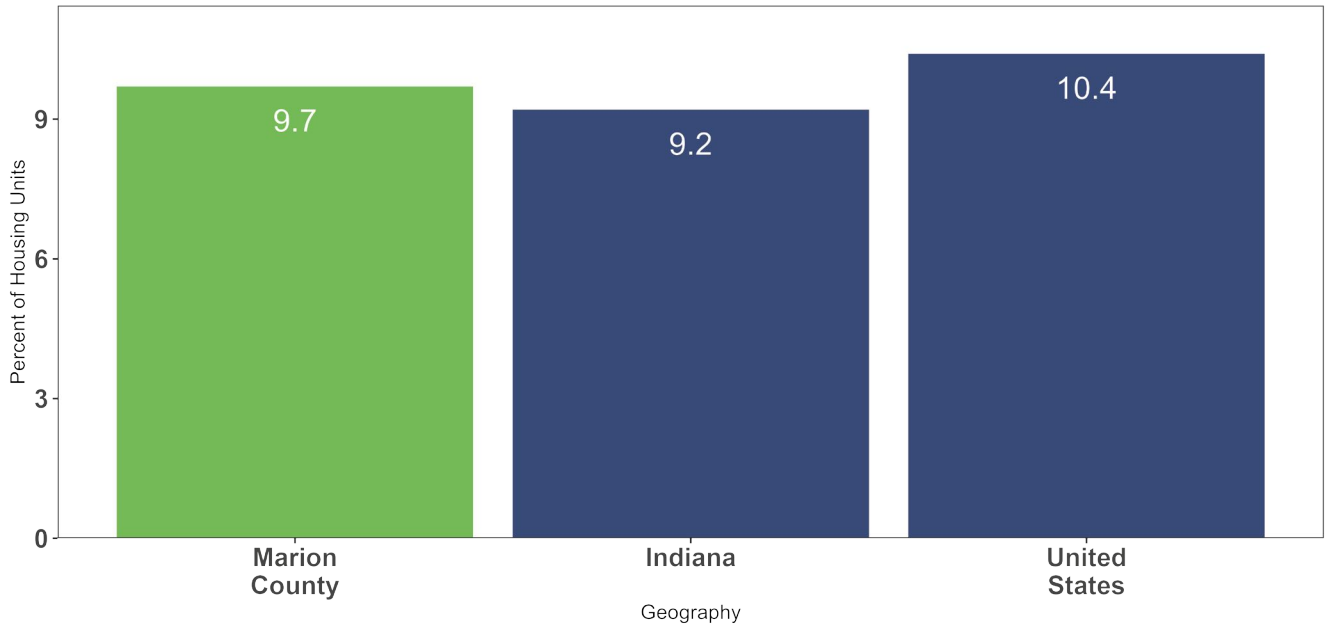


Figure 32. Proportion of vacant housing units by geography, 2023



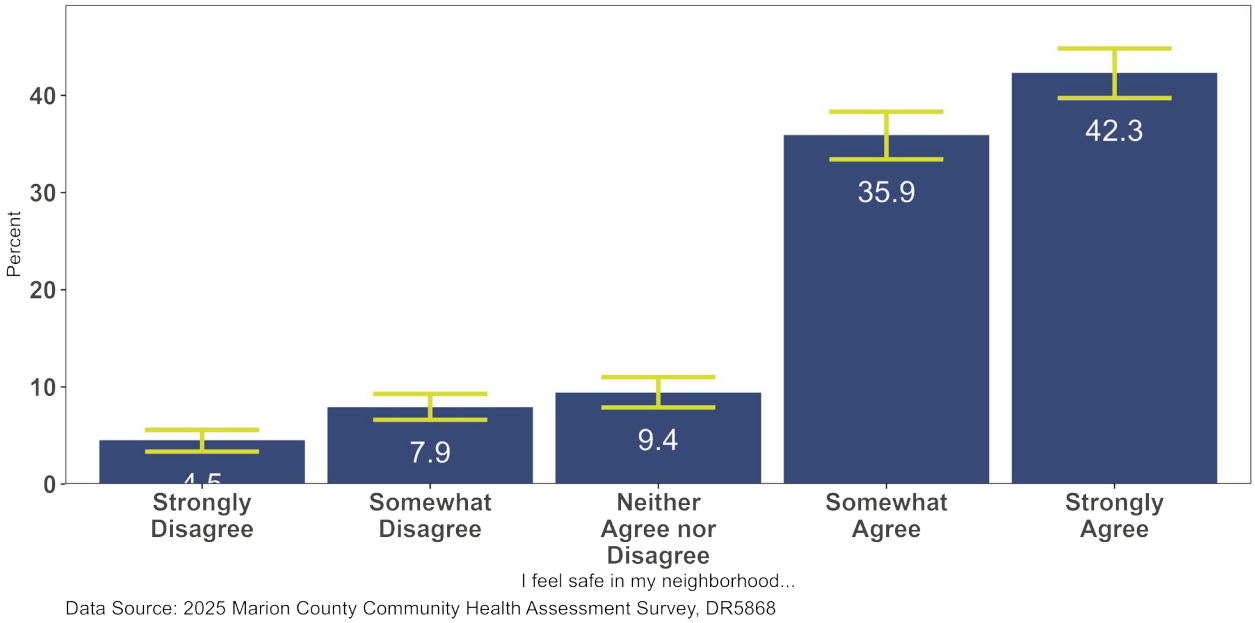
Data Source: 2023 American Community Survey 5-Year Estimates, DR5868

Another important feature of the built environment is the presence of tree canopy cover, which offers several health benefits. Urban tree canopy reduces air pollution by filtering particulate matter and absorbing carbon dioxide, leading to improved respiratory health.[98] It also lowers urban temperatures by providing shade, which reduces the risk of heat-related illnesses.[99] Additionally, exposure to green spaces has been associated with lower stress levels, improved mental health, and increased opportunities for physical activity.[100,101] Within Marion County, 33% of land is covered by trees[102] compared to 39.4% of urban areas across the U.S.[99]

As discussed, the built environment is an important factor that impacts our health and wellbeing. Transportation, vacant housing, and tree canopy cover are just some examples of built environment features that affect the resources and opportunities available within a community. The built environment also impacts perceptions of safety among community members.[103]

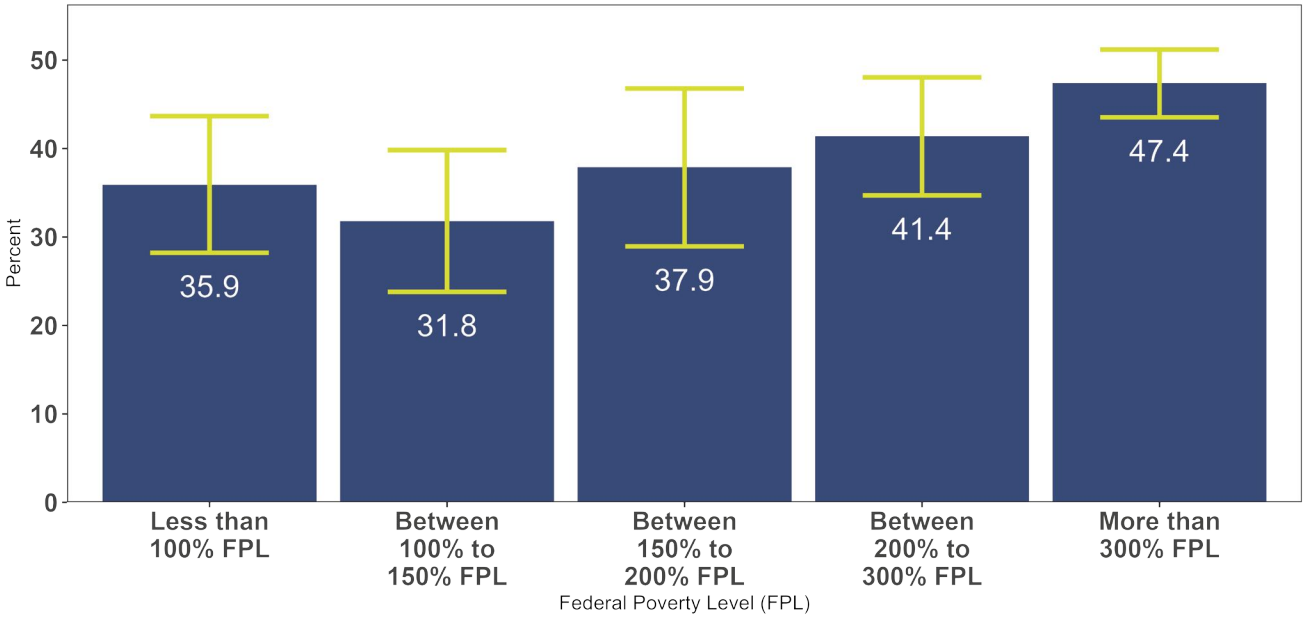
Most Marion County residents either strongly agree (42.3%) or somewhat agree (35.9%) that they feel safe in their neighborhood, while 4.5% strongly disagree and 7.9% somewhat disagree (Figure 33). When breaking this down by race and ethnicity, there was little variation with 43.3% of White, 43.2% of Black or African American, 39.9% of Hispanic or Latino, and between 20.1-47.6% of Asian residents reporting that they strongly agree they feel safe in their neighborhood. Among age groups, nearly half of residents 65 years of age or older (49.1%) strongly agree they feel safe in their neighborhood compared to 39.1% of 18–24-year-olds, 37.1% of 25–34-year-olds, 46.9% of 35–44-year-olds, 38.8% of 45–54-year-olds, and 42.3% of 55–64-year-olds. Differences in feeling safe in one's neighborhood based on poverty status were also observed. A greater proportion of those living between 200% to 300% (41.4%) and more than 300% (47.4%) of the federal poverty level (FPL) strongly agree they feel safe in their neighborhood compared to those living between 150% to 200% (37.9%), 100% to 150% (31.8%), and less than 100% (35.9%) of the FPL (Figure 34).

Figure 33. Proportion of Marion County residents by feeling of safety in their neighborhood, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5868

Figure 34. Proportion of Marion County residents that "Strongly Agree" they feel safe in their neighborhood by Federal Poverty Level (FPL), 2025



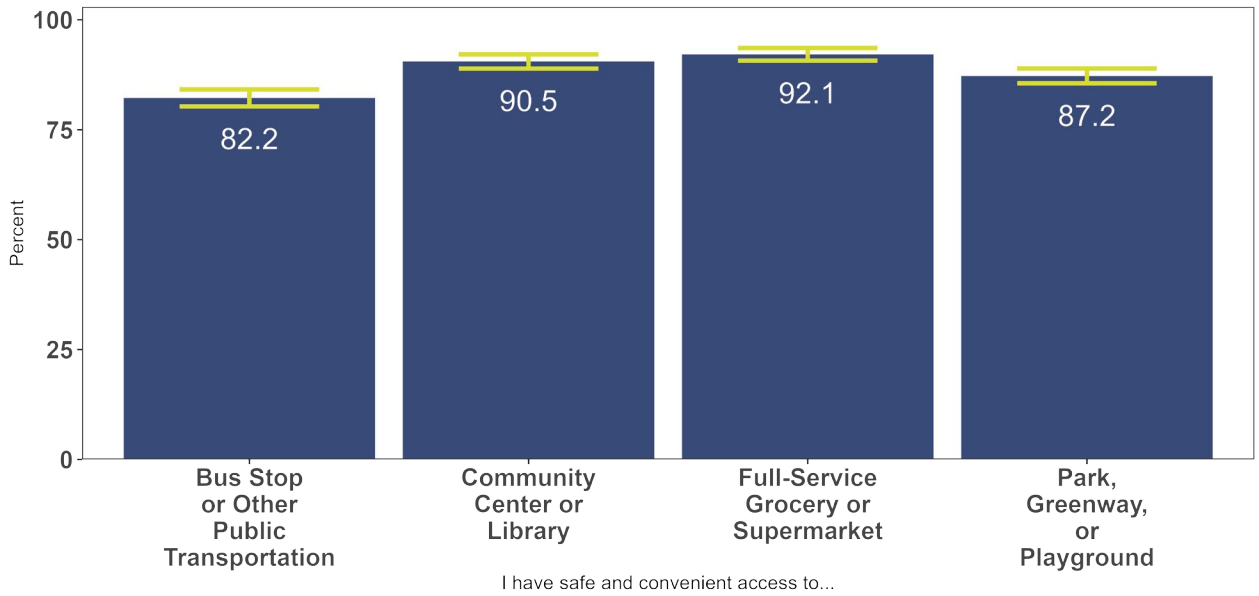
Data Source: 2025 Marion County Community Health Assessment Survey, DR5868

In addition to how safe residents feel, they were also asked if their neighborhood has sidewalks or paved paths. In Marion County, 77.1% of residents reported having sidewalks or paved paths in their neighborhood. A greater proportion of Black or African American residents (82.5%) reported having sidewalks or paved paths compared to White (73.6%) and Hispanic or Latino (76.8%) residents.

Among those with sidewalks or paved paths in their neighborhood, 78.7% reported that the sidewalks are accessible for a person who uses a wheelchair, walker, stroller, or other mobility aid. Additionally, 73.8% reported that there are streetlights to light the sidewalks or paved paths at night, while 79.3% reported the sidewalks or paved paths connect to major roads or other neighborhoods.

A large majority of Marion County residents reported having safe and convenient access to bus stops or other public transportation (82.2%), a community center or library (90.5%), a full-service grocery or supermarket (91.2%), and a park, greenway, or playground (87.2%) (Figure 35). Differences in access to these everyday destinations varied by race and ethnicity. A greater proportion of Black or African American (86.7%) residents reported having safe and convenient access to bus stops or other public transportation compared to White (79.9%) and Hispanic or Latino (81.5%) residents. For community centers or libraries, a greater proportion of White (93.7%) residents reported having safe and convenient access as compared to Black or African American (86.7%), and Hispanic or Latino (83.8%) residents. Similarly, a greater proportion of White residents reported having safe and convenient access to full-service grocery stores or supermarkets (95.4%) and parks, greenways, or playgrounds (89.3%) compared to Black or African American (grocery: 85.1%; parks: 83.4%) and Hispanic or Latino (grocery: 91.7%; parks: 83.1%) residents.

Figure 35. Proportion of Marion County residents with safe and convenient access to everyday destinations, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5868

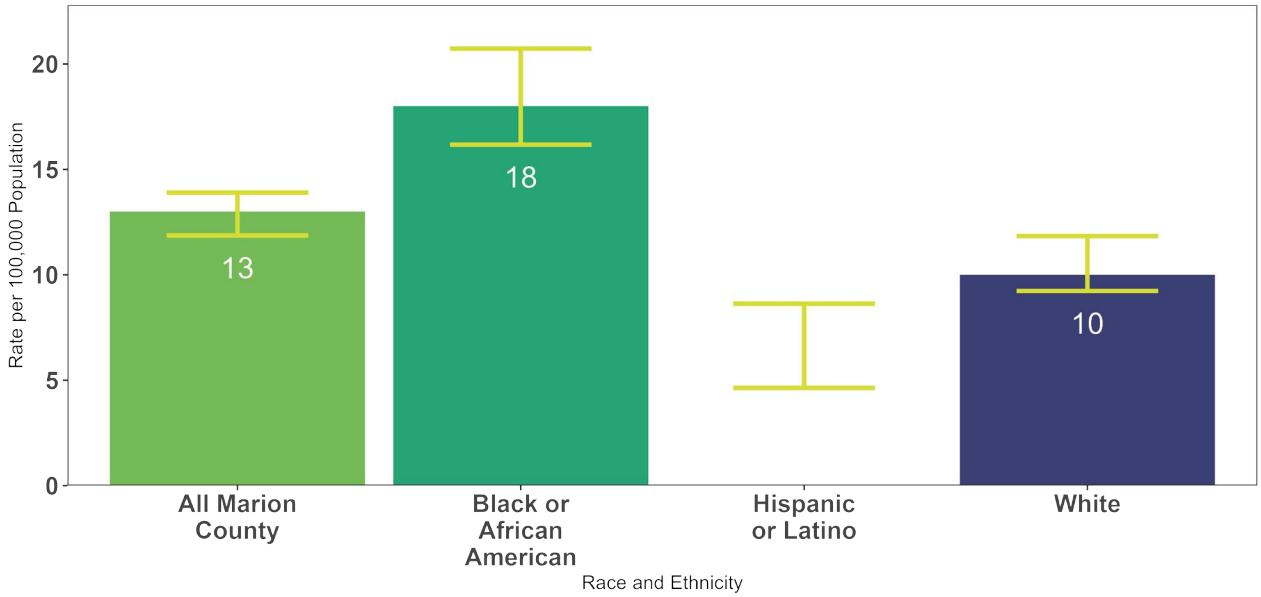
Traffic-Related Pedestrian Crashes

The last section on the built environment talked about feelings of neighborhood safety and sidewalk access. This sub-section covers traffic-related pedestrian crashes and their consequences. In 2023, over 7,000 pedestrians were killed and over 68,000 were injured in traffic-related crashes in the United States.[104] On average, that is one pedestrian killed every 72 minutes and one injured every 8 minutes.[104] A traffic-related pedestrian injury occurs when a pedestrian is unintentionally injured in a crash involving a motor vehicle on a public road.[105] If the pedestrian dies due to the crash, it becomes a traffic-related pedestrian fatality.[104] The National Highway Traffic Safety Administration found that most pedestrian fatalities in 2023 occurred in urban areas, locations without intersections, and at night.[104] Compared to rural areas, urban areas have more traffic and pedestrians due to a more complex road structure with multiple vehicle lanes, bike lanes, and sidewalks.[106] Higher traffic volume and pedestrian activity can lead to more traffic-related pedestrian crashes.[106] Non-intersection locations do not have traffic control signals, such as traffic lights, pedestrian crossing signals, or stop signs. These locations can be dangerous due to poor pedestrian accommodations.[107] Driving at night can also increase the risk of crashes due to low lighting, increased fatigue, and driving under the influence (DUI) being more common at night than during the day.[104,108,109]

In 2023, Indiana had a pedestrian fatality rate of 1.4 per 100,000 population.[104] Cumulatively from 2020 to 2024, Marion County had a pedestrian fatality rate of 2 per 100,000 population. Traffic-related pedestrian injuries and fatalities can also vary across demographics. For example, the pedestrian fatality rate for males is 2.8 times higher than that for females in Marion County. The following figures also show differences in pedestrian casualties by race/ethnicity and age group in the county.

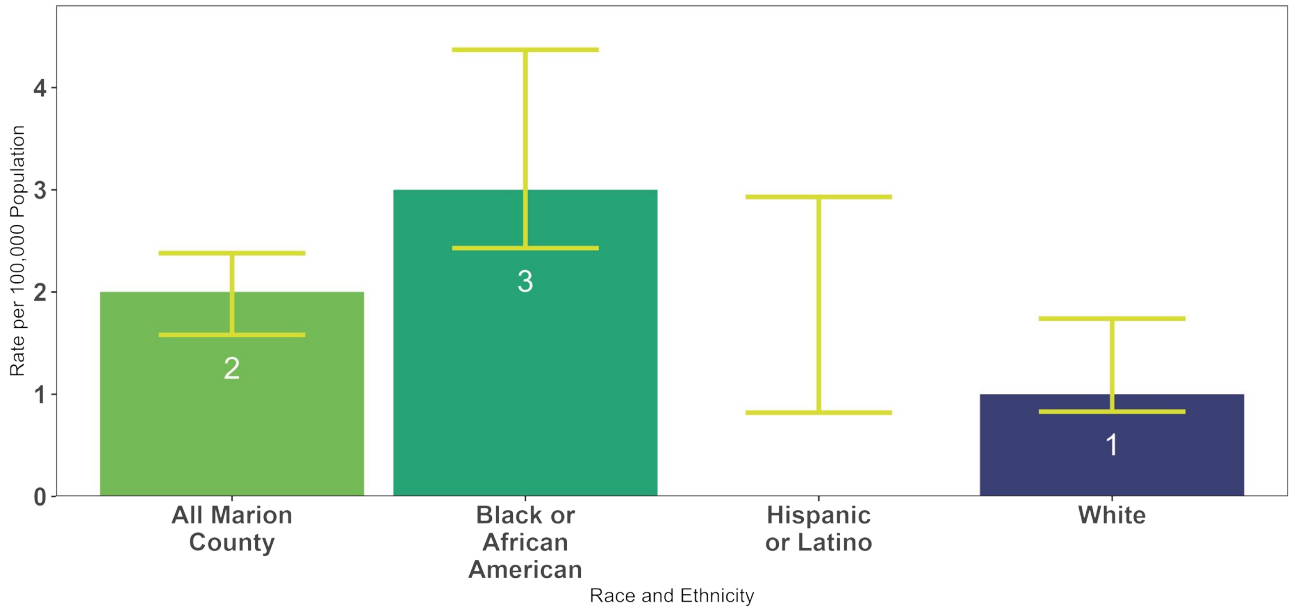
From 2020 to 2024, Black or African American residents in Marion County had the highest cumulative rate of Emergency Department (ED) visits for pedestrian injuries compared to other racial and ethnic groups (see Figure 36). When compared to White residents, the rate among Black or African American residents was 1.8 times higher. This rate was also higher than for all Marion County residents. Black or African American residents also had the highest pedestrian fatality rate compared to White residents and all of Marion County (see Figure 37). The Hispanic or Latino group had a wide confidence interval in relation to their traffic-related pedestrian injury rate. A wide confidence interval can mean that the rate is unstable, therefore, only their confidence interval is displayed.

Figure 36. Cumulative rate of emergency department visits for traffic-related pedestrian injuries in Marion County by race and ethnicity, 2020-2024



Data Source: ESSENCE: Marion County Emergency Department Visits, DR5968

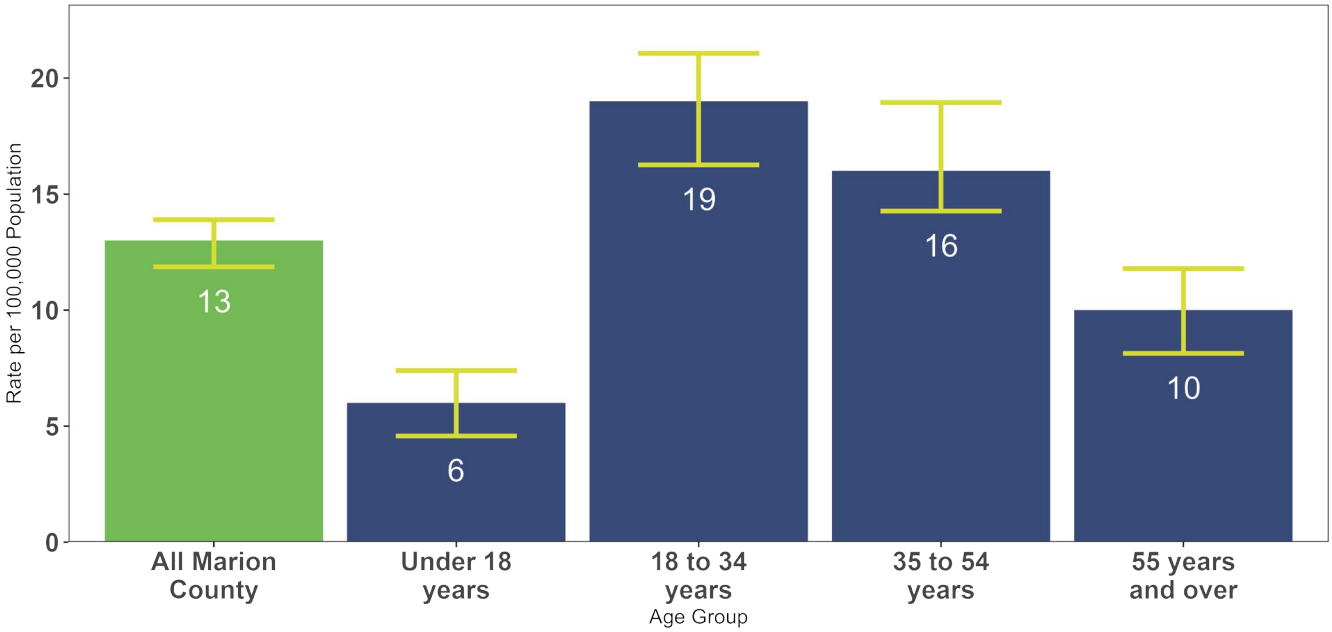
Figure 37. Cumulative rate of traffic-related pedestrian fatalities in Marion County by race and ethnicity, 2020-2024



Data Source: MCPHD Vital Records (birth and death records), DR5968

From 2020 to 2024, Marion County pedestrians aged 18 to 34 years had the highest cumulative rate of ED visits for traffic-related injuries (19 per 100,000 population). Individuals aged 35-54 years had a slightly lower rate of 17 per 100,000 population. Those who were under 18 years of age had the lowest rate (6 per 100,000 population) compared to other age groups and the county overall.

Figure 38. Cumulative rate of emergency department visits for traffic-related pedestrian injuries in Marion County by age group, 2020-2024



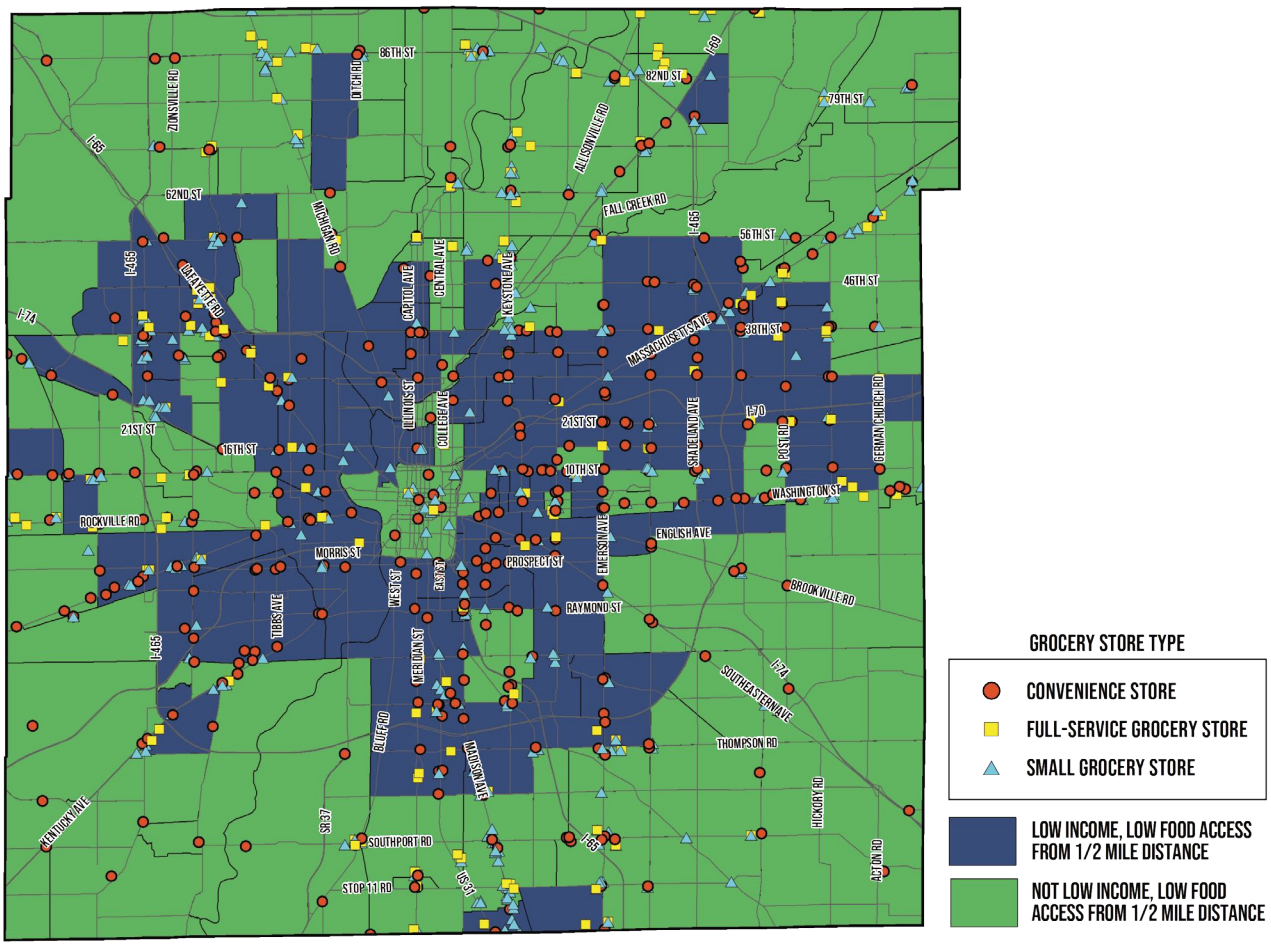
Data Source: ESSENCE: Marion County Emergency Department Visits, DR5968

Food Deserts

A healthy diet is essential to maintaining health throughout life, from development during pregnancy and childhood through adulthood.[110] Nutritious foods play an important role in maintaining our health by helping us manage and prevent chronic diseases[111] and poor mental health outcomes.[112] Healthy diets consist of nutrient-dense foods (from all food groups) and beverages, while also minding the recommended quantities and calories.[113] However, healthy food is not readily available to everyone. Many factors affect people's ability to access healthy foods, including the number of and distance to grocery stores in a given area, poverty status, access to a vehicle, and the availability of public transportation.[114] These factors can make it more difficult for households to travel to grocery stores and afford healthy food.

Communities throughout Marion County and the U.S. have limited access to healthy, affordable food.[114] Known as food deserts, these communities lack nearby grocery stores and people living in these areas have limited or no access to healthy and affordable food.[115] The map below, Figure 39, shows census tracts in Marion County with low income and low food access from a distance of 0.5 miles to grocery stores. The locations of grocery store types (convenience stores, full-service grocery stores, and small grocery stores) are included as overlaid points.

Figure 39. Map of low-income census tracts with low access to grocery stores in Marion County, Indiana, 2019



Data source: USDA Food Access Research Atlas, 2019 & MCPHD Retail Food Establishment Data, 2025

As is seen in Figure 40, in Marion County, 29% of residents live in low income census tracts with "low access" to grocery stores (defined as 0.5 miles of distance for urban areas, or 10 miles for rural areas) compared to 18.3% for Indiana and 15% for the U.S.[114] Notably, only three census tracts in Marion County are considered rural.

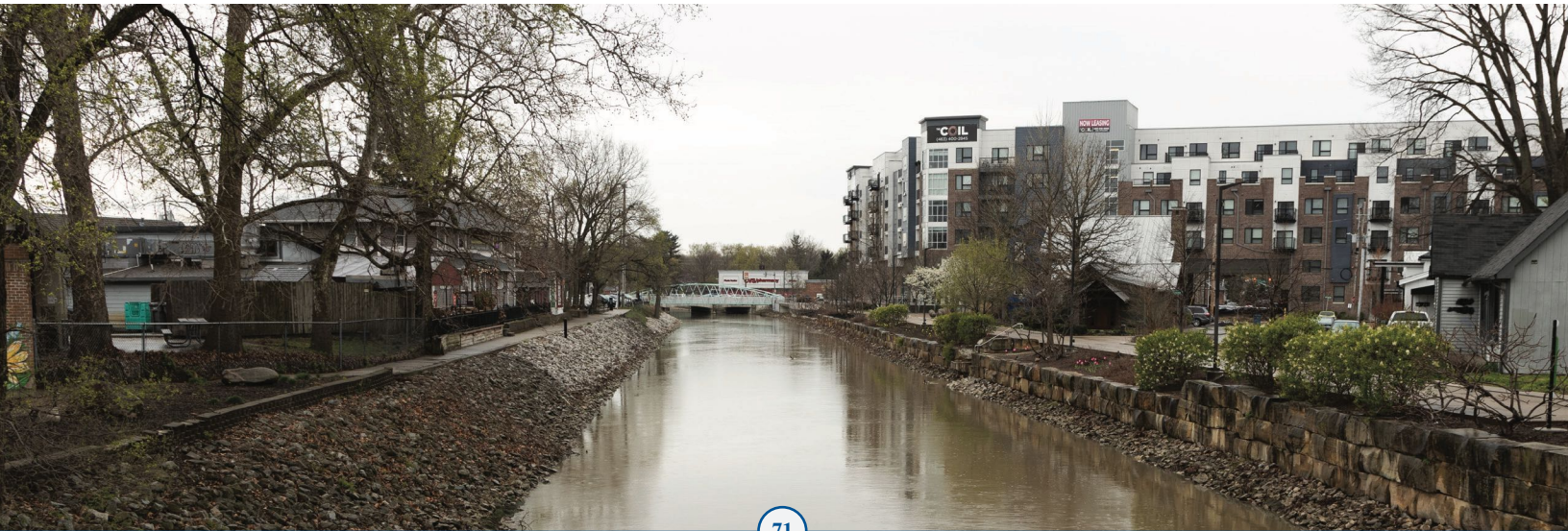
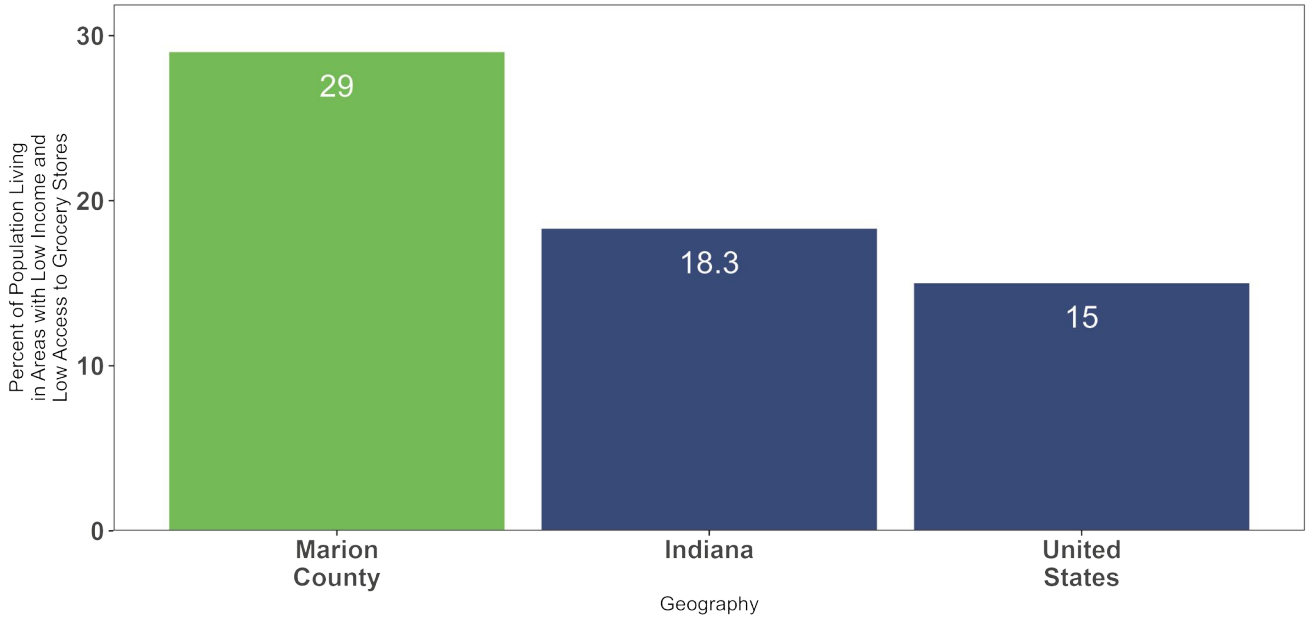
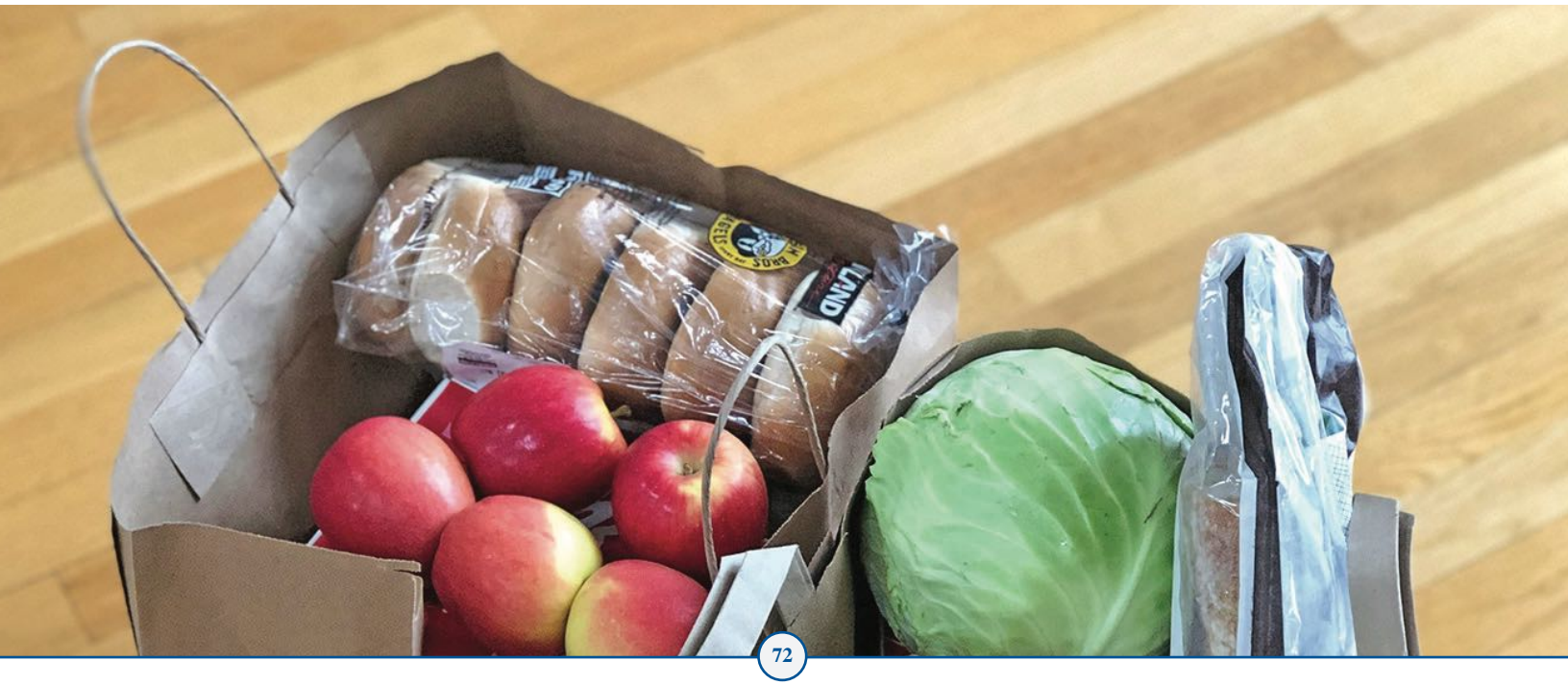


Figure 40. Proportion of population living in areas with low income and low access to grocery stores by geography, 2019



Data Source: United States Department of Agriculture Food Access Research Atlas 2019, DR5869

In areas of Marion County that are considered to be low income with low access to grocery stores, certain demographics tend to be disproportionately impacted. On average, census tracts considered low income with low access to grocery stores have greater proportions of residents who identify as Black or African American (34.8%), or Hispanic or Latino (12.0%) as compared to census tracts that are not considered low income with low access to grocery stores (Black or African American 16.8%, Hispanic or Latino 6.1%).[114] Further, greater proportions of children under 18 years of age (26.1%) and households that receive SNAP (8.6%) tend to live in low income census tracts with low access to grocery stores as compared to other census tracts (children under 18: 23.8%, households receiving SNAP: 3.1%). Ensuring that communities have access to healthy, affordable food is essential to improving community health.



MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT
Prevent. Promote. Protect.

2025

Environment

The environment we live in impacts our daily lives and wellbeing. Clean air, water, and proper sanitation are critical to our health.[116] It is estimated that almost a quarter of deaths from around the world are due to preventable environmental factors.[117]

As a part of the 2025 CHA survey, Marion County respondents were asked about the environmental issues that most concerned them. A list of twenty issues was provided, and respondents were asked to select up to five issues. Table 8 shows the top ten environmental issues selected by survey respondents, with air quality (traffic/-congestion, outdoor air pollution), safe drinking and recreational water, and climate change taking up the five most concerning issue ranks.

Table 8. Top ten environmental issues of concern for Marion County respondents*

Rank	Environmental Issue	Percentage
1	Traffic/Congestion	49%
2	Safe Drinking Water	47%
3	Outdoor Air Pollution	41%
4	Climate Change (Extreme Heat, Severe Weather, etc.)	39%
5	Pollution of Rivers, Lakes, and other Bodies of Water	36%
6	Litter	33%
7	Food Safety	28%
8	Poor Waste Management (Such As Overuse of Landfills)	22%
9	Genetically Modified Foods	19%
10	Using Up the Earth's Resources	16%

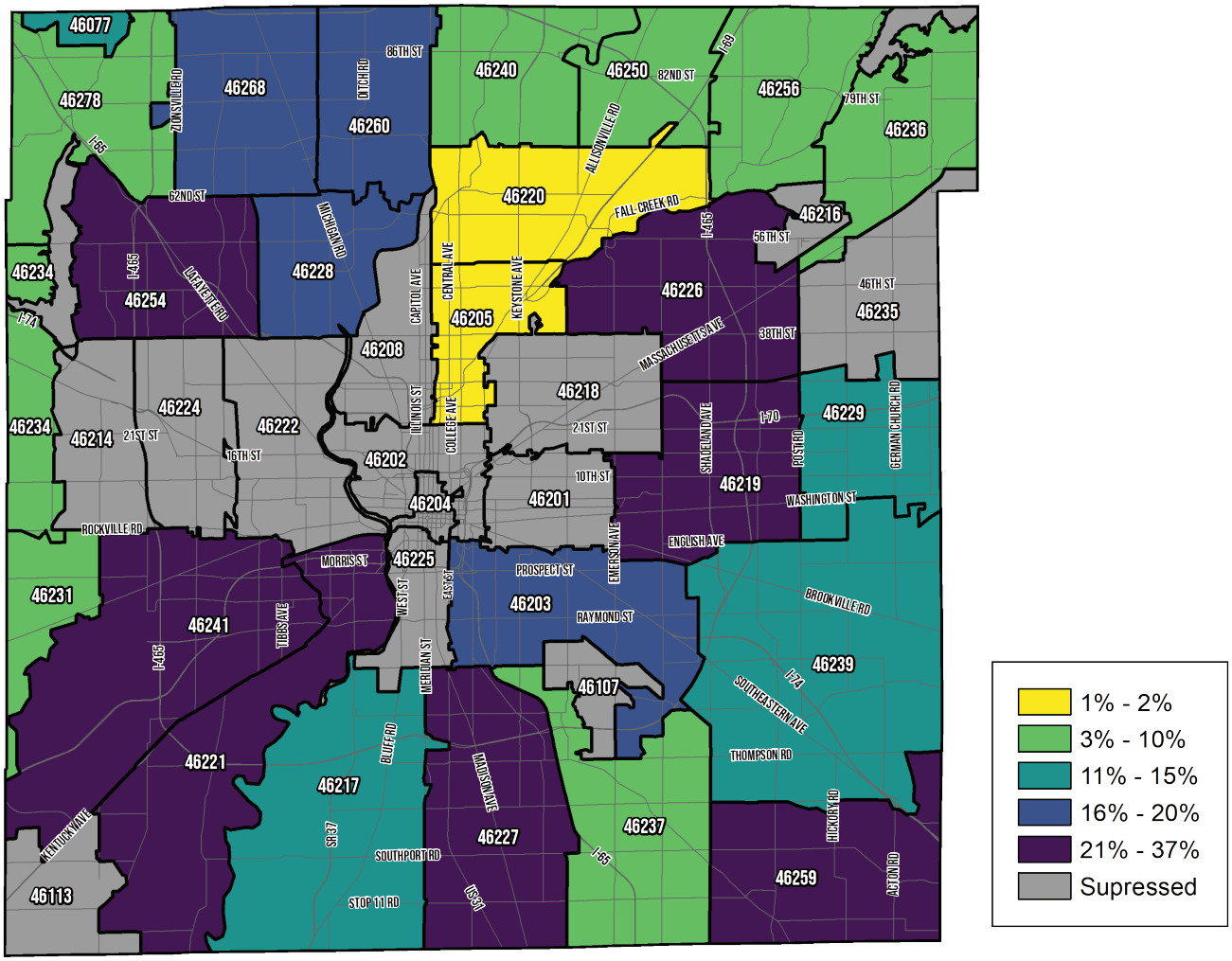
Data Source: 2025 Marion County Community Health Assessment Survey Data, DR5874
* Since respondents were able to select more than one option, these percentages do not add up to 100%.

Private Well Water

Marion County may be urban, but many residents rely on private wells for water as opposed to a city utility. Water from a public water system is regulated and undergoes regular contaminant testing, but private wells are not regulated. The safety of private well water is the burden of the owner, and the only way to assure safe water is through regular testing and treatment when issues are found.[118,119] Routine testing for private wells should be conducted yearly.[120] To minimize barriers for private well owners, MCPHD offers no cost private well testing for Marion County residents.

The two most common well contaminants seen in Marion County private well water are arsenic and bacteria. Arsenic occurs naturally in the ground, but can also enter groundwater from industrial contamination.[121] The maximum concentration limit (MCL) for arsenic in public water systems is 10 micrograms per liter (µg/L, also referred to as parts per billion (ppb))[121]. The concentration limit was set for public water systems, but it is also used as a benchmark for private wells. The map in Figure 41 shows what percentage of arsenic tests conducted by MCPHD on private wells tested above that level by ZIP Code, with ZIP Codes shaded purple having the highest percentage of elevated tests and those shaded yellow having the lowest. ZIP Codes with fewer than five tests were suppressed. Of all arsenic tests conducted by MCPHD between 2020 and 2024 in Marion County, 14.3% tested above 10 µg/L. The ZIP Code with the highest percentage of tests above that level was 46254, where 37% of tests were above 10 µg/L.

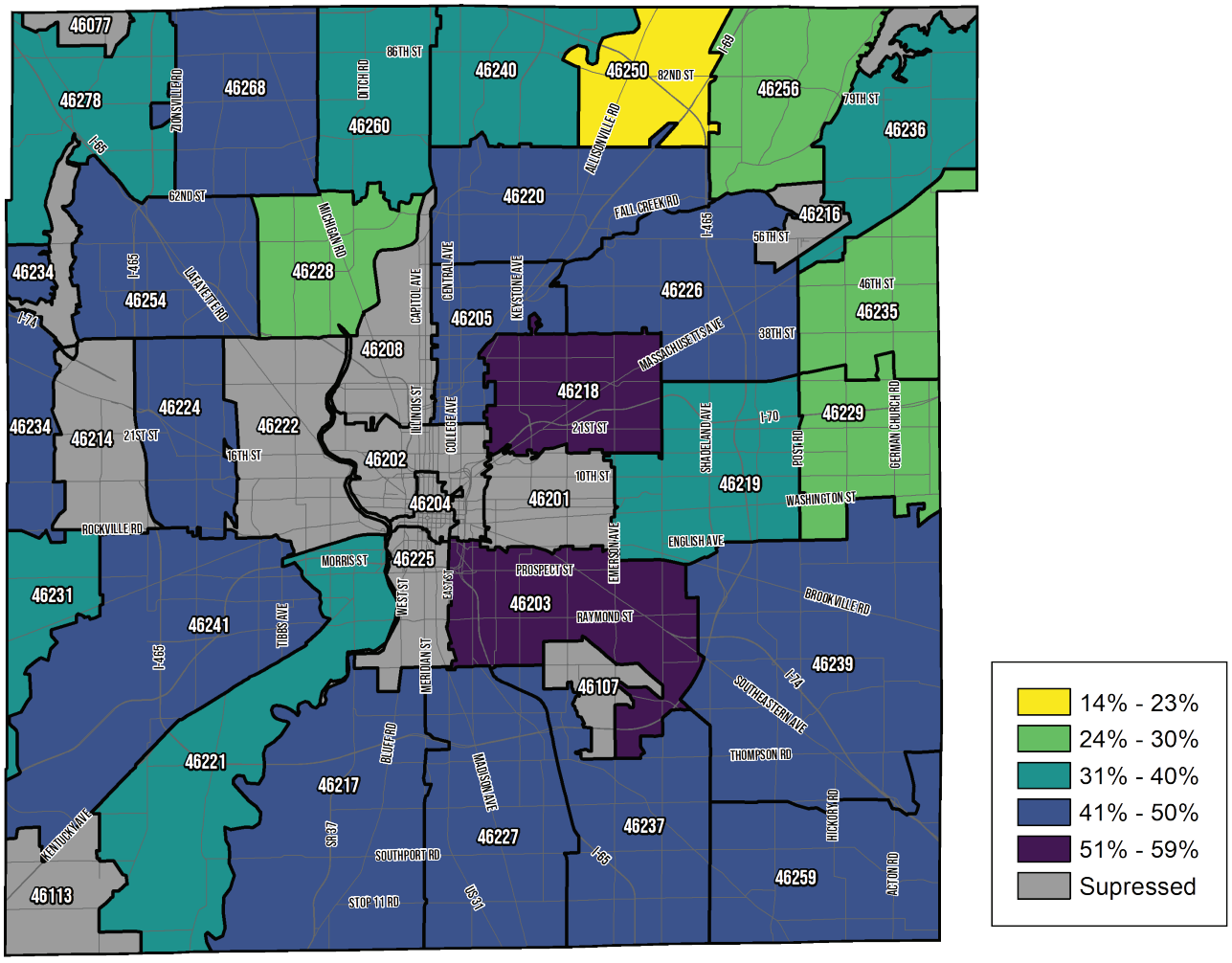
Figure 41. Percentage of arsenic tests above 10 µg/L by ZIP Code, 2020 - 2024



Data Source: MCPHD Private Well Water Testing Data, DR5874

Coliform, also referred to as bacteria, is a common issue in private wells.[122] Bacteria can enter well water from multiple sources. Common sources are animal feces, compromised septic systems, or runoff from feedlots, pastures, and woodlands.[123] Many types of bacteria found in well water are harmless, but some like E. Coli can cause illness or death.[123] The presence of bacteria in private well water is determined by testing for coliform.[123] Figure 42 shows what percentage of coliform tests conducted by MCPHD on private wells tested positive by ZIP Code. ZIP Codes shaded purple have the highest percentage of positive coliform tests, while yellow ZIP Codes have the lowest. In Marion County, 41% of coliform tests conducted were positive. In comparison, it is estimated that 35% of private wells in the U.S. are contaminated with coliform at a given time.[122] The ZIP Code with the highest percentage (58%) of positive tests was 46218.

Figure 42. Percentage of positive Coliform tests by ZIP Code, 2020 - 2024

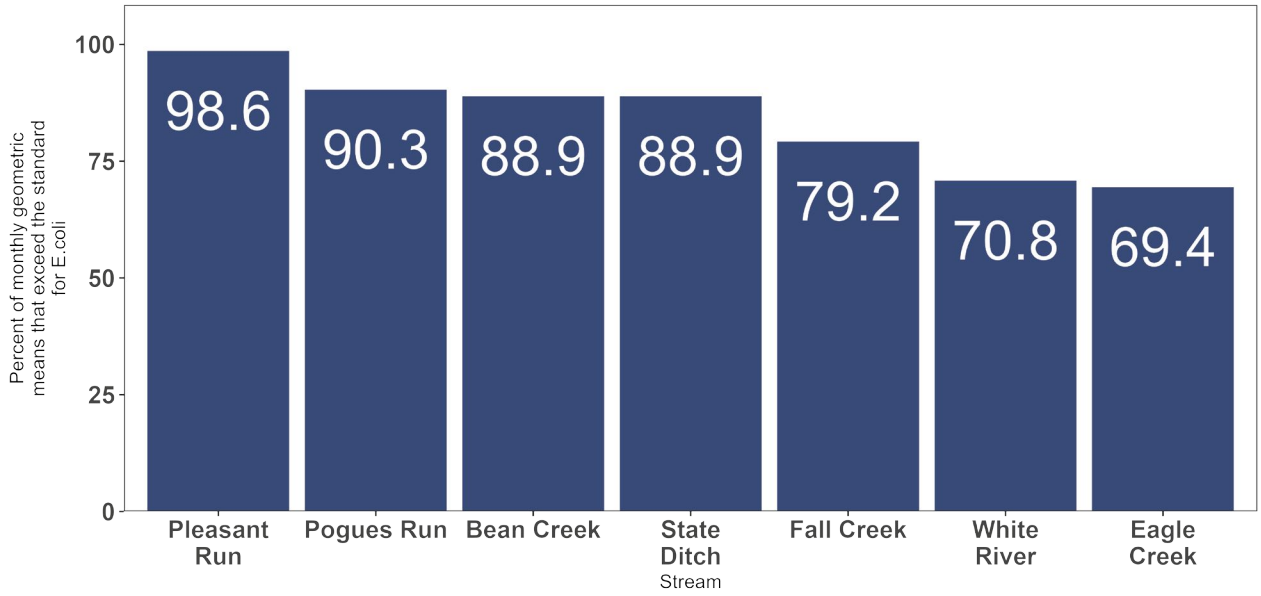


Data Source: MCPHD Private Well Water Testing Data, DR5874

Recreational Water

Lakes, rivers, and streams can be contaminated with bacteria, which can cause illnesses.[124] These illnesses are known as recreational water illnesses (RWI), which are typically diarrheal illnesses.[124] Bacteria responsible for RWI include Cryptosporidium, E. coli, and Shigella.[124] MCPHD samples streams in Marion County to monitor bacteria. Figure 43 shows the percentage of monthly geometric means by stream sampled that exceed the standard for E. coli, which is 125 colony forming units per 100 milliliters. In 2024, Pleasant Run had the highest percentage of E. Coli detected, at 98.6%, compared to Eagle Creek, which had the least, at 69.4%.

Figure 43. E. Coli in Marion County streams, 2024



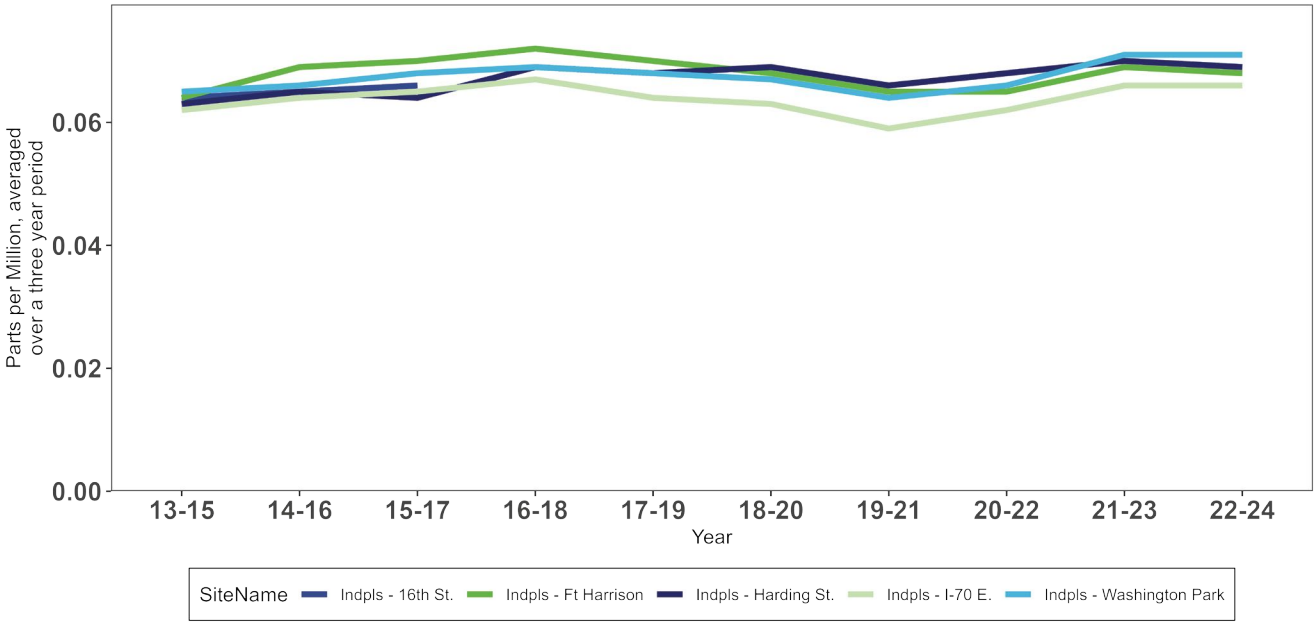
Data Source: MCPHD Water Quality and Hazardous Materials Management, DR5874

Air Quality

Air pollution is one of the biggest killers globally, causing an estimated 9 million premature deaths in 2019.[125] Human-caused sources of air pollution include vehicle emissions, natural gas, industry, combustion devices, and power production.[126,127] Natural sources include forest fires, volcanic eruptions, and methane from decomposition.[127] In Marion County, air quality is monitored at the state level by the Indiana Department of Environmental Management (IDEM). Ozone and particulate matter are two pollutants of concern.

Ozone is created at ground level when emissions from vehicles, power plants, and other sources interact with sunlight.[127] This is also referred to as smog.[127] The National Ambient Air Quality Standard establishes limits for air pollutants. The standard for ozone is currently 0.070 parts per million (ppm), as the fourth-highest daily maximum 8-hour concentration averaged across three consecutive years.[128] Figure 44 displays ozone levels from the five air sampling locations across Marion County. Ozone levels tended to hover near the standard, with six exceedances measured.

Figure 44. Ozone in Marion County by sampling site, 2013 - 2024

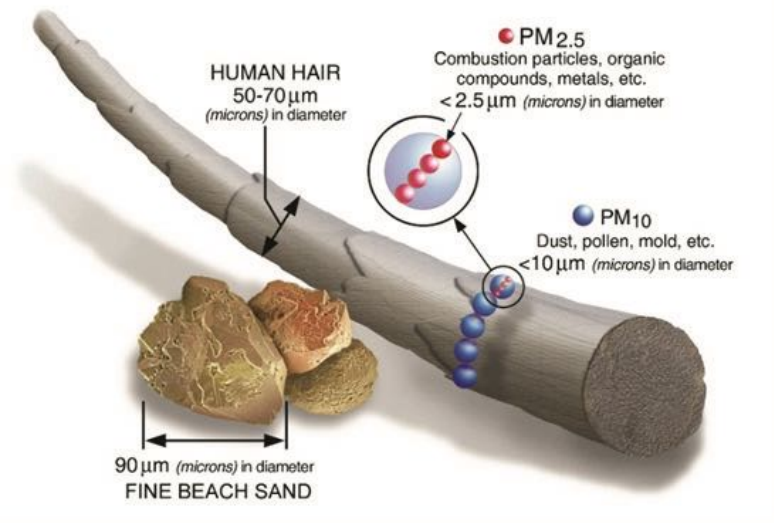


Data Source: Indiana Department of Environmental Management, DR5874

* On October 1, 2015, the ozone standard was lowered to 0.070 ppm. Prior to that, it was 0.075 ppm. The 16th Street site was discontinued on 12/31/2019.

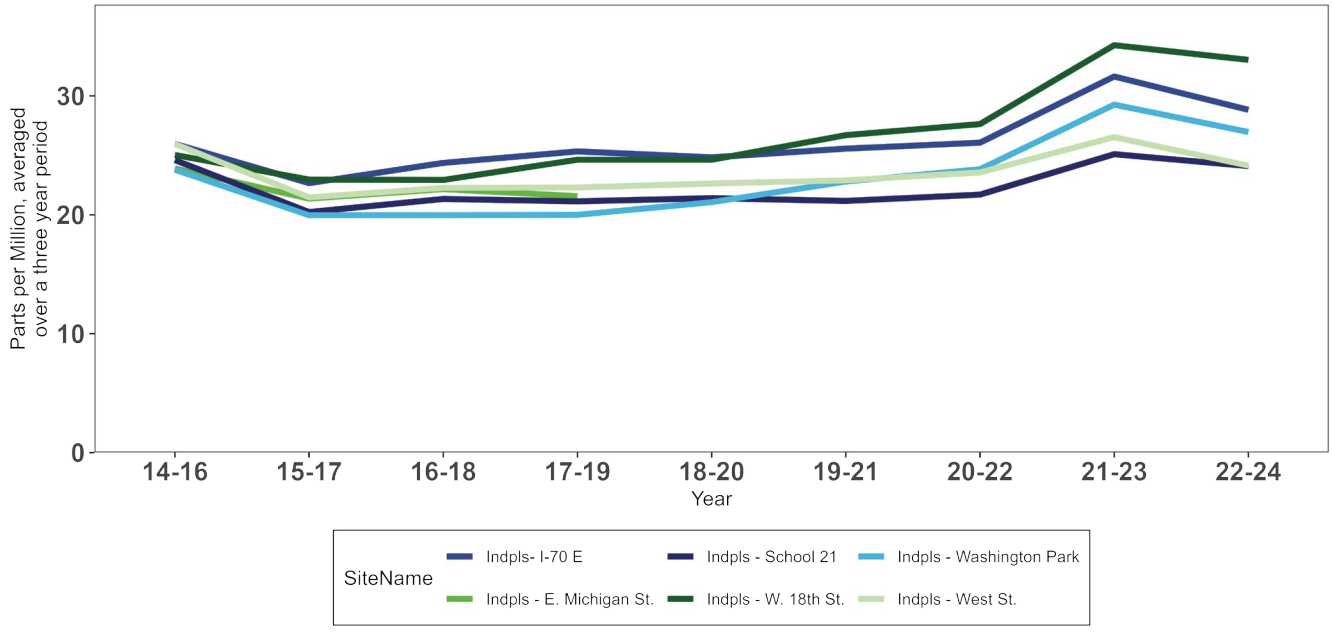
Particulate matter, also referred to as PM or particle pollution, comes from sources such as vehicle and industrial emissions, wildfires, and cigarette smoke.[127] There are two types of particulate matter, PM_{10} and $PM_{2.5}$. PM_{10} consists of particles 10 micrometers in size or smaller, and $PM_{2.5}$ particles are 2.5 micrometers or smaller.[129] The image in Figure 45 obtained from the U.S. Environmental Protection Agency (EPA) shows how small these particles are. While both are small enough to be inhaled, the smaller particles are able to go deeper into the lungs, causing more damage and entering the bloodstream.[129] The PM_{10} 24-hour standard is 150 micrograms per cubic meter, and that standard cannot be exceeded more than once per year on average over three years.[130] Two sites monitor for PM_{10} in Marion County, and only one exceedance was recorded between 2013 and 2024, indicating that the standard was met.[130] The $PM_{2.5}$ 24-hour standard is that the three year average of the 98th percentile of the 24-hour concentrations must not exceed 35 micrograms per cubic meter.[131] Figure 46 displays the $PM_{2.5}$ levels from the six air sampling locations across Marion County. No exceedances were observed between 2013 and 2024. Air pollution monitoring in Marion County is sporadic and does not include many areas with known air pollution concerns. MCPHD is planning to introduce its own particulate matter air pollution monitoring program that focuses on these areas.

Figure 45. PM 2.5 and PM 10 size comparison[129]



Source: U.S. Environmental Protection Agency

Figure 46. $PM_{2.5}$ in Marion County, 2013 - 2024



Data Source: Indiana Department of Environmental Management, DR5874

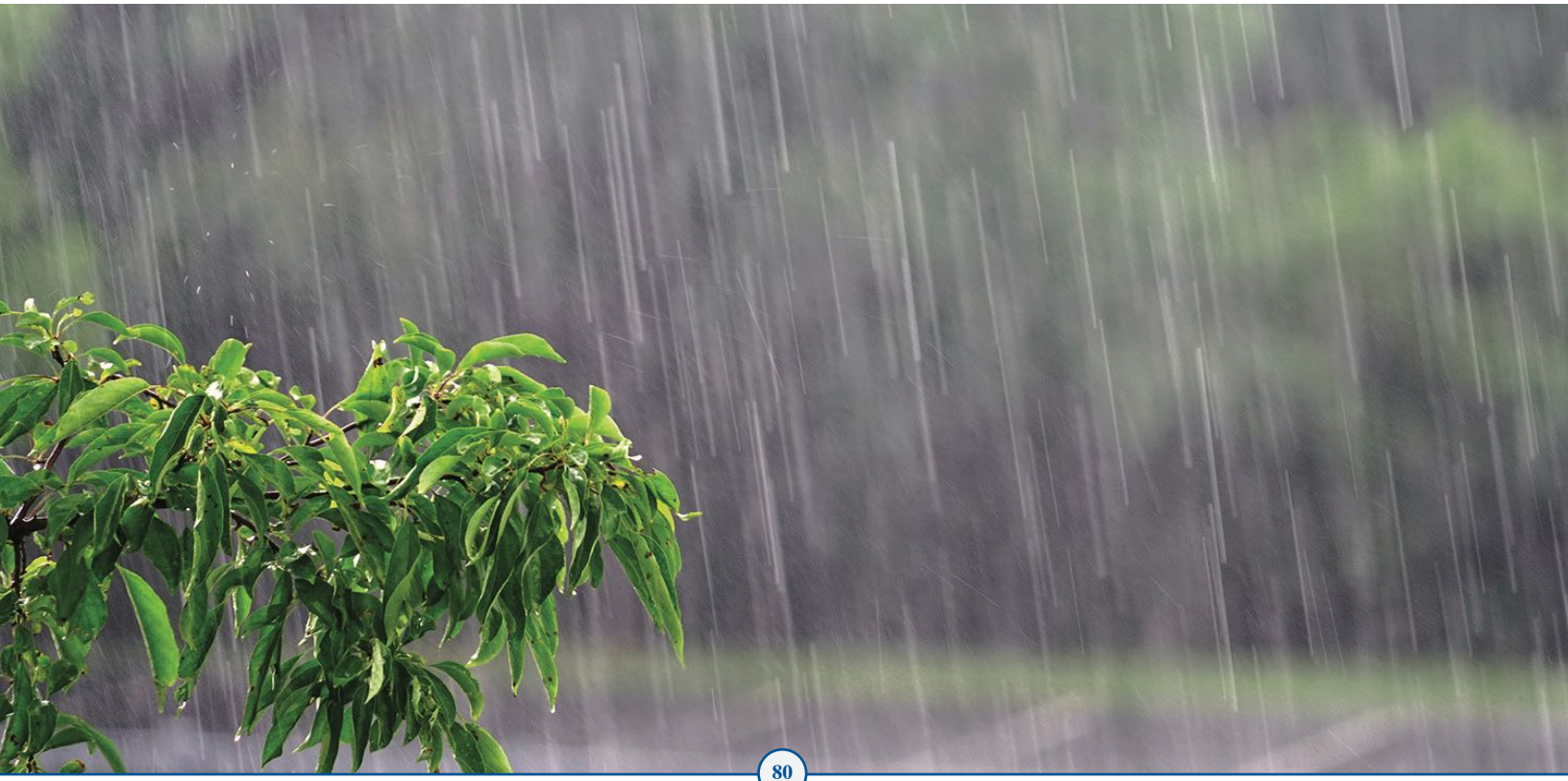
* The East Michigan Street site was discontinued on 12/31/2019.

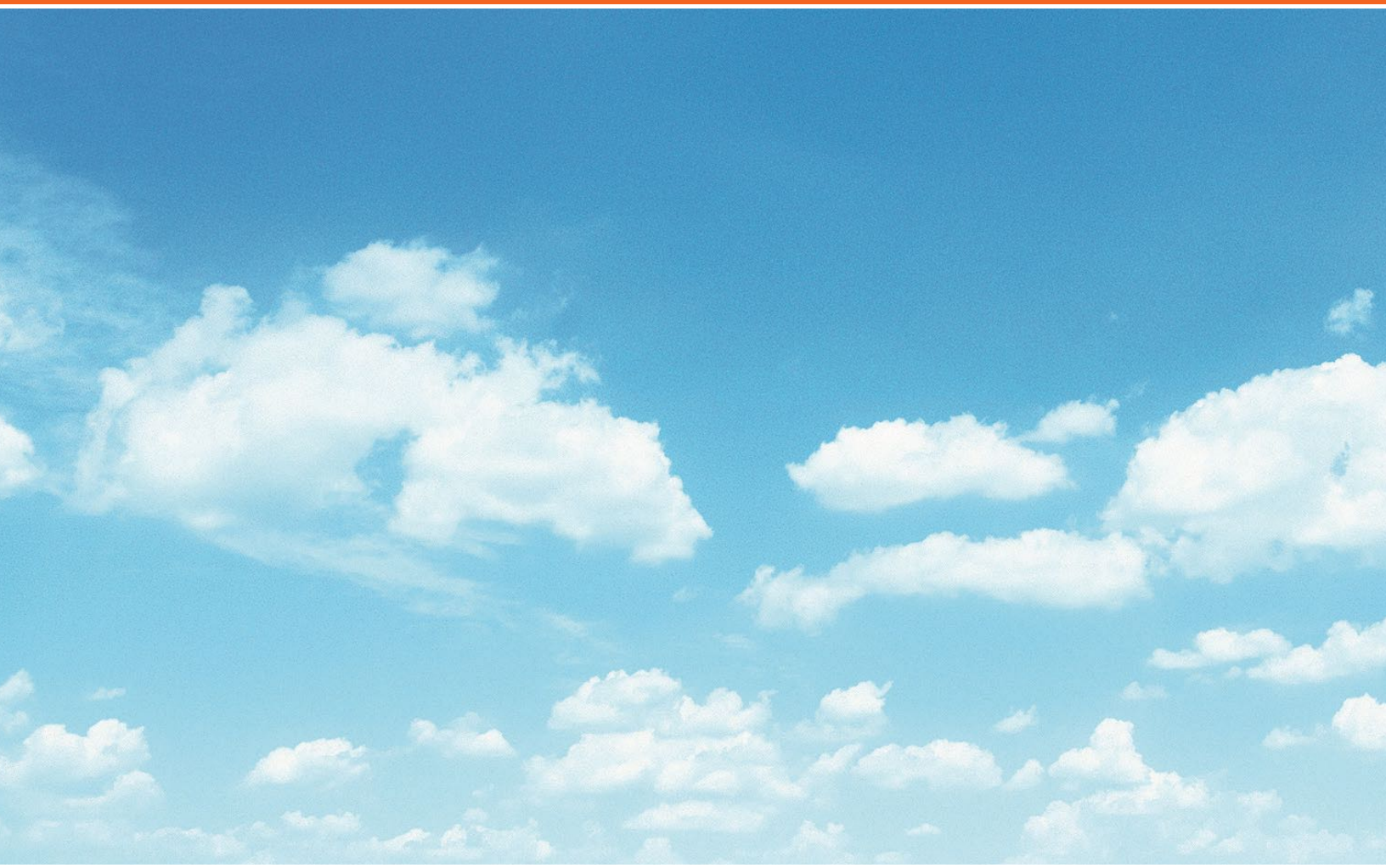
Climate Change

Climate change refers to changes in weather patterns over long periods of time.[132] It began in the mid-20th century due to the industrial revolution and the burning of fossil fuels that accompanied it.[132] Global warming refers to the increasing global temperature caused by heat trapping greenhouse gases in the earth's upper atmosphere,[132] Greenhouse gases are also the result of human industrialization and it is estimated that they have raised the global temperature by 1 degree Celsius (1.8 degrees Fahrenheit) since the pre-industrial era.[132] Climate change's impacts have been felt and will continue to be felt across the globe and in Indiana. Indiana's greatest risks from climate change are changes in precipitation and heat.[133]

The average annual precipitation in the Midwest has increased by 5 to 10 percent, and the rainfall amount on the four yearly wettest days has increased by 35 percent in the last 50 years.[134] In central Indiana, the increase in yearly precipitation is closer to 15 percent, with a 5.7 inch increase since 1895.[133] This rainfall increase is anticipated to continue into the coming century.[134] More precipitation means more flooding, and the amount of water in streams during the worst yearly flood has increased over 20 percent.[134] While more yearly precipitation will fall, it will differ by season. Winter and spring will get wetter, but summer and fall in Indiana are forecasted to be dryer.[133,134] As the atmosphere warms, evaporation increases, leading to less rainfall and worse droughts during hotter seasons.[134] Winters are forecasted to be wetter, but less of that precipitation will fall as snow.[133]

Indiana's average annual temperature has increased by 1.2 degrees Fahrenheit since 1895.[133] Average temperatures are estimated to increase by 5 to 6 degrees Fahrenheit by the 2050s and 6 to 10 degrees by the 2080s based on emissions.[133] Between 1913 and 2013, Marion County saw an average of 4 days per year over 95 degrees Fahrenheit.[133] This is expected to rise to between 27 and 39 days per year by the 2050s and between 38 and 76 days per year by the 2080s.[133] In comparison, Tucson, Arizona experienced an average of 84 days over 100 degrees between 2015 and 2024.[135] Humidity is also expected to increase, creating higher dew points and making hot temperatures feel even hotter.[133] Increased heat will worsen air pollution, as heat increases the production of ground level ozone.[134] Worsened air quality poses a threat to people with health conditions such as asthma and will lead to more hospital visits, medical costs, and premature deaths.[133] Increasing temperatures will also increase the length of allergy season.[133]



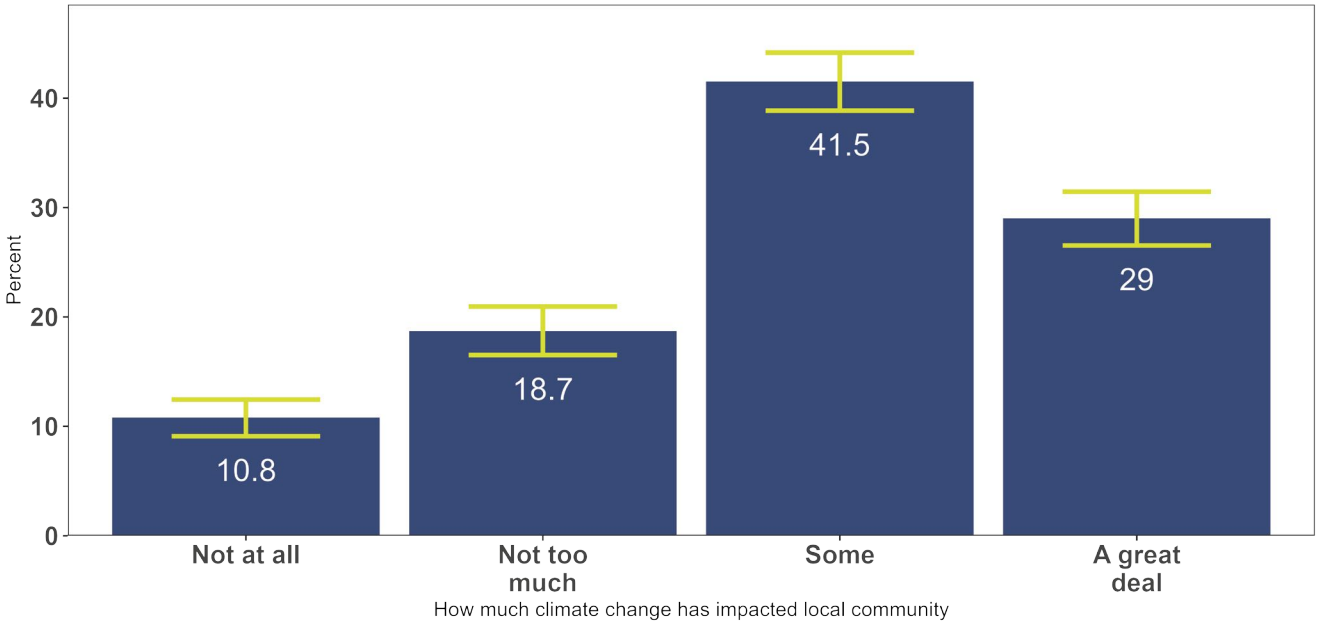


Urban areas such as Indianapolis tend to be hotter than the surrounding rural areas. This is known as the heat island effect.[136] Buildings, roads, and other urban infrastructure reflect heat, causing temperatures to be 1 to 7 degrees Fahrenheit higher during the day and 2 to 5 degrees higher at night.[136] Planting trees and vegetation in urban areas is one way to alleviate the impact of heat islands.[136] A third of Indianapolis' land area is covered in tree canopy, with only 20 out of 99 neighborhoods having at least 50% tree coverage.[137] Areas with more tree coverage also tend to have more permeable surfaces, which help to prevent flooding and runoff from going into waterways.[137]

Indiana is the worst midwestern state and eighth worst in the country for energy-related greenhouse gas emissions, and is one of 17 states that does not have a climate action plan.[138] While the state does not have a plan, the City of Indianapolis has created the Thrive Indianapolis plan, which outlines the city's plan for how it will respond to climate change and build resiliency. The plan includes built environment, economy, food and urban agriculture, energy, natural resources, transportation and land use, public health and safety, and waste and recycling elements.[139] Indiana is also home to Indiana University's Environmental Resilience Institute, which works with individuals and organizations across the Midwest to prepare for environmental changes. The Hoosier Environmental Council recommends that the state invest in projects that support clean energy and transportation, sustainable agriculture practices, protecting natural areas and greenspaces, and planning for future climate impacts and emergencies.[138]

The CHA survey asked Marion County residents about climate change. Approximately 88% of respondents indicated that they believe climate change is happening, whether caused by human activity or not. Figure 47 below shows how many respondents believed that global climate change was currently affecting their local community. The majority of respondents believed that their community was impacted some or a great deal by climate change.

Figure 47. "How Much Is Global Climate Change Currently Affecting Your Local Community?"



Data Source: 2025 Marion County Community Health Assessment Survey, DR5874

Superfund and State Cleanup Sites

The Superfund program, formally known as the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), was established in 1980 in response to public awareness of contaminated sites.[140] The program allows the EPA to manage cleanup at contaminated sites and hold the responsible party accountable.[140] The Indiana State Cleanup Program functions similarly to the Superfund program and is overseen by the Indiana Department of Environmental Management.[141] Figure 48 shows the Superfund sites and State Cleanup sites in Marion County, overlaid with the percentage of residents in poverty by census tract. The Superfund sites, denoted by red dots, are clustered in an area of moderate poverty. State Cleanup sites, denoted by blue dots, exist all over the county but are concentrated in areas of moderate to high poverty.

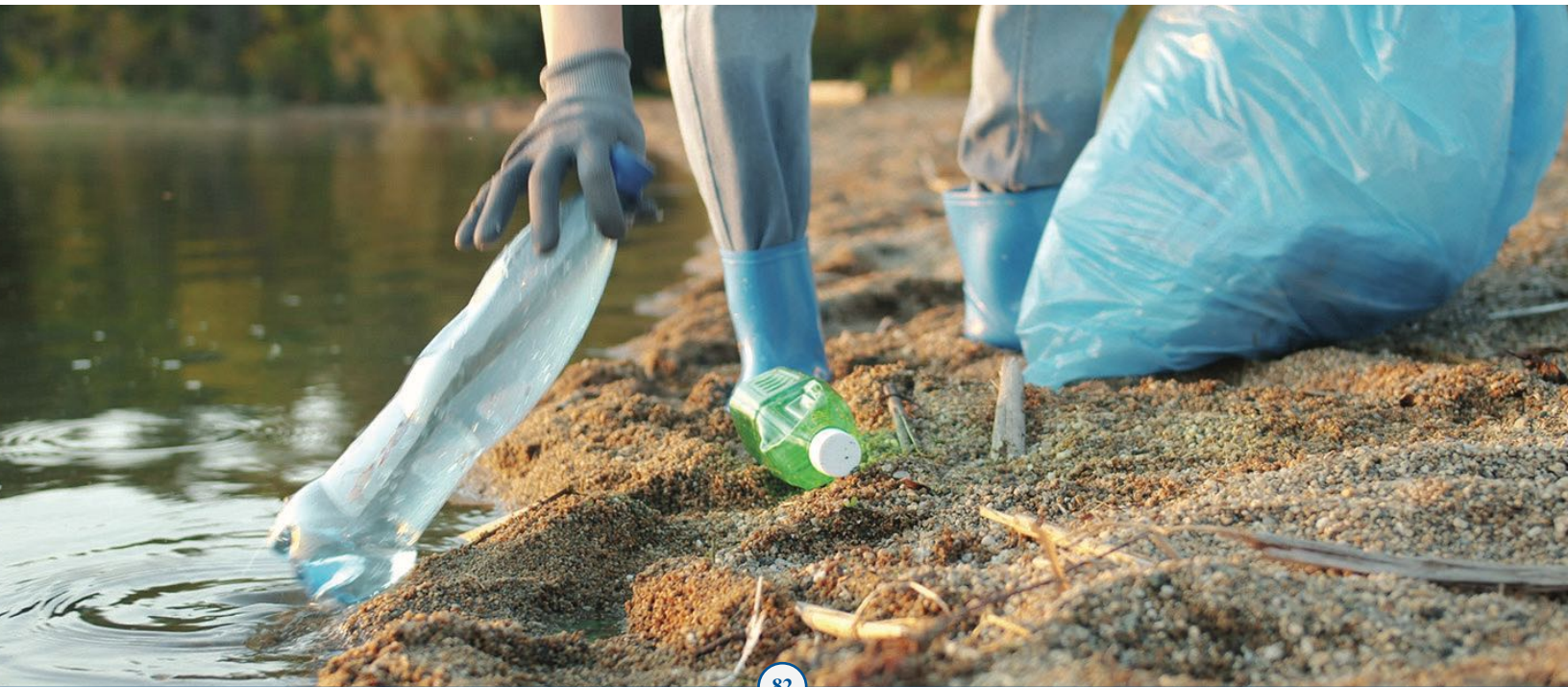
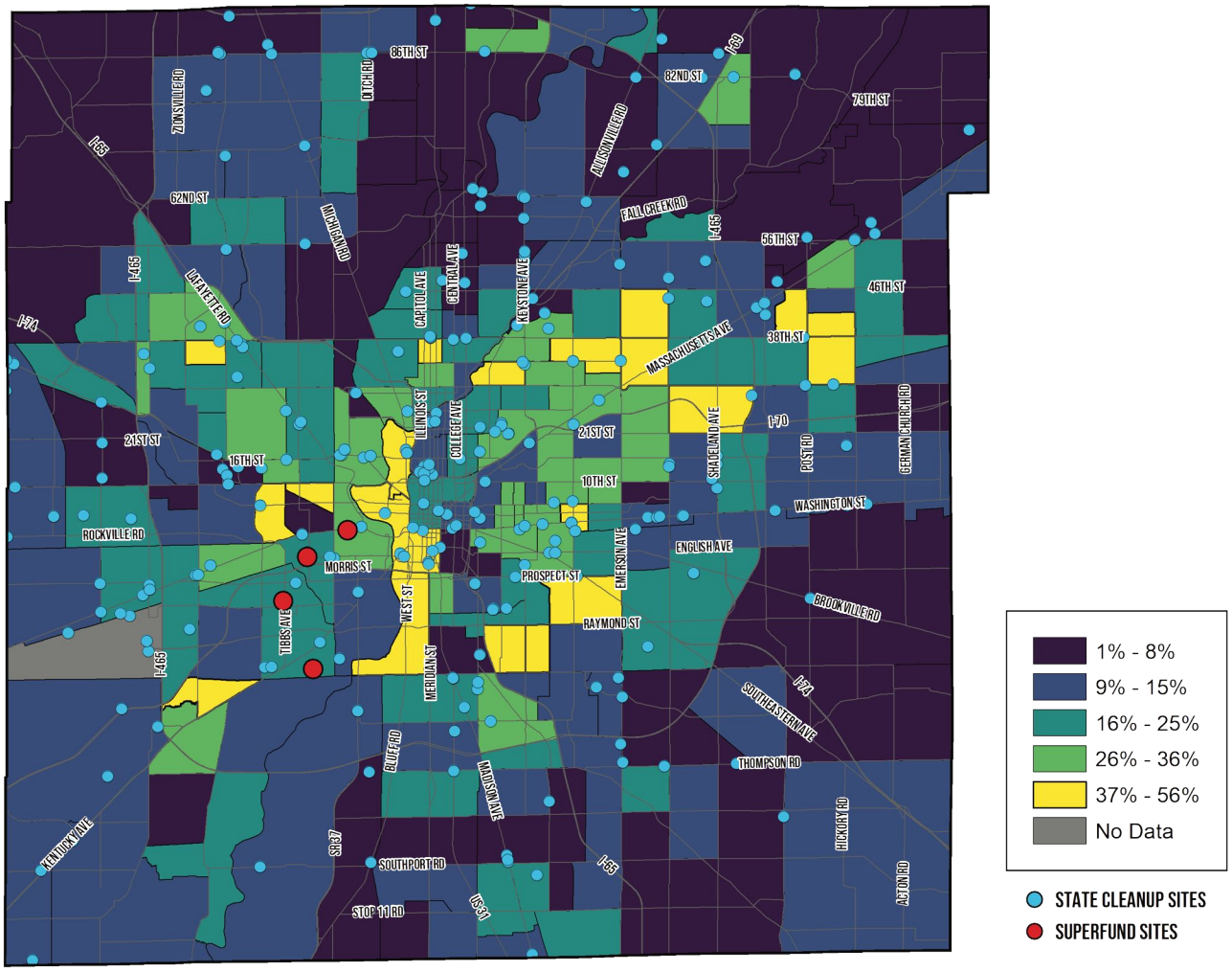


Figure 48. Superfund and State Cleanup sites in Marion County with poverty by census tract, 2023



Data Source: Indiana Department of Environmental Management; U.S. Census Bureau ACS 5-Year Estimates, 2023, DR5874

The environment we live in directly impacts our health. Poor air and water quality can lead to illness. Continued climate change will lead to more severe weather conditions. It's important to be good stewards of what we have in our environment today so that it can be a safe place for current and future generations.

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2025

Healthy Behaviors & Attitudes

Healthy behaviors are actions taken by individuals, groups, or populations that affect health or mortality.[142] They can improve or lessen a person's health and are not always planned.[142] They include smoking, substance use, diet, physical activity, sleep, risky sexual activities, health care seeking behaviors, and adherence to prescribed medical treatments.[142] These behaviors vary over time, across groups, in different settings, and can occur at any age.[142]

Many of the current, common, and costly chronic diseases and mental health conditions are stress-related.[143] Managing chronic diseases means that patients have to make changes to their lifestyle and daily routines, which can add more stress.[144] Positive thinking can help one manage the stress and can lower the risk of death from cardiovascular disease, cancer, and respiratory conditions.[145]

To improve health behaviors and attitudes, the U.S. Office of Disease Prevention and Health Promotion (ODPHP) developed health objectives with measurable goals for individuals, organizations and communities to meet. The first goals were set in 1980 and called Healthy People. They are revised every 10 years based on knowledge learned over time.[146] The current set of objectives is Healthy People 2030 (HP2030). It provides[146]:

- Data that illustrate national progress toward achieving objectives
- Evidence-based resources to help with program and policy development
- Tools to inspire action, encourage collaboration, and empower individuals, organizations, and communities to use the initiative

Combined with the findings below, using HP2030 goals can assist MCPHD, its partners, and other organizations to set priorities and develop community interventions to improve the health of residents.

Inadequate physical activity and poor nutrition are major risk factors for obesity and other chronic diseases such as type 2 diabetes and heart disease.[147] Physical activity can protect health and prevent or improve many health conditions including many of the leading causes of death in the United States. Other potential benefits include improved school performance, mental health, military readiness, and healthier aging.[147] Inadequate physical activity costs the nation $117 billion a year for related health care.[148]

In the U.S.[147]:

- Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables.
- Only 1 in 4 adults and 1 in 6 young people fully meet physical activity guidelines.
- 2 in 10 children are obese, which is defined as a height and weight at the 95th percentile or greater.[149]
- 4 in 10 adults are obese, which is defined as a Body Mass Index (BMI) of 30 or greater.[150]

Physical Activity

Nationwide, only 1 in 4 adults and 1 in 5 adolescents meet guidelines for aerobic and muscle-strengthening activities.[151] For adults, a strong relationship exists between the amount of sedentary activity for an individual and the risk of dying from any cause, and from cardiovascular disease specifically.[152] The less a person moves during the day (i.e., sitting or standing still), the more time they need to spend doing moderate or vigorous physical activity to reduce their risk of dying.[152] However, any amount and type of daily physical activity will lead to reduced mortality.[152]

Intensity of physical activity is divided into three categories[152]:

1. Light-intensity activity includes walking at a leisurely pace, cooking, or light household chores.
2. Moderate-intensity activity includes a brisk walk, playing doubles tennis, or raking the yard.
3. Vigorous-intensity activity includes jogging, running, carrying heavy items, or shoveling snow.

Levels of physical activity are divided into four categories[152]:

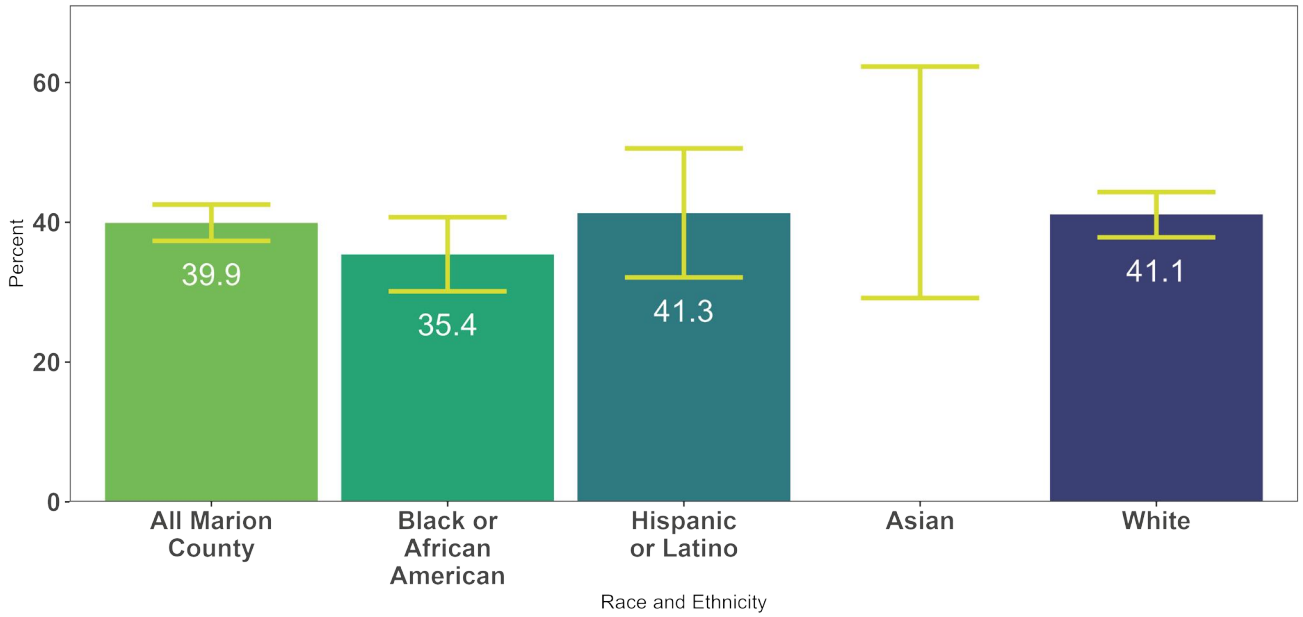
1. Inactive means a person does not get any moderate or vigorous intensity activity except for basic daily life activities.
2. Insufficiently active means a person does less than 150 minutes of moderate intensity or less than 75 minutes of vigorous intensity activity a week. This is less than the target level of activity to meet the guidelines for adults.
3. Active means a person does from 150 minutes to 300 minutes of moderately intense physical activity a week. This level meets the recommendations for adult physical activity.
4. Highly active means a person does 300 or more minutes of moderately intense physical activity a week.

Throughout the day, even small amounts of time spent doing a combination of moderate to vigorous physical activity (like climbing stairs) can add up to the total number of minutes of recommended physical activity that provides health benefits.[152]

The Behavioral Risk Factor Surveillance System (BRFSS), a national survey that measures the health status and behaviors of Americans, measures a variety of different types of physical activity for adults ages 18 and over. This survey measures the percentage of adults reporting no physical activity or exercise in their leisure time (past 30 days). The Healthy People 2030 goal for the percentage of adults (aged 18 years and over) who do not do physical activity in their free time is 21.8%.[151] In 2022, the National Health Interview Survey (NHIS) found that 25.2% of adults nationwide reported no physical activity in their free time.[153] Data from the BRFSS showed that these numbers declined from 2019 to 2023 for Marion County, Indiana, and the United States. In 2023, adults reporting no physical activity were similar between Marion County (24.2%), Indiana (24.7%) and the United States (24.3%).[154] The percentage of adults meeting recommended amounts of physical activity of 150+ minutes (or vigorous equivalent) per week increased between 2019 to 2023 for Marion County, Indiana, and the United States.[154] In 2023, those percentages were 51.6% for Marion County, 51.6% percent for the United States, and 53.9% for Indiana.[154]

The MCPHD 2025 CHA survey asked for information on residents' physical activity; specifically, respondents were asked to report their level of participation in physical activities as minutes per week. As is shown in Figure 49, 39.9% of Marion County respondents reported having 150 or more minutes (2.5 hrs. or more) of physical activity a week. Looking at this measure by race and ethnicity, 41% percent of White residents, 35.4% percent of Black or African American residents, and 41% percent of Hispanic and Latino residents reported having 150 or more minutes per week (Figure 49). Asian residents are represented by a confidence interval due to low counts.

Figure 49. Percentage of Marion County residents participating in 150 minutes or more physical activity a week by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Screen Time

Screen time is defined as time spent in front of a TV, computer, cellphone, or other electronic device, except when doing homework.[155] For children aged 2 to 5 years, no more than one hour of screen time a day is recommended.[155] Increased screen time among youth has become a major public health concern. For youths, national and local trends link high screen time with lower physical activity, poor nutrition, and negative mental health outcomes.[156] Nationwide, children aged 8–18 years spend an average of over 7 hours per day on screens, excluding schoolwork.[157]

For adults aged 18 years and older, there is not a standard guideline or HP2030 goal for screen time. In the 2025 CHA survey, screentime was measured by asking respondents to report the average number of hours a day they spend watching TV, streaming shows or videos, playing video games, or using social media, a cellphone, other personal electronic devices, or computer outside of work or school. In Marion County, the average hours of screen time spent was 4.7 hours per day. Of interest, the residents with less than a high school education reported the highest average screen time per day (5.8 hours), which decreased by education level. Residents having the lowest average of daily screen time had a master's, graduate, or professional degree at 4.0 hours.

Nutrition

Achieving healthy growth and weight includes healthy eating, physical activity, optimal sleep, and stress reduction. The dietary guidelines developed by the United States Department of Agriculture (USDA) help people choose foods and beverages in amounts to help people achieve good health, reduce risk of diet-related chronic diseases, and meet nutrition needs.[113] Dietary recommendations vary across the lifespan and include infants and toddlers, children and adolescents, adults, pregnant or lactating adults, and older adults. In general, according to the Dietary Guidelines for Americans for 2020–2025, a healthy eating plan[113]:

- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products.
- Includes a variety of protein foods.
- Includes seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, nuts, and seeds.
- Is low in added sugars, sodium (salt), saturated fats, trans fats, and cholesterol.
- Stays within your daily caloric needs.
- Is important to achieving optimal health and managing weight as you age.

Guidelines for vegetable and fruit intake are given in measurements of cups and any measure that would equal a cup. A cup measures 8 ounces and equivalent measures are 16 tablespoons or 240 milliliters.[158] For vegetable consumption, the HP2030 goal for people aged 2 years and older are 0.84 cup equivalents per 1,000 calories.[159] Nationwide, between 2017 and 2020, people only consumed 0.73 cup equivalents per 1,000 calories.[159] For fruit consumption, the HP2030 goal is 0.56 cup equivalents per 1,000 calories, with people consuming only 0.49 cup equivalents in 2017-2020.[160] According to the USDA, the fruit and vegetable recommendation for a person eating a 2,000-calorie diet is 2.5 cups of vegetables and 2 cups of fruits daily. [161]

The BRFSS estimates the number of times per day that someone eats fruits or vegetables. For 2022, the percent of residents consuming fruit less than one time per day in Marion County (46.1%) did not differ greatly compared to the U.S. (35%) and Indiana (34.1%).[22] For vegetable intake of less than one time per day in 2022, Marion County was at 16.9%, the U.S. at 17.4%, and Indiana at 10.8%.[154]

The 2025 CHA survey asked respondents where they shopped for most of their food in a typical week. For Marion County, 92.5% reported shopping for food in a supermarket, grocery store, or warehouse (like Kroger, Aldi, Meijer, Target, Costco, Wal-Mart, Sam's Club, Safeway, Whole Foods, etc.). Online grocery delivery (like Instacart, Shipt, and AmazonFresh), ethnic food stores, and convenience and dollar stores made up the rest of the answer options selected (7.5%). Similar results were seen among various demographic groups like race and ethnicity, sex, poverty level, etc.

Survey respondents in Marion County also reported that the average number of meals prepared away from home (like full service or fast-food restaurants, food stands, etc.) was 3 meals per week. Males reported having an average of 3.5 meals a week away from home while females reported an average of 2.6 per week. The average number of meals prepared away from home increased by poverty level. People living at less than 100% of the federal poverty level reported an average of 2.2 meals away from home, while people living at more than 300% of the federal poverty level reported an average of 3.2 meals.

For fruit intake, survey respondents were asked how many times per day they eat fruit, with 43% reported having fruits zero to one time per day. For vegetables, 46.3% reported having a green leafy or lettuce salad, with or without other vegetables, zero to one time per day, and 56.7% reported that they ate potatoes, such as baked, boiled, mashed potatoes, or potato salad, zero to one time per day.

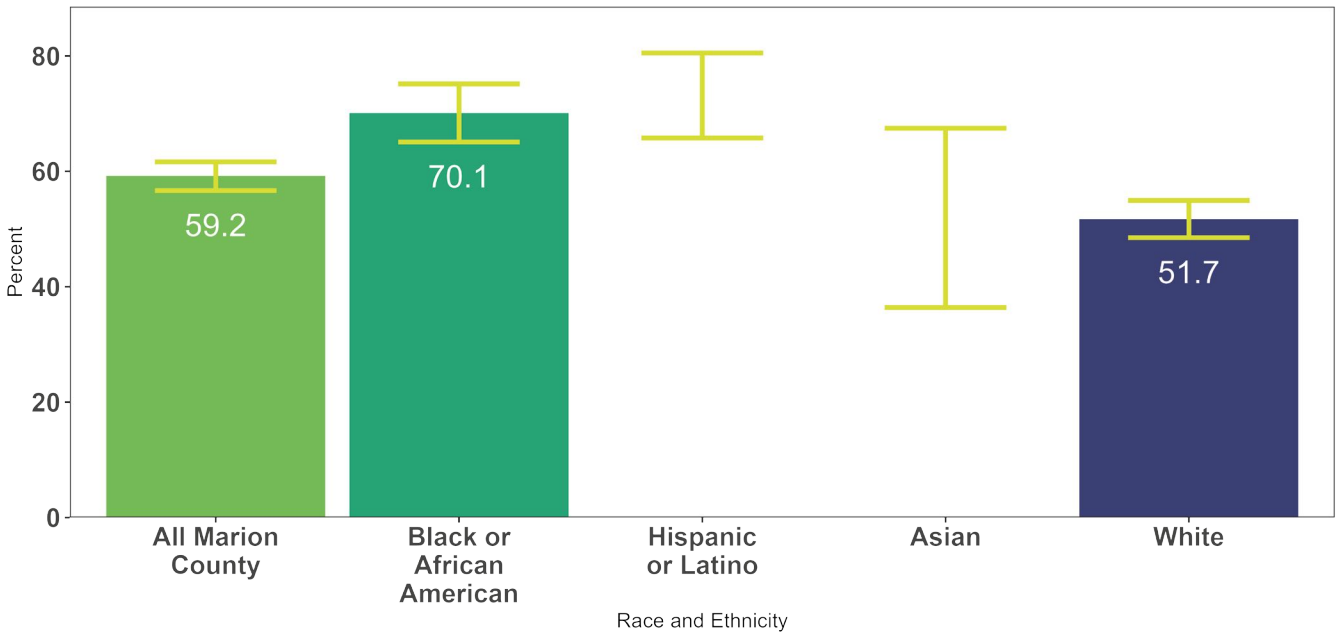
Sugar-Sweetened Beverages

According to the Dietary Guidelines for Americans for 2020-2025,[113] sugar-sweetened beverages include soda, sports drinks, energy drinks, fruit drinks, sweetened coffee, and teas. Sugar-sweetened beverages (SSB) are a top source of added sugar in the diet of Americans.[162] They can lead to health problems like weight gain, obesity, type 2 diabetes, heart and kidney diseases, non-alcoholic liver disease, tooth decay and cavities, and gout (a form of arthritis).[162] The HP2030 goal for reducing consumption of added sugars (from food or beverages) for people aged two and older is 11.5% or less of total calories.[163] Nationwide, data from 2017-2020 show that the average percentage of caloric consumption from added sugars was 13.2%.[163]

Current SSB intake by adults aged 19-59 years is estimated to equate to 40% of a person's total daily added sugar consumption.[113] The National Health and Nutrition Examination Survey (NHANES) measures health and nutrition of children and adults in the United States.[164] The information NHANES obtains from these populations includes what they eat and drink, among other characteristics.[164] The most recent NHANES found that SSBs alone amount to 24% of added sugar intake for people ages one year and older.[165] Second on the list are desserts and sweet snacks, which make up 19% of added sugars. The remaining intake comes from coffee and tea (11%), candy and sugars (9%), breakfast cereals and bars (7%), sandwiches (7%), and high fat milk and yogurt (4%).

The 2025 CHA survey respondents were asked about their SSB intake. For sugary beverages, 59.2% of Marion County respondents reported drinking one or more sugary beverages a day. Looking at race and ethnicity, Hispanic or Latino residents reported the highest percentage, between 65.8% to 80.5%. Black or African American residents followed at 70.1%. Asian residents came in in the middle (between 36.4% and 67.5%) while White residents (51.7%) had the lowest percentage of people reporting sugary beverage consumption one or more times per day (Figure 50).

Figure 50. Percentage of Marion County residents reporting drinking one or more sugary beverages a day by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

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2025

Alcohol, Tobacco, & Other Substances

The use of alcohol, tobacco, and other substances greatly impacts one's health. The effects of using these substances can be experienced in the short term, such as experiencing an overdose, vomiting, or the slowing of breathing. The long-term impacts that can be experienced are an increased risk of heart attack or myocardial infarction, various cancers, and other chronic diseases or conditions. This chapter outlines the current state of substance use and its impacts in Marion County.

Smoking Tobacco and E-Cigarette Use

Smoking Cigarettes (Tobacco)

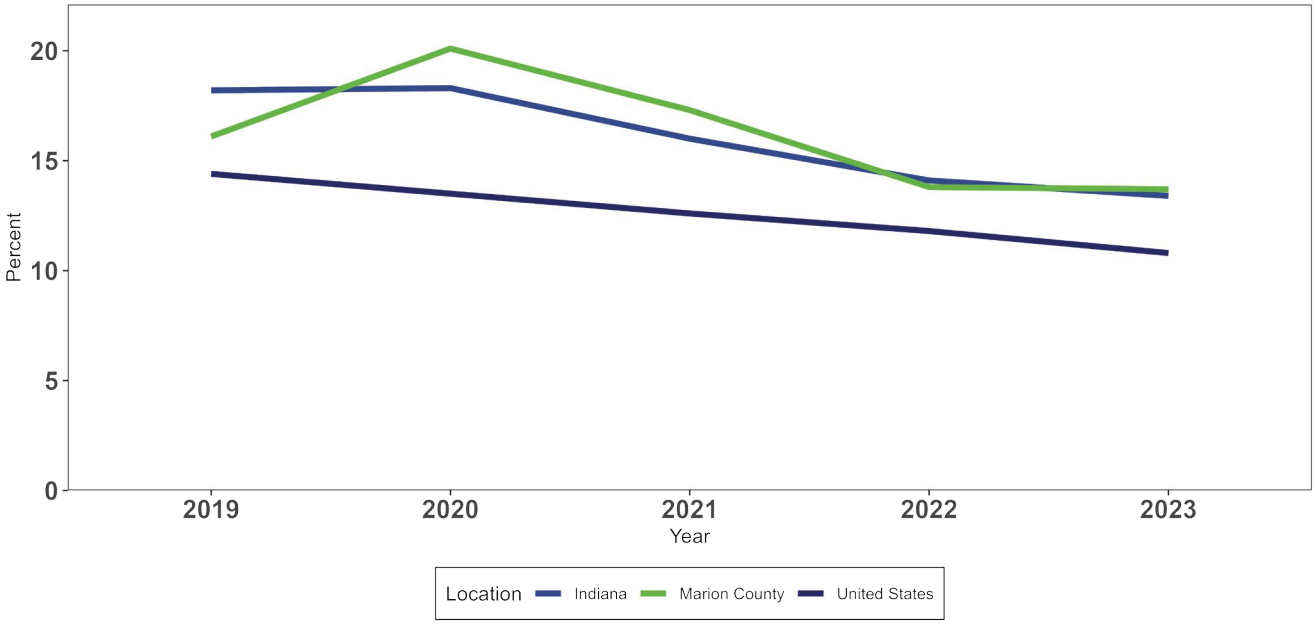
Cigarette smoking is known to be a major cause of death and disease for all racial and ethnic groups.[166] Smoking is the leading risk factor for lung cancer in the United States, followed by radon and secondhand smoke as the second and third most common cause of lung cancer in the United States.[167] Key findings from the 2024 U.S. Surgeon General's Report found that disparities still exist among demographic subgroups for tobacco product use and exposure to secondhand tobacco smoke, even though cigarette smoking has been declining for decades.[168]

Nationwide, cigarette smoking among males and females living in poverty is more than twice as common compared to those not living in poverty.[168] American Indian and Alaska Native adults and youth have the highest prevalence of cigarette smoking by race and ethnicity in the United States. Among people who do not smoke, exposure to secondhand tobacco smoke remains disproportionately higher among Black or African American people than among people in other racial and ethnic groups.[168] Youth who identify as lesbian, gay, or bisexual have a prevalence of cigarette smoking that is nearly double that of their heterosexual peers.[168]

Reasons for these disparities include marketing campaigns designed by the tobacco industry that target specific groups, such as neighborhoods with greater percentages of Black or African American people, Hispanic or Latino people, and people with lower incomes.[168] In addition, the tobacco companies use multiple strategies to undermine tobacco prevention and control efforts that are implemented in communities.[168]

Almost three billion dollars in healthcare costs in Indiana have been attributed to cigarette smoking.[166] Numbers for current cigarette smoking among adults declined from 2019 to 2023 in the U.S., Indiana, and Marion County, according to data from the BRFSS (Figure 51).[154] However, cigarette smoking in Indiana and Marion County was higher than the U.S. for all reported years. In 2023, the percentage of current smokers in Marion County was 16.1%, compared to10.8% for the U.S., and 18.2% for Indiana. Looking at race and ethnicity among county residents reporting current smoking, White residents reported the highest percentage (14.3%), with Black or African American residents as the second highest (10.4%).[154] While the rate for Hispanic, non-Latino residents is considered unstable, the confidence interval range shows the rate to be between 3.3% to 15%.

Figure 51. Percentage of individuals who reported currently smoking cigarettes by geography, 2023[1]



Data Source: CDC Behavioral Risk Factor Surveillance System Survey (BRFSS), DR5862

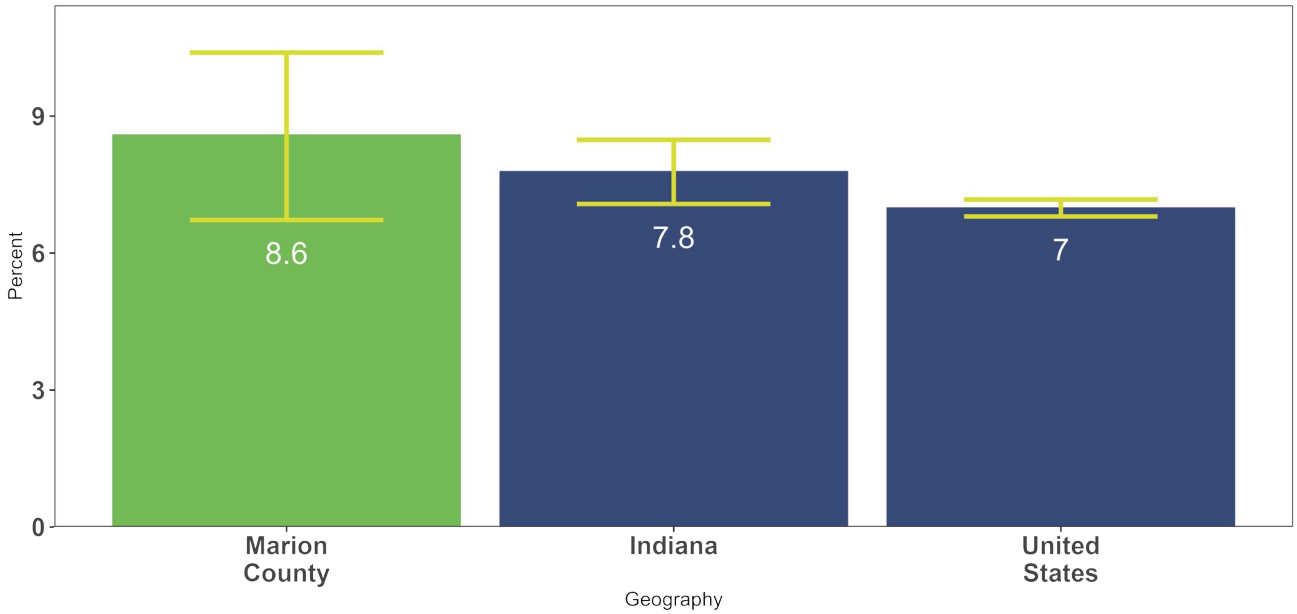
Electronic Cigarette Use

With a decline in cigarette smoking, the use of electronic cigarettes (e-cigarettes) has increased. E-cigarettes do not contain tobacco and are often the shape of a cigarette, cigar or pen.[169] They contain nicotine, sometimes come with flavorings, and other chemicals which can be harmful.[169] When used, the nicotine becomes a mist and is inhaled into the lungs.[169] Since most e-cigarettes have nicotine, the U.S. Food and Drug Administration (FDA) classifies them as "tobacco products".[167]

In 2024, e-cigarettes were the most commonly used tobacco product among Hoosier youth, followed by nicotine pouches among high-school students, and cigars among middle school students.[170] Among those reporting that they tried a tobacco product, e-cigarettes were the product most frequently tried among high school and middle school students, with cigarettes coming in second.[170] The percentage of Indiana high school youth who reported current tobacco use in 2024 was 5.8% compared to 10.1% for the United States. The percentage of Indiana youth who reported currently using e-cigarettes was 5.0% compared to 7.8% for the United States.[170] Marion County data for cigarette and e-cigarette use among youth is not available.

E-cigarette use among adults in the U.S. was found to be strongly associated with recent (<=6 years) smoking cessation.[171] According to the BRFSS, the rate of e-cigarette use among adults increased from 2019 to 2023 for the U.S., Indiana, and Marion County.[154] However, e-cigarette use in Indiana and Marion County was higher than in the U.S. for all reported years. In 2023, the percentage of current smokers in Marion County was 8.6%, 7% for the U.S., and 7.8% for Indiana (Figure 52). Looking at race and ethnicity among county residents reporting current e-cigarette use, White residents reported the highest use (10.7%) with Black or African American residents as the second highest (7.0%).

Figure 52. Percentage of individuals reporting currently using e-cigarettes by geography, 2023[1]



Data Source: CDC Behavioral Risk Factor Surveillance System Survey (BRFSS), DR5862

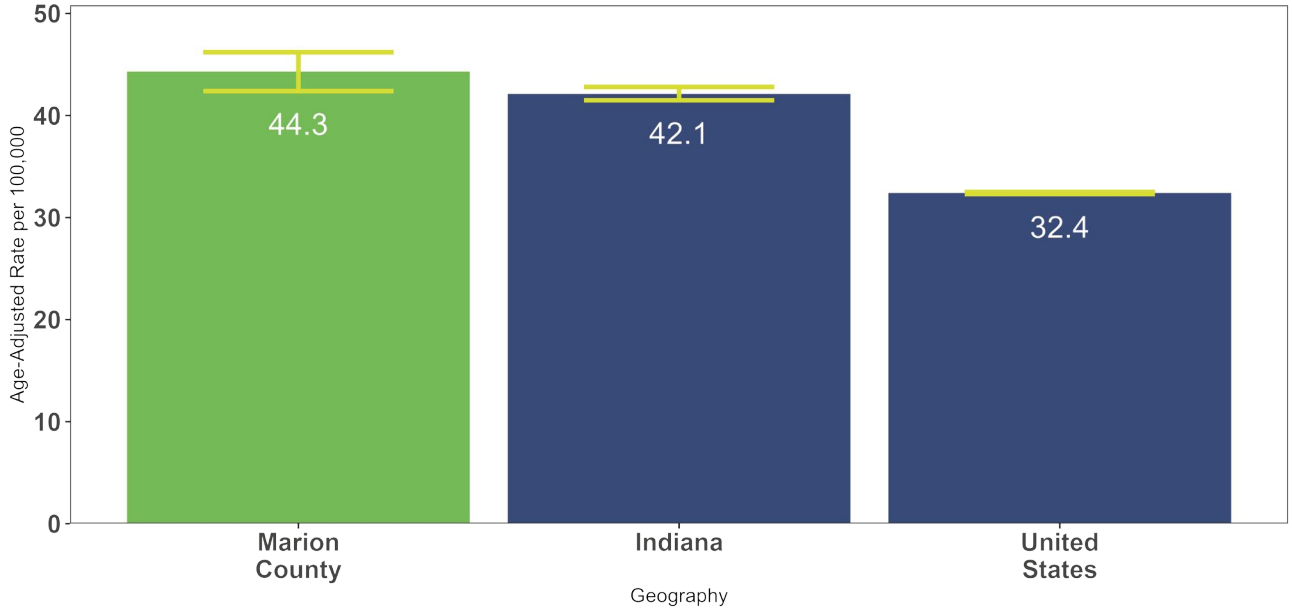
Lung Cancer and Tobacco Use

Smoking tobacco is the leading cause of preventable death in the U.S. and accounts for about 1 in 5 of all deaths.[172] It is also the leading risk factor for lung cancer mortality, with 80% of lung cancer deaths considered to be the result of smoking.[167] Nationally, within race and ethnicity, mortality attributable to smoking tobacco is similar between non-Hispanic Black or African American (at 18% of all deaths) and non-Hispanic White (at 20% of all deaths) individuals, and is around 10% of all deaths among Hispanic individuals.[168] At this time, it is not known if e-cigarettes increase a person's chance for lung cancer, however, e-cigarette use has been shown to cause lung damage.[167]

The lung cancer incidence rate for Marion County from 2016 to 2020 (the most recent time period available) was higher (74.4 per 100,000 residents) than for Indiana (68.2 per 100,000 residents).[173] For the U.S., from 2017 to 2021, the incidence of lung cancer mortality was lower at 53.1 per 100,000.[174] The same was true for lung cancer mortality rates from 2018 to 2022, with Marion County's rate at 44.3 per 100,000 and Indiana's at 42.1 per 100,000, as compared to the U.S. rate at 32.4 per 100,000 (Figure 53).[175] Mortality from lung cancer for non-Hispanic, White residents in the U.S. from 2018 to 2022 was 35.4 per 100,000. while non-Hispanic, White residents in Indiana had 43.8 per 100,000. Mortality for non-Hispanic, Black or African American residents during the same time period was lower than for White residents in the U.S. (34.3 per 100,000) and in Indiana (41.1 per 100,000). Lung cancer mortality from 2019 to 2023 show that non-Hispanic, Black or African American residents had a rate of 167.0 per 100,000 residents, while non-Hispanic, White residents had a higher lung cancer mortality rate of 267.6 per 100,000 residents.[176]

More information on lung cancer incidence and mortality by race and ethnicity in Marion County can be found in the health conditions chapter within the cancer subsection.

Figure 53. Lung cancer mortality rate, Marion County, Indiana, and United States, 2018-2022



Data Source: National Cancer Institute SEER Database, DR5862

Note: Death data provided by the National Vital Statistics System public use data file. Death rates calculated by the National Cancer Institute using SEER*Stat. Death rates are age-adjusted to the 2000 US standard population.

Multi-Unit Housing Survey

Adopting 100% smoke-free indoor air policies in multi-unit housing is needed to prevent indoor secondhand smoke exposure.[177] Second hand smoke inhalation by people who don't smoke can cause heart disease, lung cancer, and stroke in adults. For children, it increases the risk of respiratory illnesses, ear infections, sudden infant death syndrome (SIDS), and the frequency and severity of asthma attacks.[177]

Multi-unit housing includes apartments, duplexes, and town homes. Every two years, the Tobacco Prevention and Cessation Division of the MCPHD assesses smoking policies in multi-unit housing. The percentage of multi-unit housing that reports having a smoke-free policy has increased since 2013. The 2024 multi-unit housing survey found that 60% (239) of the 397 multi-unit housing facilities who answered the survey had a smoke-free policy. This has increased from 2013, when only 4% (14) of 327 facilities reported having a smoke-free policy.

Community Health Assessment Survey Data

CHA survey respondents were asked about their use of tobacco and e-cigarettes. When asked if they currently smoke every day, some days, or not at all, 11% of respondents reported smoking tobacco currently. Looking at race and ethnicity, 13% of Black or African American residents reported currently smoking tobacco, which is higher than for White residents (11%), and Hispanic or Latino residents (9.6%). Among age groups, the lowest percentage of residents reporting currently smoking were those 18 to 24 years of age (4.7%) and over 65 years of age (7.3%). The age groups in between (35-64 years of age) reported smoking at double the rate of those age 65+, ranging from 14.6% to 15.2%.

The percentage of survey respondents who reported use of e-cigarettes (electronic vaping devices, personal vaporizers, vape pens, e-cigars, or hookah pens) in the past twelve months was 10.5%. E-cigarette use varied among races and ethnicities. White residents reported the highest usage in the past 12 months at 12%, followed by Hispanic or Latino (11.6%) and Black or African American residents (8.2%). For the same measure between sexes, higher usage of e-cigarettes was reported by males (11.3%) than females (9.5%).

Alcohol

An alcoholic beverage is any fermented liquor that contains ethanol, a toxic and psychoactive substance that has addictive potential.[178] Examples include beer, distilled spirits, and wine.[179] The CDC describes excessive alcohol consumption in four key ways in which people drinking alcohol may experience negative impacts to their health:

Binge drinking: men having five or more drinks, or women having four or more drinks on a single occasion.[180]

Heavy drinking: men having fifteen or more drinks, or women having eight or more drinks during a seven-day period.[180]

Underage drinking: any alcohol use by people under the age of twenty-one.[180]

Drinking while pregnant: any alcohol use while pregnant.[180]

Excessive alcohol consumption is one of the leading preventable causes of death in the U.S., with an average of 178,000 people dying from excessive drinking each year.[180,181] These deaths include alcohol poisoning (drinking too much on one occasion), alcohol-related motor vehicle crashes, and deaths that occur from drinking alcohol over the years.[181] Almost two-thirds of alcohol-related deaths were from chronic conditions developed from drinking over time, such as heart disease, liver disease, cancer, and alcohol use disorder (AUD).[181] The other one-third of alcohol-related deaths were from binge drinking that led to alcohol poisoning, motor vehicle crashes, suicide, and/or alcohol-involved drug overdoses.[181]

People may turn to drinking alcohol when experiencing stress, loneliness, mental health conditions, or social isolation.[181] Drinking too much is associated with violence, alcohol poisoning, sexual risk behaviors, injuries such as motor vehicle crashes, cancer, liver disease, high blood pressure, and AUD.[181,182] Though people may turn to drinking alcohol because of mental health conditions (depression and anxiety), these conditions are also the effect of excessive alcohol use.[180]

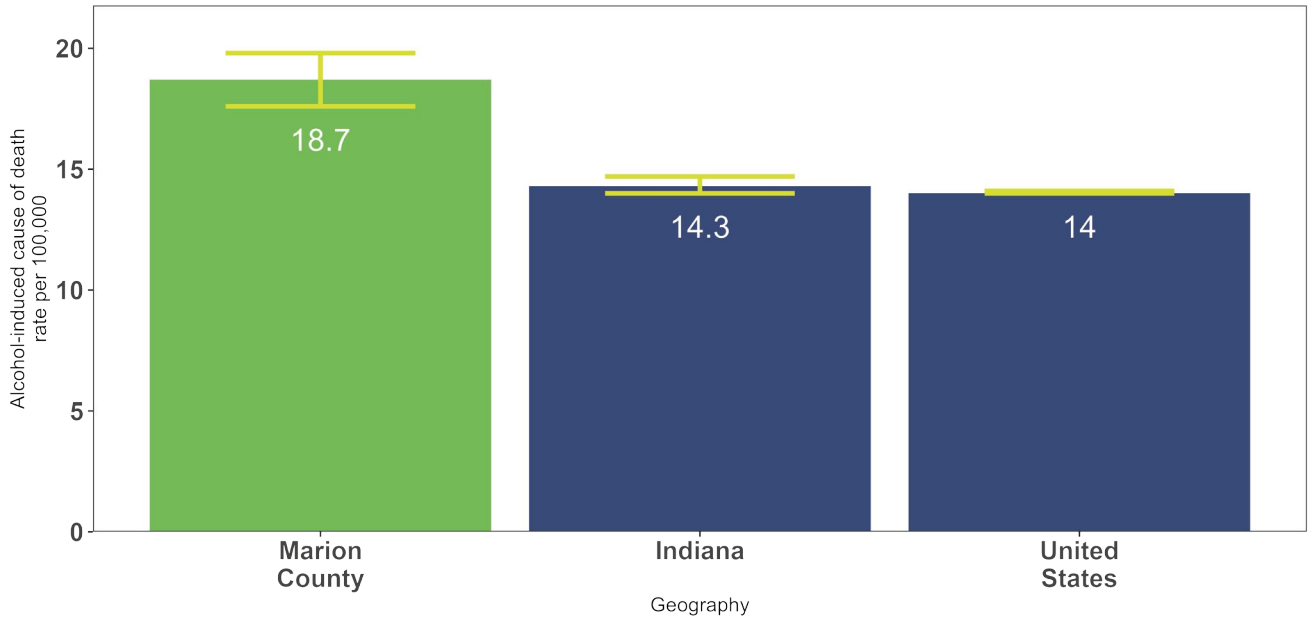
Long term drinking may lead to a weaker immune system, digestive problems, stroke, memory problems such as dementia, learning issues at work or school, and relationship problems with family and friends.[180] Drinking also increases the risk of several types of cancer: throat, colon, breast, liver, and more.[180] Drinking while pregnant can lead to miscarriage, stillbirth, preterm birth, sudden infant death syndrome (SIDS) or fetal alcohol spectrum disorder.[183] During pregnancy, there is no safe amount or, time to drink alcohol.[183]

Indiana ranked 16th among U.S. states for excessive drinking, with 16% of adults reporting binge drinking in 2023.[184,185] This is a slight increase from 2021, when 15.4% of Indiana residents (age 12 and older) reported binge drinking.[185] The same study showed the percentage of Indiana residents with AUD rose 51% from 2009 (7%) to 2021 (10.6%).[178,185] AUD is a medical condition where one has impaired ability to stop or control their alcohol use.[185]

Higher alcohol use rates in Indiana lead to higher alcohol-induced mortality rates and are a contributing factor in 10.2% of child removal cases.[185] The CDC defines alcohol-induced deaths as "those attributable to excessive drinking, including conditions like alcoholic liver disease, alcohol-related accidents, and other chronic diseases related to alcohol use."[25] More than 3,800 Indiana residents die from excessive drinking each year and it is estimated to cost Hoosiers $4.5 billion or $1.96 per drink sold.[182] This cost estimate includes lost productivity, and criminal justice and health care costs.[182]

Figure 54 compares Marion County, Indiana, and the U.S. by alcohol-induced death rates. This figure portrays a significantly higher mortality rate in Marion County for alcohol-induced deaths (18.7 per 100,000 people) compared to the U.S. (14) and Indiana (14.3). The higher rate seen in Figure 54 for Marion County could be attributed to the higher percentage of drunk driving deaths in the county.[186] In Marion County, the percentage of driving deaths that involve alcohol use is 23.2% compared to 18.3% for Indiana.[9] Marion County residents (19%) also experience a higher percentage of excessive drinking when compared to Indiana (16%).[186]

Figure 54. Alcohol-induced death rate per 100,000 by geography, 2018-2023

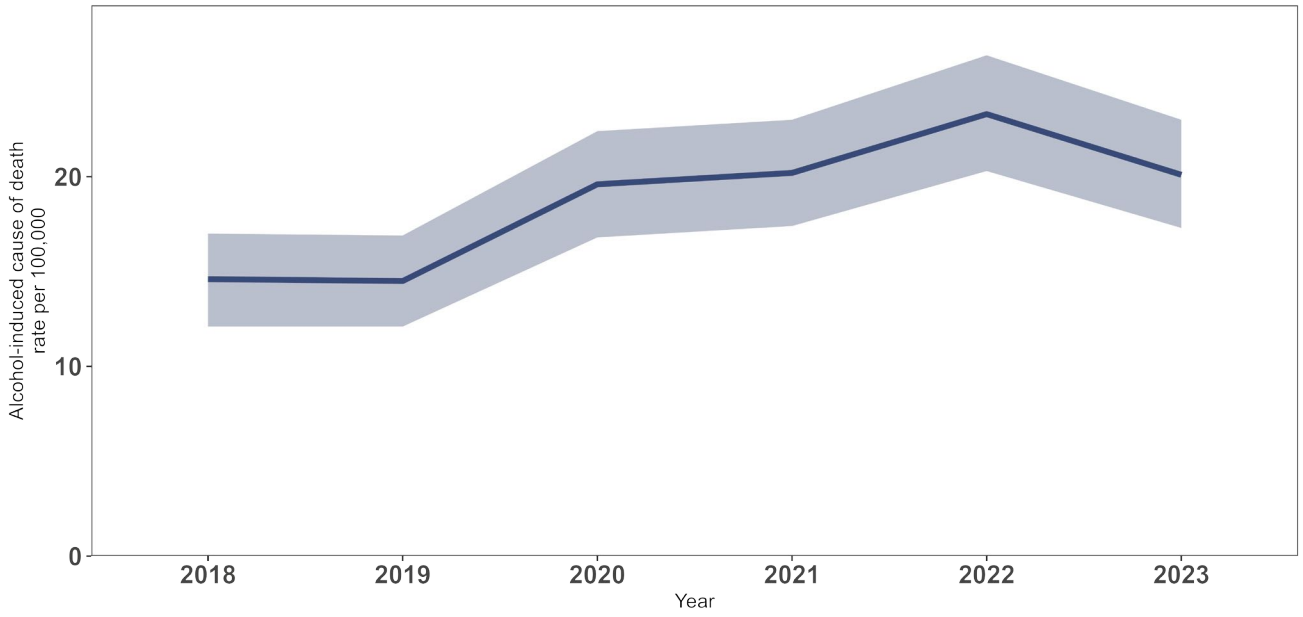


Data Source: CDC Wonder, 2018-2023, DR5916

*CDC defines alcohol-induced deaths as those attributable to excessive drinking, including conditions like alcoholic liver disease, alcohol-related accidents, and other chronic diseases related to alcohol use.[5]

Figure 55 shows the yearly trend of alcohol-induced deaths in Marion County from 2018-2023. This trend increased significantly during the COVID-19 pandemic. Though the trend has decreased from its peak of 23.3 per 100,000 in 2022, overall there has been a 38% increase when comparing 2018 to 2023.

Figure 55. Yearly trend of alcohol-induced death rate per 100,000, Marion County, 2018-2023



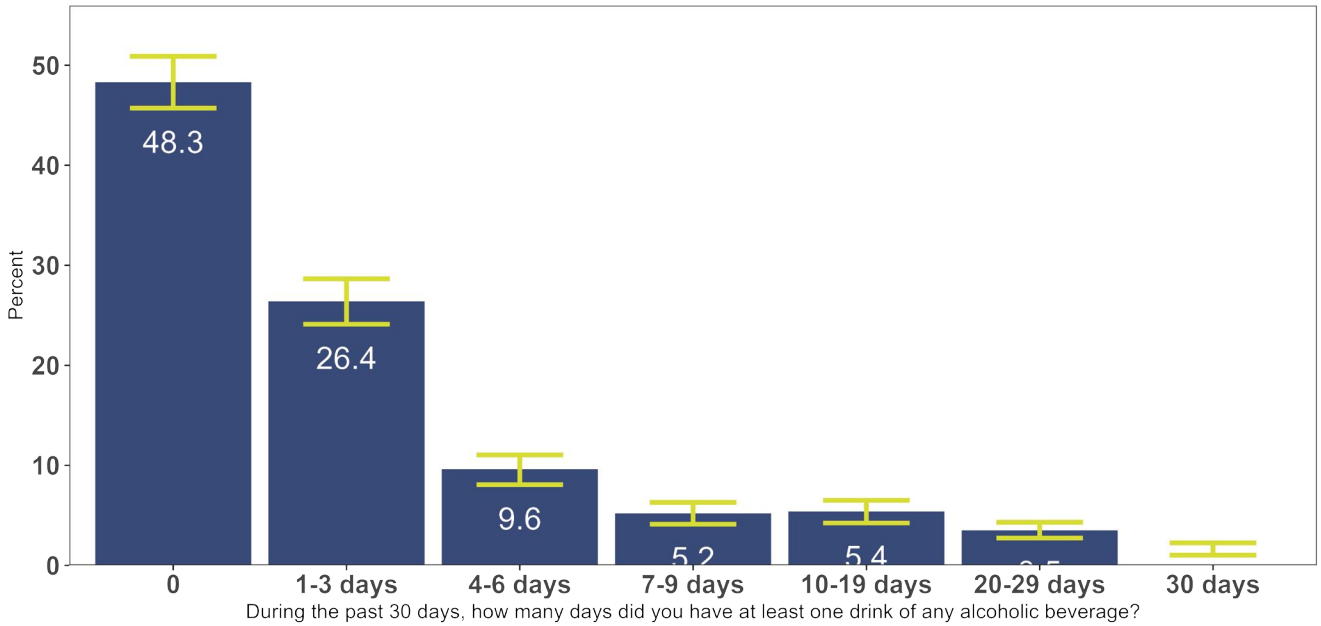
Data Source: CDC Wonder, 2018-2023, DR5916

*CDC defines alcohol-induced deaths as those attributable to excessive drinking, including conditions like alcoholic liver disease, alcohol-related accidents, and other chronic diseases related to alcohol use.[5]

The 2025 CHA survey asked respondents about their use of alcohol, including frequency of use. Some of the survey results are shown in the following graphs.

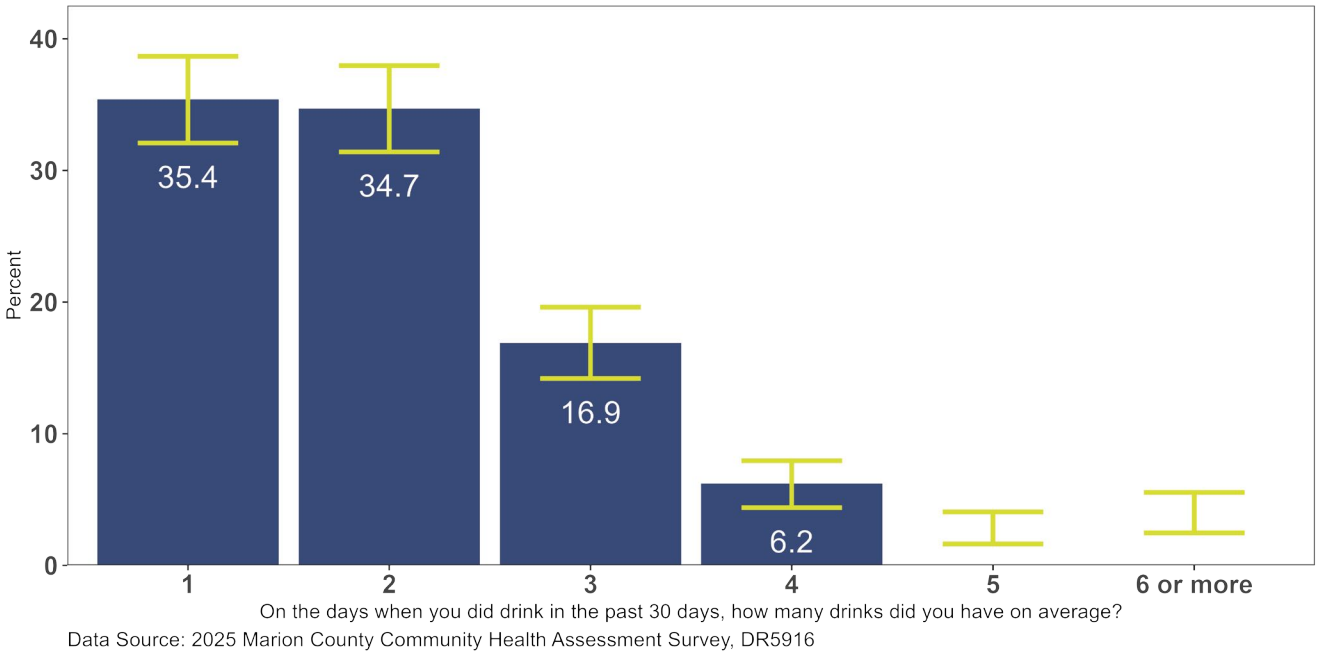
Figures 56 and 57 show Marion County survey respondent data on self-reported alcohol use. Figure 56 shows that 48.3% of residents reported that they did not drink any alcoholic beverages in the past 30 days. The next highest percentage (26.4%) was for residents who reported drinking on 1-3 days during the same period. The lowest percentage (1 – 2.3%) was for those who reported drinking every day of the 30-day period. Figure 57 shows that, among residents who reported that they did drink alcohol, most only drank 1 (35.4%) or 2 (34.7%) alcoholic beverages per occasion.

Figure 56. Number of days Marion County residents reported drinking at least one alcoholic beverage in the past 30 days, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5916

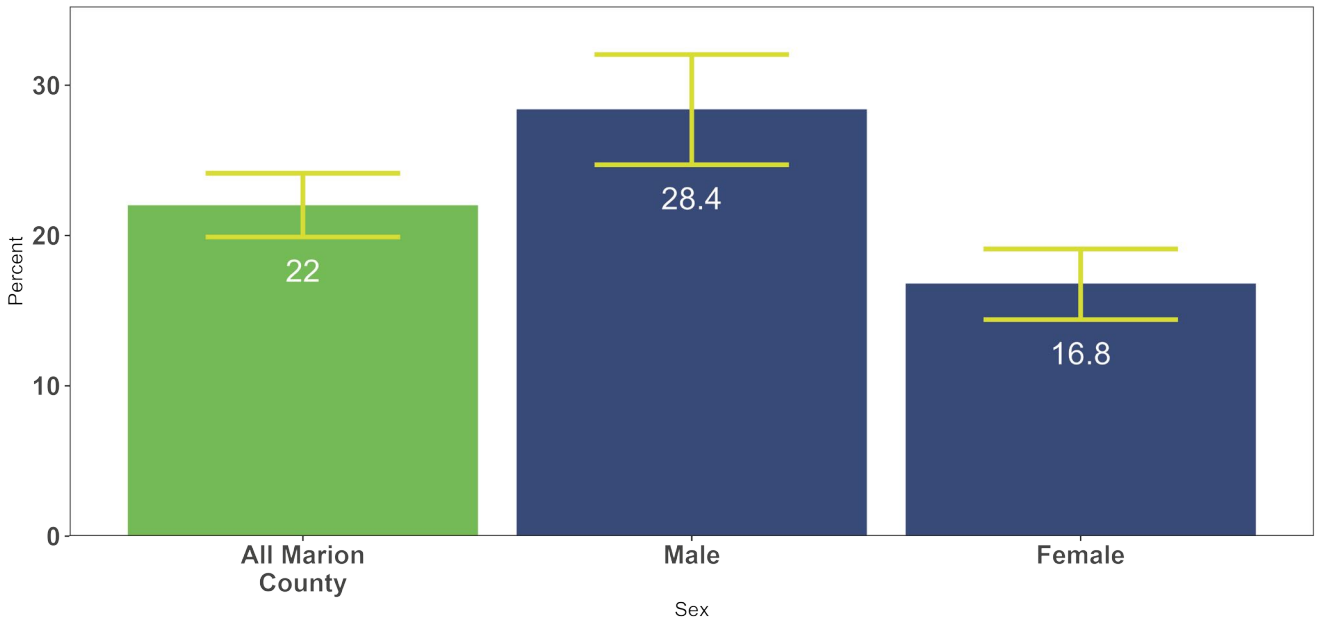
Figure 57. Average amount of alcoholic beverages Marion County residents reported they drank when consuming alcohol, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5916

Furthermore, of those that reported drinking, 42.7% stated they binge drank at least once in the past 30 days. This is significantly higher than the percentage of binge drinkers among all Marion County residents, at 22% (Figure 58). Males reported the highest amount of binge drinking at 28.4%, while females reported 16.8%.

Figure 58. Percentage of Marion County residents who reported binge drinking in the past 30 days by sex, 2025

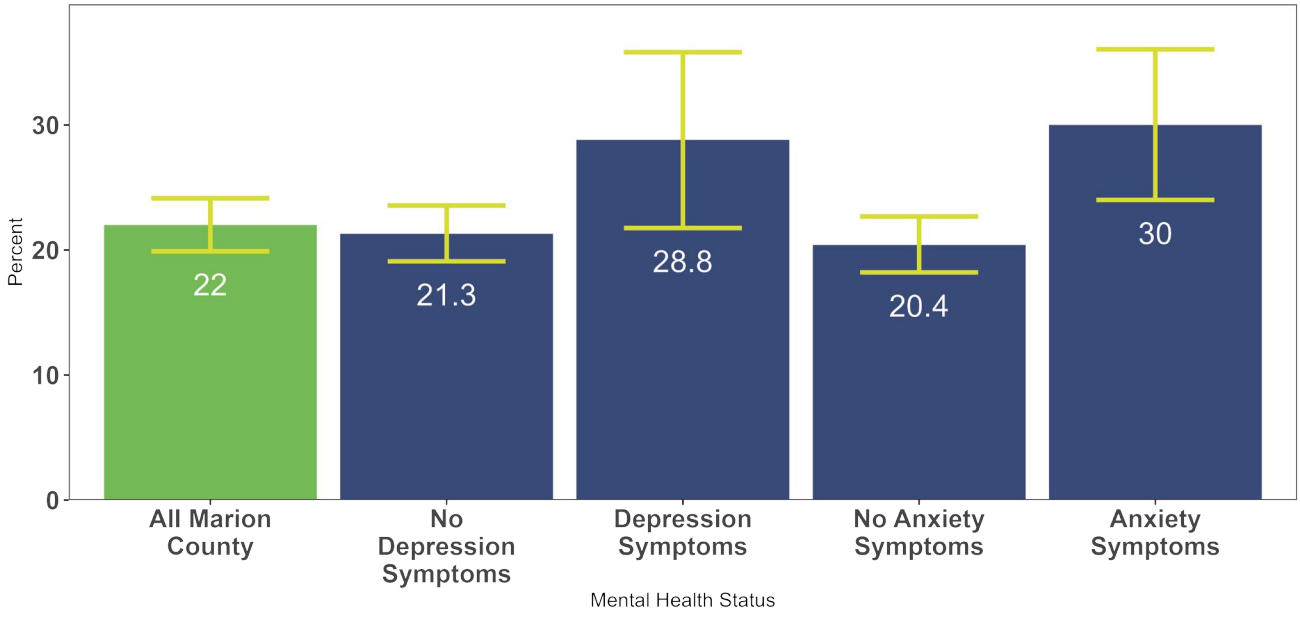


Data Source: 2025 Marion County Community Health Assessment Survey, DR5916

There are not major differences between race/ethnicity groups for the percentage of binge drinking in Marion County. The highest percentage of binge drinking was for White residents at 23.3%; all other groups were at or below the county average of 22%. Most age groups were similar as well, except for the age groups 25-34 and 65 plus, with those having binge drinking percentages of 33.1% and 9.3% respectively. When observing poverty level and binge drinking, the highest level of binge drinking was seen in those whose income was three times the federal poverty level (FPL): 25.5% of those three times FPL binge drank compared to 22% for all Marion County residents. All other poverty levels were less than the Marion County rate.

As stated above, mental health conditions such as depression and anxiety can lead to excessive alcohol consumption and, in turn, be the effect of long-term consumption.[180] Figure 59 shows that those with depression (28.8%) and anxiety (30%) symptoms have higher percentages of binge drinking when compared to those with no symptoms. Those with no symptoms of either depression or anxiety have lower percentages of binge drinking than the county average as well.

Figure 59. Percentage of Marion County residents who reported binge drinking in the past 30 days by mental health status, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5916

Marijuana

Marijuana is a substance containing a compound called tetrahydrocannabinol (THC), that produces a "high." People can consume marijuana through multiple methods, including smoking, vaporizing, ingesting edibles such as gummies and brownies, or drinking infused beverages.[187] In the 2025 CHA survey, 13.7% of respondents reported using marijuana in the past 12 months. Of those who indicated marijuana use, 37% of them reported using marijuana "every day."

Marijuana, while legalized medically and/or recreationally in some states, is illegal in the U.S. as a whole and Indiana specifically. However, manufacturers have identified a legal loophole that allows the use of hemp plants to create other forms of THC called Delta-8 and Delta-10, which can be legally sold in the state of Indiana. More research on Delta-8 and Delta-10 is needed to understand the short- and long-term impacts of usage.[188] The 2025 Marion County CHA survey indicated that 5.1% of respondents had used Delta-8 products in the last 12 months.

Some marijuana products are synthetically made, including K2 and "Spice", and are sold in vape cartridges or incense labeled "Not for Human Consumption."[189] Use of synthetic marijuana carries health risks similar to traditional marijuana but, due to the unregulated nature of synthetic marijuana, more research is needed to better understand the short- and long term impacts of use.[190]

Marijuana products have grown in potency over time. In one study from the National Institute on Drug Abuse, researchers found that the average potency of THC increased from 4.0% in 1995 to 16.1% in 2022.[191] More research is needed to determine if higher THC potency increases the risk for negative health outcomes.[192]

Marijuana use can lead to short-term and long-term health effects. Short-term effects include impaired attention, memory, and coordination.[187] Long-term marijuana use carries the risk of developing diseases such as chronic bronchitis and the gastrointestinal illness called cannabinoid hyperemesis syndrome (severe, continual) vomiting that occurs after long term use of marijuana).[193] Long-term use is also associated with an increased risk of certain cancers and cardiovascular events such as strokes, heart attacks, and arrhythmia.[194] The use of marijuana during pregnancy may have harmful effects on a baby's health including lower birth weight and preterm birth.[195]

Marijuana use among adolescents is associated with poorer educational outcomes, increased motor vehicle accidents, and an increase in risky behavior.[193] The Youth Risk Behavior Survey (YRBS) from the CDC shows that in 2023, 29.1% of high school students across Indiana reported ever using marijuana, 14.8% reported currently using marijuana, and 6.3% reported using marijuana before the age of 13.[196]

Other Substances

Substance use disorder (SUD) is a national and international concern and poses many challenges for public health. SUD is a common cause of nonfatal and fatal drug overdoses, as many who need treatment for it are not receiving it.[197] An overdose can occur if a person takes the wrong drug or if they take too much of a substance. When an individual dies due to a drug overdose, the death is classified as unintentional (accidental) or intentional (self-inflicted, in relation to suicide), or of undetermined intent.[198]

Common substances associated with overdoses are classified into general categories based on the effect they have when taken. These categories include opioids, stimulants, tranquilizers, hallucinogens, and cannabinoids.[199] Opioids in particular are increasingly linked to drug overdoses. Illegal or counterfeit drugs can be especially dangerous because individuals that sell or distribute drugs may mix different substances together without the end user's knowledge, leading to unwanted, unexpected, and dangerous effects.

The 2025 Marion County CHA survey asked respondents to self-report their substance use. The results showed that 26.5% of survey respondents reported using any substances in the past 12 months. Marijuana had the highest reported usage rate (13.6%), followed by electronic vaping devices (10.5%), CBD (5.3%), and Delta 8 (5.1%) (see Table 9). The following substances were reported at usage rates of less than 1%: cocaine, hallucinogens, inhalants, methamphetamine, heroin, fentanyl and other opiates, tranquilizers that a doctor did not direct to use, prescription pain relievers that a doctor did not direct to use, and other substances (see Table 9).

Table 9. Percent of self-reported substance use by CHA survey respondents, 2025

Substance	Percentage of respondents who indicated ingesting a substance in the last 12 months
CBD	5.3%
Cocaine	<1%
Chewing tobacco, snuff, or snus	1.1%
Delta 8	5.1%
Hallucinogens	<1%
Inhalants	<1%
Marijuana	13.6%
Methamphetamines	<1%
I have not used any substances in the past 12 months	73.5%
Heroin, fentanyl, and other opiates	<1%
Other	<1%
Prescription pain relievers that a doctor did not direct you to use	<1%
Tranquilizers that a doctor did not direct you to use	<1%
Electronic vaping device (including personal vaporizers, vape pens, e-cigars, or hookah pens)	10.5%

Data Source: 2025 Marion County Community Health Assessment Survey, DR5886

Respondents to the 2025 CHA survey also provided information on current substance use and SUDs among family and close friends. Around 26.5% reported they were personally impacted by substance use or SUDs either in their own life or among family or close friends.

Fatal Overdoses

This portion of the report includes only overdose deaths classified as unintentional/accidental in 2023 and 2024. In 2023, approximately 97,231 individuals died due to an accidental drug overdose in the United States.[200] Approximately 511 accidental overdose deaths occurred among Marion County residents in 2023 and the overdose death rate per 100,000 residents (52.4) was almost double that of Indiana (29.4) and the U.S (29.0) (see Figure 60). The county's number of accidental overdose deaths decreased in 2024, falling to approximately 358 deaths among Marion County residents, representing a death rate of 36.5 per 100,000 residents. Over a 5-year period (2019 to 2023), there was an observed 57% increase in the accidental overdose death rate in Marion County, peaking in 2021 at 66.7 accidental overdose deaths per 100,000 residents (see Figure 61). However, there was an observed 30.4% decrease in the accidental overdose death rate between 2023 and 2024, bringing the rate closer to the 2019 value.

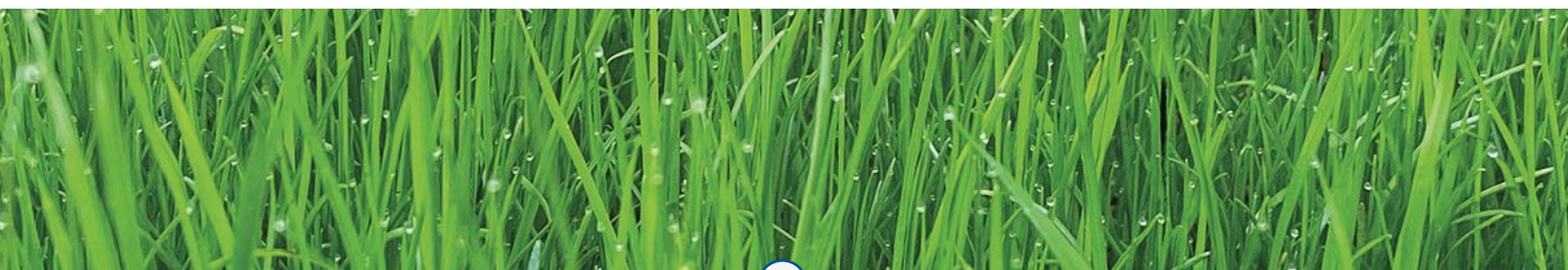
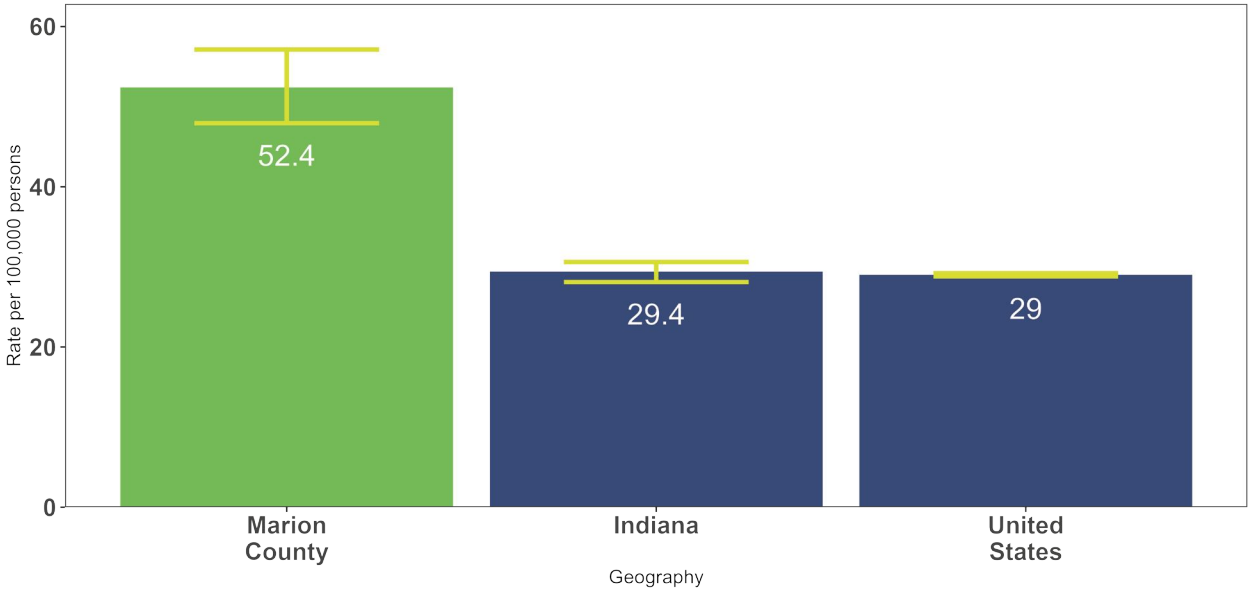
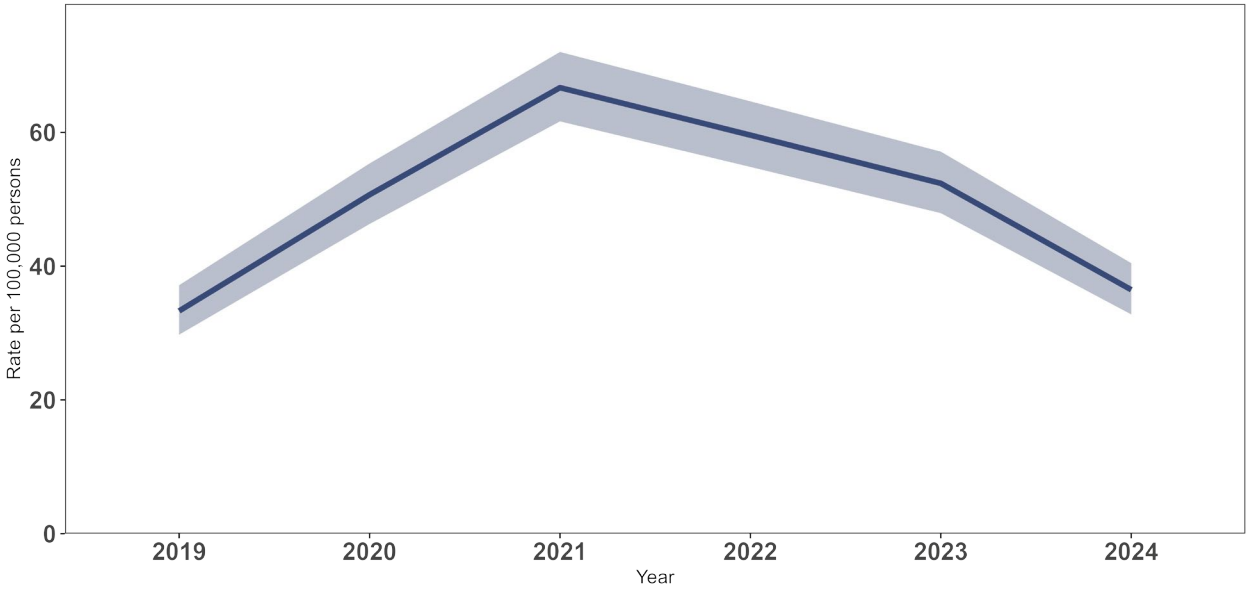


Figure 60. Rate of accidental overdose deaths per 100,000 persons by geography, 2023



Data Source: CDC Wonder and MCPHD Vital Records (birth and death records), DR5856

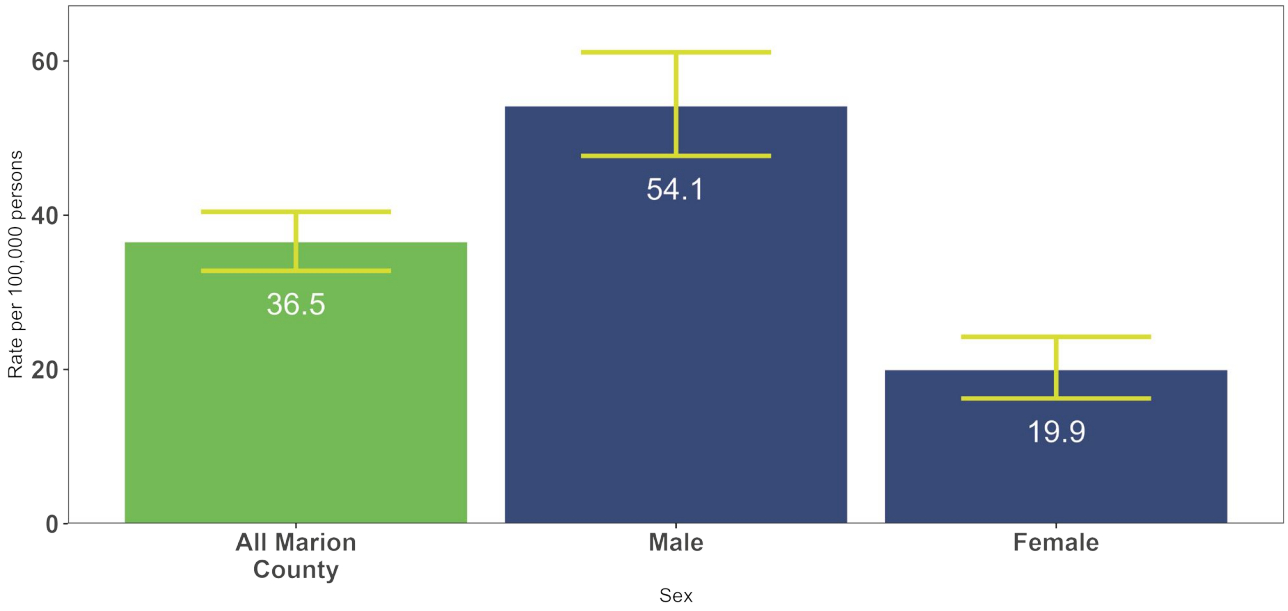
Figure 61. Rate of accidental overdose deaths per 100,000 persons in Marion County by year, 2019-2024



Data Source: MCPHD Vital Records (birth and death records), DR5856

The 2024 overdose death rate for males (54.1 per 100,000) is 2.7 times higher than that of females (19.9 per 100,000) and 1.5 times higher than the county overall (see Figure 62).

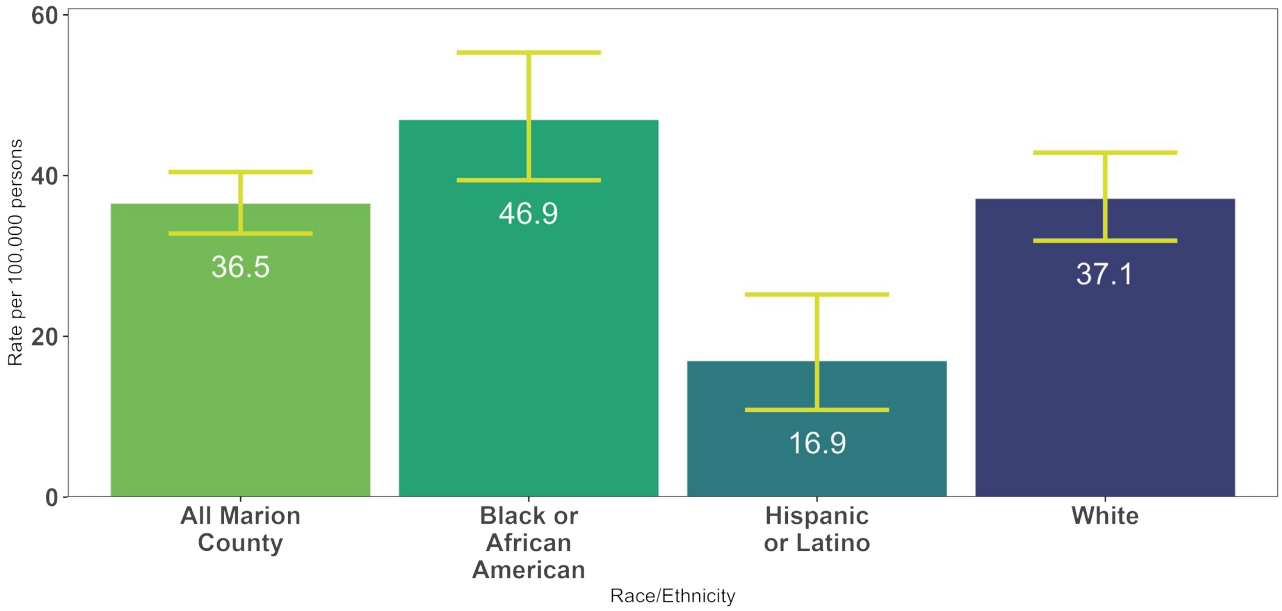
Figure 62. Rate of accidental overdose deaths per 100,000 persons in Marion County by sex, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5856

When broken down by race and ethnicity, the rates of accidental overdose deaths for both the Black or African American population and the White population are higher than for the county overall. Conversely, the rate for the Hispanic or Latino community is much lower than the county overall. The highest rate of accidental overdose deaths is observed among Black or African American residents (46.9 per 100,000 persons), which is a change from 2023, when the rate among White residents was observed to be higher. The rate for White residents in 2024 was observed to be 37.1 per 100,000 persons (see Figure 63).

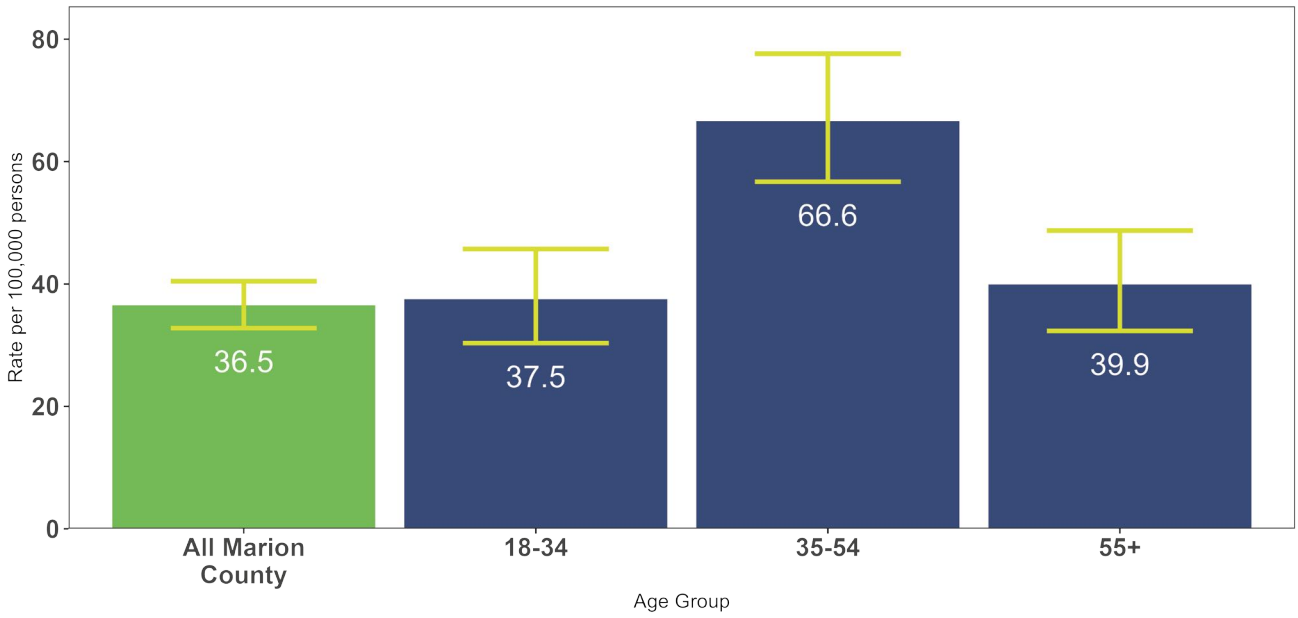
Figure 63. Rate of accidental overdose deaths per 100,000 persons in Marion County by race and ethnicity, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5856

The highest rate of accidental overdose deaths was among individuals between the ages of 35-54 (66.6 per 100,000). When compared to other age groups, the rate among 35–54-year-olds was 1.8 times higher than that of individuals 18-34 years old, 1.7 times higher than that of individuals aged 55 or older, and 1.8 times higher than the county overall (see Figure 64). This section includes only accidental overdose death data for adults, which is defined as individuals that are aged 18 or older.

Figure 64. Rate of accidental overdose deaths per 100,000 persons in Marion County by age group, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5856

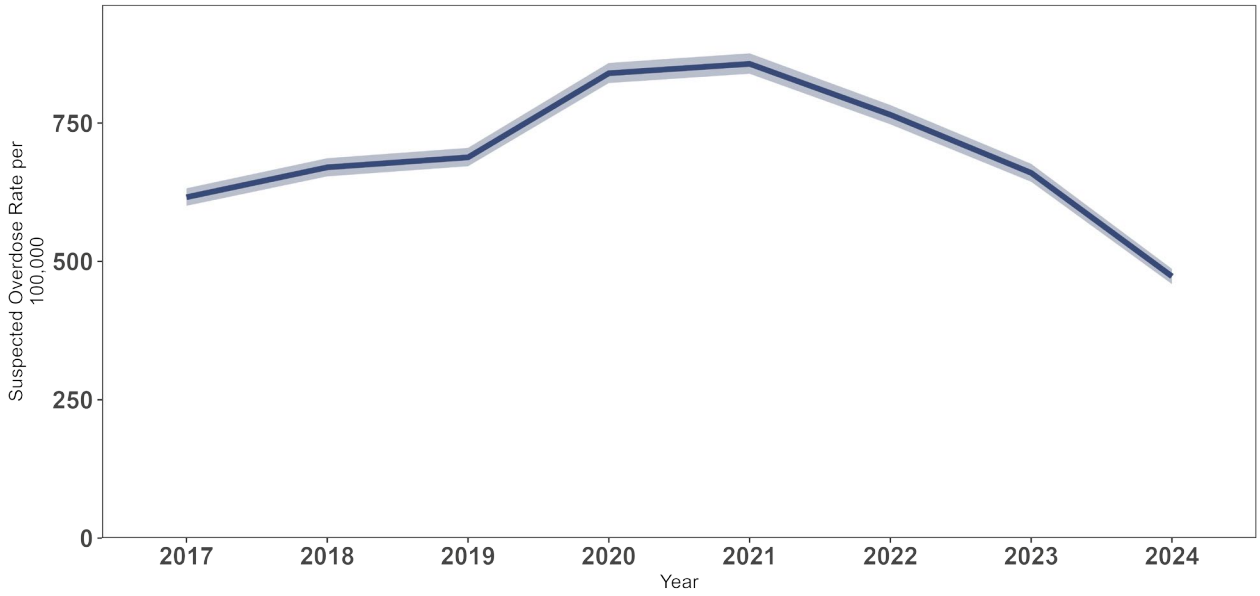
Nonfatal Overdose

This section covers nonfatal overdoses, which refers to a person consuming a drug, or several drugs, in quantities that can lead to harmful effects but does not result in death.[201]

Many nonfatal overdoses are linked to the prevalence of opioids, including fentanyl and heroin.[201] An opioid overdose can trigger a reduction in breathing, which reduces the amount of oxygen available in the blood and brain.[202] Opioid overdose reversal medications, such as naloxone, and medical treatment from paramedics and emergency department staff can reverse an opioid overdose before it becomes fatal. Central nervous system (CNS) depressants, such as tranquilizers, sedatives, and hypnotics, as well as stimulants can also lead to an overdose.[203] CNS depressants and stimulants do not respond to opioid reversal medications such as naloxone. However, many of these substances are counterfeit and may contain fentanyl or other opioids, so first responders may administer naloxone as a precautionary measure. Naloxone has no side effects if used on individuals that have not taken any opioids.[204]

The rate of emergency department (ED) visits for suspected overdoses in Marion County increased steadily from 2017-2021; however, from 2022 to 2024, the rate declined. "Suspected overdoses" refers to emergency department visits with triage notes that would suggest that an overdose has occurred; however, we are not able to confirm that an overdose occurred. The Electronic Surveillance System for Early Notification of Community-based Epidemics (ESSENCE) data for all Marion County EDs show a total of 4,551 ED visits for suspected overdoses in 2024, with a rate of 473 per 100,000 persons. This is a decrease from 2023, when Marion County EDs treated 6,374 suspected overdose cases at a rate of 644 per 100,000 persons.

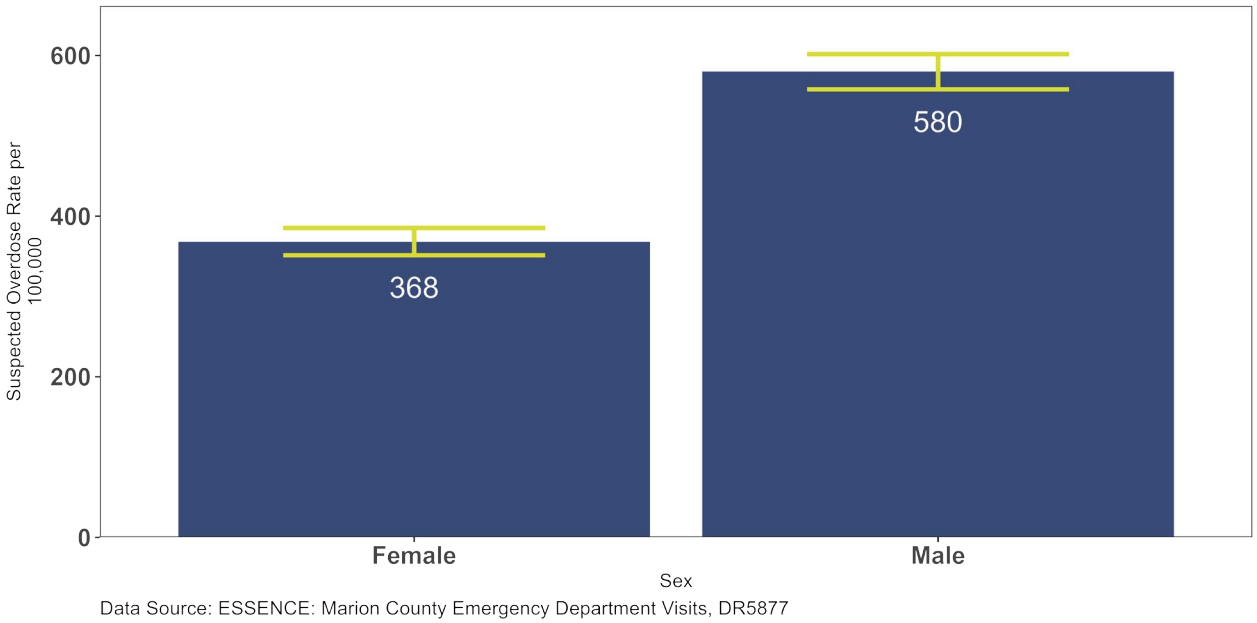
Figure 65. Rate of suspected overdoses treated in Marion County emergency departments by year, 2017-2024



Data Source: ESSENCE: Marion County Emergency Department Visits, DR5877

Males in Marion County experienced suspected overdoses at higher rates compared to females. In 2024, the rate for males was 580 per 100,000 persons, as compared to females with a rate of 368 per 100,000 persons. Data from previous years also show that males have a higher proportion of suspected overdoses compared to females.

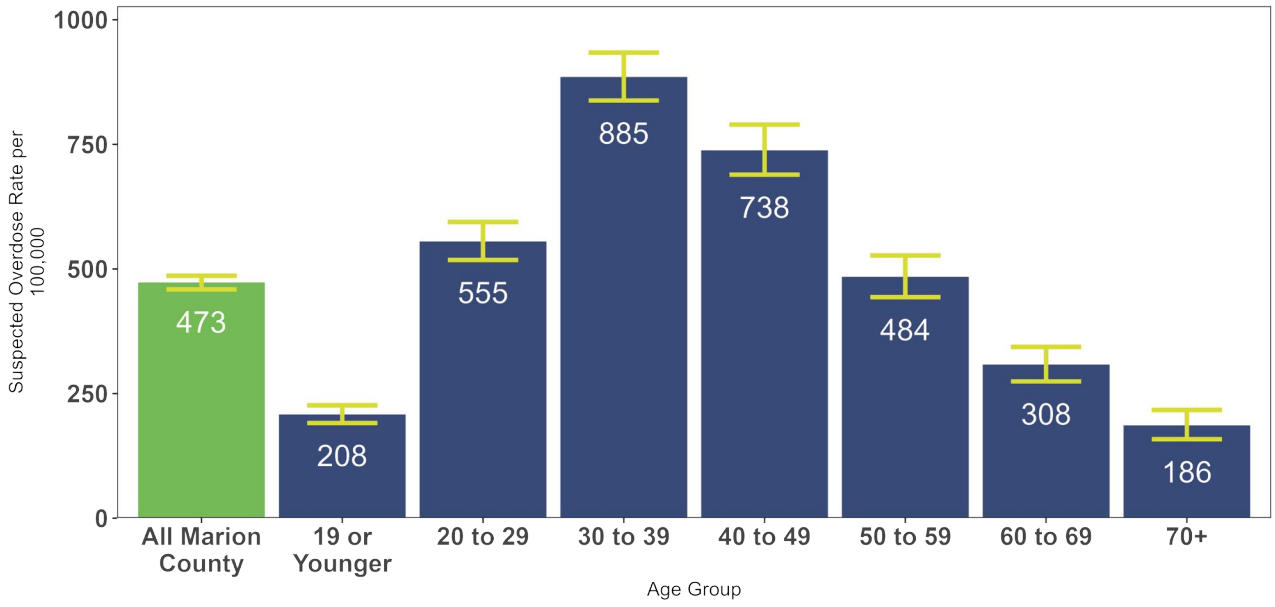
Figure 66. Rate of suspected overdoses treated in Marion County emergency departments by sex, 2024



Data Source: ESSENCE: Marion County Emergency Department Visits, DR5877

Suspected overdose rates in 2024 for Marion County residents were highest among those in the 30-39 age range (885 per 100,000 persons) and the 40-49 age range (738 per 100,000 persons), followed by those in the 20-29 age range (555 per 100,000 persons). People under the age of 19, and over the age of 70 had much lower rates.

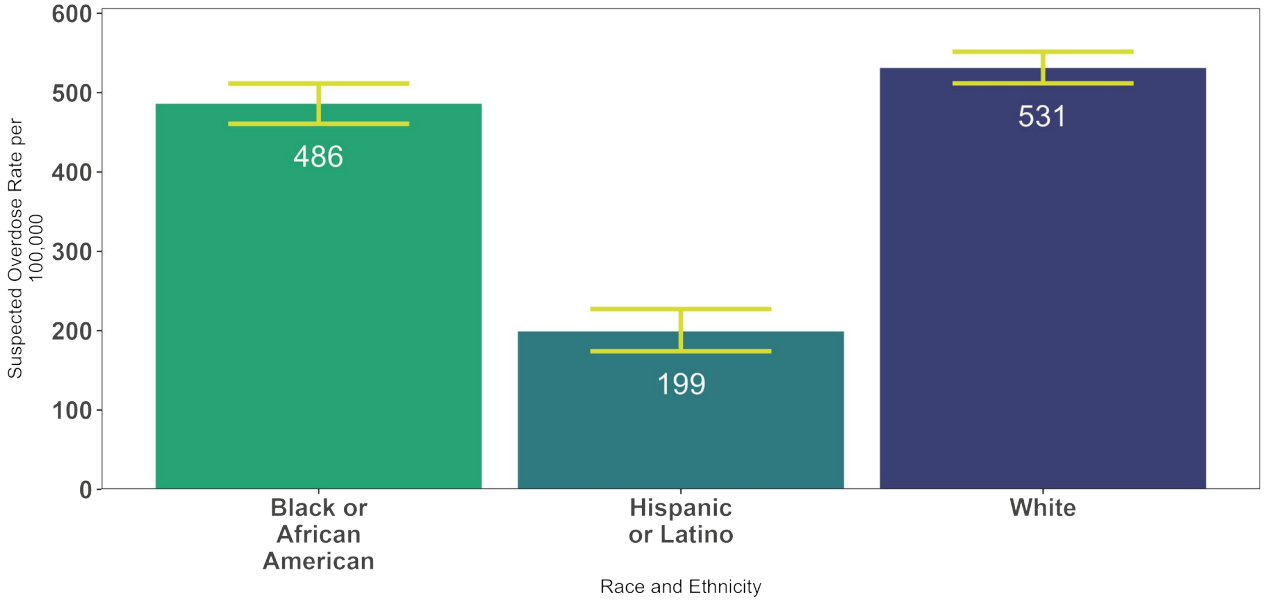
Figure 67. Rate of suspected overdose treated in Marion County emergency departments by age group, 2024



Data Source: ESSENCE: Marion County Emergency Department Visits, DR5877

Racial and ethnic communities in Marion County experienced different changes in suspected overdose rate trends during the 2017-2024 period. Rates for White residents rose sharply from 2017 to 2021 (peaking at 524 per 100,000 persons), and experiencing a 61% decrease to 202 per 100,000 in 2024. Rates for Black or African American residents increased steadily since 2019, peaking in 2022 (348 per 100,000 persons). From 2023-2024, there was a 33% decrease in suspected overdoses among Black or African American residents(233 per 100,000 persons). Overdose rates among Hispanic or Latino increased through 2022 (116 per 100,000 persons), then declined 34% (77 per 100,000 persons) from 2023-2024.

Figure 68. Rate of suspected overdoses treated in Marion County emergency departments by race and ethnicity, 2024



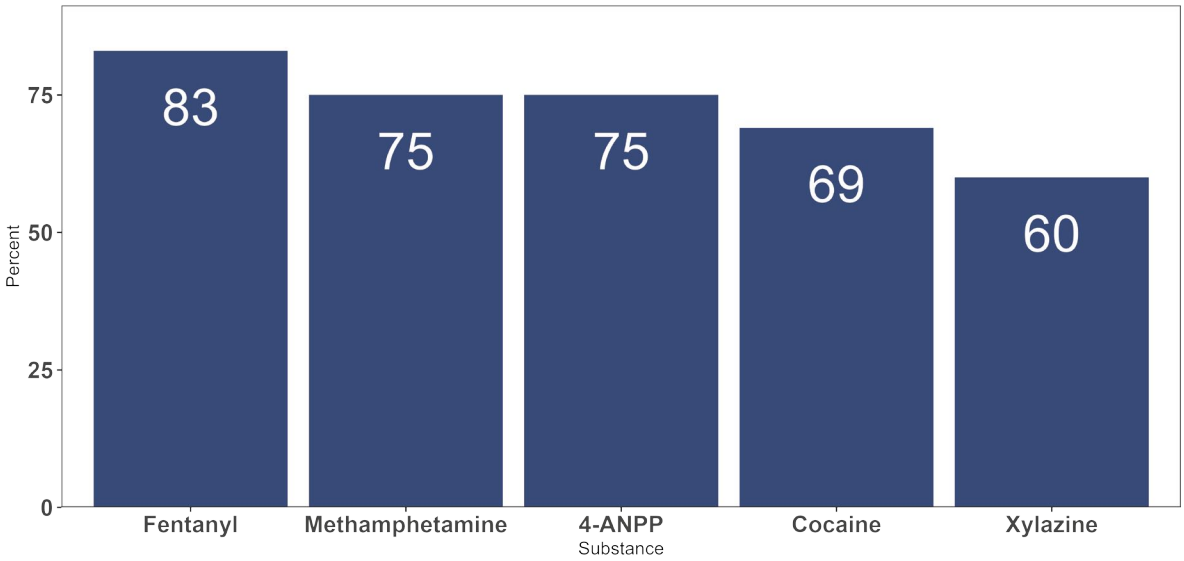
Data Source: ESSENCE: Marion County Emergency Department Visits, DR5877

Syringe Surveillance Testing

In 2019, the MCPHD started a Safe Syringe Access and Support (SSAS) program to reduce the number of new HIV and Hepatitis C infections.[205] Through additional CDC funding, MCPHD's SSAS program was able to partner with the Indiana Department of Health State Laboratory to analyze the toxicology of syringes that are collected through SSAS. A sample of all collected syringes from SSAS are analyzed through the state laboratory. The laboratory testing machine has a library with over 1,400 unique compounds that identifies substances within the syringes. The results help identify which substances are detected in Marion County.

In 2024, the top substance found through syringe surveillance testing was fentanyl. Fentanyl is a synthetic opioid that can be used in a hospital setting for treatment or illicitly made in the drug market.[206] Around 83% of all syringes tested in Marion County contained fentanyl. Methamphetamine was also commonly detected and was identified in 75% of the syringes tested. Methamphetamine is a synthetic stimulant that speeds up the body's system when ingested.[207] 4-ANPP, a fentanyl precursor, was found in 75% of tested syringes. 4-ANPP is a chemical used as building blocks for fentanyl.[208] The fourth most common substance detected was cocaine, which was found in 69% of syringes tested. Cocaine is a stimulant and produces similar health effects to methamphetamine. Lastly, 60% of all syringes contained xylazine, which is a tranquilizer that has been approved for veterinary use in the United States. It is not approved for human use, and if ingested, can cause sedation.[209]

Figure 69. Top five substances detected through syringe surveillance testing, 2024



Data Source: Indiana Department of Health Laboratory, DR5889

Syringes tested through Marion County's SSAS program often contained multiple substances in one sample, also known as polysubstance use. It is unknown whether the person was intentionally taking multiple substances at once, or if multiple substances were included without the person's knowledge. In 2024, xylazine was found in combination with fentanyl in 69% of tested syringes. In addition, cocaine was co-detected with fentanyl in 69% of syringes. Methamphetamine was co-detected with fentanyl in 66% of syringes. When combined with fentanyl, these substances can increase the potential for an overdose to occur.

Emerging Substances Detected in Marion County

The Center for Forensic Science and Research Education (CFRSE) partners with several agencies in academia, public health, and laboratories to inform communities of emerging drug threats in the United States.[210] CFRSE has identified the following substances as emerging substances to look for in the coming years. Medetomidine, MDMD-4en-PINACA, and carfentanil have increased at a national level, as well as in Marion County.

- Medetomidine
  - In May 2024, CFRSE released a public health alert regarding an emerging substance called medetomidine. Medetomidine belongs to the same drug class as xylazine. It is a tranquilizer used to sedate animals that has not been approved for human use. The effects of medetomidine can include intense sedation, and hallucinations.[211] From January-December 2024, the prevalence of medetomidine increased in Marion County by 212% through syringes tested.
- MDMD-4en-PINACA
  - MDMD-4en-PINACA is a synthetic cannabinoid. A synthetic cannabinoid is a human-made substance that has a similar chemical structure to cannabis. Side effects can include agitation, paranoia, and increased blood pressure and it has been associated with overdose deaths in Marion County.[212,213] From January-December 2024, the prevalence of MDMD-4en-PINACA increased in Marion County by 17% through syringes tested.
- Carfentanil
  - Carfentanil is a fentanyl analog that is estimated to be 100 times more potent than fentanyl. It began to re-emerge in the United States in 2023.[214] From January-December 2024, the prevalence of carfentanil increased by 384% through syringes tested in Marion County.

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2025

Health Conditions & Attitudes

HIV/AIDS

Human immunodeficiency virus (HIV) is a virus that attacks cells within the body's immune system, which can make someone more vulnerable to other infectious diseases. Without treatment, HIV can lead to acquired immunodeficiency syndrome (AIDS).[215] Once this stage is reached, individuals are susceptible to life-threatening opportunistic conditions when left untreated, such as Kaposi's sarcoma and lymphomas, toxoplasmosis encephalitis, CMV retinitis (blindness), and pneumocystis carini pneumonia.[216–218] HIV is commonly transmitted through anal or vaginal sex, injection drug use (IDU), or less commonly, through perinatal transmission. Perinatal transmission occurs when an HIV-positive person passes the virus to an infant during their pregnancy, birth, or while breastfeeding.[219] There is no cure for HIV, however, with proper treatment such as antiretroviral therapy (ART), people living with HIV can make the amount of virus in their body undetectable and nontransmissible through sex, thus increasing their lifespan.[220] Over the last several years, Marion County has continued to experience an increase in both new cases of HIV and among the number of people living with HIV or AIDS (PLWH/A). Several demographic groups are also disproportionately affected by HIV, such as males, Black or African American non-Hispanic persons, the foreign-born population, and men who have sex with men (MSM).

Continuum of Care

The HIV care continuum is a public health model that outlines the various stages that PLWH/A go through, from being linked to medical care to achieving and maintaining viral suppression.[221]

- Linked to Care: having a visit with a health care provider and getting a CD4 or viral load test within 30 days of being diagnosed
- Receipt of Care: those living with diagnosed HIV who received medical care for HIV and had at least one CD4 count or viral load test
- Retained in Care: those living with diagnosed HIV who had two or more CD4 or viral load tests, performed at least three months apart
- Viral Suppression: those living with diagnosed HIV who had suppressed HIV viral load results (<200 copies/mL) on their last reported viral load test

In Marion County at the end of 2024, 76.4% of people newly diagnosed with HIV were linked to care within 30 days, 78.9% of PLWH/A received care, 47.3% of PLWH/A were retained in care, and 64.9% of PLWH/A achieved viral suppression.[222] While data for 2024 is currently unavailable at the state and national levels, Indiana data from 2022 showed that 77.1% of people newly diagnosed with HIV were linked to care within 30 days, 79.7% of PLWH/A received care, 51.6% were retained in care, and 69.7% achieved viral suppression. In the United States for the same year, 80% of people newly diagnosed with HIV were linked to care within 30 days, 76% of PLWH/A received care, 54% were retained in care, and 65% achieved viral suppression.[223]

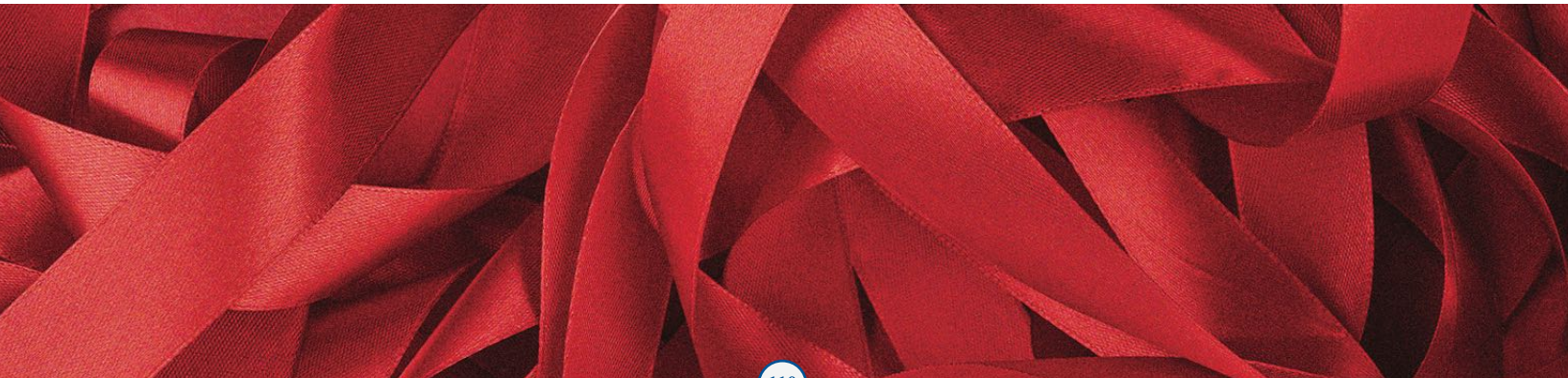
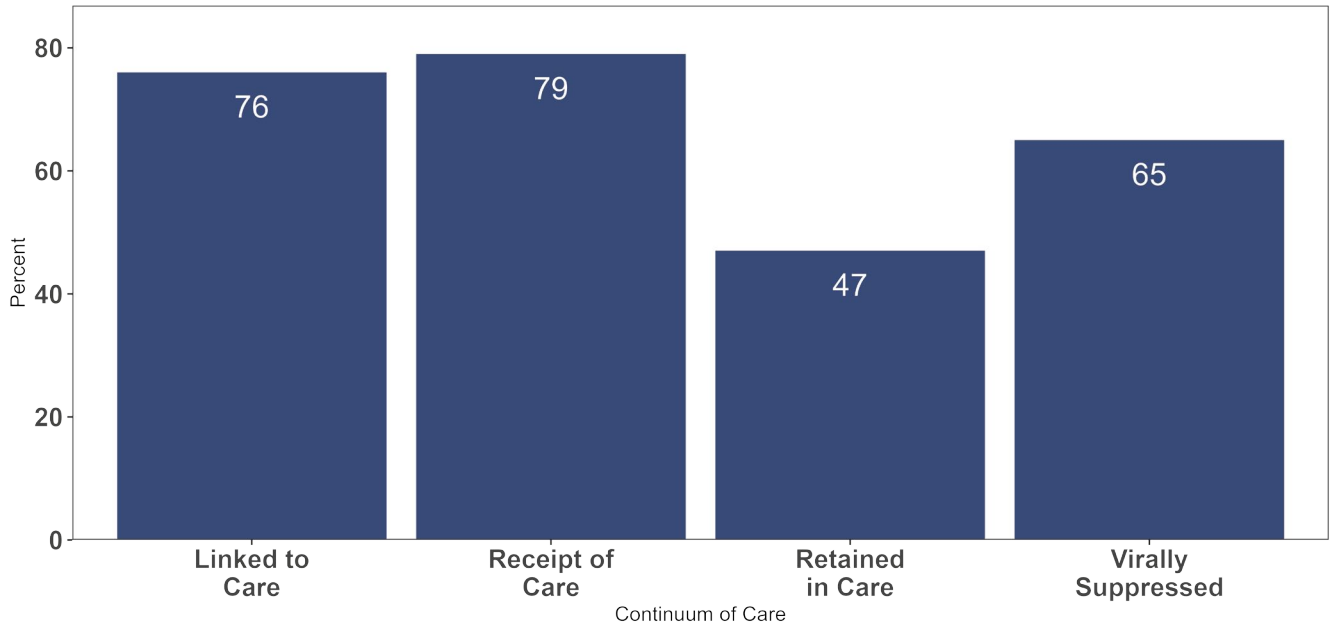


Figure 70. HIV care continuum in Marion County, 2024

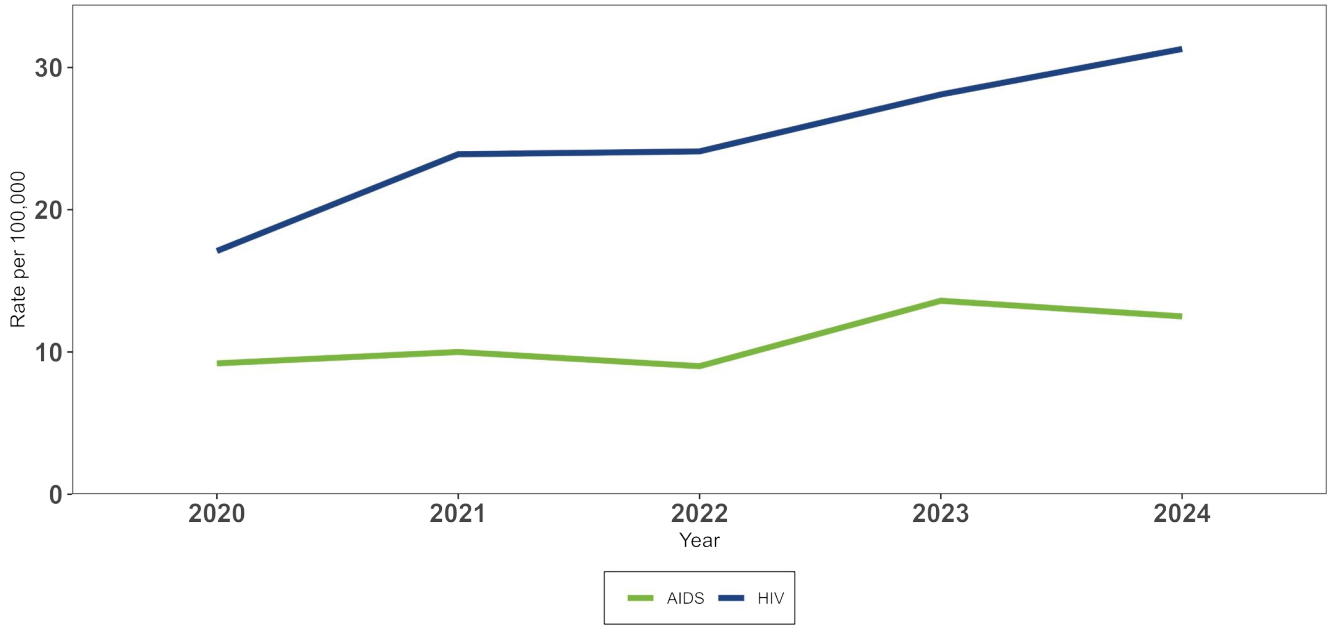


Data Source: DR5730, eHARS

Incidence

In 2024, Marion County had 301 new cases of HIV, with an incidence rate of 31.3 per 100,000 people. Additionally, there were 120 new cases of AIDS, with an incidence rate of 12.5 per 100,000 people. Within the past 5 years, HIV and AIDS incidence have been on the rise. Since 2023, HIV incidence increased by 10.3%; however, AIDS incidence has decreased by 9.8%.[222]

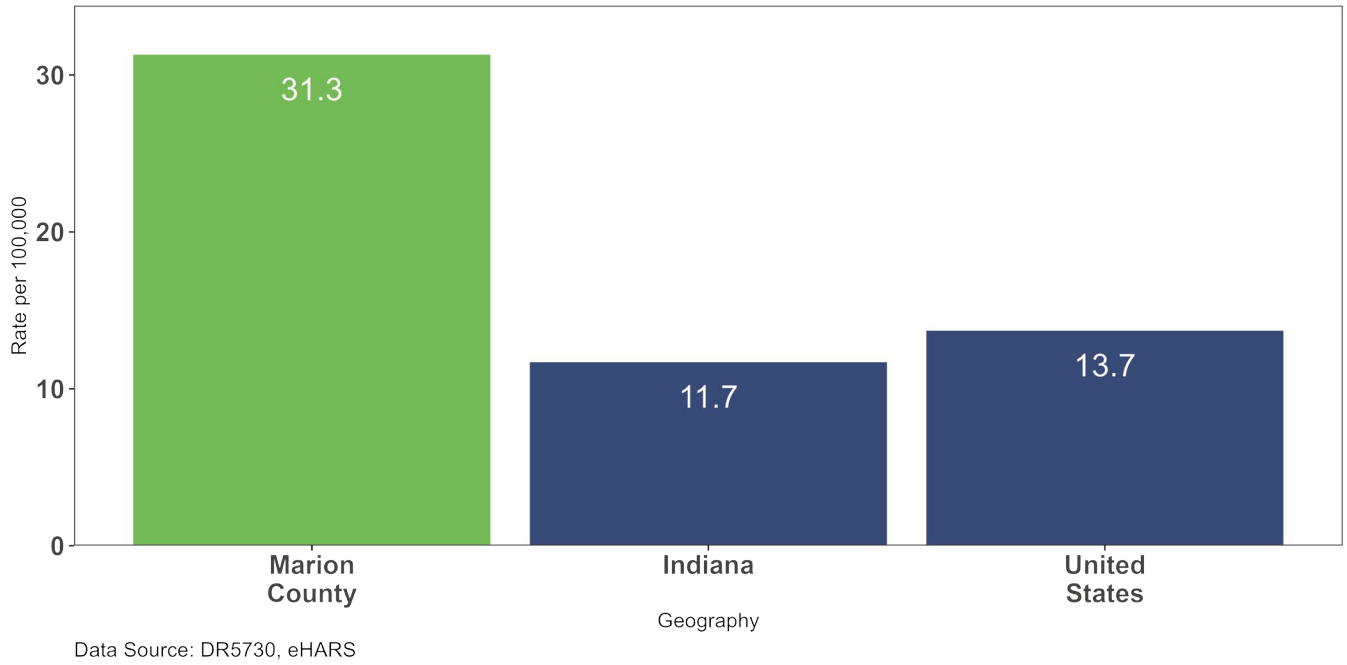
Figure 71. HIV and AIDS incidence rates in Marion County, 2020-2024



Data Source: DR5730, eHARS

Marion County also had a higher HIV incidence rate in 2024, than did both Indiana (11.7 per100,000 people) and the United States (13.7 per100,000 people) in 2023.[224]

Figure 72. HIV incidence rate in Marion County (2024), Indiana (2023), and the United States (2023)

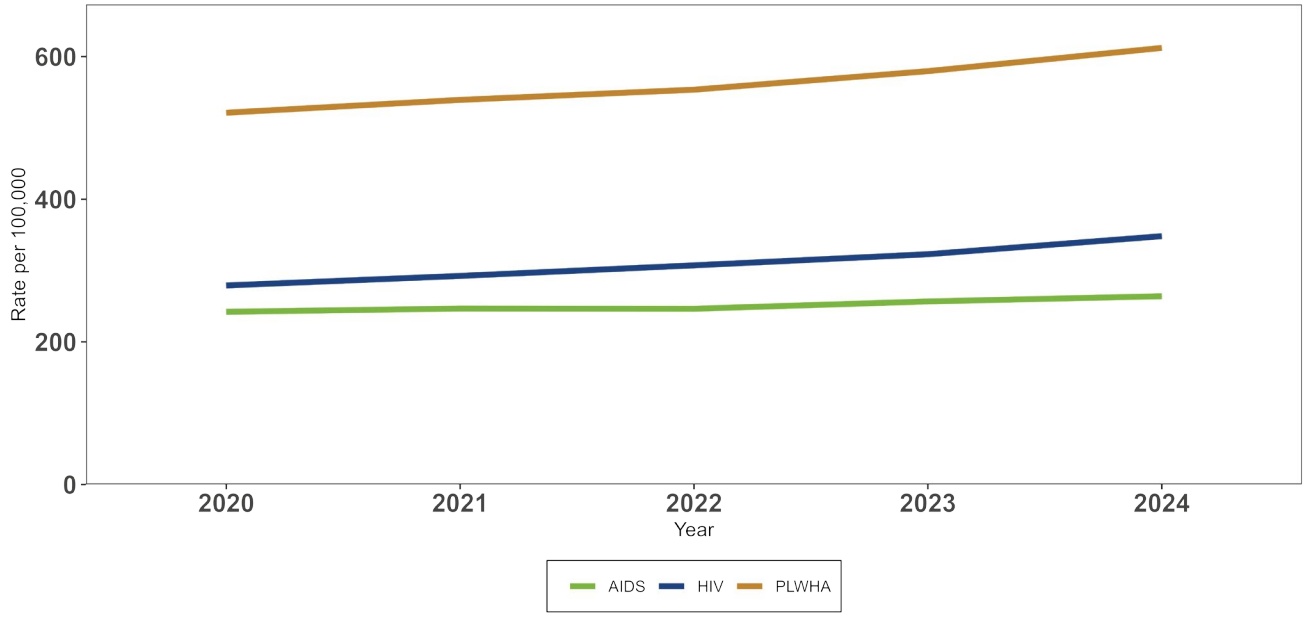


In 2024, the incidence rate for HIV was 2.6 times higher among males (44.6 per 100,000 people) compared to females (16.9 per100,000 people). Incidence was also highest among Black or African American, non-Hispanic residents (64.5 per 100,000 people), with a rate 5.2 times that of White, non-Hispanic residents (12.4 per 100,000 people). Additionally, 75.1% of new HIV cases occurred in people between the ages of 20-44. Some of the increase in cases of HIV are occurring in part due to newly arriving residents from outside the U.S. who are already unknowingly positive. Foreign-born residents had an incidence rate of 41.2 per 100,000 people compared to native-born residents, whose incidence rate was 4 per 100,000 people. Among all known exposures, 36.2% of new cases attributed their HIV to heterosexual contact and 29.9% to MSM.[222]

Prevalence

In the U.S., an estimated 13.3% of persons living with HIV are undiagnosed or unaware.[225] In Marion County in 2024, about 5,895 people were known to be living with HIV or AIDS and an estimated 881 remained undiagnosed or unaware of their status. There were 3,353 people living with HIV (348.2 per100,000 people) and 2,542 people living with AIDS (264 per 100,000 people). As is shown in Figure 73, prevalence for both conditions has continued to increase in the past 5 years.[222]

Figure 73. HIV and AIDS prevalence rate in Marion County, 2020-2024

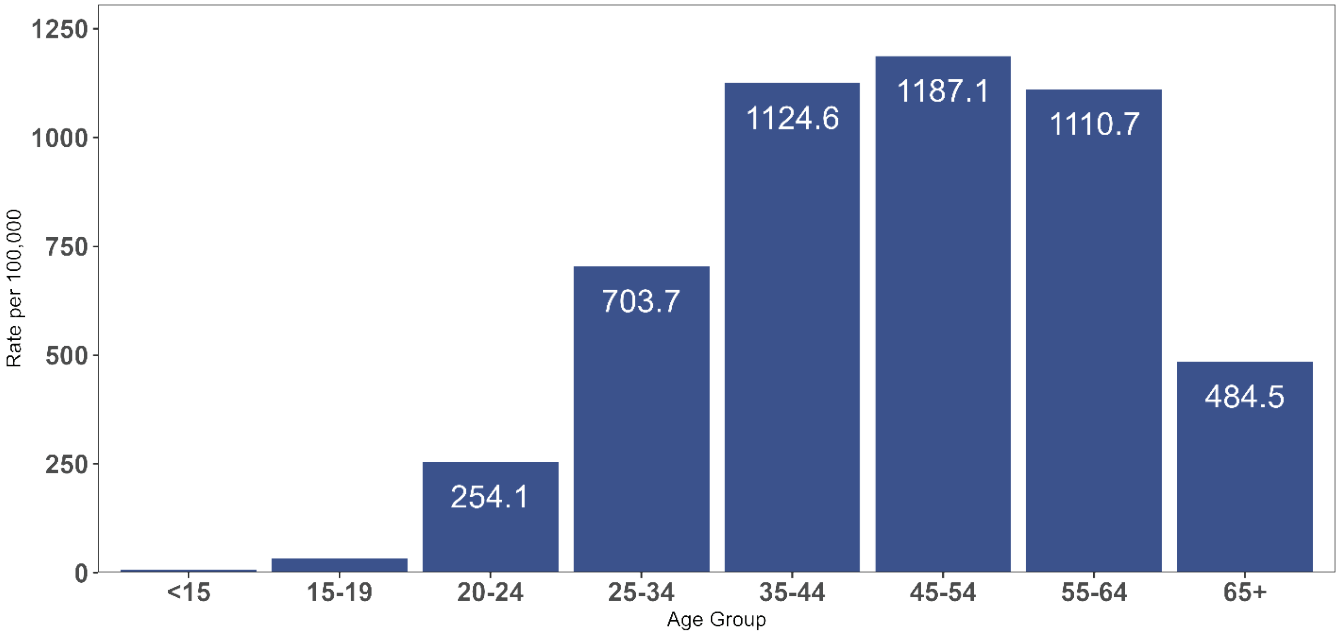


Data Source: DR5730, eHARS

Prevalence among males (950.5 per 100,000 people) was 3.5 times greater than females (272.1 per 100,000 people) and was highest among Black or African American, non-Hispanic people (1,108.1 per 100,000 people) compared to Hispanic (687.6 per 100,000 people), Asian (359.7 per100,000 people), and White, non-Hispanic residents (331.1 per 100,000 people). Prevalence was also higher among the foreign-born population (944.5 per 100,000 people) than among the native-born population (433.8 per100,000 people). Additionally, 52% of PLWH/A attributed their exposure to MSM contact, 31.2% to heterosexual contact, 4% to IDU, 3.9% to MSM/IDU, and 1% to perinatal exposure.[222]

Among all age groups, PLWH/A between the ages of 45-54 had the highest prevalence rate (1,187.1 per 100,000 people), followed by 35–44-year-olds (1,124.6 per 100,000 people), and 55–64-year-olds (1,110.7 per 100,000 people). Note that 52.8% of PLWH/A are 45 years old or older.[222] The number of older people living with HIV/AIDS is continuing to increase due to improved treatments that are helping them live longer. However, many older people are less likely to get tested for HIV due to feeling they are not at risk, possible feelings of shame or fear of being stigmatized, being afraid to get tested due to fear of acquiring a life threatening condition, or mistaking signs of HIV and AIDS for normal aging or other diseases.[226]

Figure 74. Prevalence rate of PLWH/A by age group, 2024



Data Source: DR5730, eHARS

Vaccine Preventable Disease and Immunizations

In the U.S., infectious diseases like diphtheria, measles, and pertussis were leading causes of death in children at the start of the twentieth century. To improve the average lifespan of the population, notable movement in the control of infectious diseases, as well as a nationwide push for vaccination, became one of the greatest public health achievements of the century.[227] Moreover, high vaccination coverage over the past several decades has led to dramatic declines in the incidence of vaccine-preventable diseases such as measles, mumps, rubella, diphtheria, tetanus, and polio.[228]

Immunization is the process of being made immune or resistant to infectious diseases through the administration of vaccines. Therefore, the CDC recommends a childhood immunization schedule that includes 17 to 19 vaccine doses, which protect against 16 infectious diseases such as measles, mumps, rubella, tetanus, diphtheria, pertussis, and others.[229] In recent years, immunization programs have encountered numerous challenges, including vaccine hesitancy and socioeconomic disparities in accessing healthcare, which has resulted in increased difficulties in obtaining needed immunizations. Logistical difficulties in vaccine distribution and administration, especially in rural and underserved communities, have also created barriers to accessing vaccinations. The COVID-19 pandemic further exposed and intensified existing healthcare inequities, disrupting routine vaccination services and widening gaps in immunization coverage across different populations.[230]

Differences in Vaccination Coverage

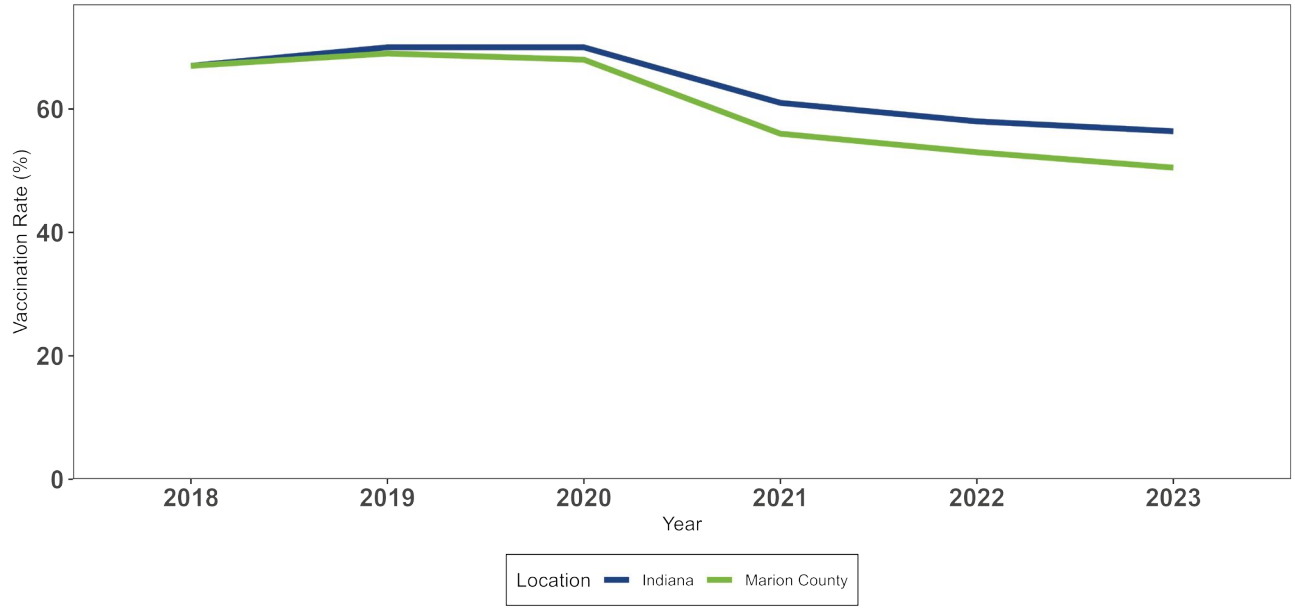
Differences in vaccination coverage were found throughout the COVID-19 pandemic. Across the U.S., vaccination coverage for COVID-19 was lower in rural counties than in urban counties, and this disparity persisted across age groups and sex. During the span of the pandemic, the first-dose vaccination coverage was 75.4% in urban counties compared to 58.5% in rural counties.[231] Additionally, vaccination coverage (at least one dose) was highest among Asian (69.6%) and non-Hispanic White adults (59.0%).[231] In contrast, lower coverage rates were reported among Hispanic (47.3%), non-Hispanic Black or African American (46.3%), Native Hawaiian or Other Pacific Islander (45.9%), multiple or other race (42.6%), and American Indian or Alaska Native adults (38.7%).[231] There are various challenges in rural areas that contribute to these increasing disparities, including limited healthcare infrastructure, longer distances to vaccination sites, and higher levels of vaccine hesitancy.[232] Additionally, several local health departments (LHDs) have reported to the National Association of County and City Health Officials (NACCHO) that they have seen escalating challenges related to vaccine hesitancy in their communities. In 2022, over 80% of LHDs experienced difficulties with patient or parent vaccine hesitancy, which is a substantial increase from 56% in 2017. LHDs also reported vaccine hesitancy among 20% of healthcare providers.[233]

Immunization Rate in Indiana and Marion County (2019 to 2023)

According to the recent county rate assessment report on immunizations from the Indiana Department of Health (IDOH), the immunization rate among children aged 19-35 months slowly decreased over the past few years, with a 56.4% immunization rate in 2023 compared to 58% in 2022.[234]

The 4:3:1:3:3:1:4 immunization series is comprised of at least four doses of diphtheria-tetanus-acellular pertussis (DTaP), at least three doses of polio, at least one dose of measles-mumps- rubella (MMR), at least three doses of Haemophilus influenzae B (Hib) (depending on the brand used), at least three doses of hepatitis B, at least one dose of varicella antigens, and at least four doses of pneumococcal conjugate vaccine (PCV).[234] The completion of the 4:3:1:3:3:1:4 immunization series is used by the IDOH as a way to measure the completion of childhood immunizations as recommended by the Advisory Committee for Immunization Practices (ACIP).[234] According to an IDOH assessment , the vaccination rate for the 4:3:1:3:3:1:4 series in Marion County is very similar to the statewide rate and has shown a consistent decrease between 2019 and 2024.[234] Indiana's immunization rate among children aged 19-35 months is 64% for the 4:3:1:3:3:1:4 series, while Marion County has a completion rate of 61%.[234] The immunization rate for this series in Marion County dropped from 68% in 2020 to 51% in 2023.[234] This trend reflects the effect of the COVID-19 pandemic on routine pediatric vaccine ordering and administration in the United States.

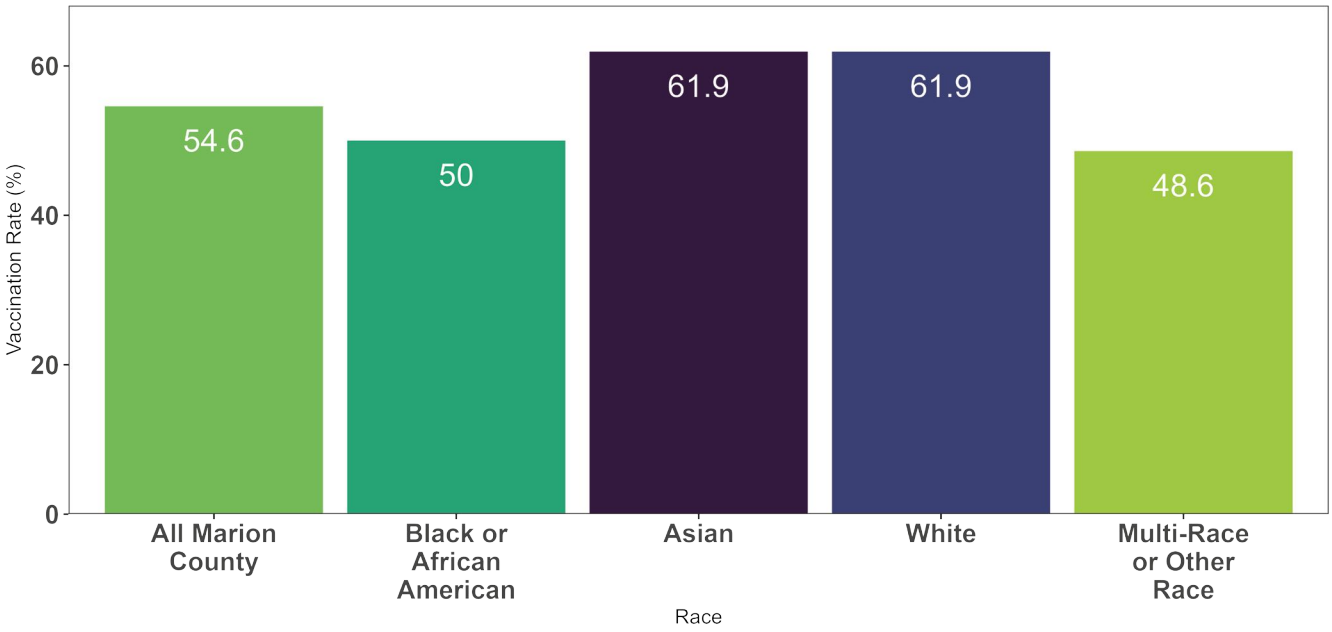
Figure 75. Immunization rate of 4:3:1:3:3:1:4 in Indiana and Marion County by year, 2018 to 2023



Data Source: CHIRP, IDOH County Rate Assessment 2019 to 2023, DR5890

Over the past five years, completion of the full 4:3:1:3:3:1:4 vaccine series was highest among Asian and White individuals (62%) in Marion County and was lowest among multi-race or other races (48.6%). The rate for Marion County for completion of the 4:3:1:3:3:1:4 series was 54.6% in 2024.

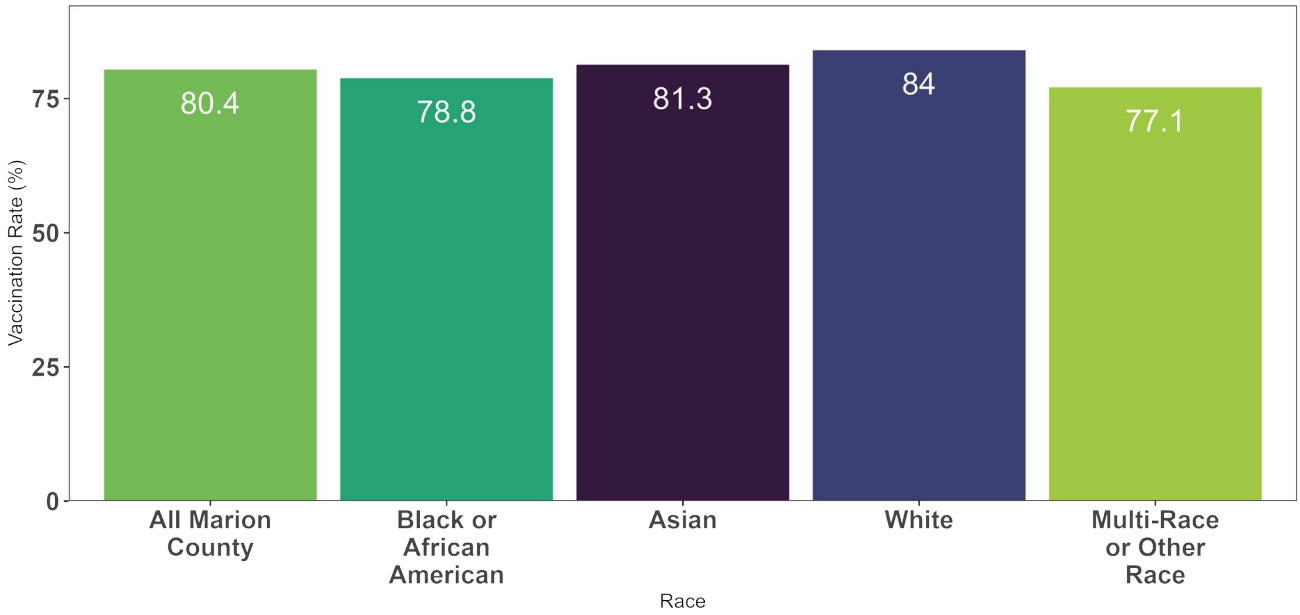
Figure 76. Immunization rate for 4:3:1:3:3:1:4 series in Marion County, 2019 to 2024



Data Source: CHIRP, Vaccination Rate of 4:3:1:3:3:1:4 of Marion County, 2019 to 2024, DR5890

Measles, once a rare disease in the U.S. and declared eradicated in the U.S. in 2000, has experienced a recent resurgence, with cases reported across multiple states, but particularly in the southwestern U.S. in 2024 and 2025. As of September 17, 2025, there have been a total of 1,491 confirmed measles cases reported in 42 different jurisdictions, including three measles-related deaths recorded in the U.S. since 2025.[235] These cases are strongly linked to declining vaccination coverage, particularly for the MMR (measles, mumps, and rubella) vaccine.[235] Vaccination coverage among U.S. kindergartners for the recommended two doses of the MMR vaccine dropped from 95.2% in the 2019-2020 school year to 92.7% in the 2023-2024 school year, leaving an estimated 280,000 children at risk.[236]

Figure 77. Immunization rate of 1 dose MMR vaccine in Marion County, 2019 to 2024



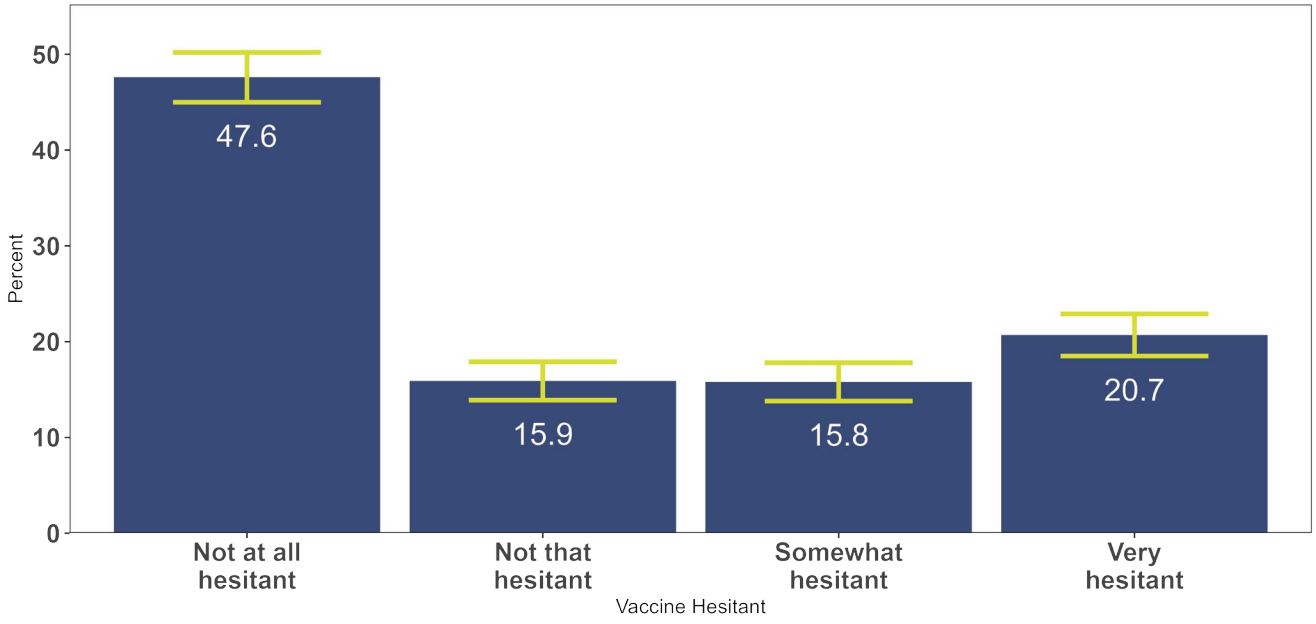
Data Source: CHIRP - Vaccination Rate of MMR 1 Dose of Marion County, 2019 to 2024, DR5890

The rate for Marion County for completion of the 1 dose MMR was 80.4% in 2024. Reviewing these vaccine rates by gender, we see minimal differences with males and females having the same 80% rate for one dose of MMR. Note that maintaining herd immunity requires vaccination rates to exceed the 95% threshold, and Marion County strives each year to achieve this goal. However, clusters of under-vaccinated populations, often due to religious or philosophical objections and a decline in public health trust, have created "immunity gaps" that allow diseases to spread more rapidly when they are introduced.[237]

Vaccine Hesitancy

In the 2025 CHA survey, adult respondents were asked two questions regarding their hesitancy around vaccines for themselves and their children. The results showed that 61.7% of parents did not report hesitancy around vaccinating their children. However, parents reported greater levels of hesitancy around getting vaccinated themselves as compared to their willingness to vaccinate their children. Specifically, 20.7% of parents reported being "very hesitant" to receive vaccinations themselves, while only 7.3% of parents expressed "very hesitant" feelings about their children receiving vaccines.

Figure 78. Percentage of Marion County respondents reporting vaccine hesitancy levels for themselves, 2025



Data Source: 2025 Marion County Community Health Assessment Surveys, DR5890

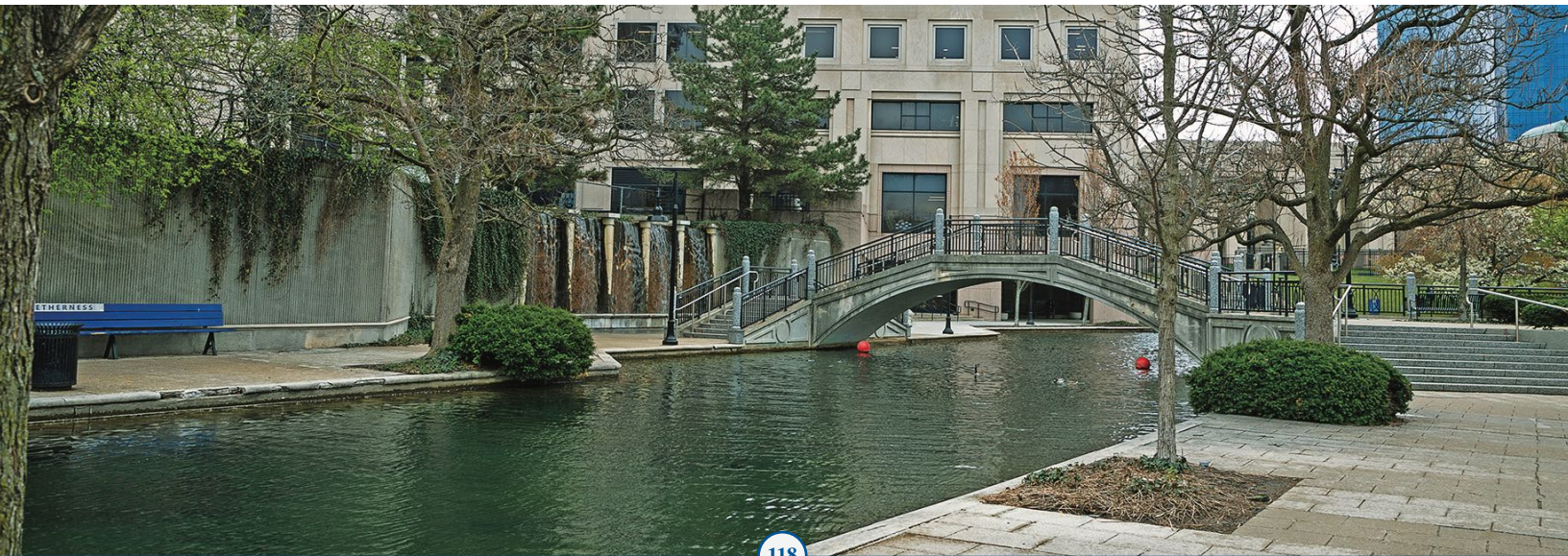
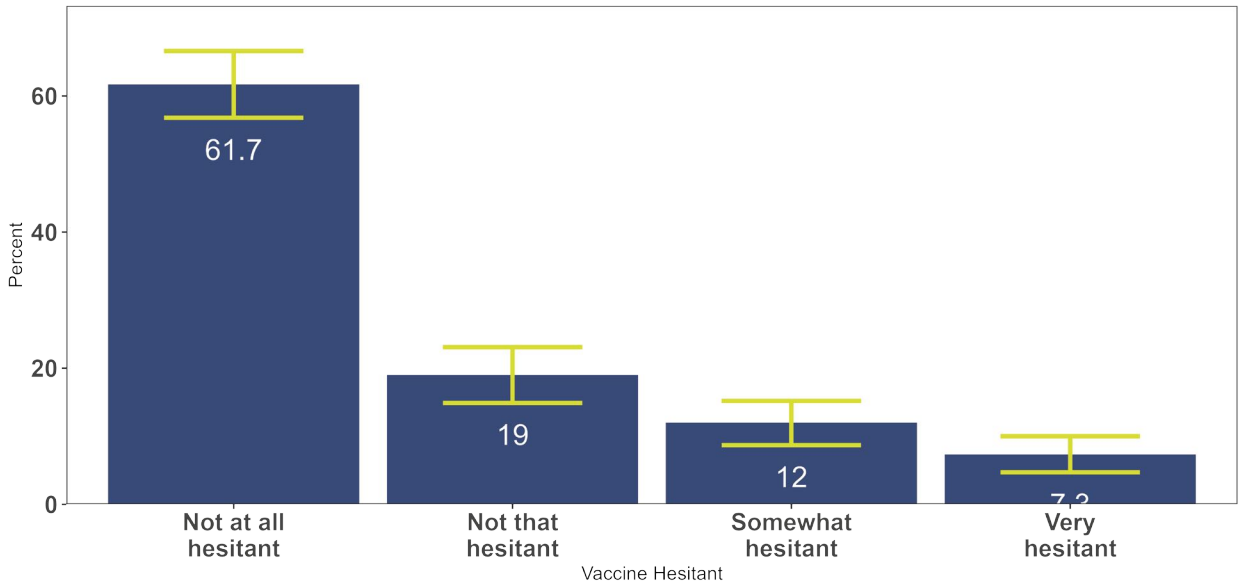


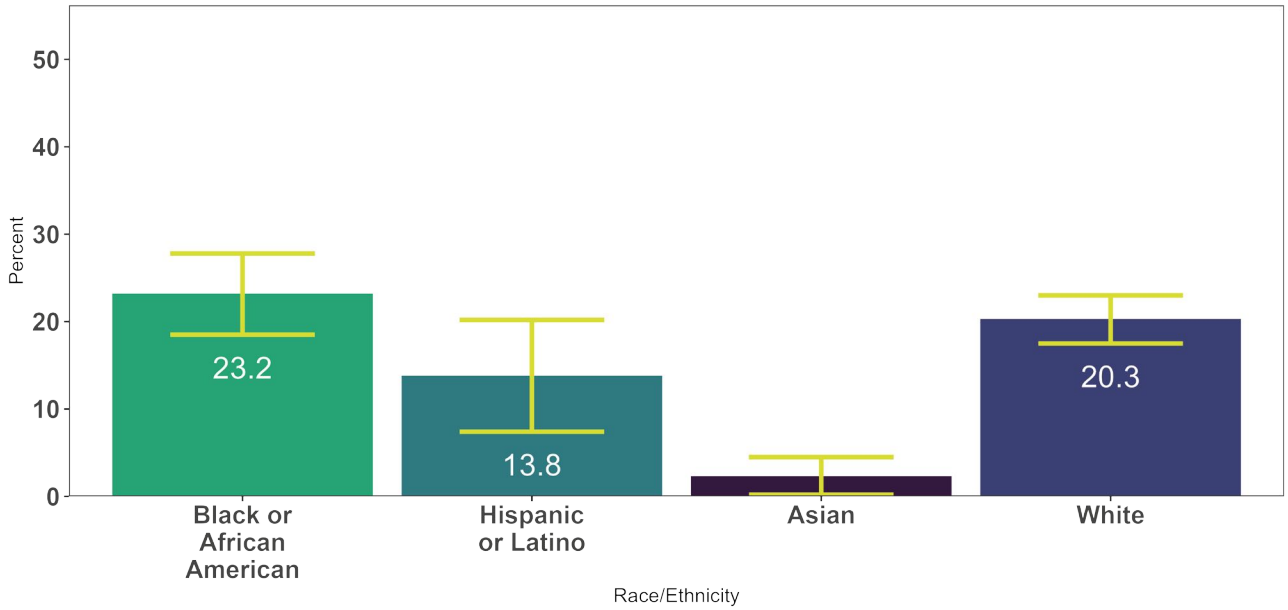
Figure 79. Percentage of Marion County residents reporting vaccine hesitancy levels for their children, 2025



Data Source: 2025 Marion County Community Health Assessment Surveys, DR5890

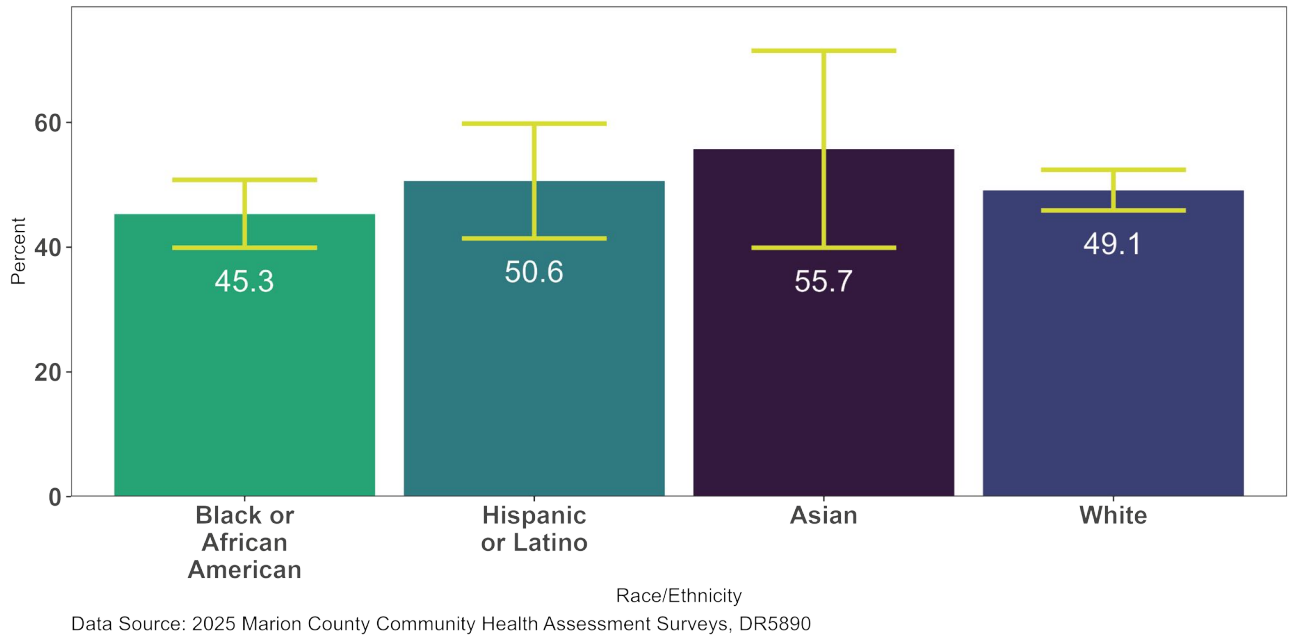
Sociodemographic factors, such as sex, race and ethnicity, and education are associated with vaccine hesitancy. Studies have shown that Black or African American adults are significantly less likely to receive immunizations for seasonal influenza compared to White adults.[238] In the CHA survey results, 23.2% of Black or African American adults reported being "very hesitant" about vaccination generally, followed by 20.3% of White adults who expressed the same level of hesitancy. In contrast, Asian and Hispanic or Latino adults reported lower rates of vaccine hesitancy. Specifically, 55.7% of Asian adults and 50.6% of Hispanic or Latino adults indicated that they were "not at all hesitant" to receive vaccines.

Figure 80. Percentage of Marion County respondents reporting a vaccine hesitancy level of "very hesitant" for themselves by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Surveys, DR5890

Figure 81. Percentage of Marion County residents reporting a vaccine hesitancy level of "not at all hesitant" for themselves by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Surveys, DR5890

Research has found that vaccine hesitancy in adults tends to increase as their education level decreases.[239] This finding is consistent with the 2025 CHA survey results, which indicate that adults who took the survey with education levels at or below the high school graduate or GED level exhibit significant vaccination hesitancy, with rates of 25.9% and 29.4%, respectively. In contrast, 49.8% of adults who took the survey with a bachelor's degree or higher and 71% of adults who took the survey with a master's degree or higher are "not at all hesitant" to get vaccines for themselves. This relationship between education level and vaccine hesitancy suggests that individuals with higher education are more likely to access reliable sources of vaccine information and evidence-based health guidelines. However, recent anti-vaccine movements on social media and other platforms have led to an increase in vaccine hesitancy even among individuals with higher education levels.[240]

The 2025 CHA survey found minimal to no difference in vaccine hesitancy associated with sex. Around 48% of both male and female respondents indicated that they are "not at all hesitant" about receiving vaccines. When looking by sex, 66% of female respondents and 55% of male respondents are also not hesitant about vaccinating their children.

Vaccine hesitancy is a complex topic and continues to evolve in various ways. The results from the CHA Survey offer valuable insights into the thoughts of Marion County residents regarding immunizations for themselves and their children. This information is crucial for public health and healthcare professionals in developing strategies and intervention programs to ensure that they provide accurate and reliable information about vaccinations to the public.

Chronic Disease

Chronic diseases are health conditions that last one year or more and require medical attention and/or limit activities of daily living.[241] Chronic diseases are the leading cause of illness, disability, and death in America.[241] Heart disease, cancer, and diabetes are the leading causes of death in the U.S. and drivers of $4.9 trillion in annual health care costs.[242]

Risk factors for many preventable chronic diseases are lifestyle behaviors such as smoking, poor nutrition, physical inactivity, and excessive alcohol use.[242] Two consequences of these behaviors are obesity and hypertension. Obesity and hypertension are underlying causes of three of the top five leading causes of death in Marion County, contributing to the development of diabetes, heart disease, and some cancers.[242] Obesity and diabetes were prioritized in the 2019 MCPHD CHA and continue to be of importance in their contribution to mortality in Marion County.

Obesity

Obesity means having too much body fat. One way to measure the amount of body fat a person has is to calculate their body mass index (BMI). Using BMI is quick, easy and reliable but it doesn't distinguish between fat, muscle and bone mass.[243] BMI is useful for assessing the weight of a population, but for individuals, an assessment of medical history, health behaviors, physical exam and laboratory findings will provide more insight into a person's risk.[243] The BMI is determined by dividing a person's weight by the square root of their height.[243] For adults, a BMI of 25 to 30 is categorized as overweight and a BMI of 30 or more is obese.[150] Table 10 outlines the categories of overweight and obesity for adults.

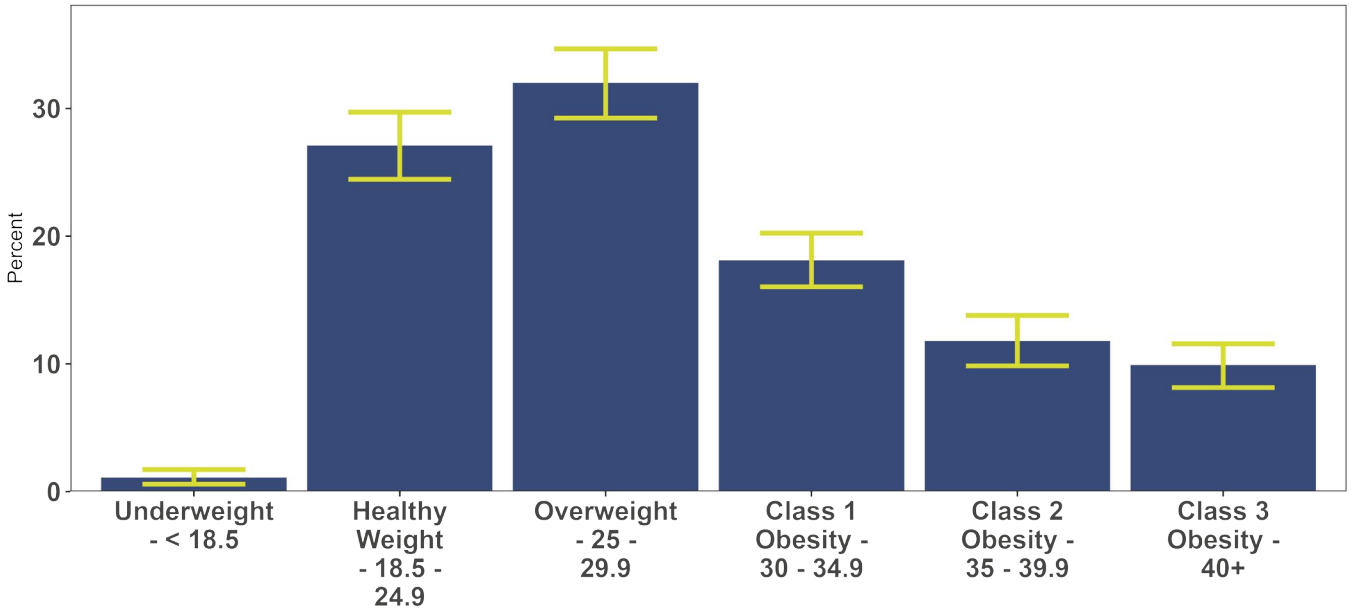
Table 10. BMI categories for adults ages 20 years and older [150]

BMI Category	BMI Range (kg/m²)
Underweight	Less than 18.5
Healthy Weight	18.5 to less than 25
Overweight	25 to less than 30
Obesity	30 or greater
Class 1 Obesity	30 to less than 35
Class 2 Obesity	35 to less than 40
Class 3 Obesity (Severe Obesity)	40 or greater

Obesity trends for Marion County, Indiana, and the U.S. have remained steady from 2019 to 2023. In 2023, Marion County had 61.5% of residents reporting a weight that was overweight or obese. That percentage is similar to residents of Indiana (62.7%) and the United States (59.9%).[154] In Marion County, residents categorized as obese and overweight were highest among Black or African American (65.7%) and White residents (63.4%).

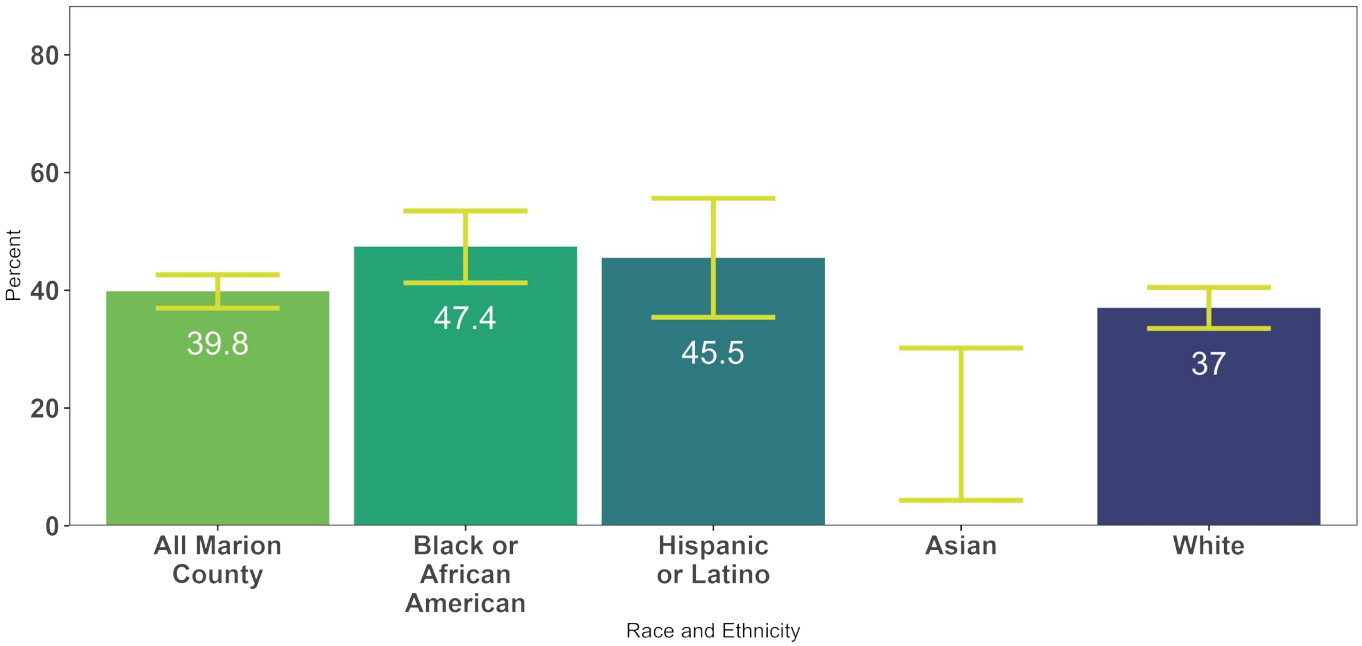
In the 2025 CHA survey, obesity status was determined by considering a respondent's height and weight. As is shown in Figure 82, among respondents, 27.1% fell into the healthy weight category. For obesity (BMI >=30) overall, 39.8% of respondents were obese. Looking at race and ethnicity, Black or African American residents were highest at 47.4%, with Hispanic or Latino residents second at 45.5% (Figure 83). For sex, females had the highest percentage of obesity at 43.3% compared to males at 36.2% (Figure 84). Obesity increased with age, peaking among those aged 45-54 years (49.3%), then declining among those 65 years and older (34.9%) (Figure 85).

Figure 82. Percentage of Marion County residents by body mass index categories, 2025



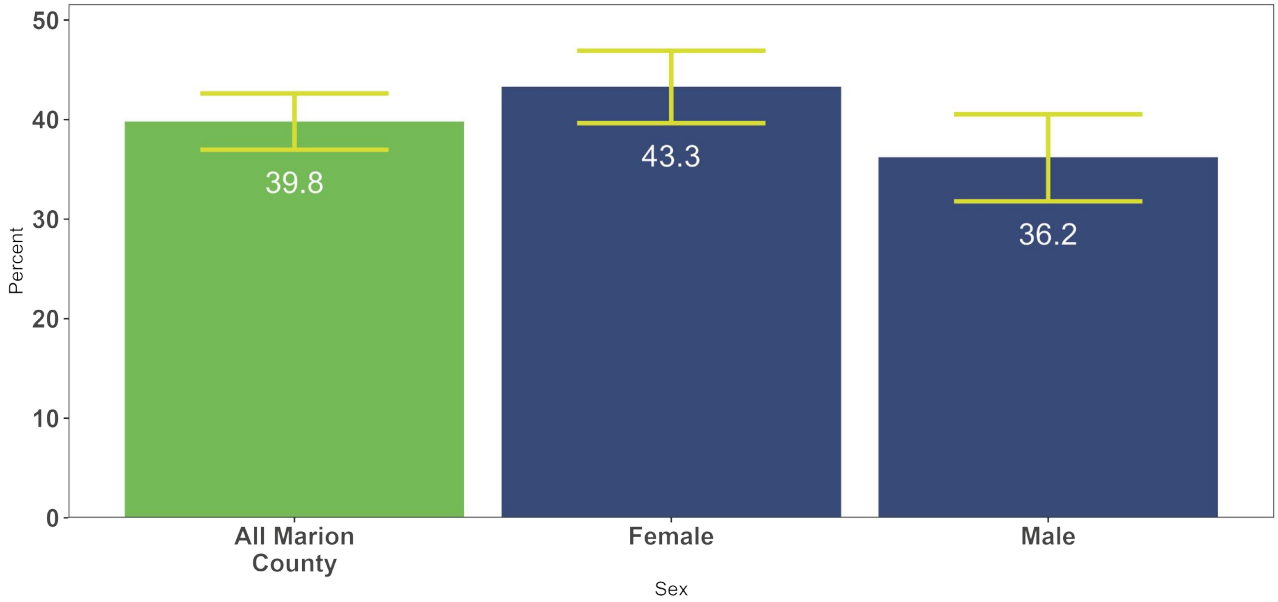
Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Figure 83. Percentage of Marion County residents who are obese by race and ethnicity, 2025



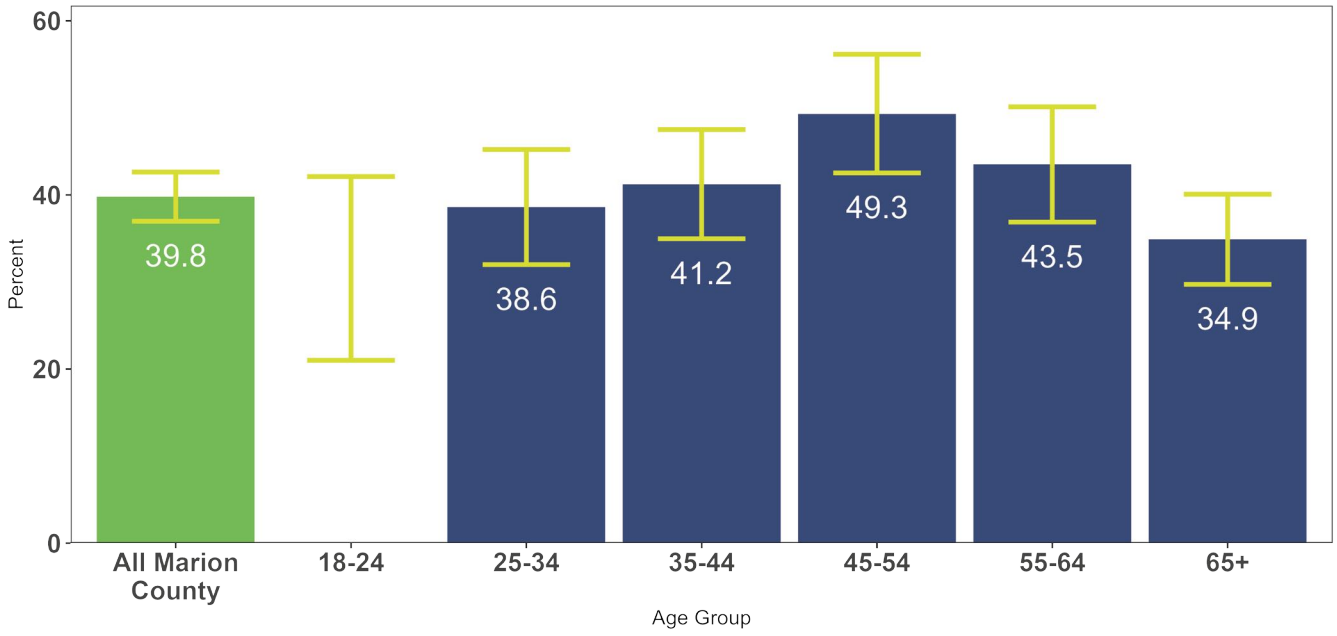
Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Figure 84. Percentage of Marion County residents who are obese by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Figure 85. Percentage of Marion County residents who are obese by age group, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Diabetes

When a person eats, their body breaks down the food into sugar (glucose), which goes into their bloodstream.[244] Diabetes is a disease caused by low levels of insulin in the body, which is needed to take blood sugar (glucose) out of a person's bloodstream. This can be caused by an autoimmune reaction that stops insulin production (type 1 diabetes), because your body doesn't use insulin well (type 2 diabetes), or during pregnancy (gestational diabetes).[244] Prediabetes is having higher than normal blood sugar but not high enough for type 2 diabetes.[244] When there is too much blood sugar in the bloodstream over a long period of time, serious health problems like heart disease, vision loss, and kidney disease can develop.[244]

Prediabetes and type 2 diabetes can be prevented with lifestyle changes.[244] These include losing weight, eating healthy food, and being active.[244] Type 2 diabetes develops over many years and is typically seen in adults. However, more children, teens, and young adults are being diagnosed than in the past.[244] Type 1 diabetes occurs most often in children and young adults.[244] Type 1 diabetes currently has no known preventative strategies.[244]

In the last 20 years, the number of adults with diabetes has more than doubled in the United States. Out of the estimated 38 million adults who have diabetes, 1 in 5 don't know that they have it (Figure 86).[244]

Figure 86. Diabetes prevalence in the United Statese

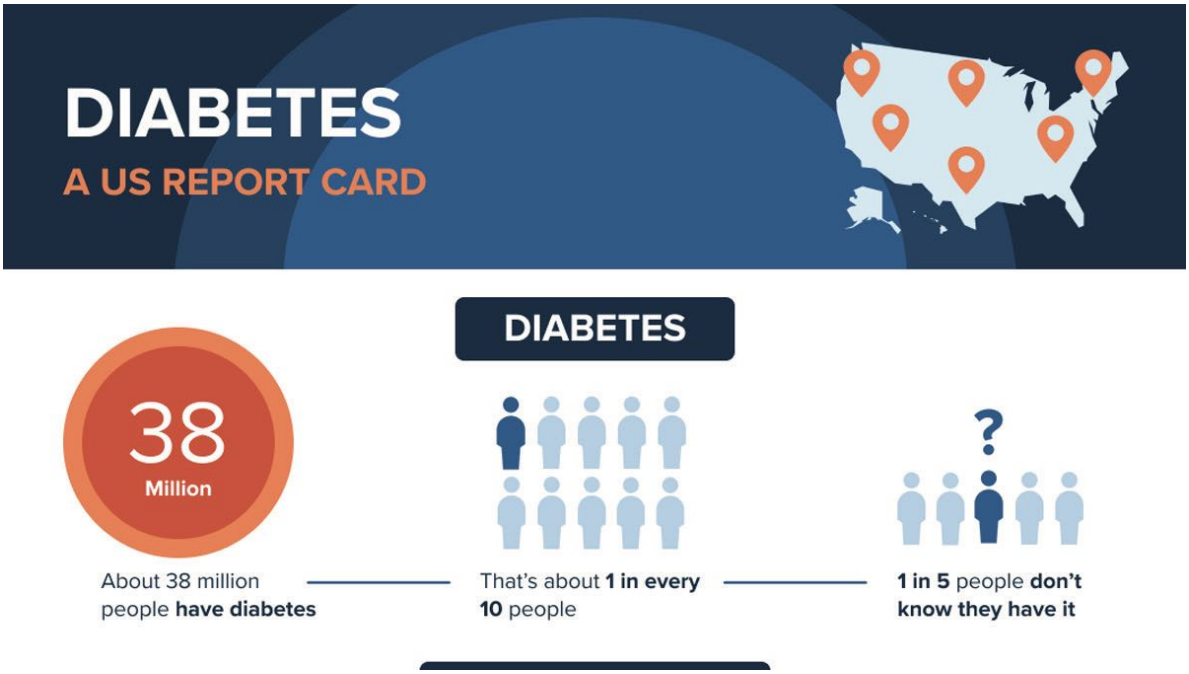
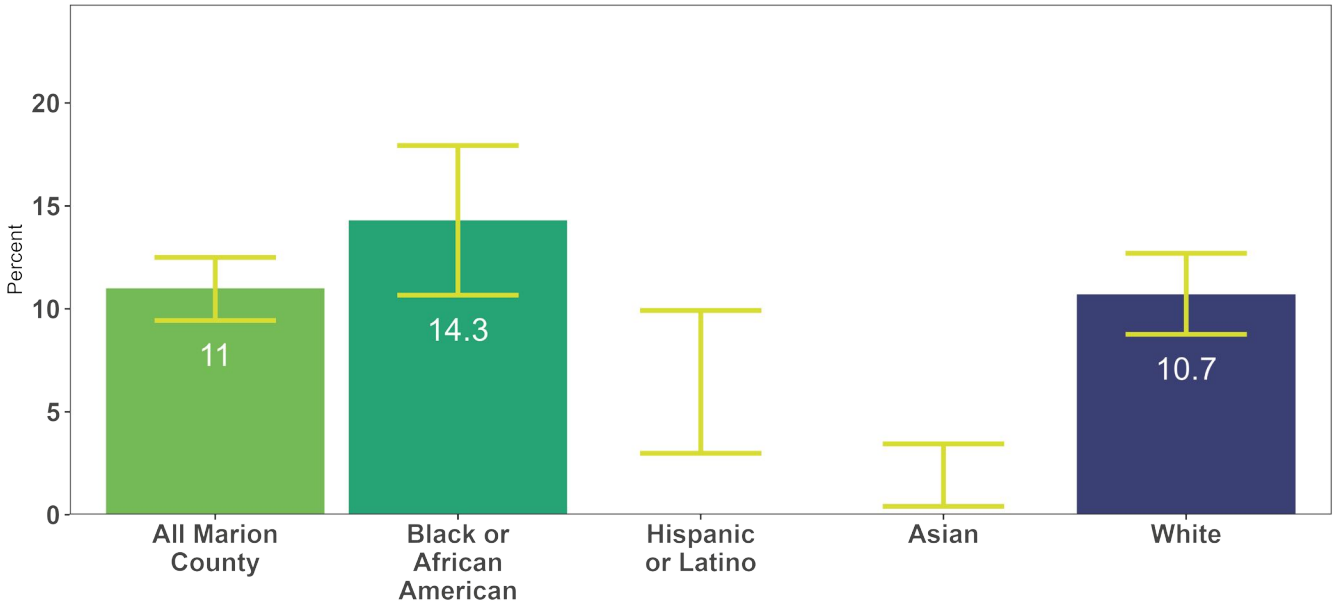


Image source: CDC Diabetes Basics, https://www.cdc.gov/diabetes/about/index.html

Diabetes is the sixth leading cause of deaths in Indiana. According to the BRFSS data from the CDC, the diabetes prevalence for Marion County in 2023 was 12.8%, which was a slight decrease from 2019 when it was 14.3%.[154] Yearly trends for Marion County, Indiana, and the U.S. were steady from 2019 to 2023. Compared to Marion County at 12.8% in 2023, percentages were similar compared to Indiana (13%) and the United States (11.9%).[154] As seen below in Figure 87, the 2025 CHA survey found that 11% of respondents had diabetes, with 14.3% of Black or African American respondents having type 2 diabetes compared to 10.7% of White residents. Percentages for Hispanic or Latino and Asian residents were not stable enough for comparisons to be presented in the chart and are instead only presented as confidence interval ranges, which show that both race groups have lower diabetes rates than Black or African American residents.

Figure 87. Percentage of Marion County residents who report having type 2 diabetes by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

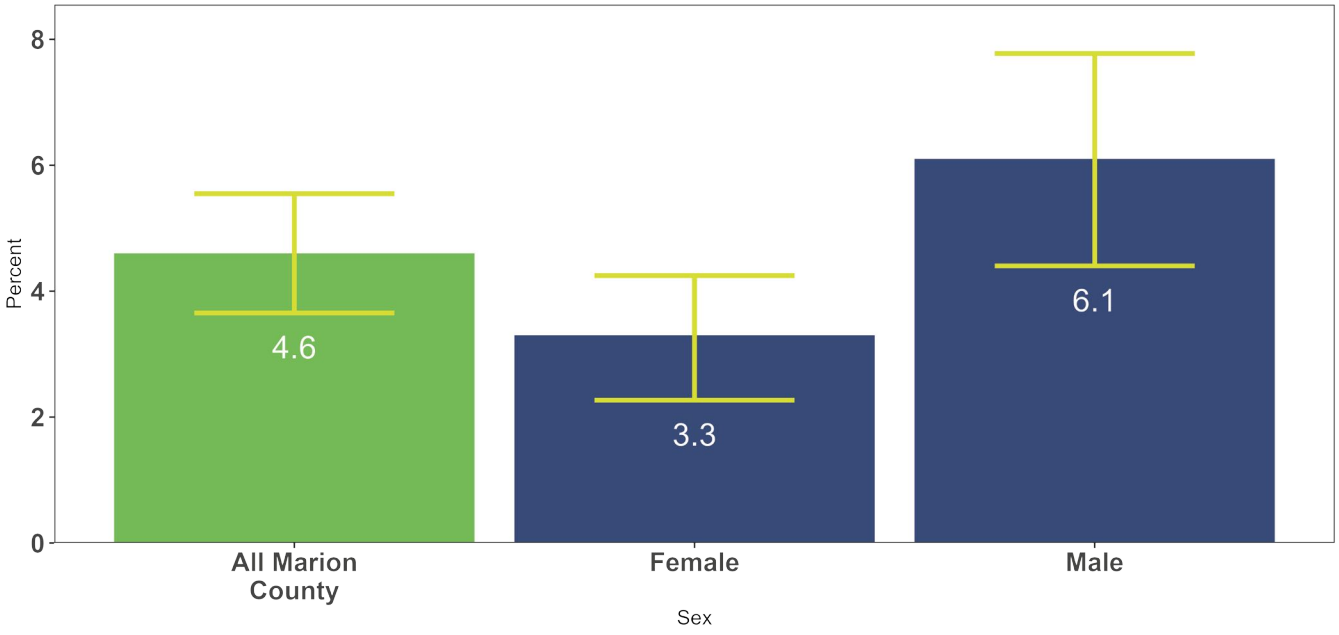
Heart Disease & High Cholesterol

Heart disease is the leading cause of death in Marion County. Heart disease includes many health conditions that involve the heart and blood vessels.[245] Many are related to atherosclerosis, which is a condition where a substance called plaque builds up in the walls of arteries.[245] The arteries narrow, which makes it harder for blood to flow. A blood clot can form, which can lead to a heart attack or stroke.[245] Risk factors for heart disease include diabetes, being overweight or obese, unhealthy diet, physical inactivity, and excessive alcohol use.[246] Out of all the people who died in the U.S. in 2022, one in five were from heart disease.[246]

The BRFSS Marion County data for 2023 found that the heart disease prevalence was 3.3%, which is a slight decrease from 2019 when it was 4.5%.[154] The Marion County percentage in 2023 was similar to Indiana (5.1%) and the United States (4.0%).[154] For White, non-Hispanic Marion County residents, BRFSS data from 2023 found that heart disease prevalence was 4.5%, which is a slight decrease from 2019 when it was 6.2%.[154] Percentages for residents that are Black or African American, Hispanic or Latino, and Asian were not stable enough to present in this report.

The percentage of CHA survey respondents who were ever told they have heart disease was 4.6%. Between sexes, males reported the highest level of heart disease at 6.1% with females at 3.3% (Figure 88).

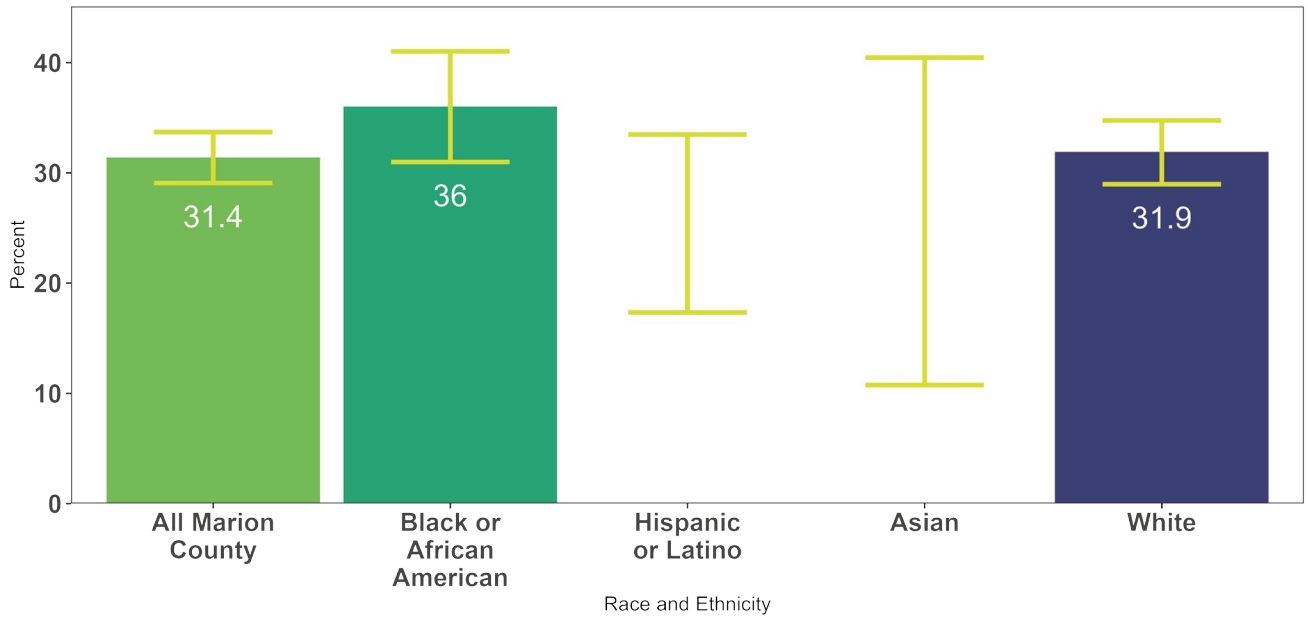
Figure 88. Percentage of Marion County residents who reported having heart disease by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

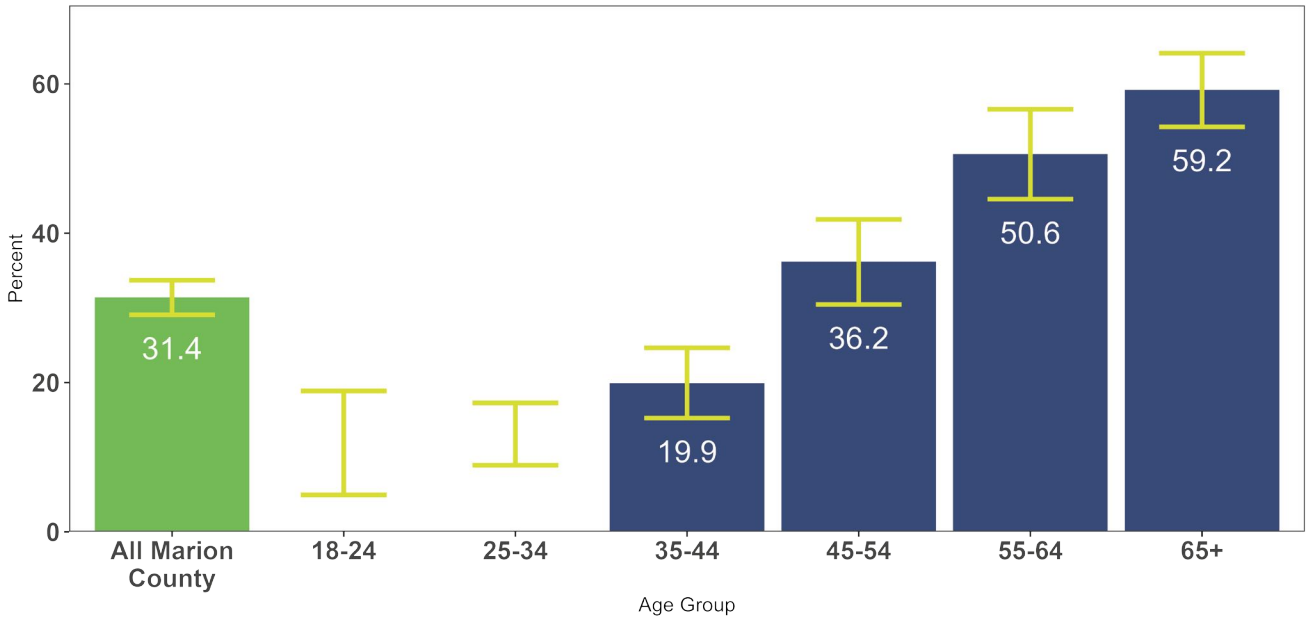
Being told they had high cholesterol was reported by 31.4% of respondents in Marion County. Looking at race and ethnicity, Black or African American residents reported the highest rate at 36% and White residents reported 31.9%. Ratees for Hispanic or Latino residents were not stable enough to report. A steady increase was seen by age group, starting with 19.9% for people 35-44 years of age to 59.2% for people over the ages of 65 years (Figure 90).

Figure 89. Percentage of Marion County residents who reported having high cholesterol by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Figure 90. Percentage of Marion County residents who reported having high cholesterol by age group, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

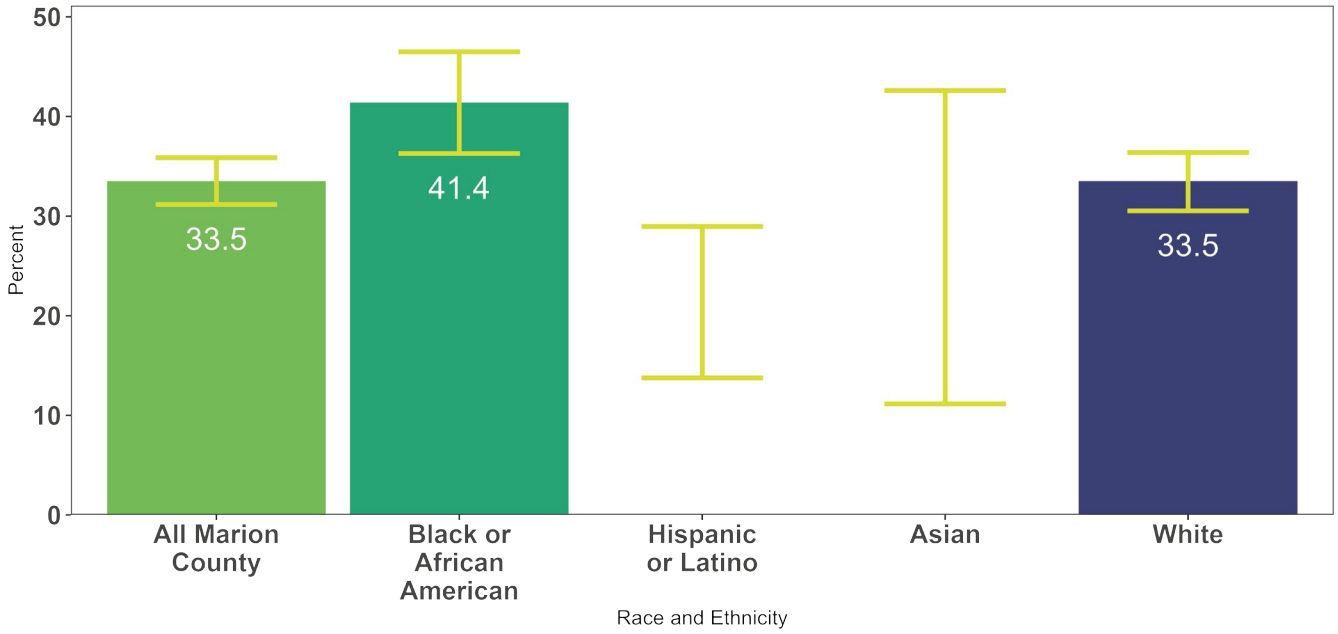
Hypertension

Blood pressure occurs when blood pushes against the wall of your arteries.[247] Hypertension, also called high blood pressure, is when the blood pressure is consistently at or above 130/80 mm Hg.[247] Hypertension can damage a person's arteries and decrease the flow of blood and oxygen to one's heart. This can lead to a heart attack, heart failure, stroke, heart valve disease, and kidney disease.[247]

Hypertension can develop in a person because of unhealthy lifestyle choices such as not getting enough regular physical activity, or due to mental health problems like depression, or because of family history or their environment.[247] These factors are known to cause chronic conditions like diabetes, kidney disease and obesity to develop, which in turn can lead to hypertension.[247] Hypertension is related to two of the top ten leading causes of death in Marion County. Those are heart disease (first) and kidney disease (eighth).[14] BRFSS data from 2019 to 2023 found hypertension trends were steady for Marion County, Indiana, and the U.S. and for all races and ethnicities; BRFSS 2023 data found that the percentage of residents reporting having hypertension in Marion County was 39.2%, for Indiana 37.6%, and for the U.S. 34.3%.[154]

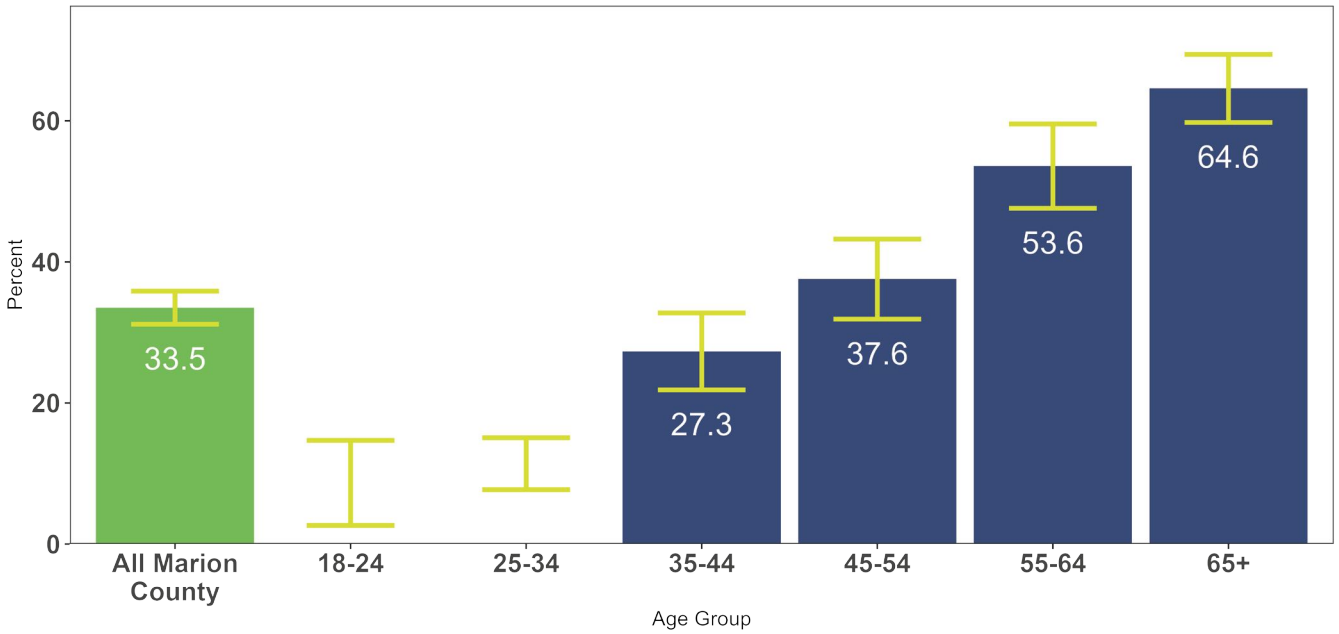
In the 2025 CHA survey, hypertension was reported by 33.5% of Marion County residents. By race and ethnicity, Black or African American residents reported the highest at 41.4% and White residents were second with 33.5%. Other races and ethnicities had counts too small to report (Figure 91). Hypertension increased steadily by age group. For people 35-44 years of age, 27.3% reported having hypertension compared to 64.6% for people aged 65+ years (Figure 92).

Figure 91. Percentage of Marion County residents who reported having hypertension by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Figure 92. Percentage of Marion County residents who reported having hypertension by age group, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5862

Asthma

Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out, and shortness of breath.[248] Factors that can increase the risk factor for asthma include allergies, obesity, race or ethnicity, sex, occupational hazards, and climate change.[249]

Asthma is one of the most common long-term diseases of children, but adults can have asthma, too.[248] BRFSS Marion County data for 2023 show that asthma prevalence was 18.5%,which is an increase from 2019 when it was 14.1%.[154] Compared to Marion County for 2023, percentages were similar for Indiana (16.6%) and the United States (15%).[154] Only 11% of adult CHA survey respondents reported currently having asthma.

Cancer

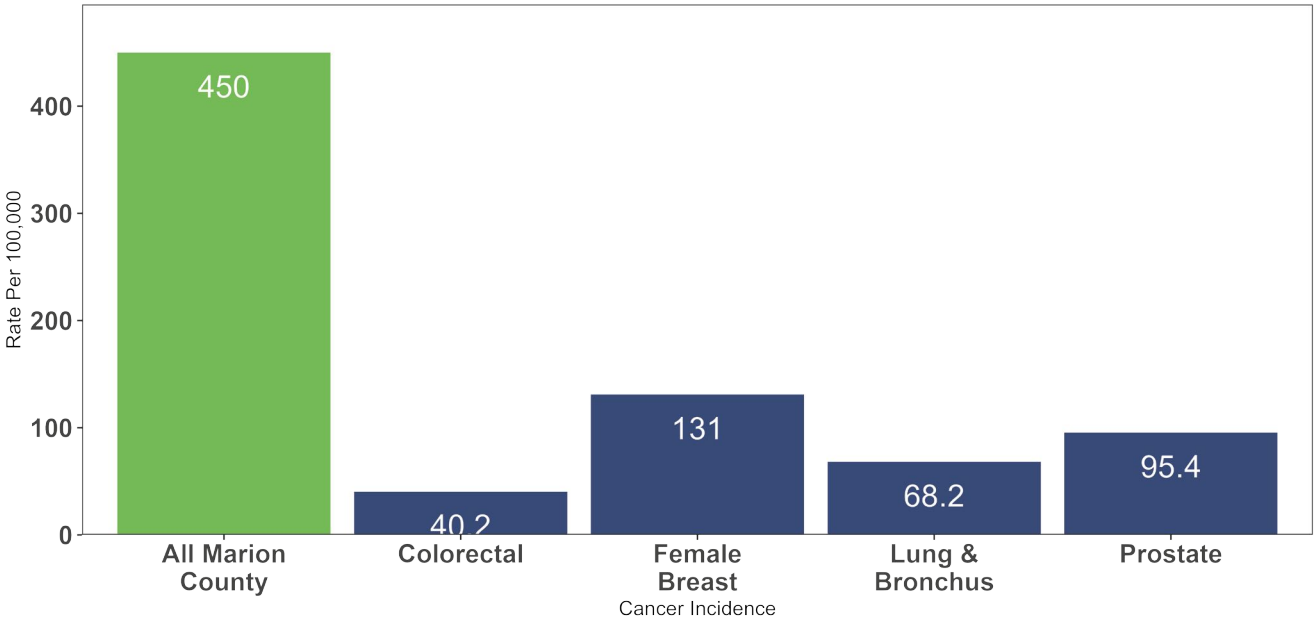
Cancer is the second leading cause of death in Marion County. Cancer is a disease where some of the cells in the body grow uncontrollably and spread to other parts of the body.[250] These damaged or abnormal cells may form tumors, which are large lumps of tissue.[250] These tumors can be cancerous, which means they can spread and form new tumors in other parts of the body.[250] There are over 100 types of cancers that can form in specific types of cells. One of these is leukemia, which starts in the blood-forming tissue of the bone marrow.[250] This cancer is not a tumor, but occurs when a large number of white blood cells in the blood and bone marrow crowd out normal blood cells.

Cancer registries are information systems that are designed to collect, store and manage data on people with cancer.[251] The cancer data in the registry allows health officials, researchers, and others to conduct cancer surveillance for the planning and evaluation of cancer prevention efforts.[251] The Indiana Department of Health houses the Indiana State Cancer Registry, where incidence and mortality data shown in this report originated. The Indiana State Cancer Registry data shown graphically throughout this section do not include carcinoma in situ (tissue changes in the body that are not considered a cancer because abnormal cells have not spread to other tissue in the way that cancer cells do) or benign tumors (lumps of tissue that do not spread into nearby tissues and usually do not grow back after removal as cancerous tissue sometimes does).[250]

Incidence and Mortality

Marion County's cancer incidence rate of 470 new cases per 100,000 people was higher than Indiana's at 450 per 100,000 people for the years 2016-2020.[251] For mortality from 2018 to 2022, Marion County's rate was 170.4 per 100,000 people and higher than Indiana's at 165.2 per 100,000.[175] Among Indiana's 92 counties, Marion County had the thirty-second highest incidence rate and forty-ninth highest mortality rate. Looking at both incidence and mortality, the top four cancers for Marion County and Indiana are lung and bronchus, female breast, prostate, and colorectal. Three of the four are the same as the United States; however, pancreatic cancer mortality replaces prostate mortalty.[252] Figure 93 shows the incidence rate for Marion County for all cancers combined and the four most common cancers while Figure 94 shows Marion County cancer mortality for all cancers combined and the four most common cancers.

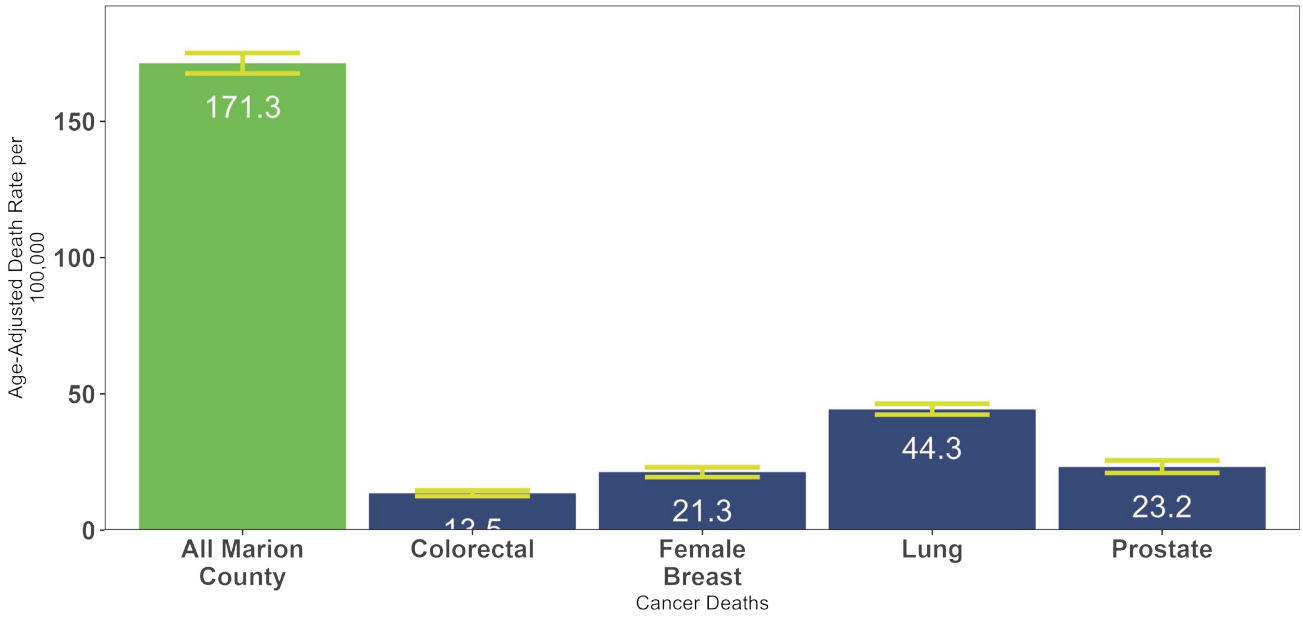
Figure 93. Incidence rates of all cancers combined and top four cancers in Marion County, 2016-2020



Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Figure 94. Mortality rates of all cancers combined and top four cancers, Marion County, IN, 2018-2022



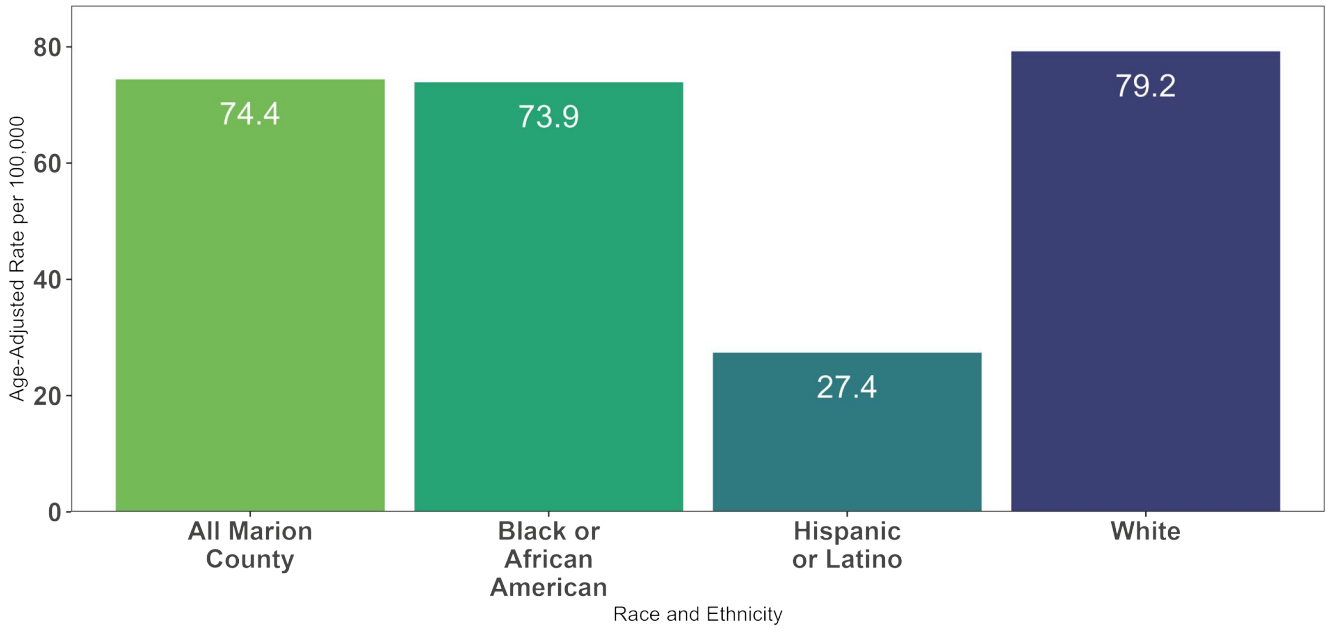
Data Source: National Cancer Institute SEER Database, DR5862

Lung and Bronchus Cancer

Smoking tobacco is the leading cause of preventable death in the U.S., causing about 1 in 5 of all deaths.[167] It is also the leading risk factor for lung cancer mortality, with 80% of lung cancer deaths considered to be the result of smoking.[167] At this time, it is not known if e-cigarettes increase a person's chance for lung cancer, but they have been shown to cause lung damage.[167]

Lung cancer incidence rates in 2016-2020 were higher in Marion County (74.4 new cases per 100,000 residents) than for Indiana (68.2 new cases per 100,000 residents). Looking at race and ethnicity, White residents in Marion County had the highest rate at 79.2 new cases per 100,000 White residents, with Black or African American residents having a rate of 73.9 new cases per 100,000 and Hispanic or Latino residents having a rate of 27.4 new cases per 100,000. This is shown in Figure 95.

Figure 95. Lung and bronchus cancer incidence rates by race and ethnicity in Marion County, 2016-2020



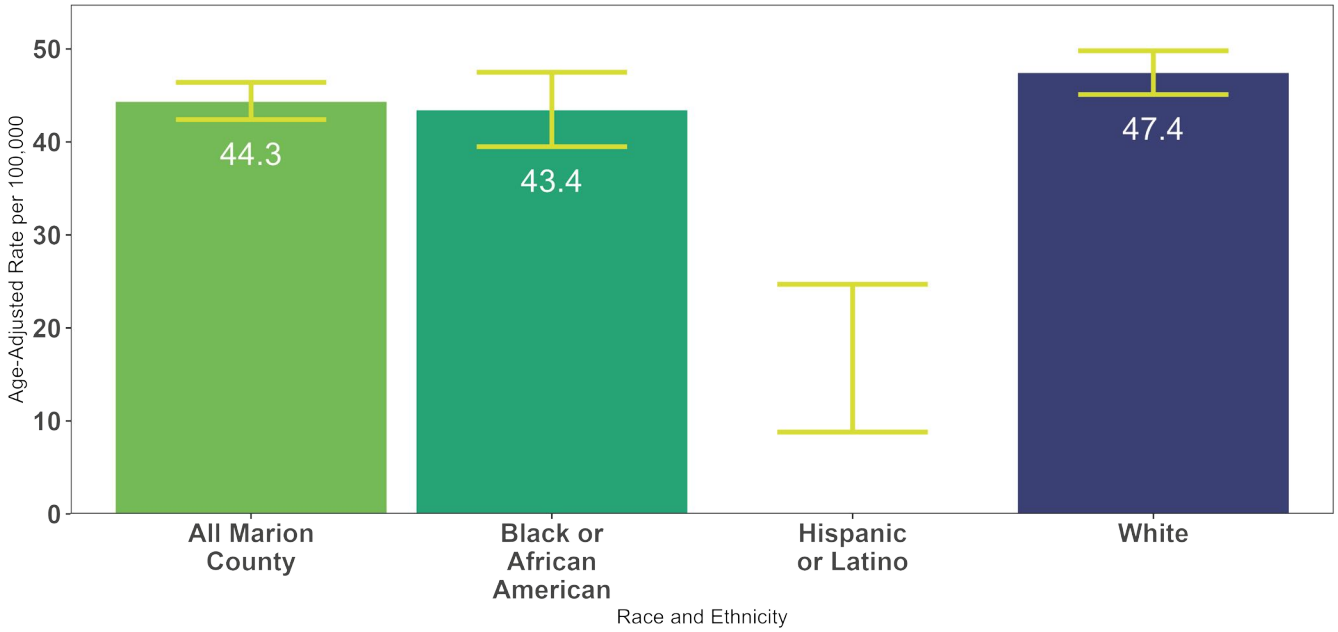
Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Lung cancer death rates for all people were higher in Marion County (44.3 per 100,000 residents) than for Indiana (42.1 per 100,000 residents) and the United States (32.1 per 100,000 people) during 2018-2022. Mortality rates from lung cancer are falling over time for all three geographies.[175]

In Marion County from 2018 to 2022, Black or African American residents had a lung cancer mortality rate of 43.4 per 100,000 Black or African American residents. During the same time, among White residents, the rate was 47.4 per 100,000 White residents (Figure 96). Compared to the U.S., Black or African American residents in Marion County had higher rates, but they were similar when compared to Indiana. For White residents, Marion County had higher rates compared to Indiana and the United States. Counts for Hispanic residents in Marion County were too low for accurate rate comparisons, but confidence intervals were between 8.8 and 24.7 deaths per 100,000 Hispanic or Latino residents.

Figure 96. Lung and bronchus cancer mortality rates by race and ethnicity, Marion County, 2018-2022



Data Source: National Cancer Institute SEER Database, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

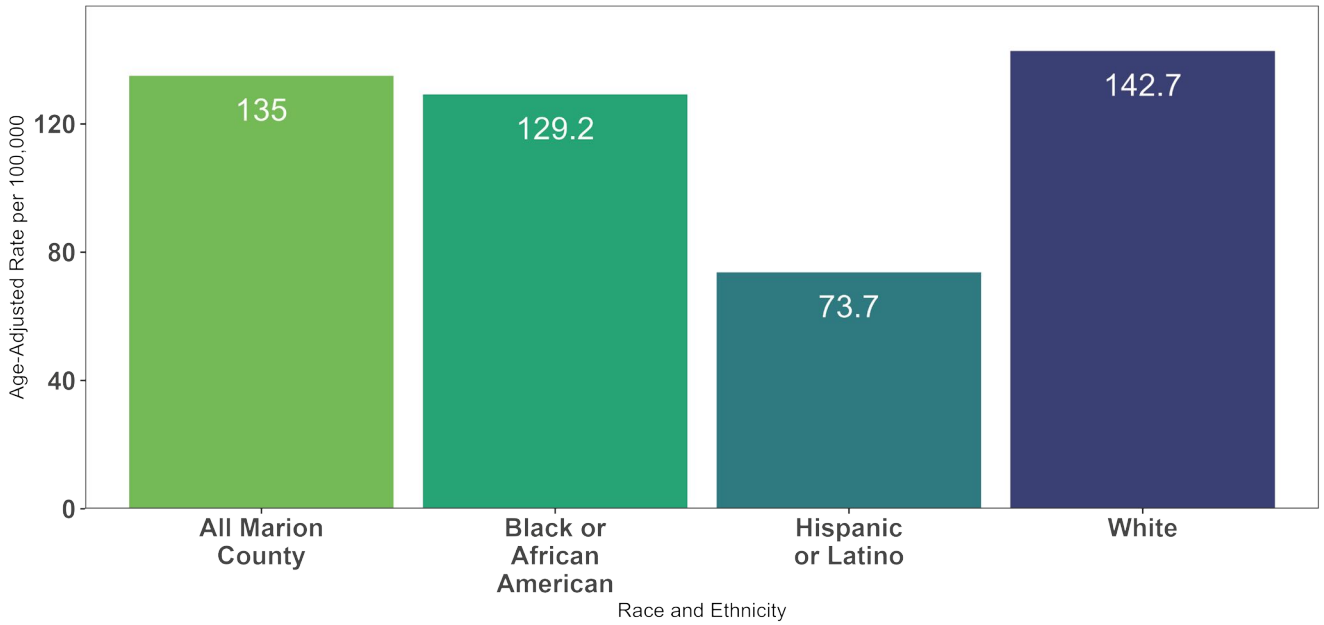
Female Breast Cancer

Data from the Indiana State Cancer Registry show that, among Indiana counties, Marion County had the twenty-seventh highest incidence rate and thirty-eighth highest mortality rate for female breast cancer during 2016-2020.[251] During 2018-2022, the rank for mortality in Marion County rose to thirtieth among all Indiana counties.[175] We currently do not have incidence rankings for the 2018-2022 period due to missing data for Indiana in 2021.

Causes of female breast cancer include lifestyle, genetics, and dense breasts.[253] Female breast cancer incidence rates in 2016-2020 were higher in Marion County (135 new cases per 100,000 females) than for Indiana (131 new cases per 100,000 females).[251] Looking at race and ethnicity, incidence rates for Marion County were higher than for Indiana. White female county residents had the highest rate at 142.7 new cases per 100,000 White females. Black or African American female county residents had a rate of 129.2 cases per 100,000 Black or African American females (Figure 97).

In Marion County from 2018-2022, Black or African American females had a breast cancer mortality rate of 26.6 per 100,000 females. During the same time, among White females, the rate was 19.1 per 100,000 females (Figure 98). Counts for Hispanic or Latino female residents in Marion County were too low for accurate rate comparisons but confidence intervals were 10.2-29.5 deaths per 100,000 Hispanic or Latino female residents.

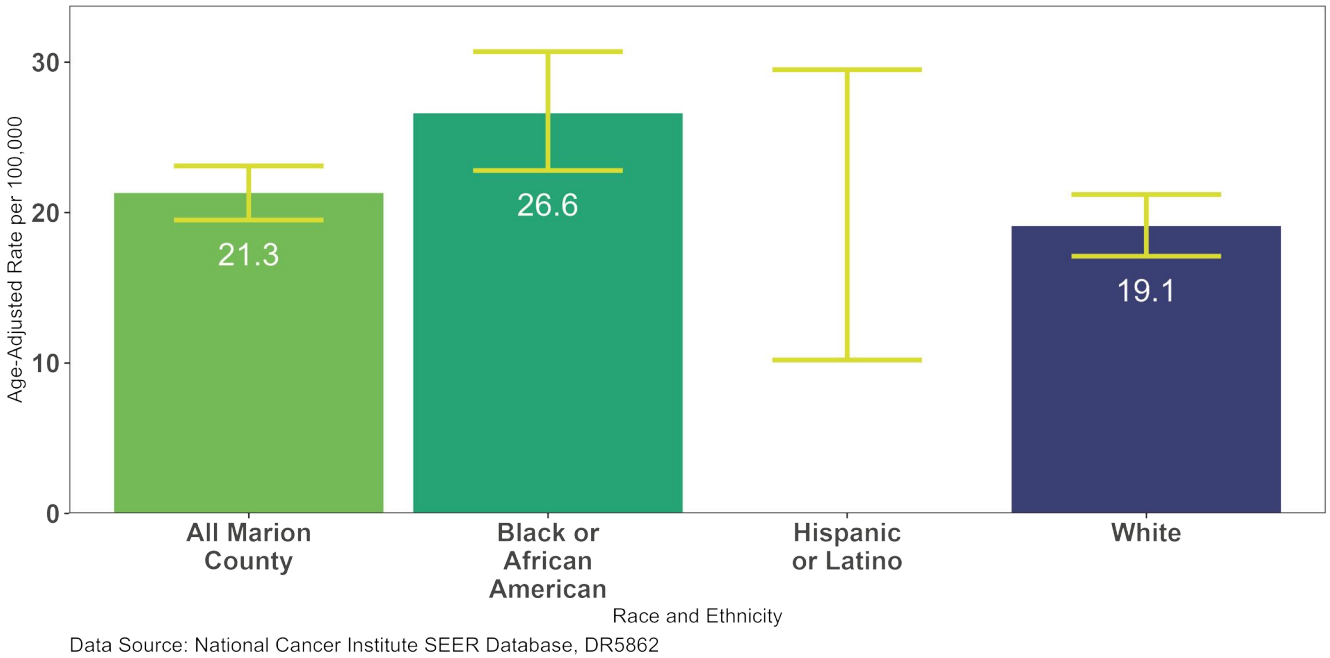
Figure 97. Female breast cancer incidence rates by race and ethnicity in Marion County, 2016-2020



Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Figure 98. Female breast cancer mortality rates for Marion County, 2018-2022



Data Source: National Cancer Institute SEER Database, DR5862

Cervical Cancer

Data from the Indiana State Cancer Registry show that, among Indiana counties, Marion County had the sixth highest mortality rate for cervical cancer during 2018-2022.[175] We currently do not have incidence rankings for the 2018-2022 period due to missing data for Indiana in 2021.

According to the National Cancer Institute, long-lasting (persistent) infection with high-risk types of human papillomavirus (HPV 16 and HPV 18) cause 70% of cervical cancers worldwide. The incidence of cervical cancer in Marion County during 2016-2020 is much higher for Hispanic females (18.5 per 100,000 population) compared to Black or African American (8.2 per 100,000 population) and White (9.5 per 100,000 population) females.[251] Compared to Indiana, incidence rates for Marion County were higher for all race and ethnicities. In Indiana for the same time, the incidence of cervical cancer was also highest for Hispanic females (9.8 per 100,000 population) compared to Black or African American (8.0 per 100,000 population) and White (8.5 per 100,000 population) females.[251]

In Marion County from 2018-2022, Black or African American females had a cervical cancer mortality rate of 4.4 per 100,000 females.[175] During the same time, among White females, the rate was 2.2 per 100,000 females.[175] Counts for Hispanic or Latino female residents in Marion County were too low for accurate rate comparisons.

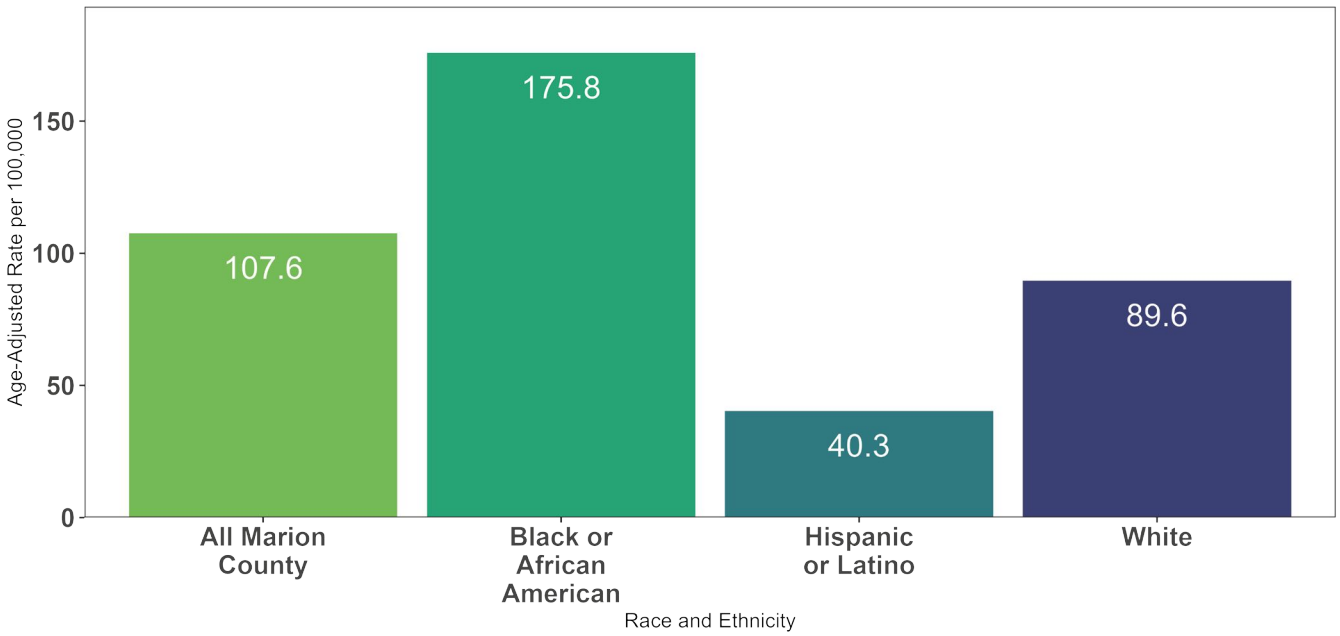
Prostate Cancer

The Indiana State Cancer Registry found that, among Indiana counties, Marion County had the twenty-ninth highest incidence rate and nineteenth highest mortality rate for prostate cancer during 2016-2020. During 2018-2022, the rank for mortality in Marion County dropped to twentieth among all Indiana counties.[250] We currently do not have incidence rankings for the 2018-2022 period due to missing data for Indiana in 2021. Marion County had higher prostate mortality rates than both Indiana and the United States during 2018-2022.[175]

The risk factors for developing prostate cancer are advanced age and being Black or African American.[254] Prostate cancer incidence rates in 2016-2020 were higher in Marion County (107.6 new cases per 100,000 male residents) than for Indiana (95.4 new cases per 100,000 male residents). Looking at race and ethnicity, incidence rates for Marion County were higher for Black or African American males (175.8 new cases per 100,000 Black or African American males) than for White males (89.6 per 100,000 White males) (Figure 99).

In Marion County from 2018 to 2022, Black or African American males had the highest rate of prostate cancer mortality (Figure 100). Counts for Hispanic or Latino males in Marion County were too low for accurate rate comparisons and confidence intervals were not available to display in this report.

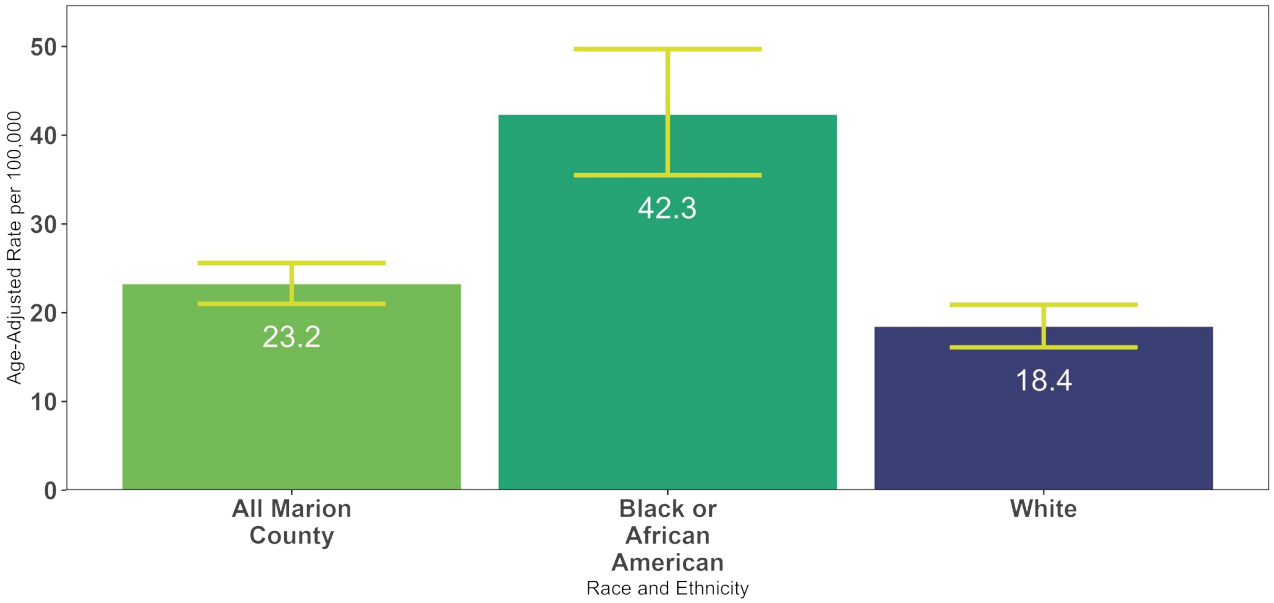
Figure 99. Prostate cancer incidence rates by race and ethnicity, Marion County, 2016-2020



Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Figure 100. Prostate cancer mortality rates by race and ethnicity, Marion County, 2018-2022



Data Source: National Cancer Institute SEER Database, DR5862

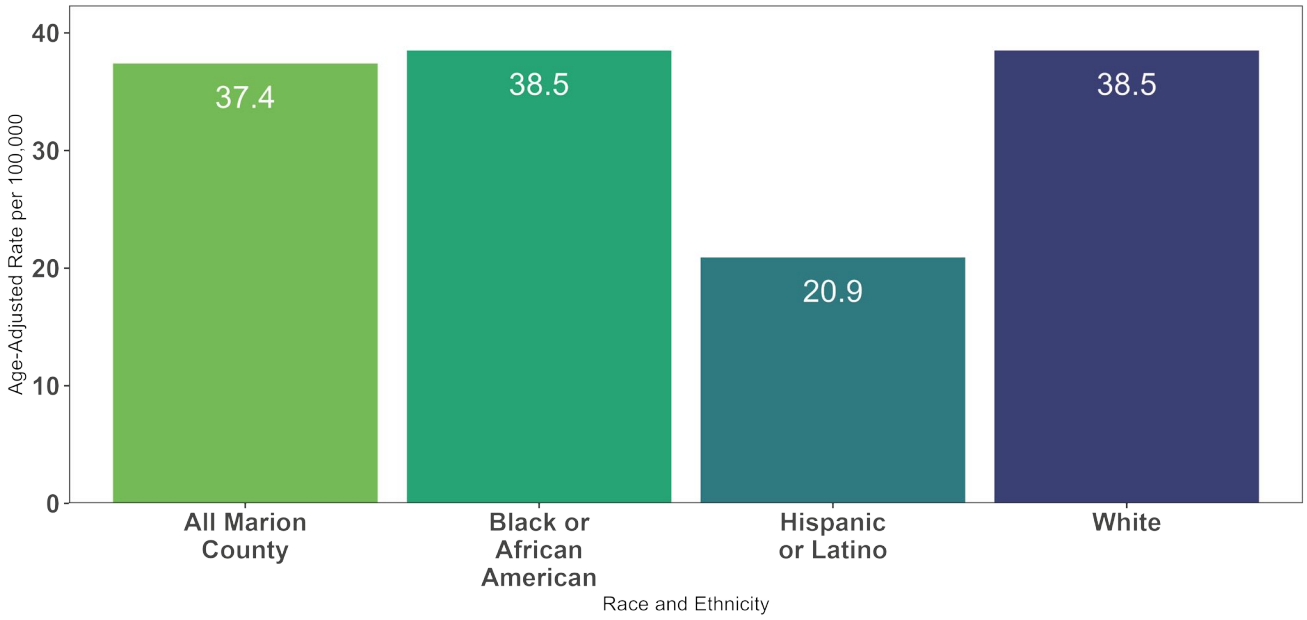
Colorectal Cancer

The Indiana State Cancer Registry found that among Indiana counties, Marion County had the seventieth highest incidence rate and seventy-first highest mortality rate for colorectal cancer. During 2018-2022, the rank for mortality in Marion County dropped to seventy-fifth among all Indiana counties.[250] We currently do not have incidence rankings for the 2018-2022 period due to missing data for Indiana in 2021. Marion County had lower colorectal mortality rates than Indiana and similar rates compared to the U.S. during 2018-2022.

Risk factors for colorectal cancer are being over 50 years of age, diet, physical inactivity, being overweight, smoking, and drinking alcohol.[255] The incidence of colorectal cancer in Marion County was 37.4 per 100,000 new cases during 2016-2020. Black or African American residents and White residents had an incidence rate of 38.5 per 100,000 people (Figure 101).[251]

In Marion County, during 2018-2022, Black or African American residents had a slightly higher rate of colorectal cancer (16 per 100,000 residents) mortality compared to White residents (13 per 100,000 residents) (Figure 102).[175]

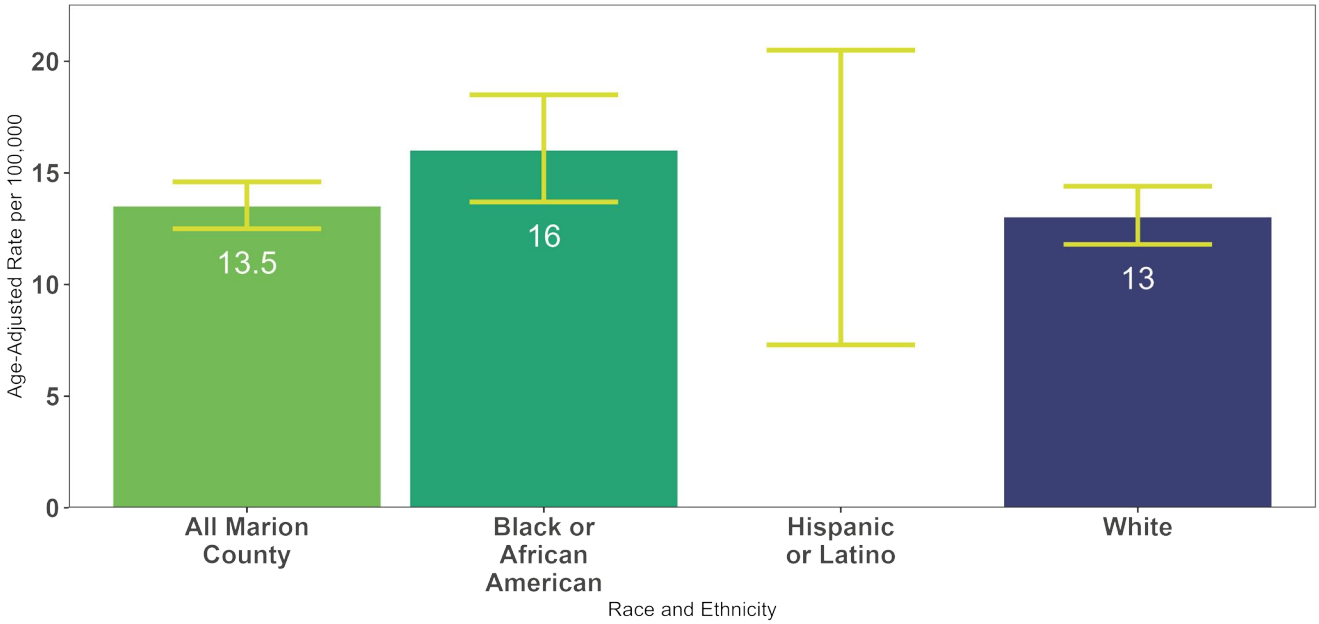
Figure 101. Colorectal cancer incidence rates by race and ethnicity, Marion County, 2016-2020



Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Figure 102. Colorectal cancer mortality rates by race and ethnicity, Marion County, 2018-2022



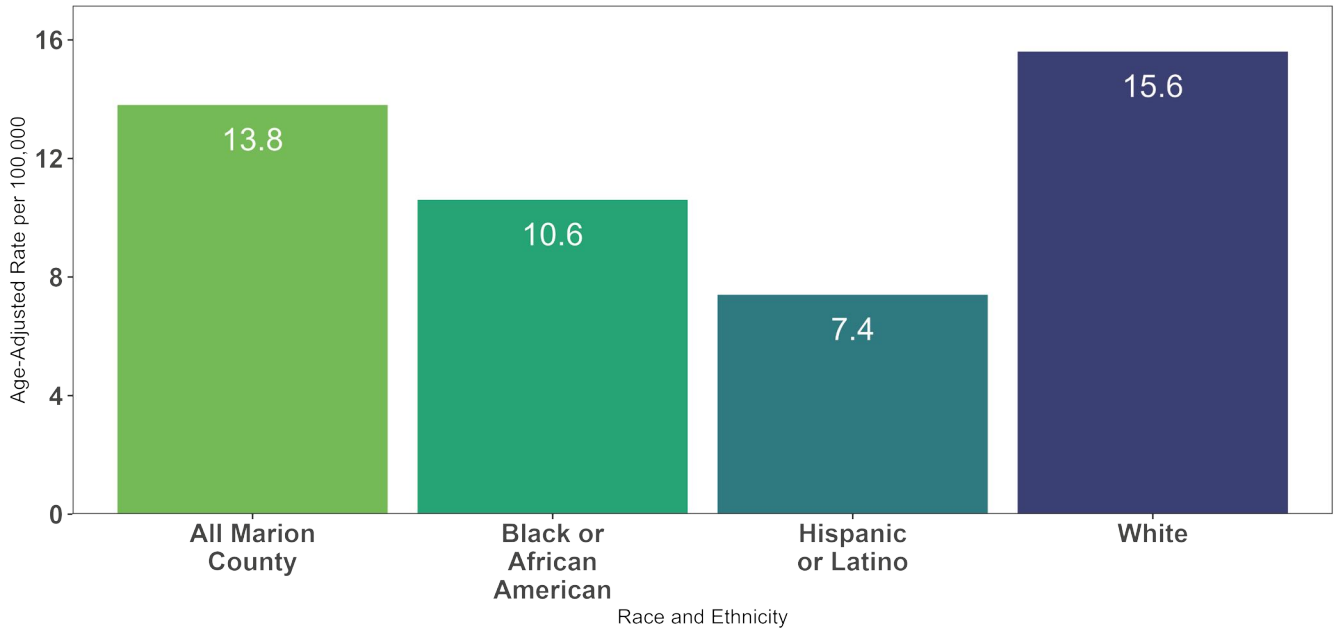
Data Source: National Cancer Institute SEER Database, DR5862

Leukemia

The Indiana State Cancer Registry found that during 2018-2022, Marion County ranked fortieth among all Indiana counties for leukemia incidence.[250] We currently do not have incidence or rankings for these 5-year periods due to missing data for Indiana in 2021. Marion County had similar leukemia mortality rates compared to Indiana and the U.S. during 2018-2022.

For Marion County during 2016-2020, the incidence rate for leukemia was 13.8 per 100,000 people. White residents had the highest incidence at 15.6 per 100,000 people and Black or African Americans had the second highest at 10.6 per 100,000 people (Figure 103). In Marion County during 2018-2022, Black or African American residents had lower rate of leukemia mortality than White residents (Figure 104). Counts for Hispanic or Latino residents in Marion County were too low for accurate rate comparisons and confidence intervals were not available to display in this report.

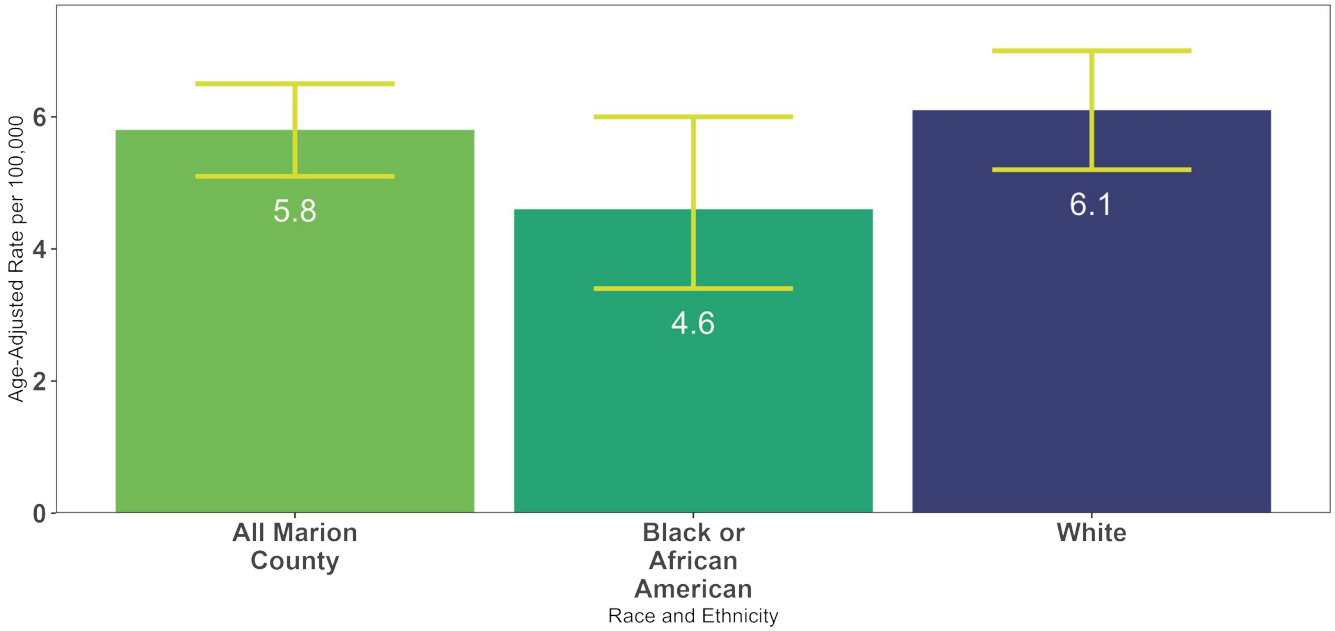
Figure 103. Leukemia incidence rates by race and ethnicity, Marion County, 2016-2020



Data Source: Indiana State Cancer Registry, DR5862

Note: Data excludes carcinoma in situ and benign tumors. Rates are age-adjusted to the US Standard 2000 population.

Figure 104. Leukemia mortality rates by race and ethnicity, Marion County, 2018-2022



Data Source: National Cancer Institute SEER Database, DR5862

MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT
Prevent. Promote. Protect.

2025

Mental Health & Health Status

Mental health affects how we think, feel, and act, and includes our emotional, psychological, and social well-being.[256] Mental health also influences management of stress, relating to others, and decision making.[256] Mental health is crucial at every stage of life, from childhood to adulthood.[256] Mental Health is important to all people and can impact anyone, with 1 in 5 (22.8%) of U.S. adults experiencing mental illness in 2021.[256] There is no single cause for mental illness as a number of factors can contribute to its risk, such as adverse childhood experiences, chronic medical conditions, alcohol or drugs, feelings of loneliness or isolation, and biological factors or chemical imbalances in the brain.[256]

Mental health conditions include anxiety disorders, attention deficit hyperactivity disorder, bipolar disorder, borderline personality disorder, major depressive disorders, dissociative disorder, eating disorders, obsessive-compulsive disorder, posttraumatic stress disorder, psychosis, schizoaffective disorder, schizophrenia, and others.[256,257] Any mental illness is defined as receiving mental health treatment such as professional counseling, medication, or other treatment for their mental health in the past year for the conditions listed above.[258] Serious mental illness includes the conditions listed above but they significantly impair a person's ability to function in their daily life.[256] The symptoms are persistent and severe and the person needs ongoing treatment and support.[256] In 2022-2023, 23.7% of Indiana adults experienced any mental illness and 6.26% experience serious mental illness.[258,259]

People with serious mental illness are nearly twice as likely to develop cardiovascular and metabolic diseases than the general public and it is estimated serious mental illness causes $193.2 billion in lost earnings each year and over 12 million U.S. adults have serious thoughts of suicide.[257] According to the National Survey on Drug Use and Health (NSDUH), in 2019, Marion County had an estimated 163,000 adults with some type of mental illness, over 39,000 adults with serious mental illness, nearly 41,000 adults with serious thoughts of suicide of whom almost 14,000 had a suicide plan, and over 5,000 adults attempted suicide.[259]

Research indicates that mental health conditions such as anxiety, depression, psychosis, and substance use increase the risk of suicide.[256,257] Suicide is not a mental illness in itself, but is "often an attempt to control deep, painful emotions and thoughts an individual is experiencing."[257] Analysis of MCPHD vital records data shows in 2024, suicide is the 12th leading cause of death in Marion County, showcasing the urgent need for better mental health practices and availability. In Marion County, the Mental Health Provider to patient ratio is 260:1 people to providers.[186] Meaning there is one provider for every 260 patients.[186] The Marion County ratio is lower (and therefore more favorable) than the ratio of mental health providers in Indiana and the U.S. (470:1 and 300:1, respectively).[186] Marion County having a lower ratio than Indiana could explain why depression, anxiety, and suicide rates are lower for the county than the state (see figures 105, 106, 107).

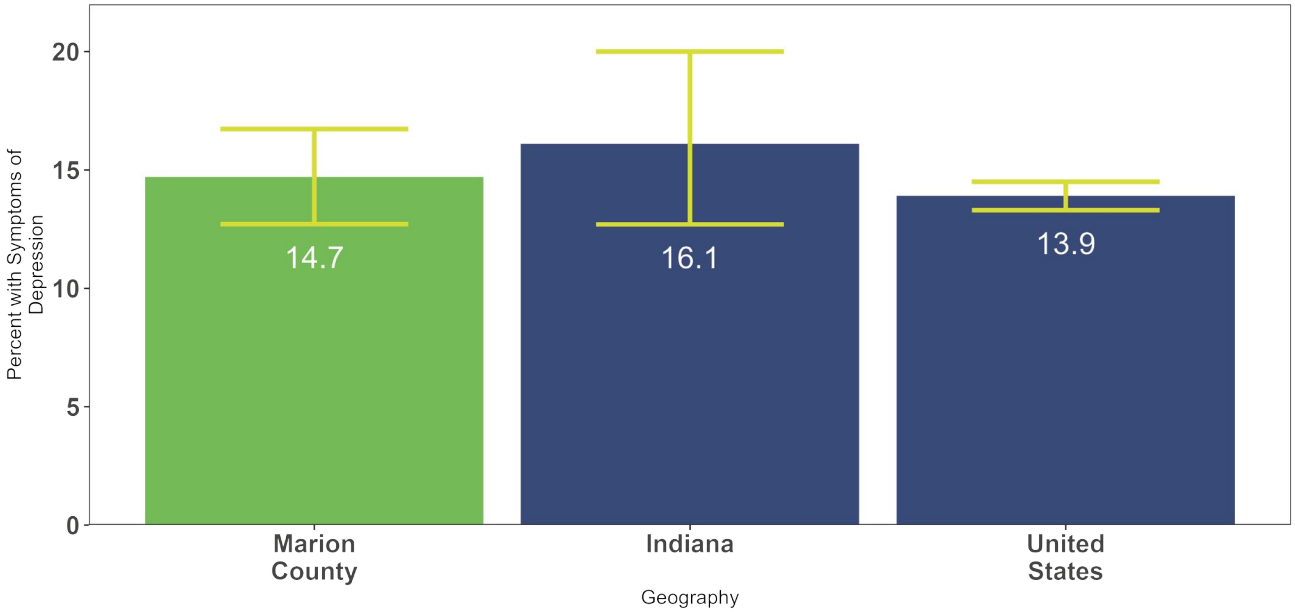
Marion County residents reported experiencing more poor mental health days each month (5.7 days) compared to 5.5 days for Indiana and 5.1 days for the U.S.[186] Furthermore, 18% of adults in Marion County reported frequent mental distress, compared to 18% for Indiana adults and 16% for the U.S. Mental distress is defined as reporting 14 or more poor mental health days in the last 30 days.[186]

People with depression have a 40% higher risk of developing cardiovascular and metabolic diseases than the general population.[257] Mental Health America data shows that, from 2020 to 2024, 40.0 per 100,000 Marion County residents are at risk of severe depression compared to 57.5 per 100,000 for Indiana, and 44.9 per 100,000 for the U.S.[260] In 2024, 22.8% of Indiana residents reported symptoms of anxiety and/or depression compared to 20.7% for the U.S.[261]

The questions used from the CDC Household Pulse Survey show the percentage of adults who reported symptoms of anxiety or depression.[261] According to the CDC, these symptoms are associated with diagnoses of major depressive disorder and generalized anxiety disorder.[261] The CDC Household Pulse Survey does not give county-level data, but with new mental health questions on the MCPHD's CHA, there are now county-level depression and anxiety symptoms data for direct comparison.

Depression & Anxiety

Figure 105. Percentage of residents with symptoms of depression in Marion County, IN (2025), Indiana (2024), and U.S. (2024)

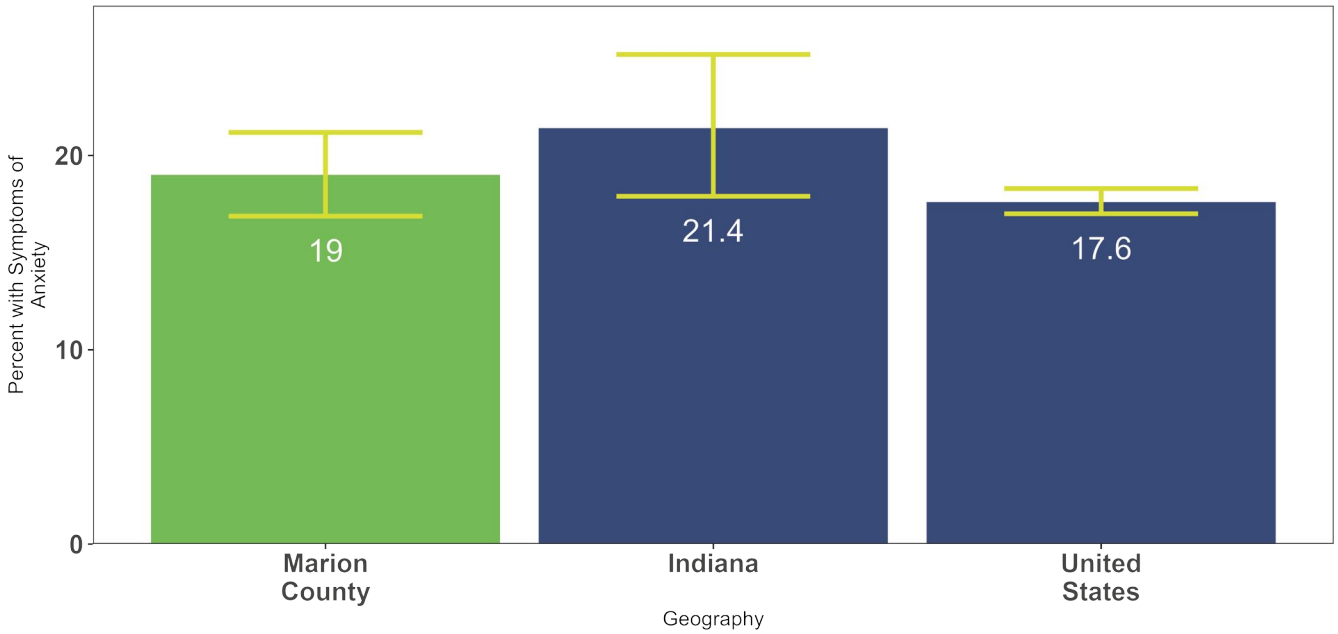


Data Source: 2025 Marion County Community Health Assessment Survey, DR5915 and 2024 CDC Household Pulse Survey

*CDC Household Pulse Survey Phase 4.2 - Aug 20- Sept 16, 2024

Figure 105 showcases CDC Household Pulse Survey results for Indiana and the U.S., compared to Marion County CHA's mental health results. Marion County has a higher percentage for symptoms of depression (14.7%) than the U.S. (13.9%), but a lower percentage than for Indiana (16.1%). The same is true for symptoms of anxiety (Figure 106). Around 19% of Marion County residents have symptoms of anxiety compared to 21.4% for Indiana and 17.6% for the United States. Comparing Figures 102 and 103, we see that more Marion County residents reported symptoms of anxiety (19%) compared to depression (14.7%). Around 54% of county residents with symptoms of depression also had symptoms of anxiety.

Figure 106. Percentage of residents with symptoms of anxiety in Marion County, IN (2025), Indiana (2024), and U.S. (2024)



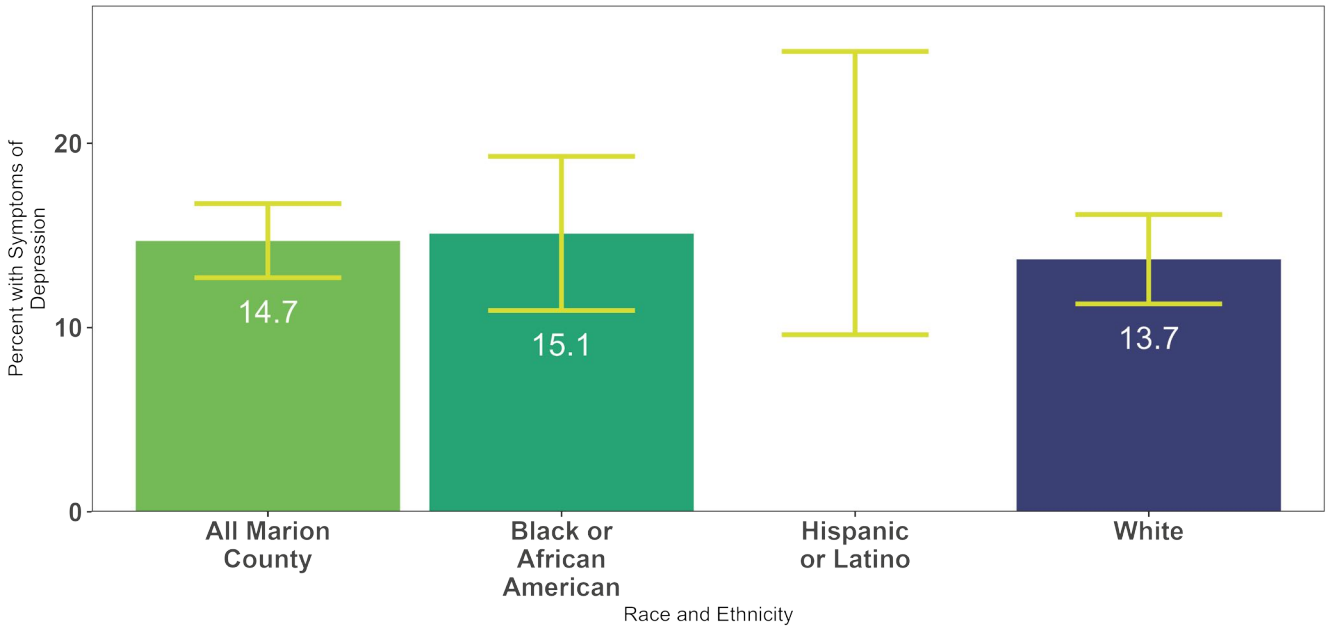
Data Source: 2025 Marion County Community Health Assessment Survey, DR5915 and 2024 CDC Household Pulse Survey

*CDC Household Pulse Survey Phase 4.2 - Aug 20- Sept 16, 2024

About 26.6% of 2025 CHA survey respondents said they had been told by a doctor that they have, or had, depression in their lifetime. That is higher than the percentage who reported symptoms of depression in the two weeks prior to completing the survey (14.7%). The difference between these percentages could be explained by differences in the questions. One asks about lifetime depression, which could include either current depression, or past depression that no longer affects the respondent. The other question asks about symptoms of depression within the past two weeks before taking the survey. Around 31.6% of respondents who reported symptoms of depression had been told by a doctor that they have, or had depression, while 68.4% of those who reported symptoms of depression did not report that they had ever been diagnosed with it. Around 92.4% who reported no symptoms in the survey had never been told that they have depression.

Figure 107 shows rates of depression symptoms by race and ethnicity, and there are minimal disparities between groups. Black or African American respondents had the highest rate of depression symptoms at 15.1% as compared to 13.7% of White respondents and between 9.6%-25% for Hispanic or Latino respondents.

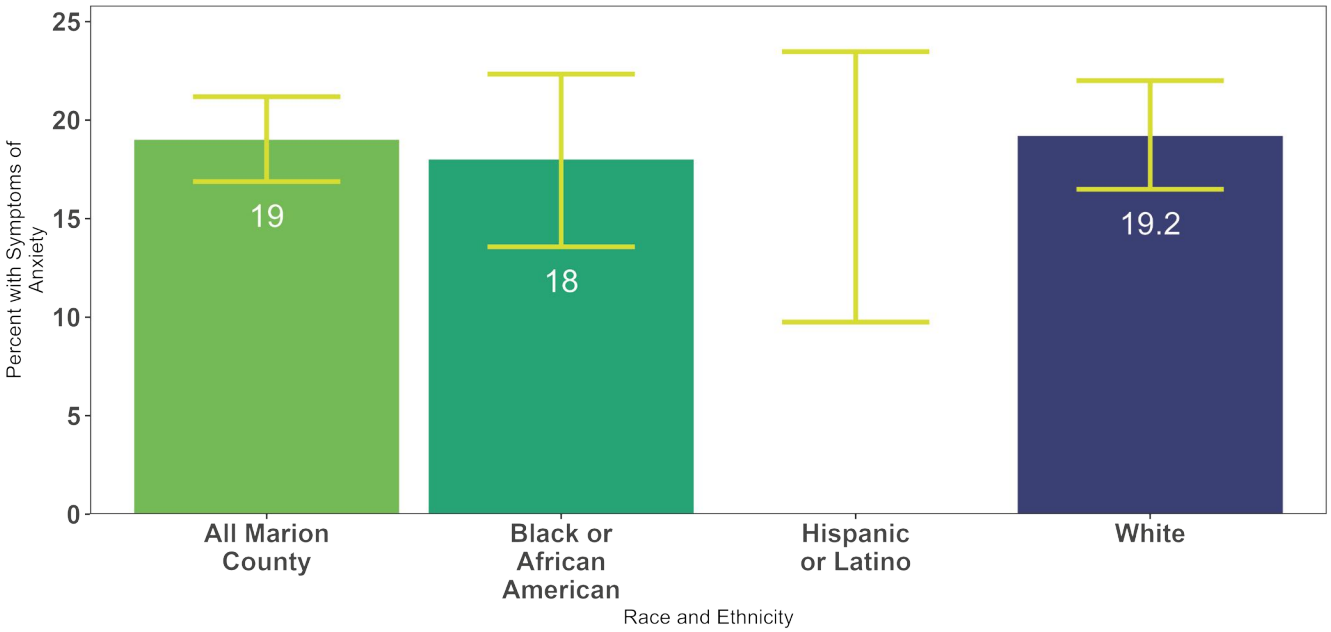
Figure 107. Percentage of Marion County residents with depression symptoms by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5915

White respondents reported the highest amount of anxiety symptoms at 19.2% compared to 18% for Black or African Americans and between 9.7%-23.5% for Hispanic or Latino respondents (Figure 108). All percentages are close to the overall Marion County percentage.

Figure 108. Percentage of Marion County residents with anxiety symptoms by race and ethnicity, 2025



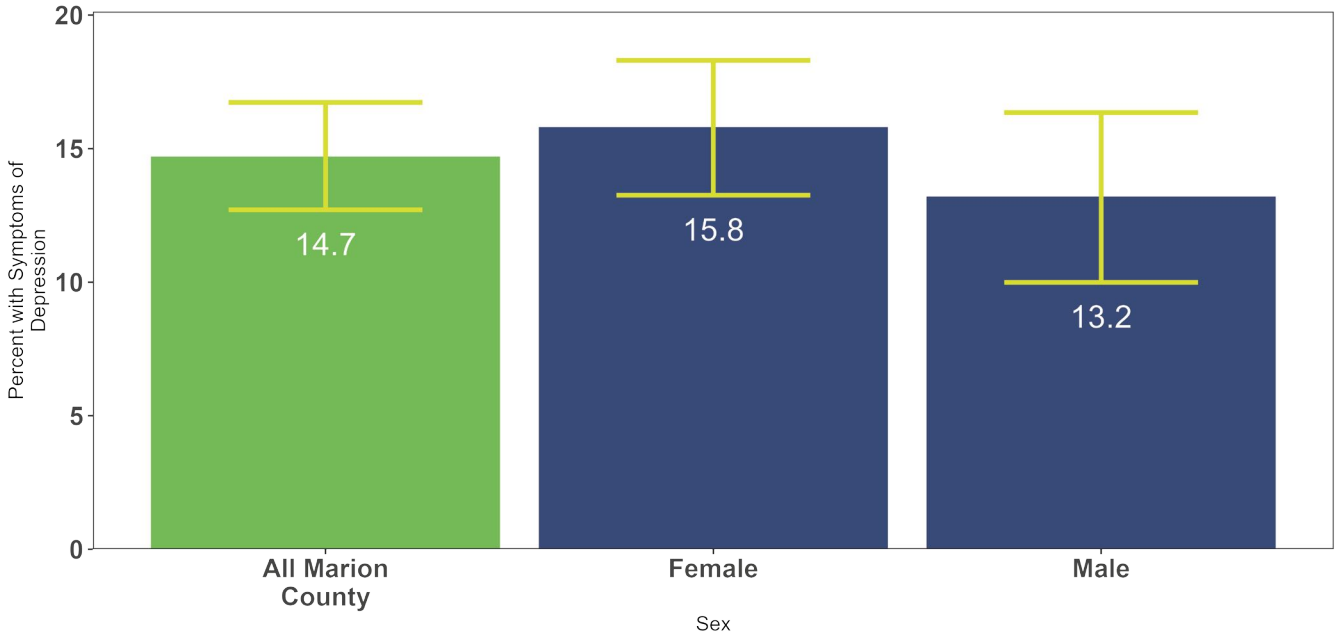
Data Source: 2025 Marion County Community Health Assessment Survey, DR5915

For depression, the 18-24 age group had the highest percentage of symptoms, with the next highest being ages 45-54 and the lowest percentage seen in ages 65+ residents. For anxiety, 18–24-year-olds had the highest percentage of symptoms, and this percentage gradually decreased as age increased, with the lowest percentage seen in ages 65+ residents.

When observing depression symptoms data by education level, those with less than a high school degree had the highest percentage of depression symptoms. As Marion County residents attained more education, the percentage with depression symptoms decreased, with the lowest percentage seen in residents with a master's, graduate, or professional degree.

Marion County residents experiencing poverty had the highest percentage of depression and anxiety symptoms. For depression, those at less than 100% of the Federal Poverty Level (FPL) had a three times higher percentage of symptoms (27.9%) than those at more than 300% FPL (9.7%). A similar trend is observed for anxiety, with those at less than 100% FPL had a two times higher percentage of symptoms (32.3%) than those at more than 300% FPL (15.2%). Depression symptoms among all Marion County residents were at 14.7% and anxiety symptoms were at 19%.

Figure 109. Percentage of Marion County residents with depression symptoms by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5915

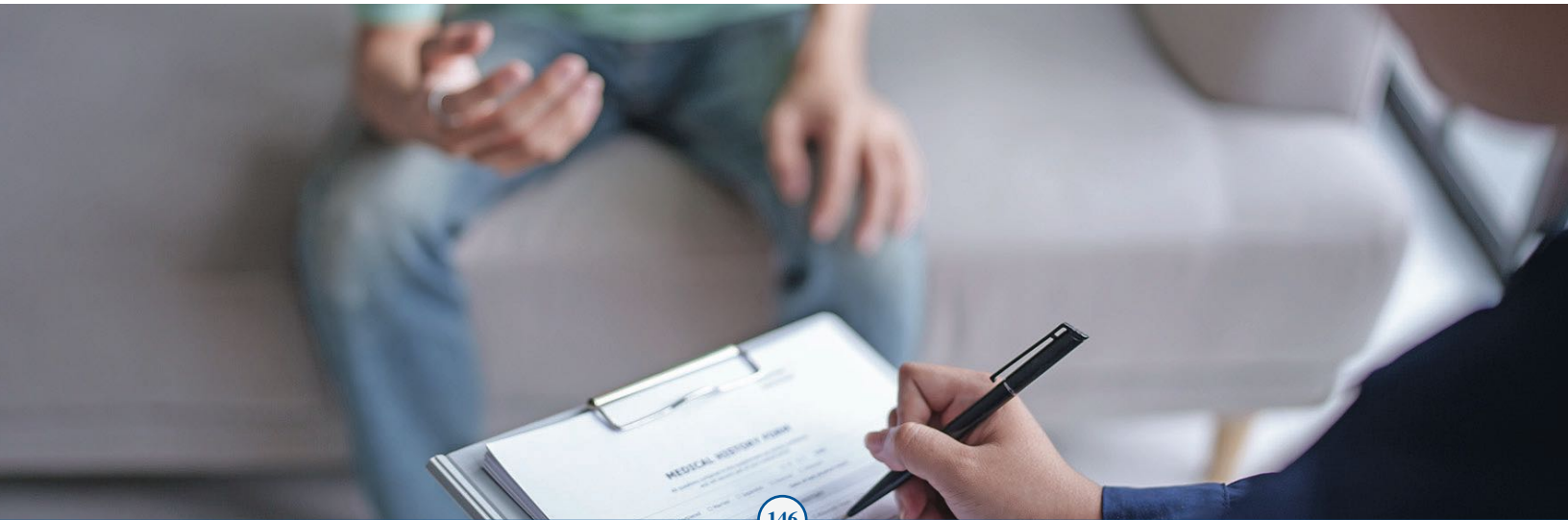
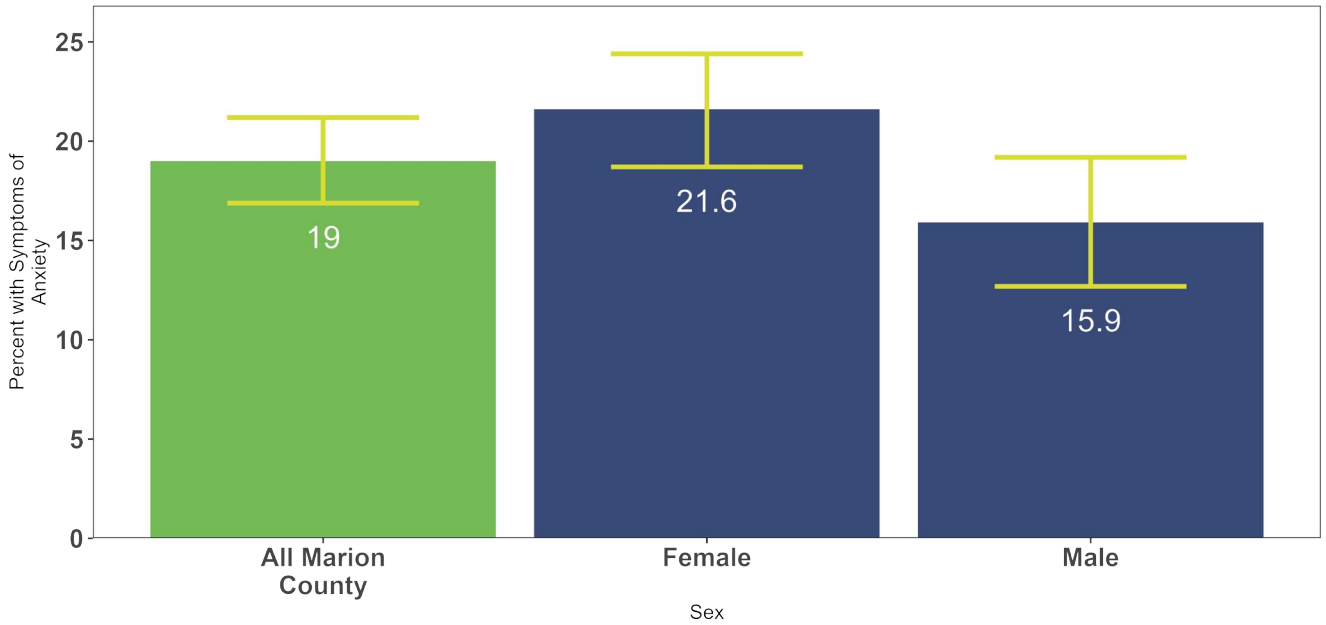


Figure 110. Percentage of Marion County residents with anxiety symptoms by sex, 2025



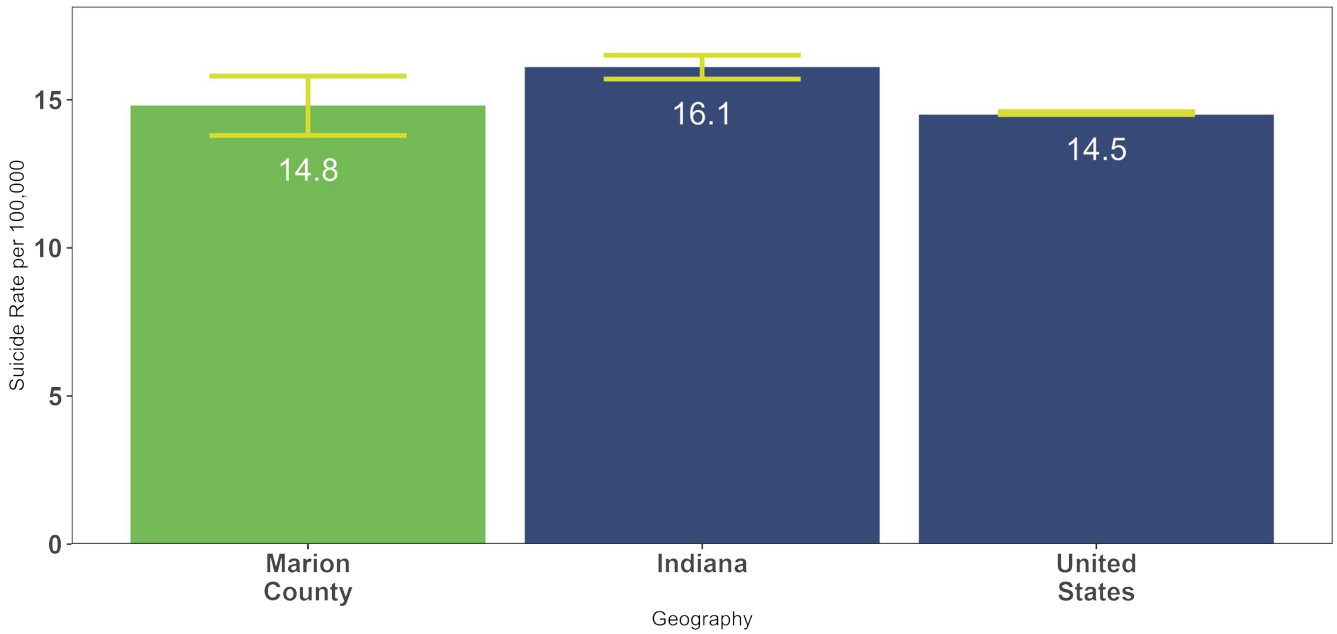
Data Source: 2025 Marion County Community Health Assessment Survey, DR5915

Figures 109 and 110 show depression and anxiety by sex. For both depression (Figure 109) and anxiety (Figure 110) symptoms, females experienced a higher percentage than males. The difference between male and female depression symptoms does not have as large of a difference when compared to anxiety symptoms. The difference for depression between the sexes was 2.6%, while for anxiety that difference was 5.7%.

Suicide

Figure 111 compares suicide rates in Marion County with those in Indiana and the United States. The county rate is comparable with that in the United States, but lower than the suicide rate in Indiana.

Figure 111. Suicide rate per 100,000 by geography, 2018-2023

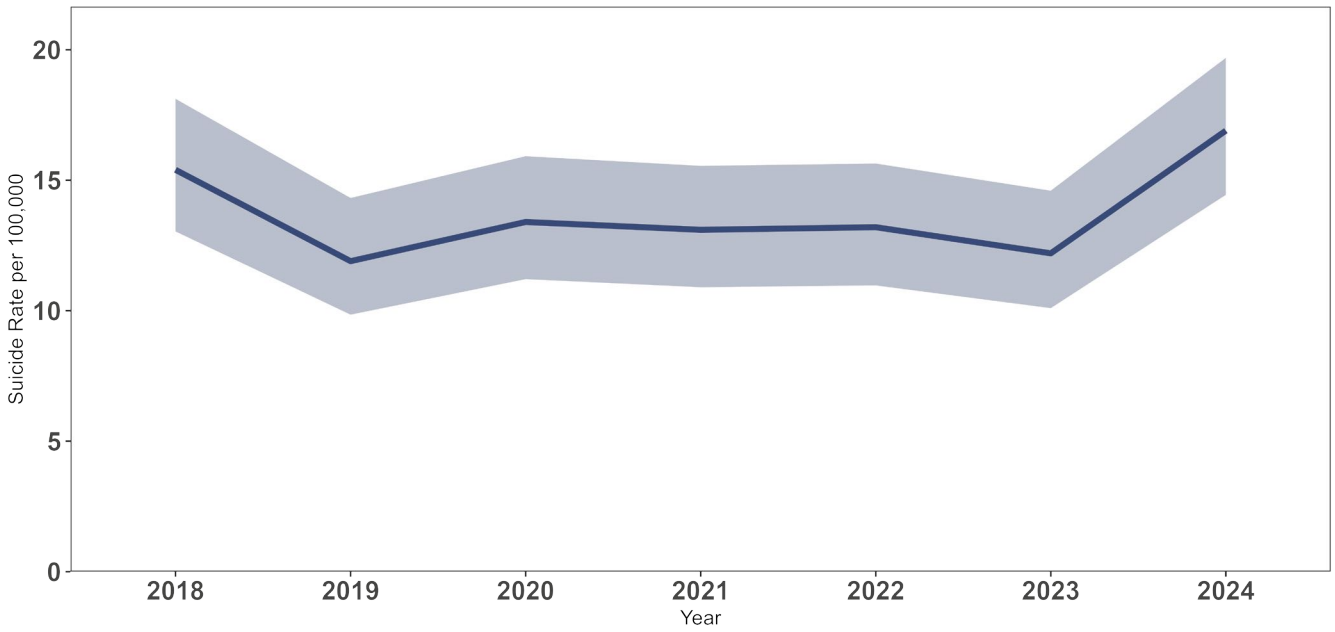


Data Source: CDC Wonder, 2018-2023, DR5915

MCPHD Vital Records data are slightly different from CDC Wonder for suicide as we include ICD10 code Y870, which is used to classify sequelae of intentional self-harm, assault, and events of undetermined intent. Sequela is a long-term consequence/late effect of self-harm; death occurs due to injuries sustained from the attempt at a later date. MCPHD Vital records include data for 2024 as well which attribute to the difference in suicide rate from CDC wonder 14.8 per 100k and MCPHD vital record 13.7 per 100k.

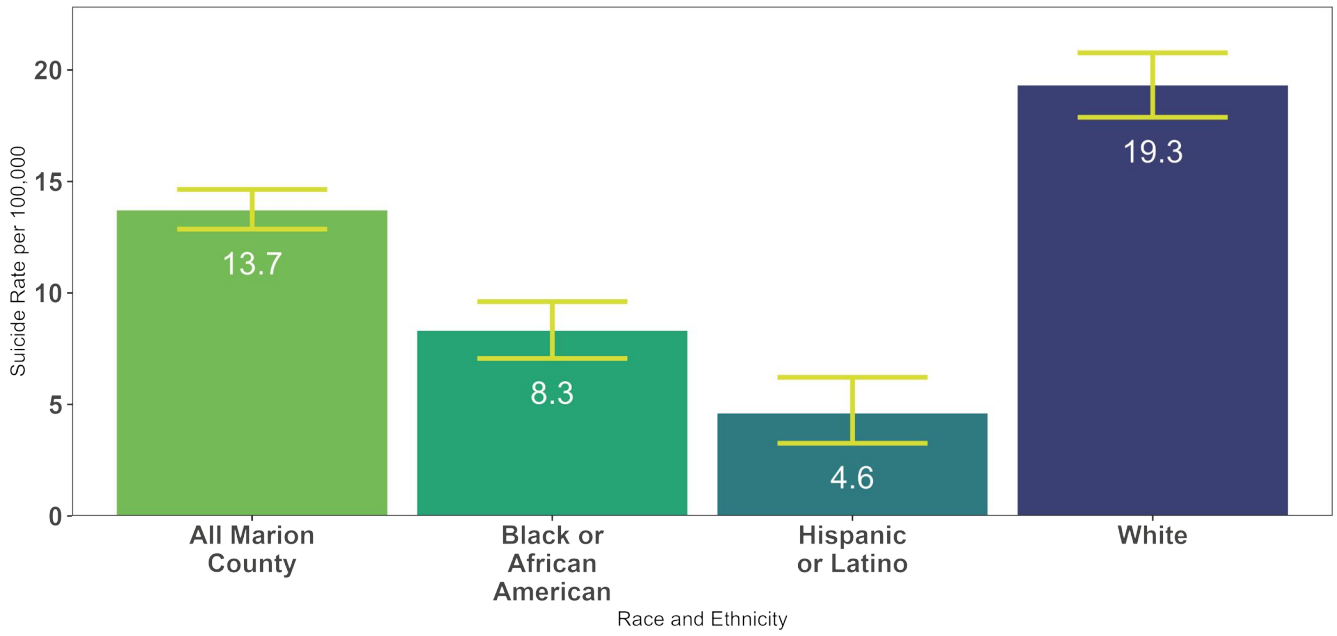
The suicide rate in Marion County declined from 2018 to 2023 but increased in 2024. There was a steep decline from 2018 to 2019 before slightly rising in 2020. Since 2020, there had been a slight decline each year until a major increase in 2024. When comparing 2023 to 2024, there was a 38.5% increase in the suicide rate. Overall, from 2018 to 2024, there was a 10% increase in the suicide rate for the county.

Figure 112. Yearly trend of Suicide death rate per 100,000, Marion County, 2018-2024



Data Source: MCPHD Vital Records (birth and death records), DR5915

Figure 113. Suicide rate per 100,000 by race and ethnicity in Marion County, 2018-2024

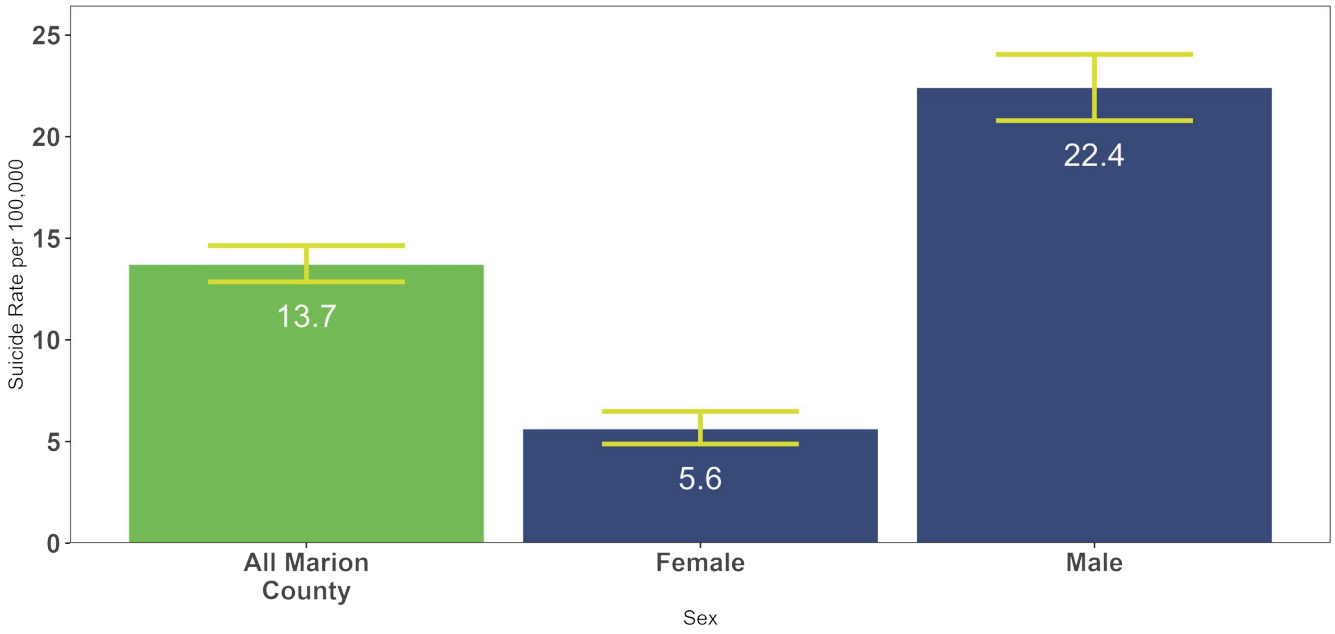


Data Source: MCPHD Vital Records (birth and death records), DR5915

White Marion County residents experienced the highest rate of suicide while Hispanic or Latino residents had the lowest. The suicide rate for White residents was four times the rate of Hispanic or Latino residents and twice that for Black or African American residents. As stated earlier, suicide is the 12th leading cause of death in Marion County, but for White residents it rises into the top 10, at number 8.

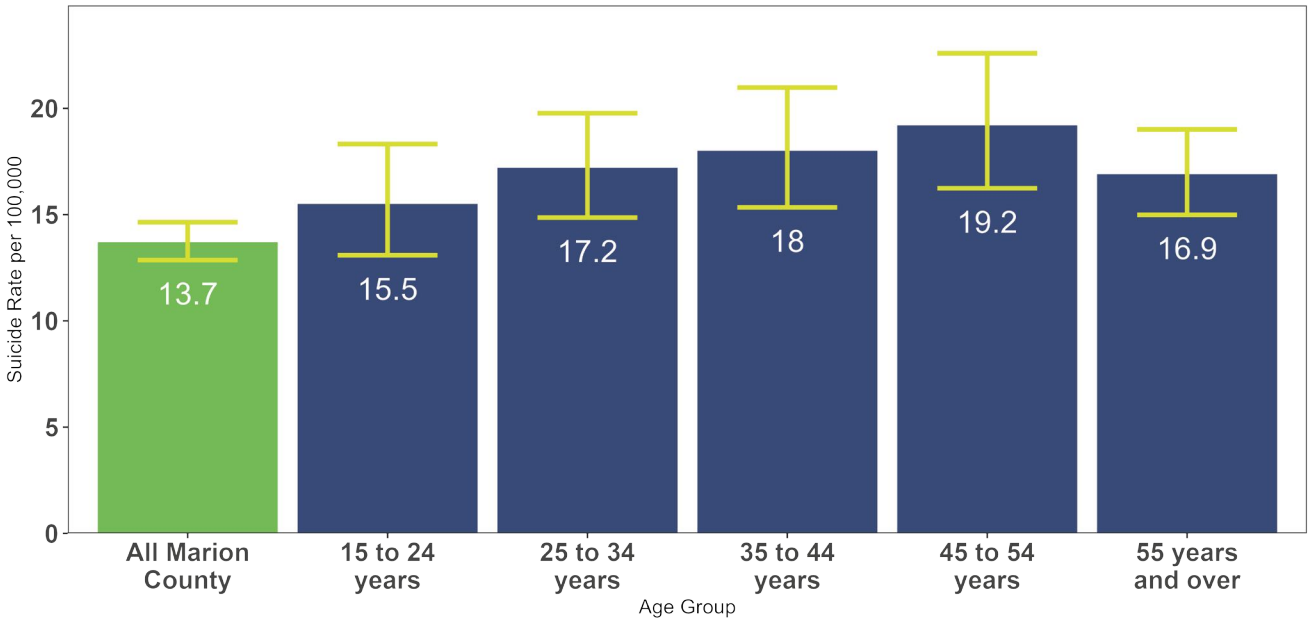
Though females had a higher percentage of depression and anxiety symptoms, male Marion County residents experienced the highest rate of suicide (Figure 114). This rate was four times higher in male than female Marion County residents.

Figure 114. Suicide rate per 100,000 by sex in Marion County, 2018-2024



Data Source: MCPHD Vital Records (birth and death records), DR5915

Figure 115. Suicide rate per 100,000 by age in Marion County, 2018- 2024



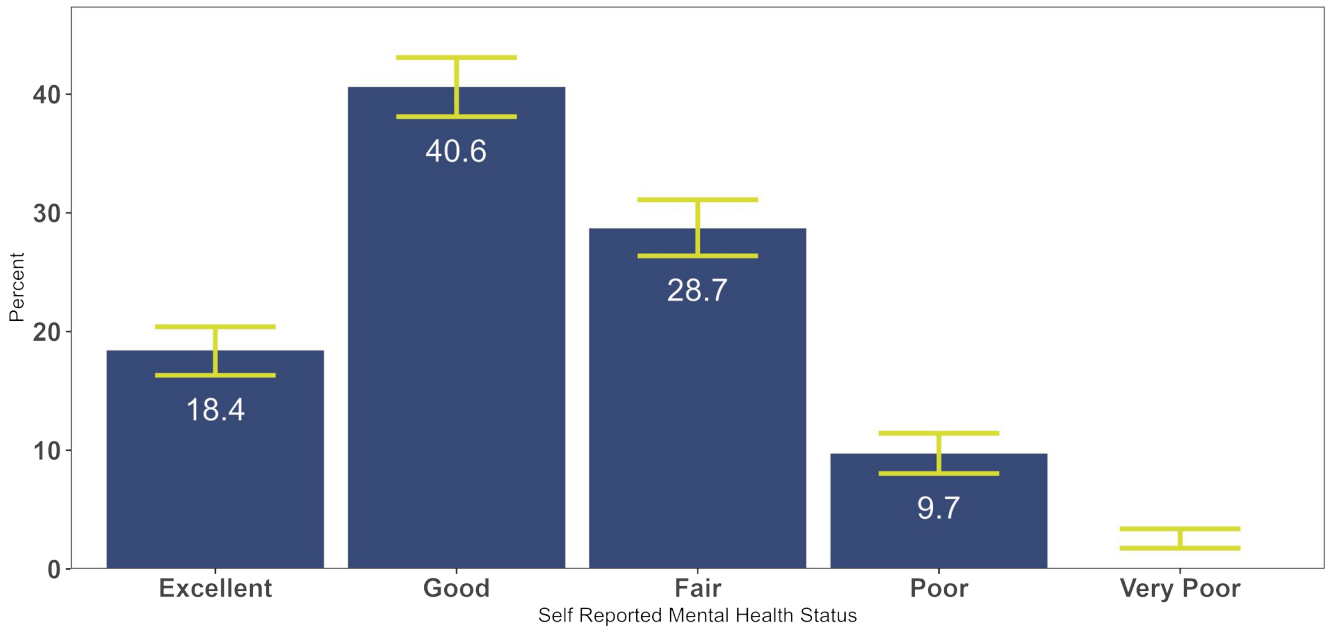
Data Source: MCPHD Vital Records (birth and death records), DR5915

Marion County residents between the ages of 45 and 54 experienced the highest rate of suicide. The suicide rate gradually increased as the age group increased but then declined at 55 years of age and over (Figure 115). The trend seen in Figure 115 is not consistent with the trend for depression or anxiety symptoms by age group.

Overall Mental Health Status

Figure 116 shows that a majority of CHA survey respondents reported good or excellent mental health status. Around 28.7% reported a fair status, and only 9.7% reported a poor status. Between 1.8% and 3.4% reported a very poor status.

Figure 116. Self-reported mental health status in Marion County, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5915

MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT
Prevent. Promote. Protect.

2025

Safety & Violence

According to the World Health Organization (WHO), violence is defined as the intentional or unintentional use of force (physical or psychological), either threatened or actual, against an individual, oneself, a group of people, a community, or a government.[262] Violence can either be unintentional or targeted and motivated by certain aims, including political, religious, social, economic, ethnic, racial, or gender-based.[262] It can be initiated to directly or indirectly inflict harm, injury or death.[262]

Violence impacts people in Marion County directly and indirectly. In 2022, about one out of every 100 people in Marion County fell victim to a violent crime (rape, murder, non-negligent manslaughter, armed robbery, and aggravated assault, including assault with a deadly weapon).[263] A large portion of violent crime is firearm-related, which is one reason why gun violence is considered a public health epidemic.[264] In 2023, approximately 46,700 people died by guns in the U.S., which is the third highest number of gun-related deaths ever recorded.[264]

Many factors, such as income, education, age, gender, and where people live can play a role in experiences with gun-related incidents and concerns about gun violence.[265,266] Race and ethnicity is one of the strongest demographic predictors of both experiences with and worries about gun violence.[265,266]

Individuals can experience different types of violence throughout their lifespan, and the negative health effects of violence can occur at any age.[266] Youth exposed to violence are at risk for poor long-term behavioral and mental health outcomes, such as depression, anxiety, and post-traumatic stress disorder, regardless of whether they are victims, direct witnesses, or only hear about the crime.[266] Exposure to violence can also lead to poor health outcomes; women exposed to intimate partner violence have an increased risk of disordered eating, depression, and suicidal ideation.[266]

The national homicide rate is consistently higher for Black or African American youth and young adults than for their White counterparts.[266] Additionally, those living in lower-income neighborhoods are disproportionately impacted by both personal and property crime.[265,266] Violence has a direct potential for "death, disability, and other injuries".[266] Survivors of violent crime often experience long-term physical and mental distress and reduced quality of life.[266] Violence and other adverse childhood experiences in youth and young adulthood is associated with negative health effects such as coronary heart disease.[266]

Gun Violence

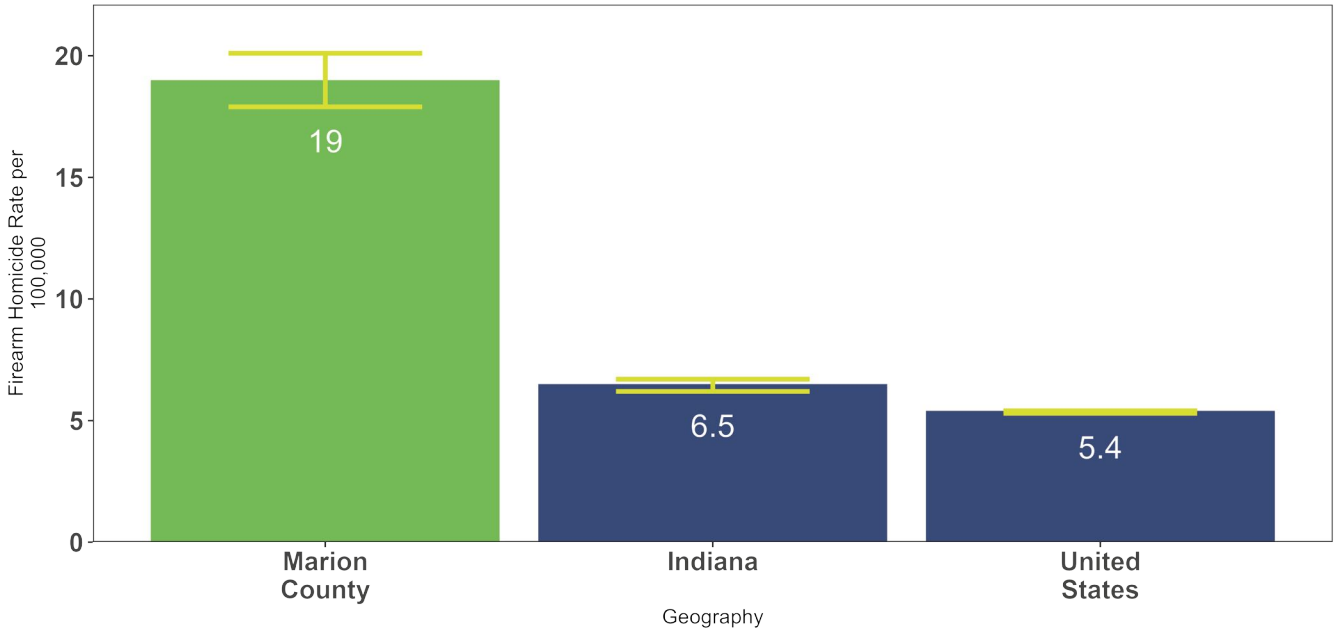
It is estimated that over half (54%) of all U.S. adults say they or a family member experienced or witnessed gun violence.[265] The "human cost of gun violence" - those whose lives are lost, survivors, and families impacted - is immeasurable.[267] Gun violence in America is estimated to cost $557 billion annually, with $489.1 billion estimated as the cost of the pain and loss of well-being for victims and their families.[267] The societal costs of firearm assault injury include work loss, medical/mental health care, emergency transportation, police/criminal justice activities, insurance claims processing, employer costs, and decreased quality of life.[267] The economic cost of gun violence is five times the nation's budget for the Department of Education, and it is estimated that society loses $1.34 billion daily in quality-of-life costs from the suffering and lost well-being of gun violence victims and their families.[267]

Federal Bureau of Investigation data from the National Incident-Based Reporting System (NIBRS) show that Indiana had a violent crime rate of 313 incidents per 100,000 residents in 2024, which was 14 percent lower than in 2014 (violent incidents include aggravated assault, homicide, rape, and robbery).[268] NIBRS is used by U.S. law enforcement agencies to collect and report comprehensive data on criminal incidents and arrests.[268] The crime rate in Indiana was 13 percent lower than the U.S. average as well.[268] However, in 2024, the violent incident rate for Indianapolis was 878 per 100,000 residents, almost triple the rate of Indiana.[268] This breaks down to 21,202 assault offenses, with 5,548 being aggravated assaults, more than 3,000 intimidation incidents, 219 homicides with 178 being murder and nonnegligent manslaughter, 397 rapes, and 1,280 robberies.[268,269]

Compared to other industrialized countries, the U.S. firearm homicide rate is 25.2 times higher.[264] Nationally, 79% of all homicides are firearm-related; for Marion County, 87% of all homicides were firearm-related.[213,264]

Marion County has a higher rate of firearm-related homicides compared to the U.S. and Indiana. The firearm-related homicide rate for Marion County was almost three times higher than for both Indiana and the U.S. from 2018 to 2023.

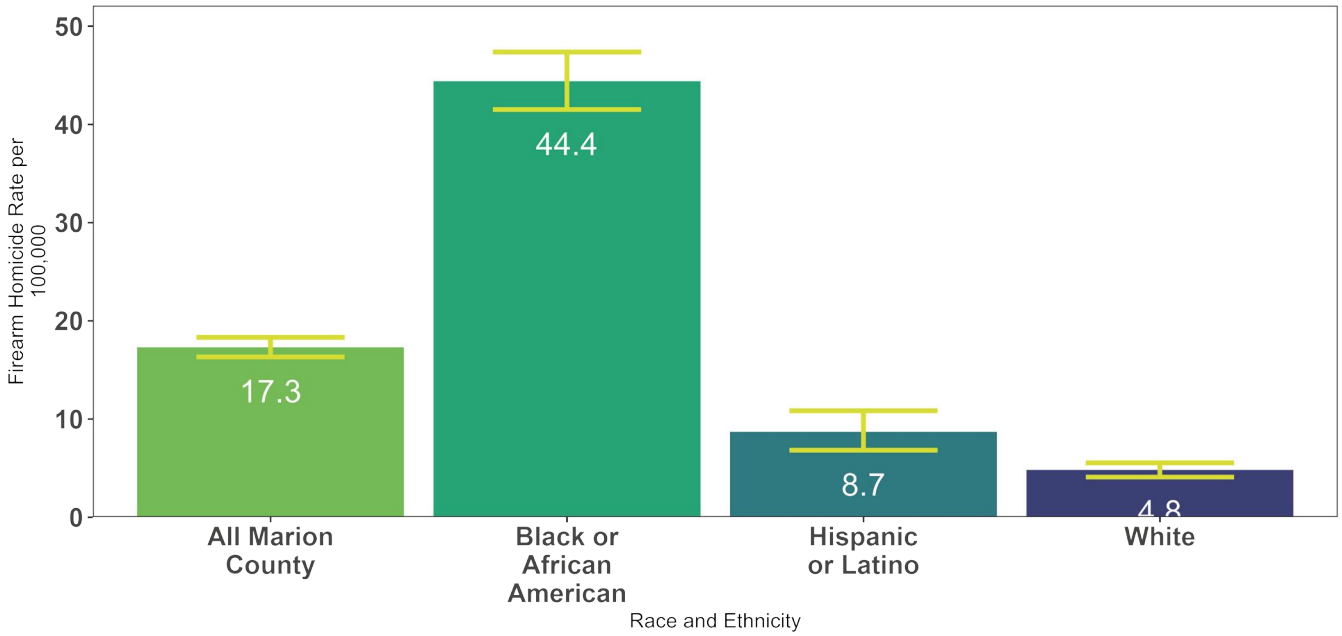
Figure 117. Firearm homicide rate per 100,000 by geography, 2018-2023



Data Source: CDC Wonder, 2018-2023, DR5914

Black or African American Marion County residents experienced the highest rate of firearm-related homicides, at eight times the rate of White residents (Figure 118). Hispanic or Latino residents also had significantly higher rates of firearm-related homicides than White residents at about two times that of White residents.

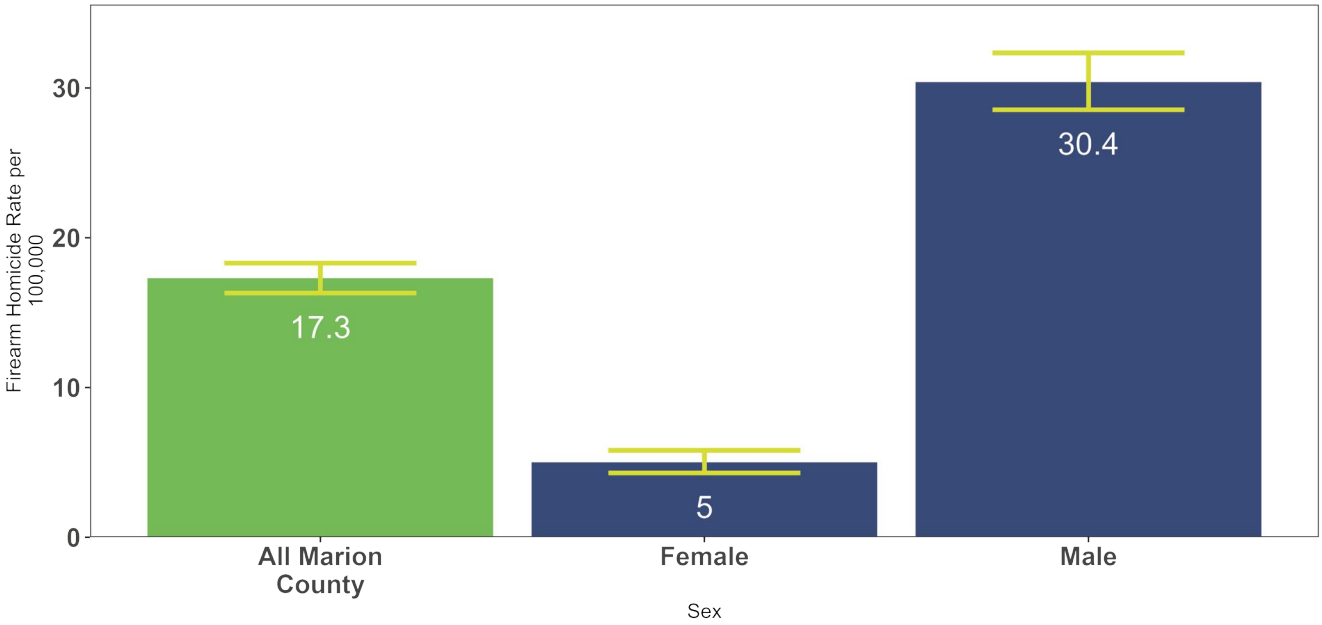
Figure 118. Firearm homicide rate per 100,000 by race and ethnicity, 2018-2024



Data Source: MCPHD Vital Records (birth and death records), DR5914

Figure 119 shows the firearm homicide rate by sex per 100,000 for the years 2018-2024 combined. Male residents were six times more likely to die by firearm-related homicide than female residents during that time period.

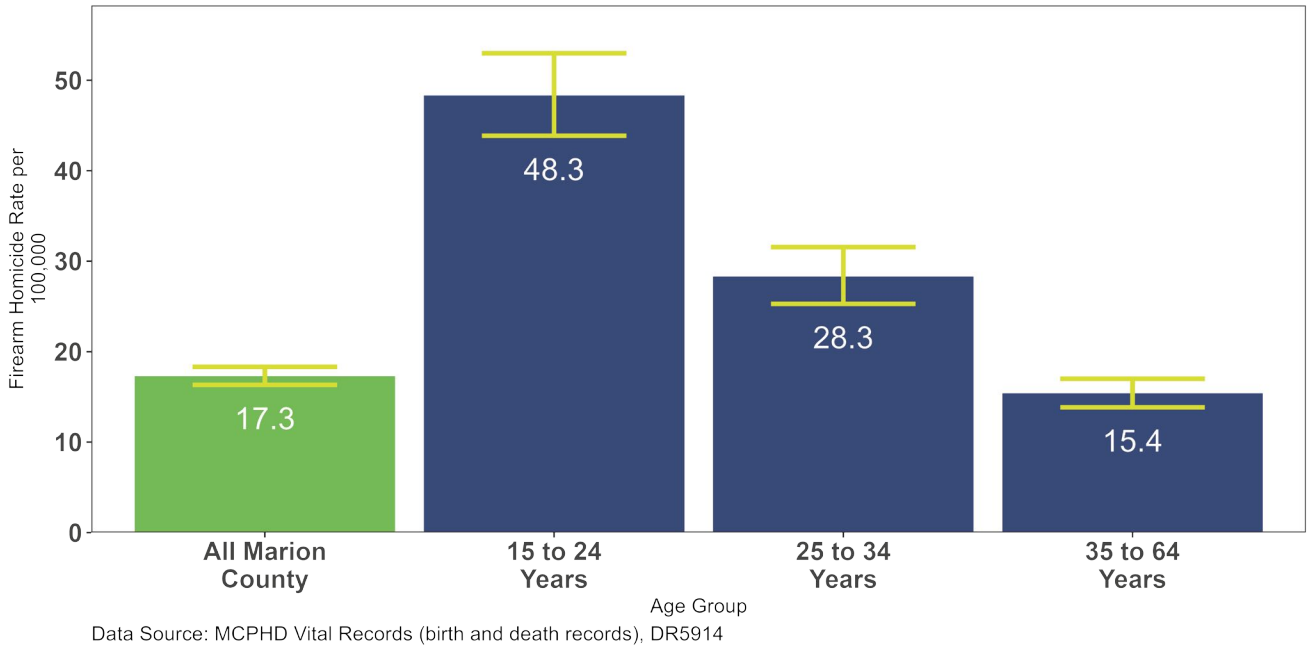
Figure 119. Firearm homicide rate per 100,000 by sex, 2018-2024



Data Source: MCPHD Vital Records (birth and death records), DR5914

Marion County residents between the ages of 15 and 24 experienced disproportionate rates of gun violence. Residents between ages 15 and 24 are almost twice as likely to die by a firearm-related homicide than residents aged 25 to 34, and over three times as likely as someone aged 35 to 64. The age groups of less than 15 years of age, as well as older than 65 years, are masked due to unstable rates or small counts.

Figure 120. Firearm homicide rate per 100,000 by age, 2018-2024

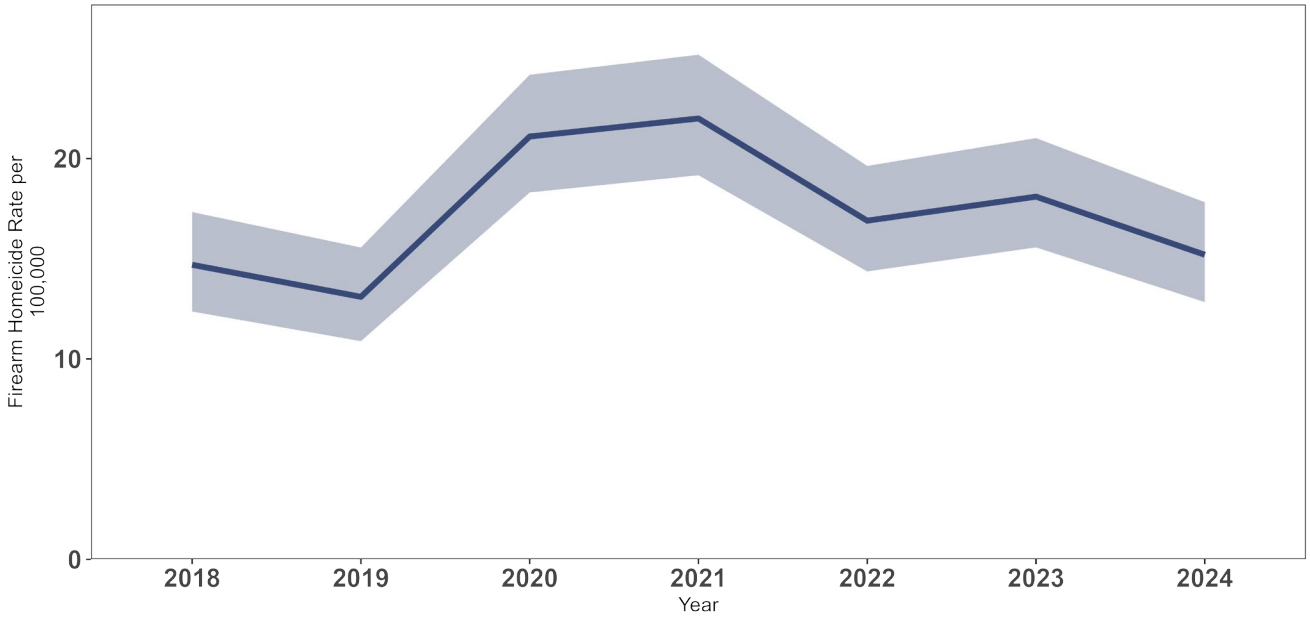


Data Source: MCPHD Vital Records (birth and death records), DR5914

Though data for county residents less than 15 years old are masked due to low counts, national data show that firearm death rates among children and adolescents (less than 17 years old) increased by 46% from 2019 to 2021.[270] From 2021 to 2023, the national firearm death rate held steady at 3.5 per 100,000 children and adolescents.[270] Even though the national rate has stayed steady, school shootings in the U.S. have increased in prevalence over time, as have exposure of school-aged children to these shootings.[270] The prevalence increased from 19 per 100,000 school-aged children from 1999-2004 to 51 per 100,000 from 2020 to 2024.[270]
With firearms becoming the leading cause of death for children and adolescents in 2020, there are also more youth who survive gunshot wounds or are exposed to gun violence, which leads to more negative behavioral health outcomes.[270]

Firearm-related homicides in Marion County fluctuated between 2018 and 2024. Over the past seven years, firearm-related homicides peaked in 2021 and had the lowest number in 2019. Overall, firearm-related homicides increased 3% from 2018 to 2024 (14.7 to 15.2 per 100,000). From 2023 to 2024, firearm-related homicides decreased 16% from 18.1 per 100,000 to 15.2 per 100,000.

Figure 121. Trend of Firearm Homicide rate per 100,000 by year, Marion County, 2018-2024

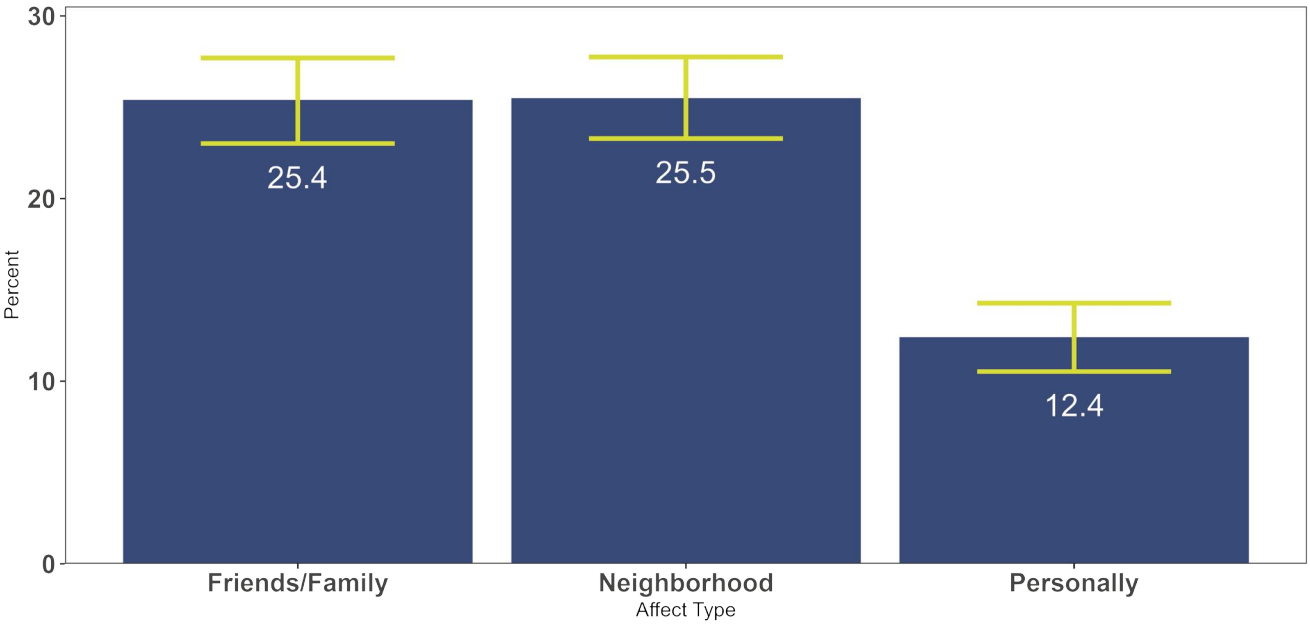


Data Source: MCPHD Vital Records (birth and death records), DR5914

There are many residents affected by violent crimes in Marion County and the 2025 CHA survey allowed MCPHD to ask them about their experiences. Below are multiple figures that portray the data collected. Overall, 48.9% of residents stated they have been affected by some form of gun violence either personally, by violence occurring in their neighborhood, and/or from violence affecting their friends and/or family.

Figure 122 shows the percentage for each option selected. This question is a "select all that apply", so respondents could make multiple answer choices. Most respondents did say gun violence had affected their friends and/or family (25.4%) and their neighborhood (25.5%).

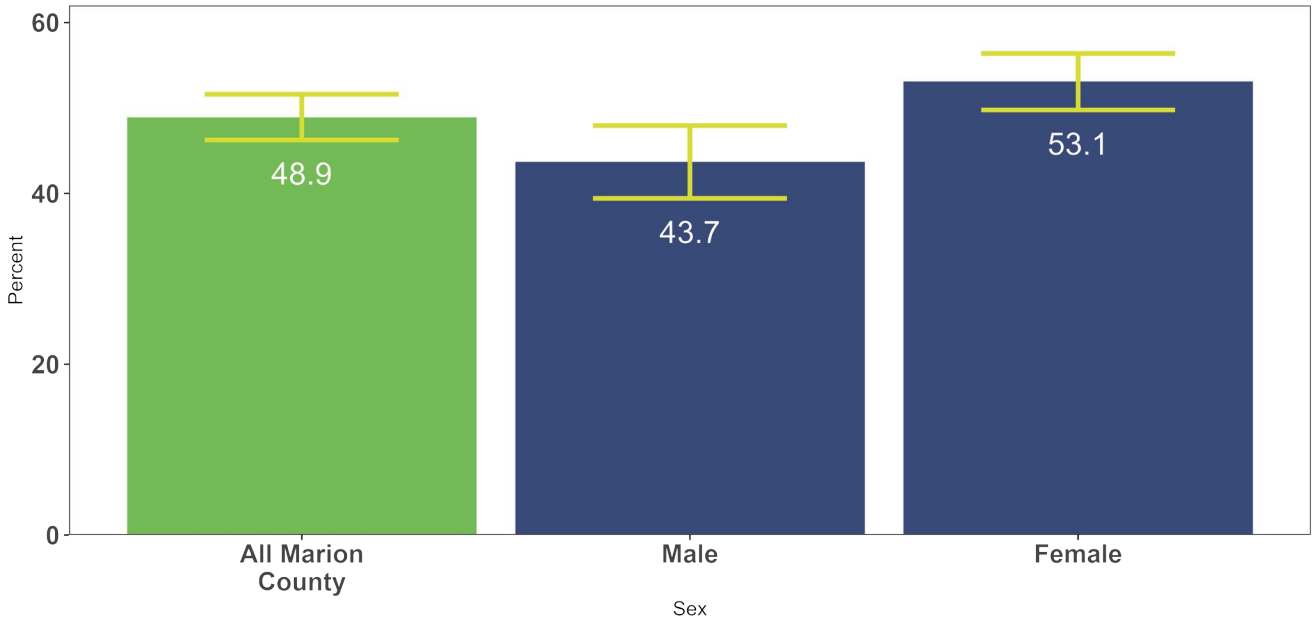
Figure 122. Ways in which Marion County residents reported gun violence affected their lives, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Among respondents that stated they have been affected by some form of gun violence, 53.1% were females and 43.7% were males.

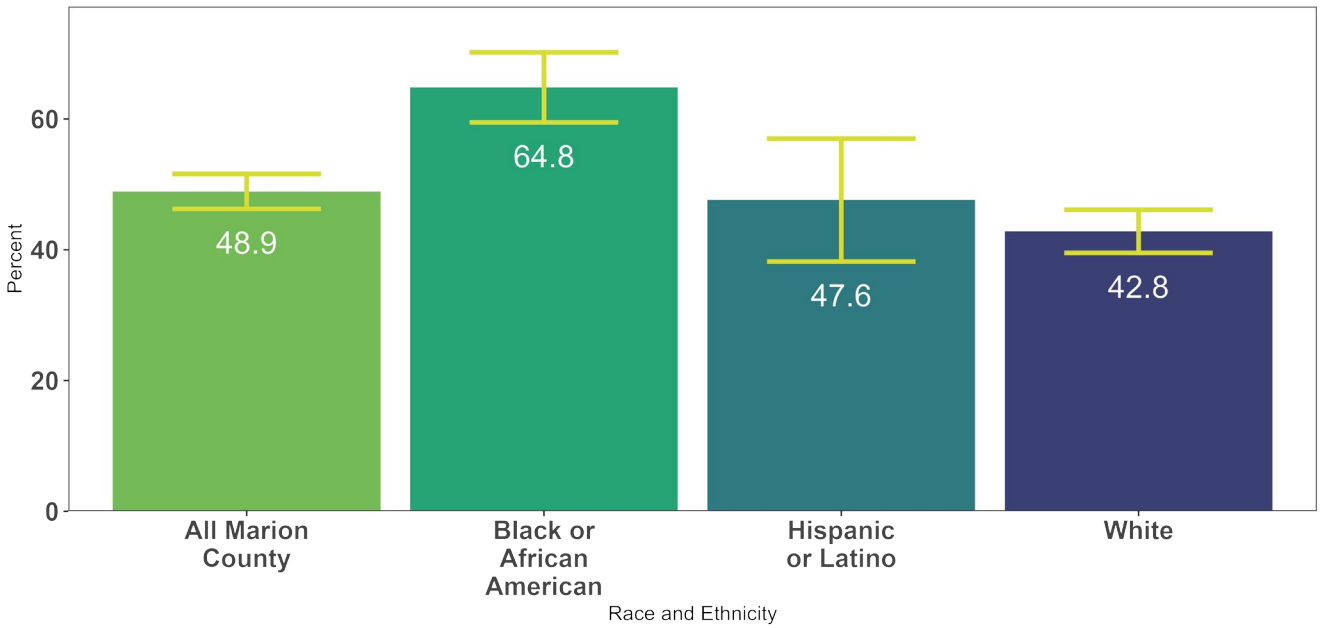
Figure 123. Percentage of Marion County residents affected by gun violence by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

More Black or African American respondents stated they have been affected by gun violence compared to other race and ethnicities. The percentage of Black or African American residents affected by gun violence is almost 20% higher than for Hispanic or Latino, and White residents.

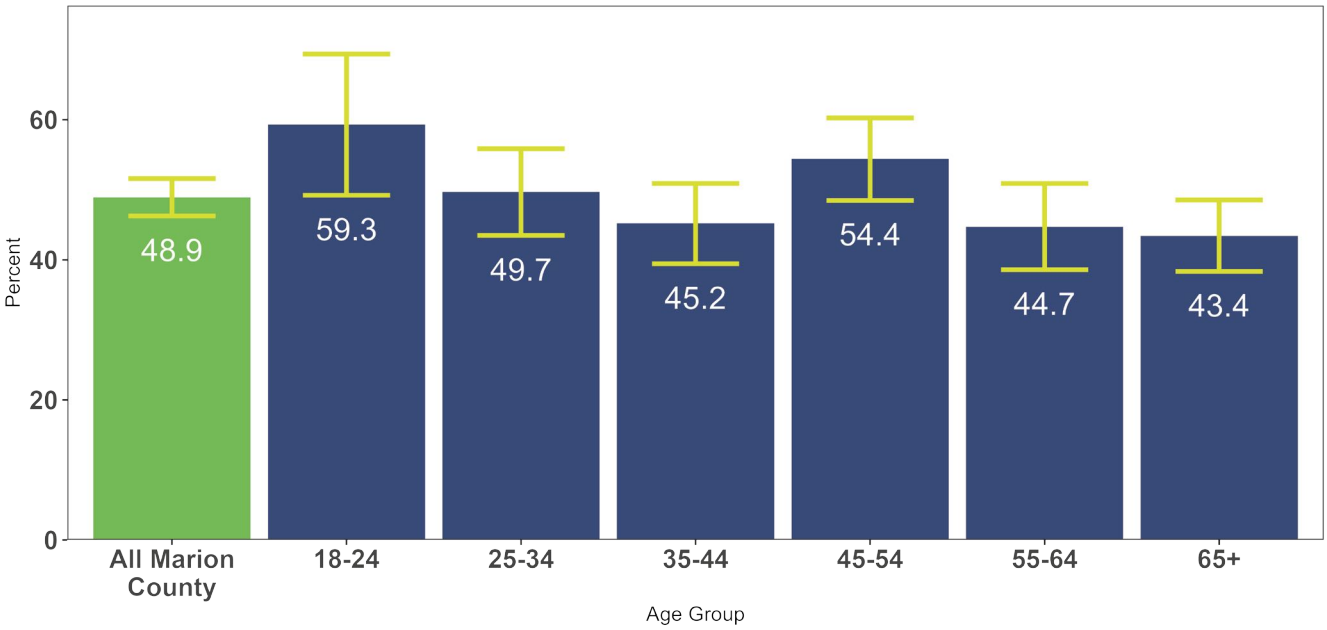
Figure 124. Percentage of Marion County residents affected by gun violence by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Similarly to firearm homicide rates, residents aged between 18 and 24 reported the highest percentage of being affected by gun violence. The lowest percentage was reported among residents aged 65 years or older.

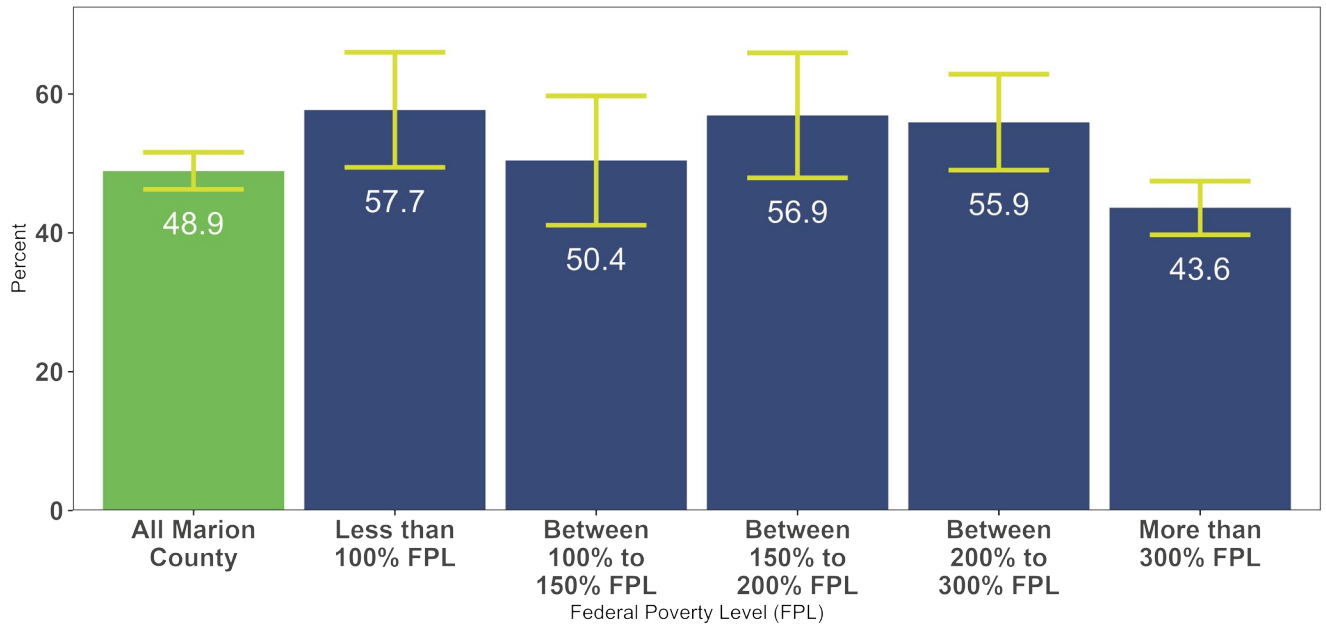
Figure 125. Percentage of Marion County residents affected by gun violence by age, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Residents who made more than three times the federal poverty level (FPL) were less likely to report being affected by gun violence (43.6%), while those at less than 100% of the FPL reported the highest percentage (57.7%).

Figure 126. Percentage of Marion County residents affected by gun violence by federal poverty level, 2025

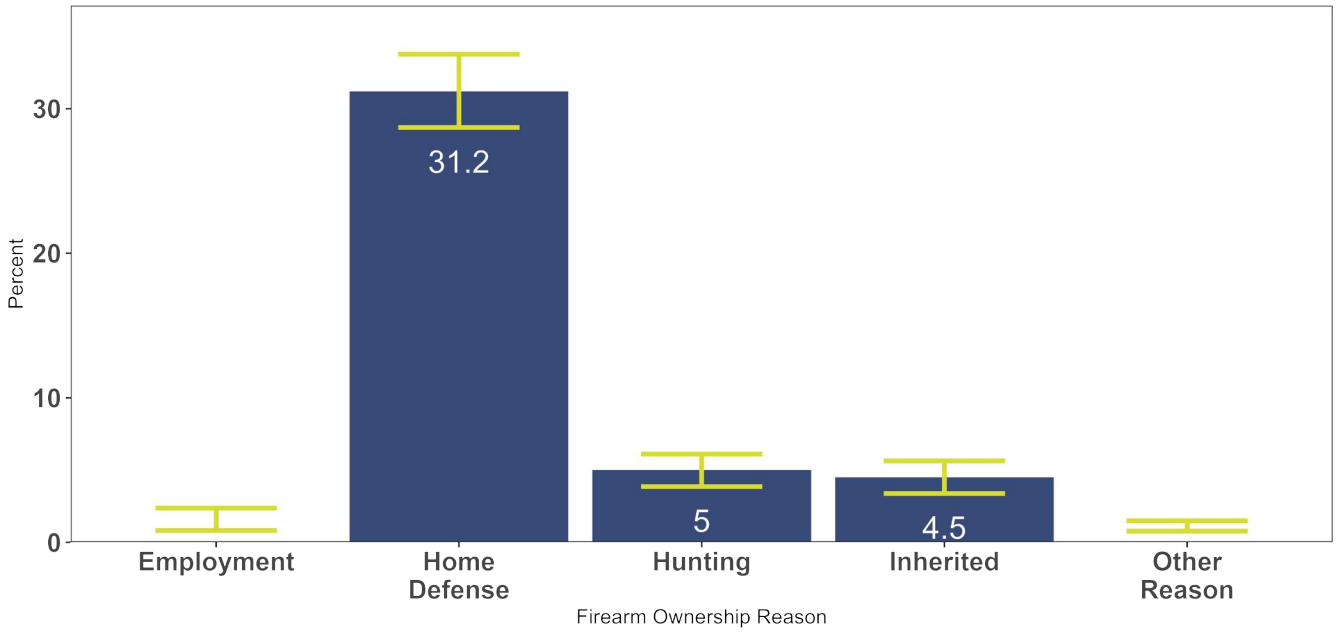


Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

As stated above, experiencing gun violence can affect one's mental health and lead to depression or anxiety. Residents reported a similar trend: Those affected by gun violence experienced higher amounts of depression and anxiety symptoms. There are two times more reported symptoms of anxiety (26.4%) and depression (19.8%) among those affected by gun violence as compared to residents not affected (13.5% and 10.3%, respectively).

Around 41% of adults in the U.S. reported living in a house with a gun. Access to firearms, such as one in a home, doubles the risk for homicide victimization.[264,265] In the 2025 CHA survey, around 35.4% of Marion County residents reported having a firearm for a specific reason, which is slightly lower than the national average of 41%. Figure 127 shows the percentage for each reason why they have a firearm. About 31% of residents selected home defense as the main reason.

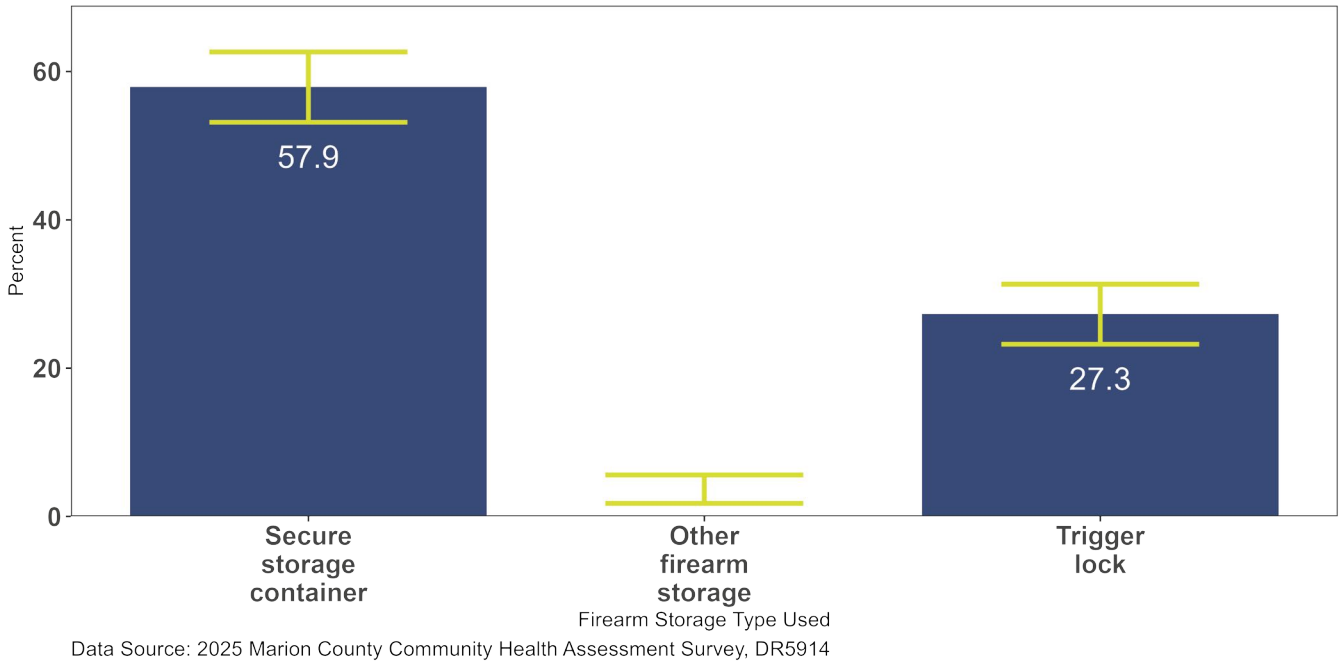
Figure 127. Marion County firearm ownership by ownership reason, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Around 79% of residents with firearms have some form of gun storage. Figure 128 breaks down how residents store their firearms. About 57.9% have a secure storage container, while 27.3% use a trigger lock. This question was "select all that apply," so residents could be using more than one form of storage.

Figure 128. Firearm storage by type of storage among gun owners in Marion County, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

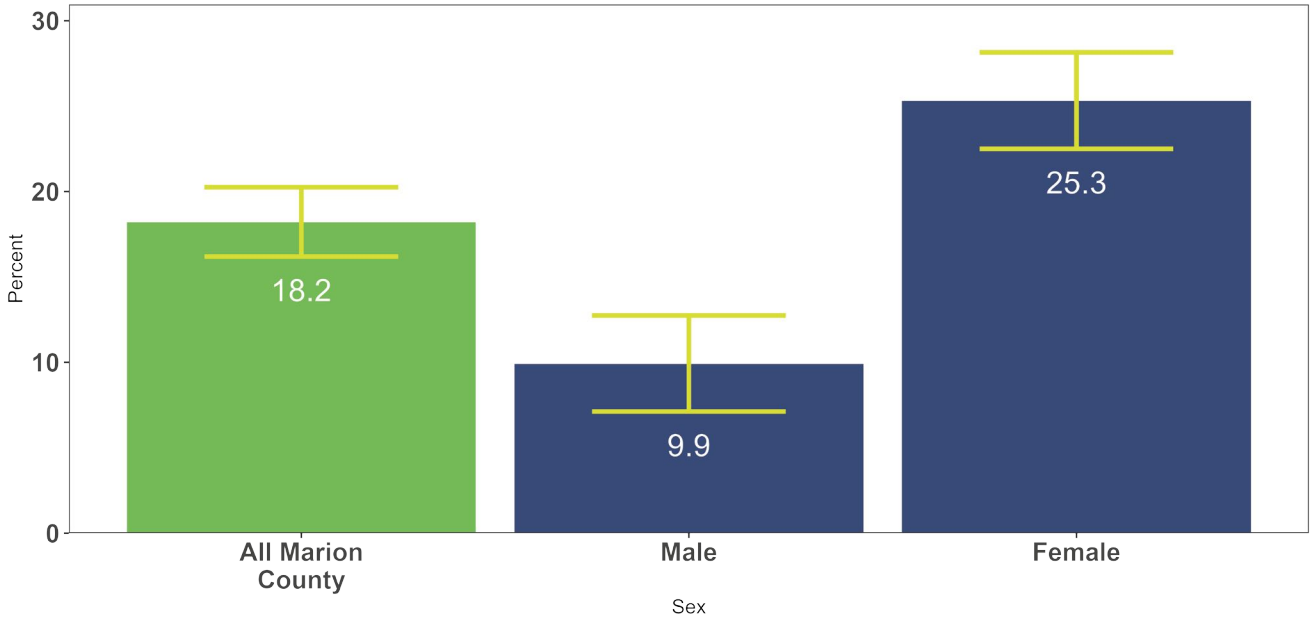
Domestic Violence

Domestic violence is defined as a pattern of abusive behavior in any relationship that is done by one partner in order to gain or maintain power over the other.[271] This can be sexual, physical, emotional, economic, or psychological action towards another person within an intimate partner relationship.[271] This behavior includes intimidation, manipulation, humiliation, isolation, coercion, blaming, hurting, injuring, wounding, terrorizing, or threatening someone.[271]

In the U.S., there are about 4.5 million females who have been threatened with a gun, and nearly 1 million women have been shot or shot at by a partner.[264] Women in the U.S. are five times more likely to be murdered when their abuser has access to a gun, and more than half of female intimate partner homicides are committed with a gun.[264]

Below are figures (Figures 129, 130, 131) that show statistics on self-reported domestic violence by sex, race and ethnicity, and age. Females experienced domestic violence in Marion County at more than double the percentage of males, with 25.3% of females stating they experienced domestic violence compared to 9.9% for males.

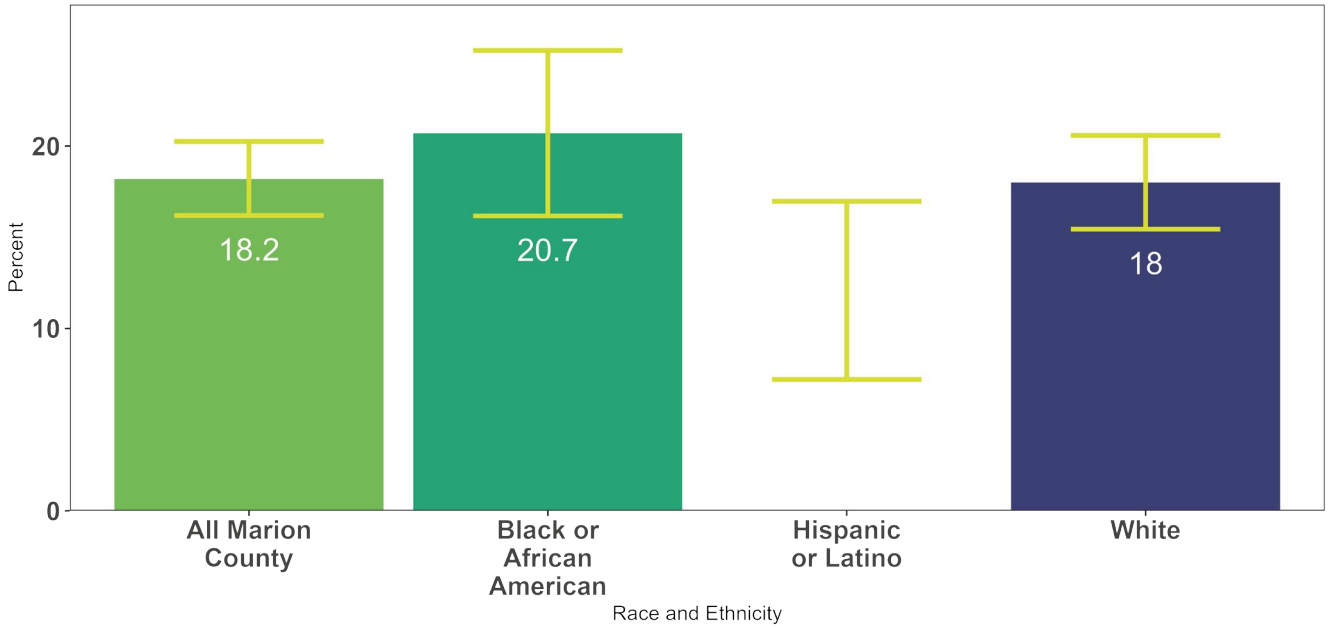
Figure 129. Percentage of Marion County residents who reported experiencing domestic violence by sex, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

There is little variability when observing domestic violence by race and ethnicity. Black or African American residents have the highest percentage at 20.7%, followed by White residents at 18%, and Hispanic or Latino residents between 7.2% and 17%.

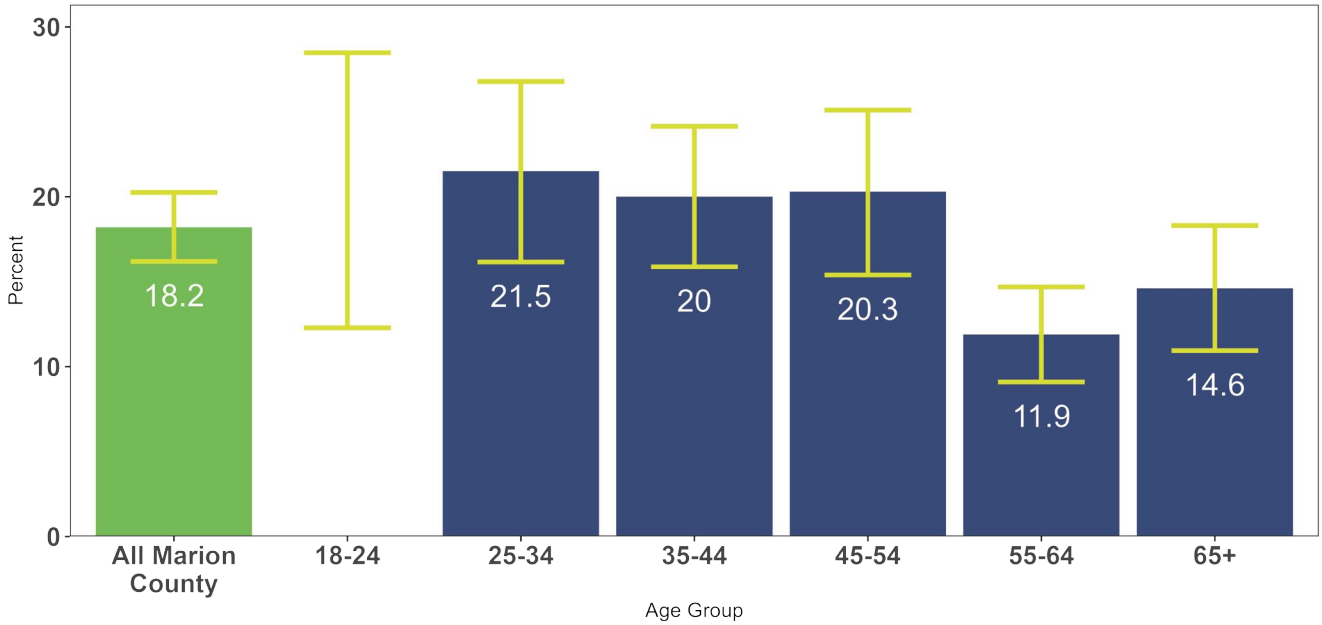
Figure 130. Percentage of Marion County residents who reported experiencing domestic violence by race and ethnicity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Residents between the ages of 25 and 34 reported the highest percentage (21.5%), while residents between the ages of 55 and 64 reported the lowest amount (11.9%) (Figure 131). Note that this figure does not show at what age a person's domestic violence experience occurred—instead, it shows any historical experience of domestic violence by current age of the survey respondent.

Figure 131. Percentage of Marion County residents who reported experiencing domestic violence by age, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5914

Those experiencing housing instability (have moved three times or more in a year) have a higher percentage of domestic violence compared to those who did not move as often (approximately a 10% difference). This trend is also seen by FPL as well. The reported percentage for experiencing domestic violence was double among those experiencing poverty than among those making at least three times the FPL. Furthermore, residents working part-time (24%) experienced a higher percentage of abuse compared to those working full-time (17%).

Lastly, experiencing domestic violence has been shown to increase the risk of eating disorders, depression, and suicidal ideation.[266] The CHA survey of Marion County residents reported similar findings, with only 11% of residents who did not experience domestic violence reporting depression symptoms, as compared to 28% for those who experienced domestic violence. Anxiety symptoms reported by residents showed a similar pattern, with 14.9% reporting symptoms among those who did not experience domestic violence, and 37% among those who did.

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Discrimination

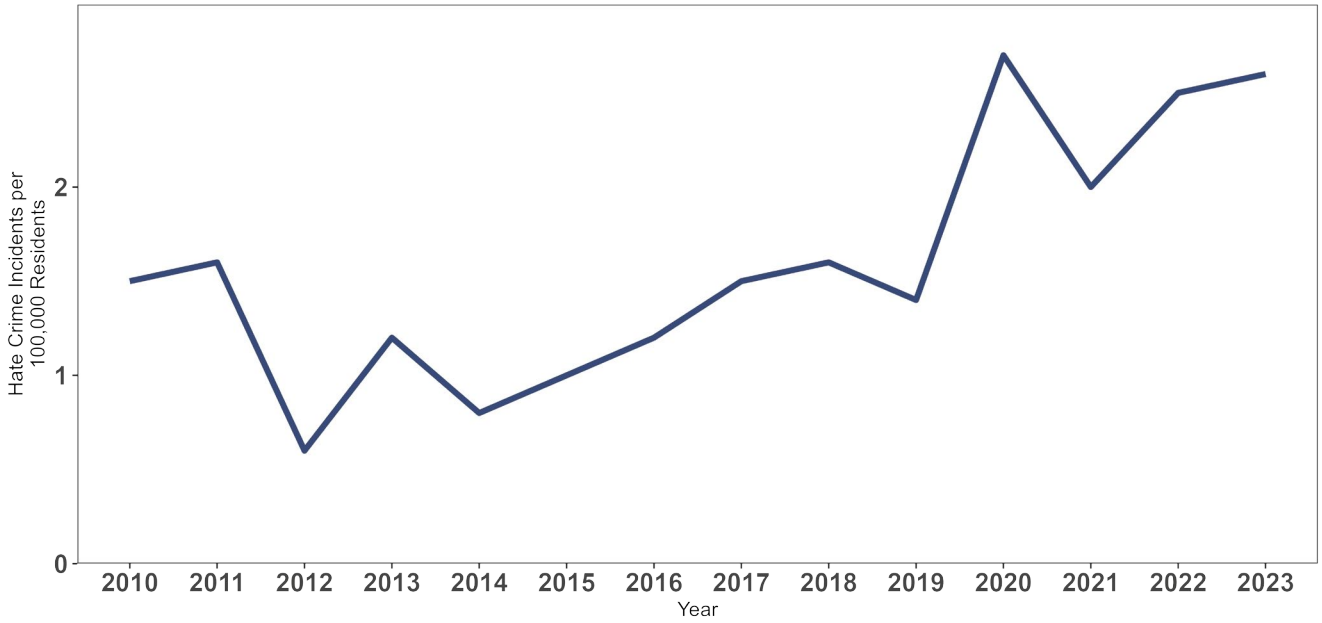
Discrimination is when people are treated unfairly or unequally because of certain characteristics, such as their race and ethnicity, sexual orientation, gender identity, age, or disability.[272,273] In the U.S., discrimination is a relatively common experience with 31% of adults reporting at least one major discriminatory occurrence in their lifetime, while 63% report at least one type of everyday discrimination.[274] Everyday discrimination refers to ongoing or routine experiences of being treated poorly, while major discriminatory events reflect significant experiences of unfair treatment.[273] Experiencing discrimination can take a toll on a person's health and lead to negative health outcomes.[274]

Generally, there are two types of discrimination, individual and structural.[272] Individual discrimination is when one person mistreats another based on the characteristics previously mentioned. Examples of this type of discrimination include being treated with less respect, being harassed or threatened, or receiving poorer service in places such as restaurants and healthcare settings.[273,275] These experiences of discrimination can lead to stress responses in the body, increased participation in unhealthy behaviors (e.g., smoking and alcohol misuse), and decreased participation in healthy behaviors (e.g., cancer screenings and diabetes management).[276–278]

Structural discrimination is when laws, policies, or social systems create barriers for certain groups. As a result, structural discrimination can reduce access to important resources, such as quality education and home loans.[279,280] A historical example of structural discrimination is redlining, which was when individuals living in neighborhoods populated by certain racial and ethnic groups were denied home loans[281]. Redlining led to residential segregation, which has been associated with poor mental health, cancer, and preterm birth.[282,283] Another example of structural discrimination is how criminal justice policies are implemented differently, leading to certain racial and ethnic groups being arrested, convicted, and incarcerated more than others.[284,285] In turn, these differences may have negative impacts on families, health, housing, and employment.[280,286,287]

Across the U.S., different groups are impacted by discrimination, including racial and ethnic minority groups, women, individuals that identify as lesbian, gay, bisexual, transgender, and queer, people with disabilities, and older adults, among others.[288–294] According to data from the National Health Interview Survey, 78.5% of sexual minorities—defined as adults who identified as gay, lesbian, bisexual, or something else—in the U.S. reported experiencing at least one type of everyday discrimination, in addition to 67.7% of non-Hispanic Black or African American individuals, and 56.8% of women.[295] Hate crimes are another indicator of discriminatory experiences. In Indiana, hate crimes rose from 1.2 to 2.6 hate crime incidents per 100,000 residents between 2013 and 2023 (Figure 132).

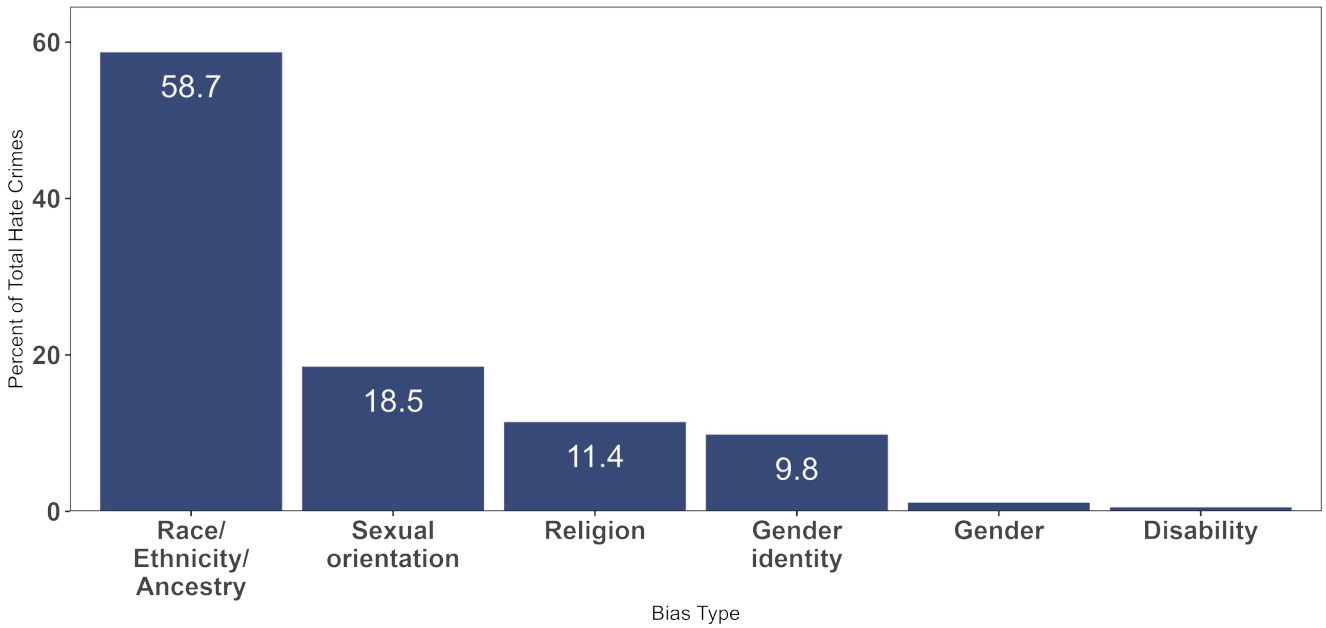
Figure 132. Hate crimes in Indiana by year per 100,000 population, 2010-2023



Data Source: Federal Bureau of Investigation 2024, DR5870

Based on 2023 hate crime data for Indiana, 58.7% of hate crimes were related to race and ethnicity, 18.5% were related to sexual orientation, 11.4% related to religion, and 9.8% related to gender identity (Figure 133). Local-level hate crime trends are not provided in this report because the submission of hate crime data to the Federal Bureau of Investigation is voluntary by law enforcement agencies and may not accurately reflect the prevalence of hate crimes in Marion County.

Figure 133. Proportion of hate crimes by bias type in Indiana, 2023



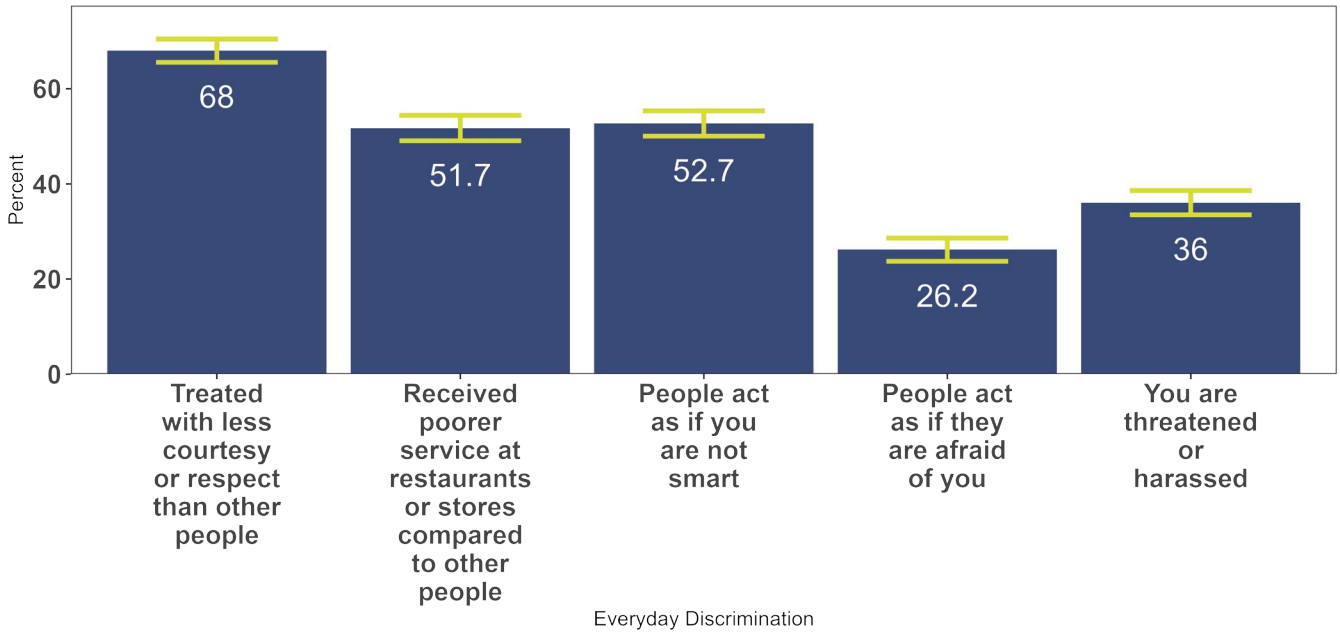
Data Source: Federal Bureau of Investigation 2024, DR5870

While complete information on local hate crimes is not readily available, the 2025 CHA survey captured residents' experiences of discrimination using the Everyday Discrimination Scale (EDS).[296] The EDS measures people's experiences of discrimination or unfair treatment in day-to-day social interactions. The scale used in the 2025 CHA survey asked participants how often certain situations occurred, including:

- Treated with less courtesy or respect than other people
- Received poorer service at restaurants or stores compared to other people
- People acted as if you are not smart
- People acted as if they are afraid of you
- You are threatened or harassed

For each situation, participants reported whether they occurred "never," "less than once a year," "a few times a year," "a few times a month," or "at least once a week." Figure 134 provides information about the proportion of Marion County residents who have ever experienced discrimination, based on each type of everyday discrimination. A person is considered to have experienced discrimination if they reported experiencing that type of discrimination at least once a year. The most common form of discrimination, reported by 68% of residents was being treated with less courtesy or respect compared to others, followed by having people act as if you are not smart (52.7%), and having received poorer service compared to others (51.7%). Additionally, 36% of residents reported having been threatened or harassed, while 26.2% of residents reported people acted as if they were afraid of them.

Figure 134. Percentage of Marion County residents reporting having ever experienced discrimination by types of everyday discrimination, 2025

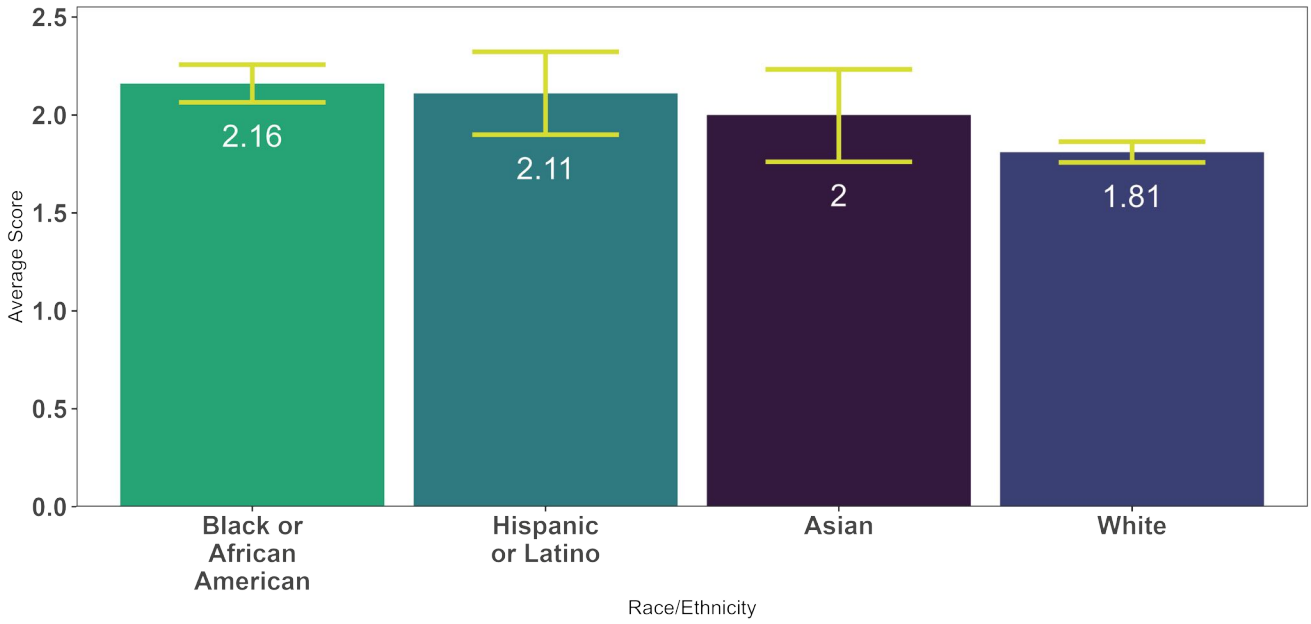


Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

To determine an overall discrimination score, each response was assigned a value ranging from 0 ("never") to 5 ("at least once a week"). The values for each question were then averaged to provide an overall average discrimination score, which could range from 0 (no experiences of discrimination) to 5 (frequent and regular experiences of discrimination). The average discrimination score of Marion County residents was 1.96. When looking at the average discrimination score by demographics, notable differences arise.

Based on race and ethnicity, communities of color had higher average discrimination scores compared to White individuals (Figure 135). The average discrimination score among White individuals was 1.81 compared to 2.16 among Black or African American individuals, 2.11 among Hispanic or Latino individuals, and 2 among Asian individuals.

Figure 135. Average discrimination score of Marion County residents by race and ethnicity, 2025

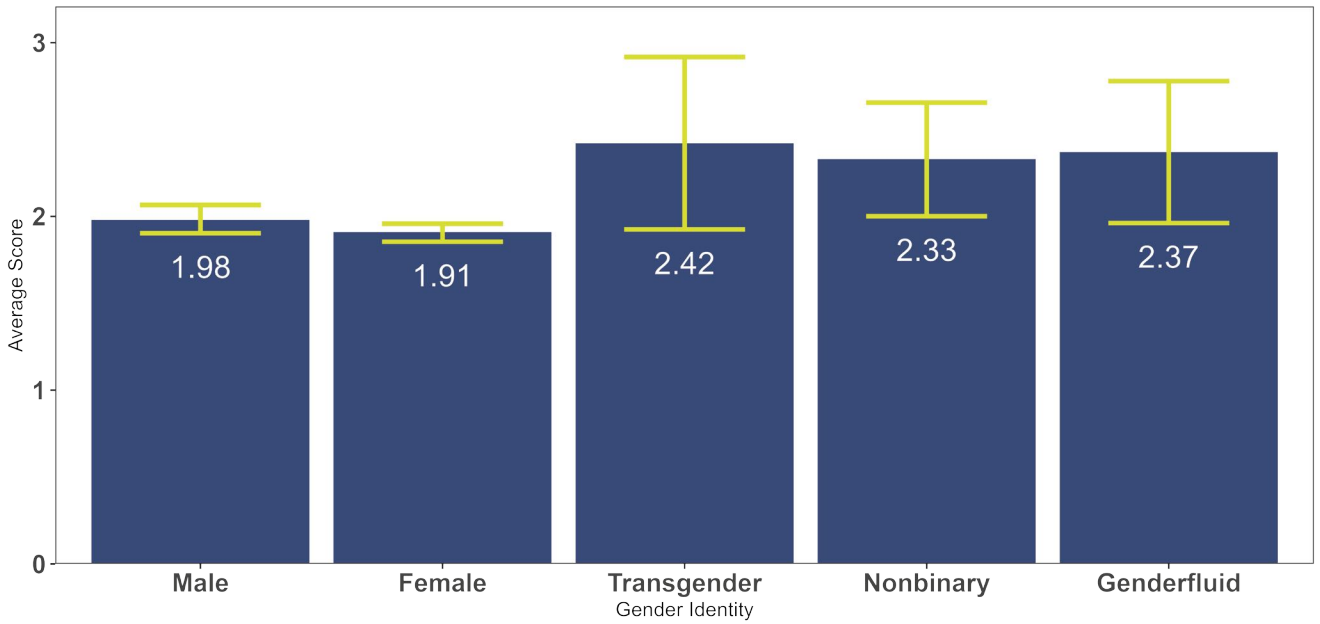


Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

Looking at discrimination by age group, younger age groups tended to have higher average discrimination scores compared to older age groups. The age group with the highest average discrimination score was those between 18 and 24 years of age, at 2.25. Those 25 to 34 years of age had the second highest average discrimination score (2.08) followed by those ages 45 to 54 (2.07), 35 to 44 (1.94), and 55 to 64 (1.87). The lowest average discrimination score was among individuals 65 years of age or older. at 1.59.

Differences were also observed based on gender identity and sexual orientation. Those who identified with gender or sexual minority identities reported experiencing greater levels of discrimination. For gender identity, individuals identifying as transgender had the highest average discrimination score at 2.42, followed closely by individuals identifying as nonbinary (2.33) or genderfluid (2.37), while individuals identifying as male (1.98) or female (1.91) had lower average discrimination scores (Figure 136). Those who identify as nonbinary do not identify strictly as male or female but may identify with elements of both while those who identify as genderfluid may have gender identities that shift over time.

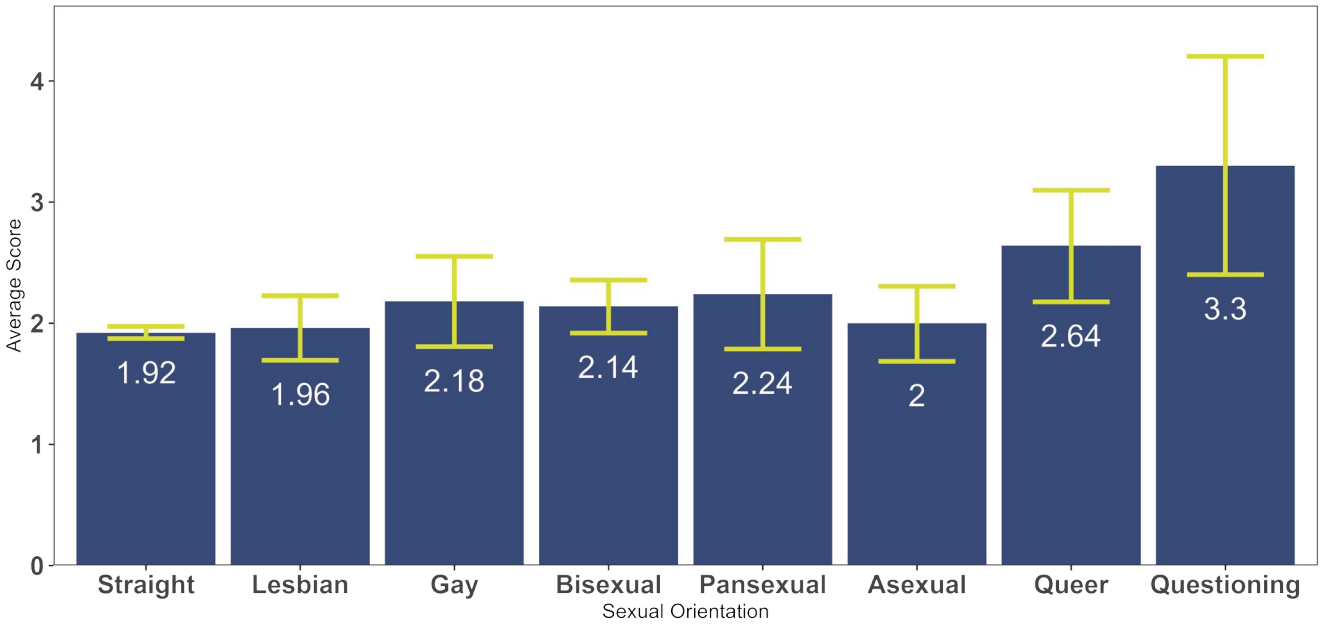
Figure 136. Average discrimination score of Marion County residents by gender identity, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

For sexual orientation, individuals identifying as a sexual minority (i.e. gay, lesbian, bisexual, queer, pansexual, asexual, or questioning) tended to have average discrimination scores of 2 or more as compared to individuals who identified as straight (1.92) (Figure 137). Among sexual minorities, the average discrimination scores were similar, with those questioning their sexual orientation having the highest average discrimination score (3.3), followed by those who identified as queer (2.64), pansexual (2.24), gay (2.18), bisexual (2.14), asexual (2), and lesbian (1.96).

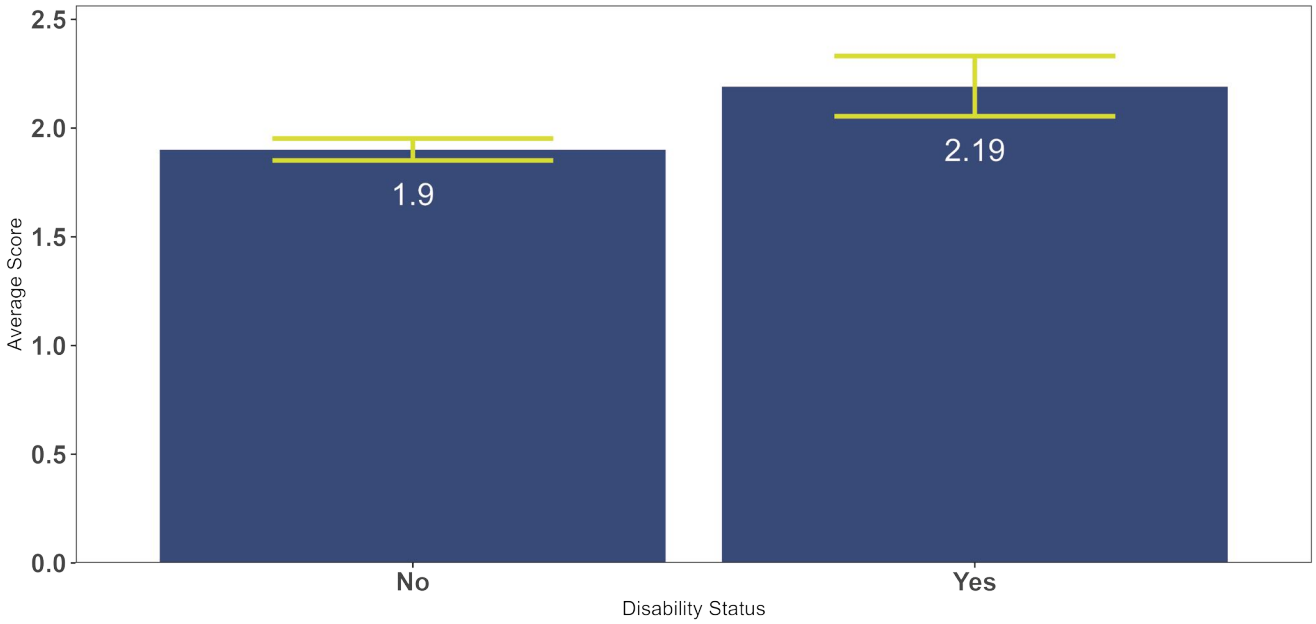
Figure 137. Average discrimination score of Marion County residents by sexual orientation, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

Marion County residents with either a learning or physical disability experience more discrimination compared to residents who do not have a disability (Figure 138). Among those without a learning or physical disability, the average discrimination score was 1.9 compared to 2.19 among those with a physical or learning disability. A similar difference was observed based on language spoken at home. Among residents who live in households where English is mostly spoken at home, the average discrimination score was 1.95 compared to 2.03 among residents who live in households where English is not the primary language spoken.

Figure 138. Average discrimination score of Marion County residents by disability status, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

Experiences of discrimination were also greater among residents in lower socioeconomic positions (Figure 139). Marion County residents living below 100% of the Federal Poverty Level (FPL) had the highest average discrimination score at 2.16. This score decreased among higher socioeconomic positions. Those living between 100% to 150% of FPL had a score of 2.13, those between 150% to 200% of FPL had a score of 2.02, those between 200% to 300% of FPL had a score of 2, and those living above 300% of FPL had a score of 1.79.

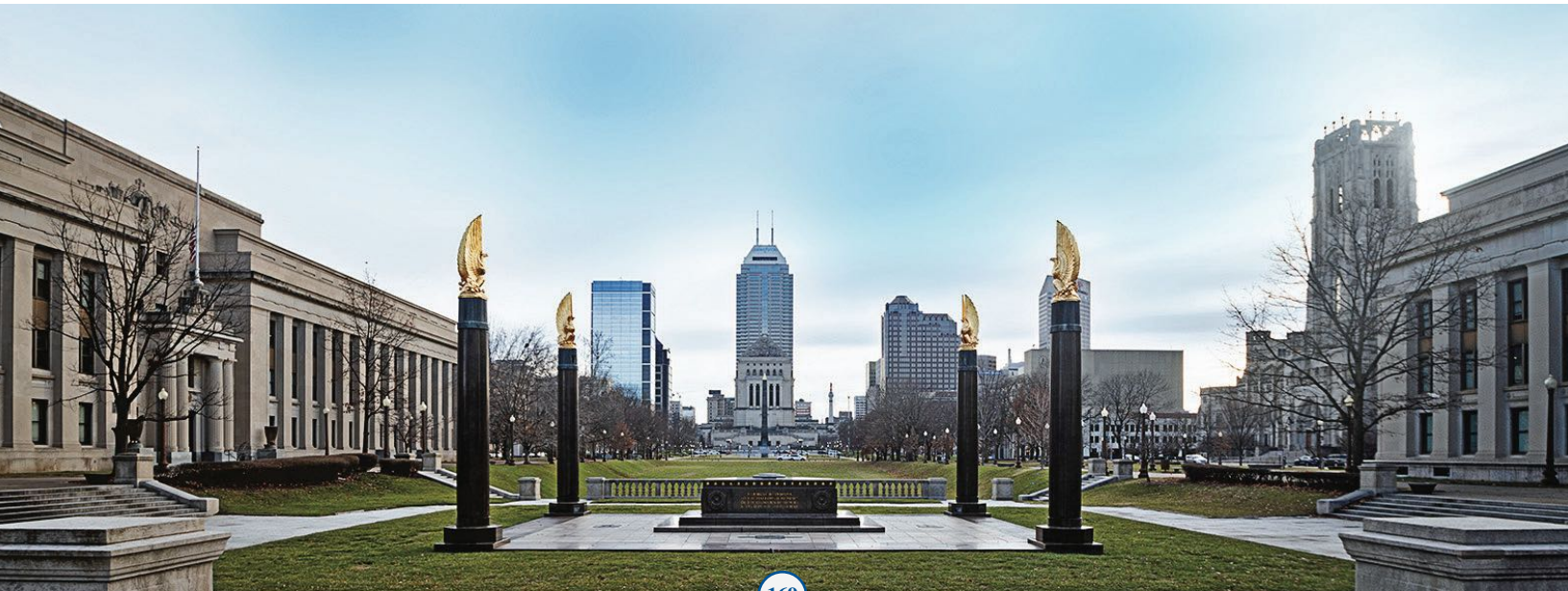
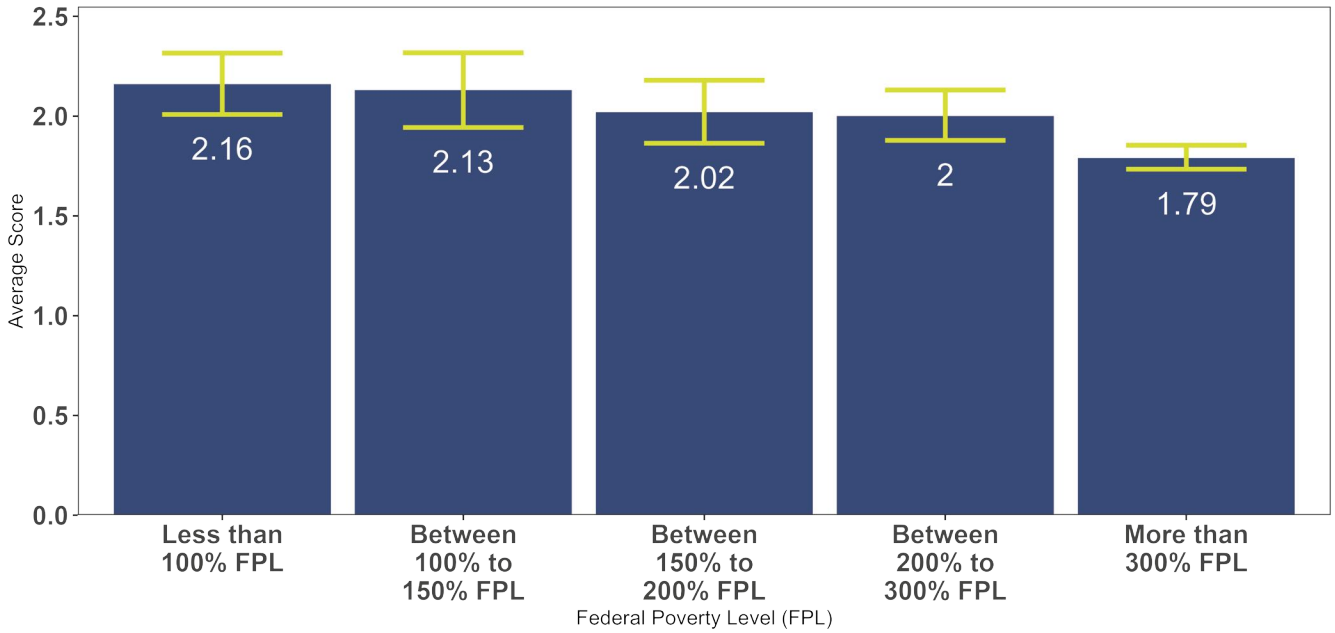


Figure 139. Average discrimination score of Marion County residents by FPL, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5870

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Children & Youth

Children aged 0-17 make up 25% of the total population of Marion County.[297] Children have their own health issues and needs that are unique from the general Marion County population. This chapter looks at those issues and needs more closely. A total of 1,210 parents participated in the 2025 Marion County CHA survey, providing valuable insight into children's well-being. According to the parents that completed the CHA Survey, the mean age of their children was reported to be 9 years old.

Demographics

The youth population in Marion County is significantly more diverse than in Indiana overall. While non-Hispanic White youth represent 60% of the state's youth population, they make up only 36.9% in Marion County. In contrast, non-Hispanic Black or African American children account for 31.1% of youth in Marion County, which is nearly three times the statewide rate of 10.3%. Hispanic or Latino children comprise 21.5% of the youth population in Marion County, which is higher than Indiana's rate of 12.9%, but still below the national rate of 26.3%. Other racial groups such as non-Hispanic, Asian (4.8%), non-Hispanic, American Indian or Alaska Native (1.0%), and non-Hispanic, Native Hawaiian or Pacific Islander (0.0%) represent smaller portions of the county's youth. Additionally, 18% of Marion County's children identify as two or more races, which is notably higher than the state's rate of 12.8%.[298]

Table 11. Race and ethnicity population estimates for children under 18 years by geography, 2023

Race and Ethnicity	Marion County (%)	Indiana (%)	U.S. (%)
Non-Hispanic, White	36.9	60.0	52.0
Non-Hispanic, Black or African American	31.1	10.3	13.2
Hispanic or Latino	21.5	12.9	26.3
Non-Hispanic, Asian	4.8	2.7	5.2
Non-Hispanic, American Indian or Alaska Native	1.0	0.4	1.2
Non-Hispanic, Native Hawaiian or Pacific Islander	0.0	0.1	0.2
Two or more races	18.0	12.8	19.1

Data Source: U.S. Census Bureau, American Community Survey 5-year estimates (2023).[298]

Children are more likely to live in poverty if they are from a single-parent household.[23] The highest poverty rate among children is observed among those with a single female householder, at 58.5% for the U.S., 63.8% for Indiana, and 60.8% for Marion County. In contrast, two-parent married households have the lowest poverty rates at 31.9% for the U.S., 27.3% for Indiana, and 33.1% for Marion County. These figures, as seen in Table 12, show the economic disparities among these family structures.[23]

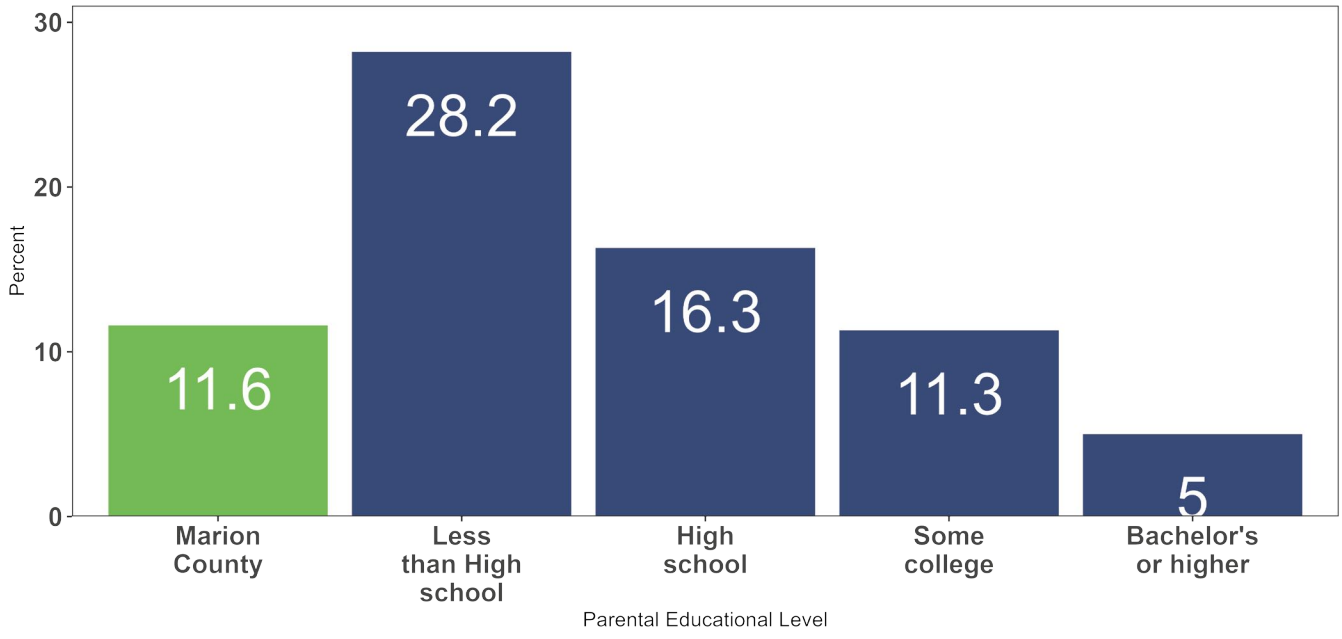
Table 12. Poverty status in the past 12 months of related children under 18 years by family type and geography, 2023

Family Type	United States (%)	Marion County (%)	Indiana (%)
Married, two-person household	31.9	33.1	27.3
Male householder, no spouse	9.6	6.1	8.9
Female householder, no spouse	58.5	60.8	63.8

Data Source: U.S. Census Bureau, American Community Survey 5-year estimates (2023) [57]

Parental level of education plays an important role in a family's financial stability, with lower education levels correlating with higher poverty rates. In Marion County, families where parents have less than a high school diploma experience the highest poverty rate at 28.2%, highlighting the significant economic challenges faced by these households. As parental education increases, poverty rates decline, with rates of16.3% for those with a high school diploma, 11.3% for those with some college education, and just 5.0% for families where parents have a bachelor's degree or higher.[23] These figures, illustrated in Figure 140, emphasize the strong link between education level and economic well-being.

Figure 140. Percentage of families living in poverty by parental education level in Marion County, 2023



Data Source: U.S. Census Bureau, ACS Table S1702

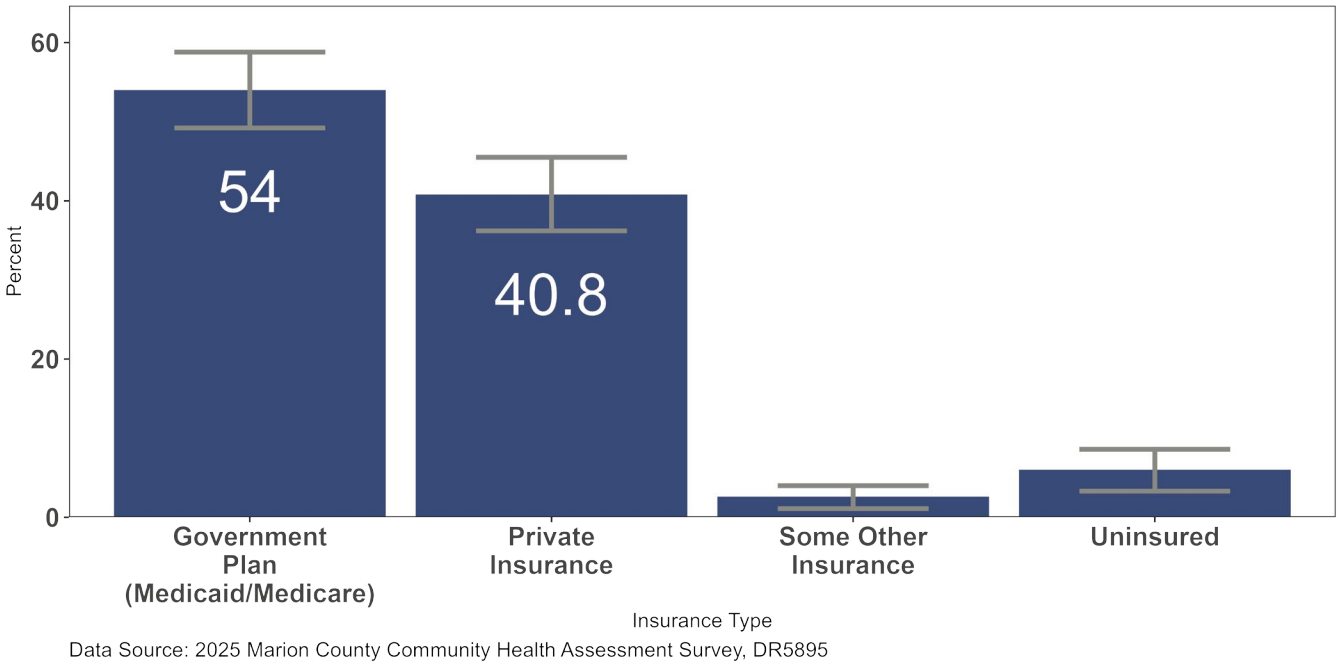
Health Care Access

According to the U.S. Census Bureau's 2024 Health Insurance Coverage report, 94.2% of children under 19 years have health insurance coverage nationally.[299] As of 2023, approximately 95.1% of children under 19 years in Marion County had health insurance, with 25.8% enrolled in Medicaid or the Children's Health Insurance Program (CHIP).[300]

While data on children's preventive care visits in Marion County is limited, statewide figures show that between 2021 and 2022, 73.2% of insured children in Indiana received preventive care services.[301] According to the 2022 National Survey of Children's Health, about 78.4% of U.S. children ages 0–17 had one or more preventive care visits in the past 12 months. [302]

According to the Marion County 2025 CHA survey results, most children are covered by some form of health insurance, though the type of coverage varies. Over half (54%) are insured through government programs such as Medicaid or Medicare, while 41% have private insurance. A small percentage (0.5%) are enrolled in prepaid plans like HMOs, and 2.6% have other types of coverage. Despite these options, nearly 6% of children remain uninsured. Parents were able to select more than one type of health insurance coverage to reflect when a child was insured by multiple types of plans.

Figure 141. Children's health insurance coverage in Marion County, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5895

The Marion County 2025 CHA survey results show that most children had access to routine dental care in the past 12 months, with 79.9% reported as having visited a dentist. However, 20.1% had not received routine dental care, meaning about one in five children missed a visit.

Survey results showed that most children (83.7%) had one primary care doctor or health care professional identified by their caregiver. Another 7.2% were reported to have more than one provider, while 9.2% had no usual source of care. In the past 12 months, most children (62.7%) had not been seen in an emergency room or immediate care facility. About one in four (23.4%) visited once, 9.3% visited twice, and 4.7% had made three or more visits to emergency rooms or immediate care facilities.

Children in Marion County are frequently seen in emergency departments (ED) for various reasons. During flu season (October- May each year) the number of ED visits increases. In Marion County in 2024, 6.2% of pediatric ED visits were due to influenza-like illness. Similarly, asthma-related ED visits are another key reason as to why children visit the ED in Marion County. Asthma related ED visits are most prevalent among the youngest age groups in Marion County. As age group increases, the rate per 10,000 persons decreases – with 0–4-year-olds experiencing the highest rate. From 2022-2023, the rate of asthma related ED visits among 0-4- and 5–14-year-olds increased by 67% and 47% respectively. From 2023 to 2024, there was a slight decrease among 0-4 years (134.4 to 138.8 per 10,000 persons); however, the rate increased among 5–14-year-olds by 16% (107.8 to 126.5 per 10,000 persons).

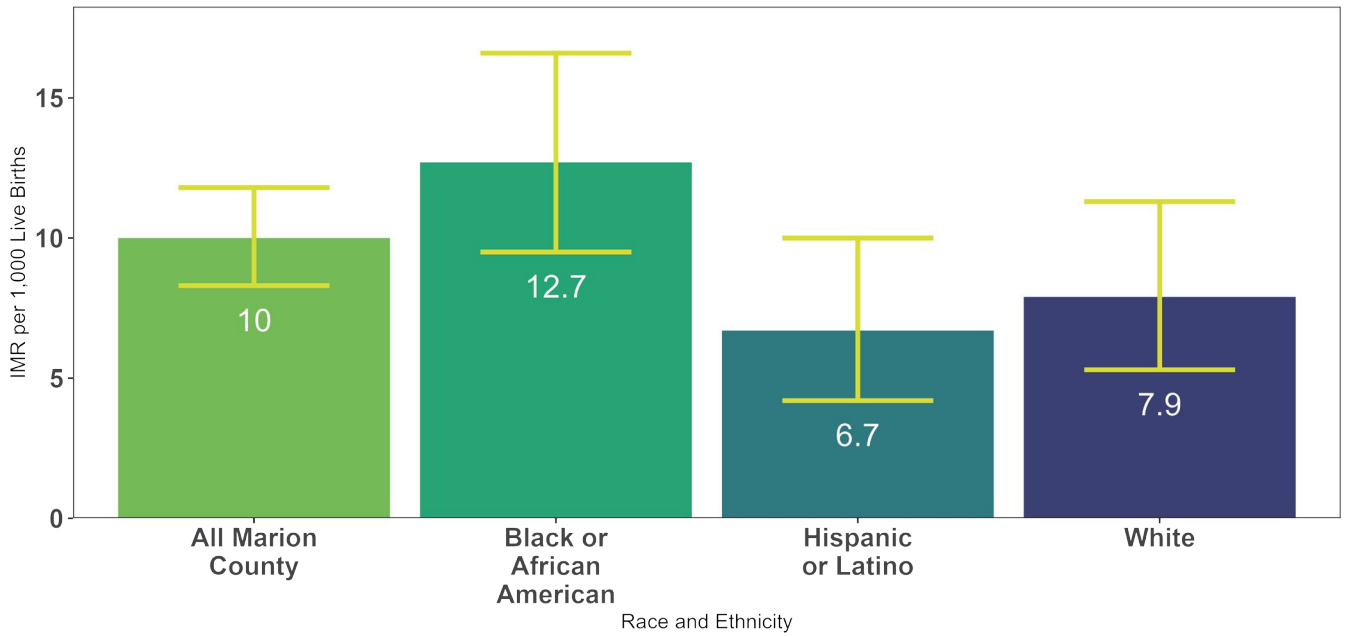
Maternal & Infant Health

This section considers maternal and infant health, which looks closely at the time period of pregnancy and the first year of life. A person's life can be affected by experiences and health outcomes from their infancy. Some of the key areas of maternal and infant health, such as infant mortality rate, low birth weight, and preterm births, are explored here.

Infant Mortality Rate (IMR)

Infant mortality (IM) is defined as the death of an infant that occurs during the first 365 days of life. The infant mortality rate (IMR) is the total number of infant deaths per 1,000 live births.[303] Infant mortality in Marion County is a significant public health concern, with rates surpassing those of both Indiana and the United States. The 2024 infant mortality rate among Black or African American infants in Marion County was 12.7 per 1,000 live births, which was approximately 61% higher than that for White infants. Hispanic or Latino infants experienced a mortality rate of 6.7 per 1,000 live births, while White infants had a rate of 7.9 per 1,000 live births. Disorders related to short gestation, low birth weight, congenital malformations, deformations, chromosomal abnormalities, and sudden unexpected infant death were the leading causes of infant deaths in Marion County in 2024.

Figure 142. IMR per 1,000 live births by race and ethnicity in Marion County, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5895

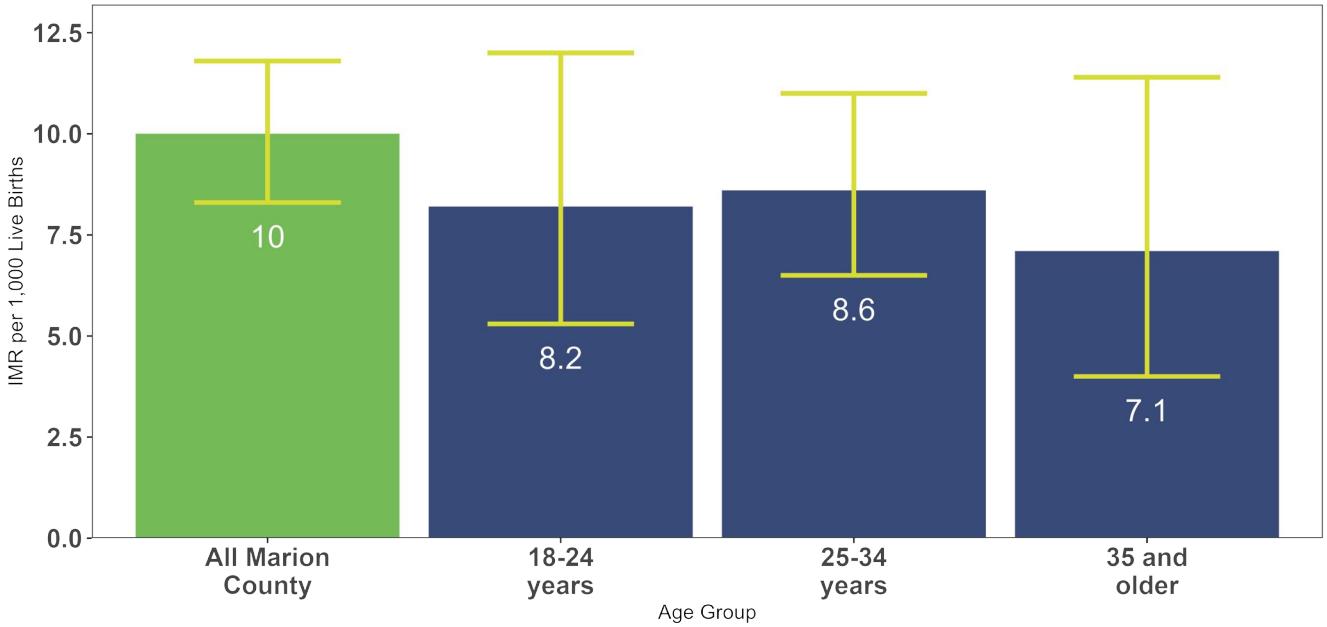
Sudden unexpected infant death (SUID) refers to the sudden and unexplained death of an infant younger than one year, often requiring investigation to determine the cause.[304] Congenital malformations are structural defects in organs or body parts that occur during development in the womb, while deformations arise from external forces affecting the fetus during pregnancy.[305] Chromosomal abnormalities, such as trisomy 21, result from an abnormal number or structure of chromosomes and can lead to serious developmental challenges.[306]

Marion County had a higher IMR than Indiana and the U.S. in 2023, the most recent year data for the latter two geographies was available. The IMR in Marion County was 10.6 per 1,000 live births. In comparison, the IMR for Indiana was 6.6, and the national rate was 5.6 per 1,000 live births.

Marion County's IMR tends to fluctuate from year to year. The rate decreased from 8.9 deaths per 1,000 live births in 2020 to 8.0 in 2021. However, this progress was not sustained, as the rate increased sharply to 10.7 in 2022. The rate remained elevated at 10.6 in 2023 before declining to 10.0 in 2024. The Black, non-Hispanic IMR rate decreased from 14.1 per 1,000 births in 2022 to 12.7 per 1,000 births in 2024. Despite the recent decrease, the 2024 rate remains higher than the 2020 and 2021 levels, and significantly above the Healthy People 2030 (HP2030) target of 5.0 deaths per 1,000 live births. This is in part caused by factors such as COVID-19 pandemic decreasing the availability of care as well as increases in recently resettled populations who have a harder time navigating the U.S. healthcare system.

The chart below shows IMRs per 1,000 live births in Marion County in 2024, broken down by maternal age group. Mothers aged 25–34 have the highest IMR, followed by those aged 18–24. The lowest IMR is seen in mothers aged 35 and older, although this group has a wide confidence interval, indicating greater variability or fewer births.

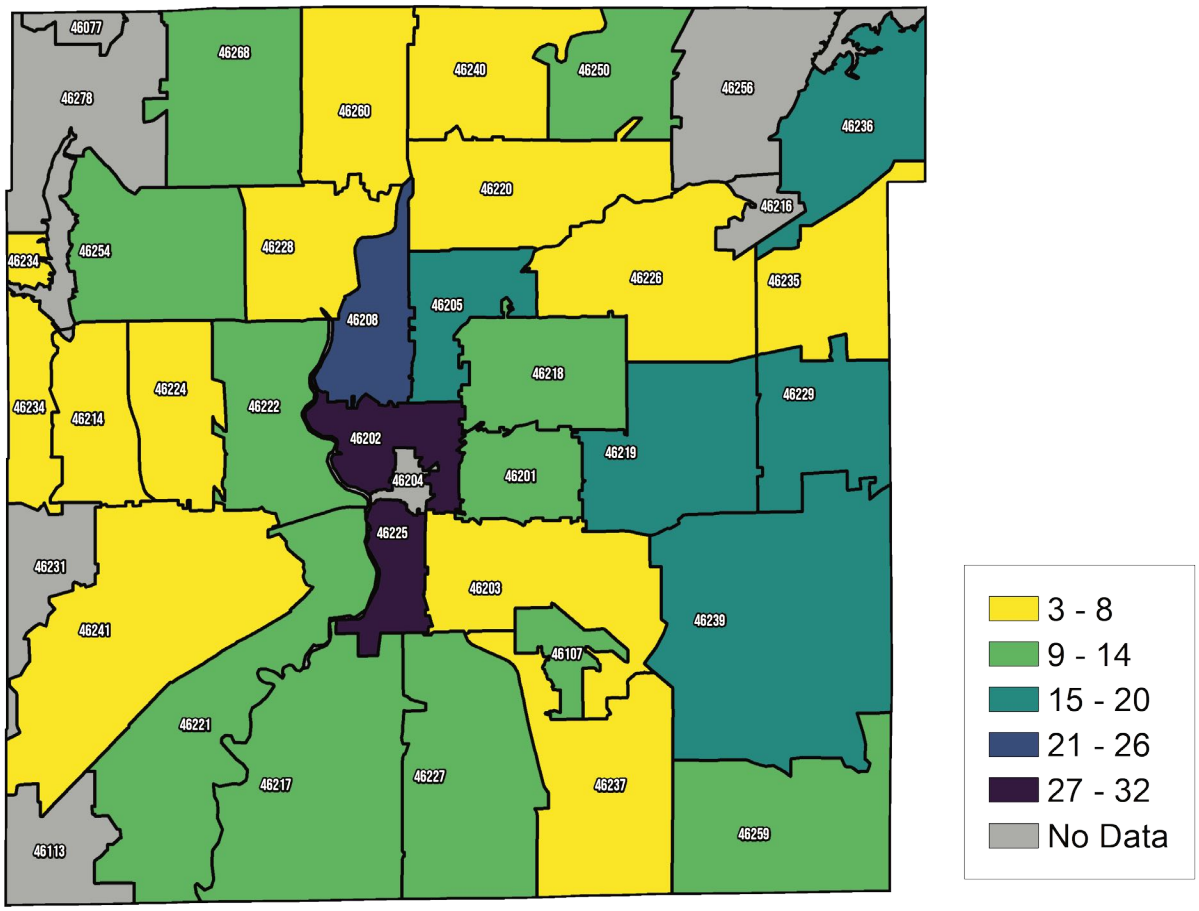
Figure 143. IMR per 1,000 live births by maternal age group in Marion County, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5895

The map below shows IMRs across Marion County ZIP Codes for 2024. ZIP Codes 46202, 46225, and 46208 had the highest mortality rates. Some ZIP Codes in Figure 144 are marked as "No Data". This is done to indicate either too few events or an unstable rate occurring in that ZIP Code in 2024, resulting in us censoring the data to protect individual privacy.

Figure 144. IMR by ZIP Code in Marion County, 2024



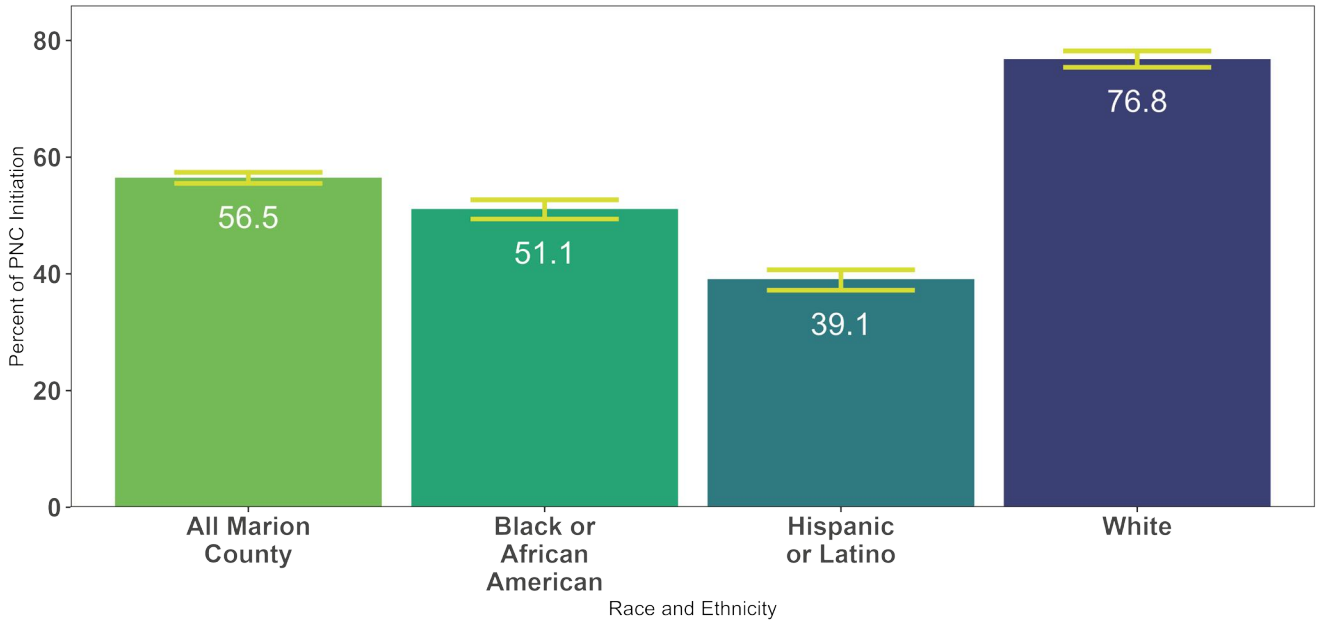
Data Source: MCPHD Vital Records (birth and death records), DR5895

Prenatal Care Initiation

First trimester prenatal care initiation is the initiation of prenatal care within the first 12 weeks of pregnancy. Early initiation of prenatal care during the first trimester is associated with numerous benefits for mothers and babies, including better birth outcomes.[307]

In 2024, 56.5% of mothers in Marion County began prenatal care during the first trimester. Among racial and ethnic groups, non-Hispanic, White mothers had the highest rate of early prenatal care initiation at 76.8%, while Hispanic or Latino mothers had the lowest at 39.1%. By comparison, in 2023, 64.5% of mothers in Indiana and 60.0% of mothers nationwide initiated prenatal care during the first trimester.

Figure 145. Prenatal care initiation in the first trimester by race and ethnicity in Marion County, 2024



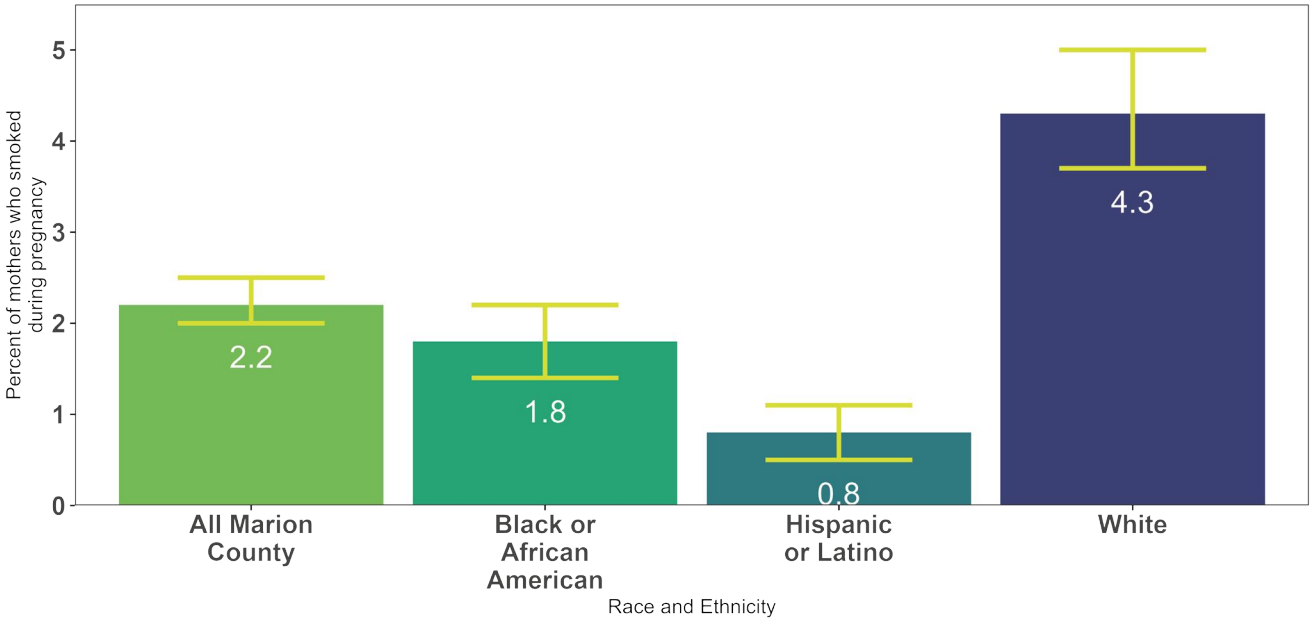
Data Source: MCPHD Vital Records (birth and death records), DR5895

Maternal Smoking During Pregnancy

Maternal smoking during pregnancy is a significant public health concern due to its harmful effects on both the mother and the developing baby. Women who smoke while pregnant are at an increased risk for cardiovascular conditions, such as stroke and heart disease.[308] For the infant, maternal smoking is strongly linked to an increased risk of SUID, low birth weight, premature birth, and various developmental complications. Moreover, children exposed to tobacco smoke in utero may face long-term health consequences, including respiratory issues, behavioral problems, and an increased risk of chronic diseases later in life.[309] Reducing smoking among pregnant women is essential for improving maternal and child health outcomes.[310]

In 2024, 2.2% of mothers in Marion County smoked during pregnancy. Notable differences exist across racial and ethnic groups, with non-Hispanic, White mothers consistently having the highest rates and Hispanic or Latino mothers having the lowest. Non-Hispanic, White mothers had a smoking rate of 4.3% in 2024, while Hispanic or Latino mothers had the lowest rate at 0.8%. For comparison, the 2023 maternal smoking rate was 5.3% across Indiana and 3% in the United States.[310]

Figure 146. Maternal smoking by race and ethnicity in Marion County, 2024



Data Source: MCPHD Vital Records (birth and death records), DR5895

Low Birth Weight (LBW)

Low birth weight (LBW), defined as a birth weight of less than 2,500 grams (5.5 pounds), is a key indicator of infant health.[311] Babies born with LBW are at greater risk for various health complications, including respiratory distress, infections, cardiovascular conditions, and developmental delays.[311] Long-term consequences may include learning disabilities and difficulties with motor and social development.[311]

In 2024, 10.9% of babies born in Marion County were classified as LBW. By comparison, the LBW rate in 2023 was 8.6% for both Indiana and the United States. Among racial and ethnic groups, non-Hispanic, Black or African American babies had the highest LBW rate at 14.1%, followed by Hispanic or Latino babies at 9.2%, and non-Hispanic, White babies at 8.8%. Throughout the 2018–2024 period, non-Hispanic, Black or African American babies consistently had the highest LBW rates, reaching 16.4% in 2020 and remaining above 14% in following years.

Prematurity

Preterm births are births that occur before 37 weeks of gestation. Infants born premature can experience developmental delays, vision, hearing, and breathing problems, and even death.[312]

Preterm birth rates in Marion County increased from 2018 to 2024, rising from 11.6% to 12.5%. Rates among White mothers increased from 10.7% in 2018 to 11.4% in 2024. Black or African American mothers consistently experienced the highest preterm birth rates, ranging from 13.4% to 16.7% from 2018 to 2024. Hispanic or Latino mothers had the lowest rates, fluctuating between 9.8% and 11.2%, with little overall change during the seven-year period.

Maternal Mortality Rate

Maternal mortality remains a critical public health issue in the United States. In 2022, the national maternal mortality rate was 22.3 deaths per 100,000 live births, marking a significant decrease from 32.9 in 2021.[313] Despite this improvement, disparities persist among different racial and ethnic groups. In 2022, non-Hispanic, Black or African American women experienced a maternal mortality rate of 49.5 deaths per 100,000 live births, which was significantly higher than the rates for non-Hispanic, White women (19.0), Hispanic or Latino women (16.9), and non-Hispanic, Asian women (13.2).[313]

The Indiana Maternal Mortality Review Committee (MMRC) 2024 Annual Report shows that from 2018 to 2022, the most recent data available, Indiana's pregnancy-associated mortality rate (all deaths during pregnancy or within one year postpartum) was consistently much higher than the pregnancy-related mortality rate (deaths directly caused or aggravated by pregnancy). Pregnancy-associated mortality peaked in 2020 at 117.1 deaths per 100,000 live births before declining slightly to 90.4 in 2022. In contrast, pregnancy-related mortality remained relatively stable, ranging from 12.2 to 22.9 per 100,000 live births. [314]

The Marion County methodology identifies maternal deaths using vital records only, specifically, ICD-10 codes (A34, O00–O99) and pregnancy checkbox indicators ("pregnant at death" or "within 42 days"). The numerator includes all resident female deaths meeting those criteria, and rates are calculated using live births from the same years as denominators. No case-level review is conducted, so results reflect pregnancy-associated deaths from certificates alone.

The Indiana MMRC methodology involves a multidisciplinary committee review of each death during or within one year of pregnancy. The MMRC determines whether each death is pregnancy-associated, pregnancy-related, or unrelated, based on medical records, autopsies, and social factors. Because Marion County does not have access to MMRC case review data, our results cannot distinguish pregnancy-related from unrelated causes, making them broader and not directly comparable to state-reported MMRC findings.

Between 2020 and 2024 Marion County reported a maternal mortality rate of 60.5 deaths per 100,000 live births. Significant racial and ethnic disparities were also observed in the county, with non-Hispanic, Black or African American women having the highest rate at 97.5, followed by non-Hispanic, White women at 55.6, and Hispanic or Latino women at 28.5

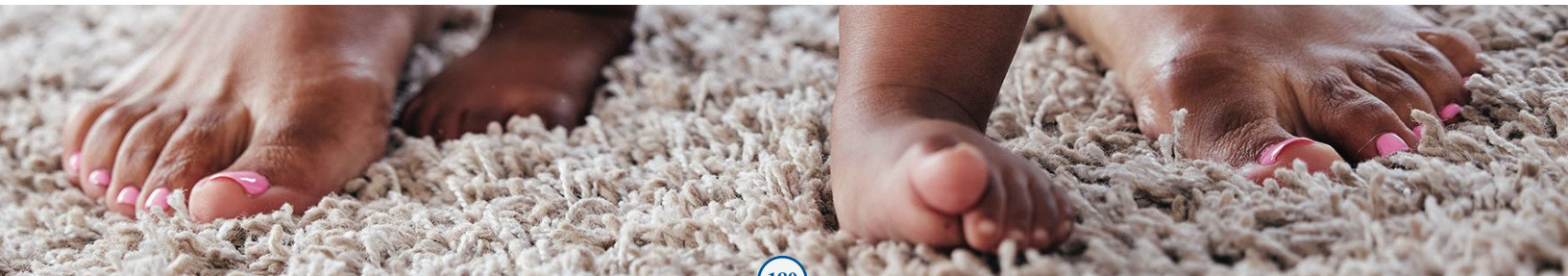


Table 13. Maternal mortality rate per 100,000 live births in Marion County, 2020-2024

Geography/Group	Maternal mortality per 100,000 live births
All Marion County	60.5
Non-Hispanic, White	55.6
Non-Hispanic, Black or African American	97.5
Hispanic or Latino	28.5

Table 13 results were obtained from death certificates using CDC 2018 coding method.

Data source: MCPHD birth and death records, DR5678

Lead Exposure & Health Impacts

Lead exposure remains a serious public health issue affecting both children and adults.[315] Sources of exposure include lead-based paint and contaminated dust in older homes, as well as air, water, and soil.[316] Additional potential exposures can come from imported products such as spices, cosmetics, traditional medicines, ceramics, toys, and jewelry that may contain lead.[315]

Although residential use of lead-based paint was banned in 1978, older homes continue to present hazards.[317] Soil contamination is another problem, particularly in urban areas and near industrial sites. Unlike many environmental contaminants, lead does not break down over time, remaining in the environment for decades and posing risks through ingestion and inhalation.[318] The CDC has established a blood lead reference value (BLRV) of 3.5 micrograms per deciliter to help identify children with elevated lead levels that require intervention.[316]

Long-term lead exposure can severely impact children's health, causing permanent brain and nervous system damage, kidney damage, slowed growth, and difficulties with learning, behavior, hearing, and speech. Children with elevated lead levels are also at risk of lower IQs and reduced academic performance.[319] In extreme cases, very high levels of lead can result in seizures and death.[319] Childhood lead exposure in the United States has declined since the 1970s, with the average blood lead level in children ages 1–5 dropping from 15.2 µg/dL in 1976–1980 to 0.83 µg/dL by 2011–2016. However, risks remain, particularly in older housing and high-poverty areas.[316]

The map below shows the lead screening rates by ZIP Code for children up to the age of 6 in Marion County for 2024. ZIP Codes such as 46204 and 46113 have relatively high screening rates of 70.5% and 52.3% respectively, while areas like 46278 and 46268 show much lower rates, with 14.9% and 16.4% respectively.

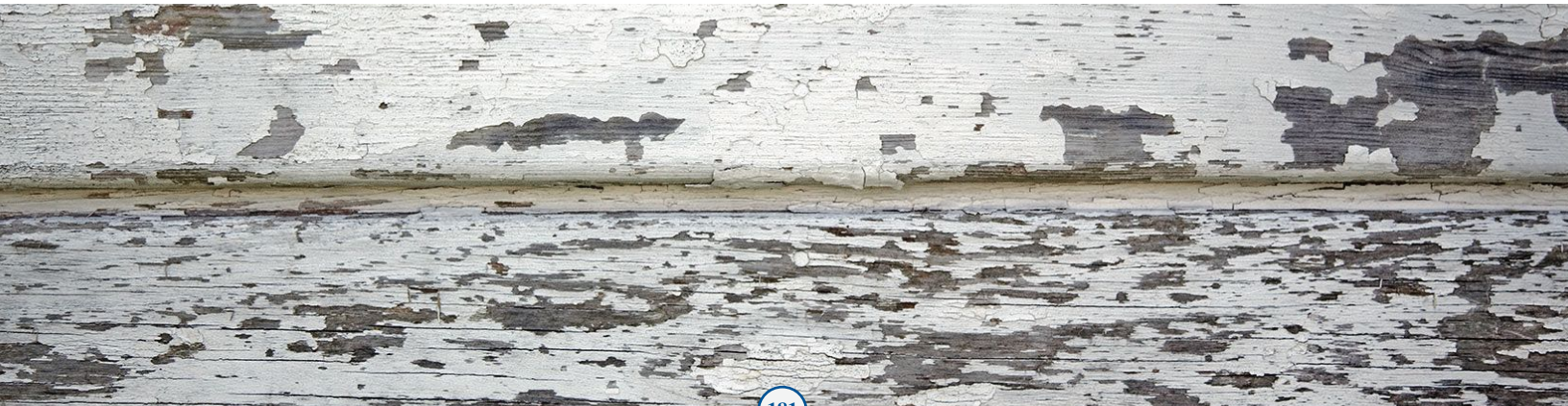
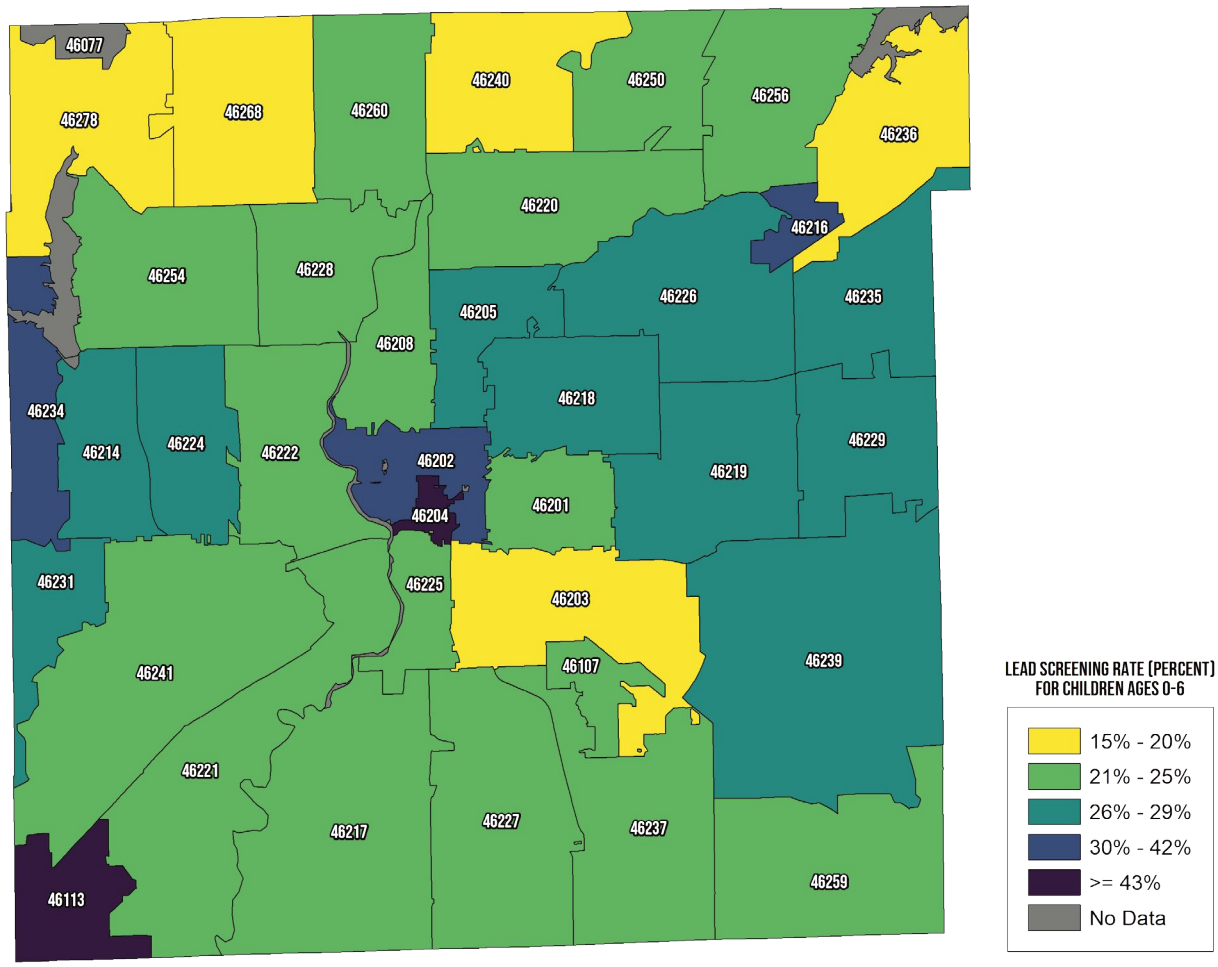


Figure 147. Lead screening rates by ZIP Code in Marion County for children 0-6 years old, 2024



Data Source: Marion County Childhood Blood Lead Screening Data, DR5178

In 2023, Marion County accounted for a substantial portion of Indiana's childhood lead testing and confirmed elevated blood lead level (EBLL) cases. Out of 123,305 total lead tests conducted statewide, 26,452 (approximately 21%) were performed in Marion County. Similarly, of the 108,533 children tested across Indiana, 22,412 were from Marion County. Marion County reported 330 confirmed EBLL cases at or above the CDC reference level of 3.5 µg/dL. Additionally, 164 children in Marion County had confirmed EBLLs of 5 µg/dL or higher.

Table 14. Testing and confirmed elevated blood lead levels in Indiana and Marion County, 2023

Location	Total Tests	Total Children Tested	Confirmed EBLL ≥3.5 µg/dL	Confirmed EBLL ≥5 µg/dL
Marion County	26,452	22,412	330	164
Indiana	123,305	108,533	1,862	1,045

Data Source: IDOH Lead and Healthy Home Division[320]

According to data from the U.S. Census Bureau, a significant portion of both Indiana and Marion County's housing units were built before 1980.[321] Statewide, 53.4% of occupied houses in Indiana were built before 1980. This includes 23.4% built between 1960 and 1979, 15.0% between 1940 and 1959, and 15.0% in 1939 or earlier. In Marion County, the proportion is even higher, with 56.2% of homes built before 1980, 25.0% from 1960 to 1979, 16.3% from 1940 to 1959, and 14.9% constructed in 1939 or earlier. Since homes built before 1980 are more likely to contain lead-based paint, these figures highlight the ongoing public health importance of lead screening, risk assessments, and housing remediation efforts in both the county and the state.[321,322]

According to the Marion County 2025 CHA survey results, over one-third of children (34.7%) had received blood lead testing, while nearly two-thirds (65.3%) had not. In addition, over half of parents or guardians (56.9%) reported not having been counseled on the risks of lead exposure by a healthcare professional, while 43.1% indicated that they had received such counseling.

Screen Time

For children aged 2 to 5 years, no more than one hour of screen time a day is recommended.[155] Increased screen time among youth has become a major public health concern. For youths, national and local trends link high screen time with lower physical activity, poor nutrition, and negative mental health outcomes.[156] Nationwide, children aged 8–18 years spend an average of over 7 hours per day on screens, excluding schoolwork.[157] For children and adolescents aged 6 to 17 years, a Healthy People 2030 goal is under development for the percentage of parents who limit screen time following American Academy of Pediatric guidelines.[323] These guidelines do not define screen time limits in minutes or hours. Instead, they recommend setting time limits and designated screen-free times with family among other strategies.[324]

According to CDC National Center for Health Statistics, about half of U.S. teens spend four or more hours a day on screens outside of schoolwork, with usage associated with family income, parental education level, and where they live. Teens from families earning less than 200% of the federal poverty level reported slightly higher screen time (51.7%) compared to those from higher-income families (49.6%).[325] Parental education level also matters: 55.0% of teens whose parents had some college or less spent four or more hours daily on screens, compared to 45.2% of teens whose parents held a college degree or higher. Urbanization plays a role as well—51.4% of teens in urban areas exceeded four hours of daily screen time, versus 43.3% of teens in rural areas.[325]

According to the CDC, overall, 50.4% of teenagers spent four or more hours daily on screens. Screen time increased with age, with 45.6% of 12- to 14-year-olds exceeding four hours, compared to 55.0% of 15- to 17-year-olds. Around 52.5% of females reported high screen time, compared to 48.3% of males. Non-Hispanic, Black or African American teenagers had the highest percentage (60.4%), followed by Hispanic or Latino teens (52.8%), and non-Hispanic, White teens (47.9%). Non-Hispanic, Asian teenagers reported the lowest screen time rates, with 43.5% exceeding four hours daily.[325]

According to the Marion County 2025 CHA survey results, children showed mixed patterns of screen use outside of schoolwork. The largest share (25%) reported using screens for about 2 hours per day, followed by 14% for 1 hour, 13% for 4 hours, and 12% for 3 hours. About 10% reported 5 hours daily, while 9% reported no screen use. On average, Marion County children spent 3.5 hours per day on recreational screen time.

Physical Activity

The American Academy of Pediatrics (AAP) is the national professional organization of pediatricians that issues evidence-based guidance on child health. In its 2024 clinical report, the AAP recommends that children and adolescents ages 6–17 should engage in at least 60 minutes of physical activity daily.[326]

According to the CDC, during the period 2021 to 2023, less than one-quarter (24%) of children aged 6 to 17 years participated in 60 minutes of physical activity every day. Additionally, during July 2021 to December 2023, 61.1% of children and adolescents aged 12 to 17 years reported engaging in 60 minutes of physical activity most days or every day. These statistics highlight the need for increased efforts to promote physical activity among youth to support their health and development.[327]

Recent data shows high rates of childhood obesity despite prevention efforts. Nationally, approximately 17.0% of youth ages 6 to 17 had obesity according to 2022-2023 data, while 2017-2020 data showed that 19.7% of children and adolescents ages 2 to 19 were obese, affecting about 14.7 million young Americans.[328] Indiana ranks 19th nationally, with 15.2% of youth ages 10 to 17 having obesity. Significant disparities persist across racial and ethnic groups in Indiana, with obesity rates highest among Hispanic or Latino children (22.2%) and non-Hispanic, Black or African American children (23.5%).[329]

The 2024 JUMP IN for Healthy Kids report analyzed healthcare measurements from over 1.2 million patient encounters from 2014 to 2023 across central Indiana counties. Marion County consistently showed the highest obesity prevalence in the region, with rates increasing from 17.9% in 2014 to 25.2% in 2023. More than 19% of this increase occurred during the COVID-19 pandemic years (2020-2022), highlighting the significant impact of pandemic-related disruptions on children's health.[330]

Table 15. Childhood obesity prevalence in central Indiana and Marion County, 2014-2023

Category	2014 Rate	2023 Rate
Overall (Marion County)	17.9%	25.2%
By Sex (Marion County)		
Male	18.2%	25.5%
Female	17.6%	24.8%
By Age (Central Indiana)		
2-5 years old	7.9%	14.5%
6-11 years old	16.9%	22.8%
12-19 years old	19.4%	24.9%
By Race and Ethnicity (Central Indiana)		
White	13.7%	19.2%
Black or African American	18.0%	25.8%
Hispanic or Latino	23.6%	31.8%
Asian	10.4%	15.2%

Data Source: Jump IN for Healthy Kids[330]

The Marion County 2025 CHA survey results showed that the average BMI among children in the sample was 21.6. This estimate is based on 633 children with valid reported BMI data. In addition, the survey indicated that most children (82.2%) engaged in at least 60 minutes of physical activity per day, including physical education classes, sports, active play, dance, or activities like riding a bike or scooter. However, 17.8% did not meet this daily activity level.

Smoke Exposure

Exposure to secondhand smoke (SHS) in the U.S. remains a significant public health issue, with disparities observed across different racial and ethnic, socioeconomic, and housing groups. Among children aged 3 to 11, two out of five are exposed to SHS, with exposure rates exceeding 50% for non-Hispanic, Black or African American children. In 2019, 6.7 million (25.3%) middle and high school students reported being exposed to SHS at home.[331] Racial and ethnic disparities between exposure levels were noted, with 47.2% of non-Hispanic, Black or African American individuals exposed to SHS compared to 22.1% of White individuals and 21.2% of Asian individuals.[331]

Socioeconomic factors also play a role, as 45% of people living below the federal poverty level are exposed to SHS, which is more than double the rate of those at or above the federal poverty level (21.4%).[332]

Education and housing also influence exposure levels. Those with less than a high school education experienced a higher exposure rate of SHS (26.4%) compared to those with a college degree (11.1%). Additionally, people living in rental housing (36.6%) had nearly twice the exposure rate of homeowners (19.2%).[332]

According to the 2024 MCPHD Multi-Unit Housing Survey, the adoption of smoke-free policies in multi-family housing has increased substantially over the past decade. In 2013, only 4% of properties reported having a policy, but by 2024 this number had increased to 60%, a marked shift toward healthier housing environments.

The Marion County 2025 CHA survey examined children's exposure to tobacco smoke and electronic vaping devices inside their home or vehicle. Results showed that 93.1% were not exposed to tobacco smoke, while 6.8% were reported to be exposed. Also, 93.6% had no exposure to electronic vaping devices, compared to 6.4% who were exposed.

When asked more generally whether tobacco is smoked in the home or vehicle, 87.1% reported no exposure, while 12.9% indicated that tobacco use did occur in these environments. Although the overall findings suggest that most children are protected from secondhand smoke and vaping, the data highlights a concerning portion of children who remain at risk.

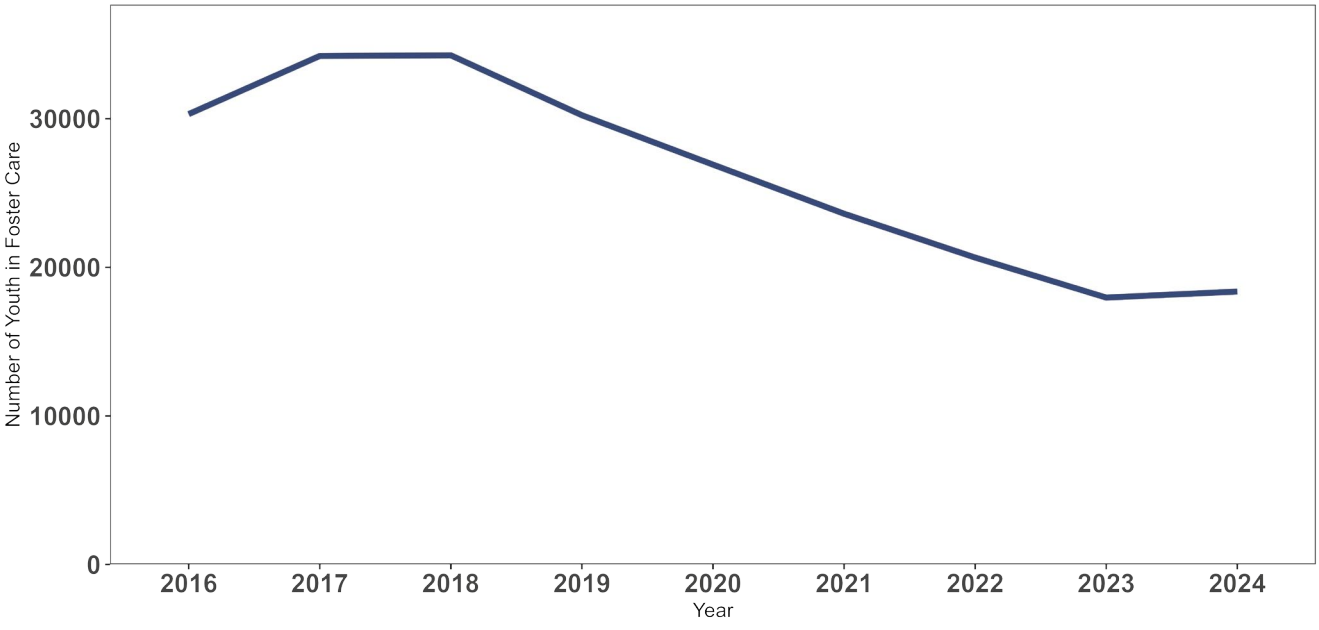
Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) negatively impact quality of life by increasing the risk of chronic physical conditions. They also contribute to mental health issues such as depression, anxiety, and substance use.[333] ACEs can be measured in various ways, including indicators such as foster care placement.[334] In Indiana, the prevalence of ACEs is 17.5%, highlighting a significant public health concern. Indiana has the highest rate of foster placements for children in the Midwest and is among the highest in the U.S., with approximately 10 of every 1,000 children in the state in foster care. The CDC estimates that the annual economic impact of ACEs in the U.S. is $14.1 trillion, including $183 billion in direct medical costs and $13.9 trillion in lost years of healthy life.[335] This equates to an average of $88,000 per affected adult annually and $2.4 million over their lifetime, highlighting the need for strategies to prevent ACEs and address their long-term effects.[335]

Indiana's foster care population reached its peak during 2017-2018 before experiencing a steady decline through 2023, when numbers dropped to 17,963 children in care. However, this decreasing trend leveled off in 2024, with the population rising to 18,371 children.[336]

Marion County has the highest concentration of foster youth in the state, with cases increasing from 3,313 in 2023 to 3,360 in 2024.[336]

Figure 148. Youth in foster care in Indiana, 2016-2024



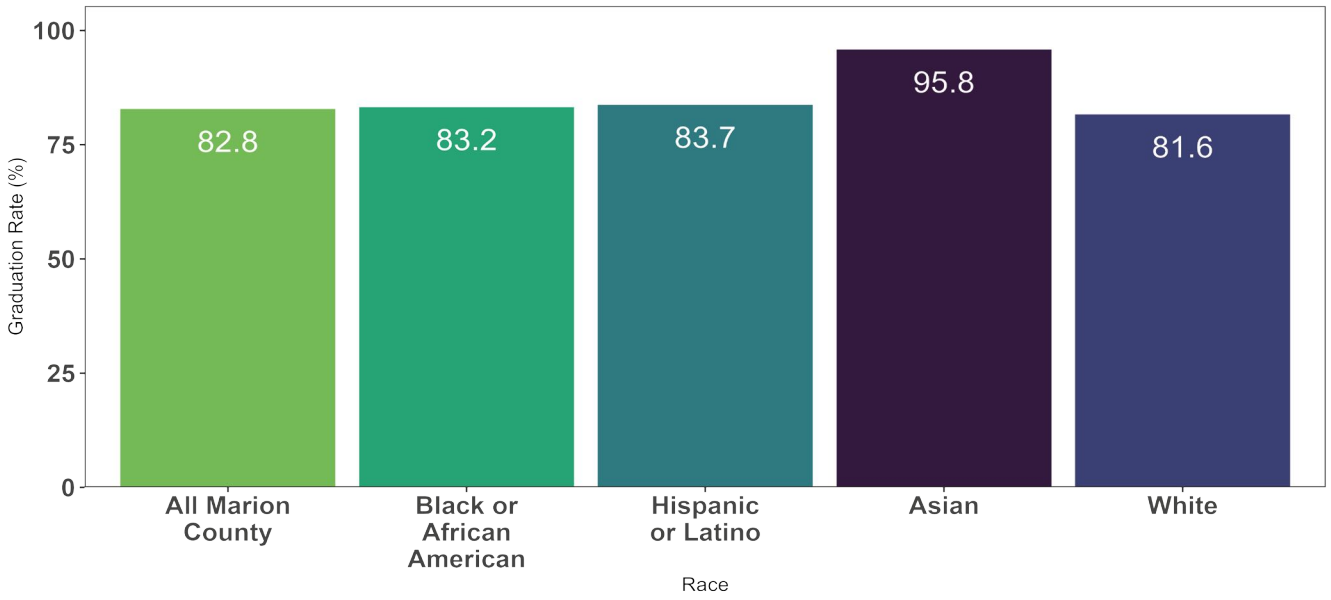
Data Source: Indiana Department of Child Services, 2016-2024, DR5895

Graduation Rate

According to the Indiana Department of Education, Indiana's statewide graduation rate for the class of 2024 was 90.2%, the highest ever recorded for the state. Graduation outcomes, however, continue to vary by student demographics. Asian students had the highest graduation rate at 95.9%, followed by White students at 91.9%, while Hispanic or Latino students graduated at 87.8%, and Black or African American students at 83.9%. Students who paid for school meals graduated at a rate of 93.1%, compared to 91.5% of those receiving free or reduced-price meals.[337]

According to the Indiana Department of Health, the overall graduation rate for Marion County in 2023 was 82.8%, which is lower than the state's 2023 rate of 89.0%. Within the county, female students graduated at 85.2% compared to 80.3% for males. By race and ethnicity, Asian students had the highest graduation rate at 95.8%, while White students graduated at 81.6%.

Figure 149. Graduation rate by race and ethnicity in Marion County, 2023



Data Source: Indiana Department of Education, 2023 Graduation Data, DR5895

According to the National Center for Education Statistics (NCES), the U.S. average adjusted cohort graduation rate (ACGR) for public high school students was 87% in the 2021–22 school year. For Indiana, the ACGR was 86.7% in 2021-2022.[338]

Health Condition Prevalence in Children

Autism Spectrum Disorder (ASD), Attention Deficit Disorder (ADD), and Attention Deficit Hyperactivity Disorder (ADHD)

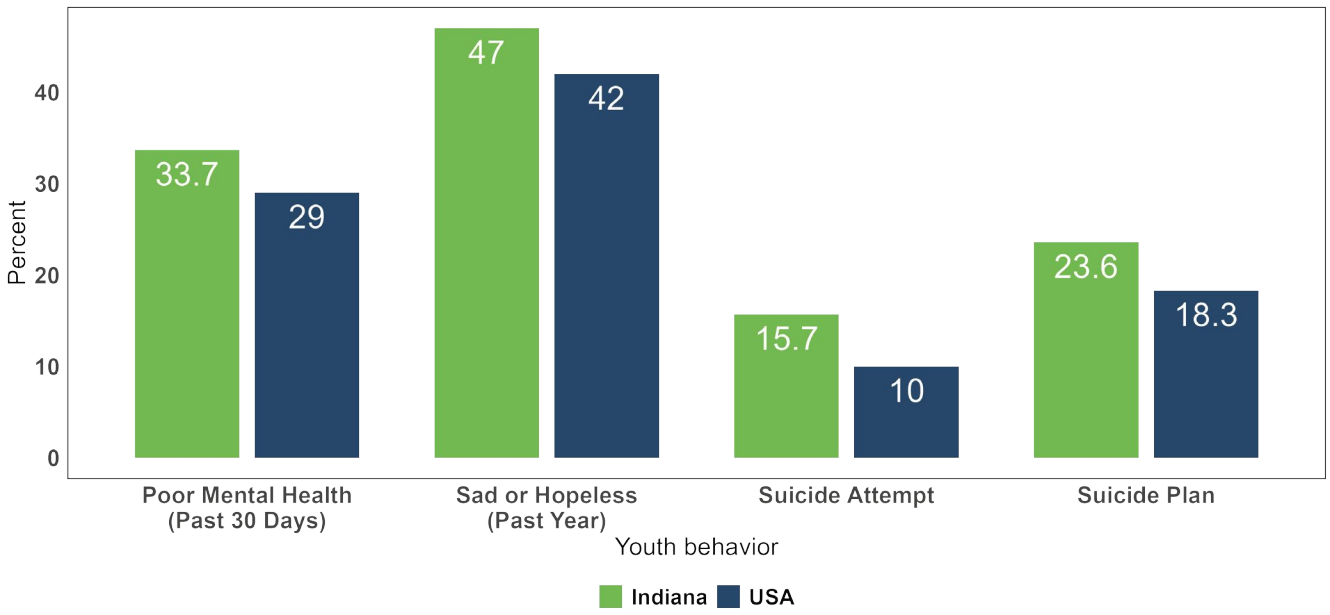
Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by challenges in social communication and repetitive behaviors. In Indiana, the prevalence of ASD has been increasing. During the 2022–2023 school year, approximately 1 in 63 of Indiana's public and private school students were diagnosed with ASD, an increase from the previous year's rate of 1 in 66.[339] While data for Marion County is limited, estimates suggest that around 2.6% of children aged 3 to 17 in the county have been diagnosed with ASD. This is consistent with state trends and higher than the national average, where 1 in 36 (approximately 2.8%) children aged 8 and above have been identified with ASD according to the CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.[340]

The Marion County 2025 CHA survey results indicated that 15.5% of children have been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) by a healthcare professional. These findings suggest that approximately one in six children of survey respondents have been identified with ADD or ADHD.

Adolescent Health Behaviors & Mental Health

Marion County data for adolescent health behaviors and mental health is not readily available. However, data for Indiana from the Youth Risk Behavior Survey (YRBS) is available. The YRBS is a school-based survey conducted by the CDC and states, including Indiana, to monitor health behaviors among students in grades 9–12. It collects information on factors such as injury prevention, tobacco, alcohol and drug use, sexual behaviors, diet, physical activity, and mental health.[341] The data are used to track trends over time and guide programs and policies that support adolescent health and well-being.[342] The 2023 Indiana YRBS highlights trends in adolescent health and well-being when compared to national data.[343] Mental health concerns among Indiana high school students continue to rise, with 47% reporting persistent feelings of sadness or hopelessness in the past year, which is above the national average of 42%. Furthermore, 33.7% of Indiana students stated that they experienced poor mental health most of the time or always in the previous 30 days before the survey, compared to 29% of youth nationally. Suicidal ideation and attempts are particularly alarming in Indiana. The survey revealed that 23.6% of students had made a suicide plan and 15.7% had attempted suicide, compared to 18.3% and 10% nationally, respectively. This data is shown graphically in Figure 150.

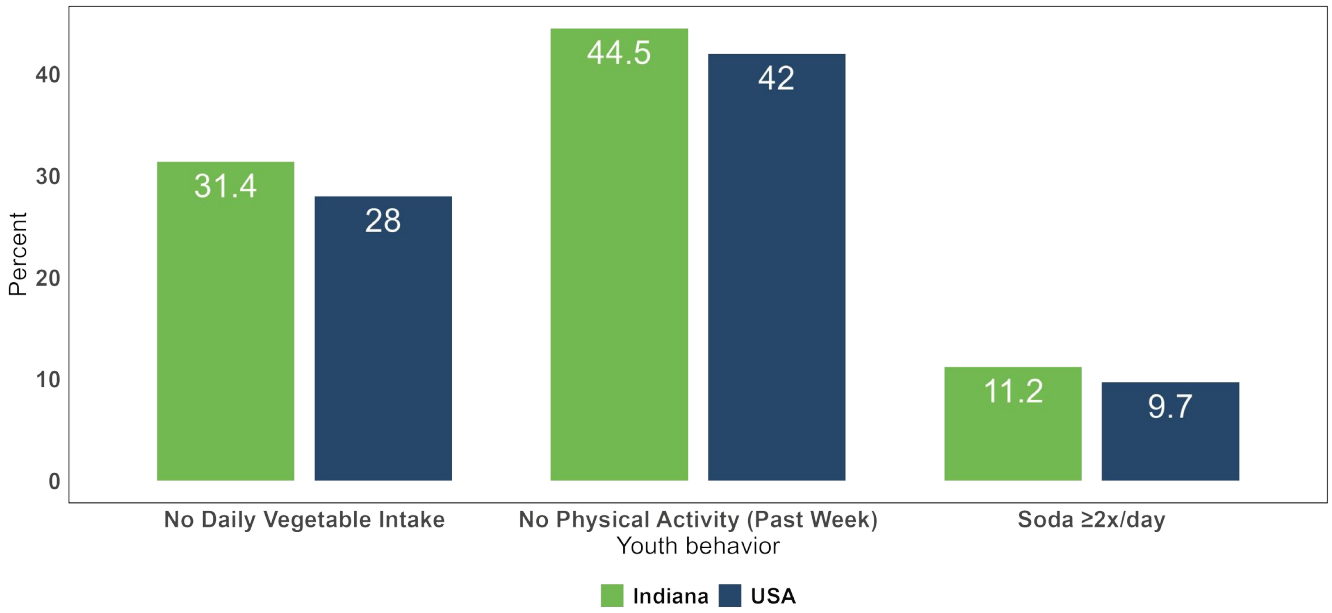
Figure 150. Mental health status among youth in Indiana and the U.S., 2023



Data source: YRBS, Indiana Youth Institute 2025 Data Book, DR5895

In terms of physical health, 44.5% of Indiana students reported not engaging in 60 minutes of daily physical activity in the past week, slightly worse than the national average of 42%. Nutrition behaviors are also a concern: 31.4% of Indiana youth did not eat vegetables daily, and 11.2% consumed soda two or more times per day, both higher than national rates.[341,344,345] This data is shown in Figure 151.

Figure 151. Nutrition and physical activity status among youth in Indiana and the U.S., 2023



Data source: YRBS, Indiana Youth Institute 2025 Data Book, DR5895

Depression

Depression is a common but serious mood disorder that affects how people feel, think, and manage daily life. It is different from normal sadness or grief, as it lasts longer and can interfere with work, school, relationships, and overall health. Symptoms include persistent sadness, loss of interest in enjoyable activities, changes in sleep and appetite, difficulty concentrating, feelings of hopelessness or guilt, and sometimes, thoughts of death or suicide. Fortunately, depression is treatable with therapy, medication, and support.[346]

According to the CDC, 4% of children ages 3 to 17 in the U.S. had been diagnosed with depression. Around 18% of U.S. adolescents aged 12 to 17 reported symptoms of depression in the past two weeks during 2021-2023.[347]

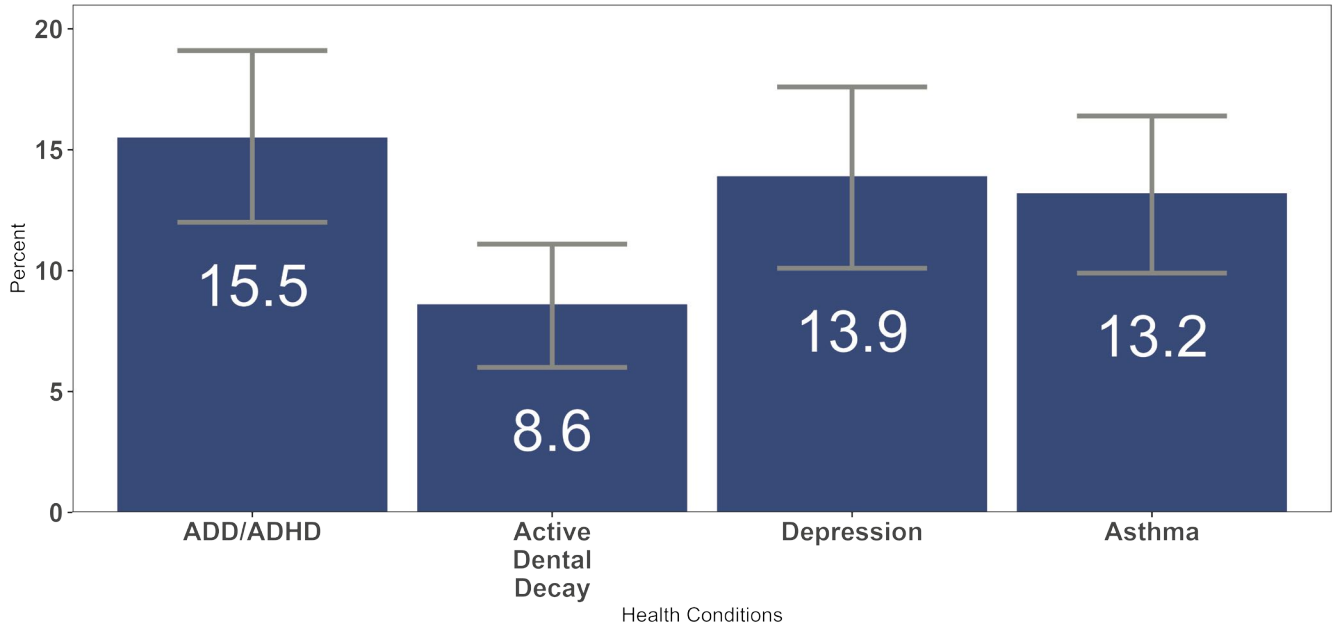
The Marion County 2025 CHA survey results showed that 13.9% of children had been told by a physician, nurse, or other health professional that they had depression or anxiety problems.

Asthma

Asthma is a long-term lung disease that causes the airways to swell and narrow, making it difficult to breathe. Symptoms often include wheezing, chest tightness, shortness of breath, and coughing at night or in the early morning. If not properly managed, asthma can become severe or life-threatening.[348] In the U.S., asthma is one of the most common chronic conditions, affecting people of all ages and backgrounds. In Indiana, about 1 in 16 children (6.0%) have been diagnosed with asthma.

Around 13.2% of children in the Marion County 2025 CHA survey were diagnosed with asthma by a healthcare professional. Data showed that females had higher asthma rates than males (15.0% vs 9.6%), with females being approximately 1.5 times more likely to have asthma.

Figure 152. Selected child health conditions in Marion County, 2025



Data Source: 2025 Marion County Community Health Assessment Survey, DR5895

MARION COUNTY
PUBLIC
HEALTH
DEPARTMENT
Prevent. Promote. Protect.

2025

Perceptions

So far, this report has focused on sharing quantitative data findings—how many county residents have a given health condition, what the leading causes of death are for the county, the percent of individuals facing medical debt, etc. While quantitative data is important, qualitative data—or information from individuals about their thoughts, opinions, and experiences—is also crucial to consider. This section serves to discuss two particular pieces of qualitative data: (1) the summarized results of the Community Context Assessment (CCA) report, and (2) the analysis of two 'perception' questions asked at the end of the CHA survey.

Community Context Assessment Findings

The CCA, as mentioned early in this report, was conducted by the Indiana University Indianapolis Fairbanks School of Public Health in 2025 as part of the broader MCPHD CHA effort.[349] This report involved speaking with multiple individuals about their experiences related to three domains:

- Community Strengths and Assets: what organizations, agencies, programs, etc. exist that are beneficial, and what is lacking
- Built Environment: what physical assets and resources exist, how do community members interact with them, and who do they benefit
- Forces of Change: what past or current events affect the health of the community, including things like natural disasters, changes in policy or regulations, and so on

As detailed in the CCA report (and shown in Table 16), the following community groups and areas were spoken with to help paint a detailed picture of residents' experiences here in Marion County. Some individuals who were experts in their fields spoke one on one with interviewers, while some population groups shared their opinions in small focus groups (roughly 6-12 individuals).[349]

Table 16. Community groups who participated in the CCA, by participation method

Community Group	Participation Method
Asian	Interview
Black or African American	Focus Group
Built Environment	Interview
Burmese	Focus Group
Commerce	Interview
Congolese/African immigrant	Focus Group
Corrections	Interview
Elderly	Focus Group
Haitian	Focus Group
Health care & hospitals	Interview
Hispanic or Latino	Focus Group
LGBTQ+	Focus Group
Muslim	Focus Group
Sikh	Interview
Unhoused	Interview
Veterans	Interview
Youth	Interview

The key findings of this report centered around the three domains mentioned before, and ended with recommendations from participants. For community strengths and assets, participants emphasized the existence of resilience, generosity, and leadership throughout Marion County.[349] Some agencies like faith-based agencies, recovery programs, and civic coalitions are trusted by the community.[349] Marion County is home to cultural richness and entrepreneurial spirit, particularly among our immigrant communities.[349]

When discussing the built environment, stark disparities were noted between neighborhoods, with some areas benefiting more from green space access, bike lanes and sidewalks, affordable housing, and so on.[349] When discussing forces of change, several were highlighted, including economic shifts leading to underemployment and economic instability, policy uncertainty affecting funding and resident stability, social and political polarization, the rising costs of living, and increased stigma negatively affecting resident wellbeing.[349]

Community members made several recommendations as part of the conversations about their experiences, including[349]:

- Increasing community engagement, making things available in more languages, and hosting multilingual listening sessions when engaging with residents
- Expanding culturally tailored services to help individuals better access and engage with care
- Investing in the built environment for everyone, not just for some
- Strengthening cross-sector collaboration among organizations
- Supporting inclusive economic development

For detailed results by community group, and more information related to the key findings summarized here, please review the larger Community Context Assessment report.

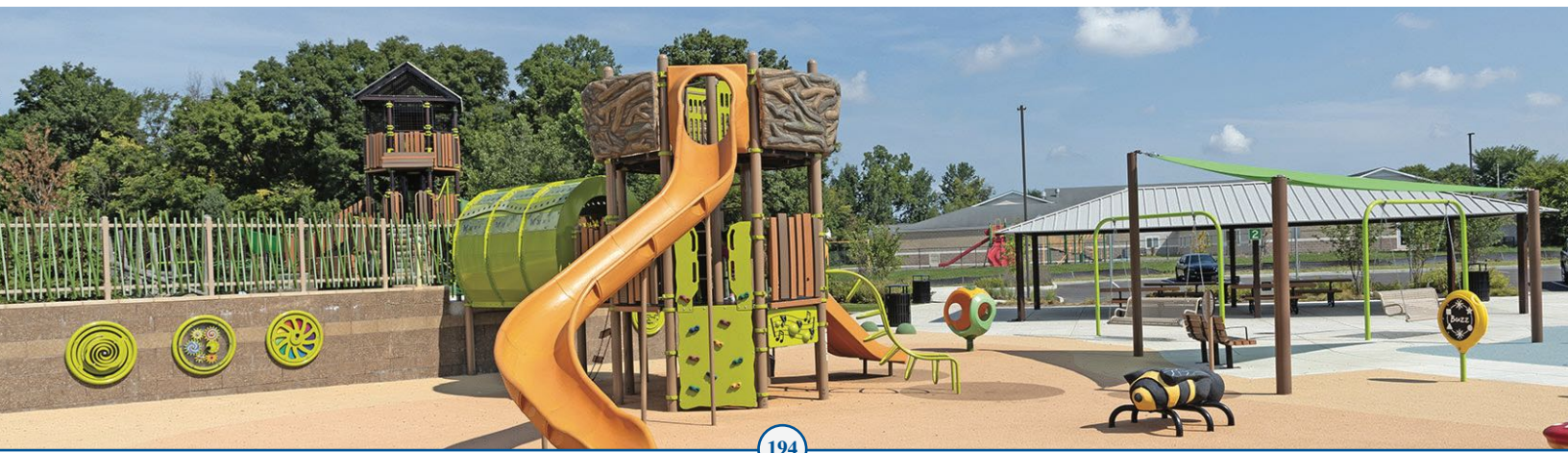
CHA Survey Perception Analysis

While the CHA survey largely asked respondents to select from available answer choices, there were a limited number of open text responses aimed at learning how survey respondents felt about their community. Those questions were:

- What do you like most about the community you live in?
- What do you like least about the community you live in?

To analyze the information provided by participants in those open text questions, qualitative analysis software (NVivo) was used to check for frequency of word usage, with additional manual review of all free text answers performed by MCPHD Epidemiology staff. The following lists show the most frequently mentioned topics and themes in response to the "most liked" and "least liked" things about the community the survey respondents lived in.

- What do you like most about the community you live in?
    - The people: neighbors and friends who look out for one another
    - The community and its diversity
    - Safe, peaceful, quiet, walkable neighborhoods
    - General affordability of living in Marion County
    - Built environment: sidewalks and bike lanes, trails (such as the Monon), proximity to grocery stores, libraries, and faith-based institutions, etc.
- What do you like least about the community you live in?
    - Housing: general housing affordability, dissatisfaction with rental housing (affordability, condition and maintenance, and safety), poor home upkeep in some communities
    - Neighborhoods: Crime and violence (particularly gun violence), lack of grocery stores in some communities, lots of litter and trash, lack of walkability (sidewalks, streetlights), lack of nearby parks and greenspaces, and lack of community events and festivals
    - Social issues including homelessness, substance use, social and political divisiveness, lack of diversity, and racism
    - Traffic, busy streets, and reckless driving with poor road maintenance
    - High taxes



In similar fashion to the CCA, these CHA survey responses suggest that Marion County residents benefit unevenly from built environment improvements and investments like sidewalks, bike lines, trails, grocery store access, parks, and greenways. Some survey respondents found these things to be strengths in their community and others noted the lack of these things where they lived. While many cited the general affordability of Marion County (low cost of living relative to other states and large cities), many others noted that housing in particular was unaffordable (insufficient amount of quality low-income housing), that some rental properties were poorly maintained, and that high taxes were an issue. Traffic, poor road conditions, and reckless driving were also mentioned frequently. A frequent negative cited was neighborhood violence and crime, with gun violence specifically noted.

A strength repeatedly mentioned was the neighbors around the survey respondents—their respect for one another, and the diversity of where they lived. Neighbors were said to look out for one another, contributing to feelings of quiet, tranquility, and safety. In contrast, negatives mentioned by some survey respondents centered around social and political divisiveness, with a lack of diversity present and/or racism experienced. Other social issues brought forward included homelessness and substance use in their community.

These responses highlight that there is no one reality or experience of living in Marion County that applies to everyone within the county boundaries. Some people have overwhelmingly positive feelings that center around the people around them and the amenities available to them. Others feel that they are confounded by lack of access to those same amenities, and at risk of crime and gun violence. What is clear is that gaps exist in our communities. With total community involvement, we can identify and provide the resources needed to help minimize these concerns for Marion County residents.

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Conclusion

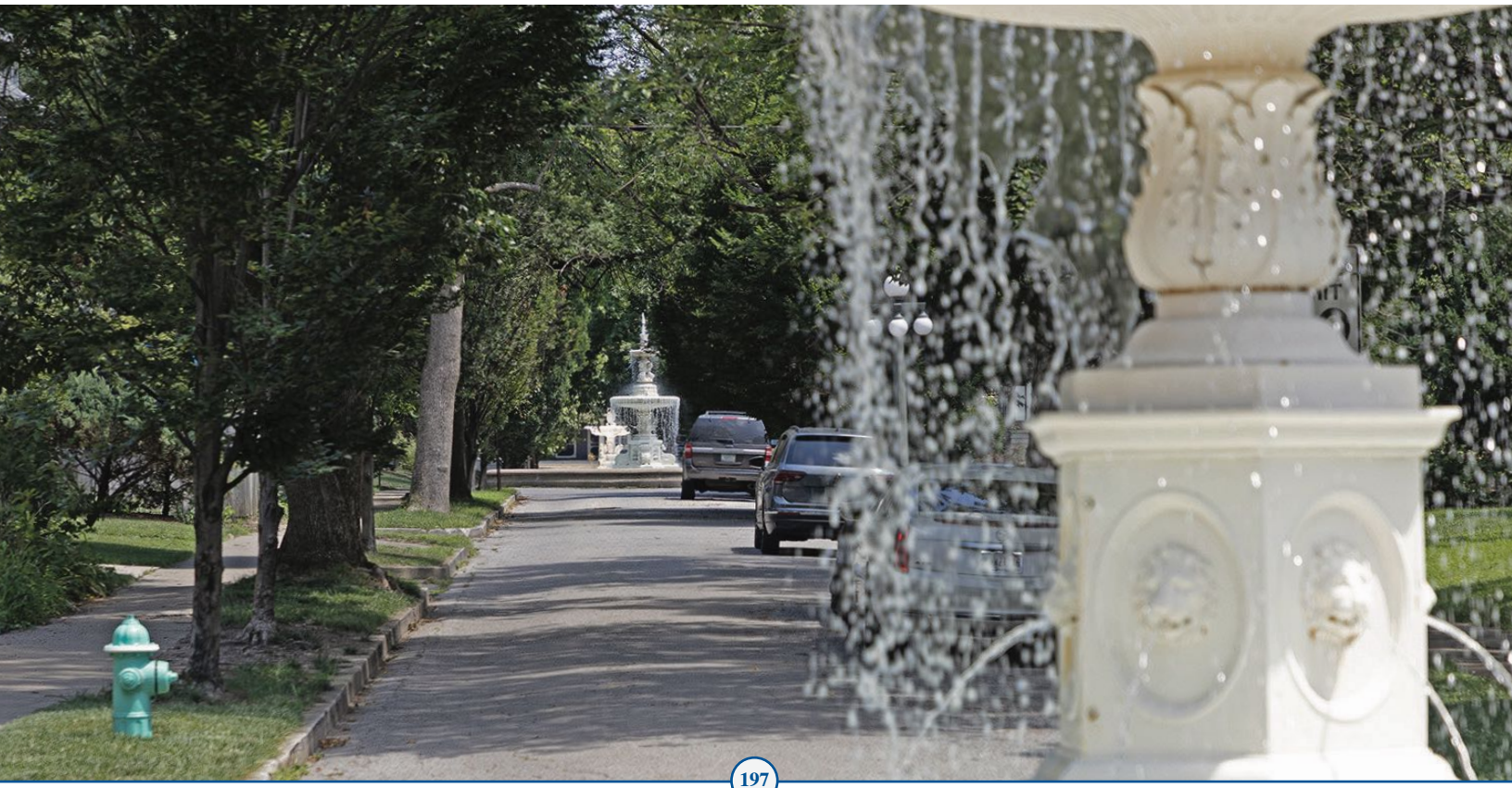
This report is the end product of a multi-year effort led by MCPHD with the unending support of so many incredible partner agencies. With the direct expertise and data from partners and community members, this report tries to show information about Marion County, Indiana residents related to their health, their living conditions, their community, and their environment.

Through this process it's become clear just how engaged and invested the agencies who are trying to help the Marion County community—their tireless dedication, ingenuity, and willingness to band together to support residents. It's also evident that there is a tremendous amount of work ahead of us to support Marion County residents in achieving their best level of health. That work cannot happen alone—it will require collaboration and teamwork from multiple sectors and a commitment from a broad base of community members themselves. While some community members are doing well, living in vibrant, well-maintained communities with easily accessible amenities, others feel neglected, unable to access a grocery store or park conveniently, and fearful of violence in their community.

The challenges ahead are many and shift as the landscape of policy, funding, and resource availability change. But, we are deeply rich in caring, committed, highly talented, energetic Marion County residents with an outstanding healthcare infrastructure (hospitals, community health centers, urgent cares, private offices, an academic medical school, health information exchange, etc.) and partner network, including academic institutions, governmental agencies (Indiana Department of Health, Indy Chamber, City of Indianapolis, etc.), community and civic organizations, and policy makers (including the City Council and County Commissioners). As was mentioned in this report's opening pages, the message throughout this process has been and continues to be:

Your Voice + Your Community Needs + Bold Action. It All Adds Up to Better Health.

Soon, work will begin on a Community Health Improvement Plan for the next five year period. Together, agencies and individuals can best identify and bring together available resources to make a difference in Marion County residents' lives.



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