Columbus in 2025, 2035, and 2050

A Survey of Human Needs Now and in the Future

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Summary of Key Findings

Population

Population projections for the Columbus Metropolitan Statistical Area (MSA) and its 10 component counties have been issued through 2050 by the Ohio Department of Development (ODOD) and the Mid-Ohio Regional Planning Commission (MORPC). The ODOD projections include five-year age brackets and recognize the widely expected slowdown in global population growth in coming years. However, ODOD's projections underestimate population as early as 2025, and previous projections have been uniformly far too low after the fact. MORPC projections are much higher but fail to incorporate the population slowdown.

This study stakes out a middle ground and projects an MSA population of 2.47 million in 2035 and 2.69 million in 2025. Franklin County's population is projected at 1.51 million in 2035 and 1.64 million in 2050

The Columbus MSA population is rapidly aging; this trend will continue. At the same time the number of people under 21 and in their prime working years will slow markedly. The increased need for senior services is already occurring, while the declining need for school facilities and childcare should become apparent during the next decade.

The share of minority populations has been increasing substantially over time, with this trend expected to continue. The share of people of color in the MSA will increase from its current 31% to 35% in 2035 and 39% in 2050. In Franklin County this share will increase from 41% currently to 45% in 2035 and 50% in 2050.

Immigration has been a critical factor in Central Ohio population growth and especially labor force growth. Immigration has been adversely affected by current government policies, but this study argues that in the end the economic impact of immigrants will be inescapable. The number of foreign-born individuals in the MSA is projected to increase from its current 225,800 to 276,200 in 2035 and 325,800 in 2050, with the vast majority in Franklin County.

Household projections are important for poverty and housing analysis. The number of households is projected by applying average household size to the projected household population. This is total projected population less the population in group quarters. Average household size is expected to decline as more people choose to live alone and the share of families with children declines. This results in a household growth rate greater than growth of the household population. The number of Columbus MSA households is projected to increase 23% from 2000 through 2035 compared to a 14.7% increase in household population. The 2035-2050 increase is 10.4% for households but 8.9% for household population. However, the number of households is dependent on the cost, availability, and affordability of housing.

Recent population trends cast doubt on the ability of Central Ohio to sustain its strong growth trend, at least in the nearer term. Population growth is composed of natural increase (births less deaths), domestic net migration, and international net migration. All three components made significant contributions to population growth during the 2010s. Between 2020 and 2024, natural increase slowed due to the aging population. This was offset by a more than doubling in the rate of international net migration. However, the rate of domestic net migration turned slightly negative. The negative attitude of the Trump administration toward even legal immigration is proving to be a powerful deterrent. No information is yet available on the impacts of this shift on Columbus MSA population growth, but it may be substantial – at least in the near term. This policy may be unsustainable given the declining labor force participation rate of the domestic population and the ability of immigrants to fill this gap. Still, the dependence of Central Ohio on international immigration creates a downside risk for the population growth projections.

Labor Force and Employment

Labor force is the number of working-age residents offering their labor services to employers, whether working or looking for work. But because those looking for work must be actively looking, labor force varies over time with the state of the economy and people's optimism or pessimism about finding work. Labor force divided by the working age population (which is all people 16 years and older excluding institutionalized individuals and active-duty military) is the participation rate, which varies over time and by age. The unemployment rate is the number unemployed divided by the labor force.

Projection of labor force, employment, and unemployment typically assumes full employment – an overall unemployment rate of approximately 4%. However, unemployment rates vary by age, with the rate uniformly higher for younger, less experienced workers than for older cohorts.

The projections suggest that labor force growth will slow markedly: growth averaging 0.9% per year between 2025 and 2035, and only 0.6% annually between 2035 and 2050. The share of the labor force 65 years and older will increase from 5.3% in 2025 to 7% in 2035 and 7.8% in 2050. This will make retention of and adaptation for older workers increasingly important.

More than 15,000 adults are in correctional facilities in the MSA. While some will leave for communities outside the region upon release, those who remain will require supportive services. This will benefit them, reduce recidivism, and augment the workforce.

A mismatch between the knowledge, skills, and abilities of workers, including work-ready ("soft") skills and those expected by employers can be a significant barrier to employment. Providing accessible career-focused training is thus important. The demands of childcare and elder care can also keep people out of the labor force. The high cost of professional care is a powerful deterrent for even middle-wage workers. Subsidies are available for childcare to make it more affordable, but no such subsidies are available for elder care. This will become an even greater need as the population ages. Without subsidies a greater number of working-age people will be forced to drop out of the labor force.

Artificial intelligence (AI) is a technology that is still emerging. While its full impact is not yet entirely clear, the impact on employment, training, and the way work is done. Expert analyses do not foresee the widespread layoffs that are a common fear. Relatively few jobs will be *replaced* by AI,

but a majority of jobs will be *assisted* by AI. One analysis found that AI could replace 2.4 million U.S. jobs, but that is only 1.5% of all jobs. This will significantly change important skill needs for jobs and will in many cases require substantial reskilling. In the shorter term, though, significant labor force churn and layoffs are likely.

This need for reskilling and lifelong learning predates the rise of AI. For years, the rapid evolution of technology and skill needs has made ongoing education and training a necessity across the economy. These initiatives should be supported by both private employers and public institutions because both private and public sectors stand to gain from a skilled workforce.

Income, Poverty, and Food Insecurity

Nationally, the difference in income and wealth between high and low-income households has been steadily increasing for more than a generation. However, this trend was mitigated in recent years as income growth of the lowest incomes wages exceeded that of households in higher brackets. The percentage of households with inflation-adjusted income less than $25,000 decreased between 2011 and 2019 as the percentage of households with income greater than $150,000 increased. Both trends stabilized after 2020, however. The percentage of Franklin County households with incomes less than $25,000 has been consistently greater than the Columbus MSA percentage and the percentage with incomes greater than $150,000 has been consistently less.

The Census Bureau determines a family's poverty status based on the family's money income and its composition. Family income is compared to a poverty threshold that varies by family composition. These poverty thresholds are based on standards developed in the early 1960s, though, and are seriously outdated. This is addressed by defining need based on 200% of the poverty threshold or more formally by measuring a living wage based on typical household expenditures based on household composition. The results of these analyses are that needy households have incomes 40% greater to more than 100% greater than the official poverty thresholds.

Projections of the number of local households in need are based on a long-run average U.S. poverty rate of 13.2%. Recent Columbus MSA poverty rates are similar to the U.S. average and Franklin County poverty rates average about 19% higher. This implies a projection of more than 460,000 Franklin County households and more than 633,000 MSA households in need in 2035. By 2050, needy households could total more than 500,000 in Franklin County and 690,000 throughout the MSA. At least two developments could affect these projections. The first is a major disruption in the labor market brought about by AI and other possibly unanticipated technological developments. The second is a change in the pace of residential development that would either increase or decrease the appreciation rate and affordability of housing in Central Ohio.

A 2024 Regionomics study for the Columbus Urban League assessed the distribution of income and wealth across neighborhoods and racial and ethnic groups. The study found that inclusion across neighborhoods ranked favorably (14th) compared to the 53 other MSAs of 1 million or more. However, the rankings of measures of racial and ethnic inclusion were among the worst among the 54 MSAs. This is a serious shortcoming that should be addressed by targeted career counseling, engagement with school districts to improve achievement and focus learning on the skills that employers need. Ultimately, there is a need for a task force focused on improving economic inclusion.

Low income can prevent households from buying enough food to sustain all household members. The U.S. Department of Agriculture estimated that 13.5% of U.S. households were food insecure at least some time during 2023, a statistically significant increase from the 12.8% in 2022. The failure of the wages of low-income households to keep pace with rising food costs has resulted in substantially greater reliance on food banks. According to the Mid-Ohio Food Bank, visits to food banks in the Columbus MSA (excluding Hocking and Perry Counties) totaled more than 1.5 million in 2024, up 119% from 2017. New federal and state budget changes impose substantial cuts and new work requirements to food programs relied upon by needy households.

Housing and Homelessness

Before 2012, house prices in the Columbus MSA generally increased and decreased less than average and the area was less affected by the house price decline of the late 2000s. However, the bust had serious impacts on Columbus neighborhoods such as the Hilltop and the Near East Side. House price growth exceeded the national average more recently. From the second quarter of 2012 through the second quarter of 2025, Columbus MSA house prices increased 76% compared to a U.S. average of 65.7%.

Growth in house prices has reduced availability of affordable housing. Houses with values less than $175,000 in 2024-equivalent dollars comprised 40% of the MSA housing stock in 2013 but only 19% of the total stock in 2024. Meanwhile, houses valued at $300,000 or more in inflation-adjusted dollars increased from 28% of the stock in 2013 to 58% in 2024.

This house price appreciation has also led to rent increases exceeding inflation. While local rents have been consistently less than the U.S. average, the MSA median has increased 26% since 2012 and the Franklin County median has increased 28%. This has also had impacts on affordability. In 2013, 30% of renters paid less than $900 monthly in 2024-equivalent rent. By 2024, that share had declined by nearly half. The share of rental units costing an equivalent $2,000 or more per month increased from 5% in 2013 to 12% in 2024.

The U.S. Department of Housing and Urban Development considers households paying at least 30% of their income on rent or owner housing as being housing cost burdened. Half of renter households and nearly one-quarter of owners with a mortgage were cost burdened in 2024. Further, nearly one-quarter of renters and 10% of owners with a mortgage were paying at least half of their income on rent. These households are especially vulnerable to eviction or foreclosure.

The above-average house price increases in Columbus over the last 13 years can be traced to inadequate housing development that dates to the 2005 housing market peak. After 2005, the increase in housing units (net of estimated unit loss) was less than the increase in households in every year except 2022 and 2024. Between 2005 and 2024, the cumulative increase in households was 189,654 compared to a net housing unit increase of 118,890. This led to a sharp decline in the vacancy rate and limited availability of various housing types – with a likely slowing of population growth.

Projecting future housing requirements should reflect the increase in households, the annual loss in units, and a return to a normal vacancy rate. This leads to an estimated need for 18,000 units per year between 2023 and 2035, including 10,800 in Franklin County. This annual requirement

increases with each year that fewer than 18,000 units are developed. Slower population growth following 2035 results in a smaller annual requirement – 7,500 per year between 2035 and 2050 throughout the MSA, including 4,700 in Franklin County.

Homelessness is a challenge throughout the U.S. and has a variety of causes. The Community Shelter Board (CSB) is the lead agency coordinating homelessness and housing services in Franklin County and maintains an extensive database on homelessness and usage of homeless services. A total of 9,992 unduplicated individuals were sheltered in the CSB network in fiscal 2025. This is nearly one-third greater than the 7,537 individuals sheltered in fiscal 2006, the first year of available data, but one-quarter less than the 13,257 peak in fiscal 2016. Adjusting for population growth, the fiscal 2025 total is down 30% from 2016. Another driver of the need for shelter space is the length of time that people stay in shelters. This has doubled since 2006.

Despite the availability of the shelter system, there are still people living on the streets who are not captured in the statistics discussed above. The only available count of the unsheltered population is CSB's annual January count of the population in shelters and on the street. Although the January 2025 count of 455 was less than the previous two years' totals of 498 in 2023 and 514 in 2024, it was far higher than in most previous years.

Projecting the future need for shelter space must first reflect the fact that the system is currently operating at 25% over its capacity. Population growth and the need to accommodate some of the population on the streets are also factors. The result of these projections is that the required number of shelter units (one individual housed for one night) will total 1,226,300, slightly more than double its 2025 level, and will amount to 1,751,100 in 2050, triple its current level. However, these results are highly speculative and will require frequent monitoring and recalibration.

Health, Illness, and Disability

Total employment in the healthcare and social assistance sector totaled more than 148,200 in 2024, 19% of total Franklin County employment and 21% greater than would be expected in an economy of Franklin County's size. More than 49,800 of these workers are employed in hospitals. Total regional employment was 176,749. The need for new workers is driven both by growth in the number of positions and even more by the need to replace workers who leave their job. Employment in medical occupations was approximately 129,200 in 2024 and is expected to grow 20.9% in 10 years to more than 151,500. But more than 121,900 new workers will be needed to accommodate replacement needs. Together, the projected total need is about 148,200, 118% of all 2024 employment.

Statistics are available for a wide variety of health conditions among adults in Central Ohio. These are used to project future totals. Currently, about 262,600 adults in the Columbus MSA are experiencing fair or poor general health. This is projected to increase to 299,300 in 2035 and 327,200 in 2050. Other noteworthy conditions are poor mental health (321,000, growing to 360,100 in 2035 and 386,600 in 2050), depression (435,800, growing to 491,300 in 2035 and 529,200 in 2050), diabetes (177,100, growing to 205,400 in 2035 and 230,000 in 2050), and cancer (186,200, growing to 218,100 in 2035 and 246,100 in 2050). However, smoking rates have been declining for decades and are projected to continue to fall – albeit at a slower rate. The estimated total of 192,300 current smokers in Central Ohio is projected to fall to 143,500 in 2035 and 44,900 in 2050.

According to the Franklin County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board, 22.3% of Franklin County residents met the diagnostic criteria for any mental health disorder and 8.3% met the criteria for substance use disorders in 2018. Calls to local crisis support hotlines totaled 95,267 in 2024, up 40% in two years. However, this may be partly due to the introduction of the easy-to-remember 988 suicide and crisis prevention phone number in July 2022. Deaths from drug overdoses and suicides are the tragic outcome of some of these conditions. Drug overdose deaths totaled 460 in 2024, while suicide deaths totaled 182.

ADAMH estimated that 36% of Franklin County adults had a need for services in 2024. Two-thirds of these needs were met, meaning that 11% of Franklin County adults, or between 48,000 and 80,300, had unmet needs for mental health services. Of the 23% of Franklin County youth between 5 and 17 years with service needs, only 10% had their needs met, leaving between 8,500 and 22,400 youth suffering with unmet mental health needs. The newly opened Franklin County Crisis Care Center is designed to improve this response, at least for adults.

About 12.6% of the populations of Franklin County and the Columbus MSA had some form of disability in 2024. Although the MSA rate significantly increased from 2010, the rates remain significantly less than the national average. The same is true of most of the six specific disabilities with available estimates. Among these, 5.5% of MSA adults had an independent living difficulty and 6.1% had a cognitive difficulty. Age-specific estimates are used to project future numbers of MSA and county residents with some form of difficulty. The current total of about 301,100 individuals with some form of disability is projected to increase to 354,100 in 2035 and 412,800 in 2050. The present total of 100,700 with an independent living challenge is projected to increase to 117,100 in 2035 and 130,100 in 2050. The projections suggest a greater need for support and perhaps supportive facilities in coming years, but future technological advances may allow individuals to mitigate or overcome some of these conditions.

I. Introduction

"Answer me one question. Are these the shadows of the things that Will be, or are they shadows of the things that May be only?"
— A Christmas Carol, *Charles Dickens*

This study was commissioned by Columbus City Council and the Human Service Chamber of Franklin County to understand and prepare for community needs in coming years. The study updates portions of a 2015 Regionomics study, *Columbus in 1980, 2015, and 2050*, but focuses on current conditions and speculates on possible conditions in 2035 and 2050. This study includes projections of population and age, the foreign-born population, labor force and employment, income and poverty, housing and homelessness, health, and disabilities. Most of these projections are based on the relationship between local conditions, national conditions, and national projections.

To answer Scrooge's question above, the projections in this study are based on current trends and current knowledge, which will almost certainly be impacted and changed by future events that are currently unknown. Some of these events will be positive for future community characteristics and trends; others will be negative. But like Scrooge, the actions that we take now and in the future can mitigate at least some of the negative trends and enhance some of the positive ones. As stated in the earlier study, "As will become clear, some of these speculations are on more solid footing than others, but all are uncertain. The goal is to begin a conversation rather than end it."

In any case, the projections in this study are not forecasts, as is true of any projection. Forecasts consider actual current and anticipated economic conditions to predict outcomes, so these can reasonably be developed only a year or two in advance. A projection does not – and cannot – consider unknowable future economic conditions or demographic changes. Rather, a projection uses whatever likely future conditions are currently known and makes an array of assumptions to translate current conditions into future conditions.

Human service needs do not respect community or county boundaries. For this reason, the study considers both Franklin County and the current 10-county Columbus Metropolitan Statistical Area – Delaware, Fairfield, Franklin, Hocking, Licking, Madison, Morrow, Perry, Pickaway, and Union Counties. It is hoped that the results will help the community develop strategies to improve the wellbeing of all of us who live – and will live – in Central Ohio.

II. Population

Population Growth

Projected population is the basis for all subsequent topics in this study, so these projections must be developed with care. Population changes during a period are an identity:

Population change = (Births – Deaths) + (Movers in – Movers out)

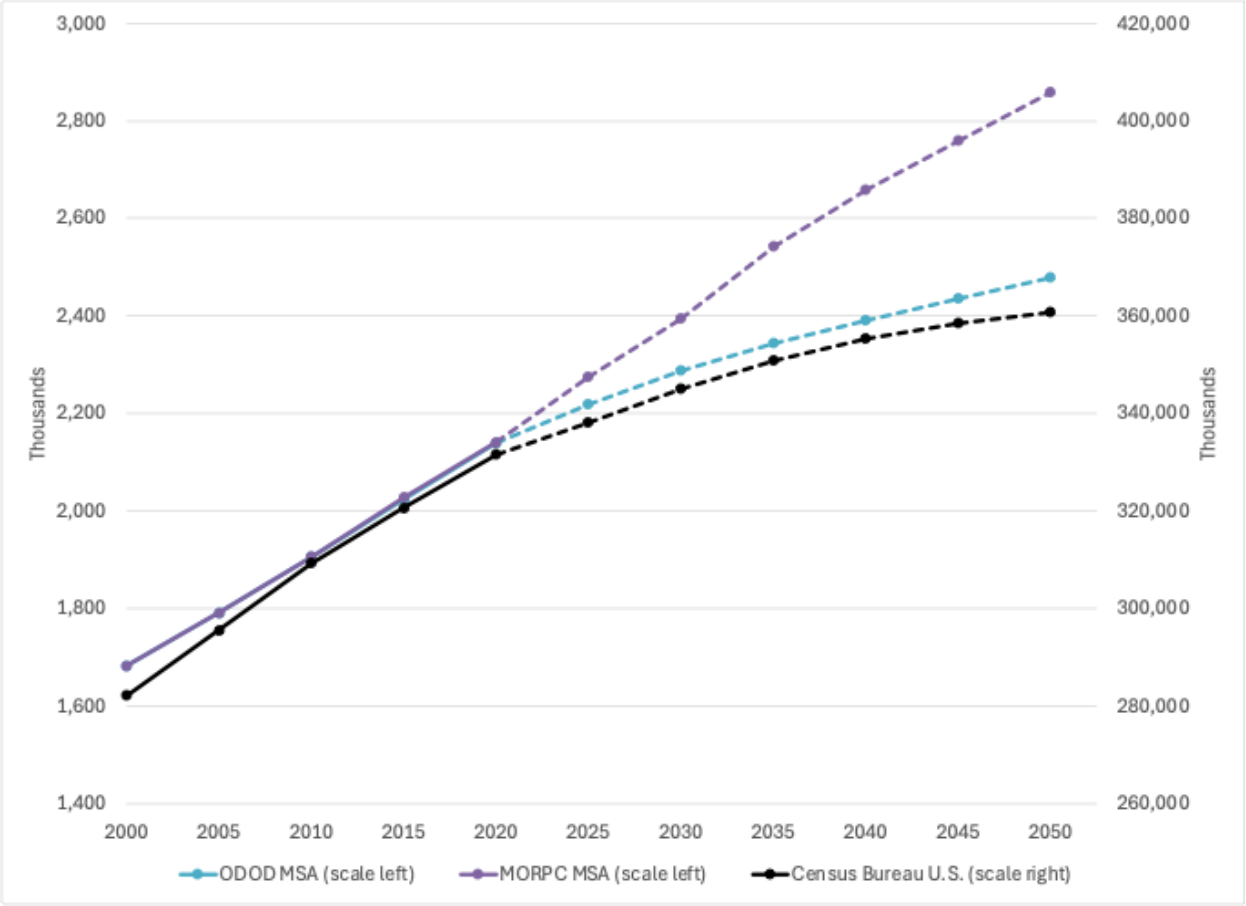
Births less deaths are referred to as the natural increase, which can be negative. Movers in less movers out are net migration, which can also be negative. Natural increase is fairly easy to project in the aggregate based on mortality trends – unless there is a pandemic, war, or similar disruptive event. Projecting net migration is far more difficult. It depends on economic growth locally versus that in other places, local tax policies, the availability and affordability of acceptable housing, individual preferences, political factors, reputation of the region, and many other factors. One factor that may become important in coming years is climate migration. As the Western U.S. and other parts of the world become hotter, drier, and increasingly subject to natural disasters such as fires and floods, there may be a migration to the Midwest where these factors are less of a worry. This possibility certainly exists, but it is not factored into current projections. The scale of any climate-driven shift is still speculative, and it is likely to increase population in a broader area than the region or the state.

The key point driving future population is a significant slowing in growth driven by demographic changes.[1] This is a global phenomenon. World population is currently 8.16 billion, according to the Census Bureau's Population Clock. Population will peak at 10.3 to 10.4 billion in the mid to late 2080s and then begin to fall, according to the United Nations Population Division. The Census Bureau's U.S. population projections predict a peak of 369,363,000 in 2080. The projections end in 2100 with a population of 365,558,000. The primary reason for slowing population growth is a declining birth rate, primarily in wealthier nations. A fertility rate of 2.1 live births per female is considered to be the rate at which population remains constant. The current fertility rate in the U.S. is 1.7 and China's is 1.2. About 50% of all nations have fertility rates lower than 2.1.

The Office of Research of the Ohio Department of Development (ODOD) releases county-level population projections approximately every five years. The most recent projections were issued in 2023. These projections are available for five-year intervals through 2050, and for five-year age cohorts. Figure 1 compares the ODOD projections to Census Bureau projections for the U.S. and a second local projection by the Mid-Ohio Regional Planning Commission (MORPC). Like the ODOD projections, MORPC provides projections at five-year intervals. MORPC's age-specific information is far more limited, though: younger than 18 years, 18 to 64 years, and 65 years and older. This makes the MORPC projections less useful for a number of human service need factors analyzed in this study.

[1] Katie Peek (2022, December 7) Global population growth is slowing down. Here's one reason why. *Scientific American*. https://www.scientificamerican.com/article/global-population-growth-is-slowing-down-heres-one-reason-why/

Figure 1: Comparison of MORPC, ODOD, and U.S. Census Historical and Projected Population



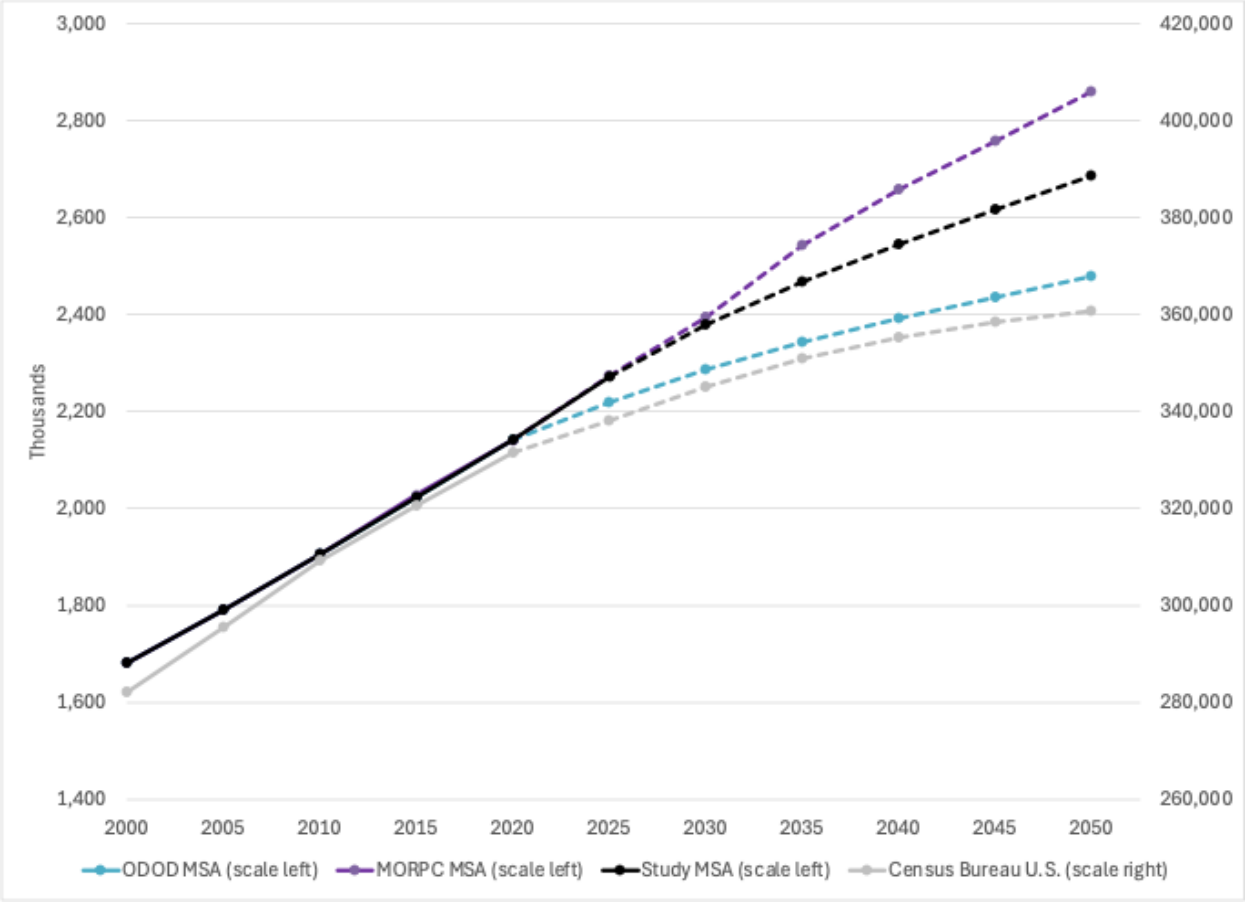
Note: Dashed lines are projections.
Source: Population Estimates Program and Population Projections, U.S. Census Bureau; Projected 2050 County Populations, Ohio Department of Development; and Central Ohio Population Resource Hub, Mid-Ohio Regional Planning Commission.

Unfortunately, past ODOD projections have consistently underestimated Columbus MSA growth. The most recent population estimates from the Census Bureau show the MSA with a population of 2.225 million in 2024. Projections from 2013 called for a 2025 population of 2.142 million, while those from 2018 projected 2.192 million and the current 2023 projections were for 2.218 million, 7,000 less than the Census Bureau estimate for 2024. Apparently, the net migration assumptions in the ODOD projections rely too heavily on the slow migration rate at the state level. The assumed slower rate of growth compounds over time and may well result in a substantial understatement of population and human needs in later years. On the other hand, the level of net migration implicitly assumed in the MORPC projections may be overly aggressive. As discussed above, the slowdown in population growth is a national and global phenomenon, so future population might not be available to supply the growth assumed by MORPC.

The solution is to stake out a middle ground by using historical underestimates in the ODOD projections to adjust current projections upward. The result is graphed in Figure 2, which compares the result to the ODOD and MORPC projections for the MSA and the Census Bureau projections for

the U.S. The MORPC projections are for 2.86 million in 2050, a 34% increase from 2020.[2] The ODOD projection is for 2.48 million, a 16% increase. The projections derived for this study call for 2.69 million, a 25% increase. Tying the projections to those from ODOD ensures that the impacts of shifting national demographics are reflected.

Figure 2: Comparing the Study Projections to the ODOD and MORPC Alternatives



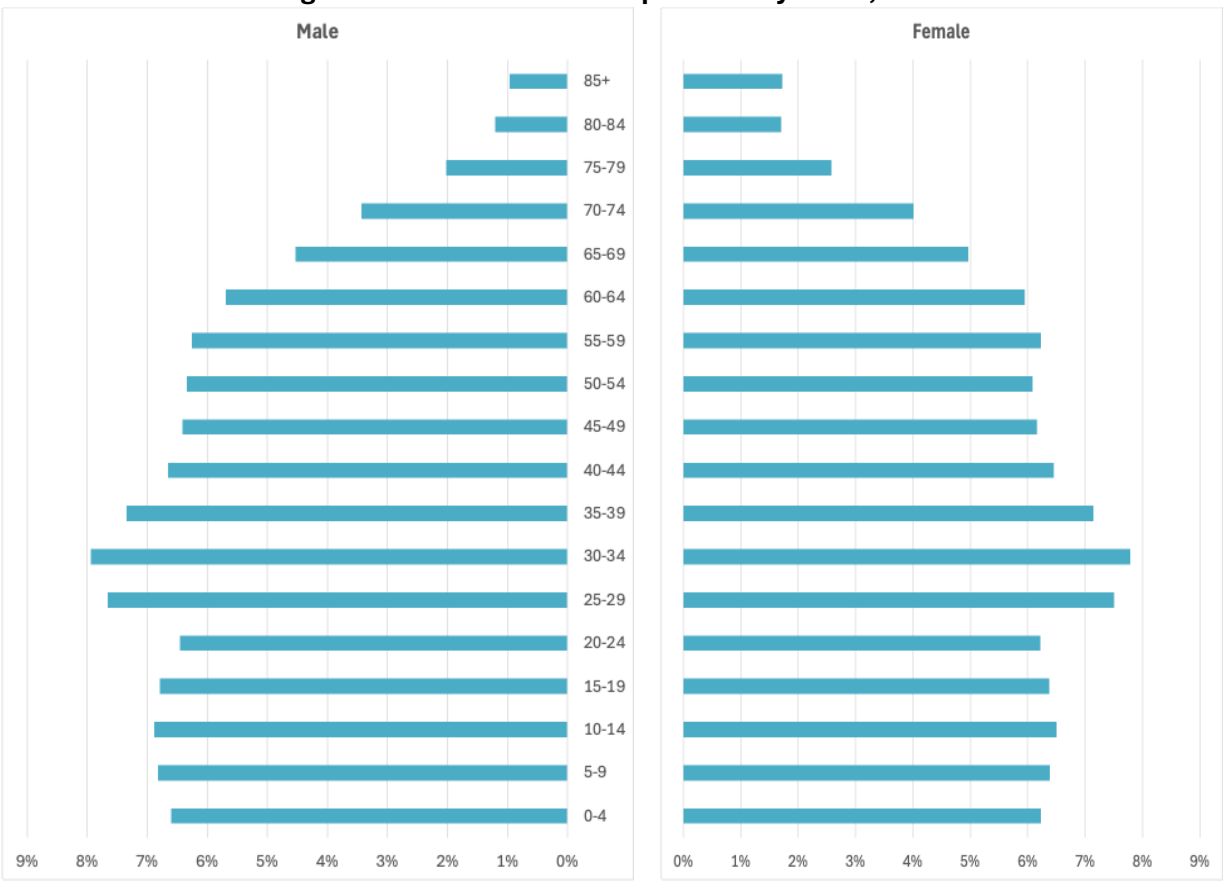
Population Demographics

Just as important to future human needs as population growth is the demographic composition of that growth. This section considers four factors of demographic change: population age, racial and ethnic composition, the immigrant population, and households.

Age. The most significant age-related factors driving human needs and the Central Ohio are the massive increase in the senior population and the smaller growth of the populations under 21 and in their prime working years. Figures 3, 4 and 5 present age distributions (population pyramids) for the Columbus MSA in 2020, 2035, and 2050. The features of these charts to notice are the upward shift of the population over time and the increase of the share of population in the oldest age groups.

[2] MORPC's projection of 3.15 million in 2050 is for the larger 15-county MORPC area.

Figure 3: Columbus MSA Population Pyramid, 2020



Source: Population Estimates, U.S. Census Bureau.

Figure 4: Columbus MSA Population Pyramid, 2035

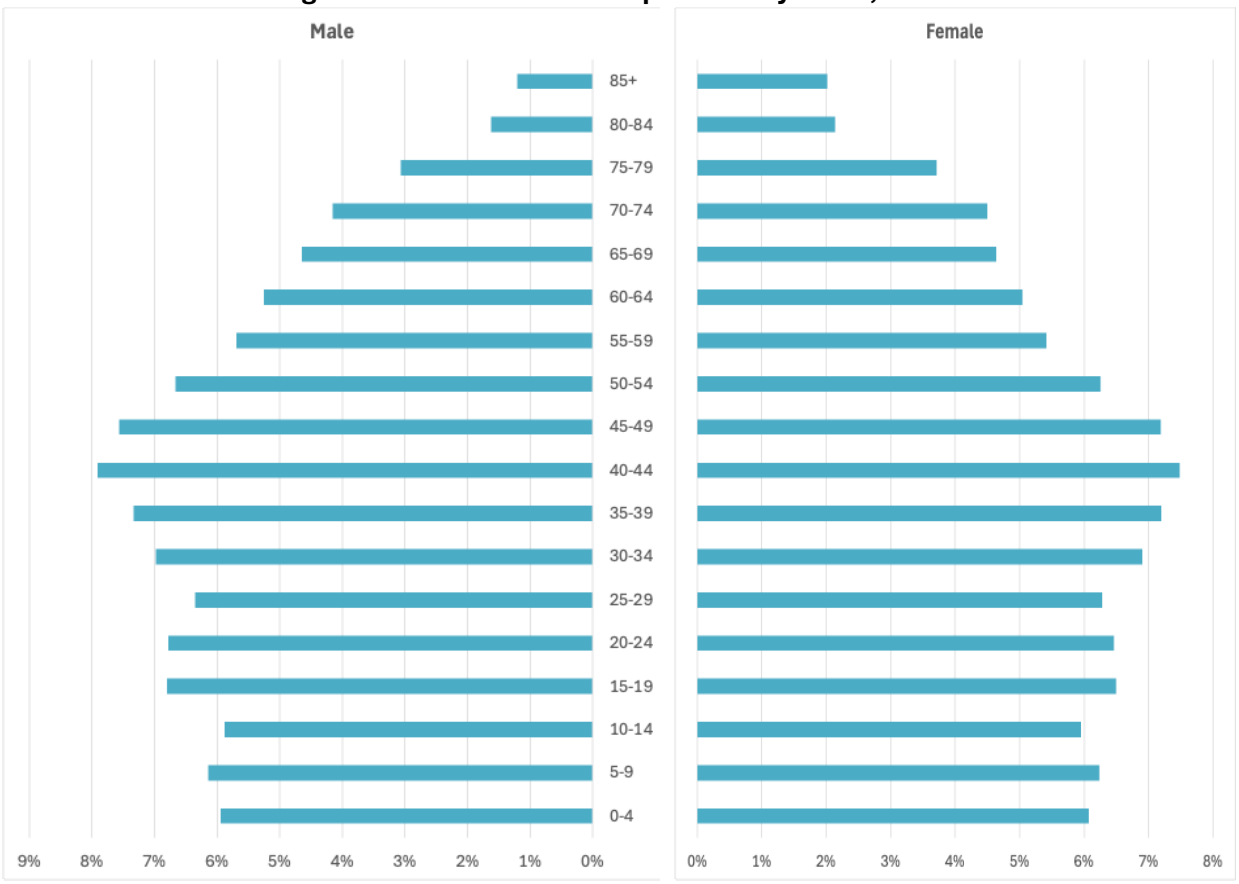


Figure 5: Columbus MSA Population Pyramid, 2050

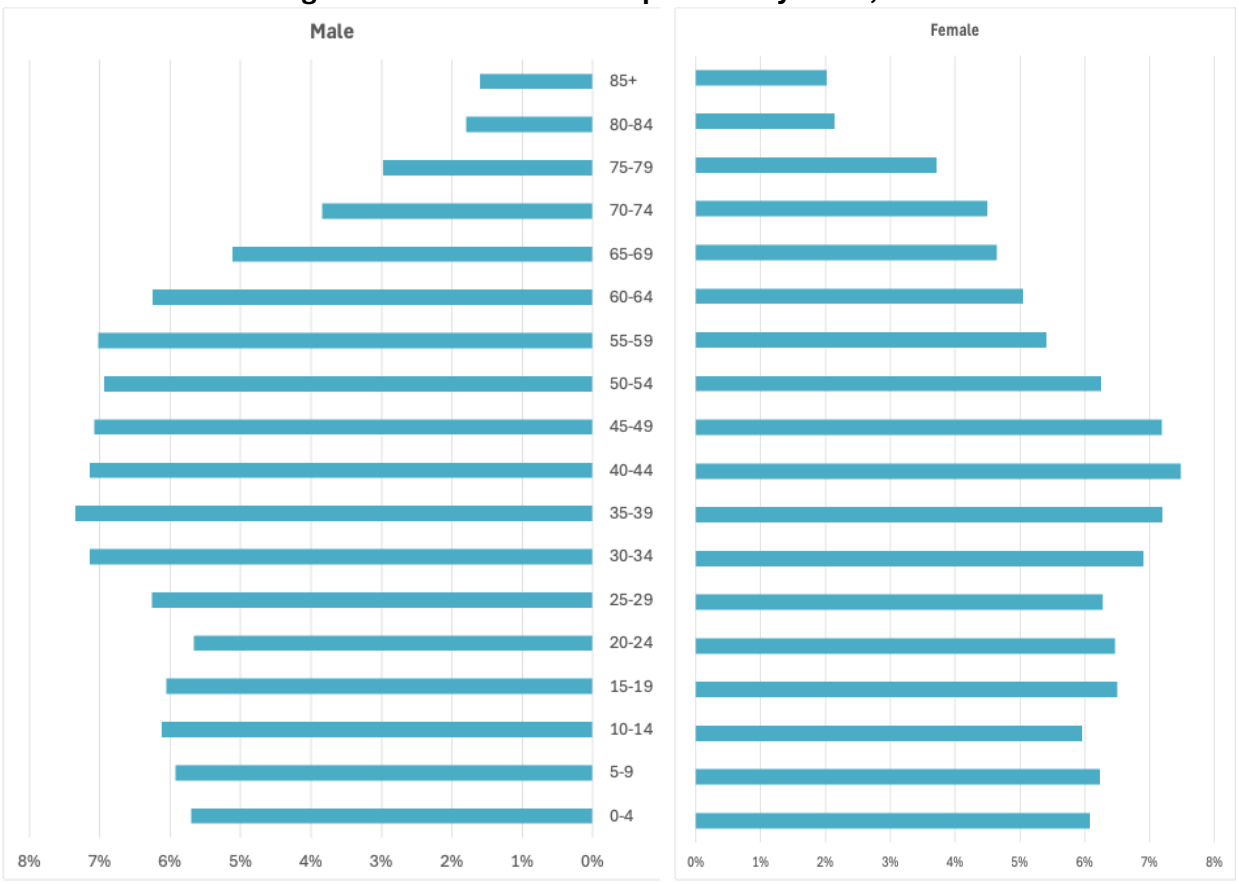


Table 1 gives another perspective on these age shifts with the historic and projected number of Columbus MSA and Franklin County residents in broader age brackets over time. These age brackets reflect the population of children, young adults graduating from high school, attending college and/or entering the labor force, adults at the maximum level of workforce participation, older adults in many cases still working but contemplating retirement, younger seniors, and the elderly in increasing need for support and services.

The increased need for senior services is clear as far in the future as 2050 when many of even the younger Baby Boomers will have died. The slower growth of the prime working age groups (25-64) is also apparent but is a trend that has been predicted for years. The slowdown in growth and in some cases outright decline of the two youngest groups suggests declining need for school facilities and children's services such as childcare.

Table 1: Historical and Projected Population and Population Growth, 2000-2050

Age	2000	2020	2035	2050	2000-20	2020-35	2035-50
Columbus MSA							
0-14	362,284	422,099	447,146	479,025	16.5%	5.9%	7.1%
15-24	245,750	276,638	327,414	317,936	12.6%	18.4%	-2.9%
25-49	663,789	760,795	878,312	931,364	14.6%	15.4%	6.0%
50-64	239,938	391,368	423,536	526,504	63.1%	8.2%	24.3%
65-74	93,472	181,563	221,535	239,999	94.2%	22.0%	8.3%
75+	76,835	109,432	170,058	191,310	42.4%	55.4%	12.5%
Total	**1,682,068**	**2,141,895**	**2,468,002**	**2,686,139**	**27.3%**	**15.2%**	**8.8%**
Franklin County							
0-14	227,480	262,247	272,701	284,671	15.3%	4.0%	4.4%
15-24	167,891	174,449	216,576	203,570	3.9%	24.1%	-6.0%
25-49	429,496	498,492	548,574	582,168	16.1%	10.0%	6.1%
50-64	142,709	226,335	248,781	319,270	58.6%	9.9%	28.3%
65-74	56,701	102,293	123,636	142,070	80.4%	20.9%	14.9%
75+	47,741	59,991	95,214	106,797	25.7%	58.7%	12.2%
Total	**1,072,018**	**1,323,807**	**1,505,481**	**1,638,545**	**23.5%**	**13.7%**	**8.8%**

Source: Population Estimates, U.S. Census Bureau; Population Projections, Ohio Department of Development.

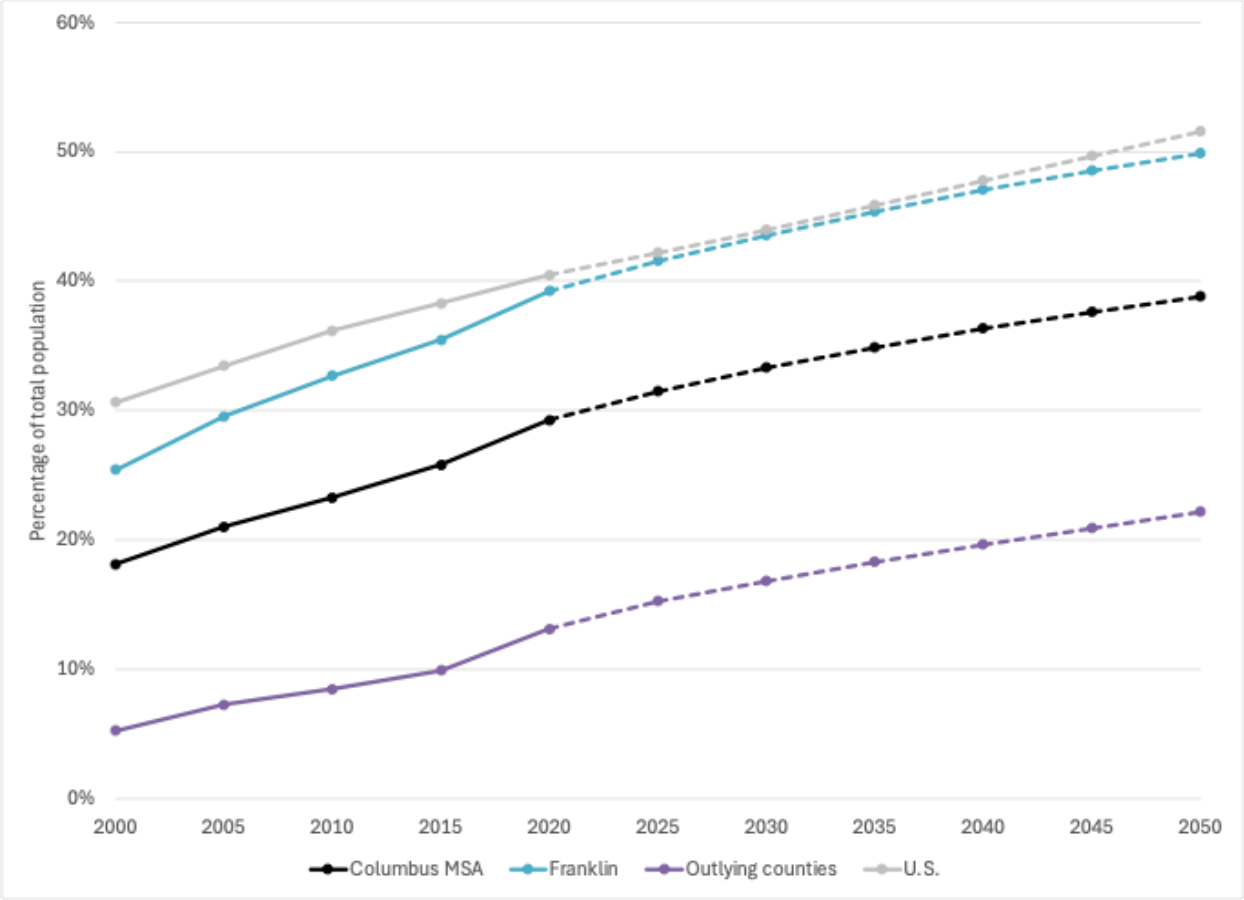
Race and Ethnicity. Local and national populations are becoming steadily more diverse, with the share of minority populations increasing substantially over time. The Census Bureau defines five primary racial categories: White, Black or African American, American Indian and Alaska Native, Asian, and Native Hawaiian and other Pacific Islander. People are also allowed to define themselves in multiple racial categories as appropriate. The Hispanic and Latino/a population[3] is the fastest-growing group. However, Hispanic and Latino/a identity is an ethnicity, not a race. These individuals can be of any race. Thus, people of color include all the non-White racial groups

[3] The terms "Hispanic" and "Latino/a" are often used interchangeably, but they are not the same. Hispanic individuals are those with origins in a Spanish-speaking country. Latino/a individuals are those from or with origins in a Latin American country – Central America, South America, and the Caribbean. People from Spain are Hispanic but not Latino/a. People from Brazil (where Portuguese is spoken) are Latino/a but not Hispanic. People from Mexico and most other Central and South America countries are both.

listed above plus the subset of the White population that is Hispanic or Latino/a. (Including the total Hispanic population would introduce double counting.)

The ODOD and MORPC population projections discussed earlier do not include projections by race/ethnicity, but the U.S. projections do. These show minority populations continuing to increase through 2050 and beyond. The 2000-2020 Franklin County and outlying county population shares computed from the Census Bureau's population estimates are projected forward based on the U.S. shares and these shares are multiplied by the projected population totals to project population totals for each race and ethnic group. Figure 6 shows the historic and projected percentages of all people of color (POC) locally and nationally. All POC shares have been, and are expected to remain, below the national average – although Franklin County just barely so. As the POC population share increases the non-Hispanic White share decreases commensurately. The Franklin County share decreases from 74.6% in 2000 to a projected 50% in 2050. The MSA share falls from 81.9% to 62% over the same period.

Figure 6: Historic and Projected People of Color Population Shares, 2000-2050

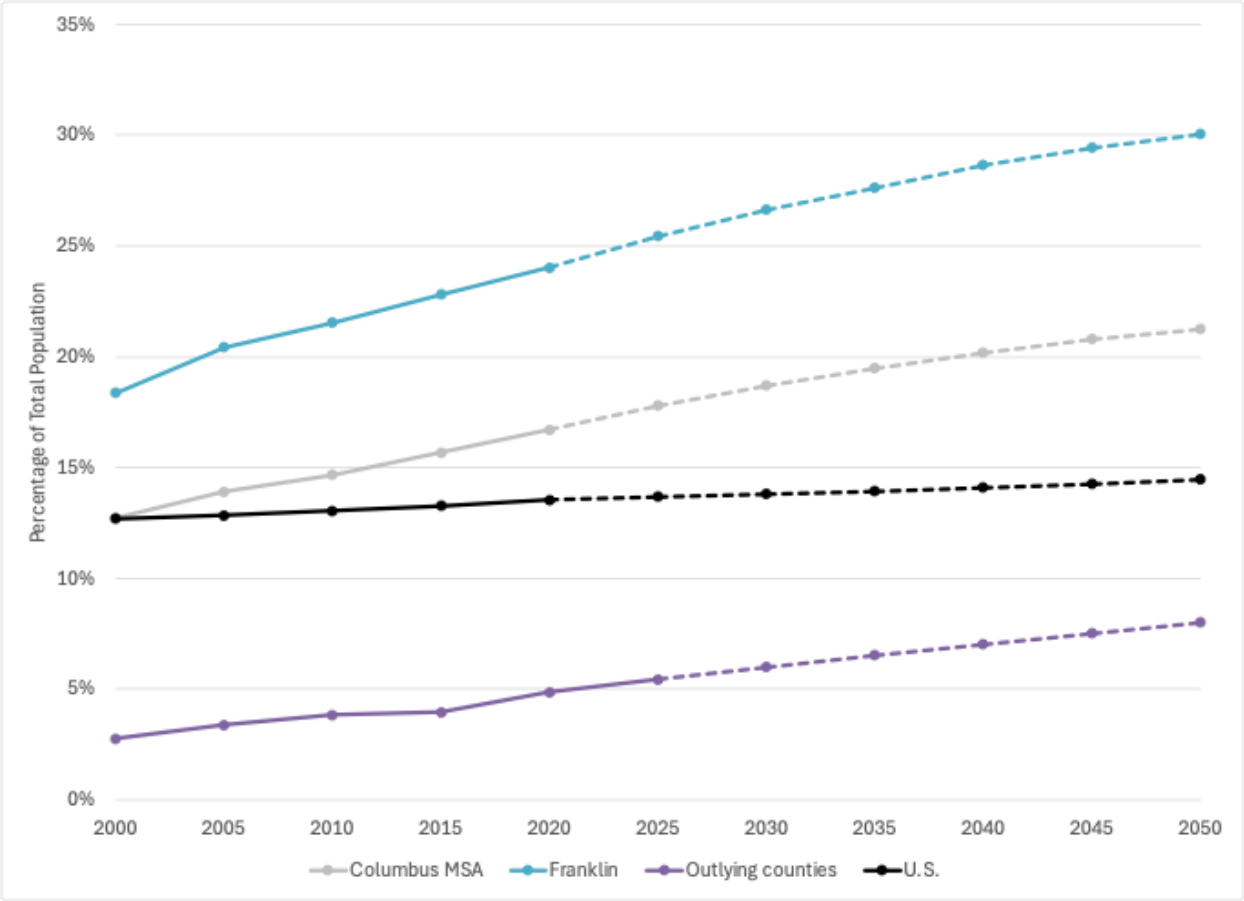


Source: Derived from Population Estimates and Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

There are also local versus national differences in the composition and growth of the POC population. As graphed in Figure 7, the greatest difference is in the Black and African American population. The U.S. population share has increased only slightly since 2000 while the shares in both Franklin County and the outlying counties have increased more rapidly. Both trends are

projected to continue, although the local trends are projected by the author to increase at a decreasing rate.

Figure 7: Historic and Projected Black or African American Population Shares, 2000-2050

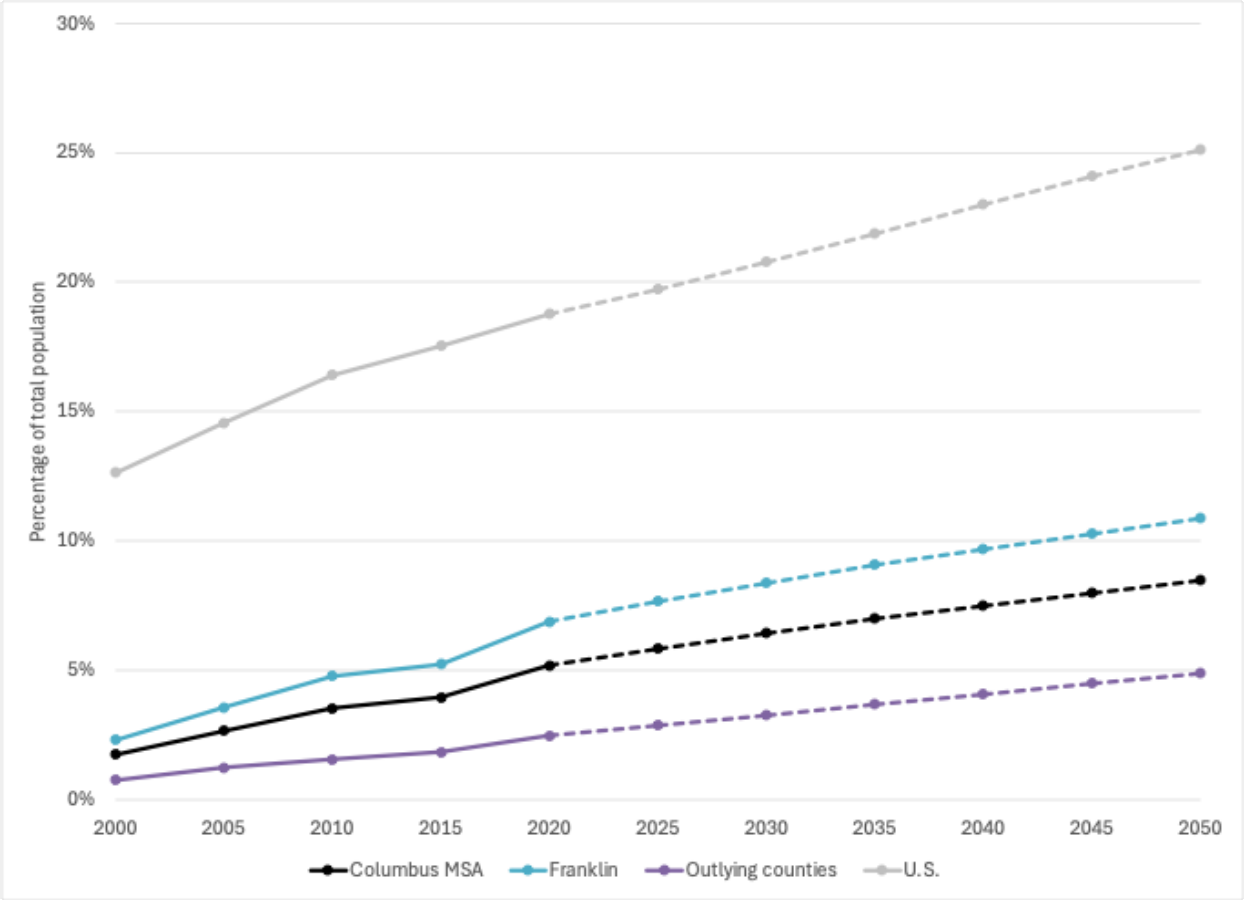


Source: Derived from Population Estimates and Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

While the share of the Black/African American population is greater than average in Franklin County and the Columbus MSA, the share of the Hispanic/Latino/a population is less than average. This is the fastest-growing minority population both nationally and locally. While the population share is projected to remain below average, it is expected to continue to increase consistent with the expectation nationally. This is shown in Figure 8. The Census Bureau projects the U.S. Hispanic/Latino/a population to reach 25% of the total by 2050. The local projections are that this population will reach 11% in Franklin County and 8.5% in the Columbus MSA. Projections are also made of the share of Hispanic White to total Hispanics; this will decrease slightly over time. The result of this calculation also provides the number of non-Hispanic Whites.

The results of these calculations and similar calculations for other population groups are shown in Table 2 for 2000, 2020, 2035, and 2050.

Figure 8: Historic and Projected Hispanic/Latino/a Population Shares, 2000-2050



Source: Derived from Population Estimates and Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

Table 2: Population by Race and Ethnicity, 2000, 2020, 2035, and 2050

Race/ethnicity	2000	2020	2035	2050
Columbus MSA				
Total	**1,682,068**	**2,141,895**	**2,468,002**	**2,686,139**
One race	1,659,062	2,078,670	2,380,607	2,574,903
White	1,402,108	1,604,542	1,744,588	1,813,496
Non-Hispanic White	1,377,369	1,514,763	1,609,422	1,637,352
Black or African American	213,700	357,791	478,538	575,664
American Indian and Alaska Native	4,473	6,806	7,929	8,629
Asian	38,115	108,312	148,151	175,590
Native Hawaiian and Other Pacific Islander	666	1,219	1,401	1,525
Two or More Races	23,006	63,225	87,395	111,236
Hispanic or Latino	29,452	111,298	172,040	229,311
Hispanic White	24,739	89,779	135,167	176,144
Franklin County				
Total	**1,072,018**	**1,323,807**	**1,505,481**	**1,638,545**
One race	1,054,572	1,278,009	1,444,361	1,562,192
White	820,203	877,165	929,794	957,903
Non-Hispanic White	799,571	804,159	823,213	822,105
Black or African American	196,845	317,945	415,776	491,850
American Indian and Alaska Native	3,041	4,460	5,072	5,520
Asian	33,946	77,587	92,751	105,865
Native Hawaiian and Other Pacific Islander	537	852	969	1,055
Two or More Races	17,446	45,801	61,119	76,353
Hispanic or Latino	24,815	91,032	136,645	178,217
Hispanic White	20,632	73,006	106,581	135,798

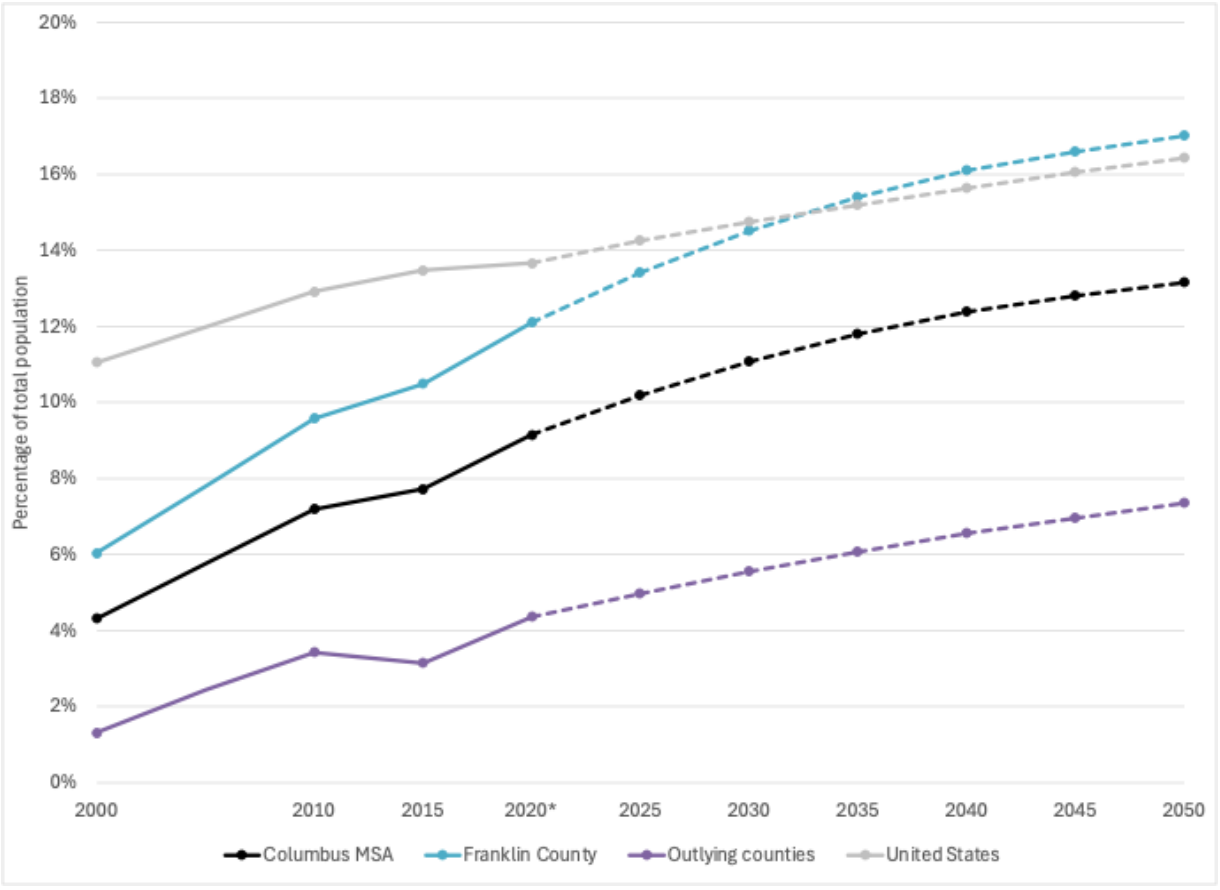
Source: Derived from Population Estimates and Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

Immigration. Immigrants from other countries make important contributions to Central Ohio's population and labor force growth. Between 2010 and 2023, the number of foreign-born residents of the Columbus MSA increased 85,000, 31% of our total population increase based on analysis of estimates from the Census Bureau's American Community Survey (ACS). These estimates also reveal that foreign-born individuals in the MSA labor force increased 65,500 – 53% of the region's total labor force increase. These individuals make important contributions but also have unique needs as they settle in an unfamiliar country and seek to make a living. These needs are discussed later in the report. At the national level, the Congressional Budget Office's most recent Long-Term Budget Outlook stated that without immigration, the U.S. population would begin to decline as soon as 2033.

Foreign-born individuals comprise a smaller-than-average share of the total population, but one that is growing at a faster-than-average pace. This is documented in Figure 9 and Table 3. The source for these estimates is the 2000 census and the ACS, but ACS estimates are not available before 2010. Estimates for 2020 were not issued because impacts of the pandemic made these estimates unreliable. Estimates for that year are averages of those for 2019 and 2021. Projections of the number of resident immigrants assume that the rate of increase in foreign-born immigrants will continue above average but slow, especially in Franklin County. The growth rate in outlying counties is not predicted to slow as much as in Franklin County. These counties' increasing

urbanization will attract a greater share of immigrants and their very low percentages of immigration will increase.

Figure 9: Percentage of Foreign-Born Individuals in Columbus MSA Counties and the U.S.



Source: 2000 Census, American Community Survey, Population Estimates and Population Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

Table 3: Estimates and Projections of Foreign-Born Individuals in Columbus MSA Counties

	Franklin County		Outlying counties		Columbus MSA	
Year	Number	Percent	Number	Percent	Number	Percent
2000	64,670	6.0%	7,962	1.3%	72,633	4.3%
2005	n/a	n/a	n/a	n/a	n/a	n/a
2010	111,715	9.6%	25,372	3.4%	137,087	7.2%
2015	131,969	10.5%	24,119	3.1%	156,089	7.7%
2020*	160,256	12.1%	35,671	4.4%	195,927	9.1%
2025	183,825	13.4%	41,976	5.0%	225,801	10.2%
2030	204,353	14.5%	48,784	5.6%	253,137	11.1%
2035	221,269	15.4%	54,921	6.1%	276,190	11.8%
2040	234,366	16.1%	61,366	6.6%	295,732	12.4%
2045	244,555	16.6%	66,954	7.0%	311,510	12.8%
2050	252,940	17.0%	72,864	7.4%	325,805	13.1%

*2020 ACS estimates not released. These are averages of 2019 and 2021 estimates.

Source: 2000 Census, American Community Survey, Population Estimates and Population Projections, U.S. Census Bureau; Population Projections, Ohio Department of Development; and author's projections.

The federal government has taken a highly aggressive stance toward immigration. This is likely to depress growth in the short term. The projections assume these measures will not impact immigration over the longer term. There may be political changes, but the largest factors preventing a long-term immigration decline are likely to be economic. The State of Georgia enacted a highly restrictive immigration law, House Bill 87, in 2011. A University of Georgia study estimated resulting crop losses from a shortage of more than 5,000 farmworkers totaled $140 million in the first year, with other labor shortages in construction, hotels, and restaurants. These shortages caused indirect impacts throughout the state's economy; immigrants are consumers as well as workers. A U.S. appeals court struck down multiple provisions of the law in 2013. Certain factions of the public may prefer little or no immigration, but in the long run, economics will win out.

Households

For several reasons, it is important to understand the type of groups in which people live and how these are changing over time. Income and poverty are most helpfully measured for households, but most important, the number of households defines the demand for housing units. A household consists of one or more people occupying a housing unit. A family consists of two or more *related* people (by birth or marriage) occupying a housing unit. So, all families are households, but not all households are families. Nonfamily households include individuals living alone, unrelated roommates, and unmarried romantic partners.

Appendix Table A-1 categorizes the primary household types and provides totals for the Columbus MSA, Franklin County, outlying MSA counties, and the United States, using information from the ACS. There are significant differences among the share of household types among the United States, Franklin County, and the outlying MSA counties. Married couple families comprise a smaller-than-average share of Franklin County households. As of 2023, these made up 36% of Franklin County households but 56% of households in the outlying counties. These are 47% of all households nationwide. Individuals living alone are more common than average in Franklin County. These constitute 34% of all Franklin County households, but 29% of households nationwide and 24% of MSA households in other counties. The distribution of household types in the MSA is a blend of Franklin and the outlying counties – with a tilt toward conditions in Franklin County, given that nearly 64% of all MSA households are in Franklin County.

Married couple families have declined slightly since 2010 as a percentage of all households locally and nationally. On the other hand, the share of nonfamily households has increased, especially people living alone. These constitute 34% of Franklin County households, 24% of those in outlying counties, and 29% of those nationwide.

Group Quarters Population. Projection of households must reflect the fact that not all residents are members of households. Some individuals live in group quarters – college dorms, rehabilitation centers, nursing homes, correction facilities, and the like. Estimating the group quarters population and deducting this from total population is the first step in projecting the number of households. The group quarters population is available from the 2000, 2010, and 2020 censuses. Annual estimates are available from the ACS, but these are subject to sampling error.

A detailed allocation of the group quarters population has implications both for projecting this population and for analysis of human needs. The group quarters population from the three most recent censuses is detailed in Table 4. The two primary categories of group quarters are

institutional and noninstitutional – a difference relevant for labor force calculations. The group quarters population in facilities such as jails and prisons, nursing homes, and similar facilities that make them unable to work. In contrast, residents of college dorms can and often do work.

Table 4: Group Quarters Population, 2000, 2010, and 2020

Group quarters type	2000		2010		2020	
	Number	Pct	Number	Pct	Number	Pct
Columbus MSA						
Total	45,172	100.0%	47,928	100.0%	53,581	100.0%
Institutionalized population:	26,375	58.4%	25,868	54.0%	25,134	46.9%
Correctional institutions:	15,250	33.8%	17,228	35.9%	15,323	28.6%
Adult	15,141	33.5%	16,473	34.4%	15,001	28.0%
Juvenile	109	0.2%	755	1.6%	322	0.6%
Nursing facilities	9,365	20.7%	8,366	17.5%	9,807	18.3%
Other institutions	1,760	3.9%	274	0.6%	4	0.0%
Noninstitutionalized population:	18,797	41.6%	22,060	46.0%	28,447	53.1%
College dormitories*	15,343	34.0%	18,189	38.0%	23,440	43.7%
Military quarters	2	0.0%	0	0.0%	0	0.0%
Other noninstitutional group qtrs.	3,452	7.6%	3,871	8.1%	5,007	9.3%
Franklin County						
Total	22,106	100.0%	25,224	100.0%	31,338	100.0%
Institutionalized population:	7,674	34.7%	7,895	31.3%	7,889	25.2%
Correctional institutions:	920	4.2%	2,706	10.7%	2,171	6.9%
Adult	900	4.1%	2,353	9.3%	2,067	6.6%
Juvenile	20	0.1%	353	1.4%	104	0.3%
Nursing facilities	5,796	26.2%	4,915	19.5%	5,718	18.2%
Other institutions	958	4.3%	274	1.1%	0	0.0%
Noninstitutionalized population:	14,432	65.3%	17,329	68.7%	23,449	74.8%
College dormitories*	11,665	52.8%	14,273	56.6%	19,640	62.7%
Military quarters	2	0.0%	0	0.0%	0	0.0%
Other noninstitutional group qtrs.	2,765	12.5%	3,056	12.1%	3,809	12.2%
Outlying counties						
Total	23,066	100.0%	22,704	100.0%	22,243	100.0%
Institutionalized population:	18,701	81.1%	17,973	79.2%	17,245	77.5%
Correctional institutions:	14,330	62.1%	14,522	64.0%	13,152	59.1%
Adult	14,241	61.7%	14,120	62.2%	12,934	58.1%
Juvenile	89	0.4%	402	1.8%	218	1.0%
Nursing facilities	3,569	15.5%	3,451	15.2%	4,089	18.4%
Other institutions	802	3.5%	0	0.0%	4	0.0%
Noninstitutionalized population:	4,365	18.9%	4,731	20.8%	4,998	22.5%
College dormitories*	3,678	15.9%	3,916	17.2%	3,800	17.1%
Military quarters	0	0.0%	0	0.0%	0	0.0%
Other noninstitutional group qtrs.	687	3.0%	815	3.6%	1,198	5.4%

*Includes college quarters off campus.

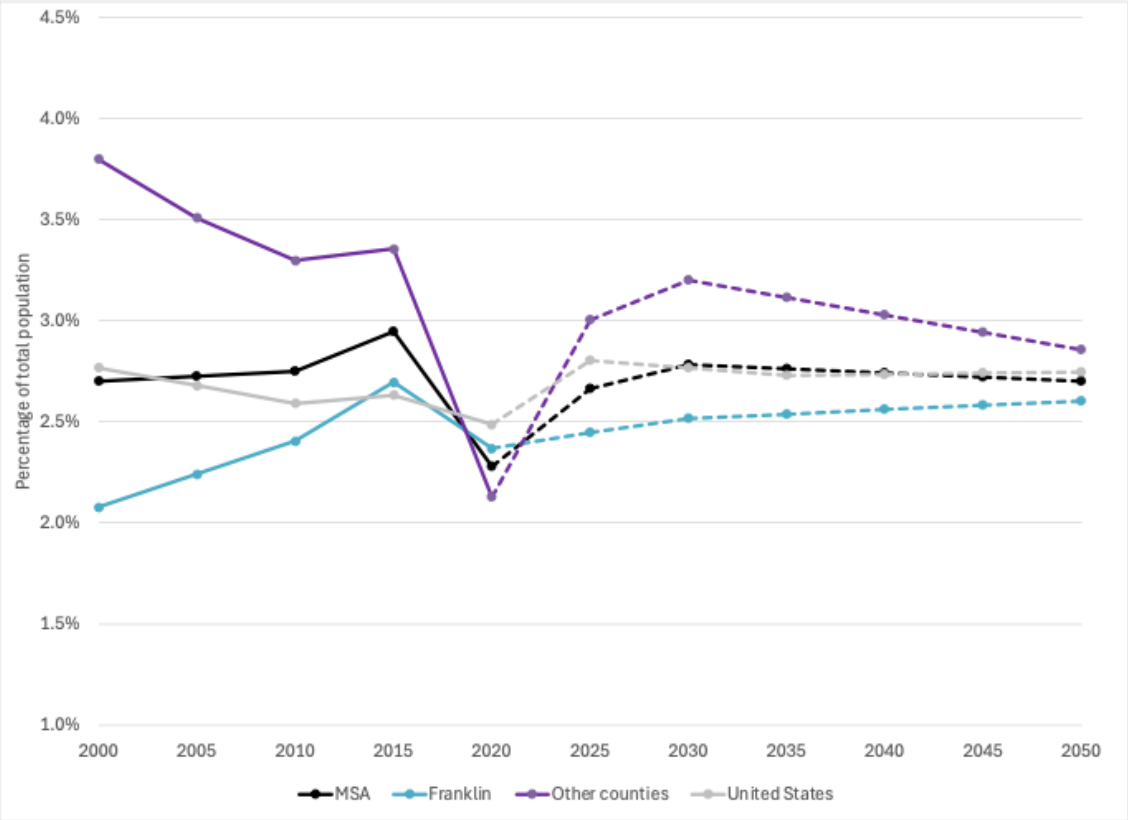
Source: 2000, 2010, and 2020 censuses, U.S. Census Bureau.

Differences are evident in the population shares in these group quarters categories between Franklin County and the outlying counties. The high concentration of college dorm residents in Franklin County is primarily due to the thousands of students living on or near campus at The Ohio State University, while the high concentration of population in correctional facilities in the outlying

counties is a function of the state prisons in Madison, Pickaway, and Union Counties. The definition of specific group quarters categories has changed somewhat from one census to the next, so trends must be interpreted with caution. For example, the definition of correctional institutions was broadened in the 2010 census to include residential correction facilities. Consequently, the correctional facility population increased significantly from 2000 to 2010, while the population in other noninstitutional group quarters decreased commensurately.

Incorporating available information from the ACS allows a more complete analysis of trends and also allows these trends to be projected. The historic and projected share of the population in group quarters is graphed in Figure 10. Franklin County's group quarters population share increased between 2000 and 2015 while outlying counties' share decreased. This was due both to changes in the group quarters population and growth in the population in households. All group quarters shares fell in 2020 as dorms were closed and inmates were released early to mitigate the spread of COVID-19. ACS estimates showed that shares had largely recovered by 2023. The projections assume a full recovery by 2026. After this, Franklin County's share is projected to increase modestly as a demographics-driven decline in the dormitory population is offset by an increase in population in facilities for the aged. On the other hand, the percentage of group quarters population in the outlying counties is predicted to fall. Here the population in prisons will fall or increase very slowly as total population increases. However, the small percentage of the total population in group quarters suggests that projections of the household population are not sensitive to these assumptions.

Figure 10: Historical and Projected Group Quarters Population Share, 2000-2050



Source: Decennial Censuses and American Community Survey; author's projections.

Projected Number of Households. Neither the ODOD nor the Census projections include households, so these projections must be created. The strategy is to develop a projection of average household size and divide this into future household population. Projections of U.S. household population growth were recently published by Harvard University's Joint Center for Housing Studies.[4] These projections reflect a decrease in average household size. This trend has been anticipated for more than a decade and now seems to be beginning. It is driven by the larger share of older individuals, empty nesters, and widows/widowers.

Historical average household size estimates for Franklin County, the MSA, and the U.S. are calculated from the 2000 and 2010 censuses and the ACS for 2013 through 2023 when the MSA was enlarged to its current 10 counties. These show that Franklin County and Columbus MSA households are on average smaller than the U.S. average, while households in outlying counties are generally larger. Average household size in all four geographies was little changed from 2000 to 2010, peaked in 2015, and declined subsequently.

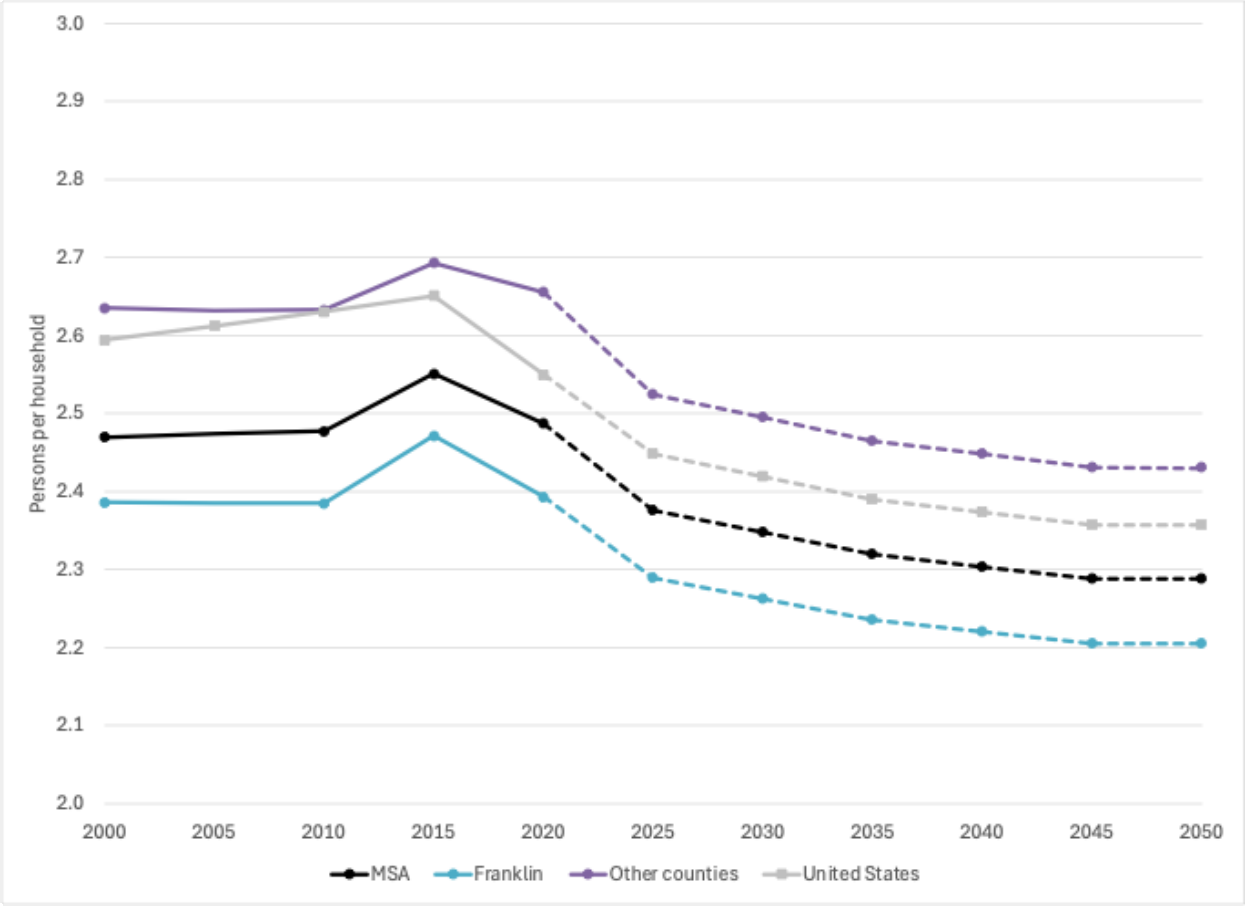
The Joint Center study projected increases in the number of U.S. households between 2025 and 2035 and between 2035 and 2045. These are used to calculate projected total households and divided into the Census Bureau's projected household population to derive average U.S. household size through 2045. Average size is assumed constant between 2045 and 2050. Local projected household size changes are assumed proportional to the national changes. The results are graphed in Figure 11.

Average household size is divided into household population to derive the projected household totals. Results are in Table 5. The declining household size translates to a percentage increase in households larger than the increase in population. According to these projections, the number of Columbus MSA households increases 23% from 2000 through 2035 compared to a 14.7% increase in household population. The 2035-2050 increase is 10.4% for households but 8.9% for household population.

However, please note that growth in the number of households is dependent on the cost, availability, and affordability of housing. If housing is unattainable for many individuals, they will not form households, instead doubling up with roommates or family members. (This also implies that housing units would need to be larger than in the base case – and hence costlier.)

[4] Daniel McCue. (2025). Household and new housing unit demand projections for 2025–2035 and 2035–2045. https://www.jchs.harvard.edu/research-areas/working-papers/household-and-new-housing-unit-demand-projections-2025-2035-and-2035

Figure 11: Average Household Size, 2000-2050



Source: 2000 and 2010 censuses and 2013-2023 American Community Surveys, U.S. Census Bureau, McCue (2025), and author's calculations.

Table 5: Historic and Projected Households, 2000-2050

Year	Columbus MSA	Franklin	Outlying counties	United States
2000	662,697	439,986	222,712	105,755,379
2005	704,446	453,057	251,389	110,092,819
2010	750,285	478,385	271,900	114,567,419
2015	772,304	495,250	277,054	118,208,250
2020	841,636	540,369	301,267	126,817,580
2025 (p)	930,800	590,400	340,400	134,235,600
2030 (p)	985,200	625,200	360,000	138,732,800
2035 (p)	1,034,800	656,400	378,400	142,827,400
2040 (p)	1,074,600	681,400	393,200	145,618,200
2045 (p)	1,112,600	705,100	407,400	147,898,100
2050 (p)	1,142,500	723,800	418,700	148,799,000

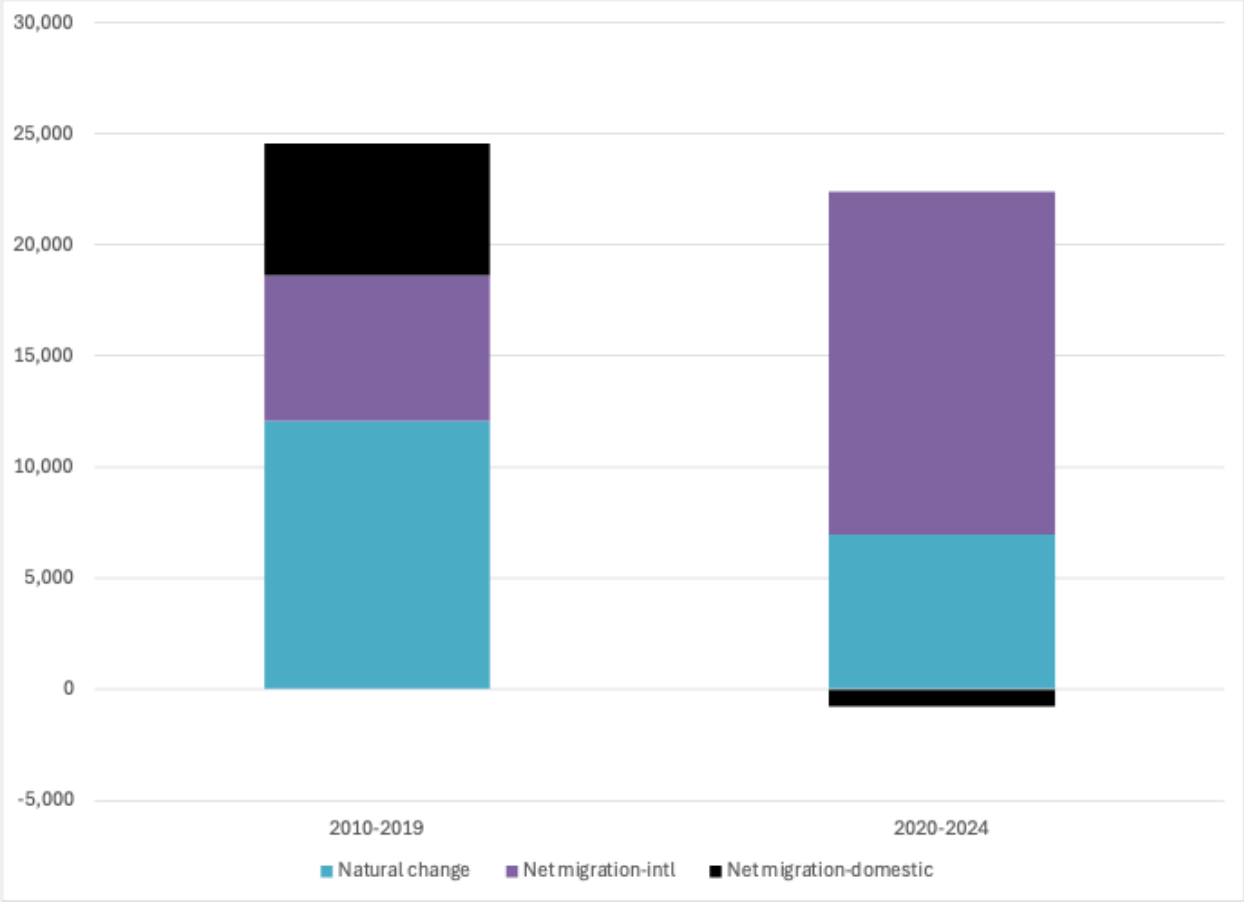
Source: 2000 and 2010 censuses and 2013-2023 American Community Surveys, U.S. Census Bureau, McCue (2025), and author's calculations.

Recent Population Trends

The projections above are those that will be used to calibrate all the projections in the study, but recent trends in population growth *may* reduce Central Ohio's long-term population growth. This chapter began with a discussion of the components of population growth: natural increase (births less deaths) and net migration. Net migration can be allocated in turn between migration to and from domestic and international locations.

Figure 12 contrasts the contribution of these components to average annual population growth in the Columbus MSA during the 2010s and the 2020s through 2024. All three components made significant contributions to population growth during the 2010s. Natural increase averaged 12,000 per year, international net migration was 6,500 per year, and domestic net migration was 5,900 per year. But so far in the 2020s annual average natural increase has declined to 7,000 per year. This is to be expected given an aging population and consequently a greater share of deaths. But the components of net migration shifted substantially. International net migration per year more than doubled to 15,400 per year, but domestic net migration collapsed. Between 2020 and 2024, an average of 750 more people per year moved out of the Columbus MSA than moved in. This impact has reduced Columbus MSA population growth by a total of 3,000 so far this decade.

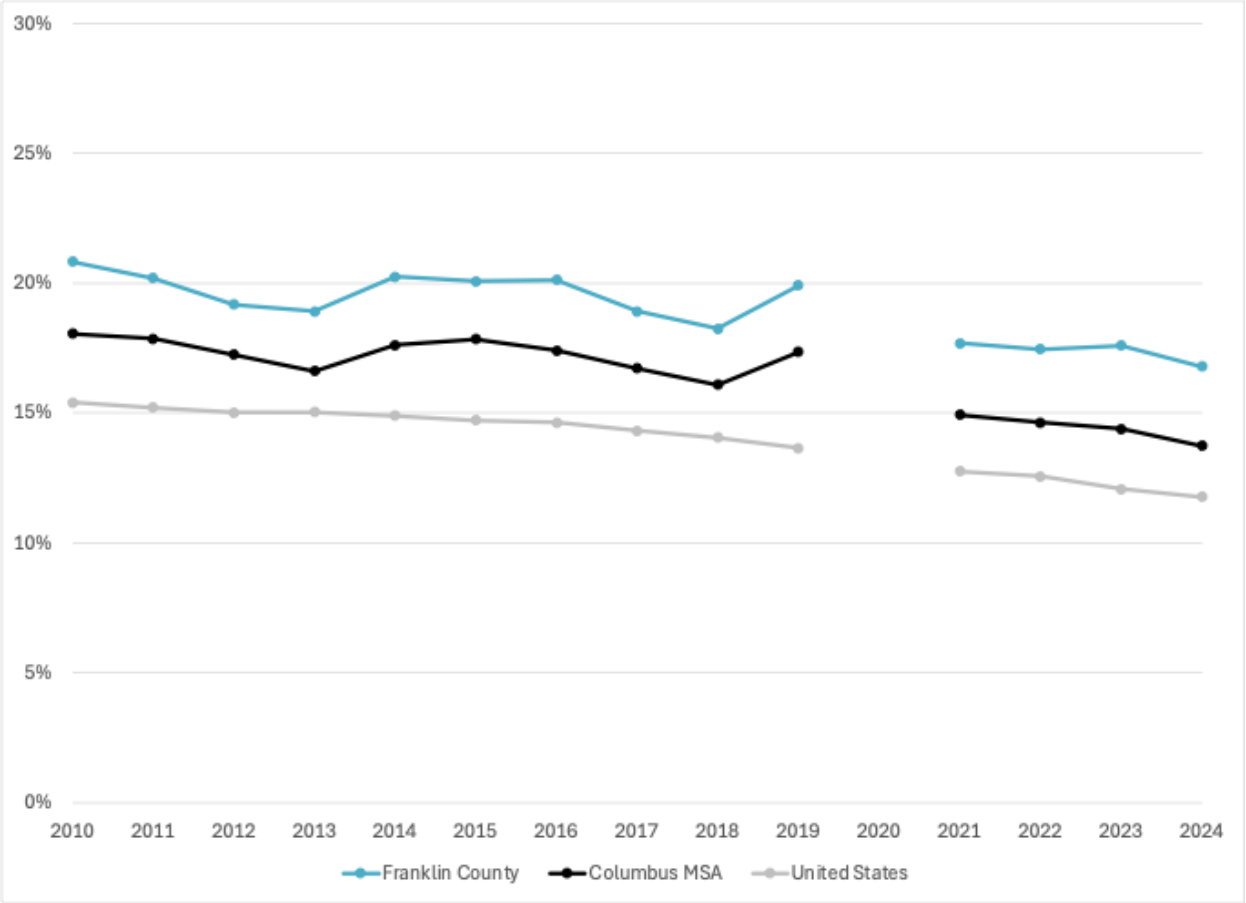
Figure 12: Components of Columbus MSA Population Growth, 2010s and 2020s



Source: Population Estimates, U.S. Census Bureau.

There are reasons to believe that both domestic and international net migration rates may change in coming years. The number of households moving within the U.S. declined significantly during and following the pandemic. Figure 13 plots the percentage of current residents of the Columbus MSA and the U.S. whose residence was elsewhere one year previously. Franklin County and Columbus MSA mobility rates have been consistently higher than U.S. rates. The latter began to decline as early as 2016. The errors at the local level are greater, but the decline following the 2020 gap is significant at all three levels. The decline continued even as the pandemic abated. One factor explaining this impact has been the recent increase in mortgage rates. Households with a 3% mortgage will probably not exchange it for one with a rate above 6% unless they must. Coupled with this is the above-average increase in house prices and rents and limited housing availability in the Columbus MSA, which may have deterred some who wished to move to Central Ohio. This trend will be discussed in the housing and homelessness chapter.

Figure 13: Percentage of Current Residents Who Moved within the Past Year



Source: American Community Survey, U.S. Census Bureau.

Another reason why population growth may be less than that which the projections imply is the sharp change in the attitude toward even legal immigration driven by the Trump administration, as discussed earlier. This is exemplified by the recent announcement that no more than 7,500 refugees could be admitted in 2026, a 94% decline from the Biden administration's limit. The actions by Immigration and Customs Enforcement agents in local communities are also driving even legal immigrants into the shadows and making them reluctant to work.

There is no information available yet on the impacts of these immigration enforcement policies on Columbus MSA population growth, but it may be substantial – at least in the nearer term. The policies may be unsustainable, though, because of the slower projected growth of the domestic working age population and the ongoing decline in the percentage of adults in the labor force – a topic that will be examined in the next chapter. This may lead to a more favorable stance toward immigrants who are more often in their prime working years and could fill open positions and more often start businesses. However, a reluctance to immigrate to the U.S. and the Columbus MSA could persist beyond a future favorable policy shift.

The possibility of climate-driven migration to the Midwest was discussed earlier as a factor that could positively impact population growth. However, this migration – if it occurs – would benefit the entire Midwest, so its impact on the Columbus MSA would be relatively small. In contrast, the negative impacts of housing costs and reduced migration from foreign counties are much more direct. The housing cost trend has been present for a number of years, so its impact is already present to some degree n the observed population trend and thus the projections. The impact of reduced immigration is not yet observable, though, so its scale is unknown. But these factors taken together imply that the projections derived in this chapter are more likely to be too high than too low.

III. Labor Force and Employment

Labor force is the number of working-age residents offering their labor services to employers. Labor force members may be currently working, or they may be looking for work. The definition of "looking for work" is restrictive, though. An individual is counted as unemployed only if she/he has *actively* looked for work within the past 30 days. These individuals must have undertaken actions that could directly result in employment: sending out resumes, going on interviews, or attending job fairs. This leads to a gray area: individuals who may be able and willing to work but have not accessed the job market within the past month for whatever reason. Labor force is defined as the sum of those working, even for a single hour, during a specific week of the past month and the unemployed as defined.

Labor force calculations typically exclude active-duty military. Military members' pay and benefits are significantly different from those of their civilian counterparts, their job security is greater, and their working conditions and deployments also differ greatly from civilian employment. Especially because of their greater job security, including military employment in the labor force would make unemployment conditions in a region better than those faced by civilian workers. The benchmark is thus the civilian labor force.

The number of working-age residents is also defined in a specific way. The base population is all individuals 16 years or over. This is reduced by the institutionalized subset of the group quarters population (see Table 4). Please note, though, that retired individuals are not excluded from the working-age population.

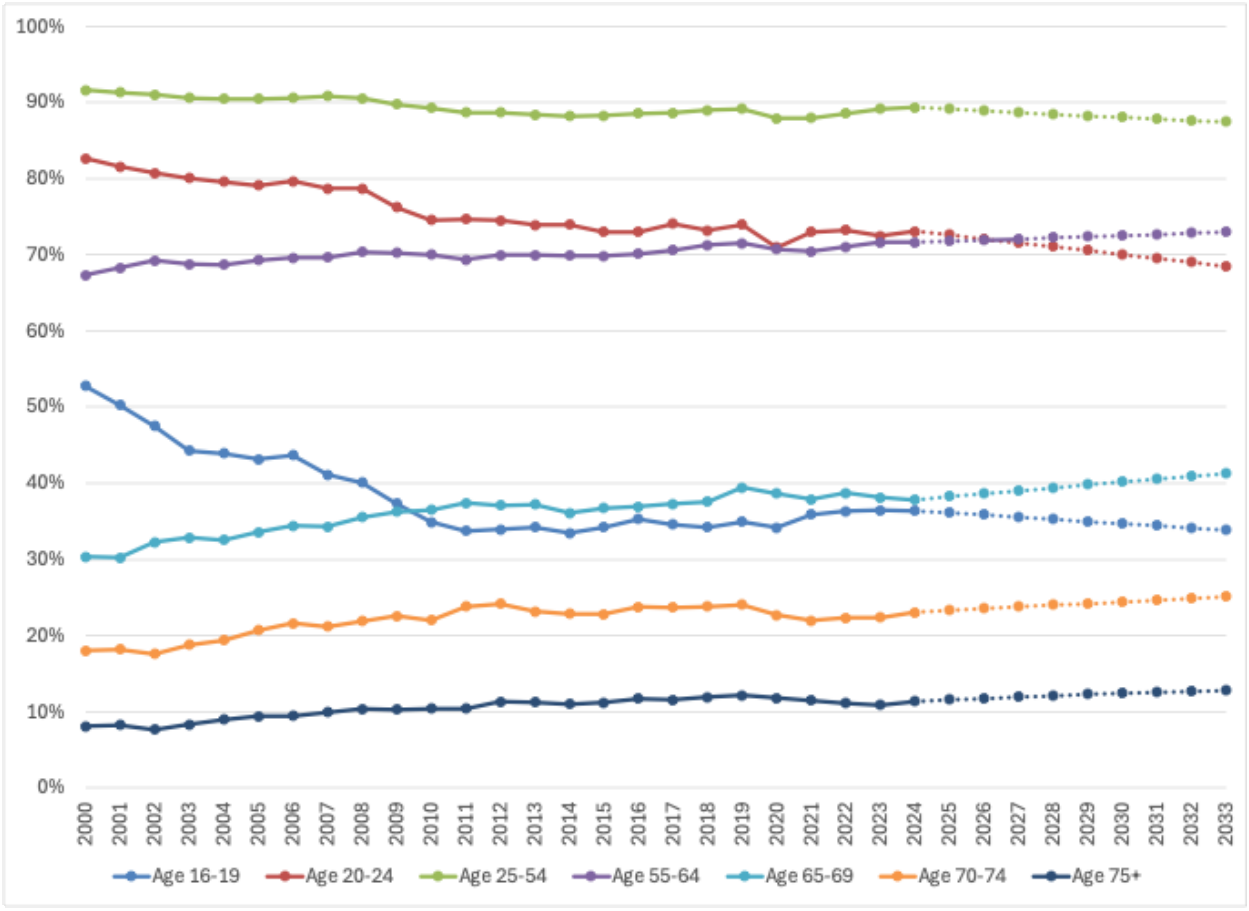
The definition of labor force implies that its size fluctuates over time as economic conditions change. As conditions deteriorate and job openings become fewer, individuals become discouraged and suspend their job search. These individuals return to their search as conditions improve. The projections do not include these fluctuations, which do not reflect changes in the number of people willing to work. It is standard practice to develop projections assuming full employment. However, it is important to reflect the impact of retirements, which decrease participation rates for older cohorts.

These concepts lead to two ratios. The participation rate is the percentage of the working-age population in the labor force. The unemployment rate is the share of the labor force not working. It is possible – and necessary – to calculate participation rates for specific age groups. The projections by age can be used for this purpose.

Figures 14 and 15 compare participation rates for specific male and female age groups nationally. The charts include historic rates over 2000 through 2024 and projections through 2033 from the Bureau of Labor Statistics' Employment Projections. The broad 25-54 category combines several age cohorts with similar participation rates. Rates are higher for age groups between 24 and 59 and lower for younger and older cohorts. Rates for men are higher than those for women except for the two youngest cohorts, 16-19 years and 20-24 years, in which a slightly higher percentage of females participate. Most of these rates are relatively stable over time except for the 16-19 cohort, for which rates for both males and females fell sharply between 2000 and 2010 – a decline from 53% to 34% for males and 52% to 35% for females. At least for males, this was the continuation of a much slower decline that started in the late 1970s. Morisi (2017) argued that this was due mostly

to higher post-secondary school enrollment but also to older workers competing for many of the same jobs that had been the focus of teen employment in earlier years.[5]

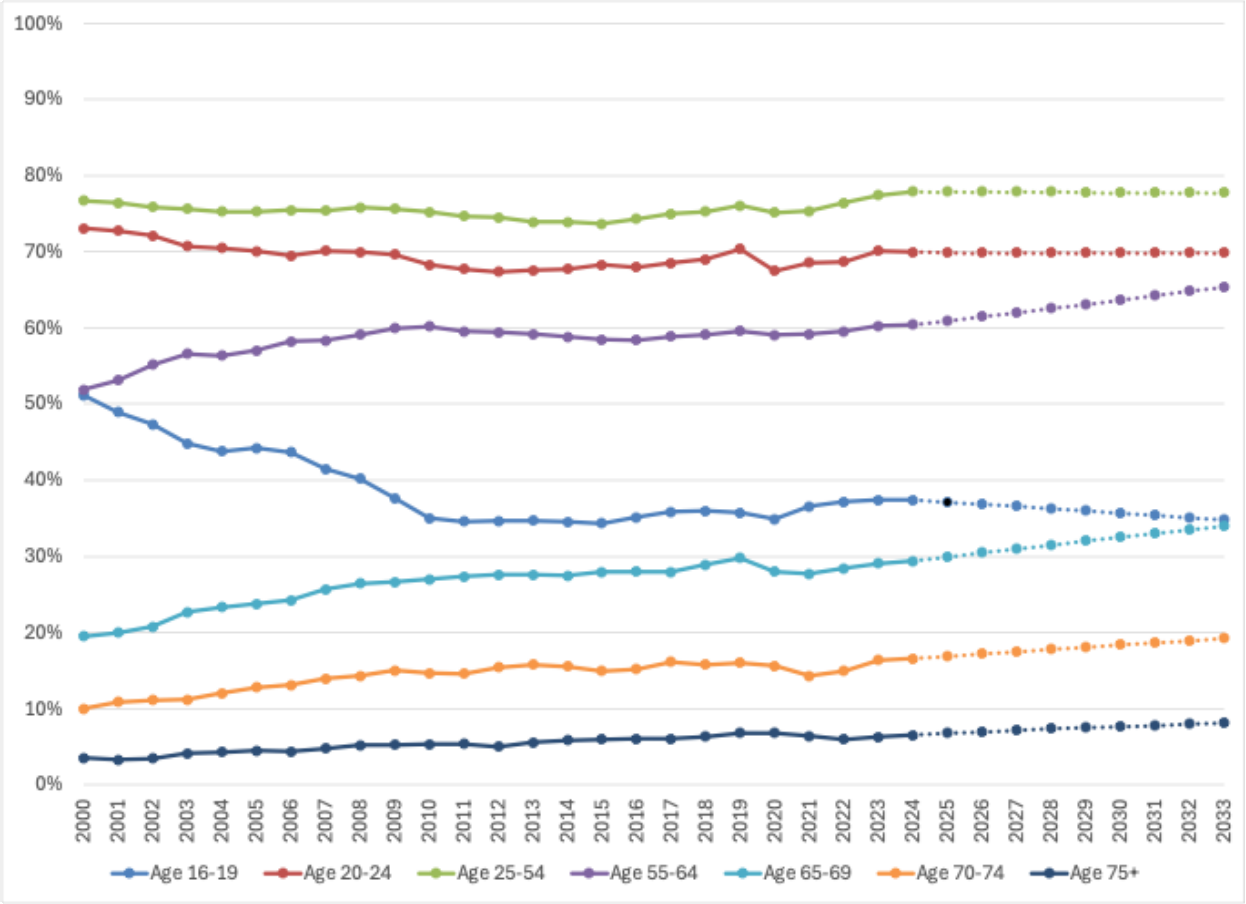
Figure 14: Male Historic and Projected Labor Force Participation Rates, 2000-2033



Source: Current Population Survey and Employment Projections, U.S. Bureau of Labor Statistics.

[5] Teresa L. Morisi (2017, February). Teen labor force participation before and after the Great Recession and beyond. *Monthly Labor Review*. https://www.bls.gov/opub/mlr/2017/article/teen-labor-force-participation-before-and-after-the-great-recession.htm#:~:text=Labor%20force%20participation

Figure 15: Female Historic and Projected Labor Force Participation Rates, 2000-2033



Source: Current Population Survey and Employment Projections, U.S. Bureau of Labor Statistics.

Baseline Labor Force Projections

The ACS is the key source for age-specific labor force and employment status estimates below the national level. These estimates are available annually for the U.S., the Columbus MSA, and Franklin County. Estimates for the outlying counties are simply the MSA totals less those for Franklin County. The calculations for each age group are as follows:

Total population
Less population not in the labor force
Equals labor force
Less active-duty military
Equals civilian labor force
Less employment
Equals unemployment

The ACS calculations as presented are based on the total population within the age group, not the noninstitutional population, so the total population as given must be reduced by the number in institutions. The ACS includes only the group quarters population in total for local areas, not the institutional population detail, so it is necessary to rely on the decennial census. Institutional population counts are available for selected age groups, but this means that 25-year projections

can only be developed from two data points, 2010 and 2020. Fortunately, the number of institutionalized individuals is only a small part of the total population.

The annual ACS age-specific estimates include categories far more detailed than the seven cohorts presented in Figures 14 and 15 and analyzed in the projections. These are combined to reduce sampling errors. Because of unusually low response rates during the pandemic, 2020 ACS estimates were never released. This is no problem because the highly unusual labor force conditions in 2020 should not be factored into long-term projections.

Even with the consolidation of age groups, the availability of only 13 years of data from the ACS (2010 through 2023, excluding 2020) is insufficient to produce robust labor force and employment projections. The Bureau of Labor Statistics' Current Population Survey (CPS) provides decades of age-specific data but only at the national level. (This is the source used to generate the participation rates graphed in Figures 14 and 15.) The local data generated from the CPS – the Local Area Unemployment Statistics – include only labor force, employment, unemployment, and the unemployment rate. But these national data can be factored into the projections. Annual participation rates beginning in 2000 are combined with the 2033 projections from the Employment Projections and the results extended through 2050. The available age-specific MSA and Franklin County participation rates are compared to the national rates and factors calculated. These factors are used to adjust the national participation rate projections to produce age-specific MSA and county projections.

The other necessary input is the unemployment rate, which produces projections of employment and unemployment. Historic age-specific unemployment rates for men and women are graphed in Figures 16 and 17. Like participation rates, unemployment rates vary greatly by age, with unemployment rates for younger, less experienced workers uniformly higher than for older cohorts. The variability of unemployment rates for the 75+ cohort is due to the impact of the margins of error on the small number of these individuals in the labor force. Coming out of the 2007-2009 recession, nearly 40% of teen males and one-quarter of teen females in the labor force were unemployed.

Figure 16: Male Unemployment Rates, Columbus MSA, 2010-2024

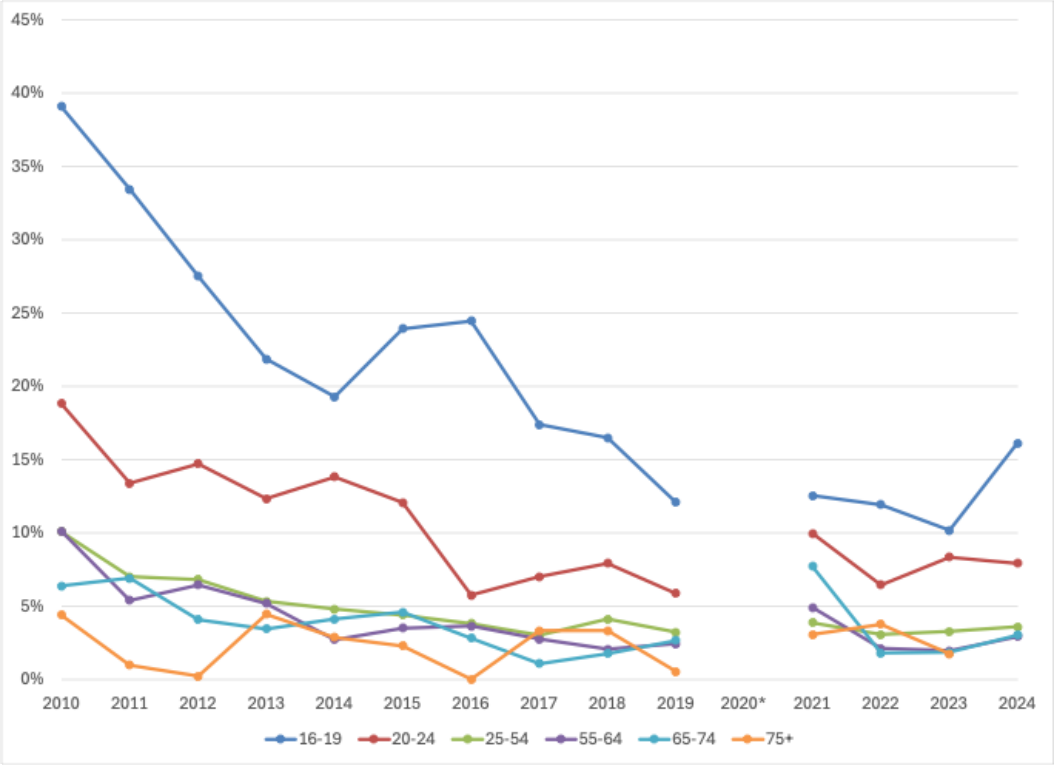
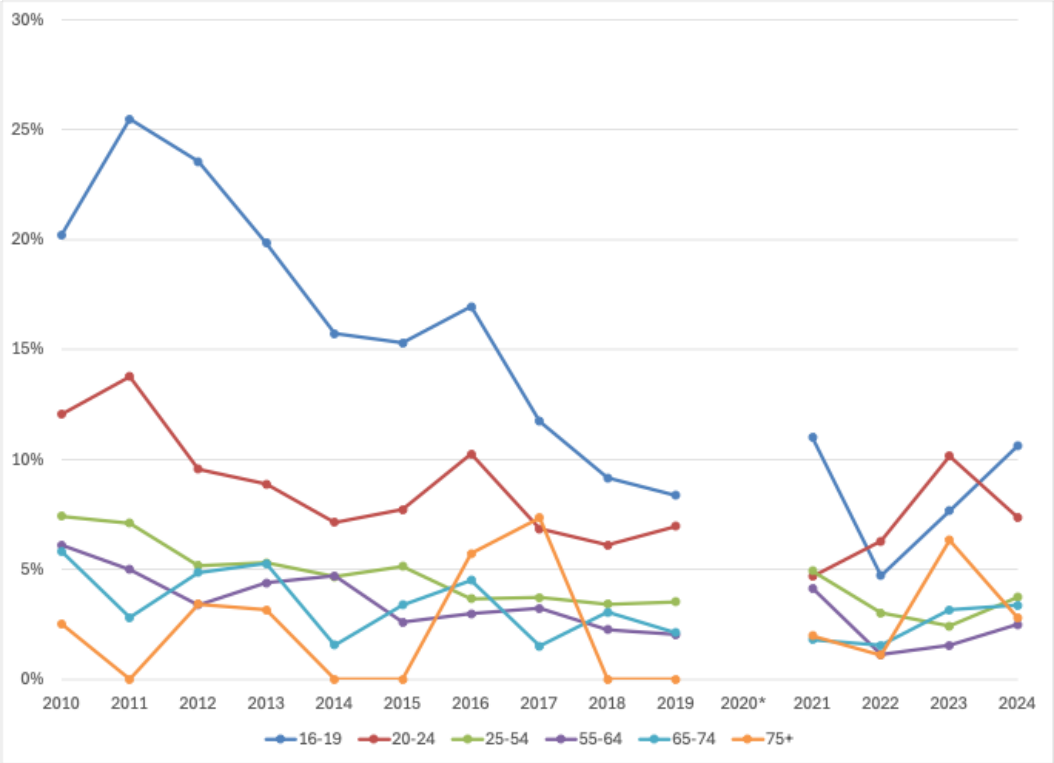


Figure 17: Female Unemployment Rates, Columbus MSA, 2010-2024



*2020 estimates not released.

Source: American Community Survey, U.S. Census Bureau.

As stated earlier, long-term projections generally assume full employment. This is because there is no way to determine the timing of economic expansions and contractions years in the future. The strong economy since 2015 (excluding the pandemic) produced approximately full employment, so unemployment rates in these years are averaged for each age cohort. Selected elements of the results are in Appendix Tables A-2 through A-4 for Columbus MSA males, females, and total population, respectively; analogous results for Franklin County are in Tables A-5 through A-7.

Several insights can be gathered from these results. Demographic factors will lead to slower labor force growth in coming years without significant net in-migration. Total MSA labor force in 2035 will be only 9.1% greater than that projected for 2025 – growth averaging 0.9% per year. Between 2035 and 2050, average annual growth will slow to an average 0.6% annually. Contrast this with 1.4% annual average growth between 1990 and 2007, amounting to total growth of 27%. This slower growth will keep the unemployment rate low, including in recessions, but it will hamper regional economic growth and will make finding workers with specific skills challenging. Meaningful connections among business, education and training providers, and workforce professionals will be essential to address this problem. Continuing attraction of immigrants will also be vital. Recall that foreign-born individuals supplied more than half of the Columbus MSA labor force growth between 2010 and 2023.

A greater percentage of the labor force will be older. In 2010, 3.5% of the Columbus MSA civilian labor force was 65 years or older. This is projected to be 5.3% in 2025, 7% in 2035, and 7.8% in 2050. This will make retention of and adaptation for these workers increasingly important.

A substantial share of the institutionalized population in prime working-age cohorts is in correctional facilities. More than 15,000 adults are currently incarcerated in the MSA and around 8,000 are jailed in Franklin County. (The share of institutionalized persons in Franklin County is smaller than the MSA total because of the state prisons in Madison, Pickaway, and Union Counties.) Some of these individuals will return to communities outside of the region upon their release. But those who remain will require supportive services as they exit, including job-ready services. This will benefit them, reduce recidivism, and augment the workforce.

Barriers to Labor Force Participation: Skills Gaps

Maximizing labor force participation benefits the household of the individual entering the workforce. It also benefits the employer by filling a vacant position, thereby improving efficiency. This benefits the local economy for that reason, and also because of the use of the worker's increased income available to buy household goods and services. All of these benefits result in increased tax collections, so public funding initiatives to increase labor force participation is money well spent.

A variety of factors might be preventing individuals from participating in the labor force. These include a lack of the knowledge, skills, and abilities that local employers require – importantly including work-ready skills (what are often called soft skills), needs for childcare and/or adult care, physical or emotional illness, disability, or addiction. Illness and addiction are considered in the health and disabilities chapter. This section will discuss reasons why people do not participate in the labor force.

The reasons why some Central Ohio adults in their prime working years are not in the labor force are not available, but limited information is available at the national level. Appendix Table A-8 lays out the available information. Those aged 25 to 54 who did not want a job accounted for 89% of all those not in the labor force, a percentage that has been stable over the past 14 years. Of the remainder who did want a job, 54% did not search for work in the previous year, a share that increased from 44% in 2010, the immediate aftermath of the 2007-2009 recession. The percentage of those who wanted a job but did not search because they were discouraged over their job prospects were a little more than one-quarter of the total who had searched in the past year but not in the most recent four weeks (which by definition means that they are not counted in the labor force). Those who did not search for work in the past four weeks for reasons other than discouragement reported family responsibilities, training participation, or ill health or disability. But by far the largest share of those who wanted a job and were not discouraged were classified as "other." These included "such reasons as childcare and transportation problems, as well as a small number for which reason for nonparticipation was not ascertained."

It is unfortunate that those reporting that they did not want a job were not asked the reason, but it could be that some felt that they were unqualified for work, that they needed to provide childcare or elder care, that they lacked access to transportation, or any of the other reasons in Table A-8. Thus, these problems could be preventing far more people from entering the workforce than the table estimates suggest.

Multiple sources have reported that child and family care falls much more often on women than on men, so a version of Table A-8 broken down by gender for the 25 to 54-year age group would be revealing. However, the only gender-specific data are available only for the entire working-age population. This means that the shares of the non-working population are complicated by the longer life expectancy of women. However, the comparison in Appendix Table A-9 is still revealing. There is an 8.5 percentage-point difference between the 74.5% of men and the 66% of women who had not searched for work in the past four weeks but had in the past year and were available for work at the time of the survey. The reason for the larger percentage of women not recently searching for work becomes clear further down in the table. A smaller share of women available to work but not searching were discouraged over their job prospects, but the share of undiscouraged women not in the labor force because of family responsibilities was nearly double the male share.

Access to work is a significant concern for low-income households, many of whom lack dependable transportation. Many of these jobs do not provide for paid time off, so an inoperable vehicle results in lost wages and possible dismissal. Bus transportation is an alternative for some, but some low-income neighborhoods and some jobs are not easily accessible by bus, even within Franklin County. In some cases, access to a job could require a bus ride of an hour or more. Even when access to a job via bus is feasible, conditions could make walking from the bus stop to the employer's facility difficult. Manufacturing employers on the South Side in a focus group conducted by the author two years ago reported that some of their employees had problems reaching their plant because there were no sidewalks. The LinkUS initiative is designed to address these problems so they could become less serious in the future. Nonetheless, linkages between lower-income neighborhoods in Columbus and elsewhere and job centers could be explored to see whether the opportunity exists to strengthen transportation linkages. Such a study may already have been conducted so this is not attempted here.

The lack of necessary skills is another challenge for some individuals wanting to enter the labor force. The specific knowledge, skills, and abilities applicable to the job are important, but the more general work-ready skills are just as necessary. These include such attributes as effective communication orally and in writing, integrity, punctuality, empathy, creativity, problem solving and critical thinking, and leadership. The author has conducted numerous focus groups of industry leaders over the years, and nearly to a person participants in these groups have stated that they consider work-ready skills at least as important in their workforce as technical skills – including in less-expected settings. The lack of these skills was a barrier for people being considered for information technology jobs that required four or more-year degrees. On the other hand, a manufacturing CEO in southeastern Ohio stated that he looks for at least the potential for leadership skills in every operating worker that he hires. More and more manufacturing operations are being conducted in teams, and these teams need leaders. One valuable source for the skills required in specific occupations is the Bureau of Labor Statistics' *Occupational Outlook Handbook*,[6] This provides profiles of hundreds of occupations, including median wage, education requirements, anticipated growth and annual openings, work requirements, working conditions, and more. A second important source is O*NET OnLine. This is a database sponsored by the Employment and Training Administration of the U.S. Department of Labor.[7] It is a searchable database of more than 900 occupations, including work activities, technology skills, prioritized knowledge, skills, and abilities, work styles and context, and more.

Barriers to Labor Force Participation: Childcare and Elder Care

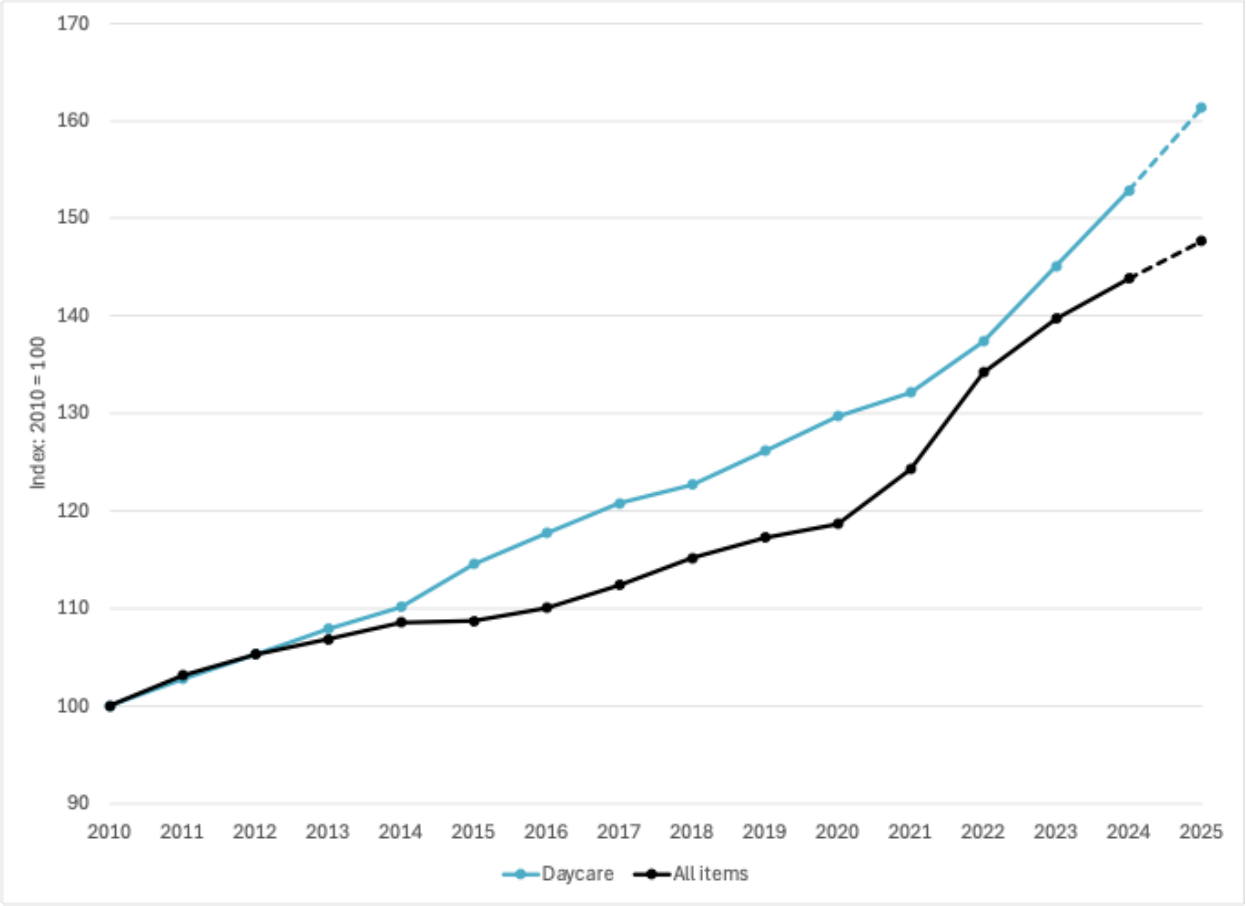
A barrier perhaps as serious or more serious to entering the workforce is the cost and availability of childcare. Figure 18 demonstrates that the cost increases in childcare over the past 15 years have exceeded the all-items average. The only recent years during which increases were slower than average were 2020 and 2021 – probably because demand for childcare declined during the working-from-home trend during the pandemic. However, childcare cost increases accelerated subsequently, with year-over-year inflation of 5.5% through August 2025, double the 2.7% rate for all goods and services.

These price increases are outstripping parents' ability to pay. The average unsubsidized price for childcare in Columbus, according to TOOTRiS, is $17.60 per hour for one child, or $704 per 40-hour week. Infant care averages $18.32 per hour or $733 per week.[8] These prices were collected at the beginning of 2025, so they do not include the increases so far this year. Those hourly childcare costs exceed the hourly wage of one-quarter of the jobs in the Columbus MSA and are more than half of the hourly wage of more than 60% of regional jobs. The hourly cost of childcare is a deduction from the hourly wage, so even relatively high-wage workers may decide that employment requirements are not worth this net hourly wage.

These stated costs do not include the additional costs of supporting a child's participation in outside care, as enumerated by TOOTRiS. In some cases, activity fees are extra, and the parent may be expected to supply diapers, formula, blankets, and bedding. There is also the cost of transporting the child to the center. Late pickup of the child often incurs fees as well.

[6] https://www.bls.gov/ooh/
[7] https://www.onetonline.org
[8] Cost of childcare in Ohio: A breakdown for 2025. TOOTRiS. https://tootris.com/edu/blog/parents/child-care-costs-in-ohio-by-city-age-type-why-parents-struggle/

Figure 18: U.S. Daycare Inflation versus All-Items Inflation, 2010-2025



Note: 2025 inflation year over year through August.
Source: Consumer Price Index, All Urban Consumers, U.S. Bureau of Labor Statistics.

A separate factor is that the low wage paid for childcare workers is a deterrent for individuals to enter the field. The median wage for a childcare worker in the Columbus MSA in May 2024 was $13.62 per hour, far less than the $15 or $20 per hour paid for arguably lower-stress jobs elsewhere. Even childcare administrators earn a median of only $22.64 per hour. Center operators argue that because of overhead costs and regulatory requirements, they cannot afford to pay more.

Fortunately, subsidies are available. Some larger employers offer subsidies or operate low-cost or free childcare services themselves as an employee attraction and retention benefit. These are a deductible business expense. Some states offer employers a credit for the cost of providing these benefits. Ohio currently does not, although House Bill 2, introduced in January 2025, would allow employers a credit for expenditures on eligible childcare expenditures for their employees. As of December 2025, the bill is still in the House Ways and Means Committee.

The One Big Beautiful Bill Act increases the child tax credit of $2,200 per child, up from $2,000, with a new refundable credit of $1,700 for those without sufficient tax liability. The Child and Dependent Care Tax Credit, the only credit specifically targeted to childcare costs, allows families to claim up to 50% of eligible expenses with a phase-out at higher income levels. Dependent Care Assistance Plans are flexible spending accounts allowing working parents to invest pretax dollars to pay for

childcare expenses. The drawback of these plans is that families must first spend the dollars, a challenge to those living paycheck to paycheck.

Ohio offers a variety of subsidies, vouchers, and tax credits to assist with childcare. The Ohio Chlldcare Assistance Program is available to families with parents or guardians working or enrolled in school, and with incomes below 145% of the federal poverty limit – around $3,116 per month for a family of three. However, once enrolled in the program, family income can increase to as much as 300% of the poverty limit. Franklin County supplements this program with the RISE Childcare Scholarship program, which offers grants of up to $9,000 per child for families between 145% and 300% of the federal poverty limit.

Childcare services are addressed by grants and subsidies, but an increasing number of adults are responsible for the care of their aging or disabled family members. Some must care for both parents and children. As the population projections discussed earlier suggest, this need is likely to increase far faster than the need for childcare. Homemaker services in Columbus averaged $14 per hour in 2024; home health aide services averaged $31 per hour. This cost can be an even greater deterrent for their caregivers to enter the workforce than childcare. Adult day healthcare averages $175 per day. As is true of childcare workers, home health and personal care aides are not well-paid. The May 2024 median in the Columbus MSA was $15.00, with those providing more healthcare services earning more, possibly $18 to $19 per hour.

Financial assistance for elder care is generally directed to the person needing care rather than the caregiver. One program providing caregiver financial assistance is the Structured Family Care program, available in 11 states including Ohio. This program is available only to those receiving assistance through the related Medicaid program. However, this offsets some of the financial burden of foregoing work to provide care rather than assisting caregivers with the cost of outside care that would enable them to join the workforce. Without assistance, the need to care for family members is likely to become a significant drag on labor force growth.

Public funding for both childcare and elder care would allow more people, especially women, to enter the labor force. This would create economic impacts and tax revenues that would offset the cost of the support. According to Semuels (2025), 212,000 women aged 20 and older left the U.S. workforce in the first half of 2025, far more than the 44,000 men who entered the workforce over the same period.[9] The loss was especially great among women with children; their participation rate fell three percentage points. As Semuels (2025) noted, this decline coincided with major employers such as the federal government, Amazon, AT&T, and JPMorgan Chase requiring that all employees return to the office full-time. Also, federal funding for childcare was cut significantly, increasing its cost. As will be discussed in the next chapter, many families with children need two incomes to provide a household sustaining income, but many jobs do not provide a high enough wage to offset the cost of childcare.

This implies that offsetting at least some of the cost of childcare would convey an economic benefit by filling open positions, increasing economic activity, and improving the efficiency and profitability of employers and their suppliers. The tax revenue generated would reduce the net cost to government of the program. Estimates from the Buffett Early Childhood Institute at the

[9] Alana Semuels. (2025, September 8). Why are so many women leaving the workforce? *Time International, South Pacific Edition*.

University of Nebraska are that nearly 69,000 children in Ohio lack access to childcare within a reasonable distance, leading to a gap of 12.7% of the potential need. This creates a lost economic impact of $3.1 billion to $4.8 billion over ten years. The gap in the Columbus MSA is proportionally somewhat better – 6.7%, with a need for 5,200 additional slots. The ten-year lost economic impact is $388 million to $592 million.[10]

In view of these arguments, New Mexico became the first state in the U.S. to offer no-cost basic childcare to every family in the state regardless of income starting November 1, 2025.[11] The long-term impact of this program remains to be seen. The challenge for this and similar initiatives may be finding enough childcare workers. As discussed above, these jobs generally offer wages far below household sustaining levels. The hourly median wage for childcare workers in New Mexico is $16.46, higher than the Columbus MSA's $13.62, but still probably not high enough to attract large numbers of applicants. The increased demand for workers would increase the wage, but this would of course increase the cost of the program.

Programs such as New Mexico's would certainly help address the need for childcare and bring more people into the labor force, but they do nothing to address the need for elder care. The regional age projections in Table 1 are that the population of children younger than 15 will be only 5.9% higher in 2035 than it was in 2020, but the number of those 65 years and older is increasing 34.6% over the same period. This suggests a major shift in the priority of care for vulnerable people in the region. As the above discussion made clear, resources for elder care are far less robust than those for childcare. If this gap is not addressed, the need to care for older family members will become the driving factor keeping people out of the labor force.

Artificial Intelligence

Artificial intelligence (AI) is a technology that is still emerging, so its full impact is not yet entirely clear. It is likely to have a profound impact however, so its impact for employment, training requirements, and human needs are important to understand and accommodate. The popular fear is that AI will substitute entirely for millions of jobs, causing massive layoffs. The recent studies on the labor market impacts of AI do not expect a widescale loss of jobs, although some job losses will definitely occur. An IBM report puts it succinctly: "AI won't replace people – but people who use AI will replace people who don't."[12] In other words, relatively few jobs will be *replaced* by AI, but a majority of jobs will be *assisted* by AI. This will significantly change important skill needs for jobs and will in many cases require substantial reskilling. Because the technology is rapidly evolving, the impacts on the labor market are uncertain. The following paragraphs present two alternative viewpoints.

A Goldman Sachs analysis of U.S. occupational estimates and their tasks concluded that around two-thirds of jobs have some degree of exposure to AI. Although the share of the tasks of these jobs that will be replaced by AI is significant, it is only partial for most jobs – 25% to 50%, depending on

[10] Buffett Early Childhood Institute. (n.d.). Child care gaps assessment. https://childcaregap.org
[11] Office of Governor Michelle Lujan Grisham. (2025, September 8). New Mexico is first state in nation to offer universal child care. https://www.governor.state.nm.us/2025/09/08/new-mexico-is-first-state-in-nation-to-offer-universal-child-care/
[12] IBM. (2023). Augmented work for an automated, AI-driven world, p. 2. https://www.ibm.com/downloads/cas/NGAWMXAK

the job.[13] This is consistent with the idea that AI will assist rather than replace most jobs – while creating others.

Table 6 quantifies the exposure of the 22 occupational groups to AI nationally and locally based on the Goldman Sachs results. The first column of percentages is the share of employment within the occupational group that is exposed to AI. The second and third columns are the percentages of total employment in the U.S. and Columbus MSA, respectively, in each occupational group. One implication of Table 6 is that the impact of AI will be felt across the economy, but much more heavily in some occupational groups than in others. The impact will be heaviest in office-oriented and professional occupations and only slight in construction, repair, production, and transportation. Especially in production, the decades-long impact of machine automation will be far more important.

Table 6: Potential Impacts of Artificial Intelligence on Jobs in the U.S. and the Columbus MSA (Goldman Sachs)

Occupational group	Jobs impacted by AI	Economy-wide impact/share of total employment	
		U.S.	MSA
Share of all occupations impacted		**24.6%**	**24.7%**
Management occupations	32%	7.1%	7.1%
Business and financial operations occupations	35%	6.7%	7.7%
Computer and mathematical occupations	29%	3.4%	3.2%
Architecture and engineering occupations	37%	1.7%	1.7%
Life, physical, and social science occupations	36%	0.9%	0.9%
Community and social service occupations	33%	1.7%	1.7%
Legal occupations	44%	0.8%	0.8%
Educational, instruction, and library occupations	27%	5.8%	6.1%
Arts, design, entertainment, sports, and media occupations	26%	1.4%	1.3%
Healthcare practitioners and technical occupations	28%	6.2%	7.1%
Healthcare support occupations	26%	4.8%	4.4%
Protective service occupations	28%	2.4%	2.4%
Food preparation and serving related occupations	12%	8.8%	8.7%
Building and grounds cleaning and maintenance occupations	1%	2.9%	2.6%
Personal care and service occupations	19%	2.0%	1.7%
Sales and related occupations	31%	8.7%	7.9%
Office and administrative support occupations	46%	11.8%	11.6%
Farming, fishing, and forestry occupations	28%	0.3%	0.1%
Construction and extraction occupations	6%	4.1%	3.3%
Installation, maintenance, and repair occupations	4%	3.9%	3.6%
Production occupations	9%	5.7%	5.1%
Transportation and material moving occupations	11%	8.9%	11.0%

Source: Briggs and Kodani (2023), p. 7; Occupational Employment Statistics, U.S. Bureau of Labor Statistics.

[13] Joseph Briggs and Devesh Kodnani. (2023). The potentially large effects of artificial intelligence on economic growth. Goldman Sachs & Co. LLC, pp. 4-5. https://www.key4biz.it/wp-content/uploads/2023/03/Global-Economics-Analyst_-The-Potentially-Large-Effects-of-Artificial-Intelligence-on-Economic-Growth-Briggs_Kodnani.pdf

Another 2023 study, this one by Forrester Research, offers a more concerning view of the impact of AI on the labor market.[14] The study concludes that AI will replace 2.4 million U.S. jobs by 2030. Although this is only about 1.5% of the total, these jobs are primarily in professional occupations earning more than $90,000. As shown in Table 7, the projected impacts of AI on job duties are generally more aggressive, especially for technical occupations such as legal, scientific, and technological. The largest difference is in the impact on legal occupations – 78% versus 44%. With AI performing so many tasks, it is reasonable to expect some of these jobs to disappear. The overall impact of AI on the job market is not much greater than that projected by Goldman Sachs, though – 29% versus 25%.

Table 7: Potential Impacts of Artificial Intelligence on Jobs in the U.S. and the Columbus MSA (Forrister Research)

Occupational group	Jobs impacted by AI	Economy-wide impact/share of total employment	
		U.S.	MSA
Share of all occupations impacted		**28.9%**	**29.2%**
Management occupations	38%	7.1%	7.1%
Business and financial operations occupations	47%	6.7%	7.7%
Computer and mathematical occupations	53%	3.4%	3.2%
Architecture and engineering occupations	48%	1.7%	1.7%
Life, physical, and social science occupations	61%	0.9%	0.9%
Community and social service occupations	13%	1.7%	1.7%
Legal occupations	78%	0.8%	0.8%
Educational, instruction, and library occupations	33%	5.8%	6.1%
Arts, design, entertainment, sports, and media occupations	41%	1.4%	1.3%
Healthcare practitioners and technical occupations	50%	6.2%	7.1%
Healthcare support occupations	21%	4.8%	4.4%
Protective service occupations	4%	2.4%	2.4%
Food preparation and serving related occupations	24%	8.8%	8.7%
Building and grounds cleaning and maintenance occupations	7%	2.9%	2.6%
Personal care and service occupations	19%	2.0%	1.7%
Sales and related occupations	23%	8.7%	7.9%
Office and administrative support occupations	57%	11.8%	11.6%
Farming, fishing, and forestry occupations	18%	0.3%	0.1%
Construction and extraction occupations	2%	4.1%	3.3%
Installation, maintenance, and repair occupations	5%	3.9%	3.6%
Production occupations	7%	5.7%	5.1%
Transportation and material moving occupations	2%	8.9%	11.0%

Source: Briggs and Kodani (2023), p. 7; Occupational Employment Statistics, U.S. Bureau of Labor Statistics.

While Forrister's conclusions are worth bearing in mind, the implication of several studies, including those by the World Economic Forum and McKinsey & Company, is that widespread adoption of AI will not cause wholesale job loss even in office occupations. Rather, there will be a much more significant shift in the way work is done, with an accompanying need to retrain the workforce to work effectively with AI. One beneficial impact that has been cited by several

[14] J.P. Gownder, Michael O'Grady, et al. (2023, August 30). Forrester's 2023 generative AI jobs impact forecast, US. https://www.forrester.com/report/forresters-2023-generative-ai-jobs-impact-forecast-us/RES179790?ref_search=0_1748894143119 See also Isobel O'Sullivan. (September 8, 2023). Report: AI will replace 2.4 million US jobs by 2030 [Weblog post]. https://tech.co/news/ai-replace-miilions-roles

researchers is that AI improves the productivity of lower-performing workers much more than those who are more skilled. This might mean that the job security and income of these workers could improve.

A related, but less positive, result of this trend has not been identified in any of these analyses. If more workers are able to perform a given AI-assisted occupation successfully because it requires less worker skill, the wage for that occupation is likely to decline. So, while it may be true that relatively few workers lose their job, they may face wages that are lower in real terms.

AI will also give rise to new occupations that will make the platforms function effectively. A blog post in RoboticsBiz discussed 20 of these.[15] They include AI prompt engineers and AI model trainers, who ensure that AI models generate appropriate responses given variations in human inputs and the context of the specific business and industry. Similarly, AI behavior analysts analyze models' decision-making processes to ensure that they behave as expected. AI integration specialists link AI models to software, hardware, and organizational tasks. Finally, AI ethics consultants ensure that AI systems are fair, unbiased, transparent, and are deployed and used ethically.

AI is likely to lead to considerable labor market churn in the shorter term as workers find their skills rapidly outmoded. There is potential evidence that this has begun. Researchers at the St. Louis Federal Reserve found that occupations with the highest exposure to AI suffered the largest increases in their unemployment rate between 2022 and 2025.[16] The authors warn that although the relationship is strong, it only shows a relationship, not that AI adoption has *caused* the increase in unemployment.

One possibility is that the hype surrounding AI could result in its adoption in contexts where it performs less well than competent humans. Ohio State University Professor Angus Fletcher argued that AI has unparalleled success in logic, but not in common sense or imagination.[17] Employers adopting AI with expectations that are too optimistic could find themselves rehiring the employees whom they had previously dismissed.

The impact of AI on the U.S. economy is still highly uncertain. The same is true of the Central Ohio economy. Individual employers will adopt AI in different ways and to a different extent. But the need for significant training and retraining is clear. Additionally, the significant temporary disruptions to the labor market suggested by the St. Louis Fed study could occur in Central Ohio as AI is rolled out in enterprises across the economy. It is the responsibility of employers, employees, workforce professionals, and the public sector to monitor the evolving economy closely and ensure that workers are adequately prepared for the shifts in jobs and job roles that will inevitably occur.

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[15] RoboticsBiz. (2025, January 18). 20 emerging jobs created by artificial intelligence (AI) In 2025 [Weblog post]. https://roboticsbiz.com/20-emerging-jobs-created-by-artificial-intelligence-ai-in-2025/

[16] Serdar Ozkan & Nicholas Sullivan. (2025, August 26). Is AI contributing to rising unemployment? Evidence from occupational variation [Weblog post]. St. Louis Federal Reserve. https://www.stlouisfed.org/on-the-economy/2025/aug/is-ai-contributing-unemployment-evidence-occupational-variation

[17] Jeff Grabmeier. (2025, September 15). Why AI is never going to run the world [News release]. https://news.osu.edu/why-ai-is-never-going-to-run-the-world/?category=Headline+news&utm_source=sfmc&utm_medium=email&utm_campaign=omc_faculty-staff-newsletter_fy26_oncampus-20250917&utm_id=412118&sfmc_id=275990656

All this said, the urgent need for reskilling and lifelong learning predates the rise of AI. The days when one could graduate from high school or college and move on to a career without further learning have been gone for a very long time. For years, the increasingly rapid evolution of technology and skill needs has made ongoing education and training a necessity across the economy. Those who do not continually upgrade their skills will find themselves increasingly irrelevant. These initiatives must be at least partially the responsibility of the employers that will gain from a higher skilled, more efficient workforce. But these more skilled workers improve the economic growth and prosperity of the total economy, so public funding and resources are also appropriate.

IV. Income, Poverty, and Food Insecurity

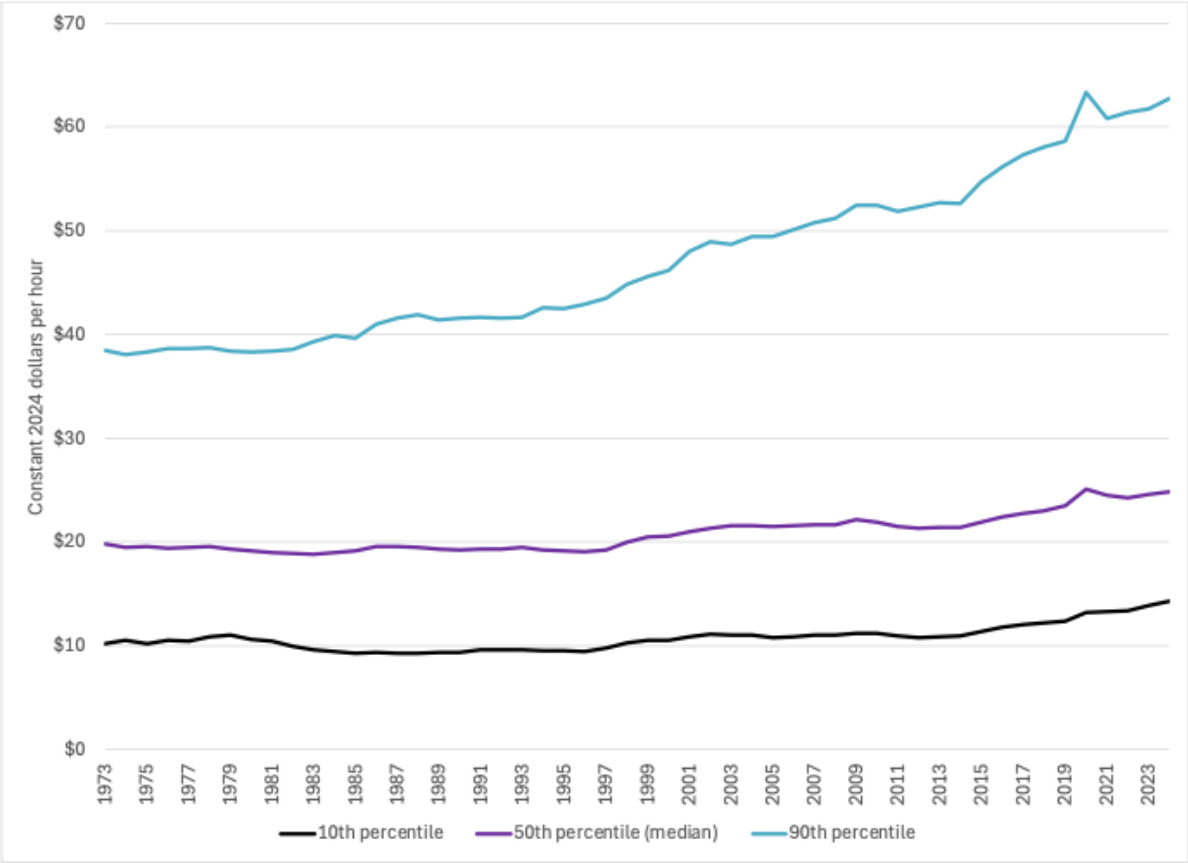
This chapter begins with an analysis of Columbus MSA wage and income distributions. The ultimate goal is to understand poverty in Central Ohio and the ability of lower-income households to meet their basic needs for food, clothing, and shelter. The chapter begins with a discussion of the evolution of national household incomes over time. Next is the recent history of household income growth in Central Ohio and Franklin County, followed by a projection of the possible number of households unable to meet basic needs in the future, including the need for adequate food. Finally, recent work by this author on economic inclusion in the Columbus MSA is summarized.

Wages: A Historical Perspective

Nationally, the difference in income and wealth between high and low-income households has been steadily increasing for more than a generation. This trend creates a hurdle for lower-income households trying to get ahead. One way to illustrate this growing gap is through wage percentiles over time.

Figure 19 graphs inflation-adjusted wage levels since 1973 at the 10th, 50th, and 90th percentiles. Only 10% of workers earn less than the 10th percentile wage, while only 10% earn more than the

Figure 19: Low, Median, and High Hourly Wages, U.S., 1973-2024



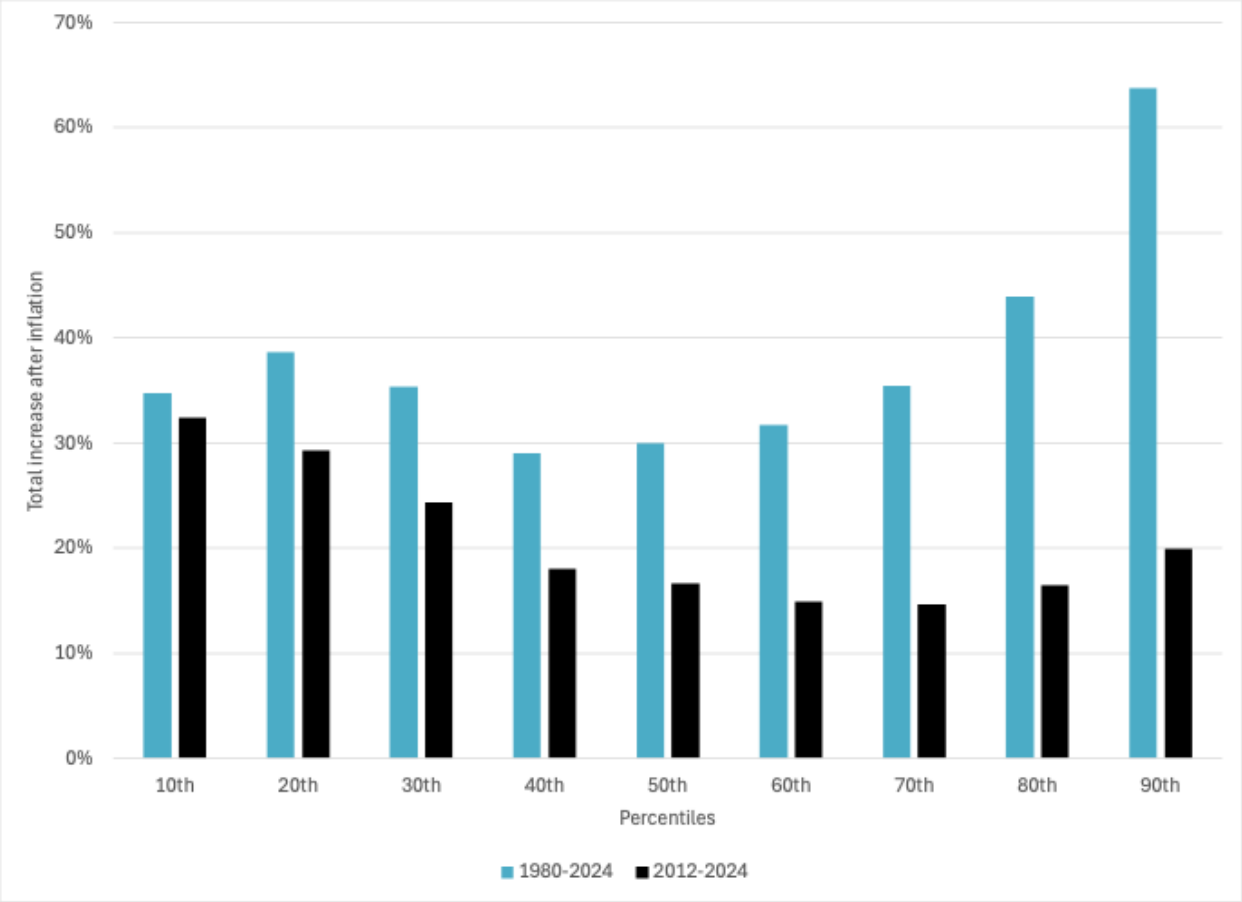
Source: Economic Policy Institute with data from Current Population Survey, U.S. Census Bureau. Inflation adjustment by Chained CPI-U, U.S. Bureau of Labor Statistics.

90th percentile. The 50th percentile is especially significant. This is a type of average, also called the median. Half of workers earn less than the median and half earn more. The median is a much more effective way to analyze wages and incomes than the mean, the total of all wages divided by the number of wage earners. Unlike the mean, the median is not pulled upward by a small number of very high-wage workers. The median can be thought of as the wage earned by the typical worker. It is clear that the 90th percentile wage has been growing far faster than the lower wages. This group's wages increased nearly 64% after inflation between 1980 and 2024 while wages at the 10th percentile increased less than 35% and median wages increased 30%.

The 90th percentile wage was nearly constant through 1980 but then began to increase rapidly. A close look at this chart reveals that inflation-adjusted wages have also increased at the 10th and 50th percentiles since 2012. This may be because the slower recent growth of the labor force has bid up wages for the large number of low-wage occupations. As discussed earlier, though, he rise of AI may put a damper on this trend. The higher wages that the market is charging for these occupations may also hasten the adoption of AI as it becomes more cost-effective.

Figure 20 illustrates the widening long-term disparity and the more recent growth of lower wage levels in a more comprehensive way. As the chart reveals, substantial wage growth since 1980 has

Figure 20: Total Long-Term Wage Growth by Percentile, U.S.

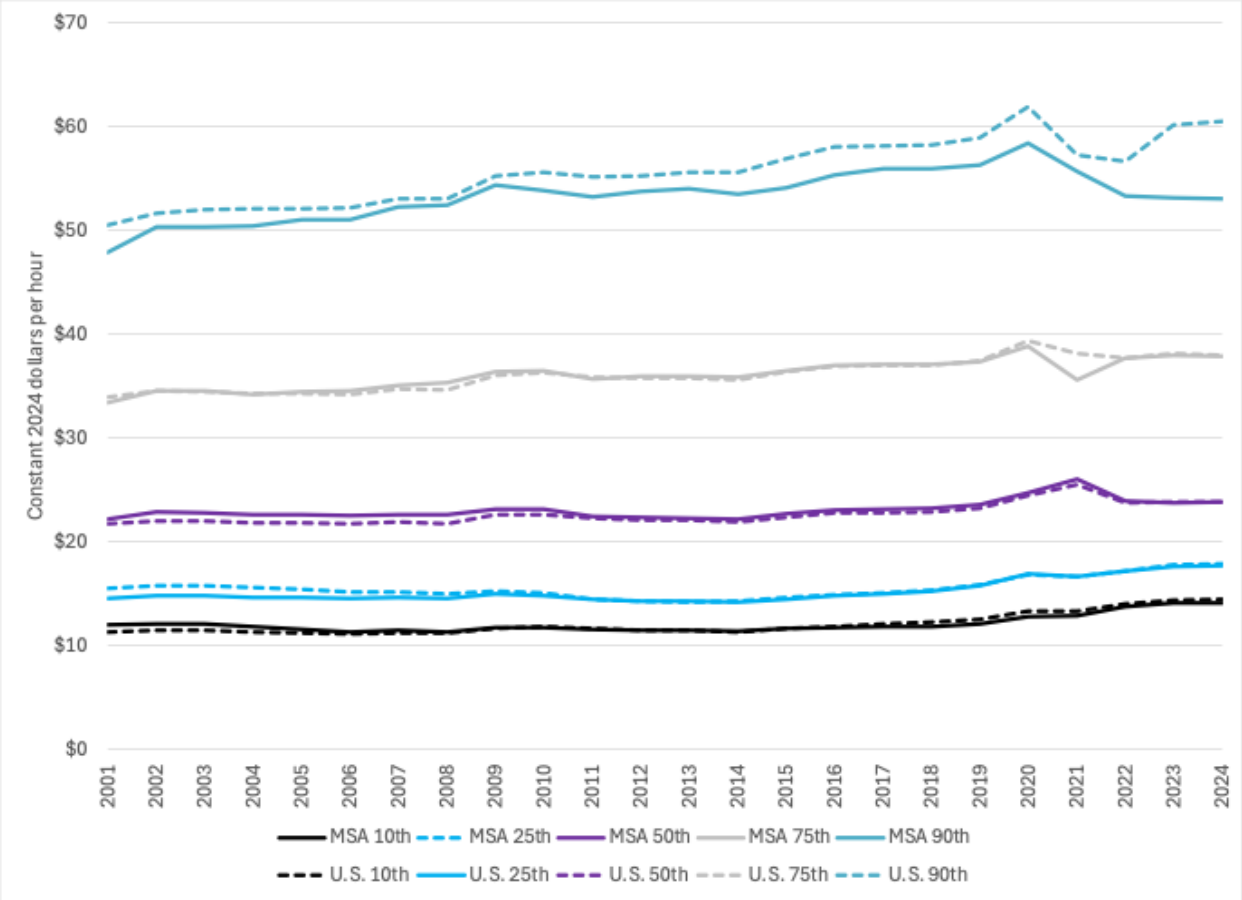


Source: Economic Policy Institute with data from Current Population Survey, U.S. Census Bureau. Inflation adjustment by Chained CPI-U, U.S. Bureau of Labor Statistics.

been concentrated in the top 10%. More recently, though, the lowest 30% of wages have enjoyed the greatest growth – even more than those at the 90th percentile. The disparity remains large, however: 90th percentile wages in 2024 were 4.4 times those at the 10th percentile. This is down from 4.8 times in 2012, but up from 3.8 times in 1980.

Wage data for the 10th, 25th, 50th, 75th, and 90th percentiles are available for the Columbus MSA and the U.S. from the Bureau of Labor Statistics beginning in 2001. These trends, graphed in Figure 21, are from a different survey and thus cannot be directly compared, but show some similarity to those in Figure 19, including the recent inflation-adjusted wage increases at lower income levels. Further, these trends must be compared across time a bit cautiously because the geography of the MSA has changed over time. The estimates prior to 2003 refer to a six-county MSA: Delaware, Fairfield, Franklin, Licking, Madison, and Pickaway. Between 2003 and 2012, the MSA was eight counties with the addition of Morrow and Union in 2003. In 2013, Hocking and Perry were added to create the current 10-county MSA. These changes affect comparability over time, but probably not substantially: the six counties of the pre-2003 MSA contain most of the current region's jobs.

Figure 21: Columbus MSA and U.S. Wage Percentile Trends, 2001-2024

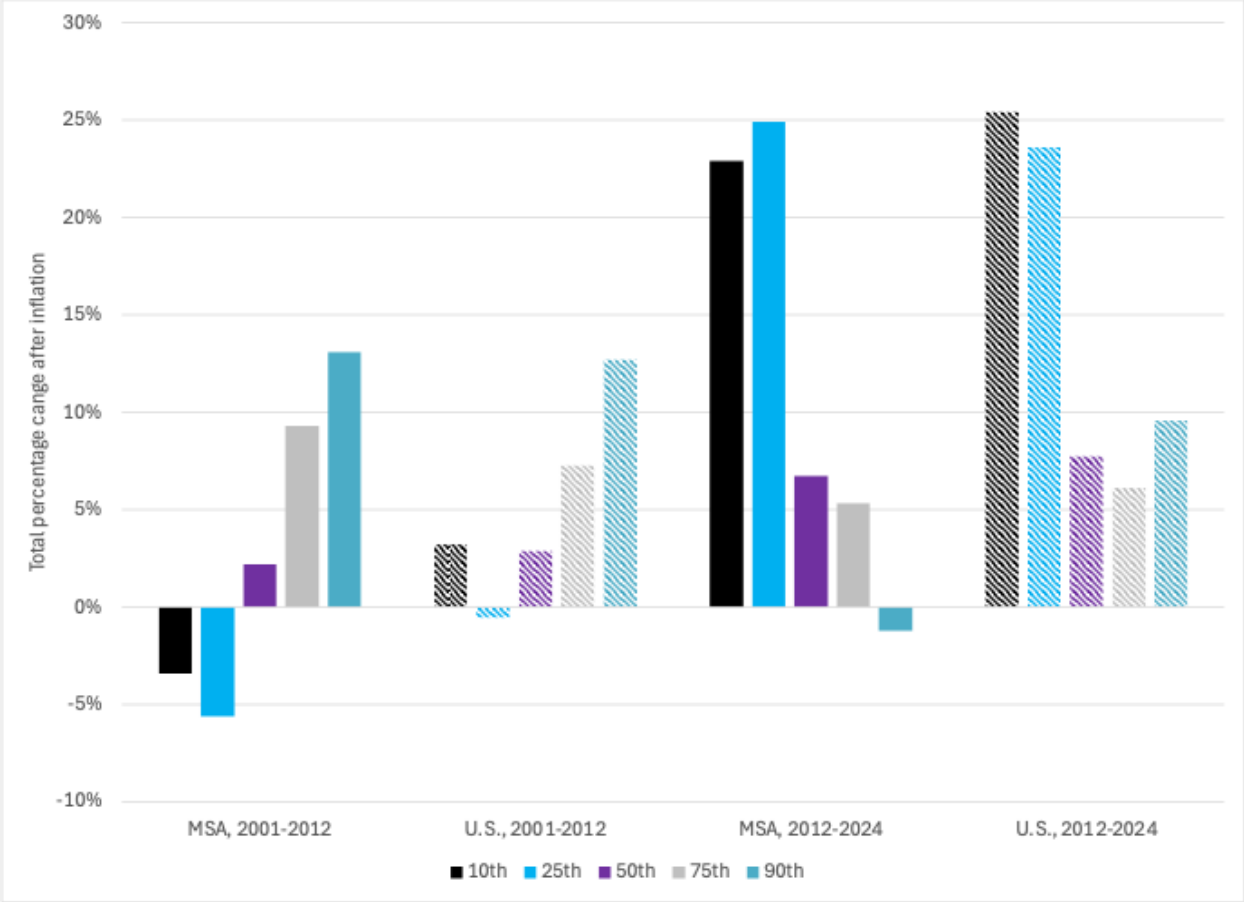


Source: Occupational Employment Statistics, U.S. Bureau of Labor Statistics. Inflation adjustment by Chained CPI-U, U.S. Bureau of Labor Statistics.

Growth trends of MSA and U.S. wages from the BLS data before and after 2012 are broadly consistent with those from the Census Bureau as graphed in Figure 19, but the stronger growth of the lower wage percentiles since 2012 is even more pronounced. This is shown in Figure 22.

Between 2001 and 2012, high percentile wage growth was greater than growth at lower percentiles, and MSA growth was roughly similar to the national average. The trend reversal since 2012 is also clear, with 12-year growth in the low 20% range for the two lowest-wage groups. In contrast, growth from the median upward was much less. Inflation-adjusted MSA wages at the 90% level were actually less in 2024 than they were in 2012, thanks to a pandemic-driven decline after 2020 that persisted through 2024. The overall impact has been a decrease in the difference between high and low wages. As noted in the AI discussion, as wages increase at the lower levels, AI adoption becomes more cost-effective. The consequent hastening of AI adoption would tend to decrease the wages of the affected jobs and may slow or stop the increase of lower wage levels in the near future.

Figure 22: Wage Change by Percentile, Columbus MSA and U.S., 2001-2012 and 2012-2024



Source: Occupational Employment Statistics, U.S. Bureau of Labor Statistics. Inflation adjustment by Chained CPI-U, U.S. Bureau of Labor Statistics.

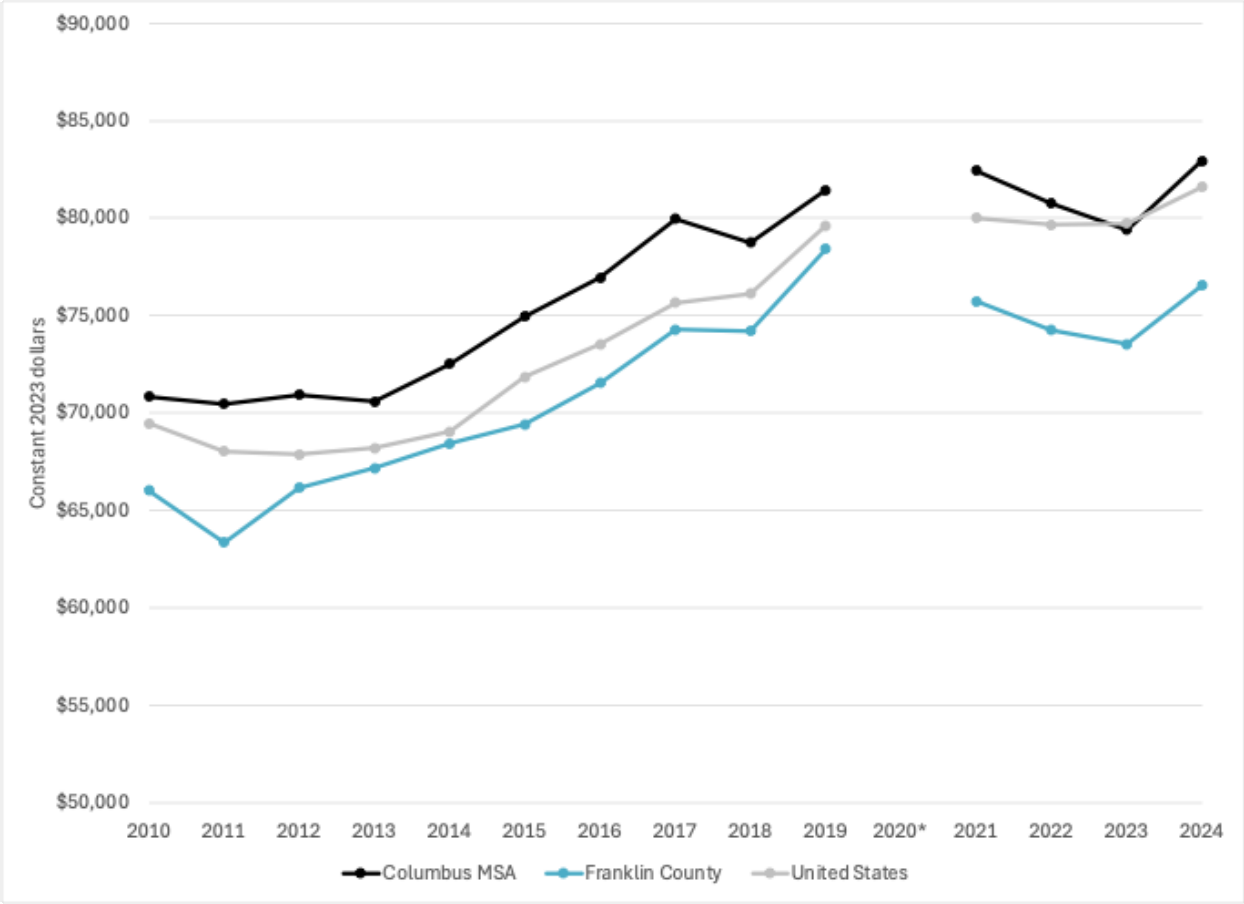
Household Income: A Historical Perspective

Wages and salaries from employment are only part of household income, albeit an important part. It is thus important to understand the trend of household income from both employment and non-employment sources.

Figure 23 charts inflation-adjusted median household income in the Columbus MSA, Franklin County, and the U.S. since 2010. These estimates come from the ACS so amounts for 2020 are not

available. This is not a serious loss. Incomes in 2020 were lower because of the shutdown of large segments of the economy but higher because of the stimulus payments – both one-time factors that make income that year unrepresentative of long-run trends. Household incomes nationally and locally were stagnant during the first several years due to the aftereffects of the severe 2007-2009 recession but increased substantially as the expansion took hold. Median household income in the MSA increased 15.4% between 2013 and 2019; the increase was 16.75% both in Franklin County and nationwide. This positive trend reversed course between 2020 and 2023, though, even as the economy expanded.

Figure 23: Columbus MSA, Franklin County, and U.S. Median Household Income, 2010-2024



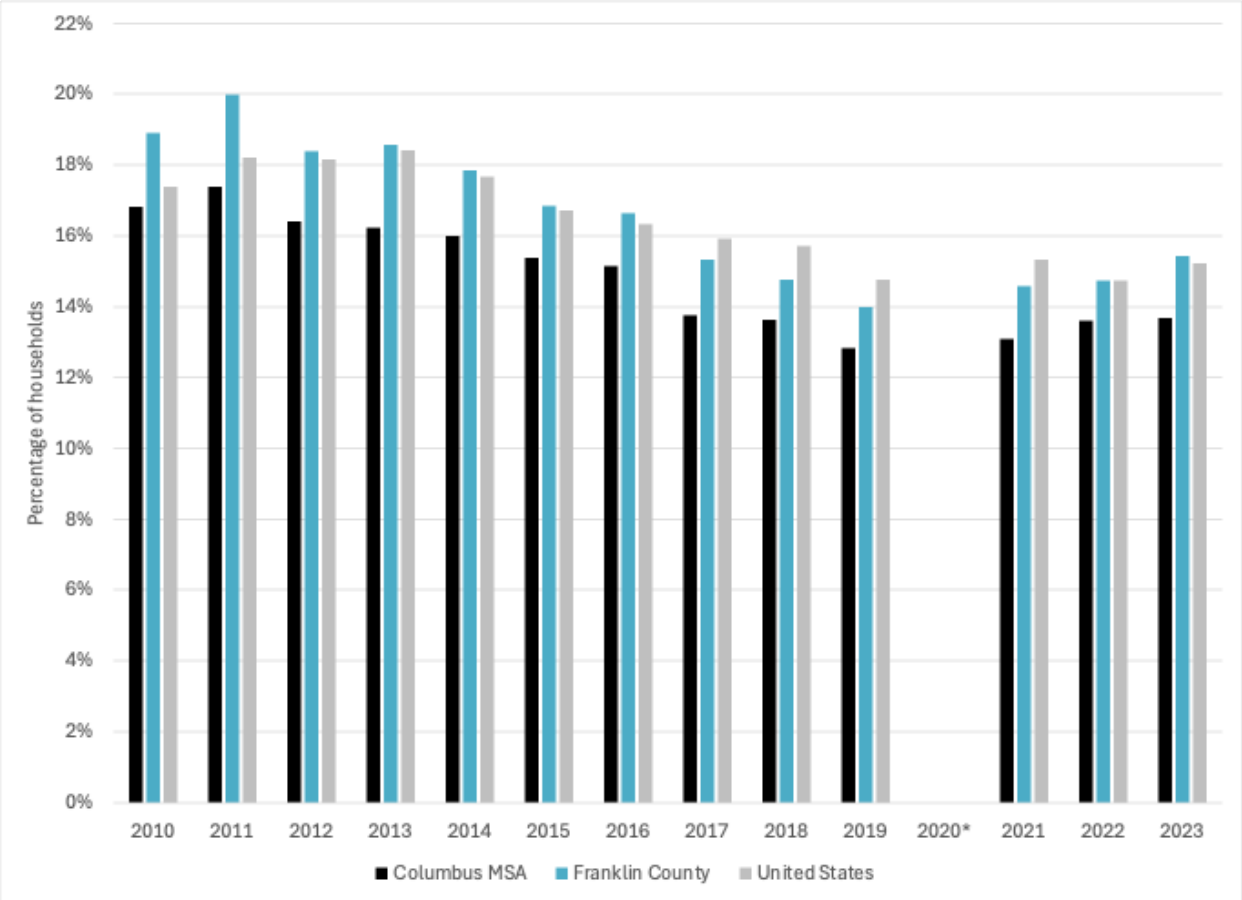
Source: American Community Survey, U.S. Census Bureau. Inflation adjustment by Chained CPI-U, U.S. Bureau of Labor Statistics.

The increase in median income obscures the trends faced by both low-income and high-income households, so these must be analyzed separately through changes in the percentages of households at various income brackets. Please note that a household's income increasing or decreasing does not affect the median income as long as the change in income remains below or above the median. The estimates of the number of households are shown in the ACS for each year at the same set of income levels. Inflation makes these brackets incomparable from one year to the next. The bracket limits for each year were inflated to 2023-equivalent levels using the chained

consumer price index for all urban consumers (CPI-U).[18] This resulted in income brackets that varied over time. Households in each of these brackets were allocated to standard brackets by interpolation.

Figures 24 and 25 plot the percentage of total households in the lowest income brackets, less than $25,000 and $25,000 to $39,999 in 2023-equivalent dollars, respectively. Figure 24 illustrates a significant decline in the share of households less than $25,000. This percentage fell from 17.4% in the MSA and 20% in Franklin County to an MSA share of 12.8% and 14% in Franklin County by 2019. The percentage of Franklin County households was greater than the national average in 2010 but by 2019 it had fallen below average. This decline ceased both locally and nationally beginning in 2021. As Figure 25 reveals, the percentage of households with incomes between $25,000 and $39,999 also declined, but only slightly. (As is discussed below, many of these households also must struggle to afford necessities.)

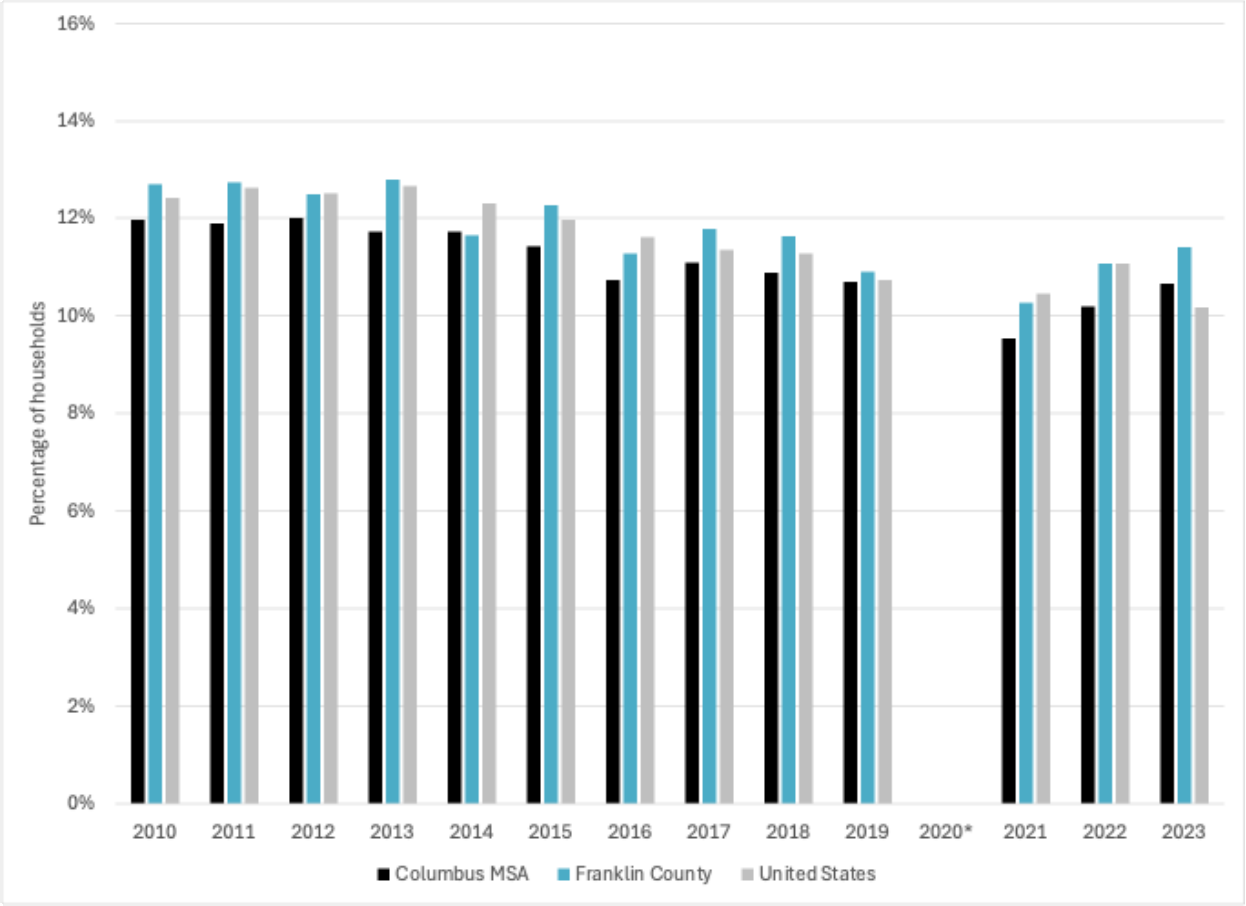
Figure 24: Households with Income Less Than $25,000 in 2023-Equivalent Dollars



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

[18] Unlike the standard CPI-U, which is based on a constant basket of goods and services, the chained CPI-U varies the basket based on changes in prices of substitutable goods. This reflects, for example, the fact that if the price of butter rises but the price of margarine does not, people will buy less butter and more margarine.

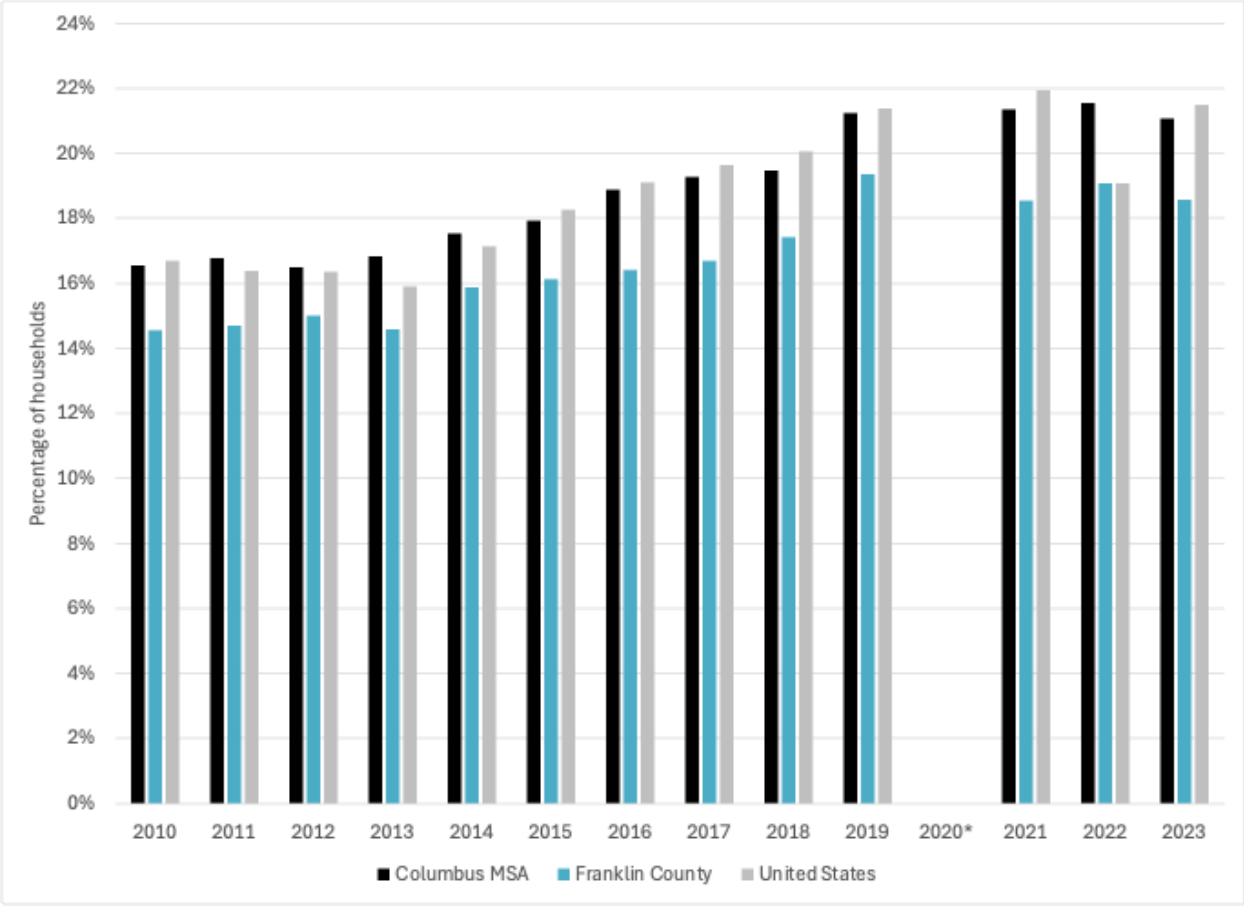
Figure 25: Households with Income $25,000-$49,999 in 2023-Equivalent Dollars



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Figure 26 shows the other side of the coin – the percentage of households at high incomes, equal to or greater than an inflation-adjusted $150,000. As illustrated, the percentage of high-income households increased substantially between 2014 and 2019 but stabilized thereafter. This percentage was generally comparable to the national average, while the Franklin County share was always less except in 2022, when the national share fell before recovering in 2023. Thus, the increase in the median household income charted in Figure 23 is a result of both the decline of the number of lowest-income households and the increase in the number of the highest-income households. The lower median in Franklin County is consistent with the finding that the share of low-income households is greater than the MSA and the share of high-income households is less than average.

Figure 26: Households with Income at Least $150,000 in 2023-Equivalent Dollars



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Poverty and Income Self-Sufficiency

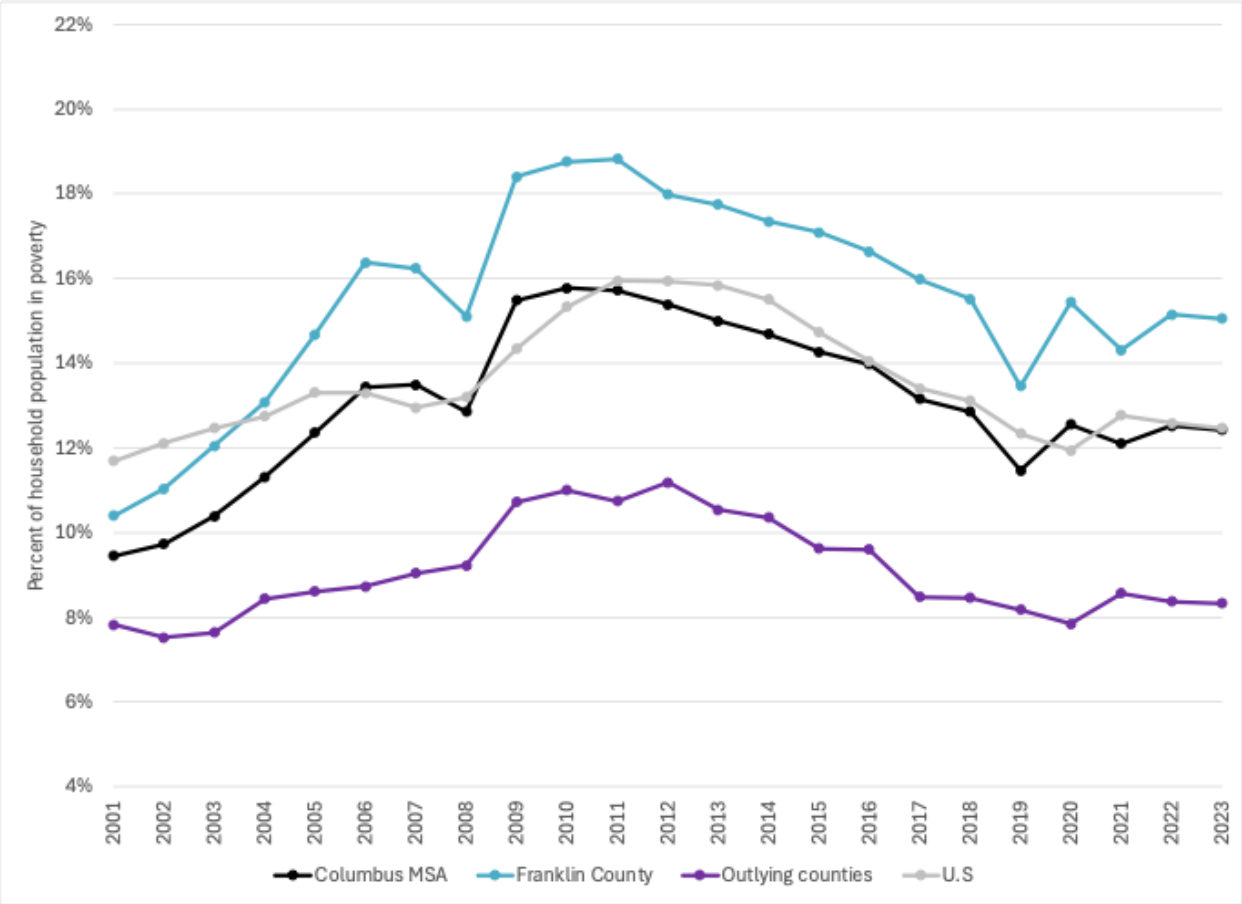
The Census Bureau determines a family's poverty status based on the family's money income and its composition. Family income is compared to a poverty threshold that varies by composition. Income includes money assistance but not non-monetary benefits such as food stamps and subsidized rent. Composition variables include the number of people in the household, the number of children, and whether the householder is 65 years or older. If the family's income is less than the threshold for that composition, the family and every person in it is in poverty. The official poverty thresholds are identical for all 50 states, but are adjusted annually based on the standard (not chained) CPI-U.

The poverty thresholds were first developed in 1963 and refined the following year by Mollie Orshansky, a staff economist at the Social Security Administration. The thresholds were set up based on the cost of the U.S. Department of Agriculture's minimum food diet multiplied by three to account for other necessities. (This was based on the results of a 1955 survey that found that families spent about one-third of their income on food.) The results were projected backward to calculate thresholds and poverty rates beginning in 1959. The only substantial change made to Orshansky's method since 1964 has been to adjust the thresholds for inflation. As a result of changes in the American diet and in the comparative cost of food and other goods and services, the

poverty thresholds have deviated further and further from the income that households need to make ends meet. Various updates to the poverty measure have been proposed over time but none has been formally adopted.[19]

Figure 27 charts poverty rates annually beginning in 2001, as measured by the Census Bureau's Small Income and Poverty Estimates (SAIPE). Poverty in Franklin County has been consistently higher than the MSA average, meaning that the rate for the outlying counties has been consistently lower. This lower rate masks significant variability, however. The 2023 rate for Delaware County was 5% and the rate for Union County was 5.4%. Meanwhile, Perry County was at 13.7% and Hocking County was at 15.9%. Poverty rates were significantly lower than the U.S. average in 2001, but the MSA rate increased to average by 2006. This is because of an employment growth rate in the MSA one-third slower than the U.S. average during the 2003-2007 expansion. However, the MSA poverty rate stayed near the national average during the much stronger employment growth and declining unemployment rate between 2011 and 2019.

Figure 27: Percentage in Poverty, Columbus MSA, Franklin County, Outlying Counties, and U.S., 2001-2023



Source: Small Area Income and Poverty Estimates, U.S. Census Bureau.

[19] For a detailed discussion of the poverty rate, see U.S. Census Bureau. (2025). About poverty in the U.S. population: How the Census Bureau measures poverty, https://www.census.gov/topics/income-poverty/poverty/about.html along with the additional linked pages.

As stated, the poverty rate is becoming increasingly inadequate in measuring the extent of human financial needs. At least two groups of academic researchers have sought to fill the gap by developing a living wage available at the county level. The living wage is the minimum amount that a worker needs to earn to meet basic household needs – housing, food, childcare, communications, transportation, and healthcare – without assistance. The living wage standard also requires that the household spend no more than 30% of total income on housing. Households with housing costs totaling more than 30% of income are considered "housing cost burdened" by the U.S. Department of Housing and Urban Development. The next chapter offers a detailed discussion of housing needs, costs, and development.

Like the official poverty rate, a household's living wage depends on the household's configuration. A household consisting of a single individual living alone has a lower living wage than one consisting of two spouses or a parent and one or more children. The most frequently cited measure of living wages is the Massachusetts Institute of Technology (MIT) Living Wage Calculator.[20] This tool estimates for any county or MSA in the U.S. the living wage for households with one adult, two adults with one working, and two adults with both working, and up to three children for each. The Ohio Association of Community Action Agencies (OACAA) offers a Self-Sufficiency Calculator from the Center for Women's Welfare of the University of Washington School of Social Work.[21] This calculator provides living wage estimates for any county in Ohio. These are available for households with up to four adults 18 years and older and up to five infants, five preschoolers, five school-aged children, and five teenagers.

Appendix Table A-10 compares these two measures of living wage for a high-cost county in the region (Franklin) and a low-cost county (Hocking). Five alternative household types are analyzed: a single adult living alone, a single adult with one preschool child (age 3-5), a single adult with one school-age child (age 6-12), a cohabiting couple with one preschool child, and a cohabiting couple with one school-age child. Specifying the age of the child for the OACAA estimate highlights a key weakness of the MIT measure: there is a single estimate for childcare costs regardless of the age of the child. Childcare costs are less for children who are attending school. This distinction is captured by the OACAA measure. This measure also includes an option for teenagers aged 13-17 with childcare costs of zero. (Dependents older than 17 are considered to be additional adults.)

It is assumed by the MIT measure that all single-parent households and married or cohabiting couples with both working pay market rate for childcare. If one partner is not working, it is assumed that childcare is not needed. The OACAA measure does not provide separate estimates for two-partner households with one not working. In reality, some working households with younger children avoid childcare costs by making informal arrangements with older children, other family members, or friends. In other cases, one or more parents can work from home and may be able to avoid at least some childcare costs that way. The lack of childcare costs reduces the required living wage significantly.

Most spending categories are fairly self-explanatory except for MIT's civic engagement category. This includes a variety of entertainment-related expenditures: fees and admissions; audio and

[20] Living Wage Institute, Massachusetts Institute of Technology. (2025). Living wage calculator. https://livingwage.mit.edu

[21] Ohio Association of Community Action Agencies. (2025). Self-sufficiency calculator. https://oacaa.org/self-sufficiency-calculator/

visual equipment and services, pets, toys, hobbies, playground equipment, reading, and education.

Table A-10 makes clear that OACAA yields a much lower living wage estimate than MIT.[22] Although MIT and OACAA use different data sources for these costs, the key difference is in the assumed household income underlying these costs. This is important because lower-income households spend less by buying lower-cost food and older vehicles, for example. MIT assumes household income of 80% of MSA median income, while OACAA assumes between 20% and 40% of the median. Median income in the Columbus MSA in 2023 was $77,390, according to the Census Bureau's American Community Survey. Given this, MIT's assumed income is $61,912, or $29.77 per hour full-time, and OACAA's (at 30%) is $11.16. This suggests that MIT's living wage estimates are overstated for the many households at living wage levels lower than about $25, but OACAA's are in many cases understated.

One spending category with major differences is the other expenditures category, especially given that some of MIT's civic engagement category and the internet and mobile category are part of OACAA's other expenditures. The expenditures included in the MIT measure are drawn from line items in the Consumer Expenditure Survey. OACAA derives specific estimates for broadband and cell phone costs but calculates the cost of other necessities as 10% of all other costs. The University of Washington's methodology document stated that this is a more conservative percentage than the 15% commonly used in other basic needs budgets, which include recreation, entertainment, savings, and debt repayment (p.42). Recreation and entertainment are included in the MIT measure as part of civic engagement. To a large extent, these are discretionary expenditures; it is a matter of opinion whether they should be included among basic needs. The general conclusion may be that the MIT measure as computed is likely somewhat high, while the OACAA measure is probably low. Please note, however, that changing any of the totals in either of these living wage measures requires recomputing federal and state income taxes.

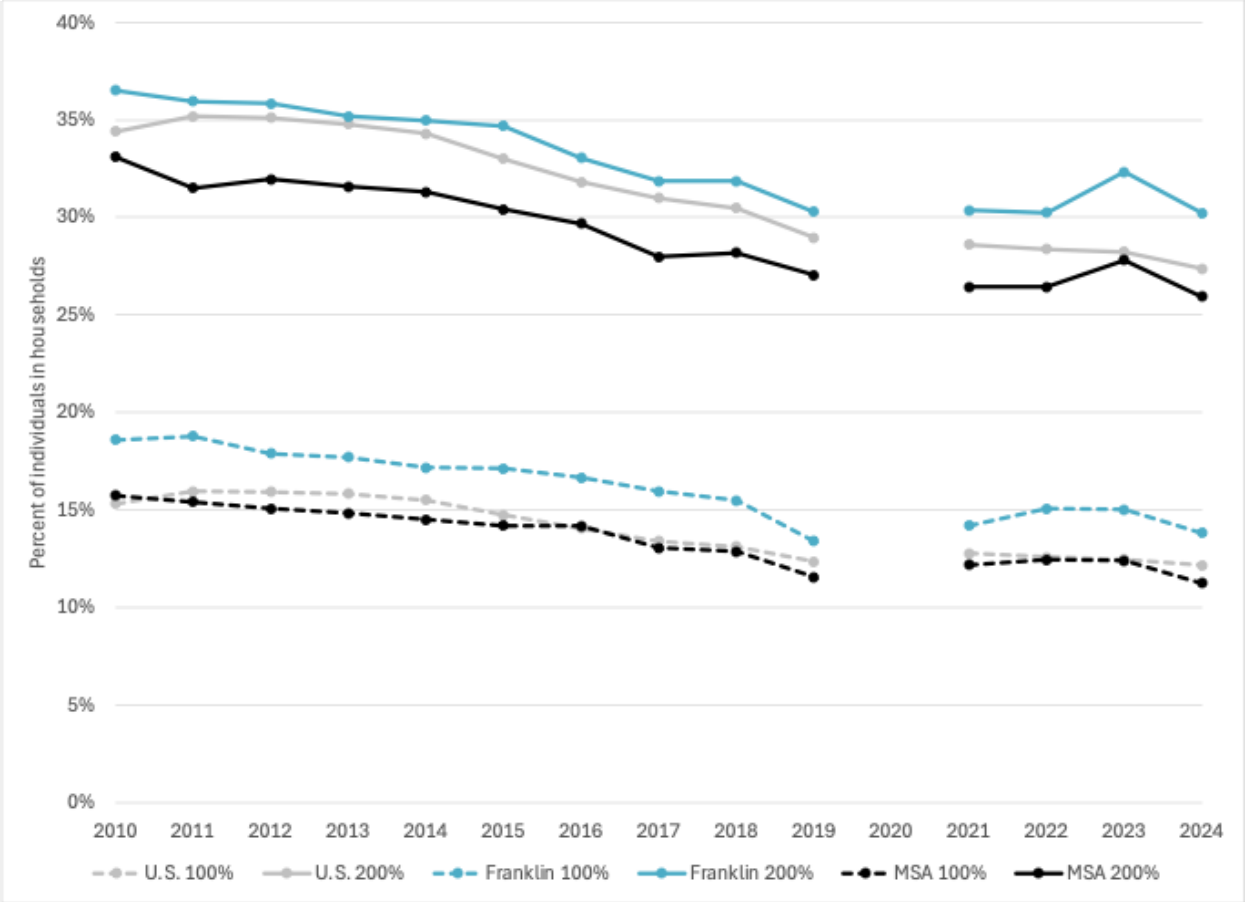
The living wage analysis by both MIT and the University of Washington emphasizes the difference between the official poverty threshold and what a household needs to survive. The 2024 poverty threshold for one adult living alone is $16,320, for one adult and one child of any age is $21,621, and two adults and one child is $25,249. The OACAA living wage in Hocking County for a one-person household is $22,824, 40% higher than the poverty threshold. For a household of one adult and one child, the living wage $37,308 or $40,056 is 72% to 85% higher than the poverty threshold. For two adults and one child, the OACAA living wage is 93% or 102% higher than the poverty threshold. The differences between Franklin County living wages and the poverty thresholds are even greater.

Barring a detailed analysis of the incomes of individual households compared to the applicable living wage, the common approach is to approximate the number of households in need by counting the number of households with income less than 200% of the poverty rate. The percentage of households at 200% is not available in the SAIPE data but is in the ACS. The percentages of households at 100% and 200% of the poverty rate beginning in 2010 are charted in

[22] For a detailed methods discussion of the OACAA Self-Sufficiency Calculator, see https://selfsufficiencystandard.org/wp-content/uploads/2024/09/SSS2024_TechnicalBrief_2024909.pdf. An overview of the MIT Living Wage Calculator is at https://livingwage.mit.edu/pages/methodology. Technical details are available from a document linked to that page.

Figure 28. As is true of other ACS data, data for 2020 were not released. The results are that the number of households with income less than 200% of the poverty threshold is generally around twice the number of those below the threshold. In 2023, the most recent year available, 32.3% of people in Franklin County households, or about 418,300, are in households with income less than the 200% limit. Across the MSA, the share is 27.8%, translating to about 591,600 Central Ohio residents. Note, however, that poverty and need are defined only for people in households. Many of the 52,000 individuals in group quarters, including college students and residents in retirement communities and nursing homes, are also in need.

Figure 28: Percentage of Population with Income below 100% and 200% Poverty Rates, Columbus MSA, Franklin County, and U.S., 2010-2024

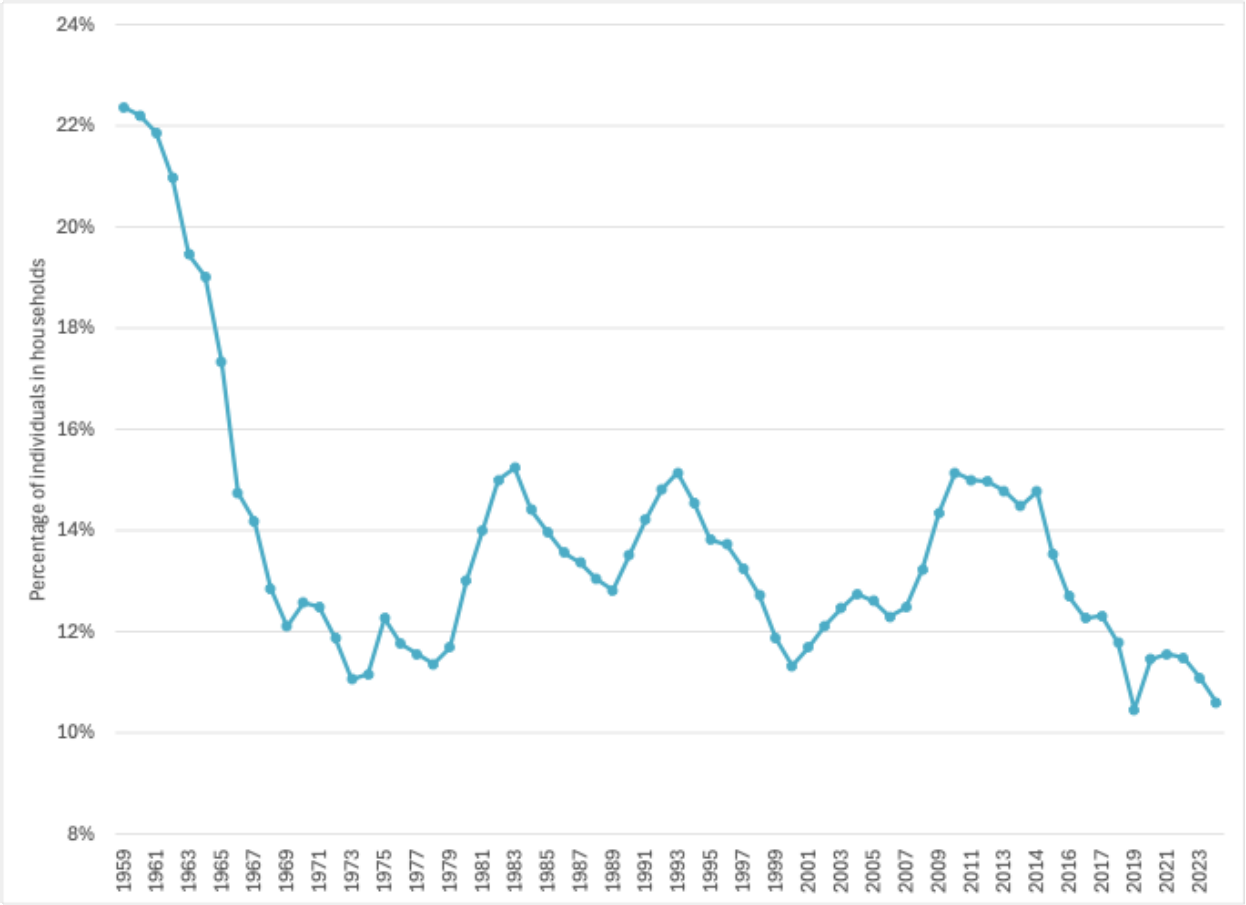


*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Projecting the number of local residents in poverty can be based on a longer historical time series than those presented so far. Drawing from the Current Population Survey, the Census Bureau published historical poverty rates beginning in 1959. These are graphed in Figure 29. The noteworthy feature of this time series is that since the late 1970s, the percentage in poverty has fluctuated fairly regularly between 11% and 15%. Thus, a reasonable approach to projecting Central Ohio household members in poverty in 2035 and 2050 might be to average U.S. poverty rates between 1978 and 2023. Based on the results graphed in Figure 27, this can be assumed equal to the Columbus MSA poverty rate. The Franklin County poverty rate since 2004 has been 19% greater than the MSA rate, so the county rate is projected at 1.19 times the MSA rate. These

totals are doubled to approximate the household members in need. The U.S. average poverty rate since 1978, and hence the projected Columbus MSA poverty rate, is 13.2%. The Franklin County poverty rate is 15.7%. The resulting poverty projections are in Table 8.

Figure 29: Percentage of U.S. Population in Poverty, 1959-2024



Source: Current Population Survey, U.S. Census Bureau.

Table 8: Projected Household Population in Poverty and in Need

	Total household population	100% poverty	200% poverty
Franklin County			
2024	1,323,200	182,900	399,900
2035	1,467,300	230,400	460,700
2050	1,595,900	250,600	501,100
Columbus MSA			
2024	2,169,100	244,000	562,800
2035	2,399,800	316,800	633,600
2050	2,613,600	345,000	690,000

These projections imply an increase of 42,000 (7.3%) in MSA residents in need by 2035 and a 36,400 (10.3%) increase in Franklin County. It is important to keep in mind that these projections assume a continuation of current conditions. A change in development patterns in Franklin County versus those in the surrounding counties could change the relative poverty rates. At least two other

factors could also cause major changes in the number of Central Ohio residents in need. The first is a major disruption in the labor market brought about by AI and other possibly unanticipated technological developments. The second is a change in the pace of residential development that would either increase or decrease the appreciation rate of housing in Central Ohio. That is the topic of the next chapter.

Economic Inclusion

Just as important as the level of income and wealth is its distribution across neighborhoods and racial and ethnic groups. The region's wealth should be equitably shared among households. This was the subject of a 2024 study by this author for the Columbus Urban League, based mostly on data from the Brookings Institution's Metro Monitor program.[23] Inclusion is measured by Brookings as the change in the employment rate difference between non-Hispanic Whites and people of color, the difference in median earnings, and the relative change in poverty. Recognizing the inadequacy of the poverty measure in addressing total need, the study added measures based on 125% of the poverty rate.

The study found that inclusion across neighborhoods ranked favorably (14th) compared to the 53 other MSAs of 1 million or more. This implies that although Central Ohio has economically challenged neighborhoods, there are not the deeply impoverished neighborhoods that exist in other large cities. The news is much worse for inclusion among racial and ethnic groups. Here the rankings of component measures were often in the 40s or worse out of the 54 very large MSAs. In the Brookings combined measure of racial/ethnic inclusion, Columbus ranked 54th out of 54.

The study concluded by proposing initiatives to improve racial inclusion. The baseline strategy is simply to ensure that eligible households are accessing all available federal and state benefits and supporting them through the application process. Effective career counseling can direct workers with a high school diploma to jobs paying more than the retail, fast food, or other low-wage jobs that they may currently occupy. Leaders should engage with school districts to increase graduation rates and ensure that students are learning the skills that employers need, including work-ready (soft) skills. The study's ultimate recommendation was to create a task force with the ultimate goal of improving economic inclusion in the Columbus MSA.

Food Security and Insecurity

Possibly the most serious result of low household income is the inability to buy enough food to sustain all household members. The U.S. Department of Agriculture (USDA) defines food security as "access by all people at all times to enough food for an active, healthy life."[24] In contrast, food insecurity is measured by questions in the Bureau of Labor Statistics' Current Population Survey asking, among other things, whether respondents are worried whether their food would run out before they could afford to buy more, whether they were hungry but did not eat for lack of food, and whether they lost weight because there wasn't enough money for food.

[23] Bill LaFayette. (2024). Fostering economic inclusion in Central Ohio.
[24] Economic Research Service, U.S. Department of Agriculture. (2025). Food Security in the U.S. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us

The USDA estimated that 86.5% of U.S. households were food secure throughout 2023, while the remaining 13.5% were food insecure at least some time during the year, a statistically significant increase from the 12.8% in 2022. Very low food security is defined as reduced food intake and disrupted eating patterns by one or more household members at times during the year; this applied to 5.1% of households during 2023, equal to the 2022 percentage.

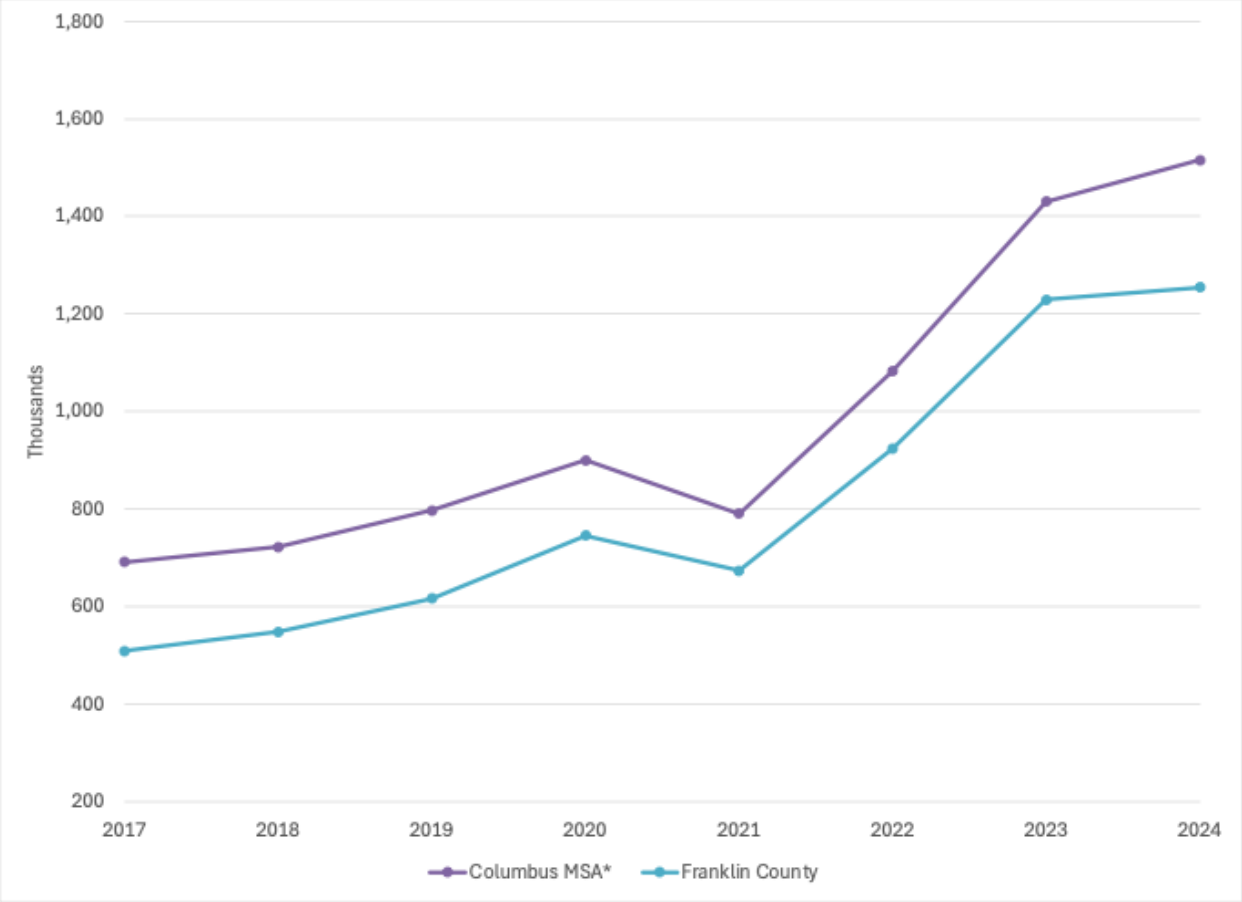
The USDA also estimated food security at the state level for 2021-2023. Ohio's incidence of food insecurity was 12.8%, with 5.3% of households experiencing very low food security. This translates to approximately 634,000 food insecure Ohio households and about 262,000 households with very low food security. Neither of these percentages was statistically different from the 12.2% and 4.7% U.S. percentages at the time.

A USDA report highlighted the role of federal food and nutrition assistance programs in addressing food insecurity.[25] These programs, along with food banks and other local charitable organizations, can help food insecure households meet their food needs. The USDA's Food and Nutrition Service administers 16 assistance programs. The three largest are the Supplemental Nutrition Assistance Program (SNAP), the National School Lunch Program (NSLP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[26]

The failure of the wages of low-income households to keep pace with rising food costs has resulted in substantially greater reliance on food banks. The Mid-Ohio Food Collective (MOFC) serves more than 600 partner agencies in 20 counties in central and eastern Ohio, including all counties of the Columbus MSA except Hocking and Perry. As shown in Figure 30, visits to partner agencies in the eight remaining counties of the MSA totaled more than 1.5 million in 2024, up 119% from 2017. Of this total, 1.25 million – 83% – were in Franklin County. Growth here since 2017 amounted to 146%. As the figure documents, growth in partner visits was relatively slow before the pandemic, with a decline in 2021 as the federal government's COVID payments temporarily eased the need. But subsequently, growth surged.

[25] Matthew P. Rabbitt, Madeline Reed-Jones, Laura J. Hales & Michael P. Burke. (2024). *Household food security in the United States in 2023.* Economic Research Service, U.S. Department of Agriculture. https://ers.usda.gov/sites/default/files/_laserfiche/publications/109896/ERR-337.pdf?v=64003
[26] Rabbitt et al. (2024), p.37.

Figure 30: Annual Visits to Mid-Ohio Food Collective Partners in the Columbus MSA, 2017-2024



Source: Mid-Ohio Food Collective.

Against this backdrop, new federal and state budget changes impose substantial cuts to food programs relied upon by needy households. The 2025 omnibus appropriations act ("One Big Beautiful Bill Act," OBBBA) will cut about $186 billion from SNAP funding through 2034, according to the Congressional Budget Office (CBO).[27,28] SNAP benefits are based on a market basket derived from the Thrifty Food Plan (TFP). This is the "cost of groceries needed to provide a healthy, budget-conscious diet for a family of four." Before 2021, the cost of the TFP was only adjusted based on inflation. But beginning in 2021, the TFP cost could be adjusted based both on inflation and periodic re-evaluations based on current food prices, food composition data, consumption patterns, and changes to dietary guidance. Under the OBBBA, this re-evaluation can still occur, but the cost of the TFP cannot be increased as a result. Effectively, TFP changes are once again solely

[27] Talia Wexler. (2025, August 8). Trump's 'big beautiful' bill will cut $186 billion from SNAP through 2035—how states might handle the changes. *CNBC*. https://www.cnbc.com/2025/08/08/trumps-spending-bill-cuts-billions-in-snap-benefits.html?msockid=38aee5391a6b6bc3065fe86f1e6b6d90

[28] Emily Stone. (2025, July 21). One Big Beautiful Bill Act: Nutrition title. *National Agricultural Law Center*. https://nationalaglawcenter.org/one-big-beautiful-bill-act-nutrition-title/

inflation-driven – unless the re-evaluation causes a reduction in cost. The CBO estimated that this change would reduce the cost of the SNAP program by $37.3 billion over 10 years.[29]

The new law tightens the work requirements for SNAP recipients who are able-bodied adults without dependents. The law raises the age limit for compliance with work requirements for these individuals from 54 to 65. Work requirements include working, volunteering, performing in-kind work, participating in a work program, or any combination for at least 80 hours per month. Previously, the work requirements were waived for households with dependents under the age of 18. The OBBBA reduces that exemption to households with children under the age of 14. If participants who are subject to this requirement fail to meet it, they lose SNAP benefits after three months. Reinstatement requires meeting the work requirements for 30 days. Otherwise, participants must wait three years to get another three months of benefits. These provisions will result in a 10-year reduction of $68.6 billion, according to the CBO.

The OBBBA also removes eligibility for SNAP from those admitted to the U.S. under humanitarian programs, including refugees and asylees. The only non-native U.S. residents eligible for SNAP are now "aliens admitted for permanent residence, persons who have been granted the status of Cuban and Haitian entrants, and individuals who lawfully reside in the United States in accordance with a Compact of Free Association."[30] – a 10-year reduction of $1.9 billion. Franklin County leaders estimated that this would cost more than 4,000 Franklin County residents, mostly refugees, their SNAP benefits. This total includes more than 1,700 children and more than 300 seniors.[31]

The other major change to SNAP is a new requirement for cost sharing by states with higher payment error rates. Beginning in fiscal year 2028, states with payment error rates less than 6% pay nothing and the USDA pays 100% of the cost of SNAP benefits. States with error rates of 6% to less than 8% pay 5%, those with rates of 8% to less than 10% pay 10%, and those with rates of 10% or higher pay 15% of program costs. Ohio's SNAP payment error rate in fiscal 2024 was 9.01%, which would entail a required cost share of 10% unless the state is able to reduce the rate. The OBBBA also reduces the federal share of administrative costs from 50% to 25%, with states required to bear the other 75%. These two provisions will result in 10-year savings of $40 billion for error rate cost sharing and $24.7 billion for administrative cost sharing.

These cuts to SNAP benefits would have cost Ohio at least $645 million per year to maintain spending levels, according to an estimate by the Center for Community Solutions.[32] Additionally, the U.S. Department of Agriculture ended the Local Food Purchase Assistance Cooperative

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[29] Excel workbook downloaded from Congressional Budget Office. (2025, June 28). Estimated budgetary effects of an amendment in the nature of a substitute to H.R. 1, the One Big Beautiful Bill Act, relative to the budget enforcement baseline for consideration in the Senate. https://www.cbo.gov/publication/61533?utm_

[30] Stone (2025).

[31] Emma Wozniak. (2025, October 16). Trump's 'Beautiful Bill' to halt food assistance for thousands of Franklin County refugees. *The Columbus Dispatch*. https://www.dispatch.com/story/news/local/2025/10/16/trump-bill-immigrants-refugees-snap-benefits-ohio/86714420007/

[32] Rachel Cahill. (2025, May 16). Proposed federal cuts would require at least $645 million per year in new state spending to maintain current SNAP benefit levels. *The Center for Community Solutions.* https://www.communitysolutions.com/resources/snap-cuts-ohio-would-cost-645million-annually-to-maintain-benefits

Agreement Program, which had helped local foodbanks. However, the biennial state budget, signed by Governor DeWine on June 30, 2025, rolled back the state's support for foodbanks to 2019 levels, a loss to MOFC of $3 million over the coming two years. As the number of needy residents continues to increase, this will increase the strain on the region's foodbanks and is likely to increase hunger in the region and in Franklin County.

V. Housing and Homelessness

Safe and adequate housing is, of course, a critical human need. A lack of adequate housing increases house prices and rents, which increases the likelihood that lower-income households will become homeless.

An inadequate supply of housing also negatively impacts workforce supply and economic growth. If Central Ohio lacks a ready supply of a wide variety of housing types at all price points, those wishing to move to the region for employment will be deterred from doing so. This will negatively impact the supply of trained workers. The collapse of net domestic migration discussed in the population chapter is one concerning sign that this is already happening.

This chapter begins with an analysis of house price and rent trends. Following this is an exploration of construction trends and an estimate of the annual construction needed to maintain housing price stability. The chapter concludes with an analysis of homelessness in the region.

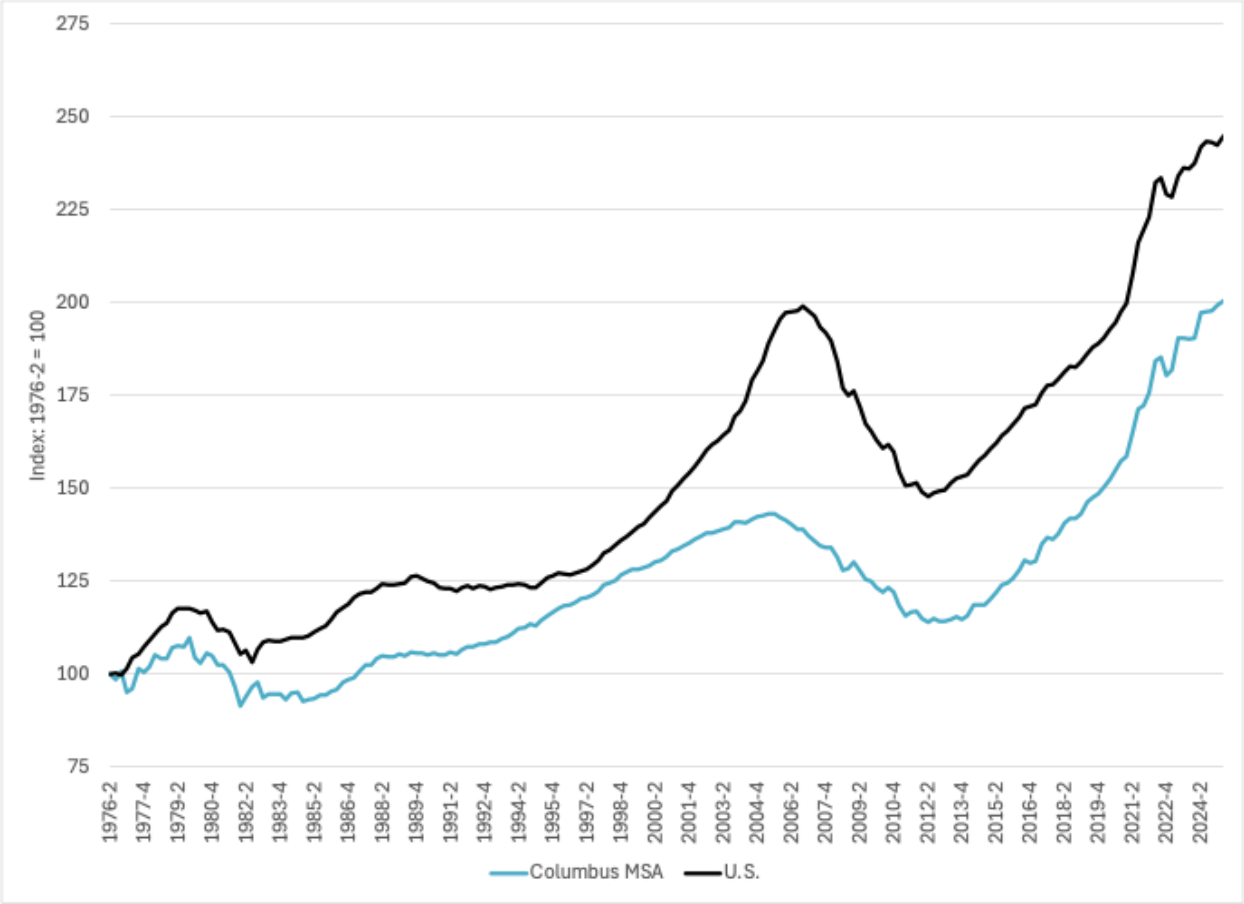
House Price Trends and Housing Affordability

Regional house price trends are analyzed using the Federal Housing Finance Agency's House Price Index (HPI).[33] This is a collection of indices beginning in the mid-1970s and derived from data on sales transactions at the national, state, and MSA level. The indices are based on repeat sales (and in some cases refinancings) of the same properties. This overcomes a shortcoming of the National Association of Realtors' median house price, which is influenced by changes in the characteristics of market participants at any given time. The specific index analyzed is quarterly and includes both purchase and refinancing appraisal data. Index values are adjusted for inflation using the gross domestic product implicit price deflator from the U.S. Bureau of Economic Analysis.

Figure 31 graphs the HPI from its first availability for the Columbus MSA, the second quarter of 1976. As the figure shows, house price growth over this entire period has been less locally than it has been nationally. Total price growth after inflation has been 100.3% in the Columbus MSA and 144.7% nationally. In other words, inflation-adjusted house prices in the Columbus MSA have doubled over the last half century and those nationally have more than doubled.

[33] Federal Housing Finance Agency. (2025). FHFA house price index. https://www.fhfa.gov/data/hpi

Figure 31: Inflation-Adjusted House Price Index, Q2 1976 – Q2 2025

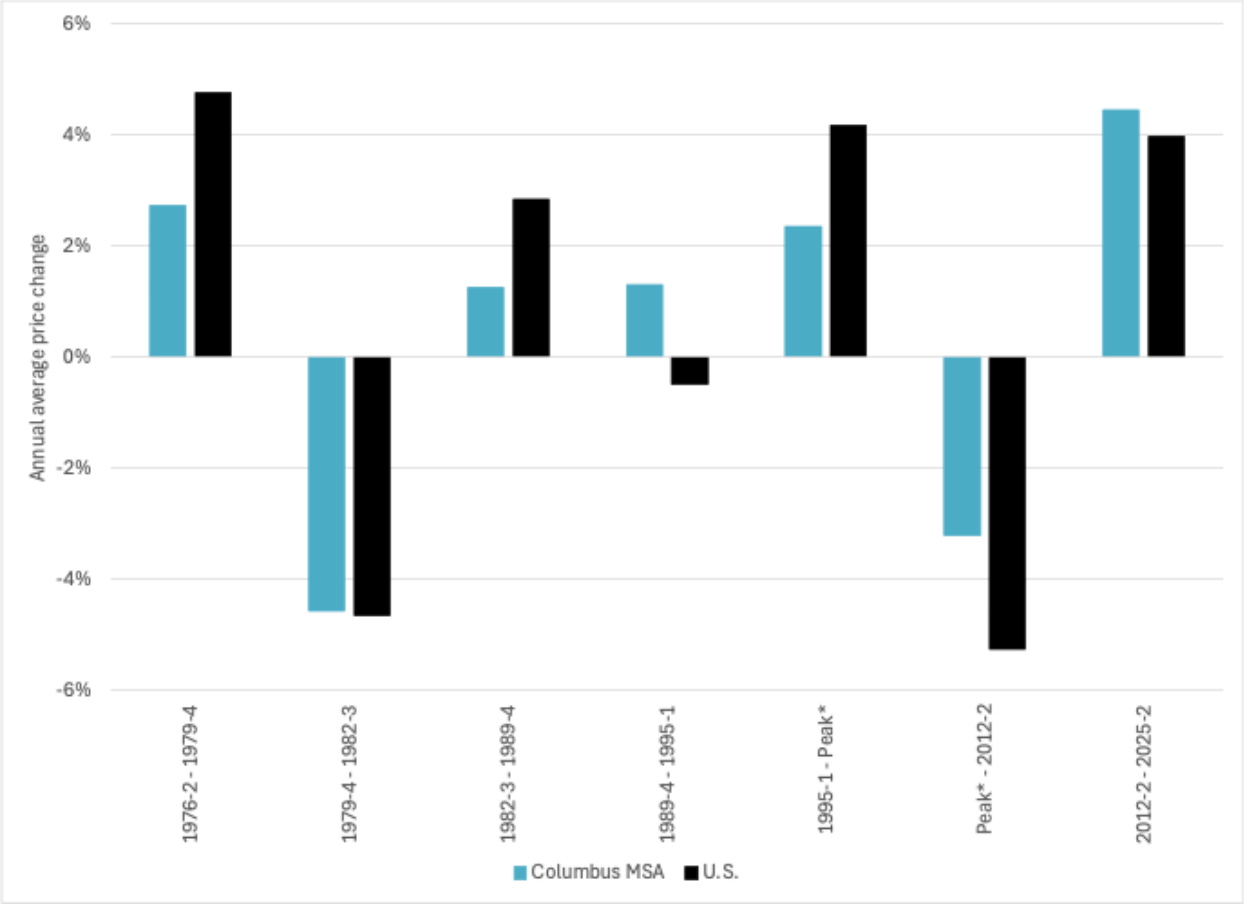


Source: Federal Housing Finance Agency. Inflation adjustment: Gross domestic product implicit price deflator, U.S. Bureau of Economic Analysis.

Apparent in this graph are a number of changes in growth trends, either in direction or in rate. Figure 32 compares the annualized changes locally and nationally for each period. Prior to 2012, Columbus MSA increases and decreases were usually less than average. The only exception was the decline between 1979 and 1982, whose U.S. annualized decline rivaled that of 2006-2012. This period included two recessions, 1980 and 1981-1982. The 30-year mortgage rate was in double digits throughout the period and peaked at 18.6% in October 1981. Over the next 13 years, Columbus prices increased steadily at an average of 1.27% per year. National prices increased an average 2.84% per year between 1982 and the end of 1989 but then retreated at a rate of 0.5% annually through the beginning of 1995.

Following this was a period of inexpensive money and easy credit. This turbocharged the market and ultimately led to the economic crash of 2008. U.S. prices grew at an annual average of 4.2%, far faster than the 2.3% in the Columbus MSA. This was driven by mortgage originators making highly risky loans to earn higher returns in the very low-interest rate environment of the time. These loans were designed to appeal to borrowers who could not qualify for standard mortgages. Originators were unconcerned with the risk of the loans and the borrowers because they transferred the loan immediately to other entities and pocketed the fees. Demand for houses exploded. Many of these loans and the exotic securities in which they were packaged defaulted, leading to the financial crisis and a massive number of foreclosures.

Figure 32: Inflation-Adjusted Price Changes in Various Economic Regimes, 1976-2025



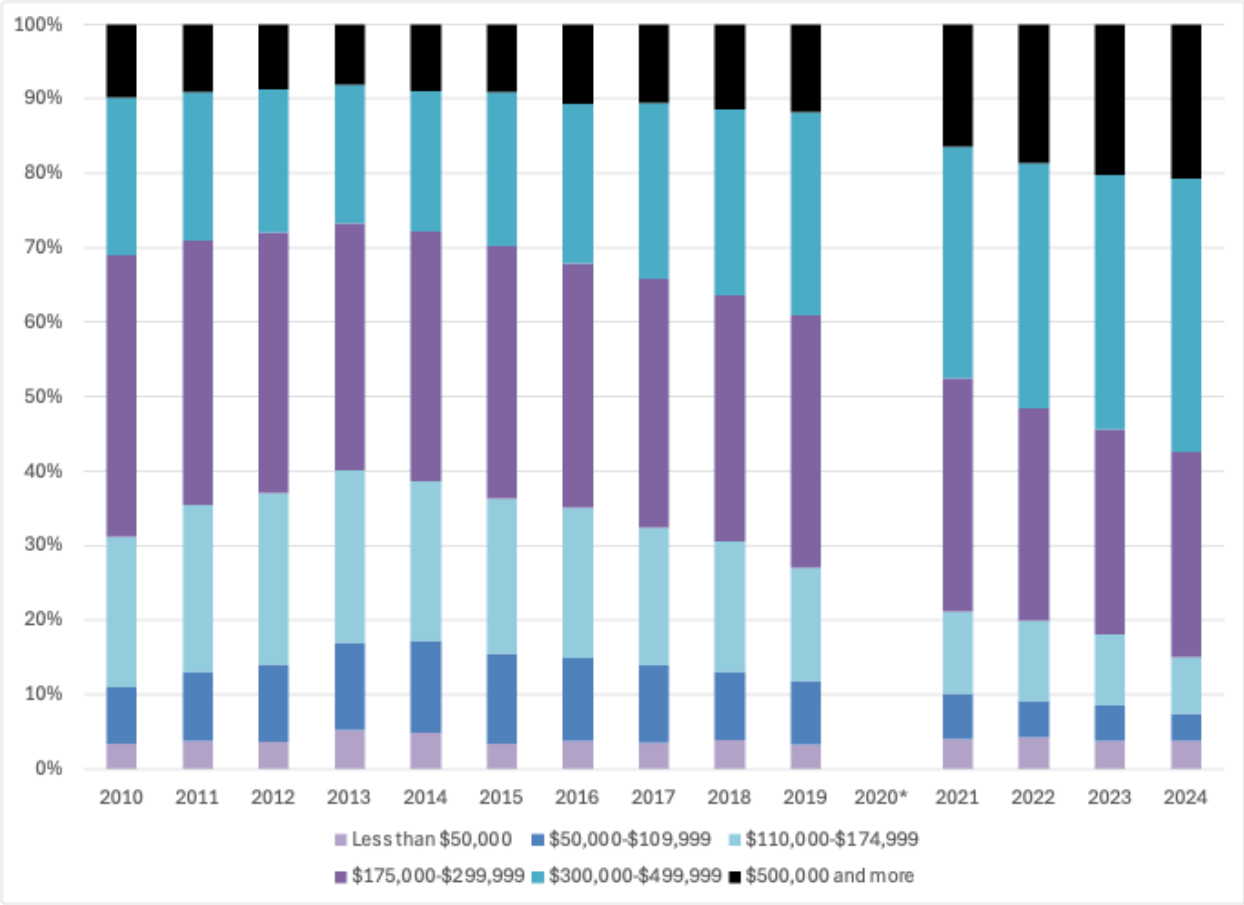
*MSA peak: 2005-2; US peak: 2006-4.
Source: Federal Housing Finance Agency. Inflation adjustment: Gross domestic product implicit price deflator, U.S. Bureau of Economic Analysis.

Although Columbus was not immune from this activity, much of it was centered in coastal regions and higher-growth areas such as Austin and Phoenix. That explains the less-than-average appreciation during the boom and less-than-average decline during the bust. That said, the annual average growth in Central Ohio amounted to a 26.7% increase in house prices after inflation between the first quarter of 1995 and the peak in the second quarter of 2005. U.S. prices peaked a year later, in the fourth quarter of 2006. The total national house price increase over that period was more than double the local increase, 61.5%. The bust that followed persisted through the first half of 2012 and cost MSA house values 20.5%, while the U.S. average loss was 25.7%. The bust and widespread foreclosures in Columbus also created serious problems in neighborhoods such as the Hilltop and the Near East Side.

The average house prices graphed above obscure the distribution of house values – hence the availability of affordable housing. Figure 33 portrays the MSA distribution of inflation-adjusted owners' estimates of the value of their house from the American Community Survey. Consistent with the trends graphed in Figure 32, house price increases were less than inflation until 2013, but then reversed course subsequently. Most striking is the decline in the share of houses with values below $175,000 in 2024-equivalent dollars. These comprised 40% of the MSA housing stock in

2013 but only 19% 11 years later. On the other hand, houses valued at $300,000 or more increased from 28% of the stock in 2013 to 58% in 2024.

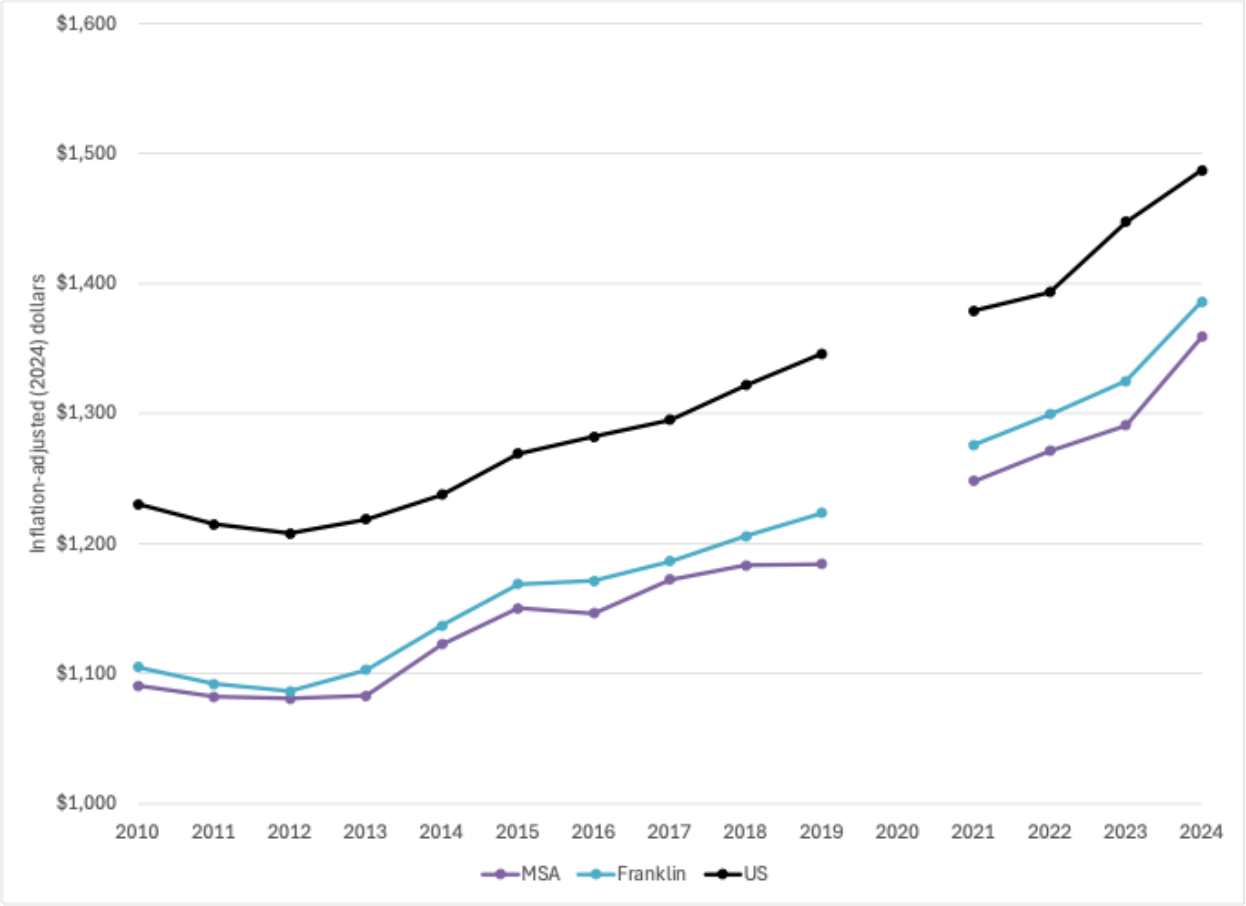
Figure 33: MSA Inflation-Adjusted House Value Distribution, 2010-2024



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Inflation-adjusted rents have also increased. Median gross rents in 2024-equivalent dollars for Franklin County, the MSA, and the U.S. are graphed in Figure 34. These rents are what the household pays, so they incorporate the impact of rent subsidies. Local rents have been consistently less than the U.S. average, but the MSA median has increased 26% since 2012 and the Franklin County median has increased 28%.

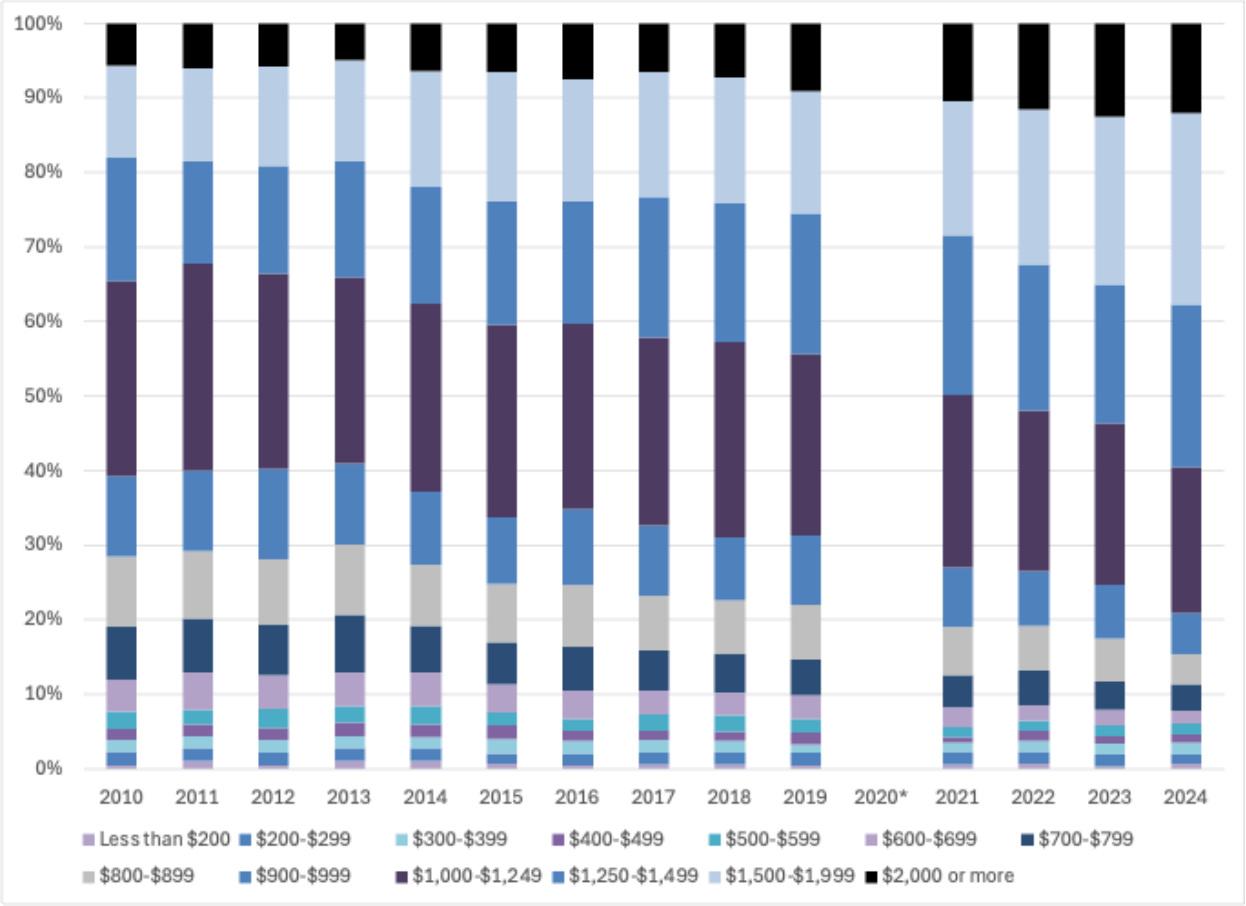
Figure 34: Inflation-Adjusted Median Gross Rent, 2010-2024



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Figure 35 plots the distribution of inflation-adjusted MSA rents. This reveals a pattern similar to that of house prices. In 2013, 30% of renters paid less than $900 monthly in 2024-equivalent rent. By 2024, that share had declined by nearly half. The share of rental units costing an equivalent $2,000 or more per month increased from 5% in 2013 to 12% in 2024.

Figure 35: MSA Inflation-Adjusted Gross Rent Distribution, 2010-2024



*2020 estimates not released.
Source: American Community Survey, U.S. Census Bureau.

Affordability of owner and renter housing improved prior to the pandemic despite the increases in house prices and rents, thanks to increasing employment. The U.S. Department of Housing and Urban Development considers households paying 30% or more of their income on housing as being housing cost burdened. The following two graphs show the percentage of households paying 30% and 50% of their income on selected monthly ownership costs for households with a mortgage (in Figure 36) and gross rent (in Figure 37).

Affordability has remained better than the national average at least for owners but worsened for local owners and especially renters as the pandemic ebbed. Half of renter households were cost burdened in 2024, the highest percentage since the end of the recession in 2010. But the most serious point is that nearly one-quarter of renters and 10% of owners with a mortgage were paying at least half of their income on rent. For these households, the loss of a job or one relatively small, unexpected expense could result in eviction or foreclosure.

Figure 36: Selected Monthly Ownership Costs as a Percentage of Household Income

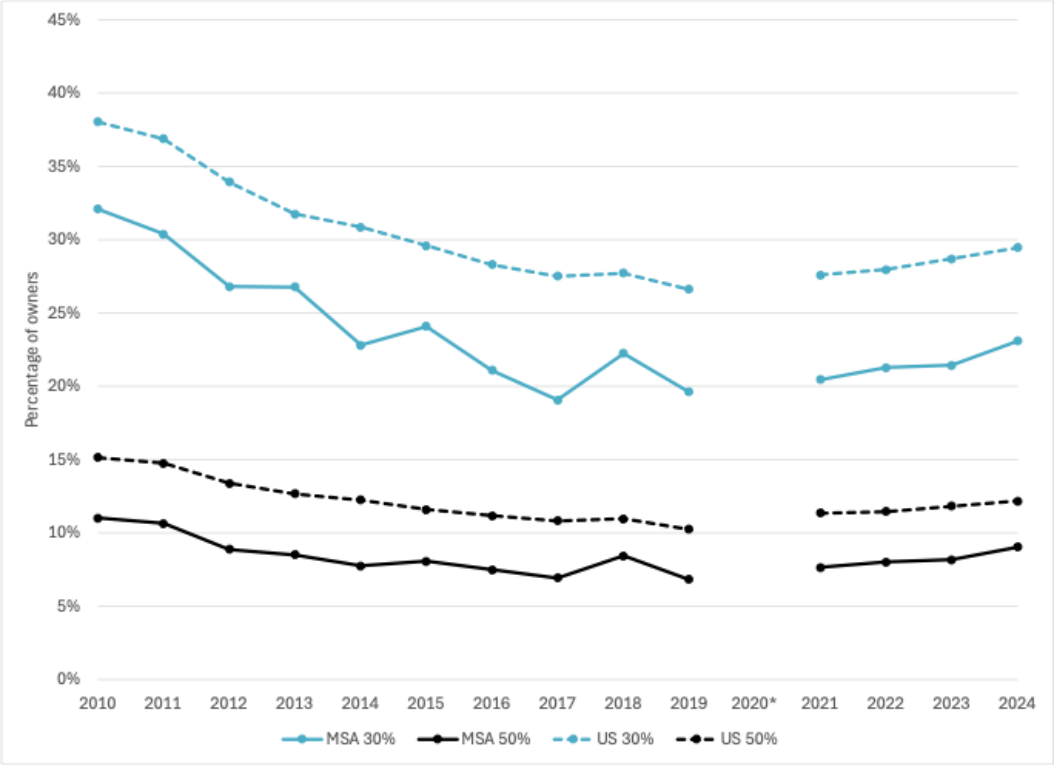
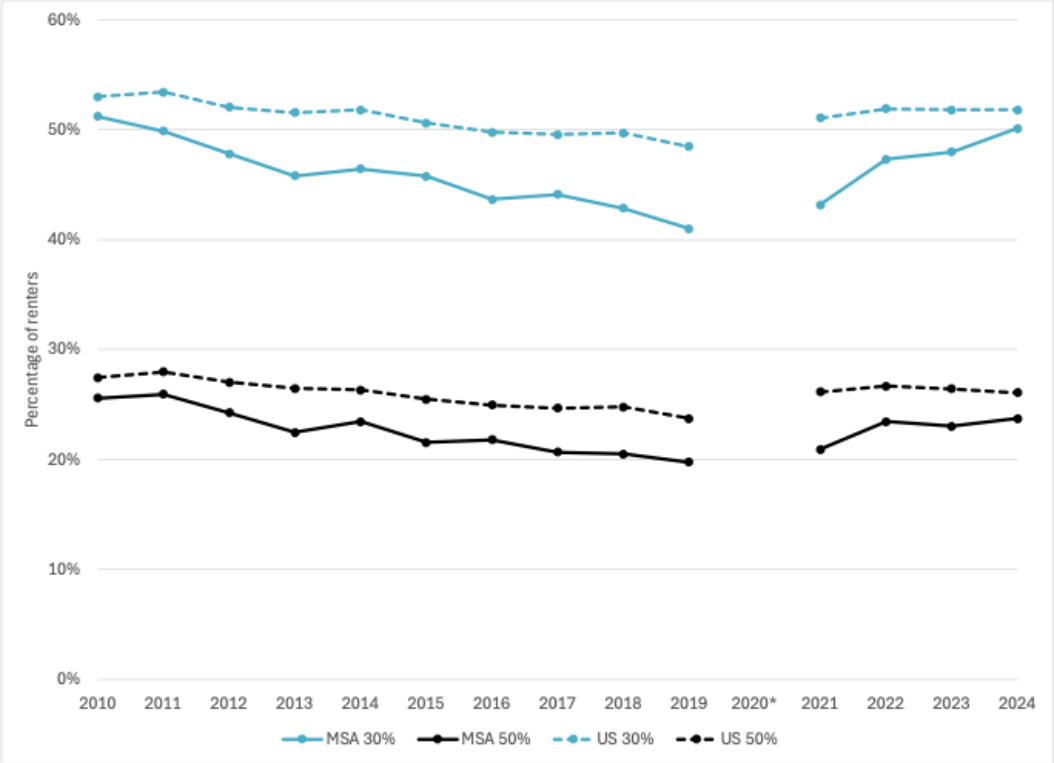


Figure 37: Gross Rent as a Percentage of Household Income



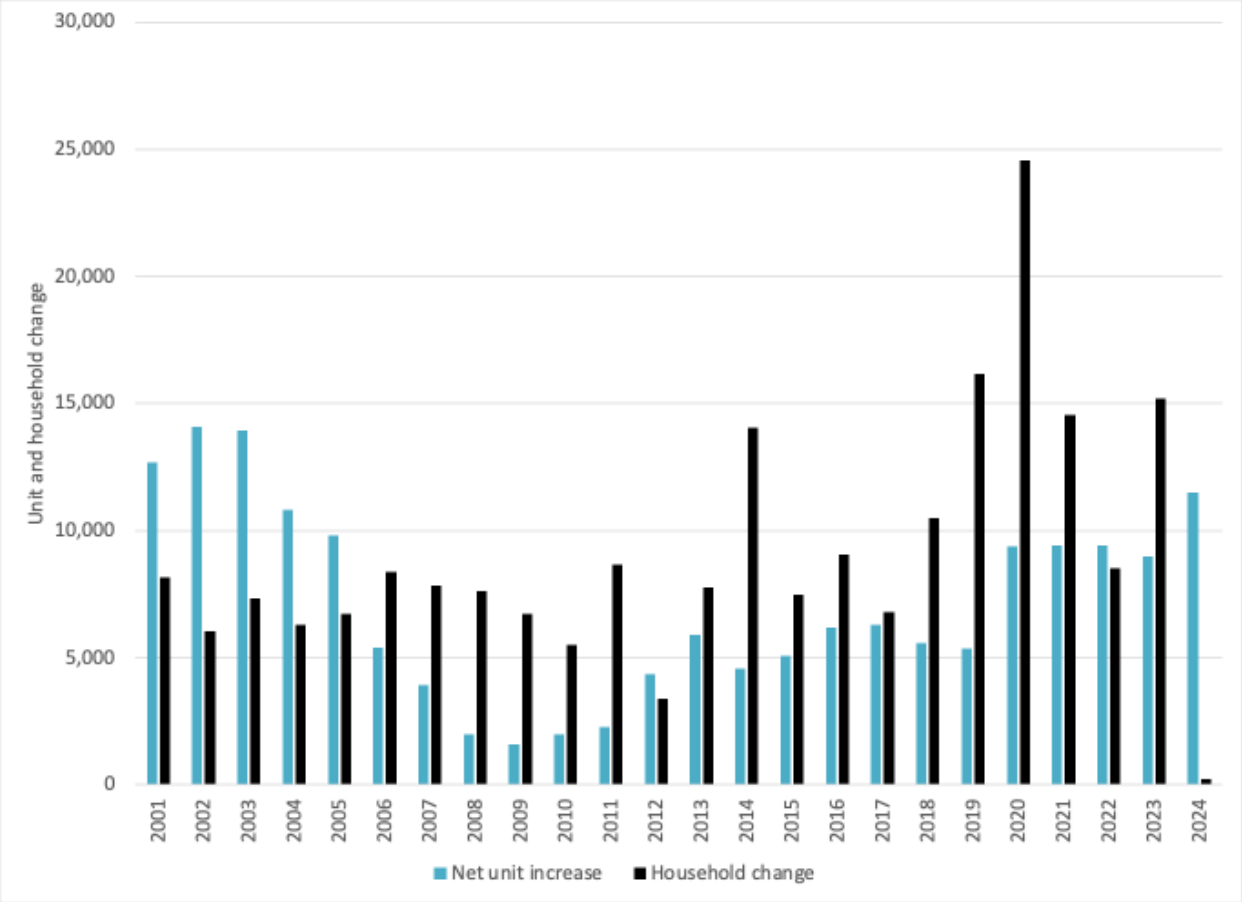
*2020 estimates not released.

Source: American Community Survey, U.S. Census Bureau.

Housing Unit Development

The above-average house price increases in Columbus over the last 13 years can be traced to inadequate housing development that dates to the 2005 housing market peak, 20 years ago. Figure 38 compares the increase in housing units in the Columbus MSA annually to the estimated annual increase in households. This is a direct comparison because by definition each household must have a housing unit.[34] Housing unit increase is estimated by MSA building permits lagged one year less an estimate of units lost. This is derived by comparing the American Community Survey count of housing units by age in 2019 to those in 2013 (when the current MSA was first delineated) to estimate the decline in housing units built in earlier years. This results in an average loss of about 0.3% of the total stock annually. The more recent annual time series of households is obtained directly from the ACS, but that for earlier years is derived by calculating the average household size from the 2000 and 2010 censuses, interpolating to estimate average size for intervening years, and applying the result to annual population estimates less the estimated population in group quarters.

Figure 38: Net Increase in Housing Units and Increase in Households, 2001-2024



Source: Building Permits Survey, 2000 and 2010 Censuses, and American Community Survey, U.S. Cenusu Bureau.

[34] Some analyses compare housing unit increases to job growth. This is inappropriate. First, it fails properly to reflect retired households and those with multiple wage earners. Second, it assumes that the need for housing disappears with job loss.

In the early 2000s housing unit growth far exceeded the increase in households. This gave the region an unusually slow rate of increase in house prices. This insulated the region from the worst impacts of the house price bubble and subsequent crash, but it also chased housing construction away to greener pastures. Construction plunged and remained depressed through the 2007-2009 recession and beyond. Even the increase in development beginning in 2020 has been insufficient to meet demand, except in 2024 when the net increase in households totaled only 211. Between 2005 and 2024, the cumulative increase in households was 189,654 compared to a net housing unit increase of 118,890.

Again, every household must have a housing unit, so the shortfall in unit development had to be addressed. This was accomplished by the rehabilitation of older units and a decrease in the vacancy rate. The combined renter and owner vacancy rate in the Columbus MSA fell from 10.7% in 2010 to 6.1% in 2023 according to the ACS. The small increase in households in 2024 increased vacancy to 7.2% The U.S. vacancy rate was consistently higher over this period and fell proportionally less – from 13.1% in 2010 to 9.5% in 2024.

The problem with a low vacancy rate is that the availability of various housing types is limited, forcing households to settle for a unit that fails to meet all of their needs. This could lead households considering a relocation to Central Ohio to abandon those plans, while younger residents wishing to form a household but unable to find a suitable dwelling could decide to move elsewhere. Population growth slows, workforce growth slows, and demand for goods and services slows. This leads to decreased efficiency and profitability of local businesses and slower economic growth.

Projecting future housing requirements should reflect the increase in households, the annual loss in units, and a return to a normal 10.7% vacancy rate. The 2024 and projected 2035 and 2050 housing units are in Table 9. The household projection is from the demographic analysis in the Population chapter. Given these requirements, Table 10 derives the average annual need for new units given the need to accommodate future growth, increase the vacancy rate, and replace losses. The result is a need for 18,000 units per year between 2024 and 2035, including 10,800 in Franklin County. This annual requirement increases with each year that fewer than 18,000 units are developed. The annual requirement in later years is less, both because of slower population growth and because there is no need for further increases in the vacancy rate.

Table 9: Households, Vacancy Rate, and Housing Units, 2024, 2035, and 2050

	Columbus MSA	Franklin County	Other counties
Households			
2024	880,121	559,276	320,845
2035	1,034,767	656,393	378,374
2050	1,142,467	723,782	418,685
Vacancy rate			
2024	7.2%	8.1%	5.5%
2035	10.7%	10.7%	10.7%
2050	10.7%	10.7%	10.7%
Housing units			
2024	948,275	608,773	339,502
2035	1,145,487	726,627	418,860
2050	1,264,711	801,226	463,485

Table 10: Average Annual Housing Units Required to Meet Future Needs

	Columbus MSA	Franklin County	Other counties
2024-2035			
Average annual increase in households	12,905	7,897	5,008
Plus annual increase needed to normalize vacancy rate	4,464	2,502	1,962
Plus annual increase needed to replace lost units	625	374	251
Equals average annual requirement	**17,994**	**10,773**	**7,221**
2035-2050			
Average annual increase in households	7,180	4,493	2,687
Plus annual increase needed to normalize vacancy rate	0	0	0
Plus annual increase needed to replace lost units	358	224	134
Equals average annual requirement	**7,538**	**4,716**	**2,821**

Homelessness in Franklin County

A lack of stable housing is a problem affecting thousands of individuals and families throughout Central Ohio. The nonprofit advocacy agency End Poverty Now cited 10 causes of homelessness[35]. This study has identified many of these as problems affecting this region.

- Lack of affordable housing, fueled by rising rents and stagnant wages.
- Unemployment and underemployment. To this might be added the many jobs that do not offer a living wage.
- Poverty.
- Mental health issues, which can make it a challenge to maintain employment and housing. This will be discussed in the next chapter.
- Substance abuse, which is both a cause and a result of homelessness.
- Domestic violence.
- Lack of access to healthcare.
- Discrimination, which can lead to higher rates of homelessness in marginalized communities.
- Lack of family and community social support, which can leave individuals without a safety net.
- A criminal record, which can make employers and landlords reluctant to hire and house the individual.

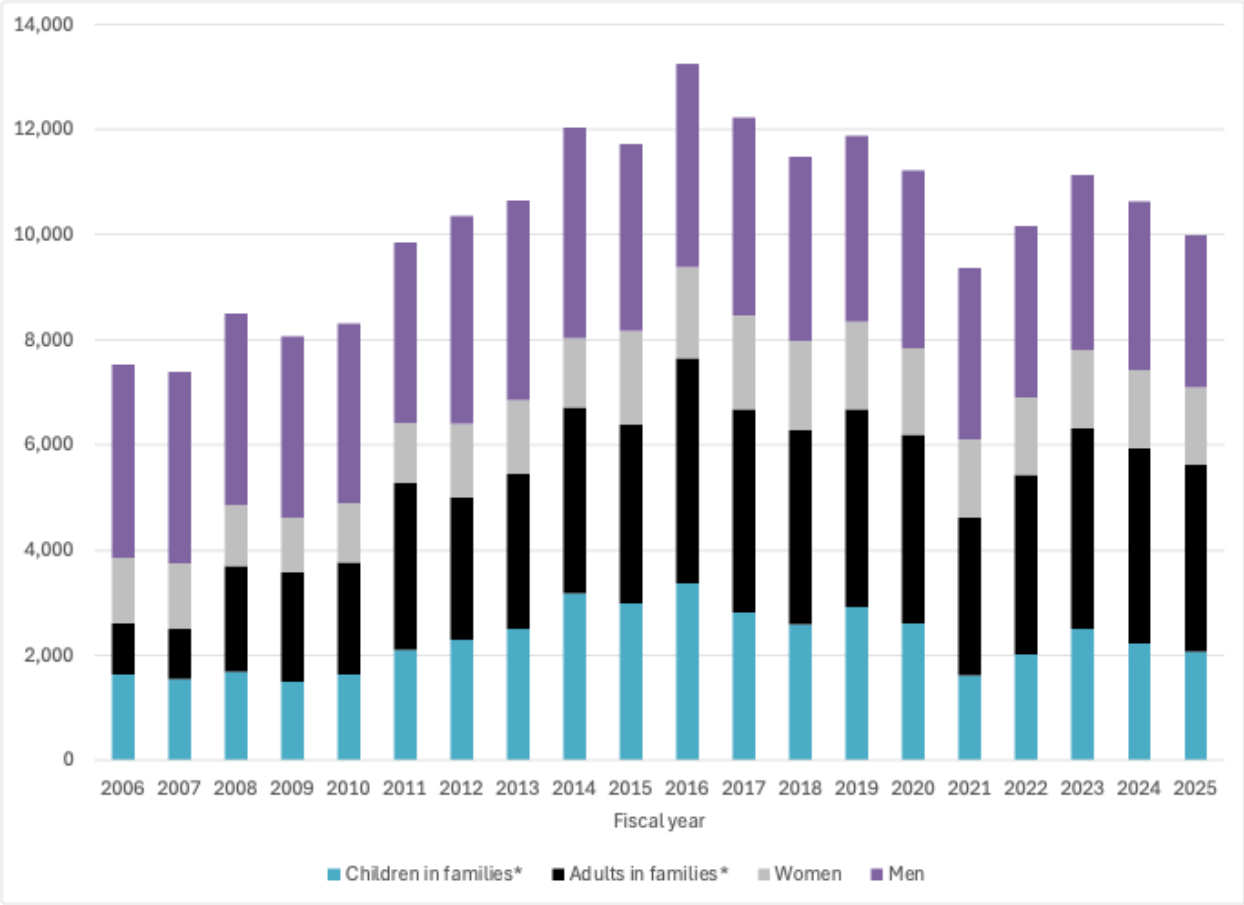
The Community Shelter Board (CSB) is the lead agency coordinating homelessness and housing services in Franklin County. CSB works with 35 partner agencies and governments to deliver homelessness prevention, shelter, street outreach, rapid re-housing, and permanent supportive housing services. As part of its advocacy efforts, CSB maintains an extensive database on homelessness and usage of homeless services.

A total of 9,992 unduplicated individuals were sheltered in the CSB network in fiscal 2025 (July 1, 2024, to June 30, 2025). This is nearly one-third greater than the 7,537 individuals sheltered in fiscal

[35] End Poverty Now, Inc. (2023, May 9). 10 causes of homelessness in America [Weblog post]. https://endpovertynowinc.org/blog/10-causes-of-homelessness-in-america/

2006, the first year of available data, but one-quarter less than the 13,257 peak in fiscal 2016. Figure 39 allocates these totals among men, women, and adults and children in families.

Figure 39: Adults and Children in the Franklin County Shelter System, Fiscal Years 2006-2025



Source: Community Shelter Board.

However, these raw totals lack the context of the growing population. This context is added in Figure 40, which graphs the unduplicated sheltered totals per 10,000 Franklin County residents. By this measure, the fiscal 2025 total is down 30% from 2016.

One final element of context is necessary. The length of time that people stay in shelters also impacts the need for shelter space. This has doubled since 2006 – from an average of 44 days to 91 days in fiscal 2025. Multiplying the number served by the average length of stay gives total shelter units provided. This is graphed in Figure 41.

Figure 40: Sheltered Individuals per 10,000 Franklin County Residents, Fiscal Years 2006-2025

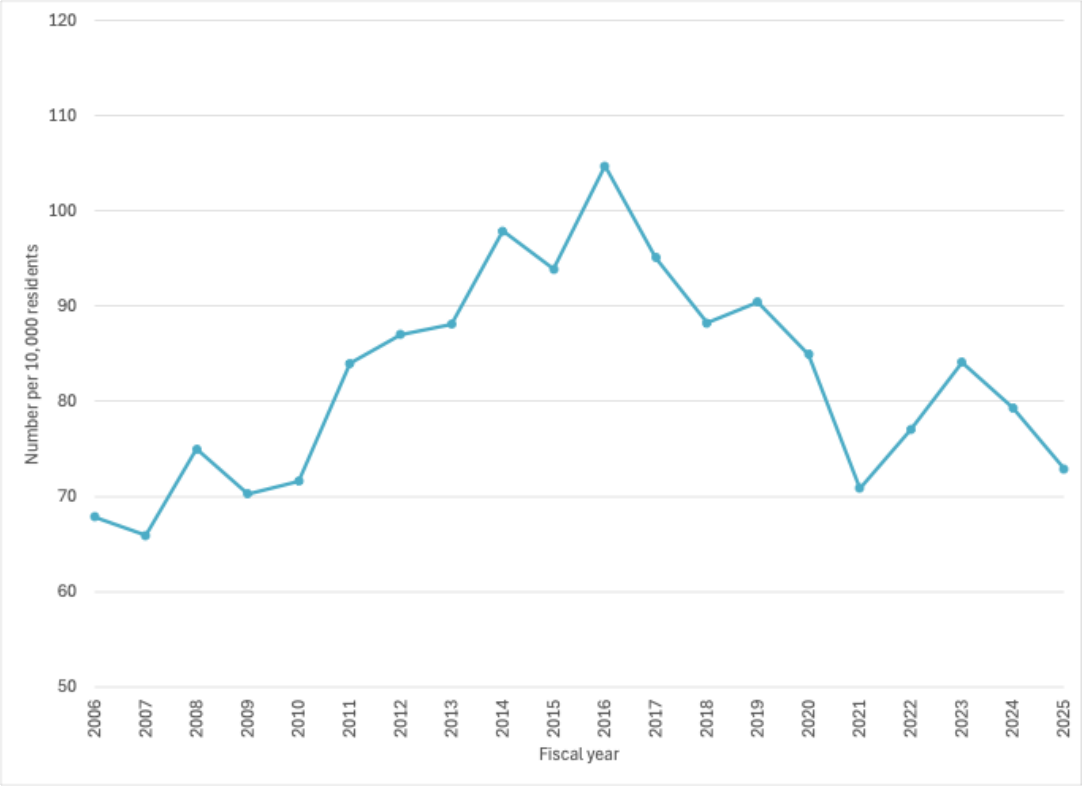
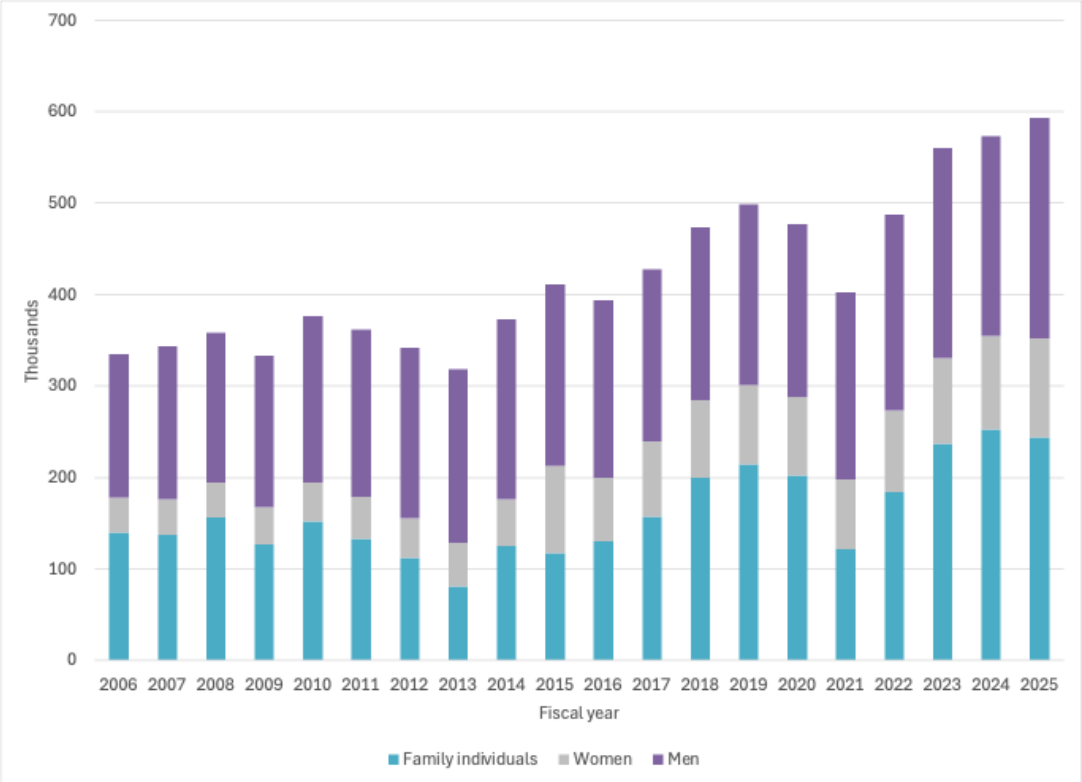


Figure 41: Annual Shelter Units, Fiscal Years 2006-2025



Source: Community Shelter Board and Population Estimates, U.S. Census Bureau (Figure 40).

CSB partners collect data on individuals entering the shelter system. Many of these are presented in Table 10. The majority of individuals entering the system were newly homeless. Around half were working when they entered the shelter. The poverty threshold is $1,304 per month for individuals and $2,220 for a family of three, so not all shelter clients are in poverty. (Recall, however, that the poverty threshold is much less than what is required to meet basic human needs.) The share of Black or African Americans in the shelter system is much higher than the share in the Franklin County population. As was discussed in the Income, Poverty, and Food Insecurity chapter, by at least one measure the Columbus MSA ranks 54th out of 54 very large MSAs in racial inclusion.

Table 11: Characteristics of Individuals and Families in Shelter System, Fiscal Year 2025

	Men	Women	Families*
Individuals/households served	2,898	1,469	631
Nightly occupancy	547	243	146
Capacity	427	208	114
Average length of stay (days)	83	74	113
Successful housing outcomes	15%	23%	52%
Recidivism**	9%	4%	2%
Mean household size	1.0	1.0	3.4
Average number of children	0.0	0.0	2.1
Percent newly homeless	72%	78%	85%
Veterans	314	12	4
Percent working at entry	23%	19%	35%
Percent with income	50%	50%	54%
Average monthly income for households with income	$1,530	$1,361	$1,899
Average age	46	43	34
Race/ethnicity			
Black	59%	53%	65%
White	29%	36%	20%
More than one race	5%	6%	6%
Other	2%	2%	1%
Hispanic***	4%	4%	8%
Non-Hispanic***	96%	96%	92%
Franklin County residents	85%	85%	85%

Demographics apply to head of household. **Calculated for successful housing outcomes, 7/1/2024-12/31/2024. ***Can be of any race.

Source: Community Shelter Board. (2025). *System indicator report, FY2025*. https://www.csb.org/cdn/FY2025-Annual-Systems-Indicator-Report-1.pdf

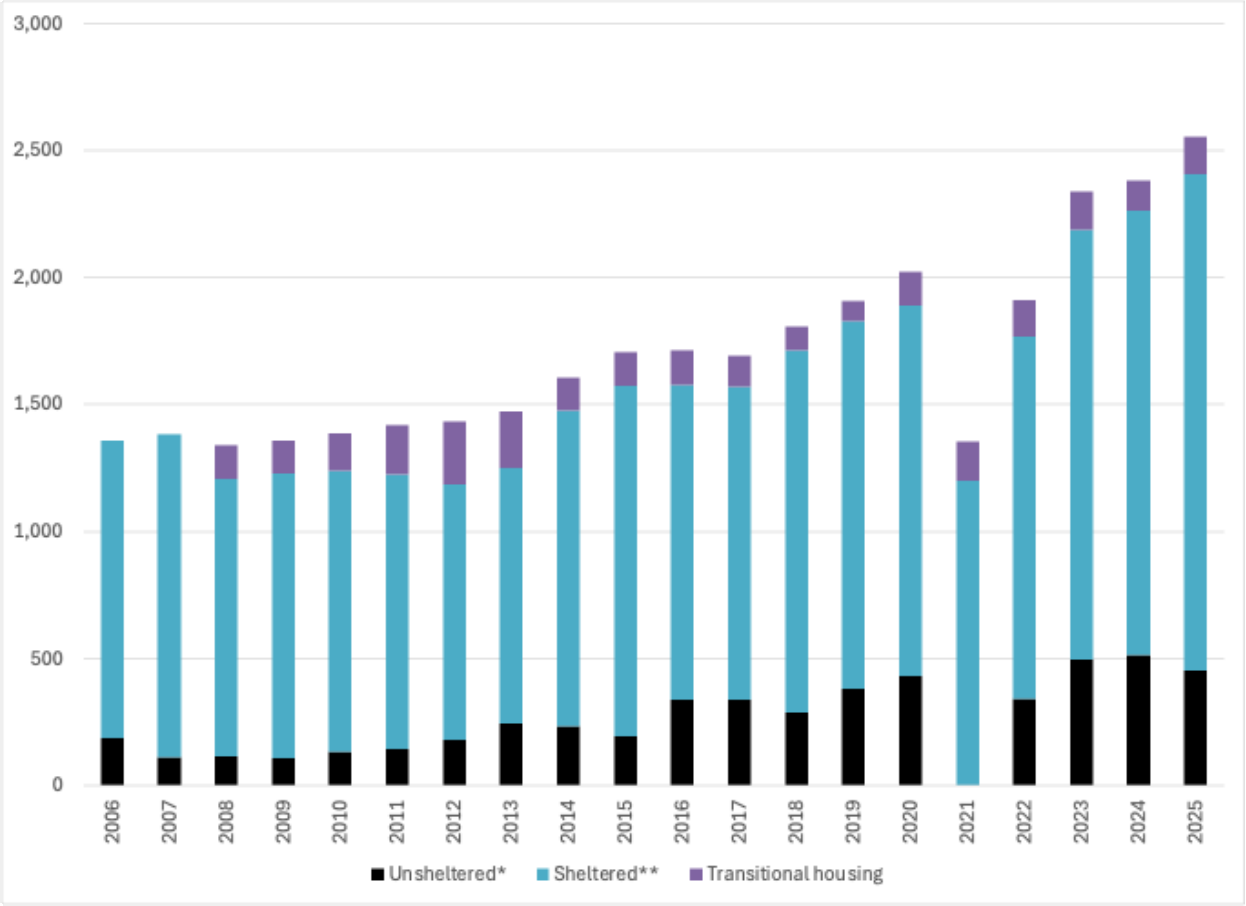
Despite the availability of the shelter system, there are still people living on the streets who are not captured in the statistics discussed above. There are several reasons for this, as reported by Domestic Violence, an organization providing information and resources to individuals affected by domestic violence.[36]

[36] Domestic Violence. (2025). Why some homeless choose the streets over shelters [Weblog post]. https://domesticviolence.org/why-some-homeless-choose-the-streets-over-shelters/

- There may be an inadequate supply of shelter beds. (This could be the case in Franklin County, judging from the excess of average occupancy over capacity in Table 11.)
- Rules within shelters may be unacceptable to some individuals. This can include a prohibition on the pets that can provide important companionship or personal belongings, including mobility aids. Some shelters also prohibit visitors.
- Shelter hours may be incompatible with individuals' working hours, especially those with nighttime jobs that end after lockdown. As noted in Table 11, at least one in five people entering the Franklin County shelter system were employed. Mandatory alcohol or drug abuse classes often happen during working hours.
- People in homeless camps often develop relationships with the others in the camp. They provide companionship and look out for one another. These may be the only relationships that they have, and they are understandably reluctant to leave them.
- People on the streets may fear for their safety in shelters. Women and girls recovering from sexual abuse may be particularly reluctant to enter a shelter (although men and boys can be subjected to sexual abuse and assault as well).
- The close quarters of shelters make them subject to the spread of diseases and parasites such as bedbugs and lice – regardless of how often and how thoroughly the facility is cleaned.
- Some shelters may refuse entry to individuals with mental health challenges, including those who are non-violent. Many workers lack the training to distinguish between violent and harmless people suffering from mental illnesses.
- Some shelter facilities are inaccessible to people with mobility restrictions.

Each January, CSB coordinates a point-in-time count of the population in shelters and on the streets. (This is required by the U.S. Department of Housing and Urban Development at least every other year.) This is the only available count of the unsheltered population. Because it is conducted in winter, it is likely to underestimate the annual average street population because some may be housed in emergency warming shelters. The results of this count are graphed in Figure 42. Although the January 2025 count of 455 was less than the previous two years' totals of 498 in 2023 and 514 in 2024, it was far higher than in most previous years.

Figure 42: Point-in-Time Count of the Homeless Population, January 2006-2025



*Unsheltered count not conducted in January 2021 because of the pandemic.
**Sheltered count includes transitional housing total in 2006 and 2007.
Source: Community Shelter Board.

Projecting the Future Need for Shelter Space

The future need for shelter space depends directly on the number of people needing shelter services and their length of stay. This in turn depends on population growth and ultimately wage growth, sufficient availability of affordable housing, homeless prevention efforts, and rehousing services. The environmental factors are outside of the shelter system's control, but the work of the homelessness prevention specialists reduces the number of people entering the shelters and the ability of staff to achieve successful housing outcomes reduces the average length of stay.

As shown in Figure 41, the number of shelter units per year has been steadily increasing since FY2013. This trend coupled with the recent decrease in the number of people in the system in Figure 39 indicates that length of stay has increased. In fact, the average length of stay for all individuals has nearly tripled – from 34 days in FY2013 to 91 days in FY2025.

Projecting the need for shelter space must first reflect the fact that the system is currently operating at 25% over its capacity and should also accommodate some of the population on the streets who would move into shelters if the space were available. The share of unsheltered population who would move into shelters is unknown; 50% of the January 2025 total is assumed.

The 10-year and 25-year projections must also incorporate population growth. This is accomplished by calculating and projecting shelter units per Frankin County resident. This ratio has been increasing at a fairly steady 4.2% rate since FY2013. The projections assume that shelter units per 10,000 residents will increase 4% per year through 2030, 3% from 2031 through 2035, and 2% thereafter. Multiplying these projections by the number of residents produces the projected number of shelter units. Future shelter units relative to the current total suggests the percentage increase in space needed. The results are in Table 12.

Table 12: Projection of Future Homeless Shelter Space Requirements

	Shelter units	Percentage increase from 2025
Shelter units, 2025	592,755	
Eliminating current overcapacity	740,746	25.0%
Including 50% of street population	758,940	28.0%
Required shelter units, 2035	1,226,304	106.9%
Required shelter units, 2050	1,751,061	195.4%

The calculations in Table 12 imply that eliminating the current overcapacity and accommodating some of the street population would require a 28% increase in shelter space currently, double the current space by 2035, and triple the current space by 2050. **But please note that these results are highly speculative and will require ongoing monitoring and recalibration**.

Whatever the increase in shelter space in Franklin County will need to be, providing it will be an expensive, complex undertaking. Providing additional funding for homeless prevention and rehousing services could offset some of this need by reducing the length of stay in the shelter system and/or preventing the need in the first place. Improving housing affordability by increasing production of new units would also be helpful.

VI. Health, Illness, and Disability

Maintaining residents' health and caring for their illnesses is both a quality-of-life issue and an economic issue. The need to ensure that people live both long and well seems self-evident, but illnesses keep workers off the job and students away from school. Worker absences reduce the employer's efficiency and can adversely impact customer satisfaction. In addition, illness can be devastating for the worker's household. According to the Bureau of Labor Statistics' Employee Benefits Survey, 18% of U.S. payroll employees and 20% of private-sector employees lack access to paid sick leave. These are generally lower-wage workers for whom a loss of income can be devastating.

This chapter begins with an analysis of the availability of healthcare services in Franklin County. Following this are sections discussing the current and future incidence of physical and mental illness and disabilities in Central Ohio.

Healthcare Employment

Appendix Table A-11 presents detailed healthcare industry employment totals in Franklin County in 2024. Indented industry titles are components of the broader segment above. As will be discussed, this level of detail is not available for the Columbus MSA. The totals include federal, state, and local government, private sector, and total payroll employment. The final column reports the location quotient for the industry. This is the percentage of total Franklin County employment in the industry divided by the percentage of total U.S. employment in that industry. Consequently, a location quotient greater than 1.0 suggests that the industry's employment is greater than would be expected given the size of the Franklin County economy, while a total less than 1.0 implies employment below average. The location quotient of total employment is 1.00 by definition.

The broad sector includes both healthcare and social assistance. Social assistance organizations provide a wide variety of goods and services directed toward the wellbeing of individuals and families. Individual and family services include child guidance services, adoption and foster care, senior centers, services for the elderly and persons with disabilities, family welfare services, and counseling and crisis hotlines. Community food, housing, and other relief services include food banks and meals-on-wheels, emergency shelter and transitional housing services, Habitat for Humanity, and refugee resettlement services. Vocational rehabilitation services include job counseling and job training services for unemployed and underemployed individuals, and training and employment services for persons with disabilities. But the largest segment of social assistance is childcare services, including daycare centers, before and after school programs, nursery schools, and Head Start programs. Healthcare organizations provide for individuals' health and wellness, while social assistance organizations provide for their physical and emotional wellbeing.

Table A-11 indicates that total employment in the healthcare and social assistance sector totaled more than 148,200 in 2024, 19% of total Franklin County employment. The location quotient of 1.212 implies that employment in the sector was 21.2% greater than would be expected in an economy of Franklin County's size, while healthcare is 23.9% above average. Many ambulatory services enjoy employment near to or greater than average. This includes offices of physicians, mental health providers, outpatient care centers, and especially home healthcare services, whose more than 19,200 employees yield a concentration more than twice the national average. On the other hand, employment in dentists' offices is 11.3% less than average, employment in the offices

of physical, occupational & speech therapists is 29.5% less, and employment in medical laboratories is 28.6% less. These results may indicate that the service is less accessible than average in Franklin County, or it may be the result of a high concentration of larger-than-average practices leading to economies of scale in employment.

Economies of scale cannot account for the concentration of ambulance services – less than half the national average. The vast majority of ambulance and EMS services in Central Ohio are located within fire departments. These are classified in a different sector, public administration.

More than 49,800 of the county's healthcare workers are employed in hospitals. This creates a concentration 30.5% greater than the national average. The high concentration is due to the breadth and depth of Franklin County hospitals, which attract patients from across the nation and beyond. Not surprisingly, the lion's share of the total is in general and medical and surgical hospitals with more than 39,700 employees and a concentration 23.2% greater than average. But psychiatric, substance abuse, and other specialty hospitals (including extended care, cancer, orthopedic, and other focused care) are also far above average. Note also the large number of jobs in state-owned facilities. This is employment associated with The Ohio State University Wexner Medical Center. These totals were not reported prior to 2021, so the employment growth analysis performed elsewhere is not possible here.

Nursing and residential care facilities account for another 16,000 jobs. This yields a concentration slightly below average, though. While employment in facilities for those with mental health challenges is well above average, this is offset by skilled nursing homes with employment 21% below average and assisted living facilities 16% below average. This could point to an insufficient level of service now, let alone the higher levels needed for an aging population.

Employment in social assistance organizations is close to or above average, with vocational rehabilitation services' employment 23.7% above average and childcare services 53% above average. While the affordability of childcare discussed in the labor force and employment chapter is still a problem, this high concentration suggests that capacity may be available should the affordability problem be adequately addressed.

It was stated earlier that the analysis presented in Table A-11 cannot be undertaken for the Columbus MSA. This is because the source for these totals, the Quarterly Census of Employment and Wages, must by law maintain the confidentiality of individual employers. Consequently, employment totals are suppressed for private-sector industries with few employers or one dominant employers and a few much smaller ones – or for industries whose employment could be used to deduce that of an adjacent suppressed industry. There is widespread suppression of employment totals in healthcare industries in the Columbus MSA and in outlying counties. One frequently suppressed industry is hospitals; outlying counties of the MSA generally have only one hospital. Suppression extends to total 2024 MSA healthcare and social assistance employment. The total is available for 2023, though. The available 2023 healthcare and social assistance totals for Franklin and the other nine MSA counties are in Table 13.

Table 13: Healthcare and Social Assistance Payroll Employment, Columbus MSA, 2023

County	Federal	State	Local	Private	Total	LQ*
Delaware County	0	89	194	10,771	11,054	0.761
Fairfield County	29	343	405	7,591	8,368	1.196
Franklin County	1,628	19,606	2,854	117,110	141,198	1.202
Hocking County	0	0	418	580	998	0.910
Licking County	0	0	314	7,002	7,316	0.687
Madison County	0	0	130	n/a	n/a	n/a
Morrow County	0	0	265	n/a	n/a	n/a
Perry County	0	0	174	n/a	n/a	n/a
Pickaway County	0	0	85	n/a	n/a	n/a
Union County	0	3	1,147	1,453	2,603	0.487
Columbus MSA	**1,657**	**20,041**	**5,986**	**149,065**	**176,749**	**1.033**

**LQ = Location quotient.
Source: Quarterly Census of Employment and Wages, U.S. Bureau of Labor Statistics

Private sector totals are suppressed for four counties: Madison, Morrow, Perry, and Pickaway. Subtracting the available county totals from the available MSA total yields 2023 private sector employment of 4,558 and total employment of 5,212 for the four counties collectively. The collective location quotient is 0.656, implying that their healthcare and social assistance employment is 34.4% less than average. The low location quotients in these counties, as well as Delaware, Licking, and Union, coupled with the high ratio in Franklin County, suggest that some residents of outlying counties must travel to Franklin County for care – which is certainly true for more intensive care. But there is a possibility that even routine care is less available in these counties than it should be.

Projecting Columbus MSA Healthcare Employment Needs

Each year, the U.S. Bureau of Labor Statistics issues 10-year projections of the number of new workers needed in more than 800 detailed occupations. The most recent projections are for 2034 relative to actual 2024 totals. These form the basis of projected needs for new workers in key healthcare occupations in the Columbus MSA. This is accomplished by modifying the U.S. projections based on the higher local population growth projected in the demographics chapter.

The difference between the 2024 and 2034 occupational totals is the need for new workers resulting from growth in the number of positions. However, the majority of needs for new workers arise not from new positions but from vacancies in existing positions – turnover needs. Annual turnover rates by occupation are also available from the Employment Projections.

The results of these calculations are shown for selected healthcare occupations in Appendix Table A-12. These include the occupations with the largest current employment plus several other crucial occupations such as physicians and dentists. Occupations are defined in the federal government's Standard Occupational Classification (SOC) system.[37] Healthcare occupations fall into two primary "occupational groups": healthcare practitioners and technical occupations and healthcare support occupations. Together, employment in both occupational groups, including

[37] For details, see Bureau of Labor Statistics. (n.d.). Standard occupational classification. https://www.bls.gov/soc/

occupations omitted from Table A-12, was approximately 129,200 in 2024 and is expected to grow 20.9% in 10 years to more than 151,500. But more than 121,900 new workers will be needed to accommodate turnover needs. Together, the projected total need is about 148,200, 118% of all 2024 employment. This means that the entire workforce is expected to turn over during the next 10 years. The turnover rate is much higher in healthcare support occupations than in practitioner and technical occupations. These occupations are expected to turn over completely almost twice. Support occupations are generally lower skill and earn less than practitioner and technical occupations, and support occupations in some cases provide a career pathway to the higher-paying practitioner occupations.

Also noteworthy is the difference between expected growth in physicians and dentists than in those directly supporting them – physician assistants, nurses, nurse practitioners, and dental assistants. These professionals are providing an increasing share of direct patient services. Noteworthy is the near doubling of the number of nurse practitioner positions. Also noteworthy is the 39% growth projected in home health and personal care aides, as well as the total projected demand of nearly 55,000. This reflects the ongoing transition from facility-based to home-based health services.

Unlike the 10-year projections discussed here, there is no basis for any 25-year projections. Population growth is projected to slow after 2035. The population projections underlying this study assume that Columbus MSA population growth over the 15 years between 2035 and 2050 will be approximately equal to that over the 10 years between 2025 and 2035. This might imply that the growth in medical occupations over the later period will be comparable to that in Table A-12, but that fails to acknowledge future technological advances that will accommodate the slower growth of the workforce and demographic shifts that will create more demand for healthcare for the aged and less demand for pediatric services, for example.

Health and Chronic Diseases in Central Ohio

With the support of the U.S. Centers for Disease Control, the Ohio Department of Health conducts an annual survey of health and chronic diseases generally for adults 18 years and older. The results are issued in a Behavioral Risk Factor Surveillance System (BRFSS) report for the state and 14 regions.[38] Central Ohio is divided into two regions. Region 7 includes Delaware, Knox, Marion, Morrow, and Union Counties, while region 8 includes Fairfield, Franklin, Licking, Madison, and Pickaway Counties. Thus, these two regions comprise the Columbus MSA plus Knox and Marion Counties but omitting Hocking and Perry. The results for region 8 can be taken as a rough proxy for Franklin County, which has 75% of the total region's population.

BRFSS results for the two regions and the U.S. for 2023 are in Table 14, along with an indication of significant changes in the prevalence of each condition in each region since 2019. Cells shaded in green indicate rates that are significantly better (less) than the national average at a 95% confidence level. The one cell shaded in pink represents a rate of skin cancer in region 7 significantly worse (higher) than average. No trends show significant change over those four years, except for three trends in region 8: a decline in skin cancer and smoking and an increase in high cholesterol.

[38] Ohio Department of Health. (2025). Behavioral Risk Factor Surveillance System. https://odh.ohio.gov/know-our-programs/behavioral-risk-factor-surveillance-system

Table 14: Percentage of Adult Population with Selected Health Conditions, 2023

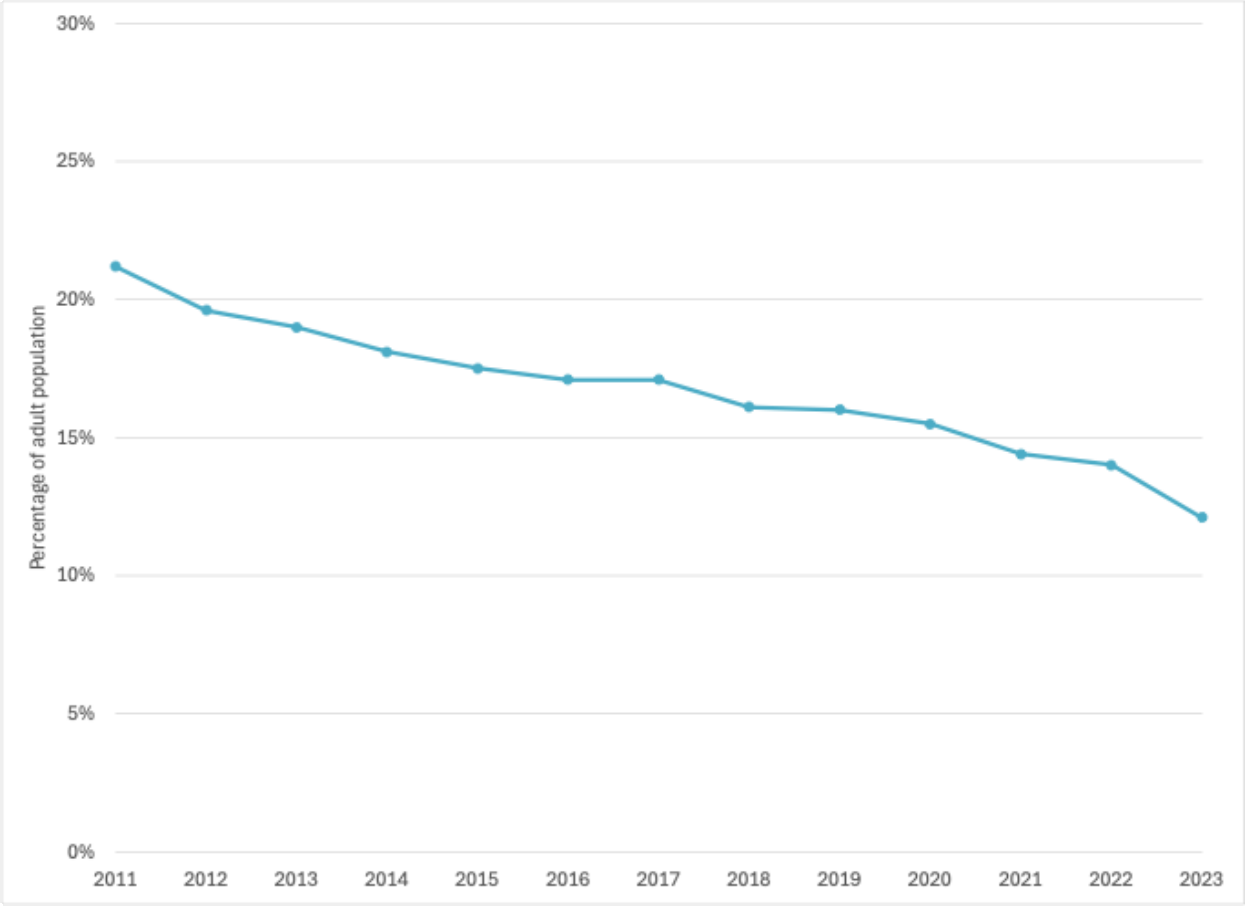
Health condition	Percentage of adult population with condition			Significant trend 2019-2023	
	Region 7	Region 8	U.S.	Region 7	Region 8
Fair or poor general health	13.1%	17.6%	19.3%	–	–
Arthritis	30.3%	25.9%	25.4%	–	–
Heart disease	5.7%	6.2%	6.5%	–	–
Stroke	4.5%	3.3%	3.4%	–	–
Diabetes	11.1%	12.8%	12.1%	–	–
Prediabetes	10.1%	10.9%	14.7%	–	–
Skin cancer	7.4%	4.1%	5.4%	–	↓
Cancer, excluding skin	10.0%	7.5%	7.9%	–	–
Asthma	6.8%	10.7%	9.8%	–	–
Chronic obstructive pulmonary disease (COPD)	7.0%	5.6%	6.2%	–	–
Poor mental health	11.6%	17.3%	15.5%	–	–
Depression	19.1%	26.9%	20.2%	–	–
High blood pressure	35.0%	32.2%	34.5%	–	–
High cholesterol	36.0%	36.8%	37.5%	–	↑
Obesity	36.0%	33.8%	32.8%	–	–
Smoking	13.5%	12.3%	11.4%	–	↓
Binge drinking	17.3%	14.8%	15.2%	–	–

Green shading: rate significantly better (less) than the national average at a 95% confidence level. Pink shading: rate significantly higher (worse) than average.
Source: Behavioral Risk Factor Surveillance System, 2023, Ohio Department of Health.

With some assumptions, these percentages can be used to project the number of Central Ohio residents who could be facing these chronic health conditions in 2035 and 2050. Although few conditions are significantly different from the national average, most differ significantly by age. Age-specific rates are not provided for the two regions, but they are for the state. Percentages for regions 7 and 8 are weighted by population to approximate MSA rates and region 8 rates are used for Franklin County. These are used to adjust the state rates by age to give age-specific rates for Franklin County and the MSA (excluding Hocking and Perry Counties) for each condition. These are applied to the population projections derived in the population chapter to project future numbers of individuals experiencing each individual condition.

Smoking is a special case. The five years of state data do not fully reflect the decades-long decline in smoking, which is likely to continue in the future. National smoking rates beginning in 2011 were obtained from the U.S. BRFSS issued by the Centers for Disease Control and Prevention. The results, graphed in Figure 43, show a steady decline averaging 0.8 percentage point per year. Future rates of decline are likely to be slower because smokers who remain may not wish to quit or may be having a harder time doing so. Accordingly, it is assumed that the rate through 2050 declines at half the historic rate, or 0.4 percentage point per year. This results in projected rates for the MSA of 11.7% in 2025, 7.9% in 2035, and 2.3% in 2050. Franklin County projections are 11.5% in 2025, 7.8% in 2035, and 2.1% in 2050.

Figure 43: U.S. Smoking Rates, 2012-2023



Source: Behavioral Risk Factor Surveillance System, 2023, U.S. Centers for Disease Control and Prevention.

Projections for the number of MSA and Franklin County adults with the health conditions listed in Table 14 are in Table 15. The basic assumption underlying all this work bears repeating: These projections are based on current knowledge and projected population totals. In the case of the projections in Table 15, this means that current incidence rates (or their five-year averages) continue unchanged for the next 25 years. This is an especially strong assumption in a health context. It is quite likely that innovations could be introduced that would significantly reduce the incidence of some of these diseases or cure those that are now incurable. On the other hand, changing environmental factors in coming years could increase the incidence of some diseases.

Table 15: Projected Number of Columbus MSA and Franklin County Adults with Selected Health Conditions, 2025, 2035, and 2050

Health condition	Columbus MSA			Franklin County		
	2025	2035	2050	2025	2035	2050
Fair or poor general health	262,600	299,300	327,200	164,300	183,400	207,200
Arthritis	423,900	490,600	548,000	248,900	281,800	323,900
Heart disease	89,900	105,100	117,800	52,500	60,300	70,300
Stroke	54,600	63,900	71,400	32,000	36,900	42,600
Diabetes	177,100	205,400	230,000	104,800	119,200	138,100
Prediabetes	165,900	191,100	213,400	98,200	110,500	126,700
Skin cancer	65,600	77,600	88,800	33,800	38,800	45,400
Cancer, excluding skin	120,600	140,500	157,300	69,800	79,400	92,100
Asthma	185,100	208,900	225,700	118,000	129,900	145,000
Chronic obstructive pulmonary disease (COPD)	100,000	116,600	131,300	57,600	65,700	76,200
Poor mental health	321,000	360,100	386,600	207,600	226,100	250,300
Depression	435,800	491,300	529,200	277,100	303,500	336,400
High blood pressure	433,200	498,400	544,000	260,800	295,200	331,100
High cholesterol	540,100	620,600	685,300	331,000	372,800	425,700
Obesity	612,100	696,200	758,600	378,300	418,600	466,100
Smoking	192,300	143,500	44,900	117,700	87,200	25,900
Binge drinking	317,100	353,900	375,400	206,200	223,400	242,700

Mental health is an important but underappreciated component of overall health. According to the Franklin County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board's Data Dashboard[39], 22.3% of Franklin County residents met the diagnostic criteria for any mental health disorder and 8.3% met the criteria for substance use disorders in 2018. After falling for several years, calls to crisis hotlines surged to 95,267 in 2024, up 40% in two years. One reason for this increase is probably the introduction of the easy-to-remember 988 suicide and crisis prevention phone number in July 2022. This suggests that rather than a 40% increase in crises, a greater percentage of those in crisis may be reaching out for support.

Mental health conditions and drug use can lead to deaths. Unintentional drug overdose deaths totaled 460 in in Franklin County in 2024, an age-adjusted rate of 34 per 100,000 residents. This was a marked improvement from 803 deaths in 2020, or 59.8 per 100,000. Suicide is another tragic result of mental health challenges. A total of 182 suicide deaths in Franklin County were identified in 2024, an age-adjusted rate of 13.8 per 100,000.

ADAMH estimated that 36% of Franklin County adults had a need for services in 2024. Two-thirds of these needs were met, meaning that 11% of Franklin County adults, or between 48,000 and 80,300, had unmet needs for mental health services. The meeting of youth needs was less successful. Of the 23% of Franklin County youth with service needs, only 10% of those needs were met, leaving between 8,500 and 22,400 individuals between 5 and 17 years suffering with unmet mental health

[39] ADAMH Board of Franklin County. (2025). Data dashboard. https://adamhfranklin.org/data-dashboard/

needs. Given an expected 8% growth in Franklin County's population over the next 10 years, ADAMH expects a 23% increase in the need for mental health services.[40]

The newly opened 72,000 square-foot Franklin County Crisis Care Center, funded by ADAMH, is designed to help meet this need. The center supports any adult 18 years or older experiencing mental health or drug addiction crises. The center offers around-the-clock walk-in services and 23-hour observation without the need for appointments or referrals. The center complements the work of other behavioral health providers and serves as an entry point for individuals in crisis. It is also likely to relieve some of the stress on emergency departments. According to Hendrickson (2025), many of the roughly 30,000 mental health episodes are being treated in emergency departments, but it is estimated that the crisis center will be able to provide care for about 60% of these cases.[41]

Disabilities

The BRFSS includes some information on disabilities, but the American Community Survey (ACS) includes more detailed data. Available categories of disability, their prevalence in the MSA and Franklin County, and any significant trends are in Table 16. The few trends identified are sustained trends over time, not simply a significant difference between the rate in 2010 and that in 2024. Most local percentages are significantly less than the national average.

Table 16: Percentage of Population with Disability, 2024

Disability	Percentage of population			Significant trend 2010-2024	
	Columbus MSA	Franklin County	U.S.	Columbus MSA	Franklin County
Any disability	12.6%	12.6%	13.7%	↑	–
Hearing difficulty	3.1%	2.6%	3.7%	–	–
Vision difficulty	2.1%	2.2%	2.6%	–	–
Cognitive difficulty	6.1%	6.4%	5.8%	–	–
Ambulatory difficulty*	5.7%	5.7%	6.6%	↓	↓
Self-care difficulty*	2.4%	2.4%	2.6%	–	–
Independent living difficulty**	5.5%	5.6%	5.9%	–	–

Percentage of population from birth except *population 5 years and older, **population 18 years and older. Green shading: rate significantly better (less) than the national average at a 95% confidence level. Pink shading: rate significantly higher (worse) than average.
Source: American Community Survey, U.S. Census Bureau.

As with health conditions, disability rates increase with age. The ACS data include age-specific rates for individuals younger than 5 years, 5 to 17 years, 18 to 34 years, 35 to 64 years, 65 to 74 years, and 75 years and older. (Ambulatory and self-care difficulties are not measured for those younger than 5 years and independent living difficulty is not measured for those younger than 18 years. These age-specific rates and population projections from the population chapter are used to

[40] Samantha Hendrickson (2025, April 29). New Columbus mental health crisis care center aims to alleviate overburdened ERs. *Columbus Dispatch*. https://www.dispatch.com/story/news/healthcare/2025/04/29/new-mental-health-crisis-center-to-open-in-franklinton-this-summer/83323508007/
[41] Hendrickson, New Columbus mental health crisis care center.

derive disability projections. When there was no clear trend over 2010-2024, the rate assumed for future years is the average of all years. For the 31 of all 74 age-specific rates with a clear upward or downward trend, regression analysis was used to project future disability rates. The results of this analysis are in Table 17.

Table 17: Number and Percentage of Population with Disability, 2025, 2035, and 2050

Health condition	Columbus MSA			Franklin County		
	2025	2035	2050	2025	2035	2050
Number						
Any disability	301,131	354,083	412,804	180,633	192,621	204,140
Hearing difficulty	56,333	46,163	38,851	40,665	47,658	53,235
Vision difficulty	47,264	56,795	65,252	28,277	34,924	40,469
Cognitive difficulty	118,082	149,834	175,315	82,378	91,794	105,169
Ambulatory difficulty	118,223	109,873	75,163	76,489	73,653	57,042
Self-care difficulty	50,549	49,227	39,288	29,940	28,818	21,556
Independent living difficulty	100,660	117,139	130,063	58,821	65,027	65,911
Percentage						
Any disability	13.3%	14.3%	15.4%	13.0%	12.8%	12.5%
Hearing difficulty	2.5%	1.9%	1.4%	2.9%	3.2%	3.2%
Vision difficulty	2.1%	2.3%	2.4%	2.0%	2.3%	2.5%
Cognitive difficulty	5.5%	6.5%	6.9%	6.4%	6.5%	6.8%
Ambulatory difficulty*	5.5%	4.7%	3.0%	5.9%	5.2%	3.7%
Self-care difficulty*	2.4%	2.1%	1.6%	2.3%	2.0%	1.4%
Independent living difficulty**	5.8%	6.1%	6.2%	5.6%	5.6%	5.1%

Population from birth except *population 5 years and older, **population 18 years and older.

These projections are not additive. For example, some individuals with a cognitive difficulty may also have difficulties living independently. That said, the projections suggest a greater need for support and perhaps supportive facilities in coming years. As is true of illnesses, though, technological advances over the coming 25 years may allow individuals to mitigate or overcome some of these conditions.

Appendix

Table A-1: Household Types and Household Change, 2010-2024

Geography/Household type	2010		2015		2024		2010-2024
	Total	Pct. of total	Total	Pct. of total	Total	Pct. of total	Pct. change
Columbus MSA							
Total:	707,956	100.0%	772,304	100.0%	879,910	100.0%	24.3%
Family households:	452,311	63.9%	493,437	63.9%	537,690	61.1%	18.9%
Married-couple family	331,609	46.8%	357,277	46.3%	384,065	43.6%	15.8%
Other family:	120,702	17.0%	136,160	17.6%	153,625	17.5%	27.3%
Male householder, no spouse present	29,146	4.1%	38,208	4.9%	46,929	5.3%	61.0%
Female householder, no spouse present	91,556	12.9%	97,952	12.7%	106,696	12.1%	16.5%
Nonfamily households:	255,645	36.1%	278,867	36.1%	342,220	38.9%	33.9%
Householder living alone	201,143	28.4%	219,654	28.4%	265,199	30.1%	31.8%
Householder not living alone	54,502	7.7%	59,213	7.7%	77,021	8.8%	41.3%
Franklin County							
Total:	462,716	100.0%	495,250	100.0%	561,634	100.0%	21.4%
Family households:	270,856	58.5%	286,268	57.8%	311,827	55.5%	15.1%
Married-couple family	185,201	40.0%	192,808	38.9%	204,671	36.4%	10.5%
Other family:	85,655	18.5%	93,460	18.9%	107,156	19.1%	25.1%
Male householder, no spouse present	18,573	4.0%	25,485	5.1%	30,785	5.5%	65.8%
Female householder, no spouse present	67,082	14.5%	67,975	13.7%	76,371	13.6%	13.8%
Nonfamily households:	191,860	41.5%	208,982	42.2%	249,807	44.5%	30.2%
Householder living alone	147,436	31.9%	162,078	32.7%	189,767	33.8%	28.7%
Householder not living alone	44,424	9.6%	46,904	9.5%	60,040	10.7%	35.2%
Other MSA counties							
Total:	245,240	100.0%	277,054	100.0%	318,276	100.0%	29.8%
Family households:	181,455	74.0%	207,169	74.8%	225,863	71.0%	24.5%
Married-couple family	146,408	59.7%	164,469	59.4%	179,394	56.4%	22.5%
Other family:	35,047	14.3%	42,700	15.4%	46,469	14.6%	32.6%
Male householder, no spouse present	10,573	4.3%	12,723	4.6%	16,144	5.1%	52.7%
Female householder, no spouse present	24,474	10.0%	29,977	10.8%	30,325	9.5%	23.9%
Nonfamily households:	63,785	26.0%	69,885	25.2%	92,413	29.0%	44.9%
Householder living alone	53,707	21.9%	57,576	20.8%	75,432	23.7%	40.5%
Householder not living alone	10,078	4.1%	12,309	4.4%	16,981	5.3%	68.5%

— Continued —

Table A-1: Household Types and Household Change, 2010-2024 (Continued)

Geography/Household type	2010		2015		2024		2010-2024
	Total	Pct. of total	Total	Pct. of total	Total	Pct. of total	Pct. change
United States*							
Total:	114,567	100.0%	118,208	100.0%	131,332	100.0%	14.6%
Family households:	76,089	66.4%	77,531	65.6%	84,046	64.0%	10.5%
Married-couple family	55,705	48.6%	56,716	48.0%	61,421	46.8%	10.3%
Other family:	20,384	17.8%	20,815	17.6%	22,624	17.2%	11.0%
Male householder, no spouse present	5,386	4.7%	5,731	4.8%	6,751	5.1%	25.3%
Female householder, no spouse present	14,998	13.1%	15,084	12.8%	15,874	12.1%	5.8%
Nonfamily households:	38,478	33.6%	40,677	34.4%	47,287	36.0%	22.9%
Householder living alone	31,403	27.4%	32,963	27.9%	37,840	28.8%	20.5%
Householder not living alone	7,075	6.2%	7,715	6.5%	9,447	7.2%	33.5%

*Totals in thousands.

Source: American Community Survey, U.S. Census Bureau.

Table A-2: Projected Labor Force and Employment Status, Columbus MSA Males

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	61,213	76,655	474,544	129,535	97,565	52,917	892,429
In institutions	55	1,330	9,894	1,699	1,084	3,095	17,156
Civilian labor force	25,604	55,068	409,985	93,221	27,404	5,588	616,870
Employed	21,480	50,710	395,291	90,508	26,574	5,390	589,954
Unemployed	4,124	4,357	14,694	2,713	830	197	26,916
Not in labor force	35,554	19,958	53,066	34,614	69,077	44,234	256,502
Participation rate	41.9%	73.1%	88.2%	72.9%	28.4%	11.2%	72.2%
Unemployment rate	16.1%	7.9%	3.6%	2.9%	3.0%	3.5%	4.4%
2035							
Total population	66,442	82,849	523,098	133,886	107,632	71,970	985,878
In institutions	46	1,262	10,139	1,764	979	4,624	18,814
Civilian labor force	26,067	55,886	443,723	98,366	39,139	8,430	671,611
Employed	21,869	51,464	427,820	95,503	37,954	8,132	642,742
Unemployed	4,198	4,422	15,903	2,863	1,186	298	28,870
Not in labor force	40,329	25,401	67,636	33,756	67,514	58,916	293,553
Participation rate	39.3%	68.5%	86.5%	74.5%	36.7%	12.5%	73.2%
Unemployment rate	16.1%	7.9%	3.6%	2.9%	3.0%	3.5%	4.3%
2050							
Total population	64,310	75,102	556,112	176,043	118,930	84,655	1,075,152
In institutions	43	934	9,753	2,363	755	6,196	20,044
Civilian labor force	25,599	48,158	470,035	133,295	46,890	10,653	734,631
Employed	21,476	44,348	453,190	129,416	45,470	10,277	704,175
Unemployed	4,123	3,811	16,846	3,880	1,420	376	30,456
Not in labor force	38,668	25,710	74,723	40,385	71,285	67,807	318,577
Participation rate	39.8%	64.9%	86.0%	76.7%	39.7%	13.6%	75.6%
Unemployment rate	16.1%	7.9%	3.6%	2.9%	3.0%	3.5%	4.1%

Table A-3: Projected Labor Force and Employment Status, Columbus MSA Females

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	60,520	75,105	466,947	130,039	110,479	75,199	918,289
In institutions	11	394	2,492	585	968	3,512	7,963
Civilian labor force	29,761	59,504	387,723	82,602	26,609	3,821	590,019
Employed	26,603	55,118	373,273	80,548	25,714	3,617	564,874
Unemployed	3,158	4,386	14,450	2,053	895	204	25,145
Not in labor force	30,748	15,147	76,482	46,852	82,903	67,866	319,998
Participation rate	49.2%	79.6%	83.5%	63.8%	24.3%	5.3%	64.8%
Unemployment rate	10.6%	7.4%	3.7%	2.5%	3.4%	2.8%	4.3%
2035							
Total population	64,762	80,559	514,597	130,266	113,903	98,089	1,002,177
In institutions	7	409	2,658	553	933	4,525	9,087
Civilian labor force	29,902	63,338	426,301	89,209	30,685	6,054	645,490
Employed	26,730	58,669	410,414	86,992	29,653	5,662	618,120
Unemployed	3,173	4,669	15,887	2,218	1,032	392	27,370
Not in labor force	34,852	16,752	85,388	40,503	82,285	87,510	347,290
Participation rate	46.2%	79.0%	83.3%	68.8%	27.2%	6.5%	65.0%
Unemployment rate	10.6%	7.4%	3.7%	2.5%	3.4%	2.8%	4.2%
2050							
Total population	66,187	79,713	556,657	169,056	121,069	106,654	1,099,337
In institutions	8	391	2,726	640	833	4,969	9,568
Civilian labor force	30,993	59,531	458,354	119,816	35,312	7,456	711,460
Employed	27,704	55,142	441,272	116,838	34,124	6,909	681,989
Unemployed	3,288	4,388	17,082	2,979	1,187	547	29,471
Not in labor force	35,186	19,732	95,327	48,600	84,924	94,230	377,999
Participation rate	46.8%	75.0%	82.7%	71.1%	29.4%	7.3%	65.3%
Unemployment rate	10.6%	7.4%	3.7%	2.5%	3.4%	2.8%	4.1%

Table A-4: Projected Labor Force and Employment Status, Columbus MSA Total

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	121,734	151,760	941,491	259,573	208,044	128,115	1,810,718
In institutions	67	1,724	12,386	2,284	2,051	6,606	25,119
Civilian labor force	55,365	114,572	797,707	175,823	54,013	9,408	1,206,889
Employed	48,084	105,828	768,564	171,056	52,288	9,007	1,154,828
Unemployed	7,281	8,744	29,143	4,767	1,725	401	52,061
Not in labor force	66,302	35,104	129,547	81,466	151,980	112,101	576,500
Participation rate	45.5%	76.4%	85.9%	68.3%	26.2%	7.7%	67.6%
Unemployment rate	13.2%	7.6%	3.7%	2.7%	3.2%	4.3%	4.3%
2035							
Total population	131,204	163,409	1,037,696	264,152	221,535	170,058	1,988,054
In institutions	53	1,672	12,797	2,317	1,912	9,149	27,900
Civilian labor force	55,970	119,224	870,024	187,575	69,824	14,484	1,317,101
Employed	48,599	110,133	838,234	182,494	67,607	13,794	1,260,862
Unemployed	7,371	9,091	31,790	5,081	2,217	690	56,240
Not in labor force	75,181	42,153	153,024	74,260	149,799	146,426	640,843
Participation rate	42.7%	73.7%	84.9%	71.6%	31.8%	9.0%	67.2%
Unemployment rate	13.2%	7.6%	3.7%	2.7%	3.2%	4.8%	4.3%
2050							
Total population	130,497	154,815	1,112,769	345,099	239,999	191,310	2,174,489
In institutions	51	1,325	12,479	3,003	1,588	11,165	29,612
Civilian labor force	56,592	107,689	928,389	253,111	82,202	18,108	1,446,092
Employed	49,180	99,490	894,462	246,253	79,594	17,186	1,386,165
Unemployed	7,411	8,199	33,928	6,858	2,608	923	59,927
Not in labor force	73,854	45,441	170,050	88,985	156,209	162,036	696,576
Participation rate	43.4%	70.2%	84.4%	74.0%	34.5%	10.1%	67.4%
Unemployment rate	13.1%	7.6%	3.7%	2.7%	3.2%	5.1%	4.1%

Table A-5: Projected Labor Force and Employment Status, Franklin County Males

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	39,002	48,339	297,076	72,631	54,661	28,443	540,151
In institutions	15	250	1,862	320	204	609	3,259
Civilian labor force	15,624	36,357	266,992	52,799	18,637	3,353	393,762
Employed	13,854	33,482	256,753	51,044	17,929	3,302	376,364
Unemployed	1,769	2,875	10,239	1,756	708	52	17,398
Not in labor force	23,363	11,582	27,322	19,511	35,821	24,481	142,080
Participation rate	40.1%	75.6%	90.4%	73.0%	34.2%	12.0%	73.3%
Unemployment rate	11.3%	7.9%	3.8%	3.3%	3.8%	1.5%	4.4%
2035							
Total population	43,741	55,193	324,672	76,292	59,797	39,993	599,689
In institutions	12	266	2,139	372	206	930	3,925
Civilian labor force	16,434	38,916	285,951	56,596	22,798	5,252	425,948
Employed	14,573	35,839	274,985	54,714	21,932	5,172	407,215
Unemployed	1,861	3,077	10,966	1,882	866	81	18,733
Not in labor force	27,296	15,860	35,682	19,324	36,793	33,810	168,765
Participation rate	37.6%	70.9%	88.7%	74.5%	38.3%	13.4%	71.5%
Unemployment rate	11.3%	7.9%	3.8%	3.3%	3.8%	1.5%	4.4%
2050							
Total population	39,218	50,478	341,175	110,252	69,922	47,044	658,088
In institutions	11	229	2,390	579	185	1,483	4,877
Civilian labor force	14,949	33,757	298,700	84,280	28,847	6,645	467,179
Employed	13,256	31,088	287,245	81,477	27,752	6,543	447,361
Unemployed	1,693	2,669	11,455	2,803	1,095	102	19,818
Not in labor force	24,258	16,342	39,185	25,392	40,890	38,916	184,983
Participation rate	38.1%	67.2%	88.2%	76.8%	41.4%	14.6%	71.5%
Unemployment rate	11.3%	7.9%	3.8%	3.3%	3.8%	1.5%	4.2%

Table A-6: Projected Labor Force and Employment Status, Franklin County Females

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	38,703	47,598	293,219	73,571	63,090	41,577	557,757
In institutions	8	77	490	115	541	1,963	3,194
Civilian labor force	18,724	37,666	246,361	47,968	16,767	2,097	369,582
Employed	16,603	34,737	235,787	46,686	16,278	2,043	352,134
Unemployed	2,120	2,929	10,574	1,281	489	54	17,448
Not in labor force	19,972	9,795	45,768	25,489	45,781	37,516	184,321
Participation rate	48.4%	79.3%	84.2%	65.3%	26.8%	5.3%	66.6%
Unemployment rate	11.3%	7.8%	4.3%	2.7%	2.9%	2.6%	4.7%
2035							
Total population	42,486	53,598	320,734	75,655	63,839	55,221	611,535
In institutions	5	68	445	93	509	2,466	3,586
Civilian labor force	19,299	42,102	268,926	53,184	18,978	3,391	405,880
Employed	17,113	38,828	257,384	51,763	18,424	3,303	386,816
Unemployed	2,186	3,274	11,542	1,421	554	88	19,064
Not in labor force	23,182	11,368	50,763	22,379	44,352	49,364	201,409
Participation rate	45.4%	78.7%	84.0%	70.4%	30.0%	6.4%	66.8%
Unemployment rate	11.3%	7.8%	4.3%	2.7%	2.9%	2.6%	4.7%
2050							
Total population	40,128	53,910	342,041	107,970	72,147	59,753	675,950
In institutions	6	48	337	79	437	2,603	3,510
Civilian labor force	18,485	40,232	285,118	78,552	23,235	4,162	449,785
Employed	16,392	37,104	272,881	76,454	22,557	4,055	429,442
Unemployed	2,093	3,128	12,237	2,098	678	108	20,343
Not in labor force	21,636	13,570	55,986	29,339	48,476	52,987	221,995
Participation rate	46.1%	74.7%	83.4%	72.8%	32.4%	7.3%	66.9%
Unemployment rate	11.3%	7.8%	4.3%	2.7%	2.9%	2.6%	4.5%

Table A-7: Projected Labor Force and Employment Status, Franklin County Total

Age cohorts:	16-19	20-24	25-54	55-64	65-74	75+	Total
2025							
Total population	77,705	95,937	590,295	146,202	117,751	70,019	1,097,909
In institutions	23	328	2,352	435	745	2,572	6,453
Civilian labor force	34,347	74,022	513,354	100,767	35,404	5,451	763,345
Employed	30,457	68,219	492,541	97,730	34,207	5,345	728,498
Unemployed	3,890	5,804	20,813	3,037	1,197	106	34,846
Not in labor force	43,335	21,377	73,090	45,000	81,602	61,997	326,401
Participation rate	44.2%	77.4%	87.3%	69.1%	30.3%	8.1%	69.9%
Unemployment rate	11.3%	7.8%	4.1%	3.0%	3.4%	1.9%	4.6%
2035							
Total population	86,227	108,791	645,407	151,948	123,636	95,214	1,211,223
In institutions	17	335	2,583	465	715	3,396	7,511
Civilian labor force	35,733	81,019	554,878	109,780	41,776	8,643	831,828
Employed	31,686	74,668	532,369	106,477	40,356	8,475	794,031
Unemployed	4,047	6,351	22,509	3,303	1,420	168	37,797
Not in labor force	50,478	27,228	86,446	41,703	81,145	83,174	370,174
Participation rate	41.4%	74.7%	86.3%	72.5%	34.0%	9.4%	69.1%
Unemployment rate	11.3%	7.8%	4.1%	3.0%	3.4%	1.9%	4.5%
2050							
Total population	79,345	104,388	683,216	218,222	142,070	106,797	1,334,038
In institutions	17	277	2,727	658	622	4,086	8,387
Civilian labor force	33,434	73,989	583,818	162,833	52,082	10,808	916,964
Employed	29,647	68,192	560,126	157,932	50,308	10,598	876,803
Unemployed	3,786	5,798	23,692	4,901	1,774	210	40,161
Not in labor force	45,894	29,912	95,171	54,731	89,366	91,903	406,977
Participation rate	42.1%	71.1%	85.8%	74.8%	36.8%	10.5%	69.2%
Unemployment rate	11.3%	7.8%	4.1%	3.0%	3.4%	1.9%	4.4%

Table A-8: Labor Force Status and Reasons for Non-Participation, U.S. Adults Age 25-54, 2024

	Thousands	Component Percentages					
Total noninstitutional population aged 25 to 54 years	**128,642**	**100.0%**					
In the labor force, employed and unemployed	107,522	83.6%					
Not in the labor force	21,120	16.4%	100.0%				
Do not want a job now	18,824		89.1%				
Want a job	2,296		10.9%	100.0%			
Did not search for work in previous year	1,248			54.4%			
Searched for work in previous year, but not in past 4 weeks	1,048			45.6%	100.0%		
Not available to work now	313				29.9%		
Marginally attached (available to work now)	735				70.1%	100.0%	
Discouraged over job prospects	204					27.8%	
Reasons other than discouragement	531					72.2%	100.0%
Family responsibilities	99						18.6%
In school or training	39						7.3%
Ill health or disability	59						11.1%
Other	334						62.9%

Source: Labor Force Statistics from the Current Population Survey, Tables 3 and 35, U.S. Bureau of Labor Statistics.

Table A-9: Labor Force Status and Reasons for Non-Participation, U.S. Males and Females, 2024

	Thousands	Component Percentages					
Male noninstitutional population aged 16 years and older	**130,939**	**100.0%**					
In the labor force, employed and unemployed	88,974	68.0%					
Not in the labor force	41,965	32.0%	100.0%				
Do not want a job now	39,296		93.6%				
Want a job	2,669		6.4%	100.0%			
Did not search for work in previous year	1,559			58.4%			
Searched for work in previous year, but not in past 4 weeks	1,111			41.6%	100.0%		
Not available to work now	282				25.4%		
Marginally attached (available to work now)	828				74.5%	100.0%	
Discouraged over job prospects	243					29.3%	
Reasons other than discouragement	586					70.8%	100.0%
Family responsibilities	56						9.6%
In school or training	94						16.0%
Ill health or disability	71						12.1%
Other	364						62.1%
Female noninstitutional population aged 16 years and older	**137,633**	**100.0%**					
In the labor force, employed and unemployed	79,133	57.5%					
Not in the labor force	58,500	42.5%	100.0%				
Do not want a job now	55,579		95.0%				
Want a job	2,921		5.0%	100.0%			
Did not search for work in previous year	1,816			62.2%			
Searched for work in previous year, but not in past 4 weeks	1,105			37.8%	100.0%		
Not available to work now	375				33.9%		
Marginally attached (available to work now)	729				66.0%	100.0%	
Discouraged over job prospects	165					22.6%	
Reasons other than discouragement	564					77.4%	100.0%
Family responsibilities	109						19.3%
In school or training	79						14.0%
Ill health or disability	71						12.6%
Other	305						54.1%

Source: Labor Force Statistics from the Current Population Survey, Tables 3 and 35, U.S. Bureau of Labor Statistics.

Table A-10: Alternative Living Wages, Selected Household Types

Category	One adult		One adult, one child age 3-5		One adult, one child age 6-12		Two working adults, one child age 3-5		Two working adults, one child age 3-5	
	MIT	OACAA	MIT	OACAA	MIT	OACAA	MIT	OACAA	MIT	OACAA
Franklin										
Food	4,270	3,504	6,294	5,160	6,294	6,096	9,744	7,992	9,744	8,880
Childcare	0	0	13,412	12,384	13,412	8,304	13,412	12,384	13,412	8,304
Healthcare	3,132	2,844	8,207	6,744	8,207	6,948	8,067	7,884	8,067	8,088
Housing	11,991	10,020	16,095	12,468	16,095	12,468	16,095	12,468	16,095	12,468
Transportation	9,320	3,708	10,786	3,804	10,786	3,804	13,586	7,284	13,586	7,284
Civic engagement	2,889	*	5,083	*	5,083	*	6,398	*	6,398	*
Internet and mobile	1,489	*	1,489	*	1,489	*	2,059	*	2,059	*
Other expenditures**	4,086	3,228	7,294	5,280	7,294	4,980	7,756	6,540	7,756	6,240
Reqd. after-tax income	37,177	23,304	68,660	45,840	68,660	42,600	77,117	54,552	77,117	51,264
Taxes	6,012	4,488	9,559	7,356	9,559	6,252	10,305	8,952	10,305	7,848
Reqd. before-tax income	**43,189**	**27,792**	**78,219**	**53,196**	**78,219**	**48,852**	**87,422**	**63,504**	**87,422**	**59,112**
Hourly wage (full-time)	**20.76**	**13.36**	**37.61**	**25.58**	**37.61**	**23.49**	**21.01**	**15.27**	**21.01**	**14.21**
Hocking										
Food	3,695	3,228	5,447	4,752	5,447	5,616	8,433	7,356	8,433	8,172
Childcare	0	0	8,110	7,956	8,110	5,508	8,110	7,956	8,110	5,508
Healthcare	3,193	2,916	8,427	6,960	8,427	7,164	8,287	8,112	8,287	8,304
Housing	7,840	6,732	10,373	8,856	10,373	8,856	10,373	8,856	10,373	8,856
Transportation	11,725	3,672	13,569	3,768	13,569	3,768	17,093	7,224	17,093	7,224
Civic engagement	2,889	*	5,083	*	5,083	*	6,398	*	6,398	*
Internet and mobile	1,504	*	1,504	*	1,504	*	2,074	*	2,074	*
Other expenditures**	4,086	2,880	7,294	4,452	7,294	4,308	7,756	5,688	7,756	5,544
Reqd. after-tax income	34,932	19,428	59,807	36,744	59,807	35,220	68,524	45,192	68,524	43,608
Taxes	5,486	3,396	7,534	3,312	7,534	2,088	8,367	5,784	8,367	5,244
Reqd. before-tax income	**40,418**	**22,824**	**67,341**	**40,056**	**67,341**	**37,308**	**76,891**	**50,976**	**76,891**	**48,852**
Hourly wage (full-time)	**19.43**	**10.97**	**32.38**	**19.26**	**32.38**	**17.94**	**18.48**	**12.25**	**18.48**	**11.74**

*Partly included in Other; see text.

** **MIT Other**: apparel and services, housekeeping supplies, personal care products and services, household furnishings and equipment, and miscellaneous household equipment. **OACAA Other**: clothing, shoes, paper products, diapers, nonprescription medicines, cleaning products, household items, personal hygiene items, and telephone service.

Source: Massachusetts Institute of Technology Living Wage Calculator, Ohio Association of Community Action Agencies Self-Sufficiency Calculator.

Table A-11: Healthcare and Social Assistance Payroll Employment, Franklin County, 2024

Industry*	Federal	State	Local	Private	Total	LQ**
Total employment, all sectors	**13,561**	**59,972**	**57,433**	**648,594**	**779,560**	**1.000**
Healthcare and social assistance	**1,724**	**20,516**	**3,007**	**122,964**	**148,211**	**1.212**
Healthcare	1,723	20,516	536	98,128	120,903	1.239
Ambulatory healthcare services	1,723	3,058	536	53,813	59,130	1.315
Offices of physicians	0	1,357	0	16,738	18,095	1.191
Offices of dentists	0	1	0	4,640	4,641	0.887
Offices of other health practitioners	0	246	13	4,966	5,225	0.841
Offices of chiropractors	0	0	0	639	639	0.869
Offices of optometrists	0	0	0	729	729	0.946
Offices of mental health practitioners (except physicians)	0	0	0	1,233	1,233	0.975
Offices of physical, occupational & speech therapists, and audiologists	0	246	0	1,497	1,743	0.705
Offices of all other health practitioners	0	0	13	868	881	0.916
Outpatient care centers	1,723	1,438	536	5,851	9,548	1.595
Medical and diagnostic laboratories	0	16	0	1,104	1,120	0.714
Home healthcare services	0	0	0	19,251	19,251	2.173
Other ambulatory healthcare services	0	0	0	1,263	1,263	0.663
Ambulance services	0	0	0	462	462	0.485
All other ambulatory healthcare services	0	0	0	801	801	0.840
Hospitals	0	17,119	0	28,714	45,833	1.305
General medical and surgical hospitals	0	13,038	0	26,721	39,759	1.232
Psychiatric and substance abuse hospitals	0	554	0	904	1,458	1.155
Other specialty hospitals	0	3,527	0	1,089	4,616	2.929
Nursing and residential care facilities	0	339	0	15,601	15,940	0.911
Nursing care facilities, skilled nursing	0	0	0	6,190	6,190	0.791
Residential mental health facilities	0	304	0	4,656	4,960	1.307
Continuing care, assisted living facilities	0	35	0	4,166	4,201	0.842
Other residential care facilities	0	0	0	589	589	0.669
Social assistance	1	0	2,471	24,836	27,308	1.105
Individual and family services	1	0	2,317	14,265	16,583	0.979
Community food, housing, and other relief services	0	0	0	1,081	1,081	0.917
Vocational rehabilitation services	0	0	0	1,891	1,891	1.237
Childcare services	0	0	154	7,599	7,753	1.531

*Indented industry titles are subsets of the industry above. **LQ = Location quotient.

Source: Quarterly Census of Employment and Wages, U.S. Bureau of Labor Statistics.

Table A-12: Total New Worker Needs of Selected Healthcare Occupations, Columbus MSA, 2024-2034

Occupation	Employment		Growth, 2024-34		Total turnover	Total need, 2024-34	
	2024	2034	Number	Percent		Number	Percent
All healthcare occupations	**125,290**	**151,530**	**26,240**	**20.9%**	**121,941**	**148,181**	**118.3%**
Healthcare practitioners & technical occupations	**77,170**	**89,850**	**12,680**	**16.4%**	**45,010**	**57,690**	**74.8%**
Dentists, general	620	680	60	9.5%	165	225	36.3%
Pharmacists	2,740	3,030	290	10.5%	1,065	1,355	49.5%
Physician assistants	850	1,240	390	46.3%	506	896	105.4%
Occupational therapists	1,330	1,750	420	31.4%	719	1,139	85.7%
Physical therapists	2,020	2,520	500	24.9%	827	1,327	65.7%
Respiratory therapists	1,140	1,450	310	27.4%	623	933	81.8%
Speech-language pathologists	1,550	2,080	530	34.1%	944	1,474	95.1%
Registered nurses	26,790	29,780	2,990	11.2%	14,044	17,034	63.6%
Nurse practitioners	2,920	5,580	2,660	91.2%	1,841	4,501	154.1%
Emergency medicine physicians	420	450	30	6.3%	107	137	32.6%
Family medicine physicians	510	540	30	6.1%	134	164	32.1%
Pediatricians, general	760	770	10	2.0%	190	200	26.4%
Physicians, all other	4,320	4,570	250	5.7%	1,126	1,376	31.9%
Dental hygienists	1,670	1,940	270	16.0%	1,082	1,352	81.0%
Clinical laboratory technologists and technicians	2,260	2,350	90	3.9%	1,432	1,522	67.3%
Radiologic technologists and technicians	2,220	2,580	360	16.0%	1,204	1,564	70.4%
Pharmacy technicians	3,540	4,060	520	14.6%	3,443	3,963	111.9%
Licensed practical and licensed vocational nurses	5,920	6,270	350	6.0%	4,866	5,216	88.1%
Medical records specialists	1,540	1,790	250	16.1%	1,058	1,308	85.0%
Health technologists and technicians, all other	1,680	1,880	200	11.8%	1,229	1,429	85.1%
Healthcare support occupations	**48,120**	**61,680**	**13,560**	**28.2%**	**76,931**	**90,491**	**188.1%**
Home health and personal care aides	25,540	35,430	9,890	38.7%	44,705	54,595	213.8%
Nursing assistants	10,270	10,800	530	5.1%	14,514	15,044	146.5%
Physical therapist assistants	950	1,430	480	50.0%	1,668	2,148	226.1%
Massage therapists	610	820	210	35.1%	874	1,084	177.6%
Dental assistants	2,250	2,580	330	14.5%	3,092	3,422	152.1%
Medical assistants	4,340	5,570	1,230	28.4%	5,876	7,106	163.7%
Medical equipment preparers	640	790	150	22.9%	902	1,052	164.4%

Source: Derived from Occupational Employment Estimates, 2024, and U.S. Employment Projections, 2024-2034, U.S. Bureau of Labor Statistics.