

COMMUNITY HEALTH NEEDS ASSESSMENT

2023 - 2025

*Please address written
comments on the
Community Health
Needs Assessment as
well as requests for a
paper copy to*

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COMMUNITY HEALTH NEEDS ASSESSMENT

**Major Hospital – Major Health Partners
December 2022**

Preface

A **Community Health Needs Assessment** is designed to give a community the information it needs to improve the health and wellness of its people. This may include, but is not limited to information about rate of disease, mental health and substance misuse, education, and socio-economic factors impacting health. No two assessments are alike due to the unique nature of each community. However, there are similarities as regions, states, and the nation tackle similar challenges such as obesity.

A **Community Health Needs Assessment (CHNA)** and **Community Health Improvement Plan (CHIP)** are federal requirements every 3 years for non-profit hospitals. The information is used to guide hospital and community leaders in implementing environmental, system, policy, and program change strategies for improving opportunities for health wherever people live, learn, work, play and gather.

This CHNA is based on primary and secondary data. Primary data was gained by interviewing and surveying residents of the community. A Community Health Survey was conducted in Shelby County from June – October, 2022 in combination with a number of listening sessions with community leaders and stakeholders such as college students and leaders of community based organizations.

Psycho-socio-economic factors are increasingly experienced as barriers to health by individuals and families. They create significant challenges to health care systems, schools and employers. These barriers and challenges were a key focus of the Community Health Survey. Stakeholders well-acquainted with how these factors impact those they serve were part of a steering team, focus groups, or interviews that determined the direction of the survey and informed the CHIP.

Secondary data is reportable information from schools, government, hospitals and other organizations. Data about disease, health and the socio-economic determinants of health are compiled and analyzed by several public health entities, such as universities, foundations and the Centers for Disease Control and Prevention. Published data is typically 2 or more years behind the current calendar year. The pandemic delayed even further the submission and analysis of reportable data. Even so, this public information provides a data-driven picture of Shelby County's health over time.

Together, primary and secondary data provide a picture of Shelby County's well-being. This information will help guide efforts to improve our county's health and well-being over the next three years. This CHNA is made possible by Major Hospital – Major Health Partners.

Preface

Major Hospital has been serving Shelby County since 1924. Longtime residents of Shelby County have witnessed the Major medical system evolve and grow in order to meet the health needs of the County. Some changes have been bittersweet; some challenging; some taking healthcare to a new level for the residents of Shelby County.

Major Health Partners – Major Hospital’s mission is to create and deliver superior healthcare solutions by providing patients and other customers with optimal clinical and economic outcomes. Major Health Partners – Major Hospital (MHP) accomplishes this mission through

- Highly skilled professionals and caring staff at every level of the enterprise;
- Adaptability to an ever-changing medical field;
- Supportive technology at every level;
- Disease prevention and optimal management;
- Stewardship of financial and human resources;
- Health care for those without the ability to pay;
- Leadership to improve the health and wellness of the residents of Shelby County.

Since January 2017 patients and guests have received care in the MHP Medical Center located at 2451 Intelliplex Drive in Shelbyville. The medical center is a state of the art facility designed around patient safety, care, convenience and comfort. In September 2019 the MHP Professional Building opened and in it, the Sue Ann Wortman Nephrology Center. In November 2022 MHP Wound Care and Sleep Center moved into the Professional Building to better serve patients and ground was broken for bringing MedWorks pharmacy to the Intelliplex Drive campus. Also in 2022, MHP Oncology added a state of the art PET/CT scanner to bring convenience and timely care to Shelby and surrounding counties.

In July 2021 the MHP Wellness Center and YMCA opened their doors to broad community participation and with a new home for Shelby Senior Services and Lifestyle Medicine.

The MHP Medical Center is located less than 40 minutes away from a Level I Trauma Center and has a helipad on its campus.

MHP provides a broad range of health and medical care in order to serve the residents of Shelby County and nearby counties with the expertise expected of larger urban health systems and the compassion and personal service expected from neighbors.

Major Health Partners – Major Hospital Overview

MHP Health Services

- Bone Health
- Cardiovascular Health
- Care Management
- Diabetes Management
- Dialysis
- Dietary Services
- Dietitians
- Emergency Medicine
- Foot and Ankle
- Gastrointestinal Health
- Health Screenings
- Home Health Care
- Imaging
- Infectious Disease
- Laboratory Services
- Licensed Social Workers
- Lifestyle Medicine
- Maternity Care
- Metabolic Health Clinic
- Nephrology
- Oncology and Hematology
- OnSite Clinics
- Orthopaedics
- Otolaryngology
- Pain Management
- Palliative Care
- Pediatrics
- Plastics and Cosmetic Surgery
- Physical, Occupational & Speech Therapy
- Podiatry
- Primary Care
- Psychology, Behavioral Health, Substance Use, and Psychiatry
- Pulmonology and Respiratory Care
- Rehab: Cardiac and Pulmonology
- Sleep Medicine
- Specialized Disease Management
- Spine Medicine
- Sports Medicine
- Support and Educational Groups
- Surgical Services
- Urgent Care and Occupational Health
- Urology
- Virtual Medical Provider Visits
- Women’s Health
- Worksite Wellness Services
- Wound Care

The health of Shelby County, however, is not the sole responsibility of MHP or any other health system in the county. Improving the health and wellness of Shelby County residents requires expertise, commitment and investment from multiple sectors: government, education, business, industry, faith communities, health care, civic and non-profit organizations, and individual citizens.

Major Health Partners recognizes and values the vital work of the many people and organizations working to make Shelby County a better place to live and raise a family for a lifetime. This CHNA provides information for decision-makers and stakeholders as they strategically plan and collaborate to improve the health of Shelby County.

Survey Methodology: CHNA Stakeholders

The formation of the 2022 Community Health Needs Survey was guided by the MHP Director of Behavioral Health and Social Determinants of Health and a team of community leaders:

| | |
|-------------------------------|--|
| Government | City of Shelbyville Behavioral Health and Justice Equity Director |
| Community Nursing | Director of Nursing, Shelby County Health Department |
| Older Adults | General Manager/Care Coordinator and Patient Advocate, Seniors Helping Seniors |
| Children and Families | Director of Prevention Services, Firefly Children & Family Alliance (formerly Children’s Bureau) |
| Girls and Young Women | President and CEO, Girls, Inc. Shelbyville/Shelby County |
| Business and Industry | Executive Director, Shelby County Chamber of Commerce |
| Patient Experience | MHP Director of Patient Experience |
| Community Outreach | MHP Community Liaison |
| MHP Administrative Leadership | President and CEO; Chief Financial Officer; Vice Presidents of Business Development & Strategy; Nursing and Operations Population Health; Facility Operations |

The CHNA team helped promote the survey within their organizations and throughout the county with input from

| | |
|--------------------|--|
| Marketing | MHP Director of Marketing |
| Patient Experience | MHP Patient Experience Project Coordinator and the Patient-Family Advisory Council |

Listening Sessions were conducted with instructors, students and tenants of the Ivy Tech building and with stakeholders whose daily work involves navigating the systems and challenges of connecting people with needed resources.

| | |
|--------------------------------------|--|
| Blue River Community Foundation | MHP Pediatrics |
| Bridges | MHP Maternal Care |
| City of Shelbyville | Rupert’s Kids |
| Department of Child Services | Shelby County Corrections |
| Excel Center | Shelby County Drug Free Coalition |
| Firefly Children and Family Alliance | Shelby County Health Department |
| Goodwill Nurse-Family Partnership | Shelby County Probation |
| Healthy Families | Shelbyville Central Schools Counselors |
| Manufacturing | Shelbyville Central Schools Health Services Director |
| McNeely Law Office | WorkOne |
| Major Hospital Inpatient Services | Youth Assistance Program |

Survey Methodology

In order to adequately represent the diversity by which residents receive information, a variety of options for responding to the survey was available from June – October 2022.

The CHNA Community Survey was formulated by a steering committee of community stakeholders who also helped promote the survey.

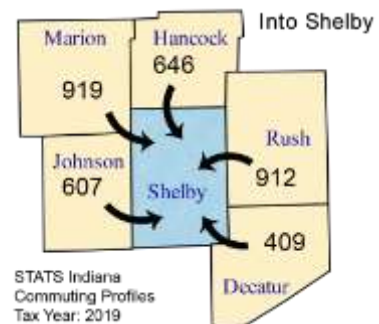
The survey was available in Spanish and English languages and was broadly promoted and distributed:

- **Email:** Via multiple distribution lists for community service providers, churches, medical and ancillary providers, government, schools, and nonprofits
- **Internal Communication Systems:** Via business and industry, City and County government, Major Health Partners, schools, and non-profits
- **Printed Surveys:** Broadly distributed throughout the county with special attention to
 - Areas where older adults live and receive services
 - Hispanic/Latino groceries, communities of faith, and service providers
 - Agencies and housing that provide services to lower-income residents
 - Shelby County Public Health Department
 - Shelby County Public Library and the Morristown branch
 - Shelby County Community Corrections
 - Blue River Career Programs
 - MHP patients and volunteers
- **Promotional Signs and Cards:** Promotional material in Spanish and English language placed where people congregate and/or must wait to be served and where public notices are posted. Special attention given to low-income neighborhoods, rural communities, and health clinics.
- **Meetings and Events:** Promoted at mobile Farmers Market, Chamber meetings, agency meetings, and community events such as the Alzheimer’s Walk and 5K walks/runs.
- **Websites:** Chamber of Commerce website and survey link on MHP website.
- **Survey Blitz:** Survey promotion days in MHP lobby and off-site specialty practices
- **Electronic Media:** Online media outlets, radio, rural utility newsletter, school and agency electronic family communication systems, and the social media sites of community organizations, rural communities, and Major Health Partners.

Survey Methodology

Steps were taken to give full voice to the entire county. The survey has representative distribution across ages, household income and size, race and ethnicity, and population centers. There was a slight increase – 0.2% in Hispanic/Latino respondents as compared to the 2019 survey. Because of the workers commuting into the county, the percentage of high-end earners is greater than the county’s income rates per the 2020 census estimates.

Based on the 2019 Tax Year, 13.1% of Shelby County’s workforce commuted from outside the County. The chart shows the top 5 counties sending workers into Shelby County. These workers use the MHP OnSite Clinics, teach our children, eat in our restaurants, put out our fires, provide medical care and social services for our families, and work in our industries. Therefore, they are important stakeholders in Shelby County and their viewpoints are heard in the Community Health Survey.



2022 COMMUNITY HEALTH SURVEY

The sample size of the survey is 1,488. The sample size is not specific because a different number of individuals opted to answer each question. The sample size is significant. According to the county’s estimated 2020 population of 38,785 residents age 15 and older, a minimum of 381 respondents was needed to adequately reflect the county’s population at a 95% confidence level with a 5% margin of error.

Some respondents also used the survey as a vehicle for venting about particular experiences with Major Health Partners. These comments will be shared with appropriate persons at MHP for ongoing quality improvement.

In order to compare the secondary data with perceptions of Shelby County residents, results from survey questions are integrated into the data report rather than as a distinct section in the CHNA.

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Executive Summary

For some 2022 brought a sigh of relief, a return to some sense of personal agency and social normalcy. For others, it was still a time of picking-up debris after a storm and figuring out how to repair things damaged. This pandemic we went through together - are going through still – leaves in its wake unfolding and yet unknown legacies. In 3 years when the next Community Health Needs Assessment (CHNA) is conducted, we'll still know only a fraction of how the pandemic impacted our health and well-being.

In 2020 Shelby County did what she does best: come together as neighbors helping neighbors. Out of the pandemic new grass roots organizations formed to meet community needs. More mental health and substance use clinicians were integrated into the primary care teams of Major Health Partners and Jane Pauley Community Health Center. Downtown Shelbyville redevelopment continued and continues still as entrepreneurs fill previously empty store fronts with new businesses. The 2022 Community Health Survey revealed many of us weathered the last three years fairly well, the exceptions being our youth and launching young adults, our low-income neighbors, and those who juggled the roles of parent, employee, and adjunct teacher.

The story of this CHNA is less about the diseases that plague us and more about the factors that support or hinder our well-being – the social determinants of health (SDoH). Per the CDC, the SDoH are “conditions in which people are born, grow, live, work and age that shape health.” These conditions include the built and natural environments where we live; our opportunities for education and economic stability; whether we can regularly access nutritional food and not be hungry; the formal and informal social supports in our communities; and how connected and safe we feel where we live. Wellness is also about equitable access to whole person health care that includes our mental health as well as our physical health.

In reading the data about Shelby County, one begins to see that the silver bullet for improving our county's health is not a singular focus on individuals making healthier choices, though that remains important. The domestic violence victim cannot readily leave an abusive relationship if there is no affordable housing available. The working parent has difficulty maintaining employment without safe, reliable childcare. We want the victim to be safe. We want the parent to work in order to care for her family and to contribute to the greater good with her tax dollars. The supportive infrastructure, however, is an upstream issue requiring thoughtful, collective, and innovative action.

One example of a SDoH is food access in downtown Shelbyville. The family without a car whose food budget includes SNAP (food stamps) can walk in a 1 mile radius to 5 gas station quick

marts, a tobacco outlet, 3 variety stores, a drug store, and a high-end specialty meat store to buy their household's groceries. None of these outlets was designed to offer a wide range of nutritional food. Instead they offer convenience food. Some of us with busy lifestyles may choose processed, calorie-dense, nutrient-poor convenience foods in order to get a quick meal on the table. However, for some households living in our food deserts, these convenience foods are the only options from which to make their family's food choices

Equity

How might organizations, healthcare, schools and others collectively improve processes to better address our challenges? The pandemic again revealed that beyond all our differences is the place where we stand together to get each other through the storm. One thing the pandemic hopefully taught us is that disaster can turn things upside down. The cashier we barely acknowledged became the essential worker we were grateful for. We are all one another's neighbors. In this CHNA, you'll read about some of our neighbors' challenges, like:

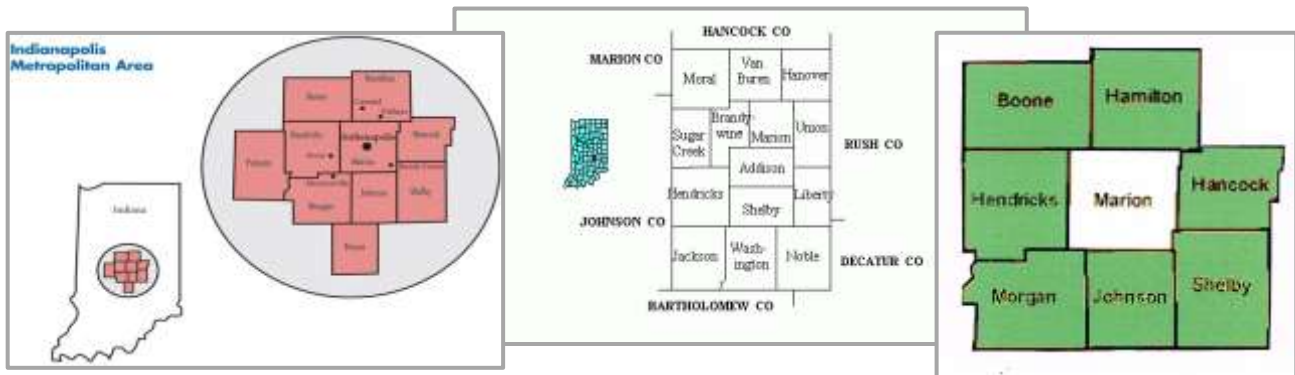
- Of those living at or below the Federal Poverty Level (4,235 persons in 2021), 58% are women and girls. The Family and Social Services Administration survey reveals these women have unstable housing and disconnected utilities, are food insecure, lack transportation for healthcare, and lack childcare for work or school. Do our processes accommodate their realities or create barriers to services?
- The 2021 Indiana Youth Survey (IYS) and the CDC's Adolescent Behaviors & Experiences Survey, found girls to have been more persistently sad, hopeless, and troubled by thoughts of suicide in 2020. The IYS also found adolescent girls were more likely than their male peers to engage in binge drinking and to use e-Cigarettes. The combination of distress and substances is a concern for these young women. Are we seeing them?
- 42% of County households have a person 60+ years old in them. Adults are remaining in the workplace beyond age 65. However, nearly 6% of those 65 and older are living in poverty and often alone. How are we preparing for and reaching our aging neighbors?
- Since 2011, our Hispanic/Latino population has grown 70%. They work in our industries and enrich our communities with their businesses. Do our processes meet their needs?
- While the poverty level has remained fairly flat over the years, the number of households struggling to cover the basic cost of living in Shelby County is increasing. Do these households know where to turn for supportive resources?

Major Health Partners trusts that the this CHNA will help all of us see the challenges before us and lead to innovative, collaborative solutions in our ongoing efforts to make Shelby County a healthy and vibrant place to raise a family for a lifetime.

Shelby County Demographics

- **Geography**
- **Shelby County at a Glance**
- **Population and Age**
- **Aging**
- **Disability**
- **Race and Ethnicity**
- **Households**
- **Grandparents Raising Grandchildren**
- **Military Service**
- **Income**
- **Employment**
- **Labor and Commuters**

SHELBY COUNTY: Geography



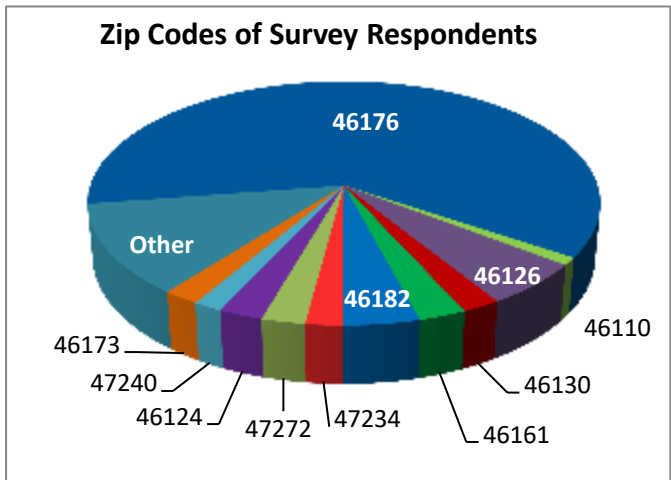
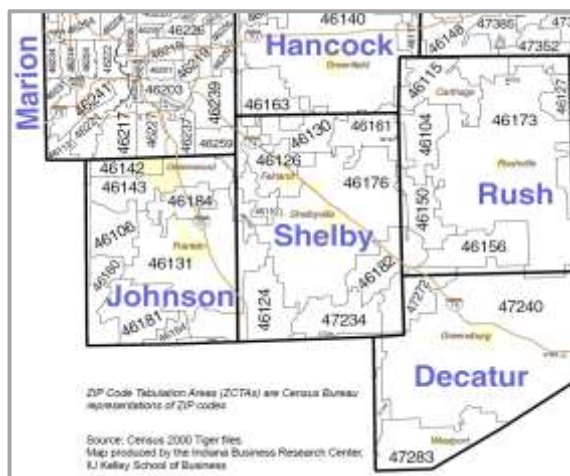
The County Seat of Shelbyville is located centrally in the county, 28 miles from Indianapolis. The county borders Rush, Bartholomew, Decatur, Hancock, Johnson, and Marion Counties. There are 14 townships and several small towns in the county. The largest towns are Morristown, Waldron, and Fairland.

Shelby County includes the following primary zip codes:

| | |
|----------------------|--------------------|
| 46110 (Boggstown) | 46161 (Morristown) |
| 46176 (Shelbyville) | 46126 (Fairland) |
| 46130 (Fountaintown) | 46182 (Waldron) |
| 46144 (Gwynnville) | 47234 (Flat Rock) |

Several zip code areas have a small presence in Shelby County but their population centers are in another county: 46131 (Franklin), 46150 (Manilla), 46162 (Needham), 46163 (New Palestine), 46259 (Marion County), 46104 (Rush County), and 47246 (Hope).

St. Paul (47272) and Edinburgh (46124) are in the Shelby Eastern (Waldron) and Southwestern school districts, respectively. The County’s population includes 0.8% of St. Paul and 0.4% of Edinburgh. (STATS Indiana, 2021). Nearly 2% of survey respondents were from Decatur County.

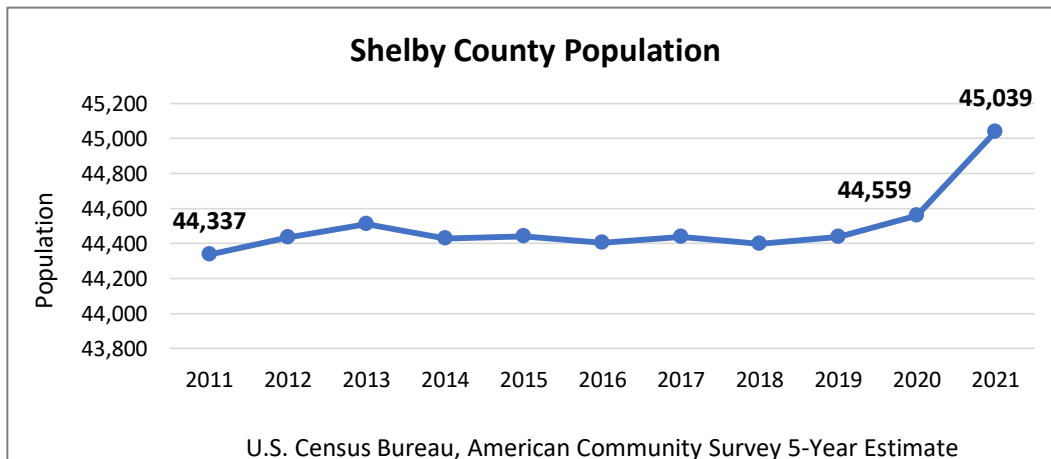


SHELBY COUNTY at a GLANCE

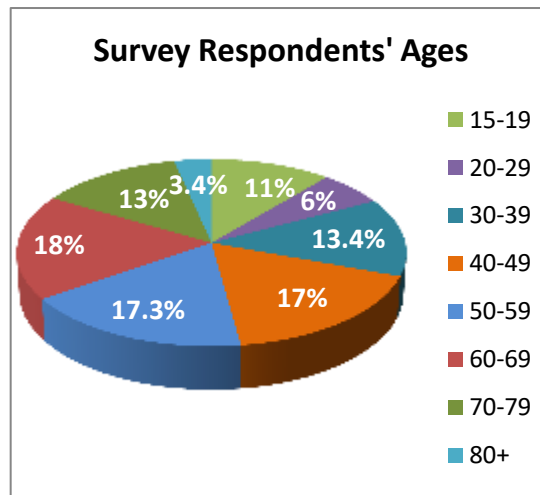
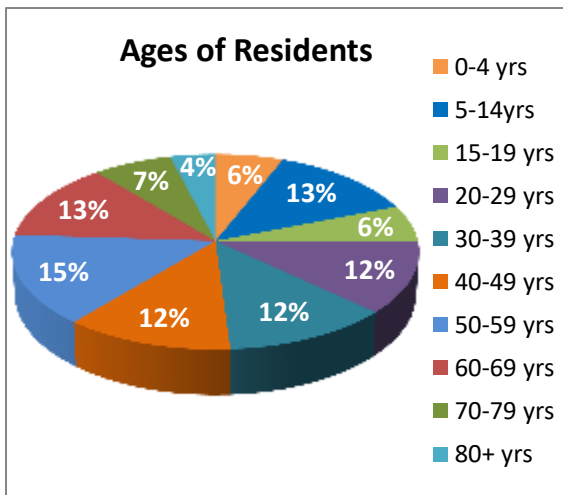
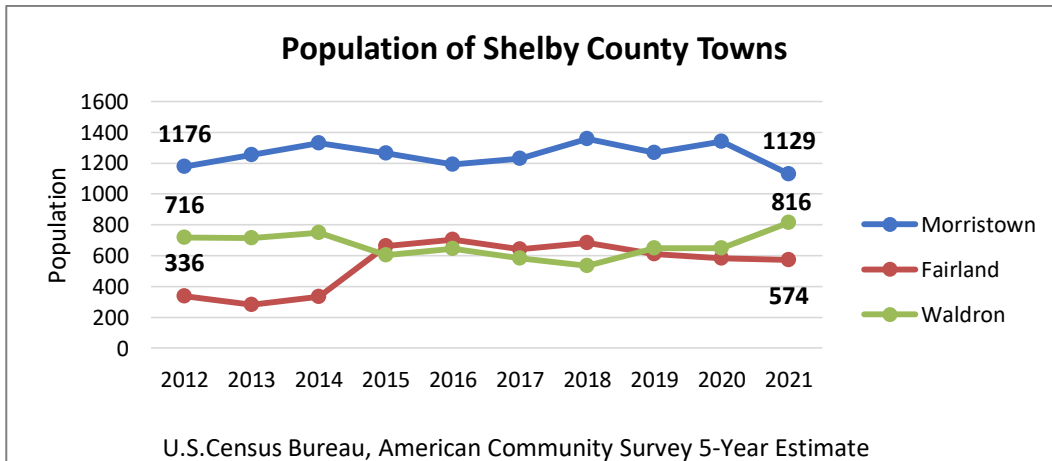
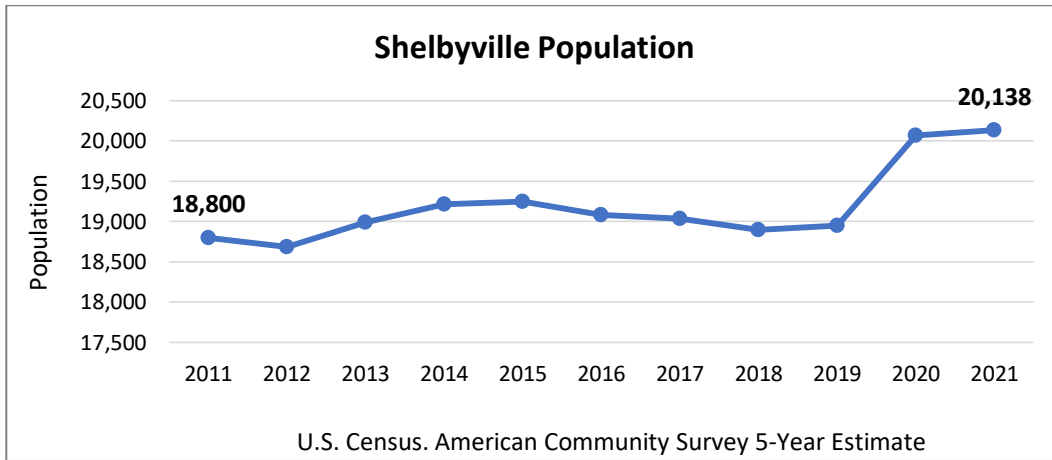
| Community Health Indicator 2020/21 | Shelby County | Shelbyville |
|---|---------------|-------------|
| Population July 1, 2021 Estimates | 45,039 | 20,048 |
| Median Age | 41.4 | 36.3 |
| Per Capita Income (2020 Dollars) | \$29,452 | \$25,394 |
| Median Household Income (2021 Dollars) | \$64,070 | \$55,950 |
| Owner-Occupied Homes | 73.2% | 58% |
| Renter-Occupied Homes | 26.8% | 42% |
| Poverty | 9.4% | 16.3% |
| Children Living in Poverty | 11.8% | 25.2% |
| Adults 18 – 24 Living in Poverty | 18.2% | 36.9% |
| Adults 65+ Living in Poverty | 5.8% | 8% |
| Without Health Insurance | 6.6% | 8.3% |
| With a Disability | 14.3% | 16.5% |
| Employment Rate | 61.9% | 60.7% |

U.S. Census Bureau, American Community Survey 5 Year Estimates 2016 – 2020 & 2017-2021

In the last decade, Shelby County has experienced a 1.35% population growth.

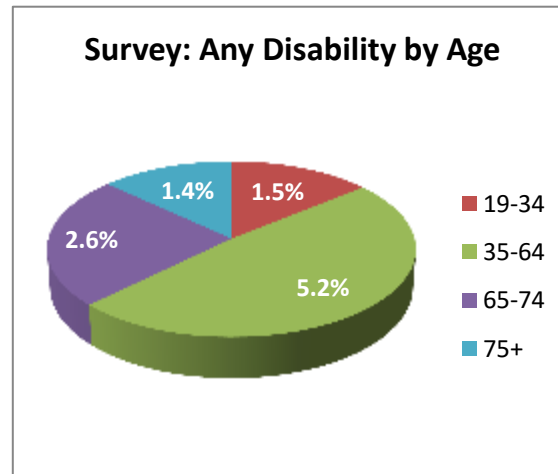
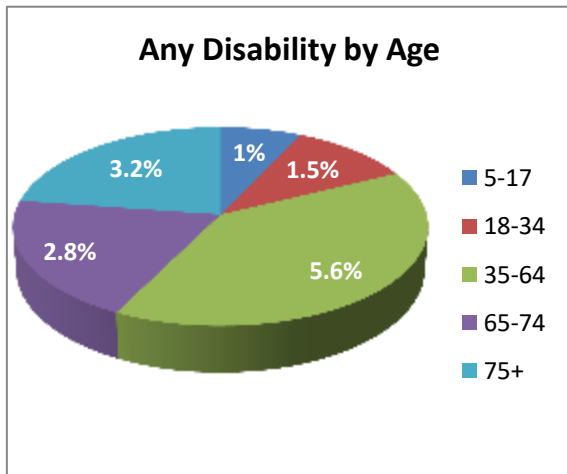
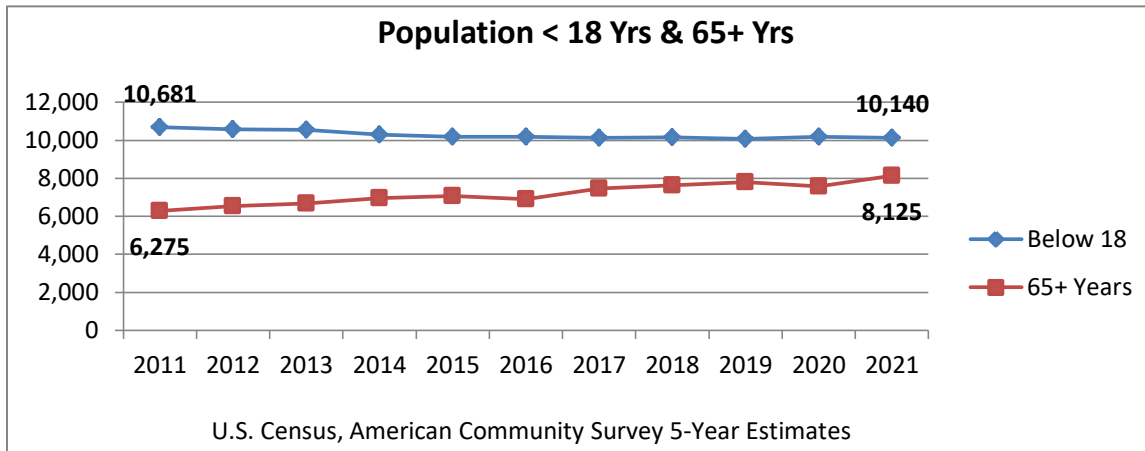


SHELBY COUNTY: Population. Age of Residents.

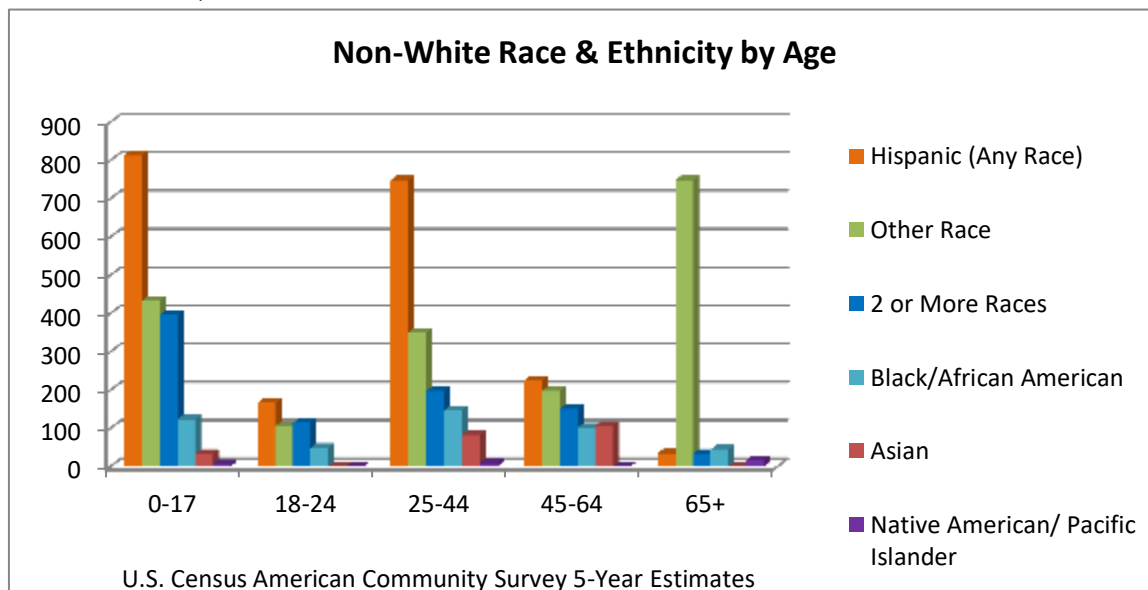


U.S. Census Bureau, American Community Survey 5-Year Estimates

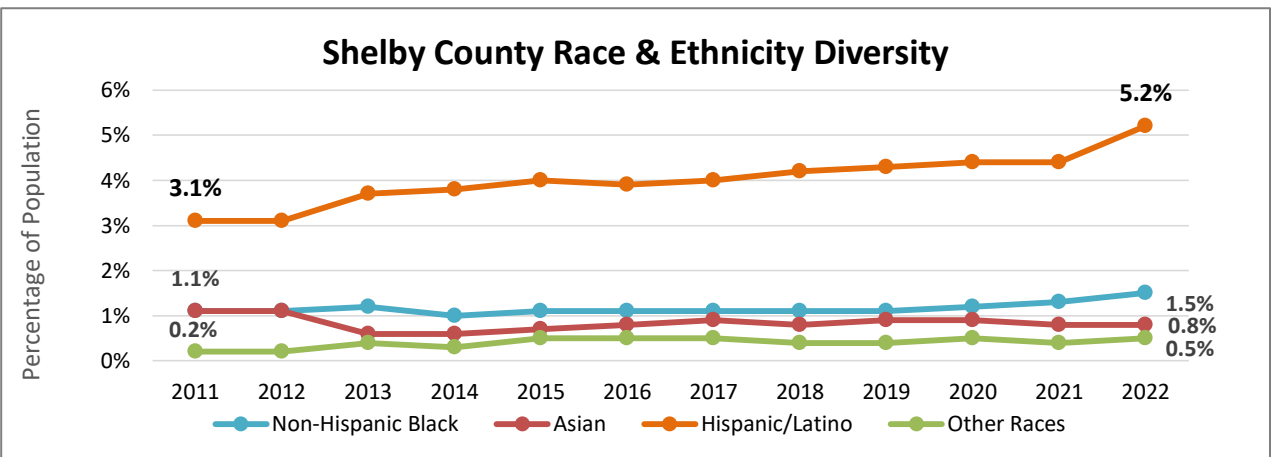
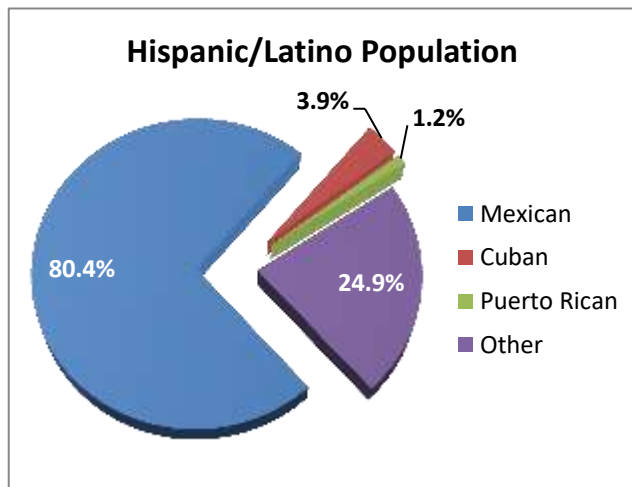
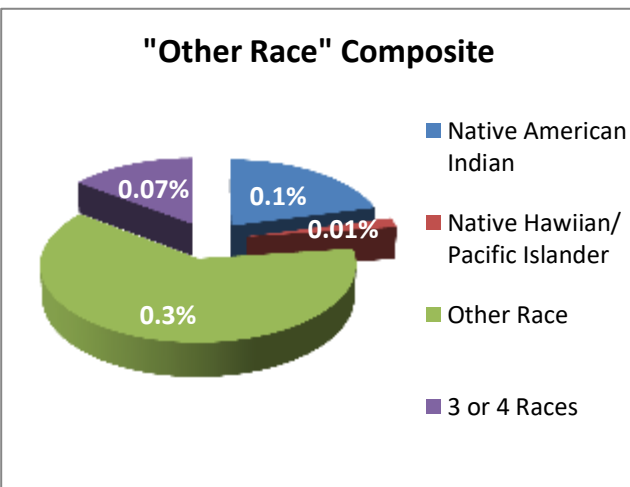
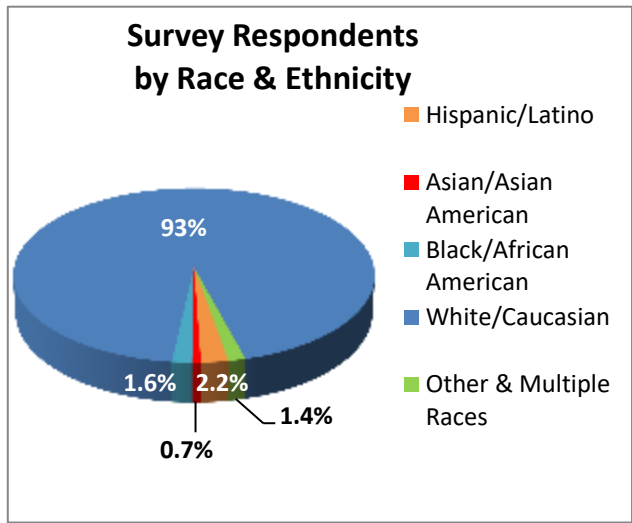
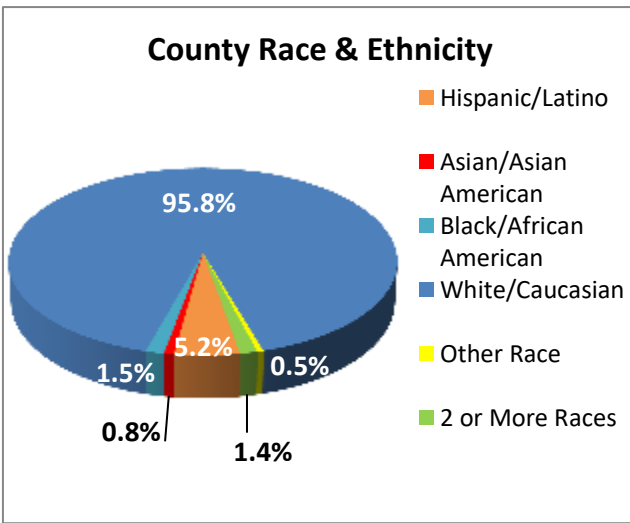
SHELBY COUNTY: Aging. Disability. Race & Ethnicity



U.S. Census Bureau, ACS 5-Year Estimates



SHELBY COUNTY: Race and Ethnicity



All data from U.S. Census, American Community 5-Year Surveys

SHELBY COUNTY: Households

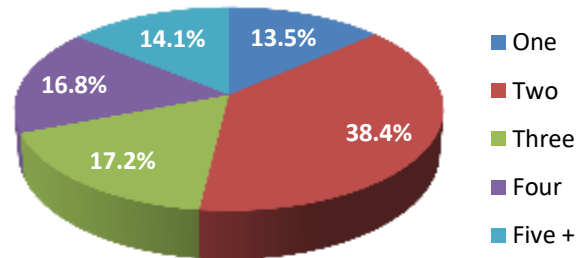
Family Household Definition:

- Any 2 or more people living together and related by birth, marriage, or adoption

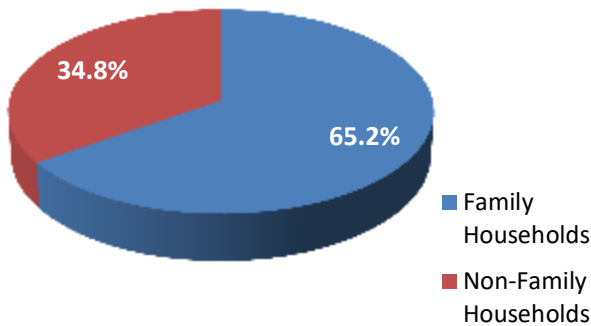
Non-family Household Definition:

- Household shared exclusively with persons unrelated to one another by birth, marriage, or adoption.
- A non-family household is also one where a person lives alone.

Survey Respondents' Household Size



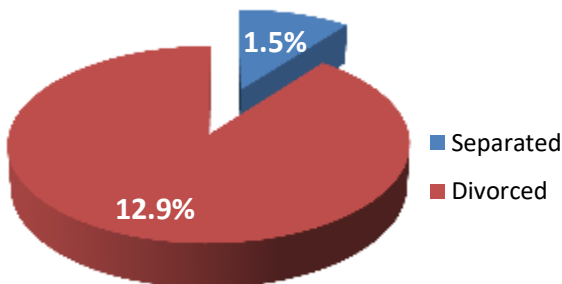
Family & Non-Family Households



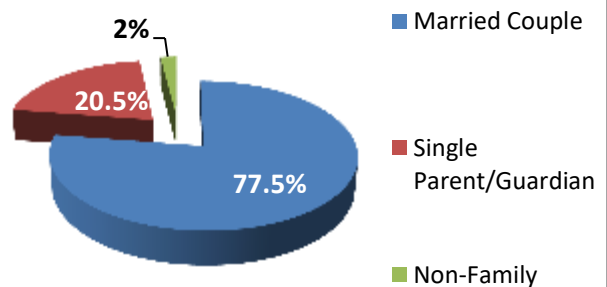
Households in Shelby County: 17,902

- Average Household Size: 2.5 persons
- Average *Family* Household Size: 3.0
- 41.9% Of *all* Households have a person 60 years or older living there
- Of Non-Family Households:
 - 27.9% (4,710 Households): Person lives alone
 - Of these households, 14.5% are 65 years and older.

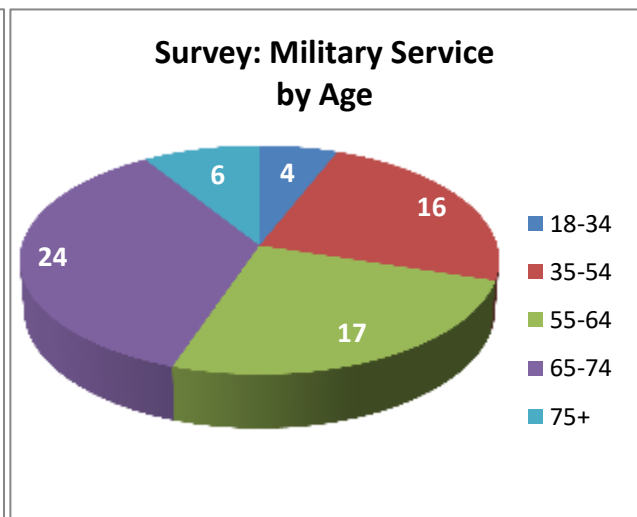
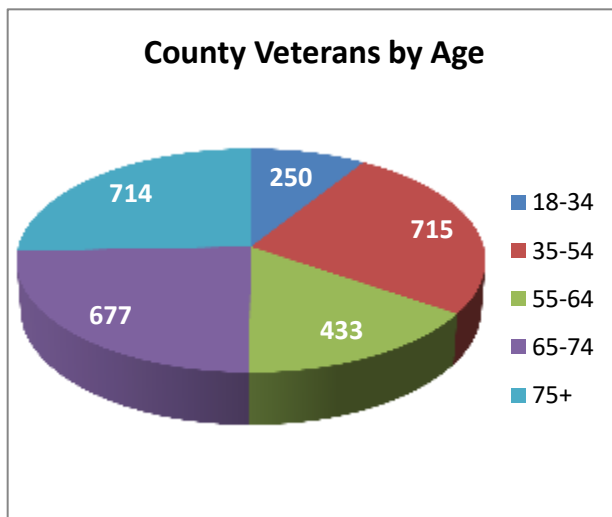
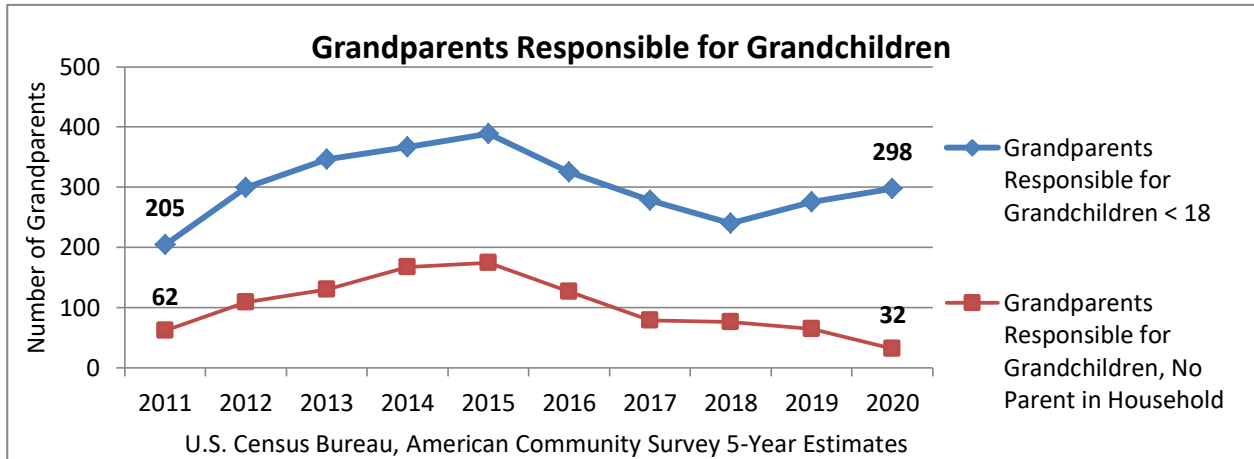
Divorce & Separation



Households with Children < 18 Years



SHELBY COUNTY: Grandparents Raising Grandchildren. Military Service.



U.S. Census Bureau, American Community Survey 5-Year Estimate

2,789 Veterans in Shelby County

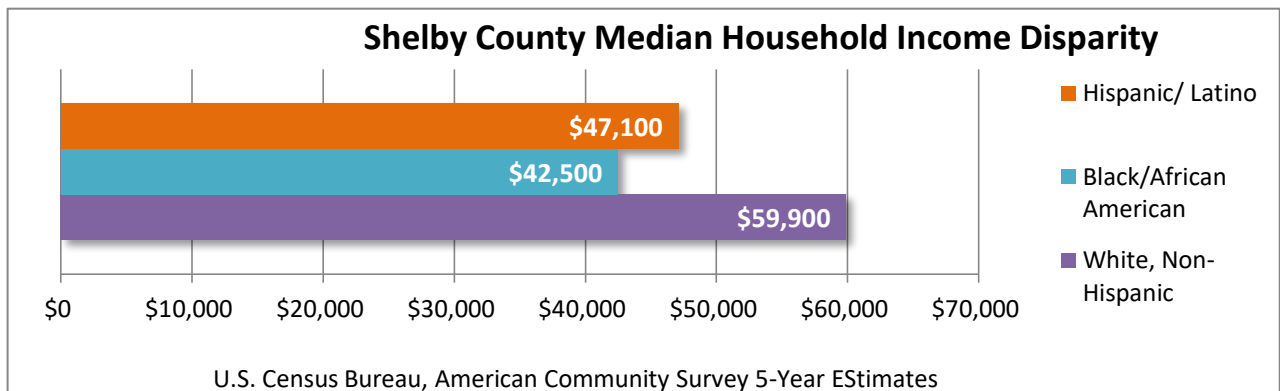
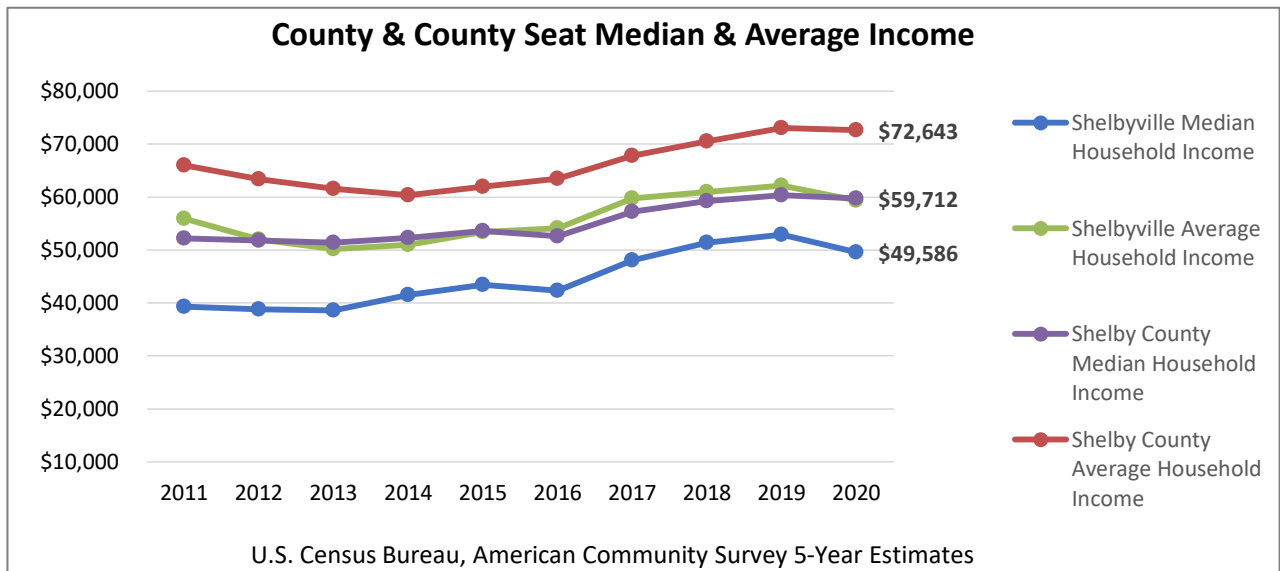
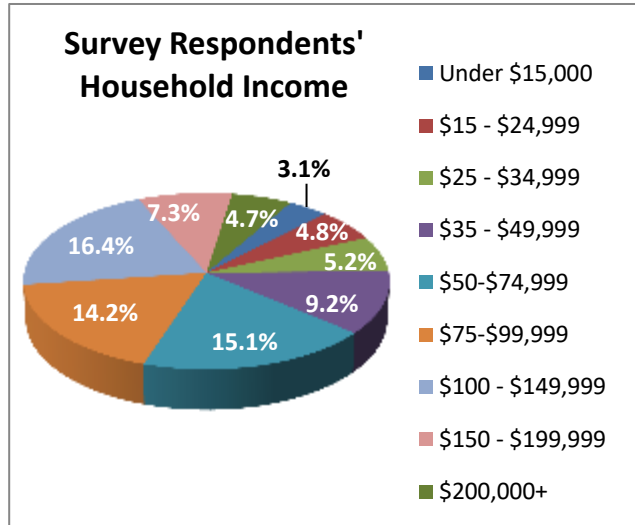
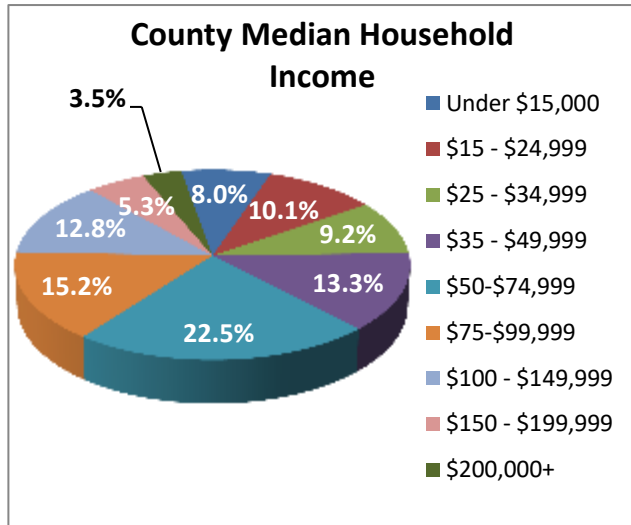
- 92% Male
- 73.5% Participate in the Labor Force
- Median Income: \$42,413
- 3% Live in Poverty
- 51.3% High School Education or Equivalent
 - 29.4% - Some College
 - 12.4% - Bachelor's Degree or Higher
- 25.8% Have a Disability

Military Service – 67 Survey Respondents

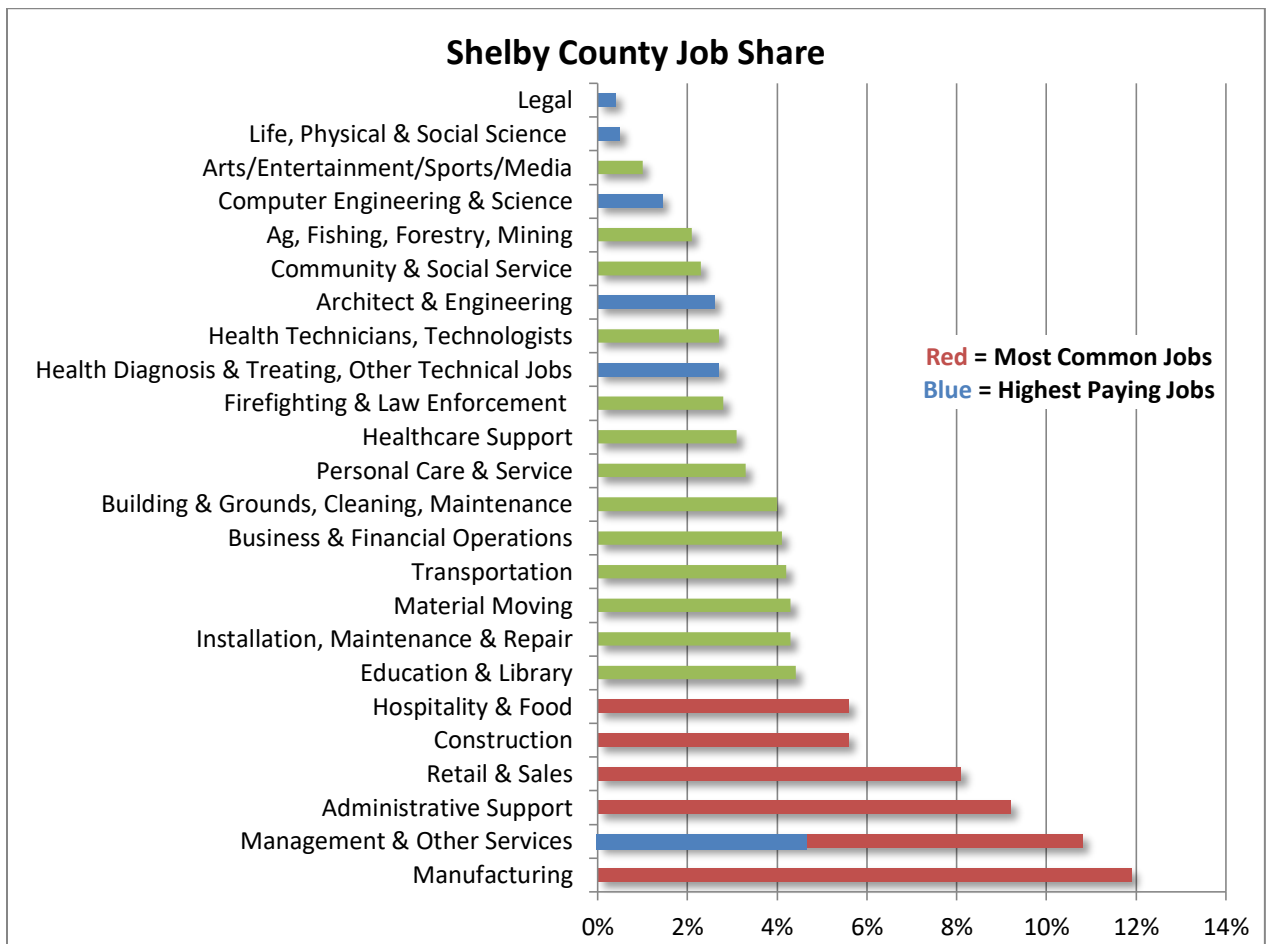
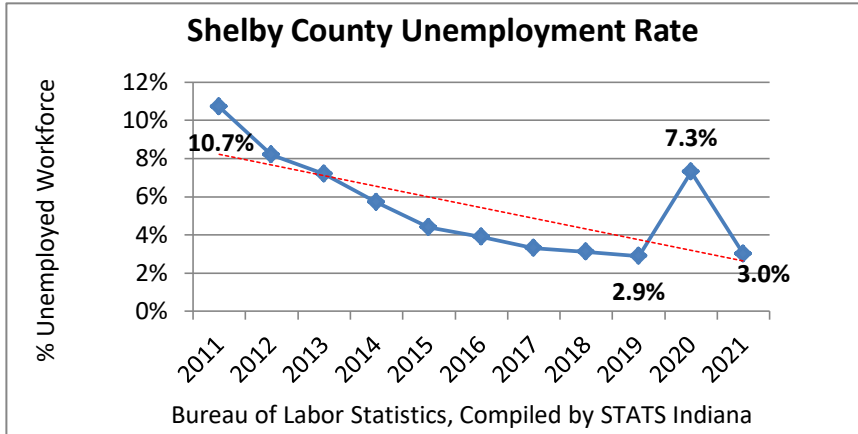
- 57.6% Male
- Median Household Income: \$50-\$75,000
- 5.4% Live in Poverty
- 18.7% Have a Disability

SHELBY COUNTY: Income

In 2020 the median income of \$59,712 in Shelby County was a -1.15% growth from 2019.



SHELBY COUNTY: Employment



U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020; STATS Indiana; USA Data

SHELBY COUNTY: Workers and Commute

Twenty-seven percent (27%) of the implied *resident* labor force worked outside of Shelby County. The implied workforce receives 18% of its labor from outside Shelby County. Marion, Hancock, Rush, Decatur and Johnson Counties are primary providers of labor for Shelby County (13.1%) as well as primary recipients of labor from Shelby County (23.5%).

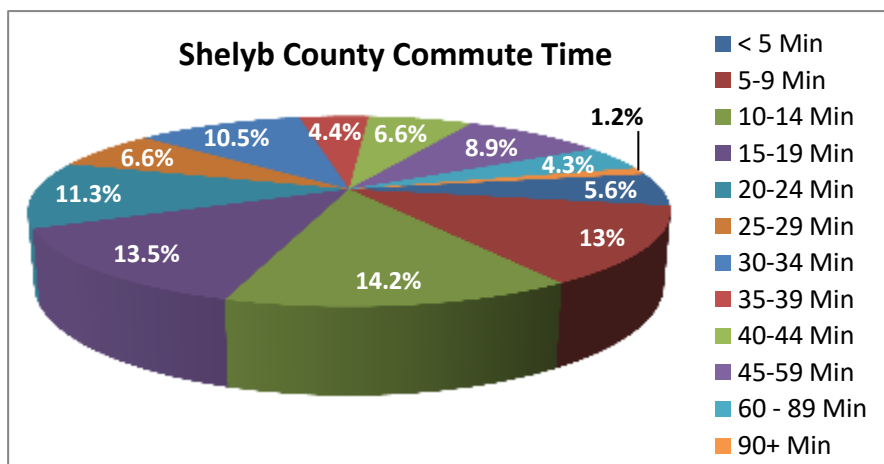


Indiana Business Research Center, Indiana Department of Revenue Data for Tax Year 2019 as compiled by STATS Indiana, 2021

| Workforce | |
|--|--------|
| *Number of people who live in Shelby County and work (<i>implied resident labor force</i>) | 30,206 |
| *Number of people who live AND work in Shelby County | 21,838 |
| *Total number of people who work in Shelby County (<i>implied workforce</i>) | 26,709 |
| Commuters | |
| Number of people who live in Shelby County but work outside the county | 8,368 |
| Number of people who live in another county (or state) and work in Shelby County | 4,871 |

Indiana Department of Revenue Data for Tax Year 2019 as compiled by STATS Indiana, 2021

*Per the residency guidelines of the IT-40 Tax Guidelines, the implied workforce is artificially inflated secondary to retired persons, military, homemakers, etc. having their county of residence also counted as their county of employment. **The data is only for identifying commuting patterns and potential labor supply.**



Commuting:

- 85% - Drive alone to work
- 24 Minutes – Average commute (National average: 26 minutes)
- 1.2% - Commute 90+ minutes
- 13.6% - Commute between 5 and 19 minutes

U.S. Census, ACS 5-Year Estimate from Data USA <https://datausa.io/profile/geo/shelby-county-in>

RESOURCES

Specific data sources are cited throughout this CHNA. Follows are higher level data sources used for Shelby County and Indiana information.

American Diabetes Association

American Heart Association

Broadstreet

Compliments of Franciscan Health

Centers for Disease Control and Prevention

- Behavior Risk Factor Surveillance Surveys
- Disability and Health Promotion
- Places: Local Data for Better Health
- National Cancer Center Institute
- National Center for Health Statistics
- Nutrition, Physical Activity, and Obesity Division
- WISQARS

Centers for Medicare and Medicaid

- Mapping Medicare Disparities

County Health Rankings and Roadmaps

Feeding America

- Map the Meal Gap

Healthy People 2030

Indiana Alzheimer's Association

Indiana Behavioral Health Commission 2022 Report

Indiana Criminal Justice Institute

Indiana Department of Child Services

Indiana Department of Education

Indiana Department of Health

- Indiana Asthma Plan 2021
- Indiana Cancer Control Plan 2021-2022
- Indiana COVID County Dashboards
- Indiana Tobacco Prevention & Cessation Commission
- Vital Statistics

Indiana Early Learning Advisory Committee

- Annual Reports 2020, 2021

Indiana Family Social Services Administration

- First Steps Annual Report, 2021
- Health and Well-Being Atlas

Indiana Prevention Research Center

- Indiana Youth Survey

Indiana Youth Institute

- Kids Count Data Book

Living Wage Calculator

Massachusetts Institute of Technology

Mental Health America

- 2022 The State of Mental Health in America

National Survey of Children's Health

Shelby County Cancer Association

STATS Indiana, Shelby County

Substance Abuse and Mental Health Services Administration (SAMHSA)

United for ALICE Indiana Research Center

U.S. Census Bureau and American Community Survey 5-Year Estimates

United States Department of Agriculture Economic Research Food Atlas Maps

Term Dictionary

Age-adjusted: Diseases, injuries and death occur at different rates in different age groups. A community with more families of young children will have a higher rate of bicycle injuries. A community with more older persons will have higher rates of cancer, hospitalizations, and deaths. Age-adjustment is a statistical process that allows communities with different age distributions to be fairly compared. For more information: https://www.nlm.nih.gov/nichsr/stats_tutorial/section2/mod5_age.html

ACS: American Community Survey – The Census Bureau’s ACS collects population and housing information annually and publishes both 1 year and 5 year estimates.

CDC: Centers for Disease Control and Prevention

FPL: Federal Poverty Level

FSSA: Family and Social Services Administration

Lost Productivity: Time unable to work at a job or at home because of illness, injury, or other condition.

Median Income: If every income in the county were ordered from highest to lowest, median income is the middle income in the list.

Presenteeism: The lost productivity that occurs when employees are physically at work but not fully functioning because of an illness, injury, or other condition.

Prevalence: The total number of individuals in a population who have a disease or health condition at a specific period of time, typically expressed as a percentage of the population.

Rate: A large population has more health events simply due to its larger size. A rate allows communities of different sizes to be fairly compared. If 60 men out of 50,000 have prostate cancer, it is the same as 120 out of 100,000 in a larger community. The total number of events is divided by the total applicable population for a given year and then multiplied by standard values such as 10,000 or 100,000. The number is then expressed as “rate per 100,000 population”.

SHELBY COUNTY: County Health Rankings

The County Health Rankings and Roadmaps is an annual data analysis by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation. The analysis provides a model of population health emphasizing the many factors that when improved can help make communities healthier places to live, learn, work, play and gather.

The County Health Rankings is an institute of programs and resources designed to support local communities in improving their health and quality of life. Shelby County reports from 2011 – 2022 may be viewed on the website along with information about data sources, the importance of each indicator, and other counties' reports. <http://www.countyhealthrankings.org>.

Indiana's 92 counties are ranked against each other in the County Health Rankings. There are no ties, and rankings can change based on factors other than a county's specific progress or lack thereof. The county to beat is ourselves – by embracing priorities, policies, and processes that support and promote a culture of health in all the communities of Shelby County.

The County Health Rankings report is analyzed and organized within the following framework:

Health Outcomes measures how long people live

Quality of Life measures how healthy people feel while alive

Health Factors measure areas that impact health and wellness:

- **Health Behaviors:** Decisions that can protect or harm our own health and the health of others
- **Clinical Care:** Access to a primary care provider, preventative services, routine and specialty care when needed
- **Social and Economic Factors:** Education, employment, safety, trauma, and being able to meet basic needs – all impact health today and tomorrow
- **Physical Environment:** As big as air pollution and as basic as safe, affordable housing

Most of the data in the report does not reflect the actual numbers of death, disease, or injury in Shelby County but rather an age-adjusted number and rate. These are statistical processes whereby communities of different sizes and population distributions may be fairly compared. The **Definitions** column notes if the data is age-adjusted or a rate. Actual numbers for Shelby County will be found throughout this CHNA. More about age-adjustment and rate on page 25.

SHELBY COUNTY: County Health Rankings

For the 2022 County Health Rankings report and this CHNA, the available data lags behind 1-2 years or more. Covid-19 also impacted submission and analysis of reportable data. Therefore, Shelby County may have already made progress in an area that the report cannot yet reflect. For example: Shelby County’s unemployment rate has resumed pre-pandemic rates; however, the report reflects the 2020 rate. The data source and statistical model may also change between annual reports; however, the general sweep of the County’s well-being can be seen.

Outcome, Quality and Health Factor Rankings: Lower number is better.

Health Factor Indicators: Lower or higher number is better depending on whether more of less of something is desirable. For example: a lower rate of drug overdoses is wanted but a higher rate for high school graduation.

Data with a * were not included in the actual ranking methodology but were included as important indicators of community health.

| INDICATORS | IN 2022 | 2022 Top Performers | 2022 | 2019 | 2016 | Data for 2022 Report | Definitions (Age-adjusted data) |
|---------------------------------|---------|---------------------|--------------|-------|-------|----------------------|---|
| OVER ALL HEALTH OUTCOMES | | | 49 | 53 | 27 | | |
| LENGTH OF LIFE | | | 56 | 63 | 40 | | |
| Premature Death | 8,600 | 5,600 | 9,200 | 9,200 | 7,500 | 2018 - 2020 | Years potential life lost in deaths before age 75 per 100,000 pop |
| QUALITY OF LIFE | | | 37 | 38 | 21 | | |
| Poor or fair health | 19% | 15% | 20% | 17% | 15% | 2019 | Self-report on overall health out of last 14 days |
| Poor physical health days | 4.1 | 3.4 | 4.3 | 4.0 | 3.6 | 2019 | Self-report on days health not good out of last 14 days |
| Poor mental health days | 4.8 | 34.0 | 5.1 | 4.1 | 3.9 | 2019 | Self-report on days mental health not good out of last 14 days |
| Low birth weight | 8% | 6% | 7% | 7% | 6% | 2014- 2020 | % live births ≤ 5lbs 8oz |
| *Covid-19 Mortality | 103 | 43 | 104 | -- | -- | 2020 | Age-adjusted deaths per 100,000 population |
| *Life Expectancy | 76.5 | 80.6 | 76.1 | 76.4 | -- | 2018- 2020 | Average number years a person can expect to live |
| *Child Mortality | 60 | 40 | 70 | 70 | 60 | 2017-2020 | Number per 100,000 pop. of deaths <18 yrs |
| *Infant mortality | 7 | 4 | 9 | 9 | 7 | 2014-2020 | #deaths within 1 st year of life per 1,000 live births |
| *Diabetes Prevalence | 11% | 8% | 10% | 14% | 10% | 2019 | % of adults 20 years & older with diagnosed diabetes |
| *HIV Prevalence | 207 | 38 | 80 | 80 | 51 | 2019 | #of people 13+ years living with HIV per 100,000 population |
| OVER ALL HEALTH FACTORS | | | 55 | 42 | 45 | | |
| HEALTH BEHAVIORS: | | | 26 | 50 | 53 | | |

| INDICATORS | IN 2022 | 2022 Top Performers | 2022 | 2019 | 2016 | Data for 2022 Report | Definitions (age-adjusted) |
|---------------------------------------|---------|---------------------|----------------|---------|---------|----------------------|--|
| Adult Smoking | 20% | 15% | 22% | 19% | 21% | 2019 | % of adults smoking most days/100 cigarettes in lifetime |
| Adult Obesity | 33% | 30% | 35% | 37% | 32% | 2019 | % 20+ year old adults with BMI of 30 & over |
| Physical Inactivity | 31% | 23% | 32% | 29% | 31% | 2019 | % of 20+ year old adults reporting no leisure time physical activity |
| Access to Exercise Opportunities | 68% | 86% | 46% | 54% | 54% | 2010 & 2021 | % of adults living 1-3 miles from a park or recreational facility |
| Excessive Drinking | 18% | 15% | 17% | 17% | 15% | 2019 | % adults binge/heavy drinking last 30 days |
| Alcohol-impaired Driving Deaths | 19% | 10% | 11% | 2% | 15% | 2016-2020 | % motor vehicle crashes involving alcohol |
| Sexually Transmitted Infections | 526.3 | 161.8 | 313.0 | 411.4 | 285.6 | 2019 | % newly diagnosed Chlamydia infections per 100,000 population |
| Teen Births | 23 | 11 | 24 | 34 | 44 | 2019 | # births per 1,000 women 15-19 |
| *Food Insecurity | 12% | 9% | 12% | 12% | 14% | 2019 | % of population who lack adequate access to food |
| *Drug Overdose Deaths | 28 | 11 | 31 | 17 | 15 | 2018-2020 | #of drug poisoning deaths per 100,000 population |
| *Motor Vehicle Crash Deaths | 12 | 9 | 17 | 16 | | 2014-2020 | #deaths per 100,000 population |
| *Insufficient Sleep | 38% | 32% | 37% | 36% | 33% | 2019 | % of adults reporting < 7 hours of sleep on average |
| CLINICAL CARE | | | 76 | 51 | 55 | | |
| Uninsured | 9% | 6% | 9% | 9% | 16% | 2020 | % under 65 with no health insurance |
| Primary Care Physicians | 1,490:1 | 1,040:1 | 2,800:1 | 3,410:1 | 4,970:1 | 2019 | Ratio of population to primary care MD |
| Dentists | 1,930:1 | 1,340:1 | 2,640:1 | 2,610:1 | 2,970:1 | 2019 | Ratio of population to primary dentists |
| Mental Health Providers | 710:1 | 370:1 | 950:1 | 1,140:1 | 1,240:1 | 2021 | Ratio population to mental health clinicians |
| Preventable Hospital Stays | 4,322 | 2,233 | 6,297 | 5,784 | 63 | 2019 | Hospitalization for OP treatable diagnoses, Medicare population |
| Mammography Screening | 44% | 52% | 45% | 44% | 60% | 2019 | % females 67-69 with screening in last 2 years |
| Flu Vaccinations | 52% | 55% | 41% | 50% | | 2019 | % fee-for-service Medicare enrollees with annual flu shot |
| *Non-physician primary care providers | 910:1 | 580:1 | 1,120:1 | 1,306:1 | 2,026:1 | 2021 | Ratio population to nurse practitioners, physician assistants & clinical nurse specialists |
| SOCIAL/ ECONOMIC FACTORS | | | 59 | 40 | 39 | | |
| High School Graduation | 87% | 96% | 89% | 95% | 93% | 2018-2019 | % 9 th grade cohort that graduate in 4 years |
| Some College | 63% | 74% | 54% | 52% | 50% | 2016-2020 | % 25-44 with at least some post-secondary education, even if no degree obtained |
| Unemployment | 7.1% | 4.0% | 7.1% | 3.3% | 5.6% | 2020 | % 16+ unemployed & looking for work |
| Children in Poverty | 15% | 9% | 12% | 14% | 17% | 2020 | % children under 18 living in poverty |
| Income Inequality | 4.3 | 3.7 | 4.0 | 3.9 | 3.6 | 2016 – 2020 | Ratio of households in 80 th percentile income to those in 20 th |

| INDICATORS | IN 2022 | 2022 Top Performers | 2022 | 2019 | 2016 | Data for 2022 Report | Definitions (age-adjusted) |
|---|---------|---------------------|----------------|----------|------|----------------------|---|
| Children in Single-Parent Households | 25% | 14% | 20% | 32% | 36% | 2016 – 2020 | % of children living in single-parent headed household |
| Violent Crime | 385 | 63 | 535 | 535 | 77 | 2014 & 2016 | # reported violent crime per 100,000 population |
| Injury Deaths | 85 | 61 | 90 | 69 | 66 | 2016-2020 | # deaths due to injury per 100,000 population |
| *Disconnected Youth | 6% | 4% | 12% | 10% | — | 2016-2020 | % of 16-19 year olds not working or in school |
| *Living Wage | \$33.76 | --- | \$34.12 | --- | --- | 2021 | Hourly wage needed for 1 adult, 2 children for expenses & taxes in SC |
| *Children Eligible Free & Reduced Lunch | 48% | 32% | 48% | 41% | 36% | 2019-2020 | % enrolled public school children eligible for free and reduced price lunch |
| *Childcare Cost Burden | 18% | 18% | 20% | --- | --- | 2020 & 2021 | Cost for household with 2 children % median household income |
| *Suicides | 15 | 11 | 19 | | | 2016-2020 | Rate of suicide deaths per 100,000 population |
| *Firearm Fatalities | 15 | 8 | 12 | 12 | — | 2016-2020 | #of deaths per 100,000 population |
| *Juvenile Arrests | 19 | 8 | 27 | 2020-26 | | 2019 | Rate of juvenile arrests per 1,000 <18 yr youth |
| PHYSICAL ENVIRONMENT | | | 55 | 53 | 23 | | |
| Air Pollution/Particulates | 9.1 | 5.9 | 9.5 | 11.8 | 13.6 | 2018 | Average daily density of fine particulates |
| Drinking Water Violations | 0% | 0% | 0% | 0% | 0% | 2020 | % population exposed to water violation last year |
| Severe Housing Problems | 13% | 9% | 10% | 12% | 10% | 2014 –2018 | % of households with 1 of these: high cost, overcrowding, lack of kitchen or plumbing |
| Driving Alone to Work | 81% | 72% | 83% | 85% | 83% | 2016-2020 | % of workforce driving alone to work |
| Long Commute – Driving Alone | 30% | 15% | 37% | 36% | 36% | 2016–2020 | % driving to work alone more than 30 min. |
| *Severe Housing Cost Burden | 11% | 7% | 10% | 9% | — | 2016-2020 | % of people spending 50% or more of household income on housing |
| *Home Ownership | 69% | 81% | 73% | 73% | -- | 2016-2020 | % occupied houses that are owned |
| *Broadband Access | 83% | 88% | 50% | 2021-77% | --- | 2016-2020 | % of households with broadband internet connection |

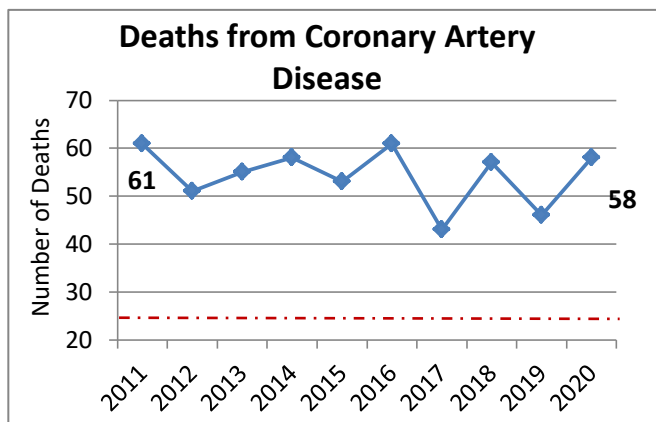
<https://www.countyhealthrankings.org/app/indiana/2022/rankings/shelby/county/outcomes/overall/snapshot>

SHELBY COUNTY – Healthy People 2030

Healthy People is a national disease prevention and health promotion initiative, coordinated through the Offices of Disease Prevention and Health Promotion, Surgeon General, and Health and Human Services. Over the last 4 decades, Healthy People has identified and measured 10-year public health priorities for improving the health and well-being of the Nation.

Where applicable this CHNA includes Healthy People 2030 objectives as one gauge of where Shelby County stands on relevant population health issues. Healthy People objectives are expressed as a percentage, a rate, or as age-adjusted (read about rate and age-adjustment on page 25). The objectives are improvement targets. Explore all the Healthy People 2030 objectives at <https://health.gov/healthypeople>

Healthy People 2030 Objective: Reduce Coronary Heart Disease Deaths: 71.1 deaths per adult 100,000 population (*24 or fewer deaths annually in Shelby County*)



To give an idea of what the Healthy People objective looks like for Shelby County, the objective is followed by an estimated target based on the population of the County.

The Healthy People objective is identified by a dash line in the data charts

The overarching goals of Healthy People are the very same goals for Shelby County as she takes steps to improve the health and well-being of her people and communities:

- “Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- “Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- “Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- “Promote healthy development, healthy behaviors, and well-being across all life stages.
- “Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”

<https://health.gov/healthypeople/about/healthy-people-2030-framework>

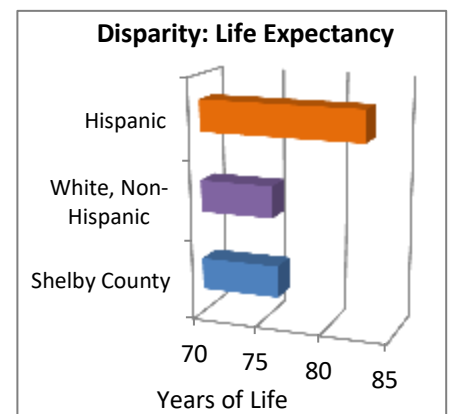
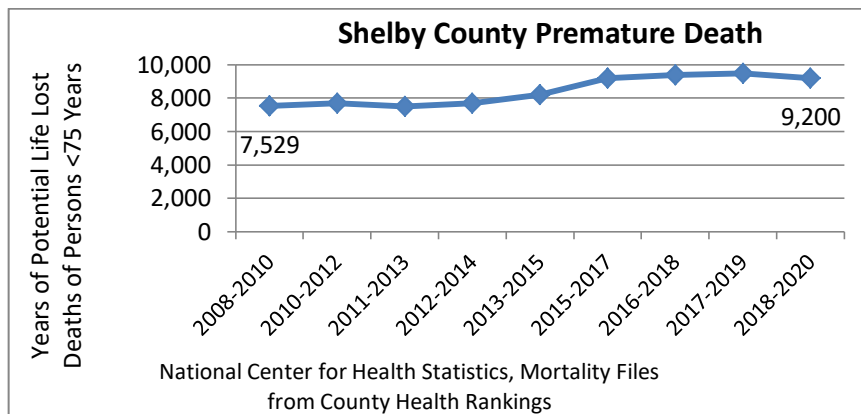
HEALTH OUTCOME: Length of Life

- **Premature Death**
- **Top Causes of Mortality**
 - **Cardiovascular Diseases**
 - **Cancer**
 - **COVID-19**
 - **External Causes of Injury**
 - **Chronic Lower Respiratory Diseases**
 - **Alzheimer's Disease**
 - **Accidental Poisoning**
 - **Diabetes**
 - **Influenza and Pneumonia**
 - **Suicide**
 - **Kidney Disease**

HEALTH OUTCOME: Length of Life

Years of Potential Life Lost is a community health indicator. Premature death is calculated for persons under the age of 75. Years of Potential Life Lost is a statistical calculation of deaths that could have been prevented through factors such as lifestyle changes, access to care, safe environments, and optimal management of disease.

Mortality data typically reflects the deaths of older persons. Shelby County's Life Expectancy is 76.1 years. Premature death is getting worse in Shelby County.



Across the Nation and in Shelby County, the top causes of death have remained consistent over time. 2020 saw the addition of deaths from COVID-19 as the 3rd leading cause of death.

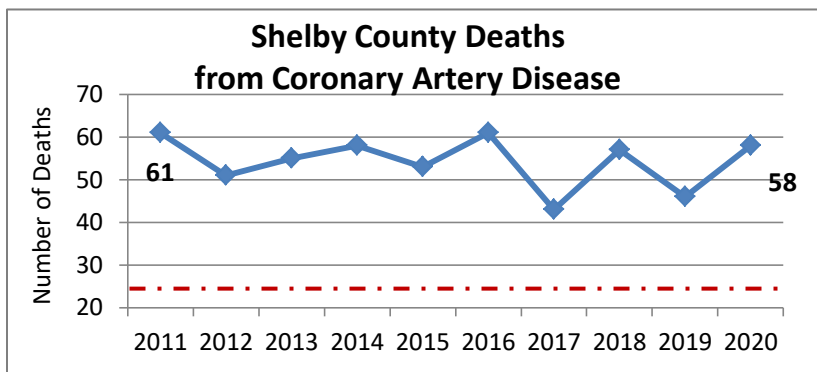
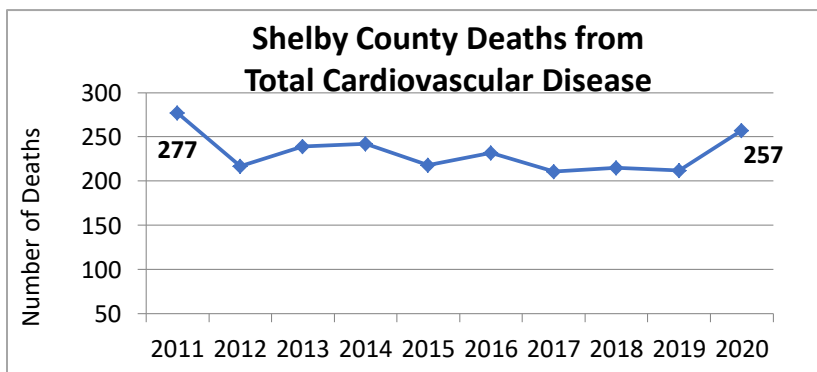
| Rank | TOP CAUSES OF DEATH IN SHELBY COUNTY 594 Deaths 76 Covid Deaths | 2020 Mortality Report | Percentage of Deaths Excluding Covid Deaths | Percentage of Deaths Including Covid Deaths |
|------|--|-----------------------|---|---|
| 1 | *Total Cardiovascular Disease | 257 | 43.3% | 38.4% |
| 2 | All Cancers | 114 | 19.2% | 17% |
| 3 | COVID-19 | 76 | | 11.3% |
| 4 | External Causes of Injury | 46 | 7.7% | 7.6% |
| 5 | Chronic Lower Respiratory Diseases | 29 | 4.9% | 4.3% |
| 5 | Alzheimer's Disease | 29 | 4.9% | 4.3% |
| 6 | Accidental Poisoning | 17 | 2.9% | 2.5% |
| 7 | Diabetes | 13 | 2.2% | 1.9% |
| 8 | Influenza & Pneumonia | 10 | 1.7% | 1.5% |
| 9 | Suicide | 8 | 1.3% | 1.2% |
| 10 | Kidney Disease | 7 | 1.2% | 1.0% |

Indiana Department of Health, Office of Data Analytics, Vital Statistics

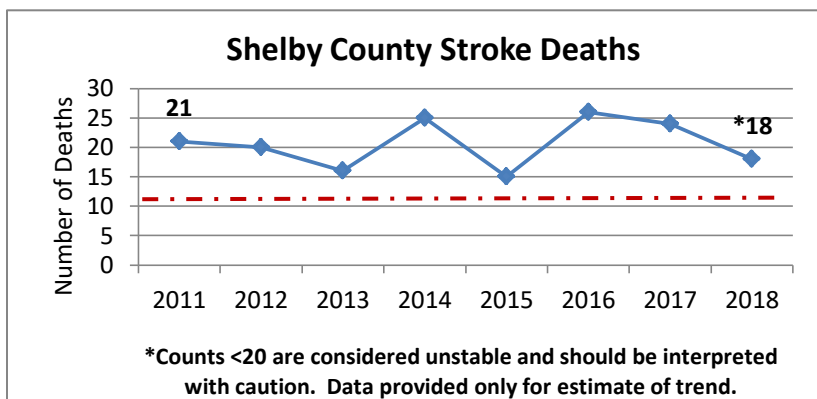
*American Heart Association definition used. Total Cardiovascular Disease encompasses Major Cardiovascular Disease, Heart Disease, Coronary Heart Disease & all other diseases of the heart & circulatory system.

HEALTH OUTCOME: Deaths from Cardiovascular Disease

Cardiovascular Disease continues to be the leading cause of death for adults. Per the American Heart Association, every 40 seconds an adult dies from a heart attack, stroke, or related heart disease. The average age for a heart attack is 65.5 years for men and 72 years for women. The American College of Cardiology reports over the last 10 years there has been a steady increase in heart attacks occurring in people under the age of 50. The social, emotional, and economic burden of premature death from cardiovascular disease impacts families, workplaces, and communities.



Healthy People 2030 Objective: Reduce Coronary Heart Disease Deaths: 71.1 deaths per 100,000 adult population (*24 or fewer deaths annually*)

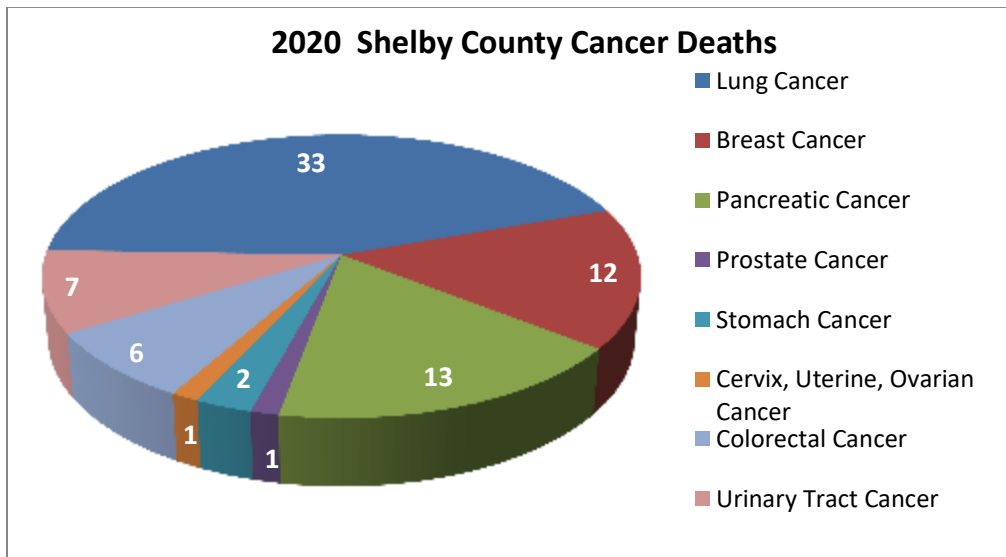


Healthy People 2030 Objective: Reduce Stroke Deaths: 33.4 or fewer per 100,000 adult population (*12 or fewer deaths annually*)

All Data from Indiana Department of Health, Office of Data Analytics, Vital Statistics

HEALTH OUTCOME: Deaths from Cancer

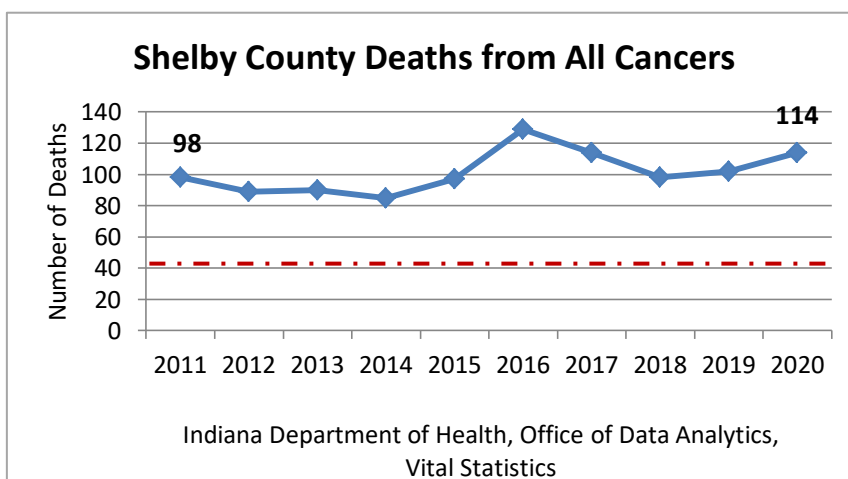
Cancer is the second leading cause of death in the nation and in Shelby County. The top cancer death in Shelby County is Lung Cancer.



Indiana Department of Health, Office of Data Analytics, Vital Statistics

*Counts <20 are considered unstable and should be interpreted with caution. Data is included only to estimate trends of cancer diagnoses resulting in death.

Healthy People 2030 Objective: Reduce Cancer Deaths: 122.7 deaths per 100,000 adult population (42 or fewer deaths annually in Shelby County)

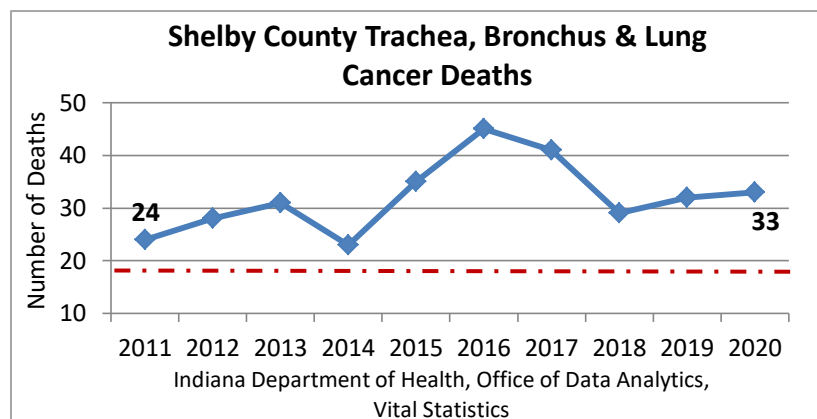


Cancer Mortality Disparities:

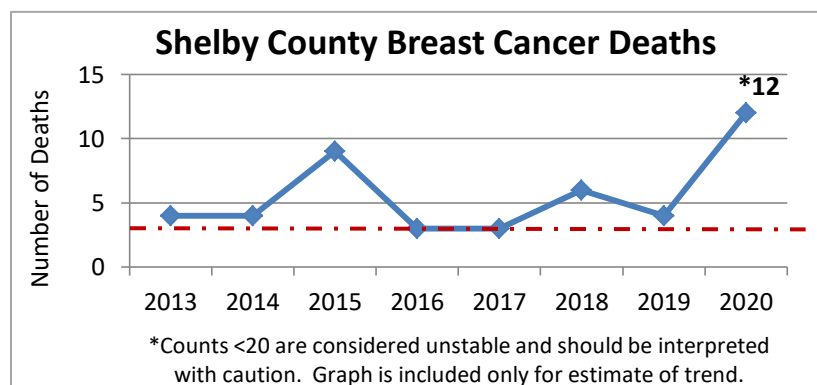
- 552 Deaths of White, Non-Hispanic Persons
- 5 Deaths of Non-White and Hispanic Persons
- 54.4% of Deaths Were of Men

HEALTH OUTCOME: Deaths from Cancer

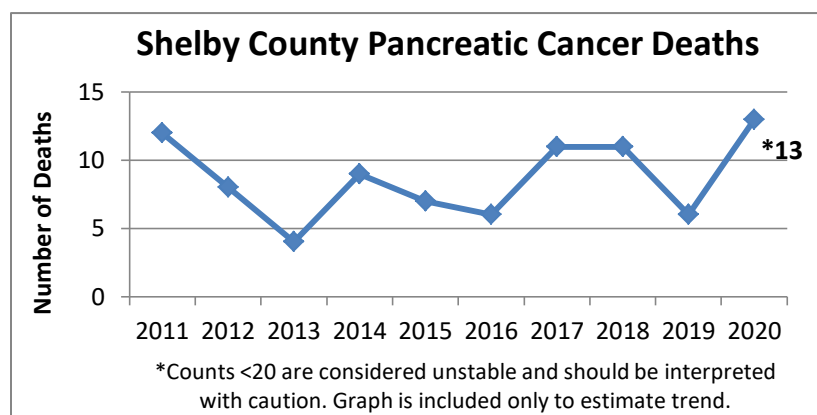
In 2020 Lung Cancer, Pancreatic Cancer, and Breast Cancer were the top causes of death from cancer in Shelby County.



Healthy People 2030 Objective: Reduce Lung Cancer Deaths:
 25.1 deaths per 100,000 18+ population (9 or fewer deaths annually in Shelby County)



Healthy People 2030 Objective: Reduce Breast Cancer Deaths:
 15.3 deaths per 100,000 18+ female population (3 or fewer cases annually in Shelby County)

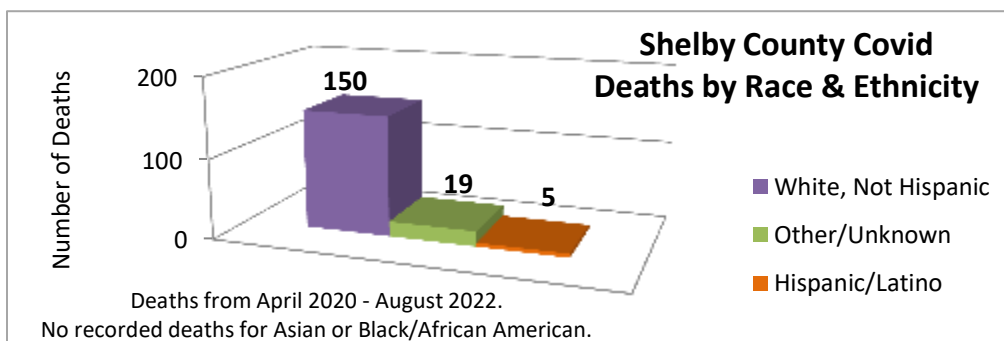
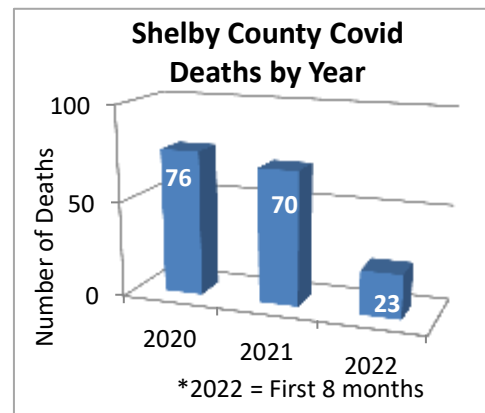
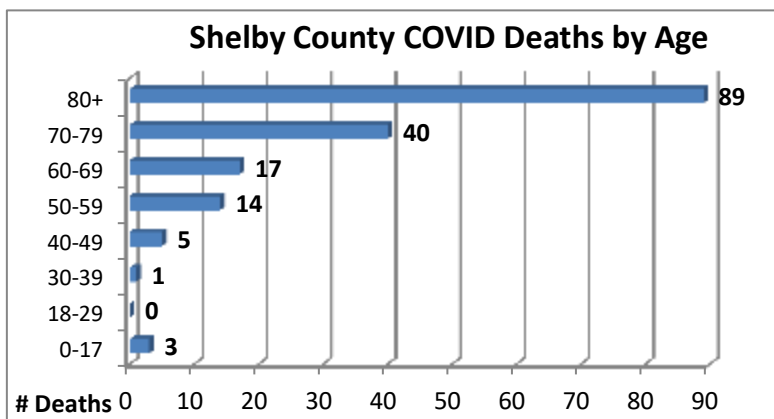
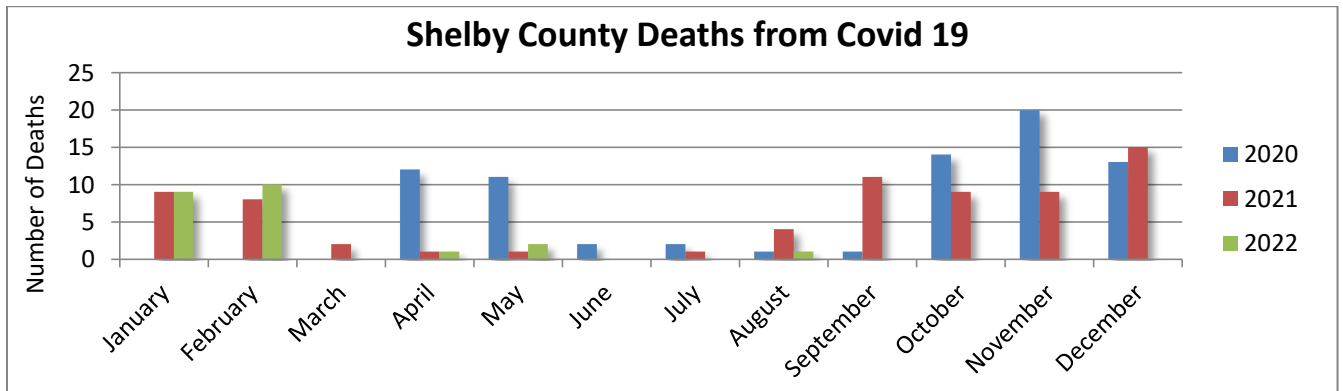


All Data from Indiana Department of Health, Office of Data Analytics, Vital Statistics

HEALTH OUTCOME: Deaths from COVID-19 & Variants

2020 brought unprecedented challenges for those living today: Novel Coronavirus. No aspect of private or public life was untouched. We experienced the best and the worst of human response to the uncertainty, suffering, and isolation of the pandemic, as well as to the demands on the health care and public health systems. Variants of the virus continue to emerge. The ramifications at every level of society will continue to be revealed and grappled-with for years to come.

From April 2020 through August 2022, Shelby County experienced the deaths of 169 loved ones, neighbors, friends and co-workers.



Data from Indiana Department of Health, County Dashboard.

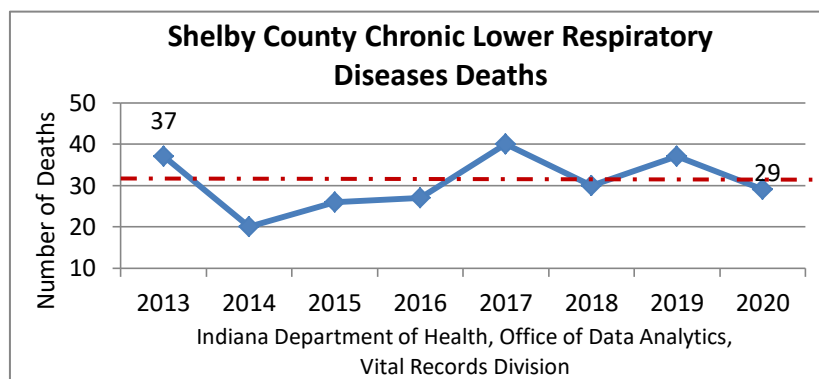
<https://www.coronavirus.in.gov>

HEALTH OUTCOME: Deaths from Respiratory Disease. Alzheimer's Disease.

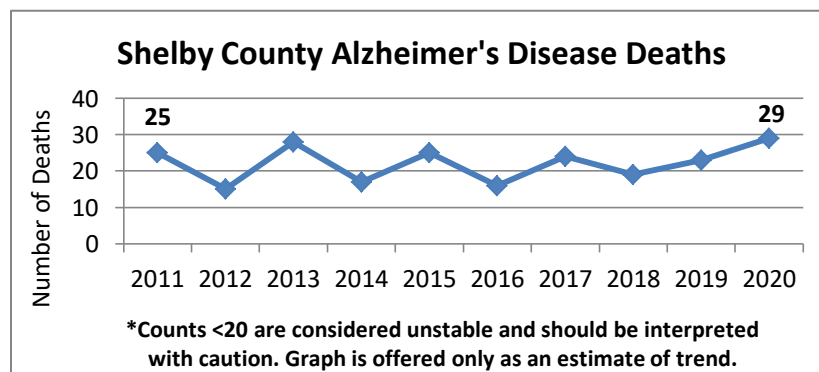
Shelby County COPD Prevalence: 9.3%

Chronic Lower Respiratory Diseases Deaths are the 3rd leading cause of death in Indiana. These lung diseases cause airflow blockage and breathing-related problems: Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis and asthma.

Per the CDC, the primary causes of these diseases and deaths are tobacco use, second-hand smoke exposure, long-term asthma, long term exposure to lung irritants – often occupational in nature, and drug use.



Healthy People 2030 Objectives: Reduce COPD Deaths: 107.2 deaths per 100,000 population of 45+ year adults (24 or fewer deaths annually Shelby County)



Alzheimer's Disease is the 6th leading cause of death in Indiana.

Shelby County Medicare Beneficiary Prevalence: 9%

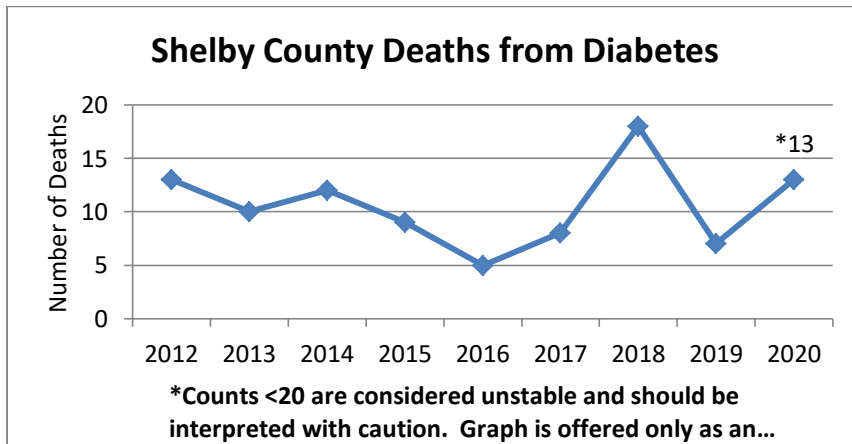
Indiana Department of Health, Office of Data Analytics, Vital Records

Economic Impact in Indiana (2020 dollars):

- Caregivers provided 276 million hours of unpaid care valued at \$4.3 billion
- Cost to Indiana's Medicaid program: \$1.054 billion
- Per capita Medicare spending on people with dementia: \$27,147

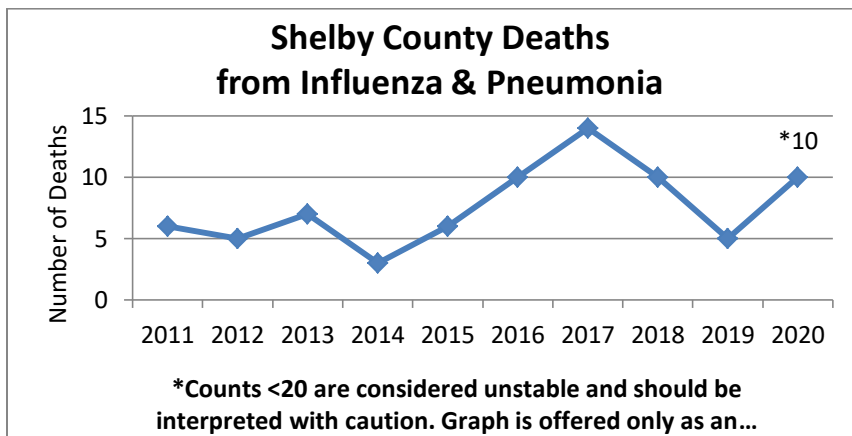
Indiana Alzheimer's Statistics, Alzheimer's Association. 2022
<https://www.alz.org/media/Documents/indiana-alzheimers-facts-figures-2022.pdf>

HEALTH OUTCOME: Deaths from Diabetes. Flu and Pneumonia. Kidney Disease.



Shelby County Diabetes Prevalence: 12.4%

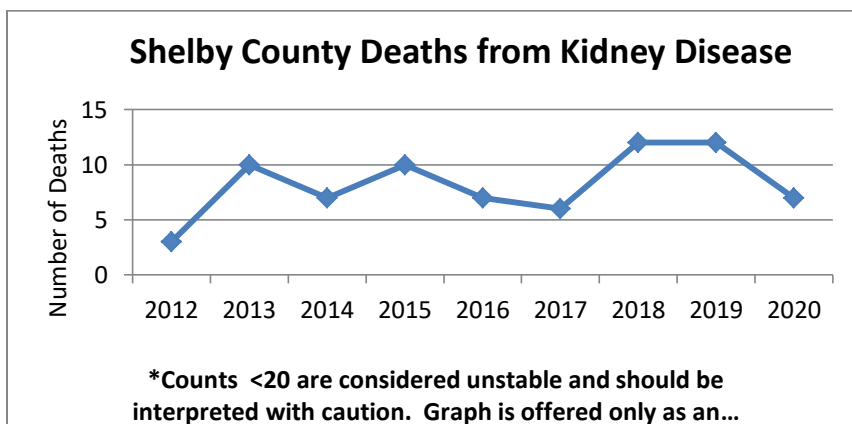
Shelby County Medicare Beneficiary Prevalence: 28%



From 2012 – 2020, the average percentage of Medicare enrollees in Shelby County who received flu and pneumonia vaccinations:

- Flu: 52%
- Pneumonia: 15%

Centers for Medicare & Medicaid Services, Mapping Medicare Disparities



Shelby County Kidney Disease Prevalence: 3.1%

Shelby County Medicare Beneficiary Prevalence for Chronic Kidney Disease: 21%

All Data from Indiana Department of Health, Office of Data Analysis, Vital Statistics

HEALTH OUTCOME: Deaths from Accidents and Injuries

The fourth leading cause of death in Indiana is unintentional injuries. In the United States, unintentional injuries are the leading cause of death for children age 1 to adults age 44. For the calendar year 2020, the CDC calculates Years of Potential Life Lost from all injury deaths in Indiana as 934 years (premature death before age 75). These are preventable deaths.

Economic Impact in Indiana, 2022:

Unintentional Injury Deaths:

- \$17,180: Average medical costs per death
- \$271 per capita cost per death

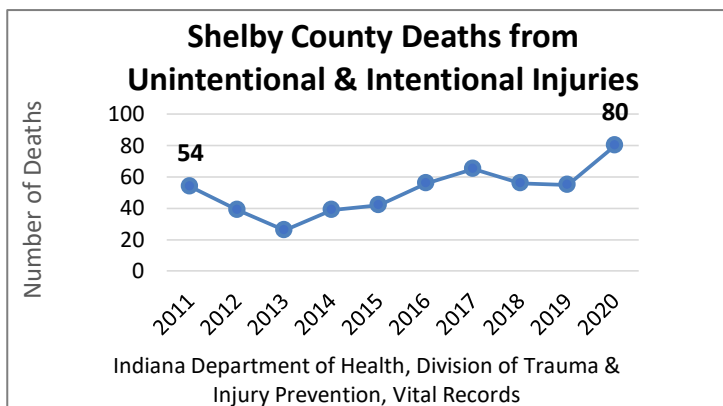
Intentional Injury Deaths:

- \$8,887: Average medical costs per death
- \$687 per capita cost per death

CDC WISQARS Cost of Injury Data <https://www.cdc.gov/injury/wisqars/nonfatal.html>

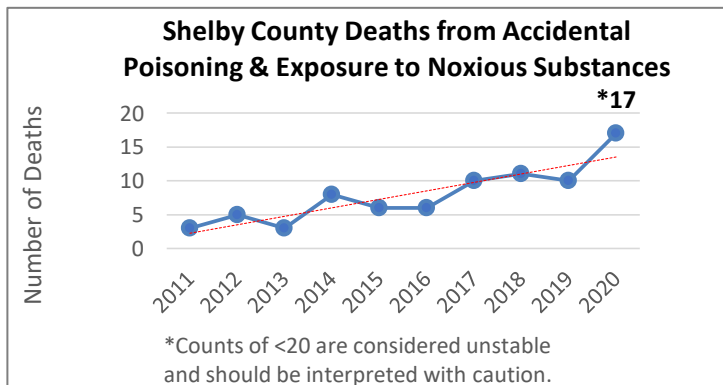
Interactive tool has calculations for a range of injury causes, ages, intentional/unintentional, fatal/non-fatal.

Above average based on all ages for suicide, homicide, and the first 4 unintentional injury deaths on the list below.



Unintentional Injury Deaths:

- **1)** Motor vehicle accidents
- **2)** *Poisoning
- **3)** Falls
- Accidental firearm discharge
- Drowning
- Smoke, fire and flames
- Electricity
- Lightening and floods
- Medical complications



Intentional Injury Deaths:

- Suicide
- Homicide
- Legal Intervention¹

*Childhood poisonings are primarily related to children exploring and consuming medications or household chemicals. Adult poisonings are usually drug-related.

Carbon Monoxide causes the most nondrug poisoning deaths. Other poisonous exposure includes pesticides & other chemicals, often work-related.²

Indiana Department of Health, Division of Trauma & Injury Prevention, Vital Records ¹CDC National Center for Health Statistics ²https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_poisoning.pdf

HEALTH OUTCOME: Suicide

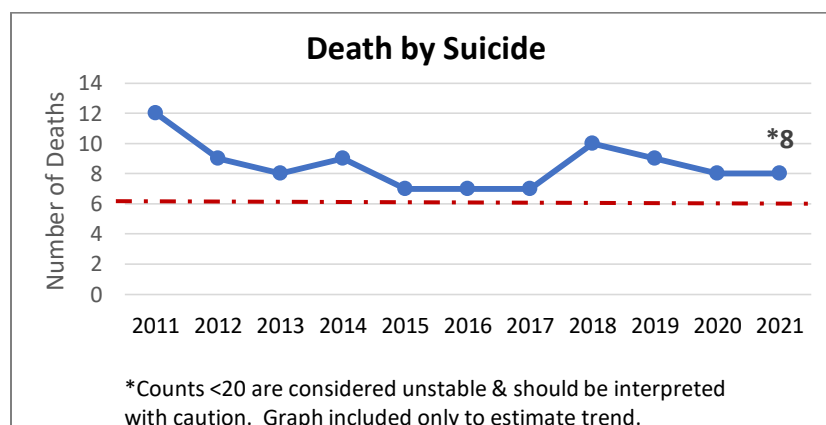
Suicide is a community health indicator, revealing the degree of mental distress or illness, the accessibility of treatment, and of the psycho-social-economic stressors driving or exacerbating mental health problems and substance use.

- **Suicide is the 12th leading cause of death in the United States.**
 - Children 10-14 Years: 2nd leading cause
 - Adults 25-34 Years: 2nd leading cause
 - Adults 35-44 Years: 3rd leading cause
- **Disparities:**
 - The rate of suicide is highest in middle-aged white men.
 - Adult females attempt suicide 1.5 times more than men.
 - Nationally, among Hispanic/Latino of any race: 0.2% suicide deaths compared to 16.8% among all non-Hispanics
- **2020:**
 - Men died by suicide nearly 4 times more often than women.
 - Nationally, suicide was highest among adults ages 85+ years and among adolescents and young adults ages 15-24.

CDC Fatal Injury Reports www.cdc.gov/injury/wisqars/fatal.html

Indiana Suicide Fact Sheet, American Foundation for Suicide Prevention <https://afsp.org/suicide-statistics>

Economic Impact in Indiana: The intangible losses for those left in the wake of suicide cannot be adequately calculated. In 2020, average medical costs per suicide death were \$7,983.



Healthy People 2030

Objective: Reduce Suicides:

12.8 deaths or fewer per 100,000 total population
(6 or fewer persons annually in Shelby County)

All Data from Indiana Department of Health, Office of Analytics, Vital Statistics

*2020 count is preliminary

Health Outcome: Premature Death

Community Health Partners

- Cancer Association of Shelby County
- City of Shelbyville Navigator
- Community Behavioral Health
- Family Services and Prevention Programs – Healthy Families
- Firefly Child and Family Alliance (formerly Children’s Bureau)
- Goodwill Nurse-Family Partnership
- Grace House
- Jane Pauley Community Health Center
- Major Health Partners
- Pantry Pals
- Shelby County Health Department
- Shelby County Active Aging Coalition
- Shelby County Coroner
- Shelby County Drug Free/Drug Free Shelby County
- Shelby County Schools
- Shelby County Sheriff’s Department
- Shelby County Volunteer Fire Departments
- Shelby County YMCA
- Shelby Senior Services
- Shelbyville Fire Department
- Shelbyville Parks Department
- Shelbyville Police Department
- Shelbyville VA Clinic
- Twelve Step Programs : AA and NA
- VA Health Clinic
- Youth Assistance Program

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

HEALTH OUTCOME: Quality of Life

- Well-Being
- Mental Health
- Caregiving
- Loneliness and Social Connection
- Social Media
- Youth Mental Health
- Adverse Childhood Experiences
- Infant Mortality
- Low Birthweight and Pre-Term Births
- Early Intervention
- Early Childhood Education and Childcare
- Chronic Disease
 - Asthma
 - Arthritis
 - Hip Fracture
 - Cardiovascular Diseases
 - Cancer
 - Diabetes

Common ACEs (Adverse Childhood Experiences) are noted with a 

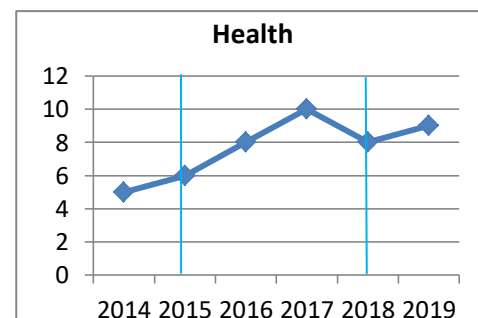
The CDC's Behavior Risk Factor Surveillance Survey is conducted monthly throughout the United States and is the world's longest running health-based survey. Repeatedly, research finds the self-reported data to be reliable. Changes:

- 2015: Addition of mobile phones to landlines changed how data was collected
- 2018: Statistical model for estimating data changed

Each change renders previous data unable to be reliably compared with subsequent data.

On the following pages, charts will have vertical blue lines noting the aforementioned changes.

The span of data is still included so that trends may be estimated.



HEALTH OUTCOME: QUALITY OF LIFE

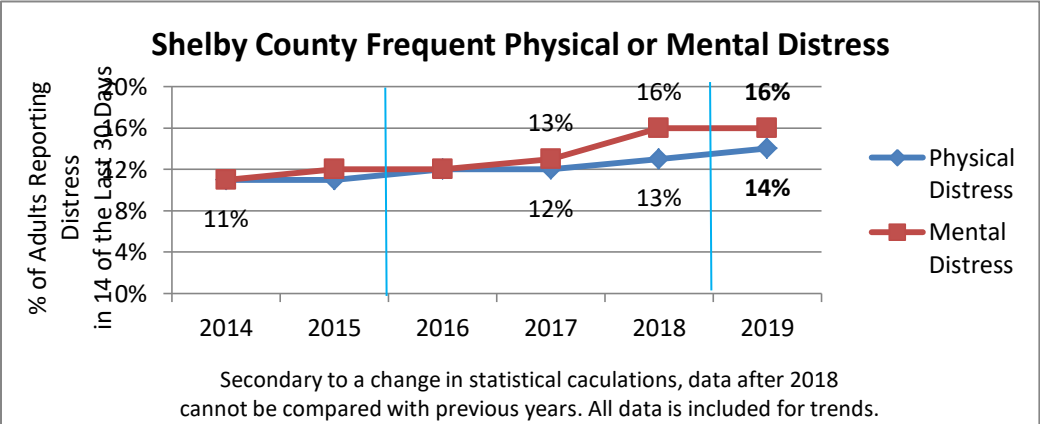
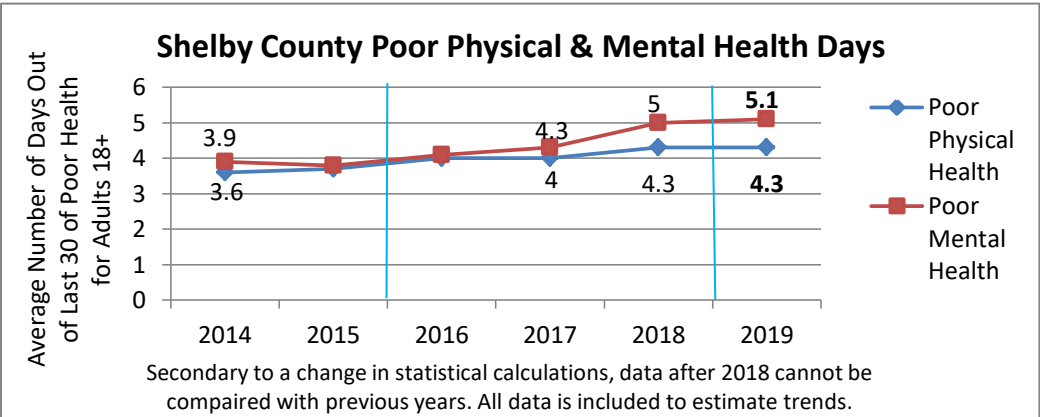
Health is not just the absence of illness or disease but also how healthy people feel while they are alive. Health encompasses physical, mental, emotional and social well-being from birth to death. Communities with a high rate of people who do not feel healthy may also be experiencing problems with poverty, unemployment, premature death, and other socio-economic challenges.

2022 COMMUNITY HEALTH SURVEY

Nearly 16% of respondents identified both mental health problems and chronic disease as challenges to their personal health and well-being.

- **Ages 20 – 59:** Mental health problems were the third greatest challenge.
- **Ages 15 – 19:** Mental health problems were the number one health challenge.
- **Ages 60+:** Chronic disease became one of the top 3 challenges.

The following two graphs capture how Shelby County residents were experiencing their health and well-being before the pandemic.



This chart shows more chronic and possibly severe disease and illness.

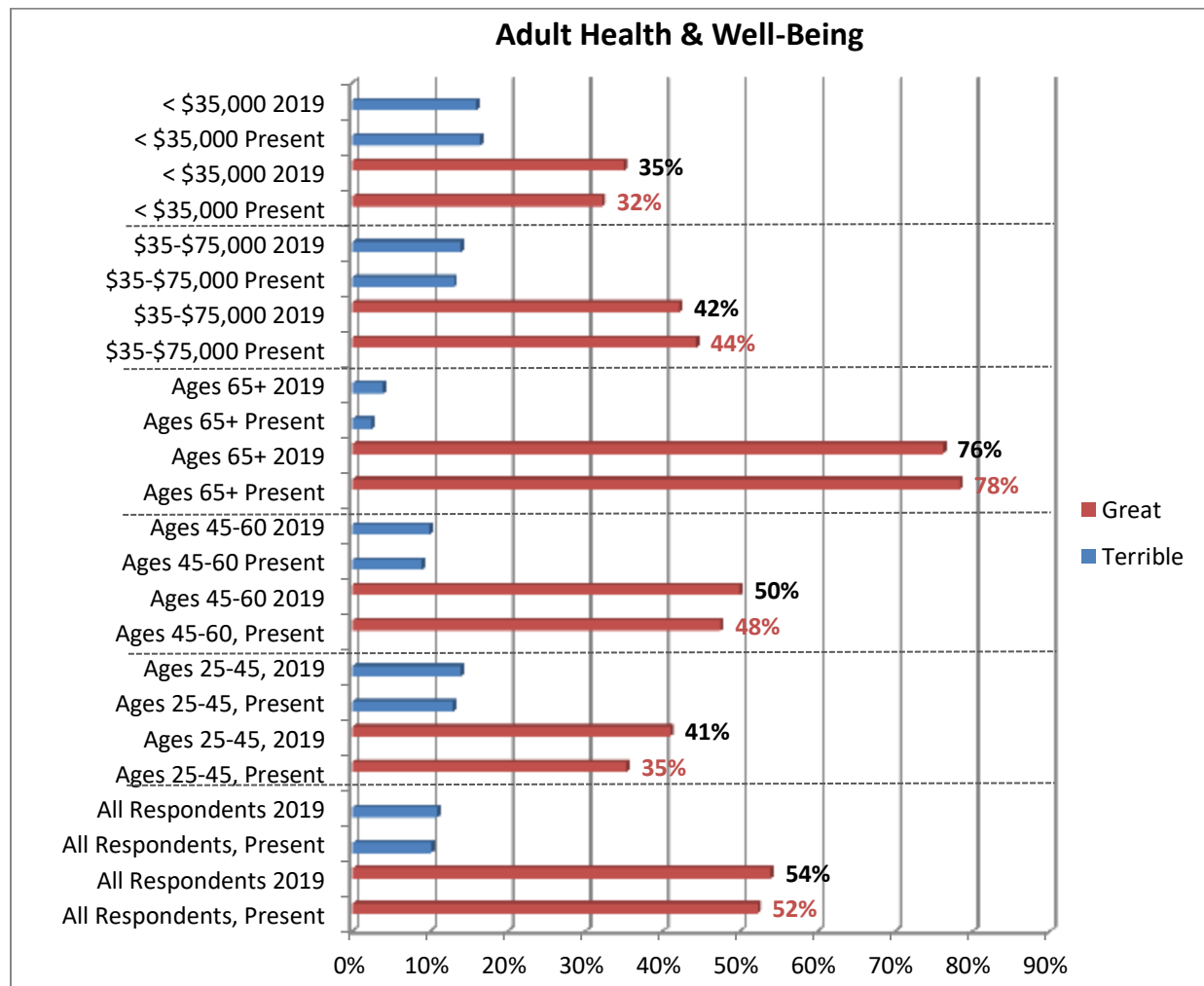
CDC Behavior Risk Factor Surveillance Survey from County Health Rankings, Shelby County. 2022

QUALITY OF LIFE: Well-being

2022 COMMUNITY HEALTH SURVEY

The survey asked respondents to rate their anxiety, physical and mental health both presently and at the end of 2019. Collectively these domains were compared by looking at the “Terrible” and “Great” ratings (0-5 scale). Over-all, survey respondents across the age span rated themselves a little less “Terrible” but also a little less “Great”.

- Older adults who were at high risk for COVID at the outbreak of the pandemic, were doing better presently than at the end of 2019.
- Adults of the ages most likely to have children at home and those with incomes less than \$35,000 had the most significant decrease in how well they were doing presently as compared to the end of 2019.



QUALITY OF LIFE: Mental Health

Shelby County Depression Prevalence: 22.9%

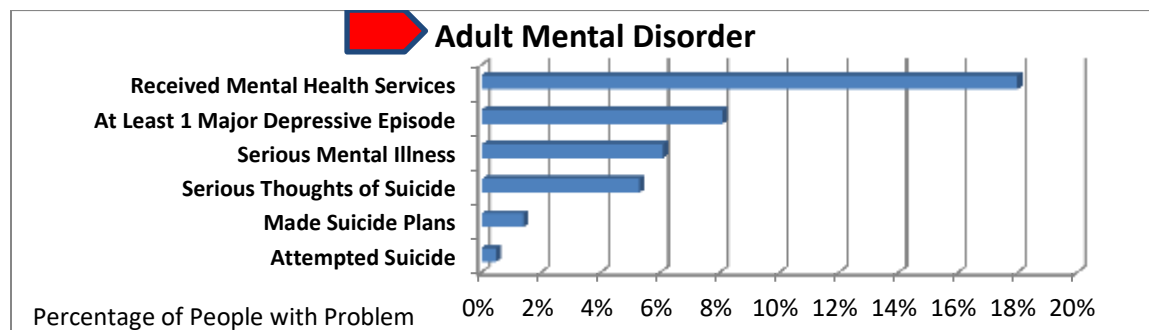
Shelby County Medicare Beneficiary Depression Prevalence: 26%

2022 COMMUNITY HEALTH SURVEY

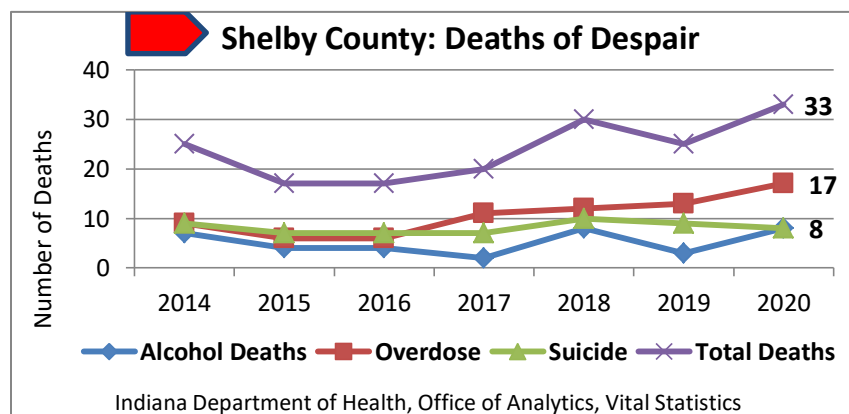
DISPARITY: Of survey respondents identifying as LGBTQ+ (n=60), 55% cited mental health problems as the top barrier to their personal health. In comparison nearly 14% of respondents not identifying as LGBTQ+ identified mental health as a problem. The Indiana Department of Health’s report on sexual minority health disparities found sexual minorities had a higher prevalence of depression than heterosexuals. In particular, bi-sexual men and women had a higher likelihood of having been diagnosed with depression than other sexual minorities had.

https://gis.in.gov/apps/ISDH/BRFSS/Reports/Research/BRFSS_SOGI_Special_Analysis.pdf

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides substance use and mental health data for regions within states. Shelby County is in the region consisting of Marion and the donut counties: Hancock, Hamilton, Hendricks, Johnson, Morgan, and Boone. The following mental health problems were identified from 2018 – 2020.



The National Survey on Drug Use and Health (NSDUH) Small Area Estimates, Substance Abuse and Mental Health Data Archive, 2018-2020 <https://pdas.samhsa.gov/saes/substate>



Deaths of Despair are a community health indicator:

- Availability of mental health and substance use treatment
- Adequate employment
- Reliable access to food and safe housing
- Community supports
- How isolated or connected people are

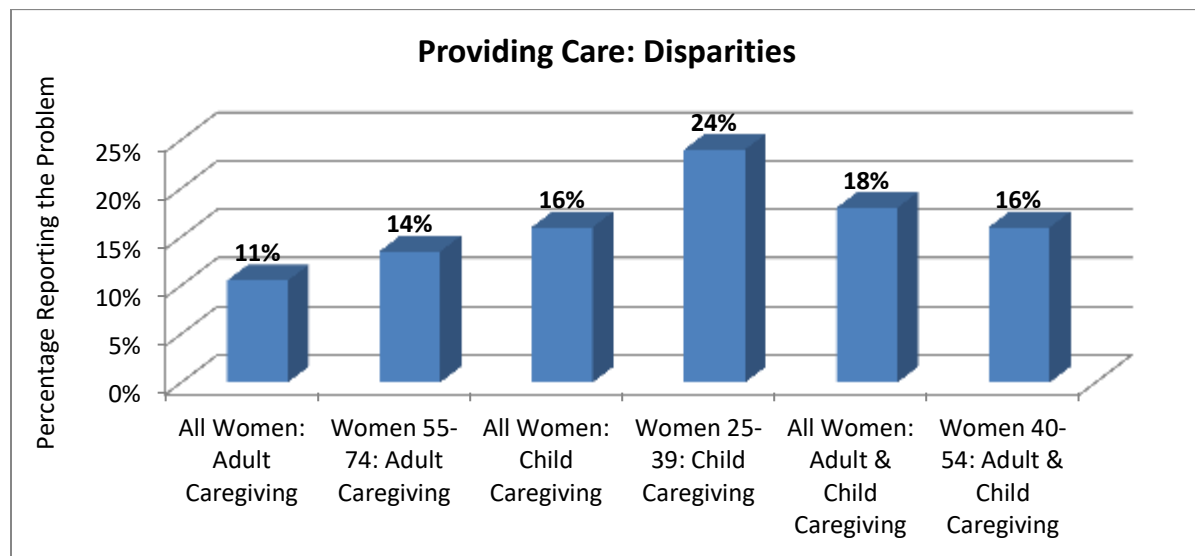
QUALITY OF LIFE: Caregiving

2022 COMMUNITY HEALTH SURVEY

Many issues that might impact health and well-being were not endorsed as challenges by a majority of respondents:

- 2.9% - Parenting Skills and Support
- 3.6% - Inadequate Support for Persons with Disabilities
- 2.8% - Inadequate Services for Older Adults
- 4.1% - Childcare
- 4.3% - Caregiver Burnout

Providing care, having inadequate support resources, and experiencing physical and emotional exhaustion are interconnected. When these high-demand / low-support issues were looked at collectively, the following picture emerged of how personal health and well-being can be impacted whether the care is for children, adults, or both – the “sandwich generation”.



Adult Caregiving did not include Parenting Skills/Support or Childcare. Child Caregiving did not include Older Adult Services.

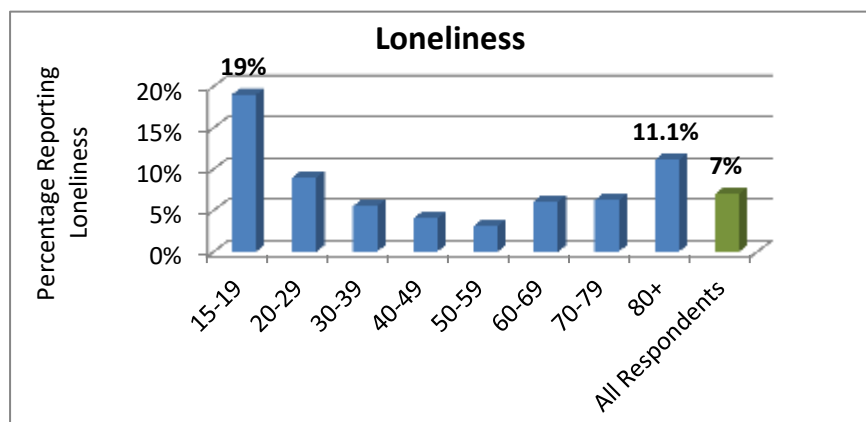
QUALITY OF LIFE: Loneliness

Per the CDC, 1 in 3 adults age 45 and older experience loneliness and 1 in 4 adults age 65 and older are socially isolated. Loneliness is a subjective malady of having less connection with others than is desired. Loneliness may lead not only to depression, anxiety, or substance misuse but also to physical health problems.

Chronic loneliness with or without social isolation triggers the body's stress response just as a perceived threat or physical pain does. Stress hormones such as cortisol are released and over time can lead to chronic inflammation and higher risk of disease and premature death:

- 32% increased risk of stroke
- 29% increased risk of heart disease
- 50% increased risk of dementia

<https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>



2022 COMMUNITY HEALTH SURVEY

Seven percent of respondents identified loneliness as a problem.

Economic Impact:

- \$1,942 (2020 dollars, adjusted for inflation): increased annual spending per socially isolated Medicare beneficiary (\$6.7 billion annually)
- \$1,590 (2020 dollars): increased annual employer costs per employee for stress-related absenteeism secondary to employee loneliness (UCLA Loneliness Scale, Version 3)
 - 7 days stress-related absenteeism for a lonely employee vs. 1.3 days for a non-lonely employee (lost productivity plus employer compensation).
 - Higher rate of job turn-over than non-lonely employees²

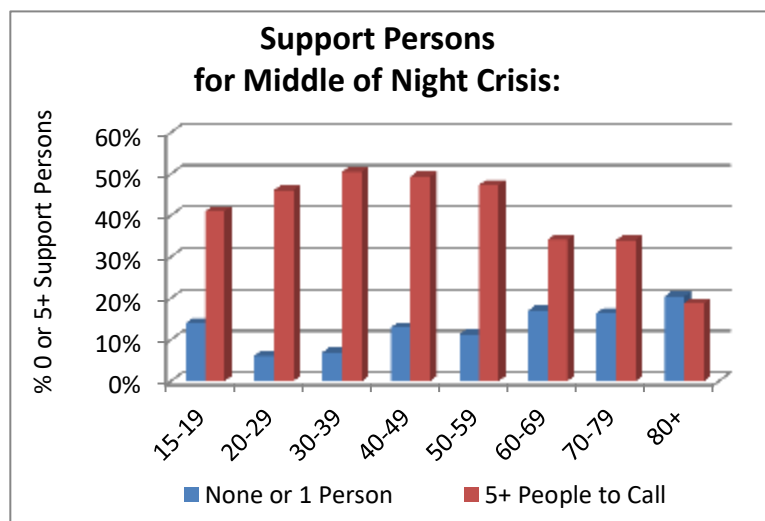
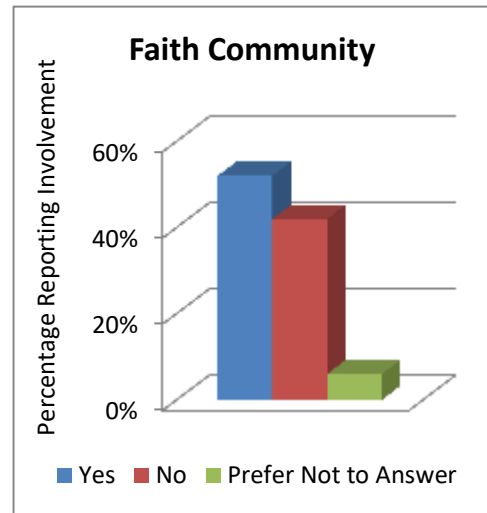
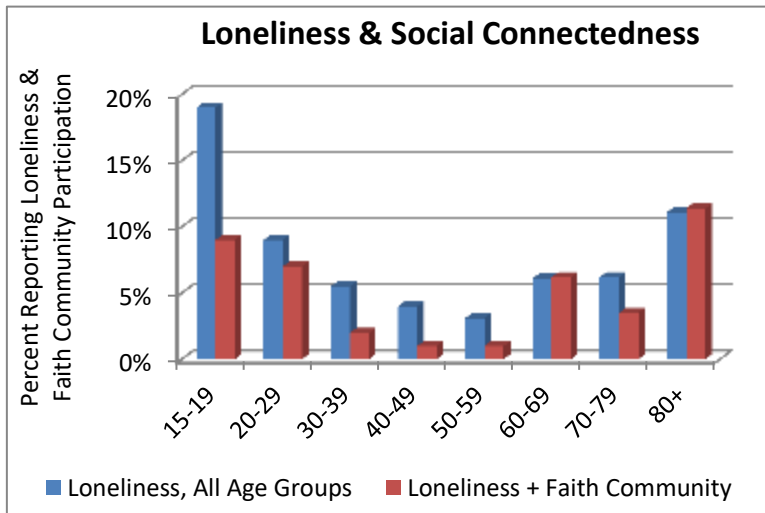
¹AARP Public Policy Institute, *Medicare Spends More on Socially Isolated Older Adults*. Nov 27, 2017. <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html>

²Bowers, A. et. al. (2022), "Loneliness influences avoidable absenteeism and turnover intention reported by adult workers in the United States", *Journal of Organizational Effectiveness: People and Performance*, Vol. 9 pp. 312-335. <https://www.emerald.com/insight/content/doi/10.1108/JOEPP-03-2021-0076/full/html>

QUALITY OF LIFE: Social Connectedness

2022 COMMUNITY HEALTH SURVEY

As one example of social connectedness, survey respondents who reported connection to a church or faith community also reported less loneliness up through the decade of the 50s. This was most dramatically the case for respondents 15-19 years of age.



Connectedness Community Health Survey Question:

“If you had a personal or medical crisis in the middle of the night, how many people could you call for help, other than 911?”

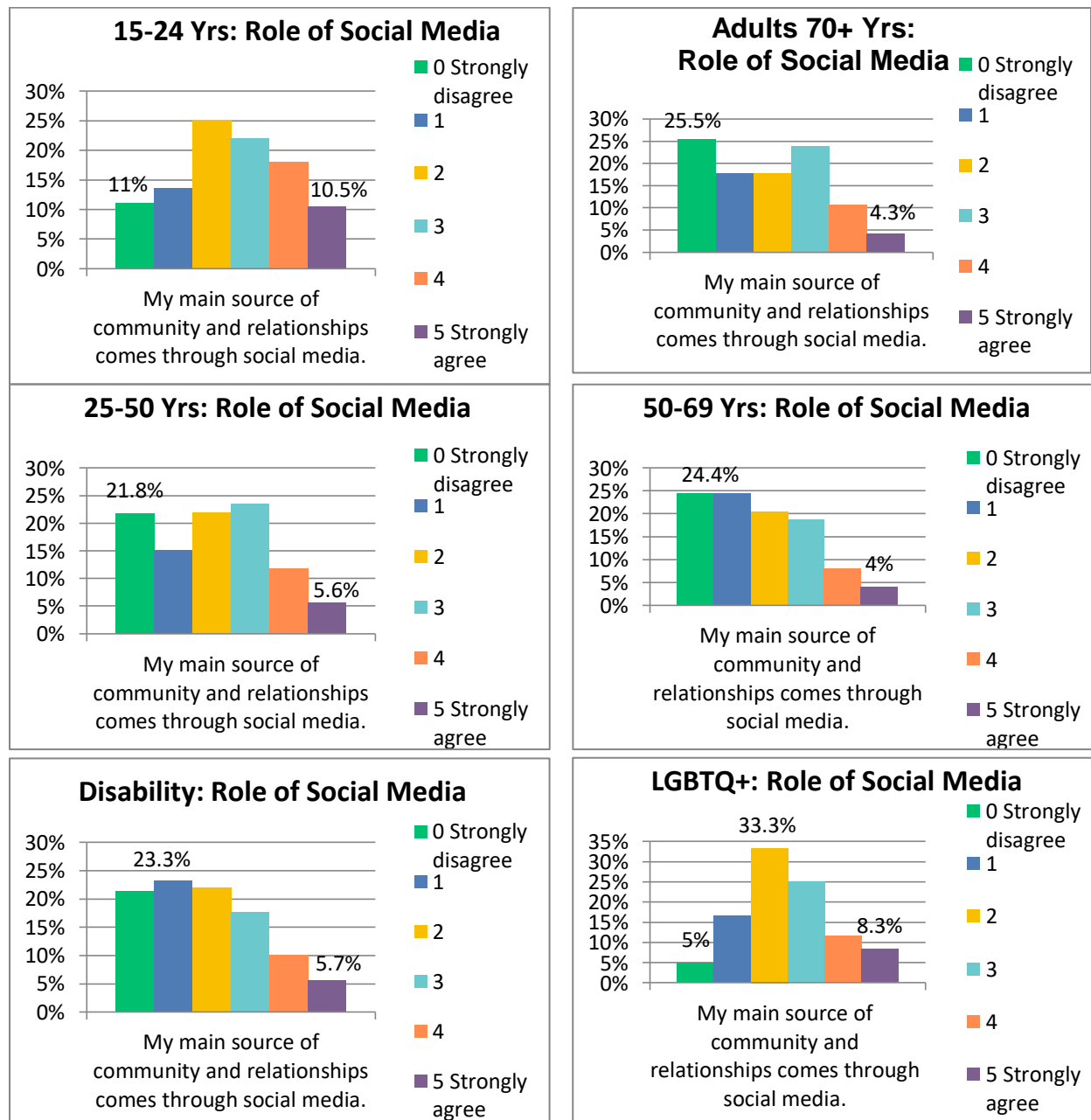
Median answer was 2-3 people. Forty-two percent (42%) identified 5 or more people to whom they could make a call.

Of concern is the percentage of those 80+ years that identified a smaller support system.

QUALITY OF LIFE: Social Media

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

Survey respondents' median answers regarding social media as a source of community and relationships: 21.9%. Twenty-two percent (22%) strongly disagreed that social media was a primary source of community; 5.5% strongly agreed. Ivy Tech listening session participants acknowledged the duality of social media: over-used at every level and also a vehicle for connecting with people they would otherwise never encounter.

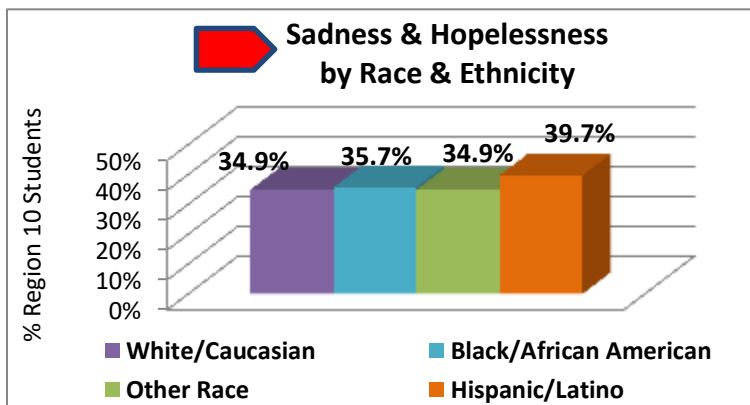
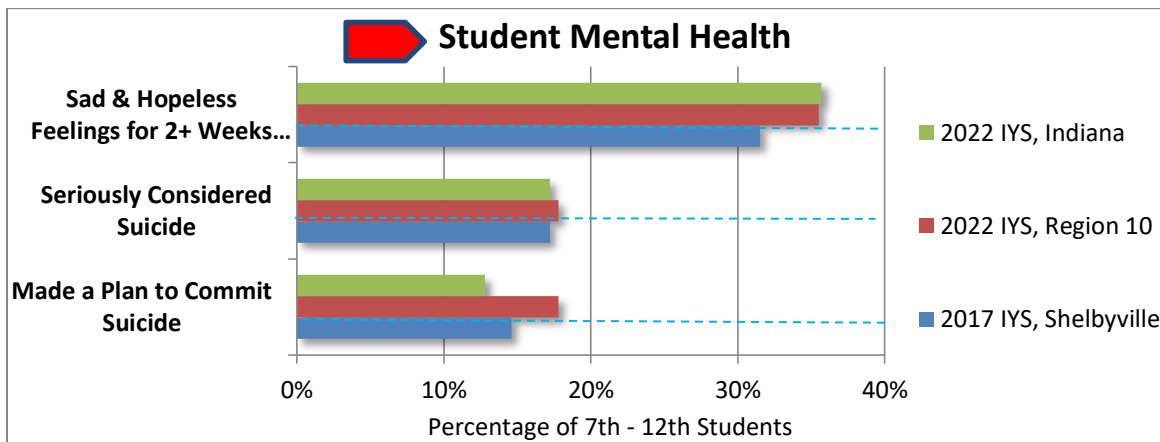


QUALITY OF LIFE: Youth Mental Health

The **Indiana Youth Survey (IYS)** was conducted in the spring of 2022 by Prevention Insights, Indiana University-Bloomington. The survey is sponsored by the Indiana Division of Mental Health and Addiction. Data is for **Region 10** which includes Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While the results are not specific to Shelby County, the data provides a general picture of 6th – 12th grade students. Other results from this survey will be found elsewhere in this report.

Shelbyville Central High School students also participated in the 2017 Indiana Youth Survey. Those Shelbyville-specific results are included as a snapshot of how local youth responded in 2017.

In all surveys, female students, regardless of race or ethnicity, were more likely than male students to experience sadness and hopelessness, to consider suicide, and to make a plan to suicide.

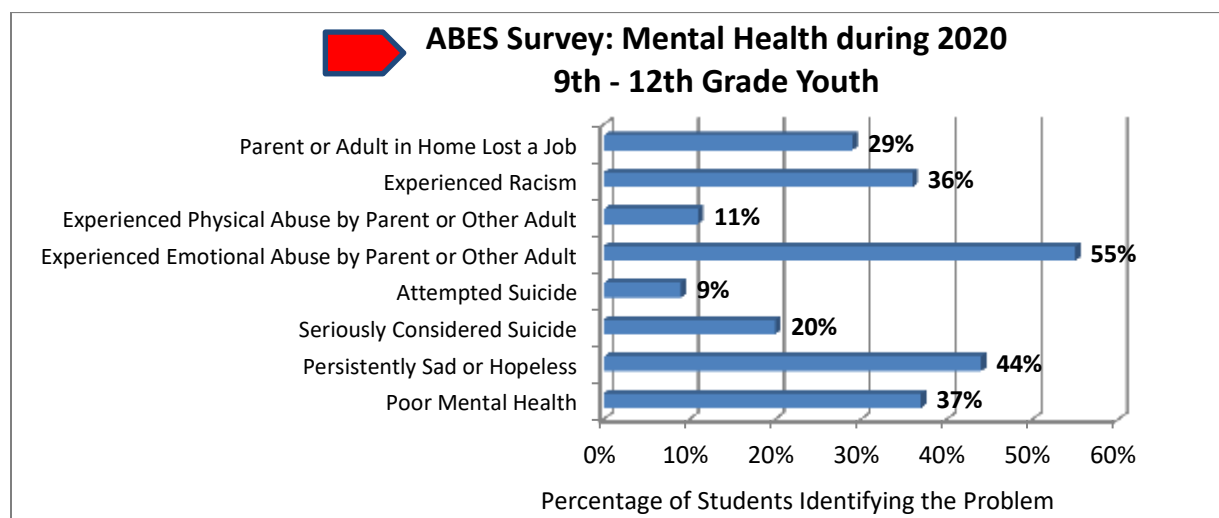


Jun, M., Gassman, R., Agle, J. D., Samuel, S., & Lee, J (2022). *Indiana Youth Survey – 2022*. Bloomington, IN: Prevention Insights

QUALITY OF LIFE: COVID-19 & Youth Mental Health

No one escaped the unprecedented challenges of the pandemic. Before COVID-19 there was rising concern about the mental health problems of the nation's youth. The pandemic exacerbated those problems for many youth. The CDC's national Adolescent Behaviors and Experiences Survey (ABES) conducted January – June 2021 reveals the significant mental health challenges experienced by 9th – 12th grade youth in 2020.

- 55% - Experienced emotional abuse by a parent or other adult in their home: being sworn at, insulted, and put-down
- 11% - Experienced physical abuse by a parent or other adult in their home: being kicked, beat, hit, and physically hurt
- 36% - Experienced racism before or during the pandemic, especially Asian students, Black students, and multi-racial students



Over-all, more female students experienced persistent sadness. LGBTQ students had the greatest struggle with their mental health. Over-all they had higher percentages of physical and emotional abuse by a parent or other adult in the home and of suicidal ideation and suicide attempts. The ABES results are congruent with those of the 2022 Indiana Youth Survey.

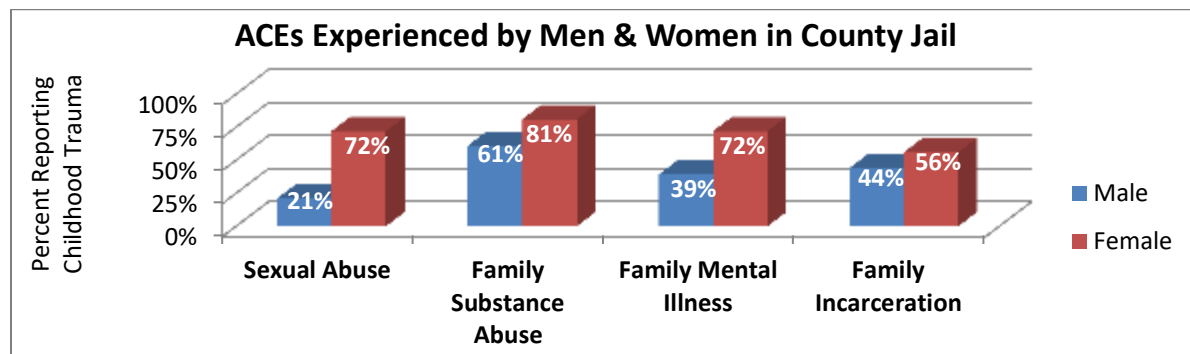
Students were better able to cope when they felt connected to persons at their schools and had regular virtual interactions with them, family, and friends. However, 53% of students did not experience that connectedness and their mental health suffered more than those who did.

Jones, Ethier, Hertz, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl. 2022 Apr 1; 71(3): 16–21. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8979602>

QUALITY OF LIFE: Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatizing events experienced by children from birth to 17 years. Per the CDC, 61% of adults have experienced at least 1 ACE. As the number of ACEs increases, so too does the correlation with substance abuse, mental illness, chronic disease, risky behavior, and socio-economic problems in adolescents and adults. The September 2021 assessment of County jail residents provides an example of the possible impact of ACEs. Thirty two women and 100 men participated in a survey and an interview about a range of experiences including ACEs.


2021 Shelby County Jail Assessment

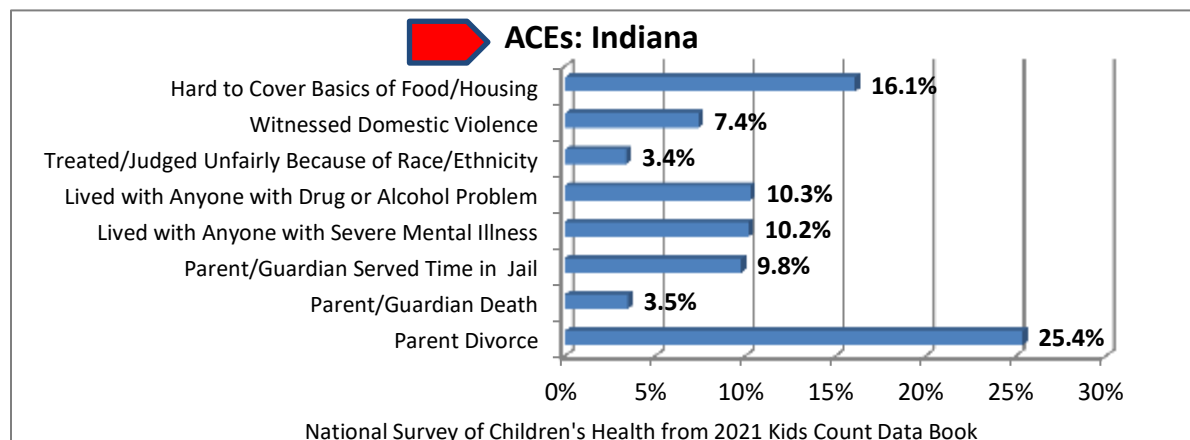


City of Shelbyville, Behavioral Health and Justice Equity Committee on Residents' Behavioral Health & Safety

The Behavioral Health and Justice Equity Committee's 2021 report on jail residents estimated that annually 2,234 children in Shelby County were impacted by parental incarceration.

- 603 preschoolers
- 1,631 school age children

In Indiana, 20.6% of children have experienced 2 or more ACEs. Common ACEs are noted below and highlighted throughout this CHNA with a red arrow. 



QUALITY OF LIFE: Anxiety & Well-Being

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

Trauma-Informed Care

Shelbyville Central School counselors are seeing high levels of anxiety and depression in students, sometimes having roots in the trauma of parents and others who are ill-equipped to cope with their own anxiety, let alone that of their children.

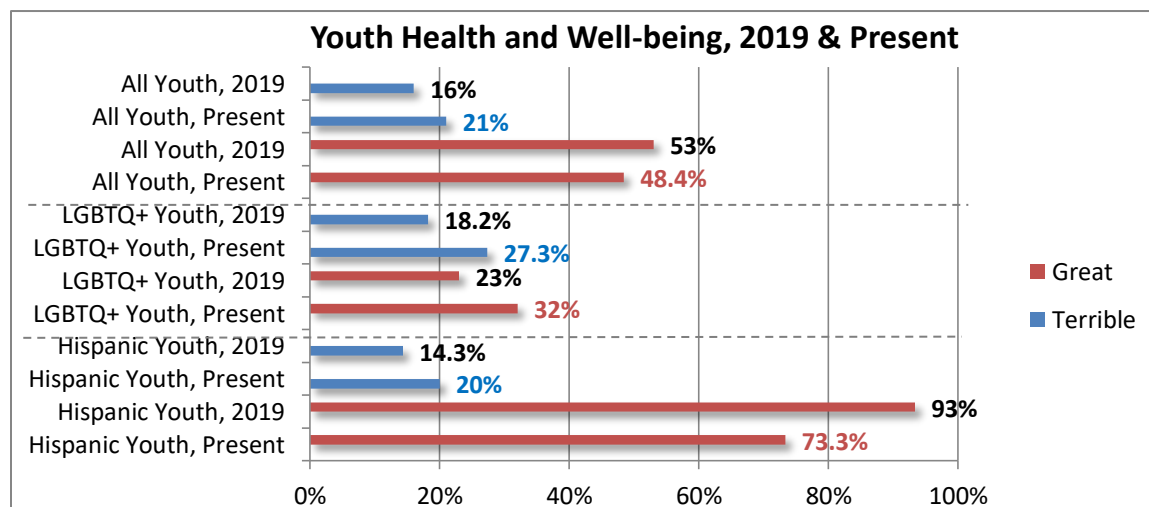
Several schools, community based organizations, the Department of Child Services, and Probation have been trained in Trust Based Relational Intervention (TBRI). More trauma-informed care trainings are being scheduled. Listening group participants identified the need for broad - community training for organizations, schools, and parents/guardians.

Bullying

Nearly 10% of respondents ages 15-24 reported bullying as a problem impacting their health.

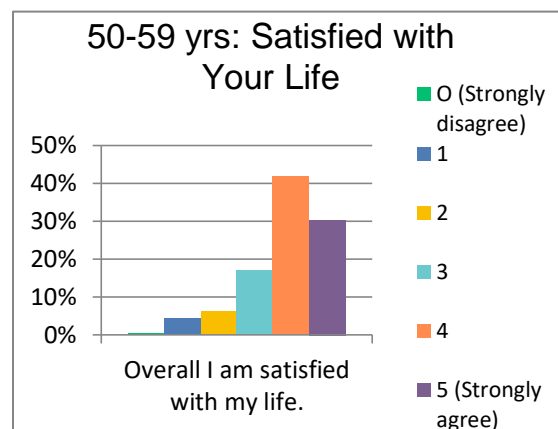
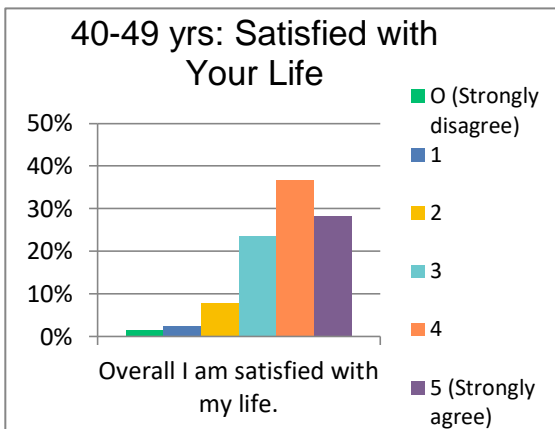
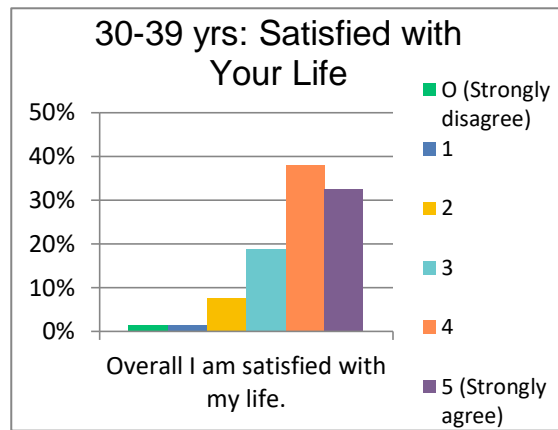
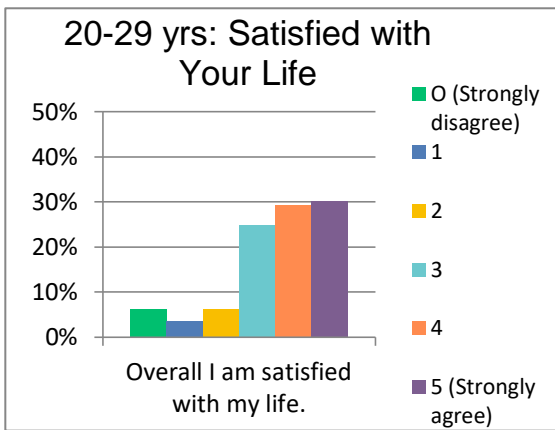
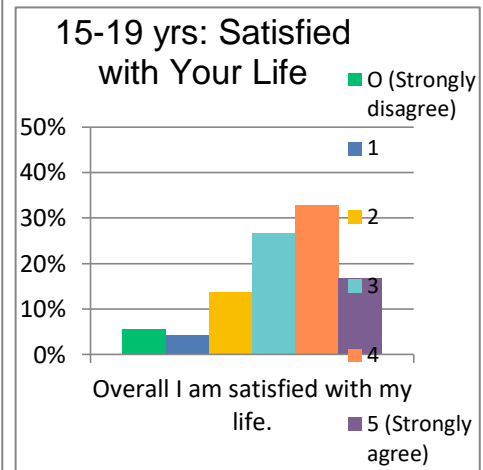
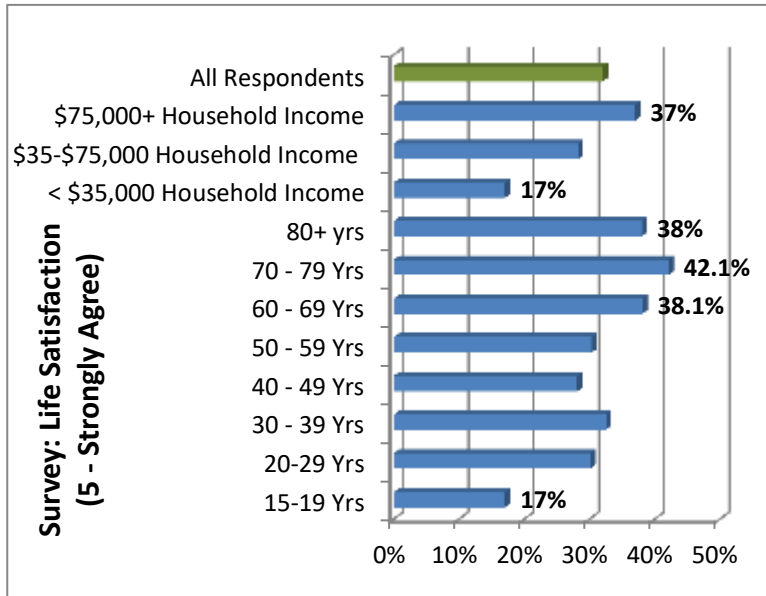
Youth Well-Being

Survey respondents ages 15-19 rated their anxiety, physical and mental health presently and at the end of 2019. Collectively these domains were compared by looking at the “Terrible” and “Great” ratings (0-5 scale). Overall, youth rated their present well-being as worse at the end of 2019. Of exception were LGBTQ youth with higher current ratings for both ends of the scale.

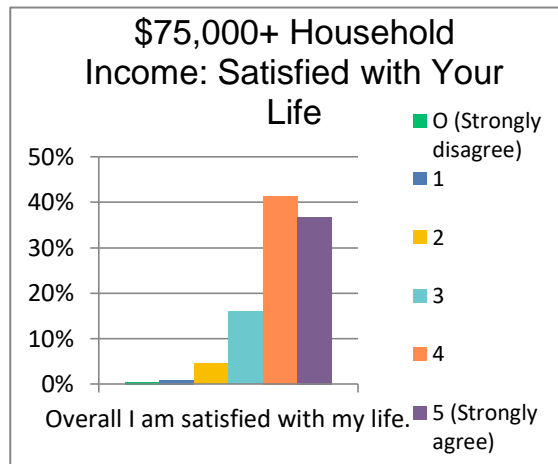
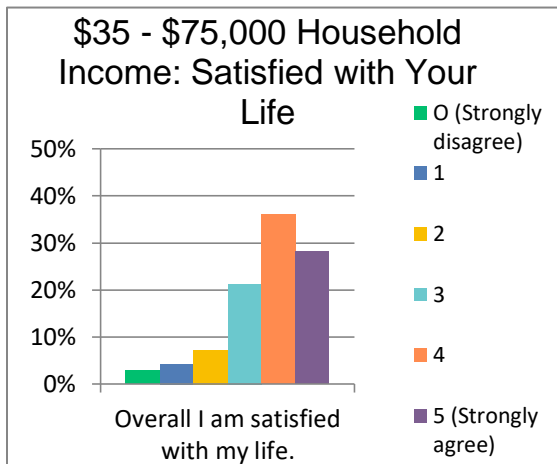
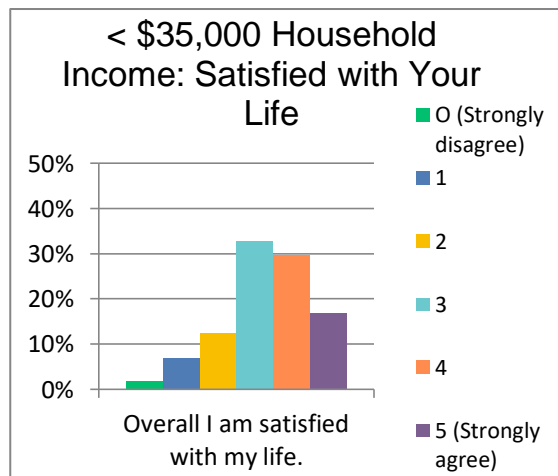
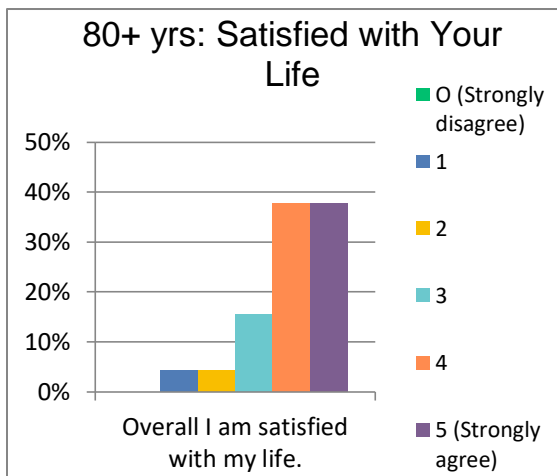
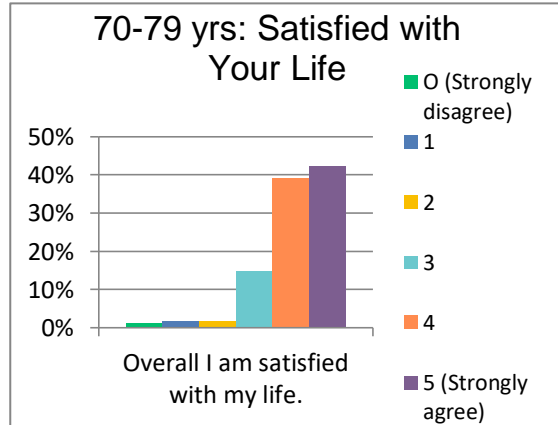
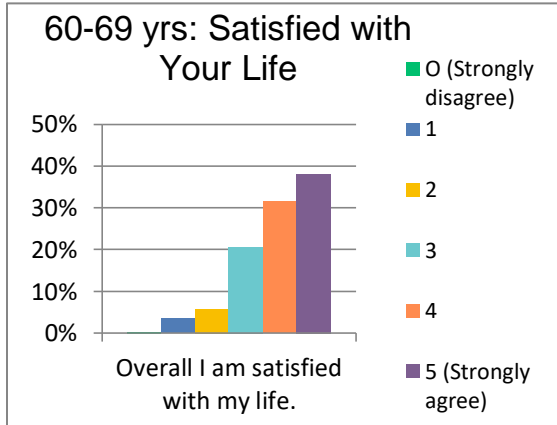


QUALITY OF LIFE: Satisfaction with Life

2020 COMMUNITY HEALTH SURVEY



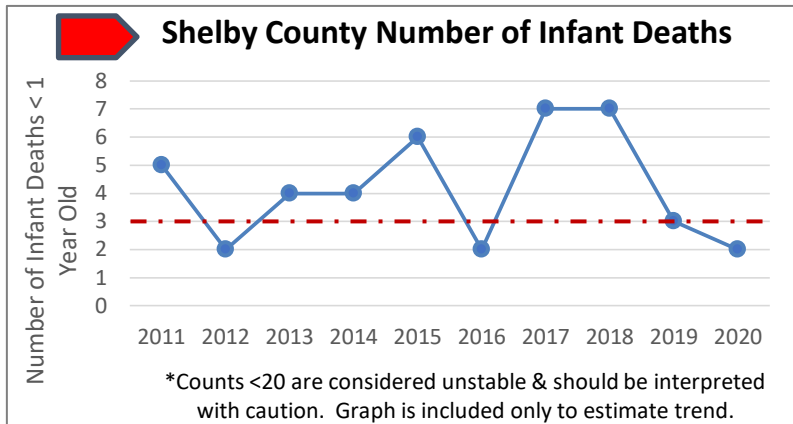
QUALITY OF LIFE: Satisfaction with Life



QUALITY OF LIFE: Infant Mortality

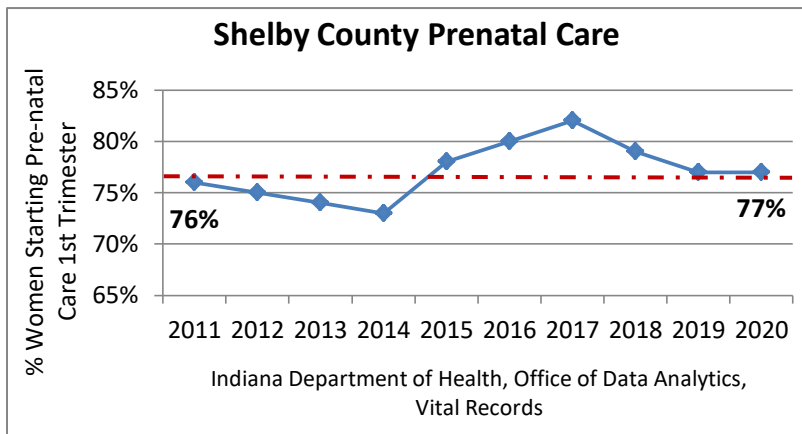
The death of an infant exacts a toll on families, the healthcare system, and communities.

Twice as many deaths occur in an infant’s first year of life than during the next 13 years. Nationally and in Indiana, nearly half of infant deaths are due to pre-term and perinatal complications. Early prenatal care is foundational to a healthy mother and baby.



Indiana Health Department, Office of Data Analytics, Vital Records

Healthy People 2030 Objective: Reduce Infant Mortality: 5.0 deaths per 1,000 live births (around 3 or fewer deaths annually estimated from number of live births in 2020)



Healthy People 2030 Objective: Early Prenatal Care: 80.5% of pregnant women begin prenatal care in first trimester (around 366 women estimated from number of live births in 2020)

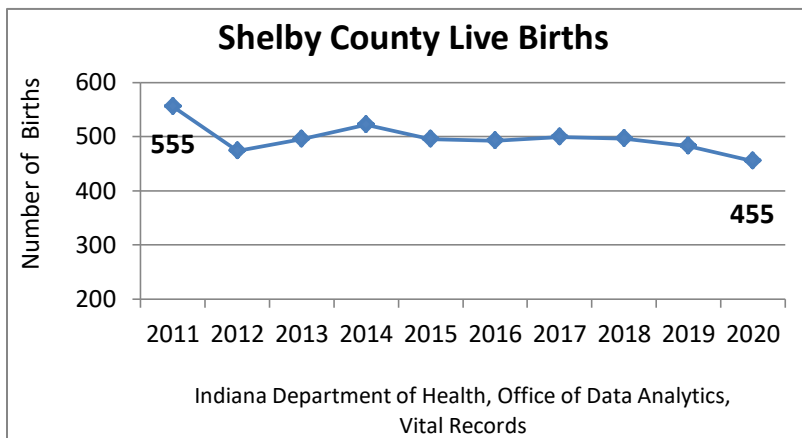
Community-based programs such as Goodwill’s Nurse-Family Partnership improve outcomes for Mother & baby.

2021:

- Average start of Prenatal Care: *9 weeks
- 88%: Babies born full-term
- 85%: Born at healthy weight
- 91%: Mothers who stopped or reduced smoking during pregnancy

*12 Weeks Benchmark of American College of Obstetrics & Gynecology

Data provided by Nurse-Family Partnership Annual Report, 2021



QUALITY OF LIFE: Low Birthweight & Pre-Term Births

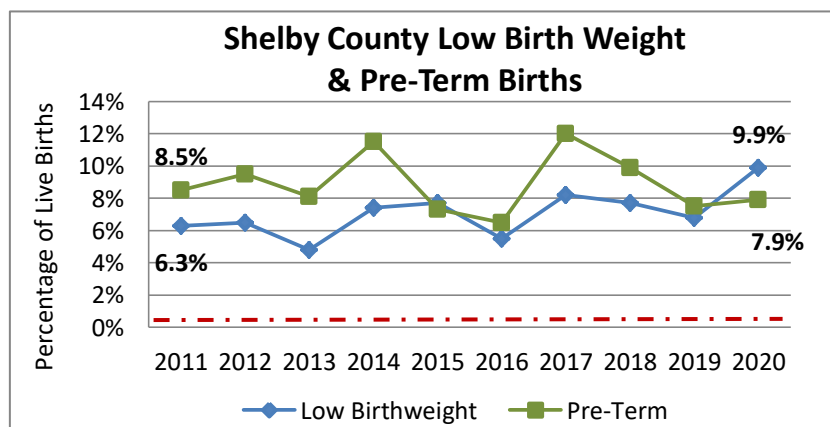
Health and wellness conditions, socio-economic factors, genetics, and behavior choices may compromise a baby's healthy start. Pre-term and low birthweight births (less than 5 lbs 8 oz) may lead to long-term disabilities such as cerebral palsy, mental retardation, vision and hearing impairments, autism, and other developmental disabilities. These challenges stress not only families, but also health and education systems, and community supports. Growing into adulthood, low birthweight and pre-term babies tend to have lower educational attainment, poorer health, and lower employment and earnings compared to normal weight infants.

Economic Impact in Indiana:

- Compared with uncomplicated newborns, pre-term, low and very low birthweight babies can result in 10 times greater medical costs just through the first year of life.
 - Average cost for that first year is \$67,713 (2020 dollars).
- Annual medical costs for maternal care and the pre-term and low birthweight baby are \$655 - \$678 million annually.
 - In 2020, 44.8% of births were to Mothers with Medicaid benefits.

The Economic Burden of Perinatal Morbidity, Indiana Perinatal Quality Improvement Collaborative. September 2020. <https://www.in.gov/health/ipqic/files/economic-burden-of-perinatal-morbidity-12-20.pdf>

Disparity: 6% of babies born to Hispanic/Latino Mothers were low birth weight, whereas, 7% of White/Caucasian Mothers gave birth to low birthweight babies.



Indiana Department of Health, Office of Data Analytics, Vital Records

**Healthy People 2030
Objective: Reduce Pre-term
Births (<37 Weeks): 9.4%**
per 1,000 live births.
(around 4 or fewer annually
estimated from number of
live births in 2020)

QUALITY OF LIFE: Early Intervention

First Steps is the State’s early intervention system for children 0 to 3 years. They provide interventions such as Physical Therapy, Developmental Therapy, Nursing Services, Speech Therapy, Nutrition Services, Social Work, Psychological Services, Occupational Therapy, and Vision and Hearing services.

Early intervention services are an example of the additional costs that are often required during the first years of life for an infant with delays and disabilities. Not every infant requiring early intervention services was born prematurely; however, premature birth increases the risk of problems and the need for services.

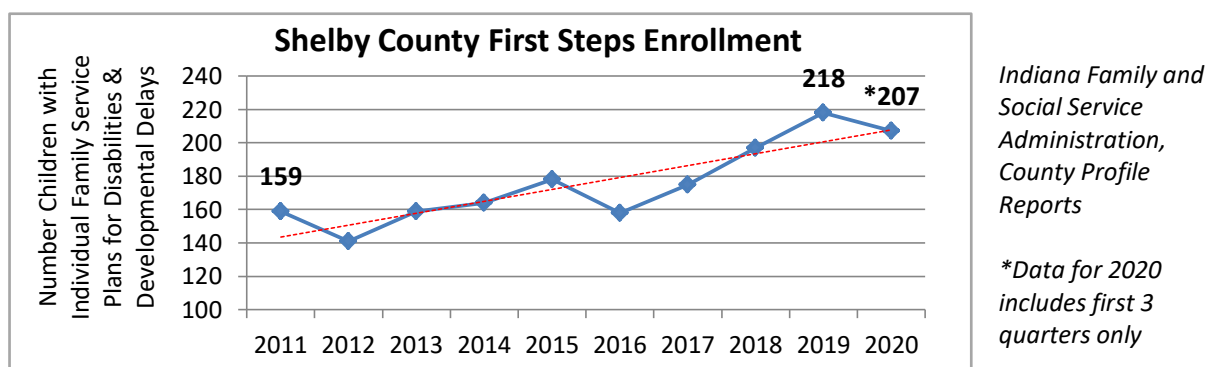
Economic Impact in Indiana:

- \$63 million: Amount spent on coordination and direct services through First Steps in 2021. First Steps services are funded through various Federal and State mechanisms along with some private insurance and family financial investment.¹
- 13%: Return on investment for birth to five programming compared to 7 to 10 % return for preschool investments alone.²
- Investment in First Steps: positively impact outcomes relating to health, crime, education, and income.
- Investing in early childhood development is more effective and less costly than addressing problems at a later age.

¹First Steps Annual Report, 2021. https://www.in.gov/fssa/ddrs/files/ICC_Gov_Report_2021.pdf

²"13% ROI Research Toolkit." Heckman: The Economics of Human Potential from First Steps Funding White Paper. <https://www.in.gov/fssa/ddrs/files/First-Steps-Funding-White-Paper-.pdf>

Enrollment in First Steps services increased 37.1% between 2011 and 2019. 2020 is on par to meet or exceed 2019 enrollment. Future data will reveal the impact COVID-19 had on early intervention services.



QUALITY OF LIFE: Early Childhood Education & Childcare

By the time a child enters kindergarten, 90% of brain development has occurred. The first 5 years are a rapid and crucial time of development and learning.

Brighter Futures Indiana cites these evidence-based benefits of early childhood education:

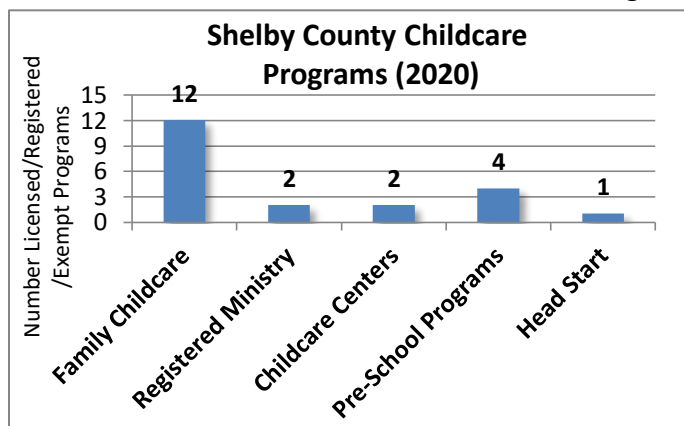
- Improved social skills
- Improved academic and life success: More likely to graduate, complete post-secondary training, and have higher earnings
- Parents able to work or go to school
- Screenings for developmental, health, and behavioral issues to identify challenges early

Economic and Social Impact:

- **Less academic remediation and special education** = lower public school costs
- **Better health** = lower public health expenditures
- **Fewer committed crimes** = lower expenditures in criminal justice system
- **Higher employment rate and income** = higher tax return coming into the community and lower rates of poverty
- **\$6.30 return on every \$1 invested** as both children and parents improve their economic mobility

<https://brighterfuturesindiana.org/blog/top-five-benefits-of-early-childhood-education>

The Indiana Early Learning Advisory Committee provides the following picture of Shelby County’s licensed and registered Childcare and Preschool Capacity. Additional childcare homes provide care for 6 or fewer children. If caregivers receive regular compensation for specific hours of care for more than 6, the state requires them to pass rigid background checks, attend orientation sessions, work with a licensing consultant, and pass home inspections.



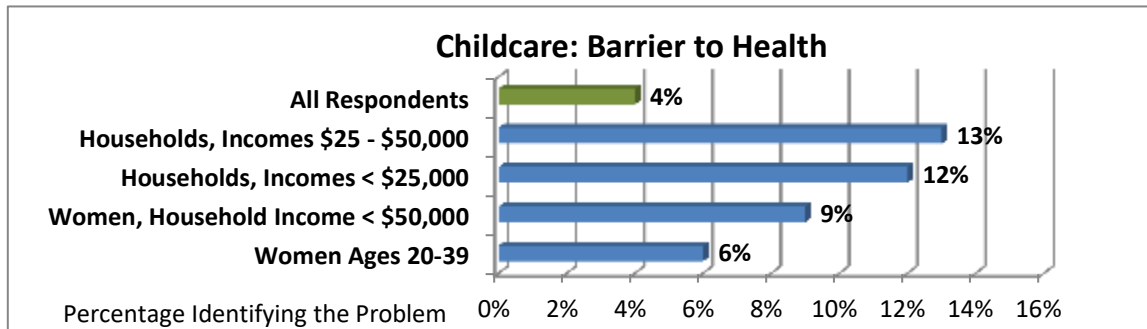
Indiana Early Learning Advisory Committee Annual Reports, 2020 and 2021 <http://www.elacindiana.org/data>

- 3,096: Population under age 6
- 69% (2,136 children): Need child care because parents work
 - 35% are single parents
- 755: County childcare capacity
- 28%: Enrolled in pre-school.
 - **2nd highest enrollment in State**
- **COVID-19 Impact:** February – September 2020: up to 20.8% closures and 55.5% reduced capacity

QUALITY OF LIFE: Childcare

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

Four percent (4.1%) of survey respondents identified the need for quality daycare and/or after school childcare as an issue that made it hard for them to be healthy. Some respondents experienced this more keenly. Low income households and women in the same age range as those answering the FSSA survey identified Childcare as a barrier to health.



The need for affordable quality childcare was also identified in listening sessions. Special areas of need: respite child care for families with a child with disabilities and 24 hour crisis child care so a parent need not miss work and risk losing employment when established child care fails.

Survey respondents saw the need for childcare as a Medium or Big Problem when health services were needed:

- 56.1%: barrier to accessing mental health and substance abuse services
- 60.4% : barrier to accessing health care

FSSA HEALTH and WELL-BEING SURVEY

In August of 2018 Indiana Family Social Services Administration (FSSA) launched an online Health and Well-Being survey for persons applying for *SNAP, *TANF, Medicare and *HIP 2.0. The survey is anonymous and optional with no impact on eligibility for benefits. Applicants represent a household but only the applicant is counted in the survey. It is a rolling survey reflecting ongoing new responses. <https://www.in.gov/fssa/hoosier-health-and-well-being-atlas>

Do problems getting childcare make it difficult for you to work or study?

- 501 YES responses - 15.4% of Shelby County survey respondents
- 56% - Single; 26.3% - Divorced or Separated
- 87% - Female
- 5.4% - Hispanic
- Most impacted age range: 23 – 32 years – 52% of YES respondents

*SNAP – Food stamps *TANF – Temporary Assistance for Needy Families *HIP 2.0 – Healthy Indiana Plan

QUALITY OF LIFE: Childcare and Education

Access to childcare is not just an issue of availability but also of affordability. Based on the Shelby County median household income of \$59,712, average childcare expenditure for 2 children consumes 20% of the family income. This is as much or more than a year of tuition at a state university. *U.S. Census, Small Area Income and Poverty Estimates from 2022 County Health Rankings*

The U.S. Department of Health and Human Services' suggests childcare is no longer affordable if it exceeds 7% of a household's income.

Income eligibility for a Childcare Development Fund Voucher is 127% or less of the FPL. FPL is based on Gross Income.

| 2022 | 100% FPL | 127% FPL | 185% FPL |
|-------------|----------|----------|----------|
| Family of 4 | \$27,750 | \$35,242 | \$51,337 |
| Family of 3 | \$23,030 | \$29,248 | \$42,605 |
| Family of 2 | \$18,310 | \$23,254 | \$33,873 |

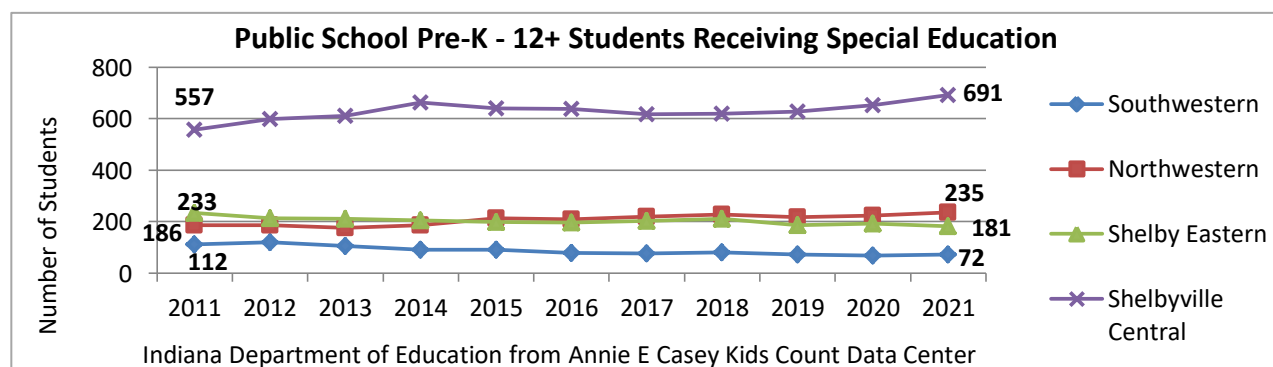
A family may stay in the voucher program until their income is over 185% of the FPL. At the end of September 2022 there were 977 Indiana families and 1,636 children on the voucher wait list.

In Indiana vouchers cover around 90% of childcare cost. Families are responsible for co-pay and any overages. Average monthly child care costs per child (subsidy + copay + overage):

- Child under 1 year: \$875
 - School-age child (6+ years): \$531
 - Child 1 – 5 years old: \$711
- Office of Early Childhood and Out of School Learning, CCDF Voucher and CCDF Centers Programs, September 2022*

Disability

Students with disabilities may receive Special Education services. Special education and First Steps are governed by federal law: Individuals with Disabilities Education Act (IDEA). IDEA requires states to assess children beginning at age 3 or younger for early intervention and special education services. Students with an Intellectual or Developmental Disability may continue in school until age 22.

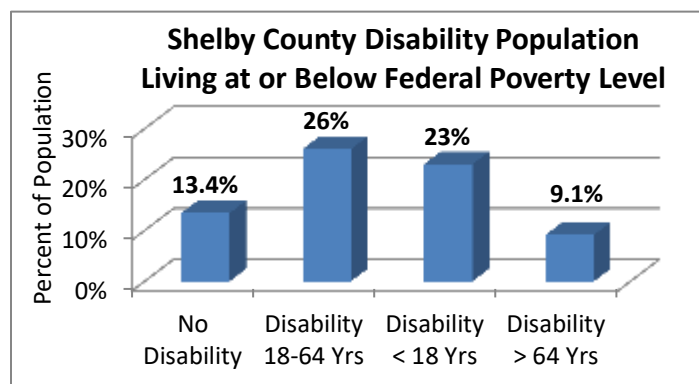
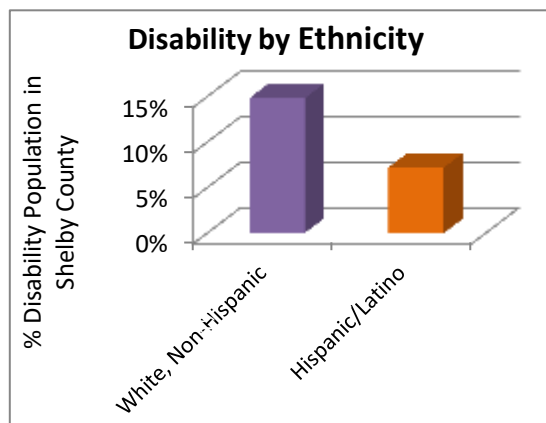
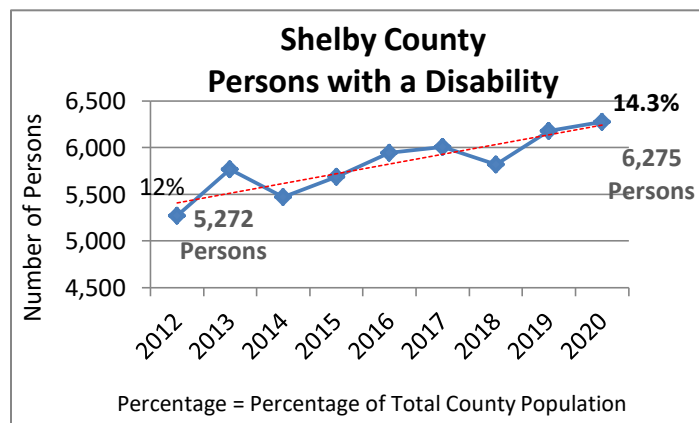
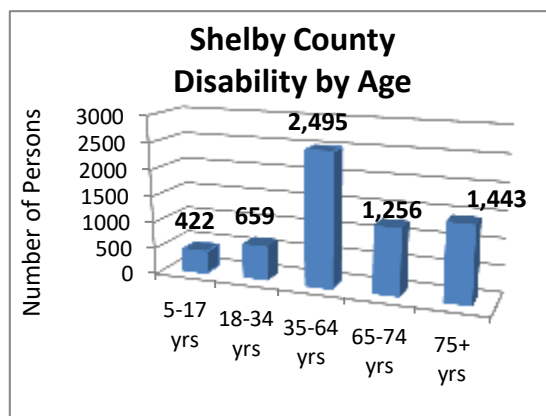
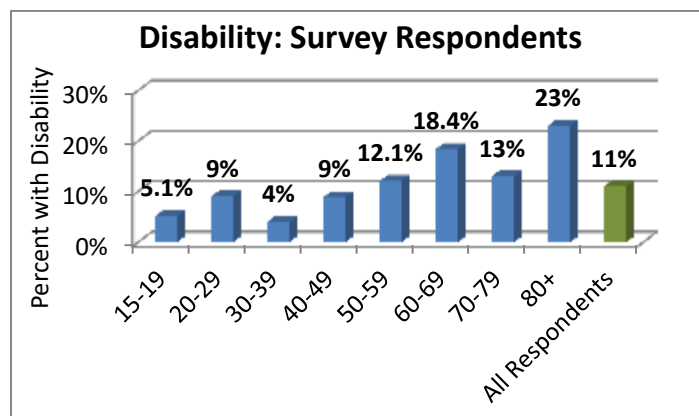


QUALITY OF LIFE: Disability

2022 COMMUNITY HEALTH SURVEY

Eleven percent (11%) of respondents reported having a disability. County's rate is 14.3%

- \$25-\$50,000: Median Household Income of respondents reporting having a disability
- 12.5%: Poverty was identified as a barrier to their health.
- Nearly 17%: Cited insufficient support for persons with disabilities as a barrier to health
- Nearly 10%: Working age adults (20-64) reported having a disability.



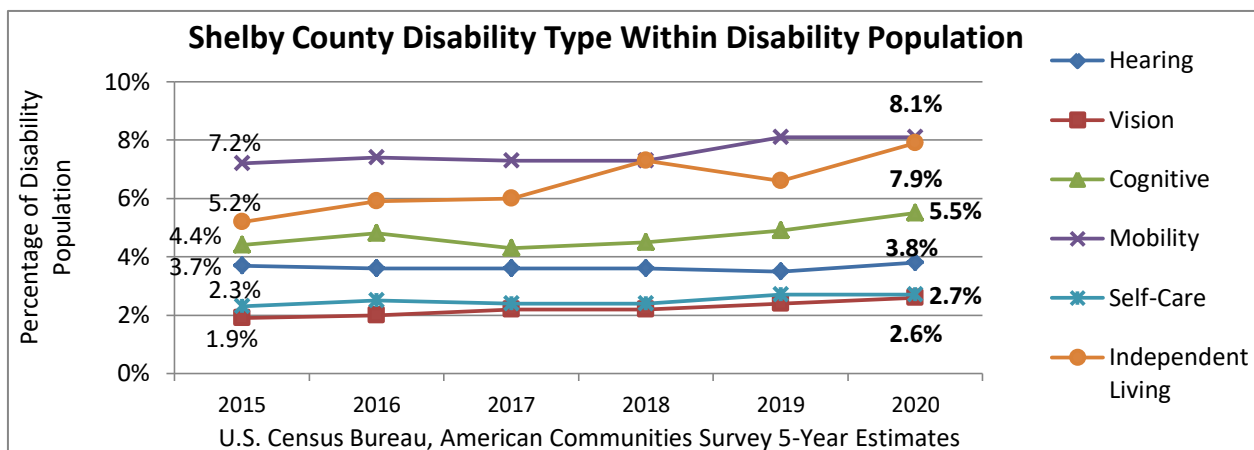
1 in 4 adults has at least 1 disability.

Among the population with disabilities in Shelby County:

- 28% are employed (6% of the County's work force)
- 17.3% live at or below the Federal Poverty Level

All Data from U.S. Census, American Communities Survey 5-Year Estimates

QUALITY OF LIFE: Disability

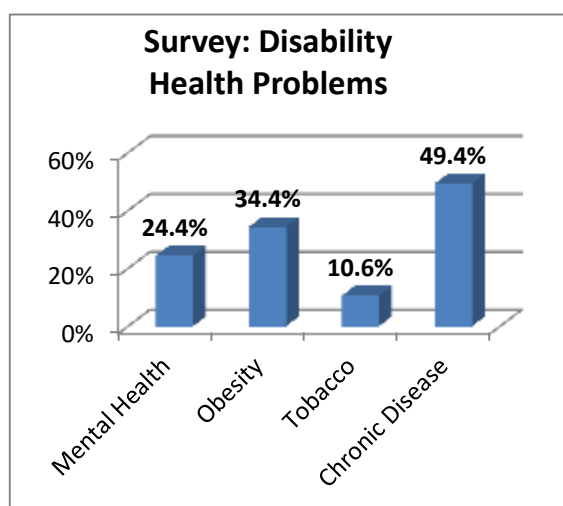
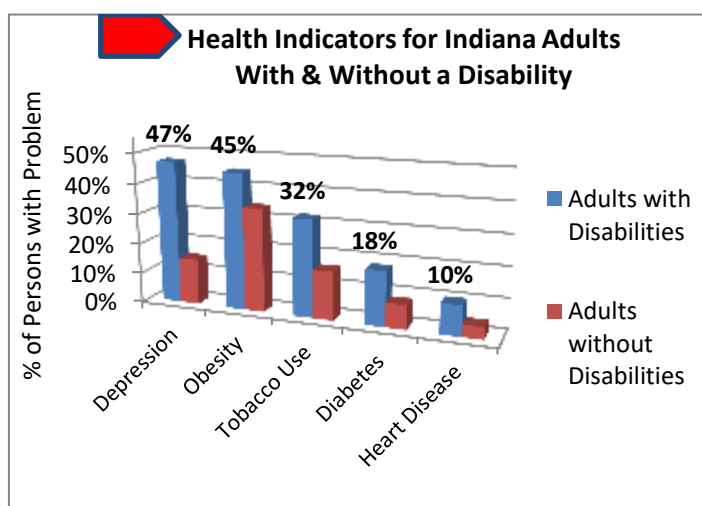


Health Impact of Disability:

- 1 in 4 persons age 18-44 do not have an established primary health care provider
- 1 in 3 persons age 18-44 had an unmet health need in the last year because of cost
- 1 in 4 persons age 45-64 did not have a routine check-up in the last year

Economic Impact in Indiana: Of the State’s health care expenditures, up to 36% are related to disabilities: nearly \$18,300 (2021 dollars) annually per person with a disability.

2020 Behavior Risk Factor Surveillance Survey (BRFSS). Disability & Health U.S. State Profile Data for Indiana (Adults 18+ years of age), Disability and Health Promotion, Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/indiana.html>



2020 BRFSS. Centers for Disease Control and Prevention, Disability And Health U.S. State Profile Data for Indiana (Adults 18+ Years of Age)

QUALITY OF LIFE: Chronic Disease

Chronic disease compromises quality of life for individuals, families, healthcare systems, and the socio-economic systems of their communities. Three key drivers of most chronic diseases are diet, tobacco use, and physical inactivity. The economic cost of chronic disease hits the pocketbooks of households, workplaces, community organizations and aspirations.

2022 COMMUNITY HEALTH SURVEY

Over fifteen percent (15.5%) of respondents identified having a chronic disease that made it hard for them to be healthy

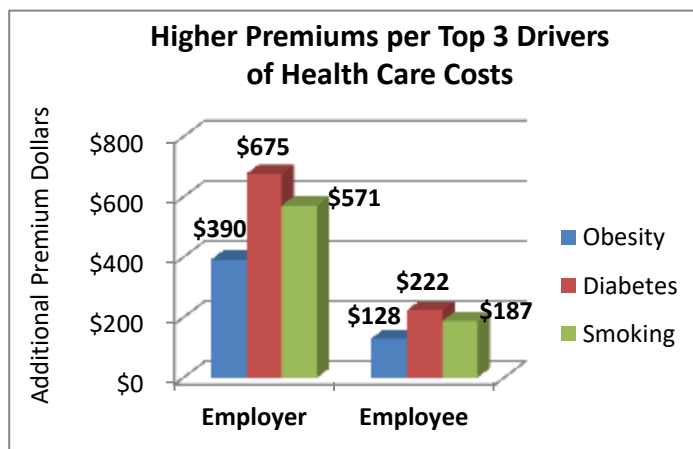
Economic Impact of Chronic Disease in Indiana:

- \$ 8.4 billion: Productivity losses among employees with Obesity and Diabetes
 - Losses from absenteeism; presenteeism; and rising health care costs result in greater expense for both employers and employees.
- \$75 billion: Annual direct and indirect health care costs of chronic disease
 - Indirect costs such as caregiving, transportation, disability, and premature death
- \$3 billion: Annual health care costs for tobacco-use costs
 - \$590 million is covered by Medicaid

Indiana Governor’s Public Health Commission. August 2022.

https://www.in.gov/health/files/GPHC-Report-FINAL-2022-08-01_corrected.pdf

The Indiana Hospital Association commissioned The Lewin Group to assess the economic impact of obesity, diabetes, and smoking on Indiana employers. As drivers of increasing health care costs, these health measures result in higher insurance costs for employer and employee.



Increased premium per employee estimated on health care costs for each measure.

- **Employer:** average increased premium paid per employee - \$1,636
- **Employee:** average increased premium paid per employee - \$537

The Economic Impact of Health Promotion in Indiana Report. Lewin Group. November 2021.

https://www.ihconnect.org/Documents/Economic_Impact_of_Health_Promotion_in_IN_Final%20Report.pdf

QUALITY OF LIFE: Asthma

*Shelby County Prevalence: 10%

*Prevalence in this CHNA is for adults 18+ years unless otherwise noted.

Asthma is a chronic, inflammatory disease that affects the lungs. It is the leading cause of students missing school which negatively impacts school performance as well as parents' employment and income when they need to stay home with a child.

Economic Impact:

- Average annual medical cost for a person with asthma was \$3,266 (2015 dollars).
 - Calculating for inflation, this is closer to \$4,060 in 2022 dollars.
- Persons with asthma have more than 2 times higher annual medical expenses than those without asthma.
- The data's oft-cited study did not consider indirect costs or the burden of asthma for uninsured persons – both would elevate costs.

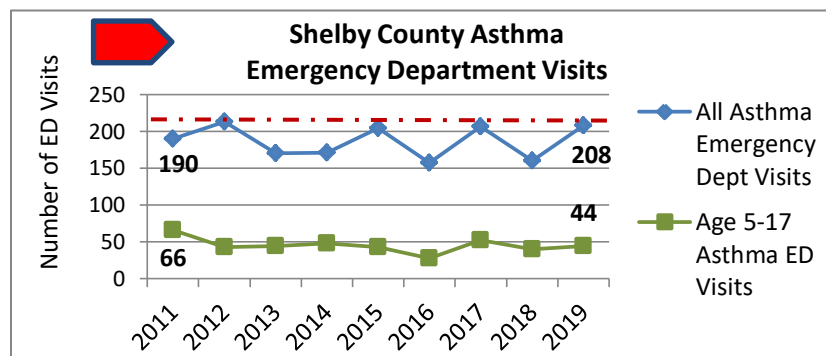
Nurmagambetov, et al. The Economic Burden of Asthma in the United States, 2008-2013. Division of Environmental Hazards and Health Effects, National Center for Environmental Health, Centers for Disease Control and Prevention.

Disparities in Indiana:

- **Poverty** is the largest contributing factor for Asthma:
 - More prevalent in households with annual income less than \$15,000
 - 41% of cases are in households with annual income less than \$35,000
 - 37% of Shelby County's houses were built before 1950. They are often rental properties. Without modern heating and ventilation systems, mold can be a problem.
- **Ethnicity and Gender:**
 - White, Non-Hispanic prevalence: 13%. Hispanic/Latino prevalence: 9.5%
 - Accounting for age, gender, race, ethnicity: females are more likely to have asthma.

Asthma's Impact in Indiana. Indiana Department of Health. May 2022.

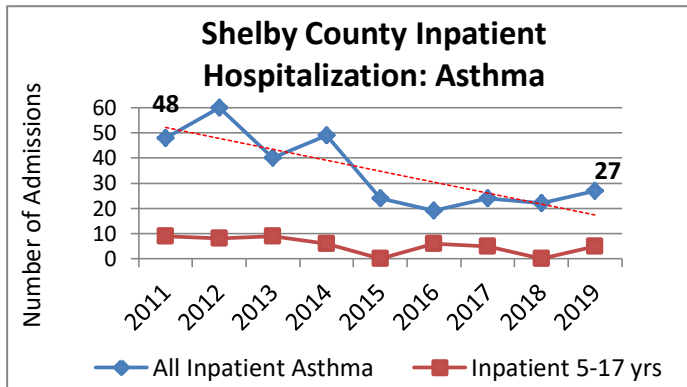
https://www.in.gov/health/cdpc/files/2021_GeneralAsthma_FactSheet.pdf



Healthy People 2030 Objective: Reduce emergency department visits for people aged 5 years and over with asthma: 44 visits per 10,000 population 5+ years (around 185 visits annually)

Indiana Department of Health, Office of Data Analytics; Indiana Hospital Association

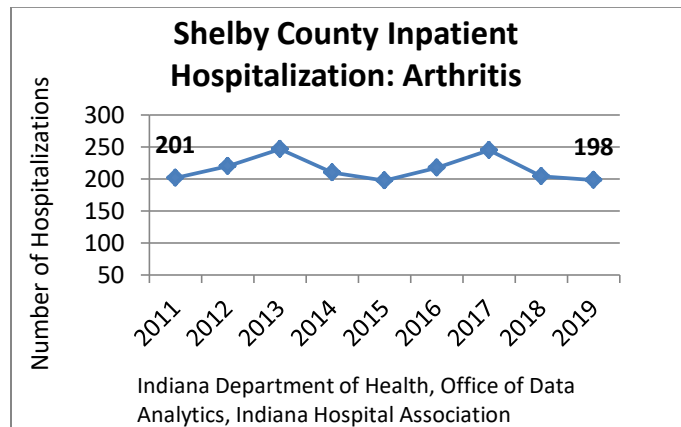
QUALITY OF LIFE: Chronic Disease



Counts <20 are considered unstable & should be interpreted with caution. Data is included only to estimate trend.

ASTHMA: Shelby County
Prevalence: 10%

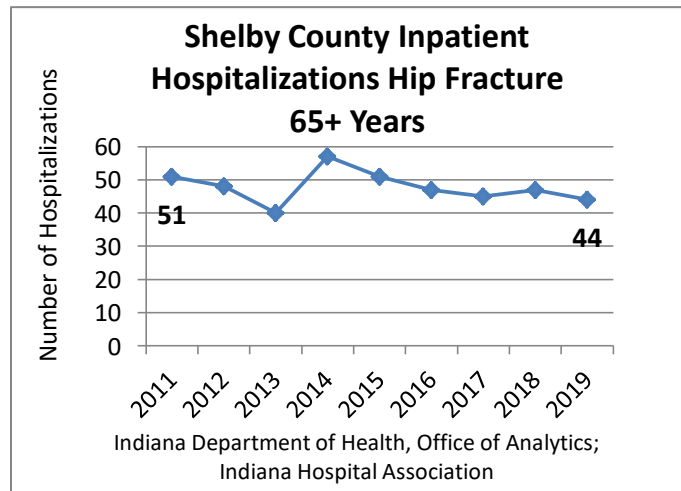
Shelby County Medicare Beneficiary
Prevalence: 8%
For COPD: 20%



Indiana Department of Health, Office of Data Analytics, Indiana Hospital Association

ARTHRITIS: Shelby County
Prevalence: 28.3%

Shelby County Medicare Beneficiary
Prevalence: 39%



Indiana Department of Health, Office of Analytics; Indiana Hospital Association

OSTEOPOROSIS: Shelby County
Medicare Beneficiary Prevalence: 16%

95% of Hip Fractures are caused by falls.
A hip fracture is often the end of independent living for older adults.

75% of hip fractures are in women

- Women fall more often than men.

All Hospitalization Data from Indiana Department of Health, Office of Data Analytics; Indiana Hospital Association

QUALITY OF LIFE: Cardiovascular Diseases

Shelby County Coronary Heart Disease Prevalence: 7.4%

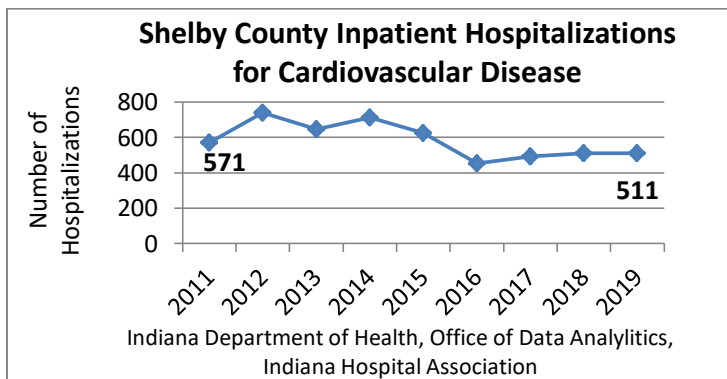
Per the CDC, 47% of Americans have at least one of the high risk factors for one of the Total Cardiovascular Diseases. The prevalence of the risk factors in Shelby County is included.

- High Blood Pressure: 36.2%
 - Unhealthy Blood Cholesterol Levels: 36.7%
 - Smoking: 22.3%
 - Diabetes: 12.4%
 - Obesity: 35.7%
 - Physical Inactivity: 27.1%
 - Excessive Alcohol Use (Binge Drinking): 14.7%
- CDC Know Your Risk for Heart Disease.*
https://www.cdc.gov/heartdisease/risk_factors.htm

Economic Impact: Treatment of cardiovascular diseases, including heart disease and stroke, accounted for 12% of healthcare dollars in 2018.

- By 2035: Medical costs projected to rise by 135%; indirect costs by 55%
- 56 hours: Lost productivity in the first month following a heart attack
- \$1,200 (2021 dollars): Annual cost to employer for lost productivity and absences related to an employee’s cardiovascular disease

American Heart Association 2022 Heart Disease & Stroke Statistics; Cardiovascular Disease: A Costly Burden for America. <https://www.heart.org/-/media/Files/Get-Involved/Advocacy/Burden-Report-Consumer-Report.pdf>

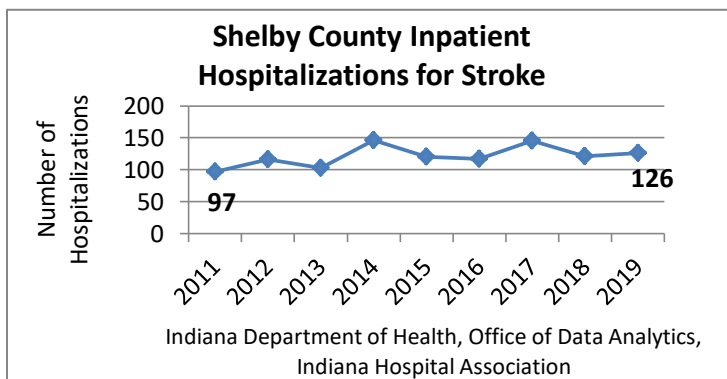


Shelby County Prevalence for Coronary Heart Disease: 7.4%

Shelby County Medicare Beneficiary Prevalence for Heart Attack: 1%

For Ischemic Heart Disease: 25% (narrowed heart arteries)

For Heart Failure: 12%



Shelby County Prevalence for Stroke: 3.7%

Shelby County Medicare Beneficiary Prevalence: 7%

- Leading cause of long-term disability
- Fifth leading cause of death in nation

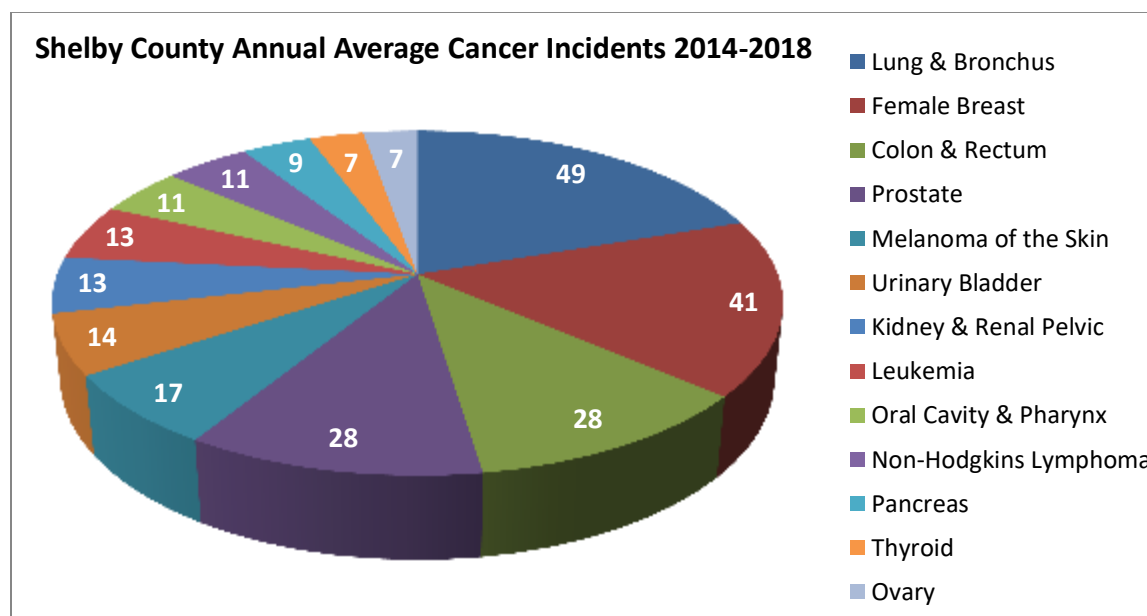
QUALITY OF LIFE: Cancer

***Shelby County Prevalence: 7.8%**

***Shelby County Medicare Beneficiary Prevalence: 10%**

Cancer is the second leading cause of death in Shelby County. Annually, lung cancer is responsible for the most cancer-related deaths in men and women.

Per the National Cancer Institute, from 2015 – 2019 there were 1,523 new Cancer cases in the County. The chart below captures the average number of cancer cases diagnosed annually.



Centers for Disease Control and Prevention, National Cancer Center Institute, State Cancer Profiles

Risk Factors for Cancer (Prevalence for Shelby County noted):

- **Smoking: 22.3%**
- Overweight and **Obesity: 35.7%**
- Diet and **Physical Inactivity: 27.1%**
- Infection from Human Papillomavirus (HPV) & Other Infectious Diseases
- Sun Exposure
- Under-insured or **No Health Insurance: 14.1%**
- No Regular Health Screenings

Indiana Cancer Facts and Figures, 6th Edition. Indiana Cancer Consortium. 2021.
https://www.in.gov/health/files/ICC_FF_Intro_2021.pdf

***Shelby County cancer prevalence does not include skin cancer. Medicare cancer prevalence is for lung, breast, prostate, and colorectal**

QUALITY OF LIFE: Cancer

Cancer Disparities in Indiana:

- **Poverty is the largest contributing factor to cancer disparities, resulting in**
 - Women 21-65: no Pap test within past 3 years
 - Women 50-74: no mammogram within past 2 years
 - Adults 50-75: no colorectal cancer screening
 - No health insurance or Primary Care Provider
 - Employment with greater risk for workplace exposure to known carcinogens
- **Race and Ethnicity:**
 - **Hispanic/Latino:** cancer was a top cause of death; however, for all cancers combined, incidence and mortality rates were significantly lower than among non-Hispanics
 - **Black/African American:** for all cancers combined, mortality rates were higher than for White, Non- Hispanic
 - **White, Non-Hispanic:** for all cancers combined, incidence rates were higher than for other races and ethnicities

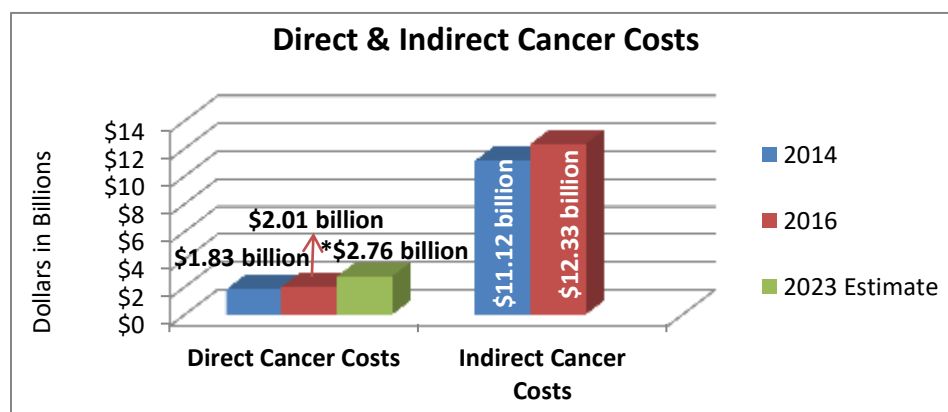
Indiana Cancer Facts and Figures, 6th Edition. Indiana Cancer Consortium. 2021.

Economic Impact in Indiana:

- Projected increase in healthcare costs for employers and employees in 2023 secondary to missed or deferred cancer testing in 2020 and 2021.
- Cancer costs employers about \$19,000 annually per 100 employees in lost work time and medical treatments.
 - Employees with cancer are absent 3.8 more days per month than workers without cancer
 - Employees with cancer lose the equivalent of 1.8 more days per week due to “presenteeism”

Employer Gold Standard Initiative. Indiana Cancer Consortium.

QUALITY OF LIFE: Cancer



DeVol R, Bedroussian A. *An Unhealthy America: The Economic Burden of Chronic Disease*. Milken Institute. 2007 from Indiana Cancer Consortium, *Cancer Facts & Figures 2021*.

Economic Impact in Shelby County:

The Cancer Association of Shelby County is a local non-profit organization that provides financial support to patients in need secondary to their cancer and treatment. Most of their assistance is for the indirect costs incurred by cancer patients who are unable to work or work as many hours; have exhausted their savings; cannot pay their bills; are on the verge of homelessness; have difficulty finding care for themselves or others who rely on them; lack transportation to treatment; and who are making difficult decisions between purchasing food or medicine.

From 2015 thru the first 10 months of 2022, they have made a difference in the lives of patients by providing financial support for the direct and indirect costs of cancer care.

- **Direct Costs : \$251,551**
 - Treatment and Medications
- **Indirect Costs: \$611,543**
 - Patient's Health Insurance
 - Dental
 - Wigs & Equipment
 - In-Home Care
 - Food
 - Rent/Mortgage Payments
 - Utilities
 - Gas & Transportation
 - Miscellaneous Needs

Data provided by the Cancer Association of Shelby County

QUALITY OF LIFE: Diabetes

Shelby County Prevalence for Ages 18+ Years: 12.4%

Type 2 Diabetes leads to other serious health conditions: heart disease, stroke, amputation, end-stage kidney disease, blindness, and premature death. Regular physical activity, a healthy diet, and losing or maintaining weight are key behaviors for preventing or delaying diabetes. Prevalence of the risk factor in Shelby County is noted.

Risk Factors for Type 2 Diabetes:

- ***Prediabetes: 33.3%**
- Overweight or **Obesity: 35.7%**
- **Physically Inactive: 27.1%**
- 45+ Years Old
- Family History of Type 2 Diabetes
- Gestational Diabetes **or**
- Delivered a baby weighing over 9 pounds
- Are an African American, Hispanic or Latino, American Indian, or Alaska Native person

***Per the CDC, Prediabetes is a serious health condition:**

- Blood sugar levels are high but not high enough yet to be diagnosed with diabetes
- 1 in 3 adults have prediabetes
- More than 80% don't know they have it

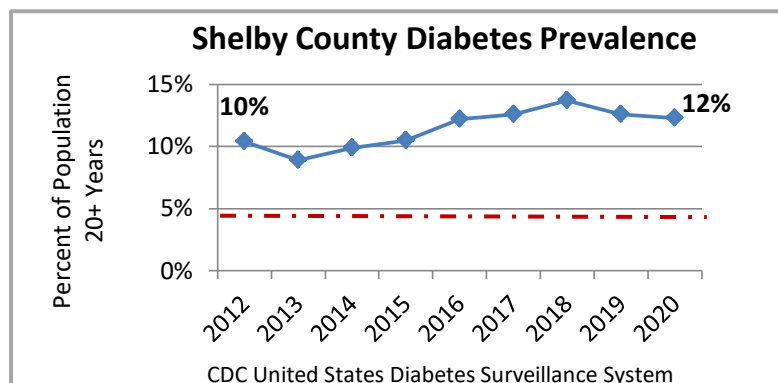
<https://www.cdc.gov/diabetes/basics/risk-factors.html>

Economic Impact:

- About 1 in 4 health care dollars is spent on diabetes – primarily through hospitalizations and medications to treat complications of diabetes.
- People with diabetes have 2.3 times higher medical expenses than do people without diabetes¹ - \$16,750 in health care costs annually (2012 dollars)².
 - Calculating for inflation, this is around \$21,534 in 2022 dollars,
 - 57% on direct diabetes costs
- In Indiana direct health care costs for diabetes in 2017 were estimated at \$5 billion
 - \$1.8 billion for indirect costs from lost productivity.¹

¹The Burden of Diabetes in Indiana. American Diabetes Association.

²Yang, et al. Economic costs of diabetes in the U.S. in 2012. *Diabetes Care* 2013; 36(4):1033–1046.



Healthy People 2030 Objective: Reduce Diabetes Cases Diagnosed Yearly: 4.8 per 1,000 adult population (around 161 or fewer per 2019 population of 20+ years in Shelby County)

HEALTH OUTCOME: Quality of Life


COMMUNITY HEALTH PARTNERS:

- Arc of Shelby County
- Beyond the Label Autism Services
- Blue River Trail
- Boys and Girls Clubs
- Cancer Association of Shelby County
- CICOA – Central Indiana Council on Aging
- Clarity Pregnancy Services
- Community Advocate Navigator for Shelbyville Fire Department
- Neighborhood Farmers Market
- Community Behavioral Health
- Early Learning Shelby County
- Family Services Prevention Program – Healthy Families
- Firefly Child and Family Alliance (formerly Children’s Bureau)
- First Steps
- FUSE: Families United for Support and Encouragement
- Girls, Incorporated
- Goodwill Nurse – Family Partnership
- Head Start/Early Head Start
- Healthy Partners
- Major Health Partners
- Meals before Bedtime
- Meals on Wheels
- Meltzer Woods
- Pantry Pals
- Rock Steady Boxing
- Senses Gym
- Shares, Incorporated
- Shelby County Active Aging Coalition
- Shelby County Farmers Market
- Shelby County Health Department
- Shelby County Schools
- Shelby County Special Olympics
- Shelby County VA Clinic
- Shelby County YMCA
- Shelby Senior Services
- Shelbyville Parks Department
- Turning Point Domestic Violence Services
- Twelve Step Programs – AA, NA, Alanon
- VASIA – Volunteer Advocates for Seniors and Incapacitated Adults
- WIC Women, Infants and Children

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

HEALTH FACTOR: Health Behavior

- **Tobacco Use**
 - **Youth Tobacco Use**
- **Physical Inactivity**
- **Obesity**
- **Fruit and Vegetable Consumption**
- **Food Access and Insecurity**
- **Insufficient Sleep**
- **Alcohol Use**
 - **Youth Alcohol Use**
- **Motor Vehicle Crashes**
- **Drug Abuse**
 - **Youth Drug Use**
- **Sexually Transmitted Infections**
- **Teen Pregnancy**

Common ACEs (Adverse Childhood Experiences) are noted with a 

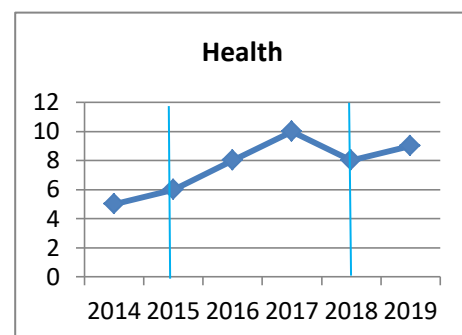
The CDC's Behavior Risk Factor Surveillance Survey is conducted monthly throughout the United States and is the world's longest running health-based survey. Repeatedly, research finds the self-reported data to be reliable.

- The addition of mobile phones to landlines changed how data was collected beginning in 2015.
- In 2018 the statistical model for estimating data changed.

Each change renders previous data unable to be reliably compared with subsequent data.

On the following pages, charts that reflect these changes will have vertical **blue** lines noting where comparison can no longer be made.

The data is included so that trends may be observed.



HEALTH BEHAVIOR: Tobacco Use

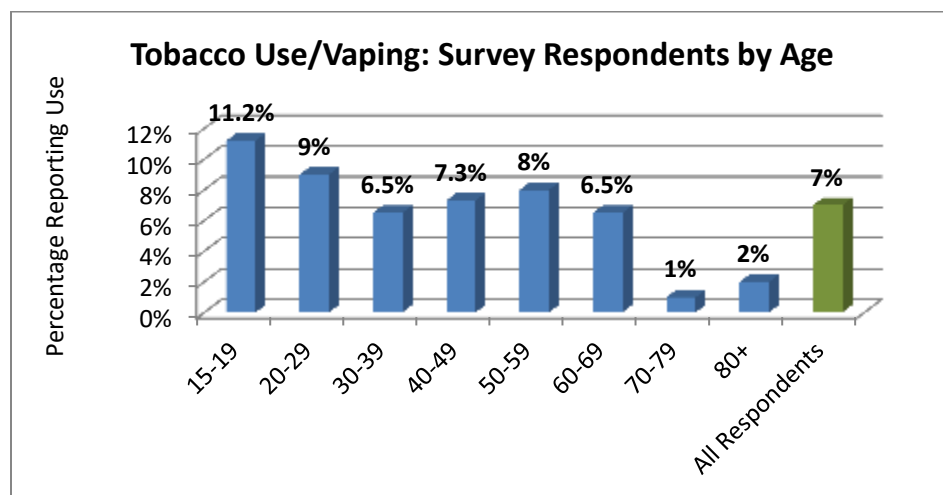
Shelby County Prevalence: 22.3%

Smoking continues to be the nation's number 1 preventable cause of disease and premature death. In 2018, approximately 1,770 adults, children, and infants also died from diseases definitively tied to secondhand smoke. There is no safe level of exposure to secondhand smoke.

Indiana's Tobacco Burden, Indiana Department of Health Tobacco Prevention and Cessation Commission. 2020.

2022 COMMUNITY HEALTH SURVEY

Nearly 7% of survey respondents cited tobacco use and/or vaping as a problem for their health. Tobacco use and vaping are among the top 5 health discussions healthcare providers are having with their patients.



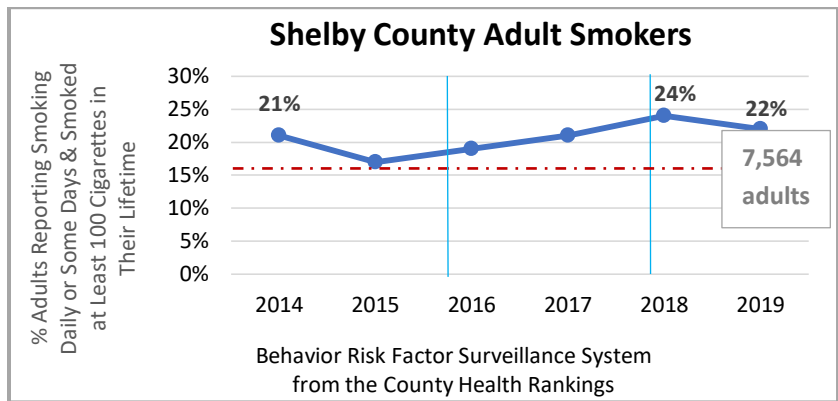
Economic Impact in Indiana:

- Smoking costs an estimated \$3 billion in medical expenses each year.
- For every pack of cigarettes sold, the state spends nearly \$22.00 (2022 dollars) in health care costs and lost productivity related to smoking¹.
- Health expenditures from exposure to second hand smoke are estimated at \$415 per person (2022 dollars).
- A smoker's annual costs for cigarettes, health care, and lost income are estimated to be around \$15,300 annually.²

¹Indiana's Tobacco Burden, Indiana Department of Health Tobacco Prevention and Cessation Commission. 2020.

²McCann. The Real Cost of Smoking by State, Wallet Hub. January 2022. <https://wallethub.com>

HEALTH BEHAVIOR: Tobacco Use



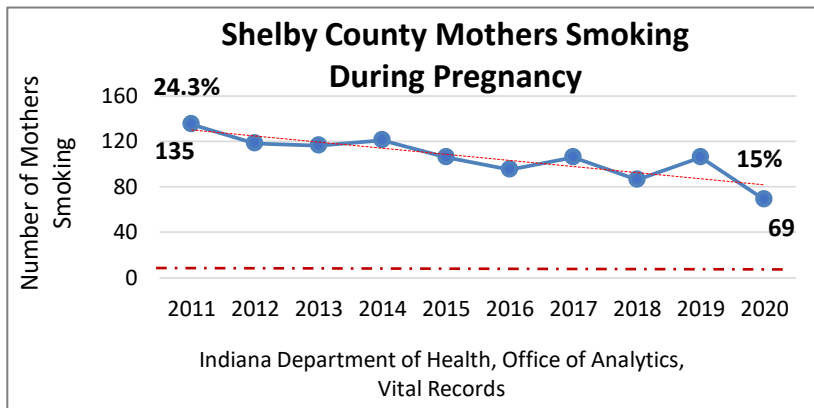
Healthy People 2030 Objective: Reduce Smoking: 16.2% or less of the adult population (5,655 or fewer adult smokers in Shelby County)

Smoking during pregnancy and the first year of a baby’s life increases the risk of low birth weight, premature birth, pregnancy complications, and sudden infant death syndrome (SIDS).

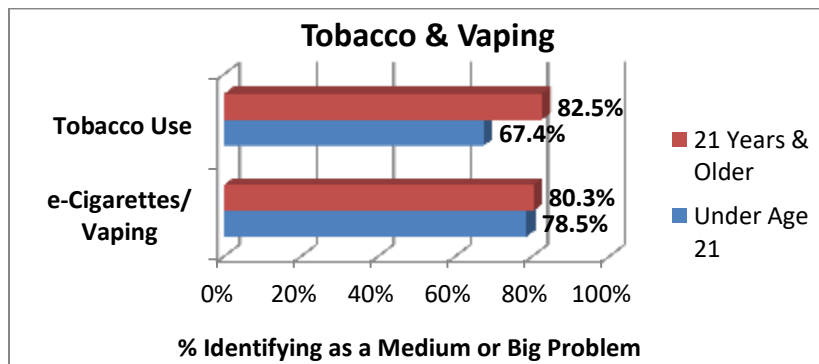
ECONOMIC IMPACT in SHELBY COUNTY

- 2019: 106 births affected by smoking
- \$143,948: Cost of smoking-related births

2021 Shelby County Tobacco Report, Drug Free Shelby County



Healthy People 2030 Objective: Reduce Smoking During Pregnancy: 95.7% of pregnant women do **not** smoke during pregnancy (around 435 or more women based on 2020 births)



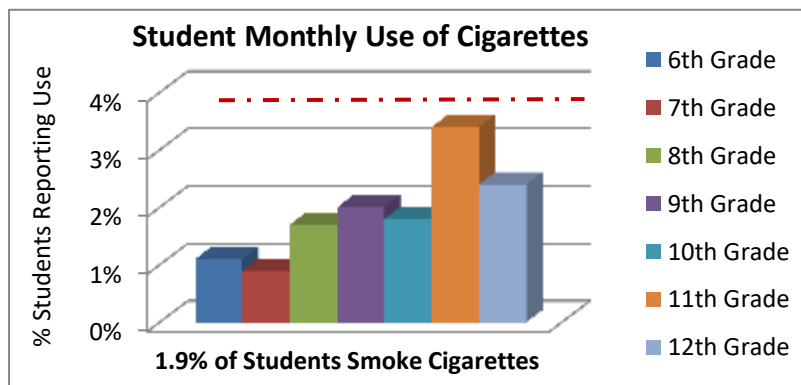
2022 COMMUNITY HEALTH SURVEY

Across all age groups, tobacco use and e-cigarettes/vaping were identified as 2 of the top 3 substance use problems in Shelby County.

HEALTH BEHAVIOR: Youth Tobacco Use

The **Indiana Youth Survey (IYS)** was conducted in the spring of 2022 by Prevention Insights. Data is for **Region 10** which includes Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While the results are not exclusive to Shelby County, the data provides a general picture of 6th – 12th grade students.

In Indiana student cigarette use has dropped to 1.9% of students. Region 10 is congruent with the State data.

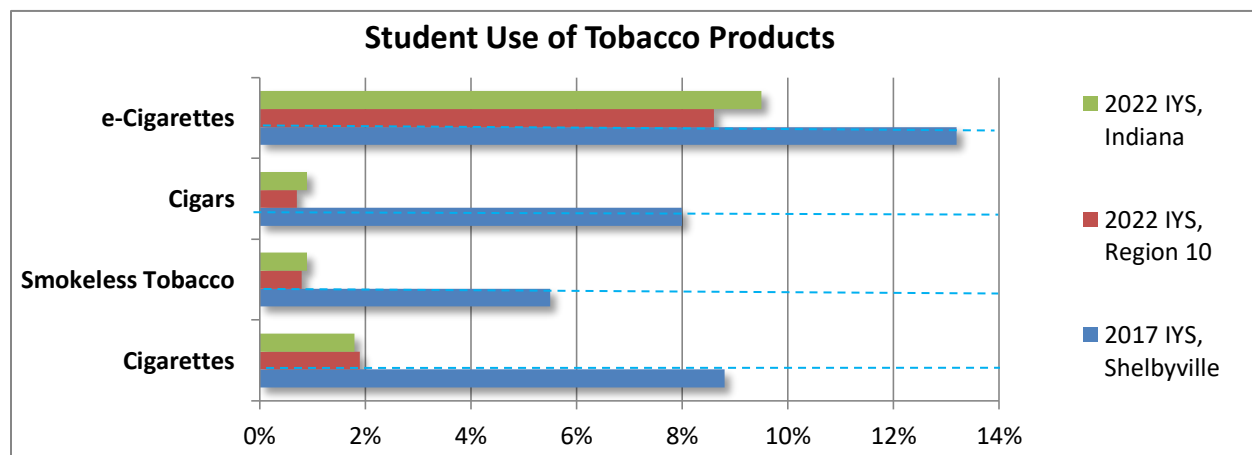


Healthy People 2030 Objective: Reduce current cigarette smoking in adolescents: 3.4% of 6th – 12th grade students smoked in last month (162 or fewer adolescents in Shelby County). Region 10 is exceeding the Healthy People target.

Youth Tobacco Use Data 2022 Indiana Youth Survey, Indiana University Prevention Insights.
<https://inys.indiana.edu/data-explorer/index.php>

Shelbyville Central High School participated in the Indiana Youth Survey in 2017. The results are provided as a snapshot of local youth’s tobacco use in 2017.

In all surveys 11th and 12th grade students had the highest use of tobacco. Female students in 2021 had a higher use of e-Cigarettes than male students had.



HEALTH BEHAVIOR: Youth Tobacco Use

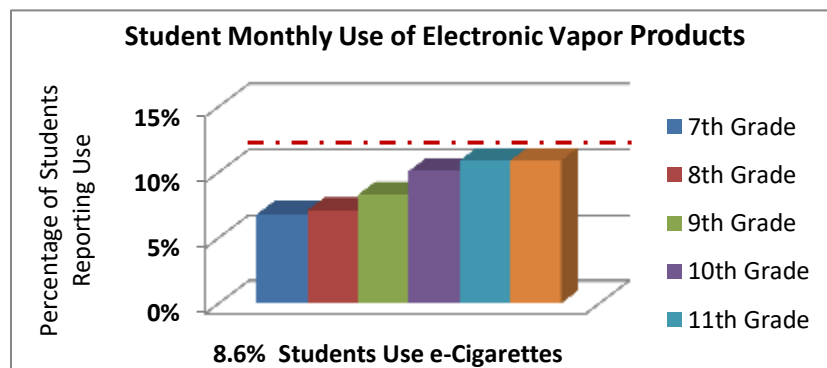
Nationally, youth are targeted in the marketing of e-cigarettes with kid-appeal fruit and candy flavored vaping juices. Tobacco Free Kids estimates in 2020 tobacco companies spent \$308 million in Indiana marketing tobacco products - an estimated 15.7% increase from 2011.

State-Specific Estimates of Tobacco Company Marketing Expenditures 1998 to 2020. Tobacco Free Kids. <https://www.tobaccofreekids.org>

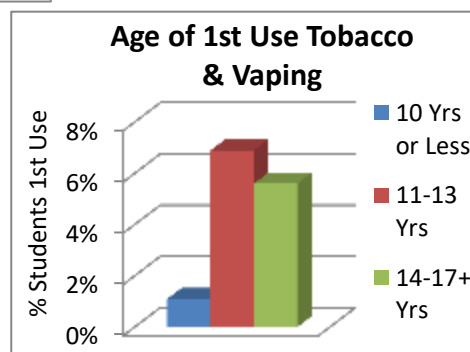
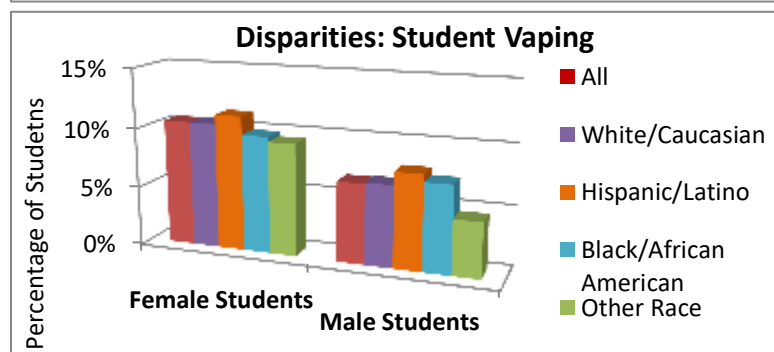
2022 COMMUNITY HEALTH LISTENING SESSIONS

School counselors report use of electronic vaping devices is a significant problem among students. Devices are easily concealed, disguised, or used for THC. Students do not understand the risks associated with vaping. Vaping is now an issue with 4th and 5th grade students. Students use e-Cigarettes as a coping strategy – one they see modeled at home and in society as a way to deal with depression and anxiety. Counselors noted absence of community-wide messaging regarding substance use, cigarettes, vaping, ACEs, and positive coping.

Participants in the listening session at Ivy Tech noted use of tobacco and e-Cigarettes starts as a “cool” way to belong but then becomes an addiction. Quitting is hard and there are few supports for students wanting to quit.



Healthy People 2030 Objective: Reduce current e-cigarette use in adolescents: 10.5% of 6th – 12th grade students used e-cigarettes in the last month (around 500 or fewer students)



Youth Tobacco Use Data from 2022 Indiana Youth Survey, Indiana University Prevention Insights. <https://inys.indiana.edu/data-explorer/index.php>

HEALTH BEHAVIOR: Physical Inactivity

Shelby County Prevalence: 27.1%

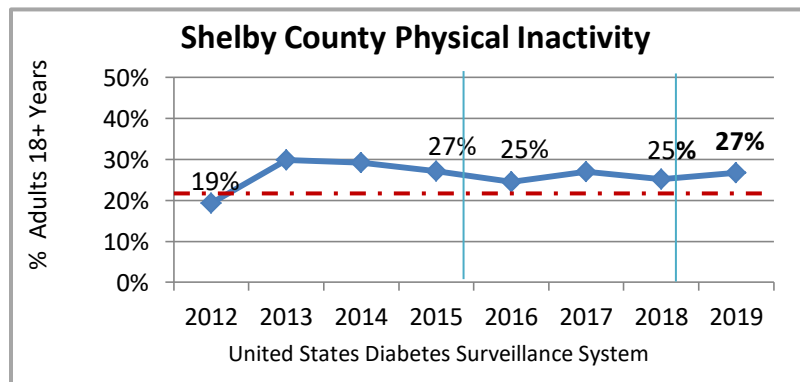
The lack of physical activity is linked to chronic disease and premature death. Per the CDC, physical inactivity causes 11% of premature deaths. Engaging in recommended aerobic physical activity and muscle-strengthening activity reduces the risk of cardiovascular diseases; Type 2 Diabetes; dementia; cancers of the bladder, breast and colon; and depression.

Physical activity is a community health indicator of both individual behaviors and a community's investment in safe, affordable, and accessible places to walk, bike, play and be active.

Economic Impact: 2015 report found that physically active people spent an average of \$920 (2014 dollars) less in annual health care expenses than inactive people. Calculating for inflation, the savings could be closer to \$1,200 annually in 2022 dollars.

Carlson, et al. "Inadequate Physical Activity and Health Care Expenditures in the United States". Progress in Cardiovascular Diseases. Vol 57, Issue 4, Jan – Feb 2015.

Healthy People 2030 Objective: Reduce Percentage of Physically Inactive Adults: 21.8% of adult population or less (7,609 or fewer adults)



The 2021 Indiana Behavior Risk Surveillance Survey asked about exercise outside of regular job.

- 74.1% responded they had been physically active
- 25.9% responded they had not

Indiana Department of Health, Behavior Risk Factor Surveillance System. Indiana Calculated Variable Report. 2021

FSSA Health and Well-Being Survey

In August of 2018 Indiana Family Social Services Administration (FSSA) launched an online Health and Well-Being survey for persons applying for food and insurance assistance. The survey asked respondents about their physical activity.

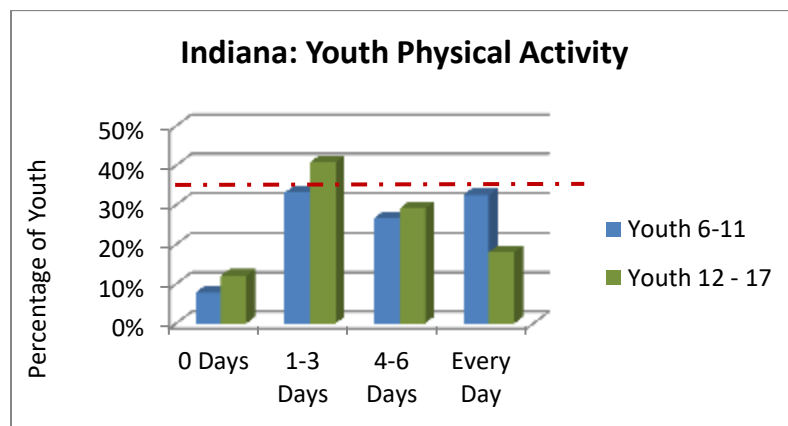
Other than household activities and work, do you engage in moderate exercise (walking fast, jogging, swimming, biking or weight lifting) at least three times a week?

- 1,278 NO responses; 39.3% of Shelby County respondents
- 46% - Single; 30% - Separated or Divorced
- 43.3% - Female
- Largest age range: 23 – 32: 29% of NO responses
- 2.3% - Hispanic
- 1.7% - Black

HEALTH BEHAVIOR: Physical Inactivity

2022 COMMUNITY HEALTH SURVEY

Eighty-three percent (83%) of respondents identified lack of physical activity or exercise as a Medium or Big Problem in Shelby County. Across all age groups, physical activity was identified as a health discussion their healthcare providers were having with them. Overall, nearly 66% of respondents identified physical activity or exercise as the number 1 health topic addressed by healthcare providers.



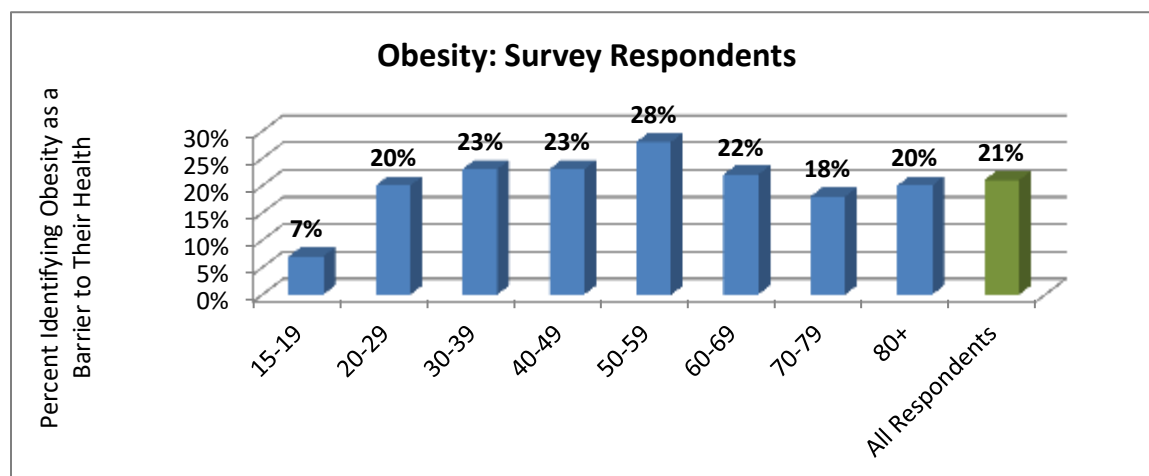
Healthy People 2030 Objective: Increase the proportion of children who do enough aerobic physical activity:
 30.4% of children ages 6 to 13 years meet the aerobic physical activity guidelines (around 1,450 children will engage in 60 minutes of robust physical activity every day)

Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children’s Health. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. www.childhealthdata.org

Obesity

2022 COMMUNITY HEALTH SURVEY

Nearly 21% of respondents identified obesity as a challenge to their personal health.



HEALTH BEHAVIOR: Overweight and Obesity

Shelby County Obesity Prevalence: 35.7%

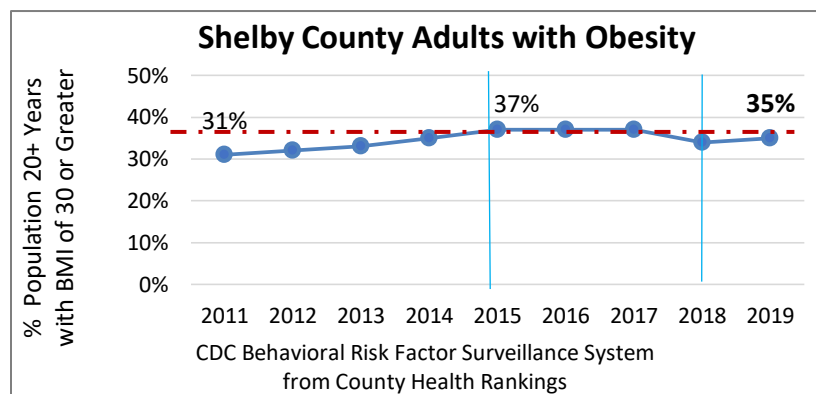
2022 COMMUNITY HEALTH SURVEY

Survey respondents saw obesity as a Medium or Big Problem for Shelby County.

- 85.3% - Adult Obesity A Problem
- 76% - Child Obesity A Problem

In Indiana, 2 out of 3 adults are either overweight or obese. Obesity reflects a community's investments and policies for accessible and affordable nutritious food; safe, affordable places to be physically active; and education and employment opportunities. Readily available calorie-dense, nutrient-poor, highly-processed food and the marketing of these foods and beverages also play a role.

Obesity and Overweight increase the risk for chronic disease: coronary heart disease, Type 2 Diabetes, cancer, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea and other respiratory problems, osteoarthritis and premature death.



Healthy People 2030 Objective: Reduce Percentage of Adults with Obesity: 36% or fewer of the adult population (12,566 or fewer adults with obesity)

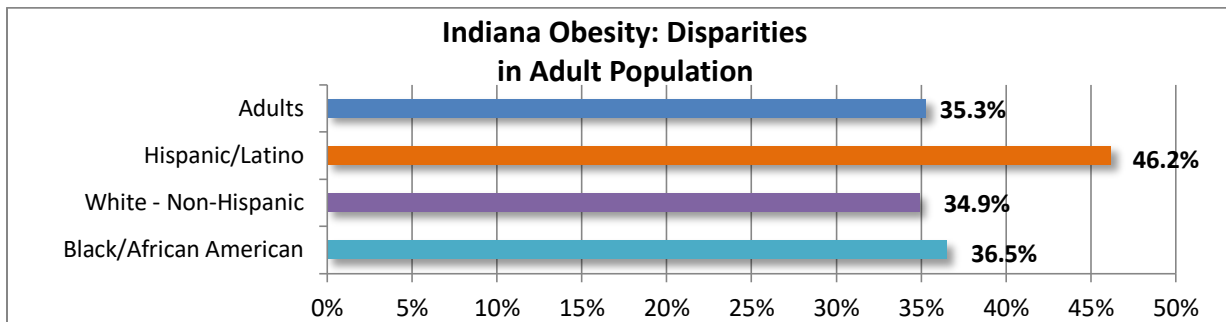
Economic Impact:

- 2.5 times greater medical expenses for persons with obesity than those without obesity
- 128% more work absences due to illness or injury than for co-workers without obesity
- \$14,300 up to \$28,300: Employers' annual costs for employees with obesity
- Up to \$542 per employee with obesity: Employers' annual costs in lost productivity from sick days, presenteeism, disability, and workman's compensation
- For the person with obesity, these work and health challenges translate into personal income loss, fewer opportunities, and possibly a diminished quality of life.

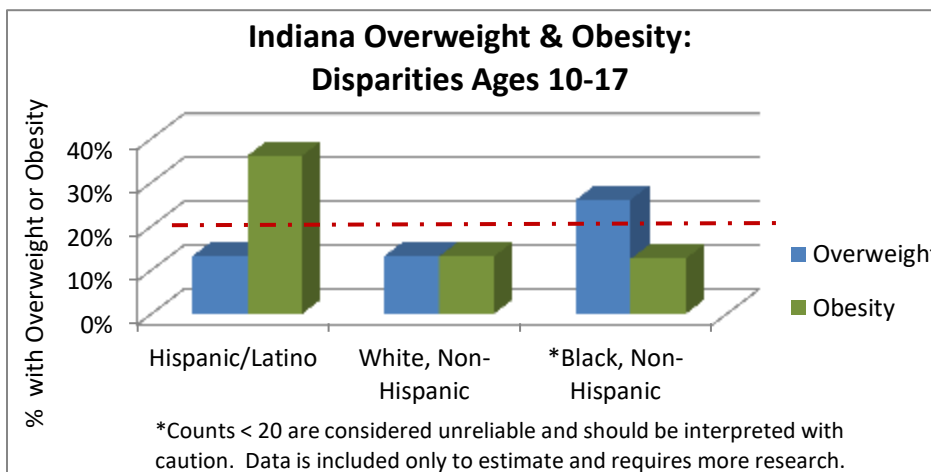
Cawley, et al. "Job absenteeism costs of obesity in the United States: national and state-level estimates". *Journal of Occupational and Environmental Medicine*. Vol 63(7), 2021.

HEALTH BEHAVIOR: Overweight and Obesity

In 2020 in Indiana, 46.2% of the Hispanic/Latino adult population had obesity. Obesity places this population at greater risk for Type 2 Diabetes and Cardiovascular Diseases. A high percentage of Hispanic children are obese, putting them at high risk for current and future chronic health problems.



Centers for Disease Control and Prevention, Nutrition, Physical Activity, and Obesity Data Trend Maps



Healthy People 2030 Objective: Reduce Percentage of children and adolescents with obesity: 15.5% or fewer of 2 – 19 year population (around 1,595 or fewer children with obesity)

Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children’s Health. Data Resource Center for Child and Adolescent Health supported by Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Body Mass Index alone doesn’t wholly tell the story about any child or adult. However, as one piece of assessment and for comparison across time and populations, it is a widely used metric. BMI calculations are different for children and adolescents than for adults:

- Overweight = BMI 85th – 94th percentile
- Obesity = BMI 95th percentile and above

CDC Body Mass Index (BMI) for Child and Teen
<https://www.cdc.gov/healthyweight/bmi/calculator.html>

Adult ages 20+ BMI Calculator

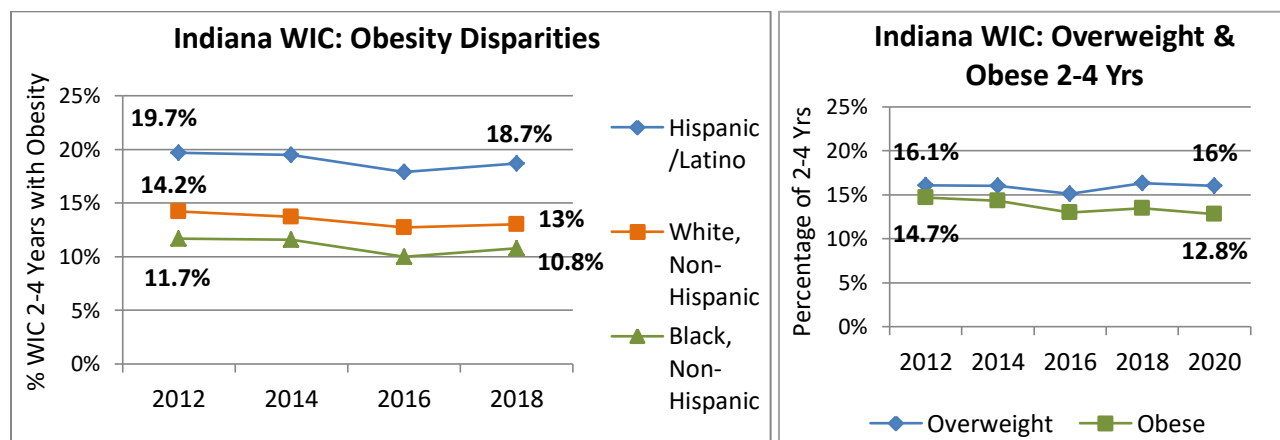
https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

HEALTH BEHAVIOR: Childhood Overweight & Obesity

Per the CDC, children who are overweight when they enter kindergarten are more likely than normal weight peers to be obese by 8th grade.

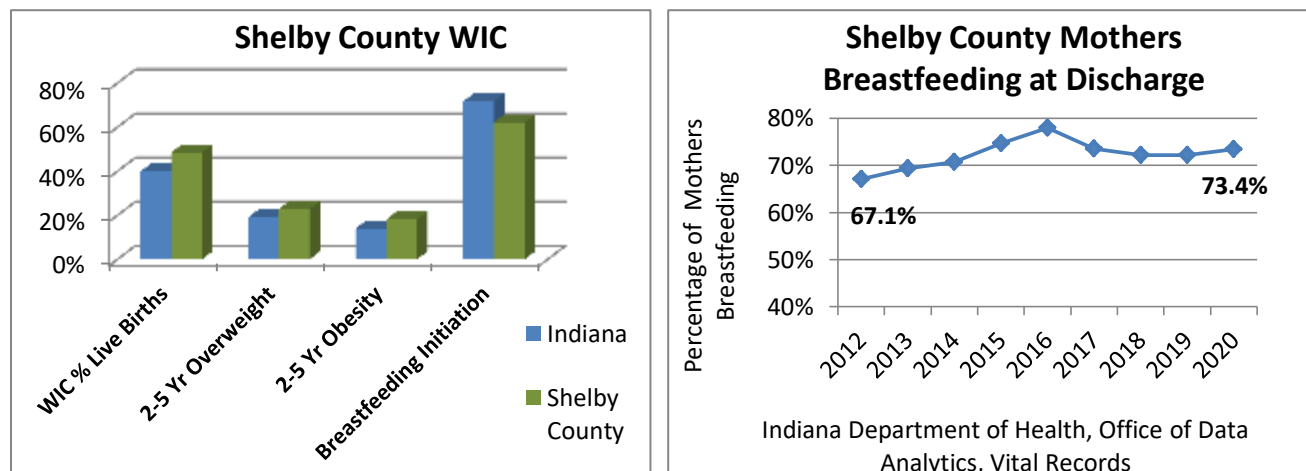
Nationally, obesity impacts 1 in 5 children, increasing their risk for chronic diseases during childhood and into adulthood: Type 2 Diabetes, hypertension, joint problems, sleep apnea, and gastric reflux. Children may also suffer emotional, social, and psychological distress related to being overweight or obese.

Women, Infants, and Children (WIC) serves income eligible pregnant and post-partum women, and children up to the age of 5. Along with food assistance, participants receive nutritional education and breast feeding support. WIC impacts childhood obesity, food insecurity, and prevention of chronic disease in this low-income population (up to 185% of FPL).



Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity. Data, Trend and Maps

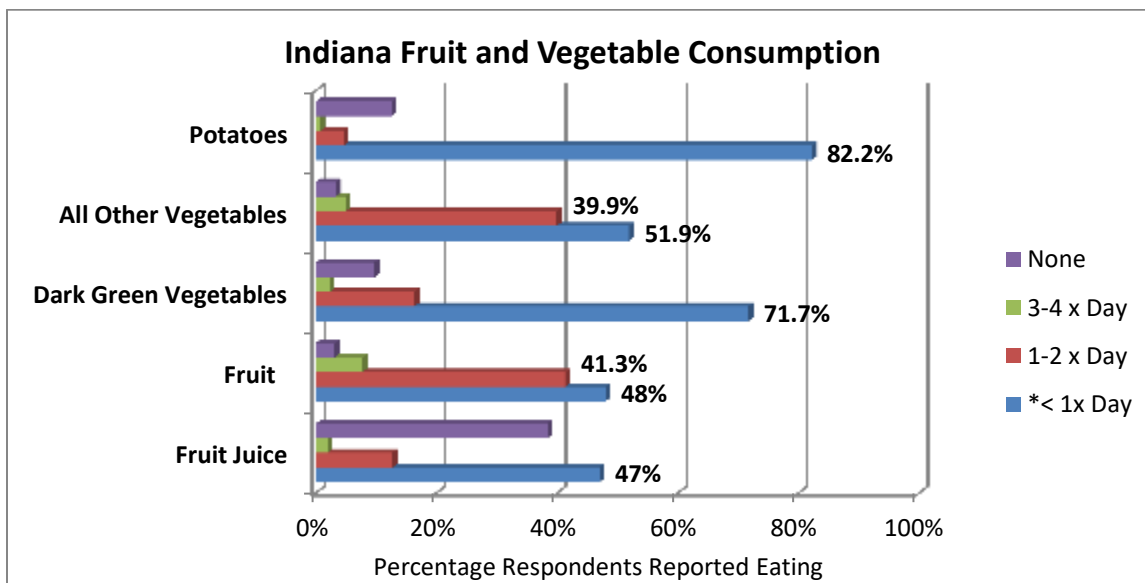
Multiple studies have shown breastfeeding to be a protective factor against childhood obesity. WIC provides breastfeeding support to the mothers they serve.



HEALTH BEHAVIOR: Fruits and Vegetables

A diet rich in fruits and vegetables reduces the risk of some cancers as well as chronic diseases such as Type 2 Diabetes, obesity, cardiovascular diseases, and stroke.

The 2020 – 2025 Dietary Guidelines recommend that adults eat 2 cups of fruit and 2.5 cups of vegetables daily. The Indiana Department of Health’s Behavioral Risk Factor Surveillance Survey found that adults were eating less than the daily recommended amount.



Indiana Department of Health, Behavior Risk Factor Surveillance System. Indiana Calculated Variable Report. 2021
< 1 x Day consumption = eaten during the week but not daily

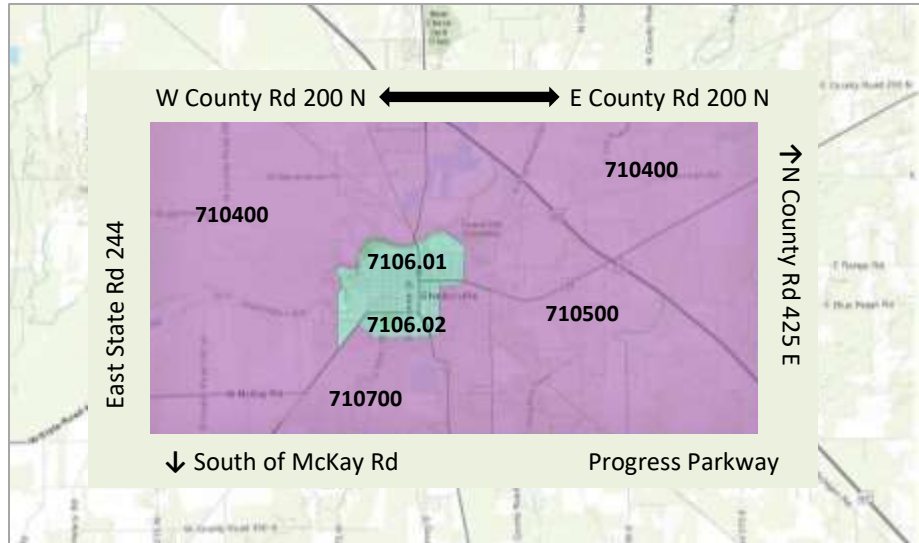
While there are many reasons for not eating fruits and vegetables regularly, a barrier in downtown Shelbyville is access. Access means healthy foods like fruits and vegetables are affordable and available. The United States Department of Agriculture defines a food desert as a low-income tract with at least 500 people or 33% of the population living more than 1 mile (urban areas) or more than 20 miles (rural areas) from the nearest supermarket, supercenter, or large grocery store. Downtown Shelbyville is a food desert.

In Shelbyville there are 30 retail outlets that accept SNAP (food stamps), a total of 38 in the county. Waldron and Morristown no longer have groceries; however, they are within 20 miles of a grocery store. For residents without access to a personal vehicle, this still creates an access barrier. Waldron has food pantries and Morristown has a Dollar General and gas station quick marts for the food needs of the communities. Fairland has food pantries and a convenience store.

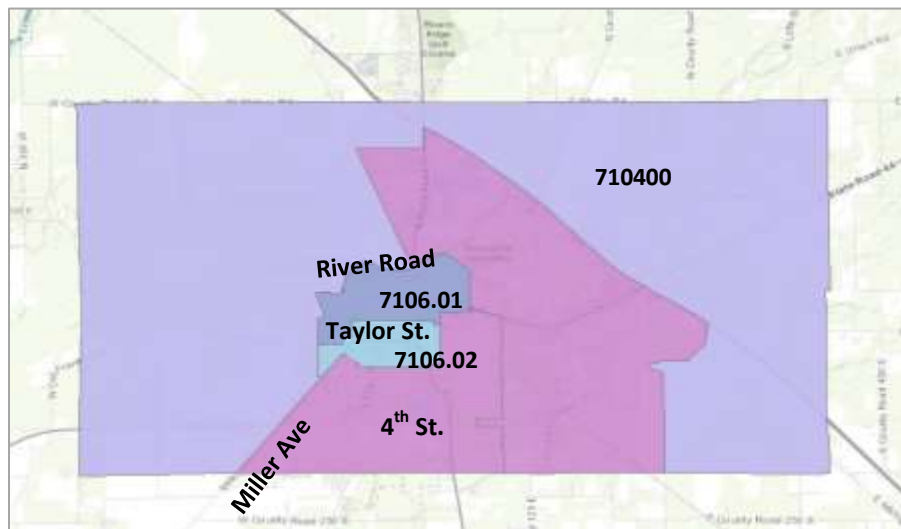
<https://www.fns.usda.gov/snap/retailer-locator>

HEALTH BEHAVIOR: Food Access

The following area of Shelbyville is a low-access grocery area. The 2 census tracts in the heart of Shelbyville are also low income areas. Food access is driven by affordability and availability, household income, and transportation.



Layered onto this area are Shelbyville's low-income tracts and a tract where residents have low access to a personal vehicle. These were low-access grocery tracts before Mickey's T-Mart closed. Residents who rely on walking are left with a drug store, variety stores, specialty meat shop, and gas or tobacco convenience stores to meet their food needs.



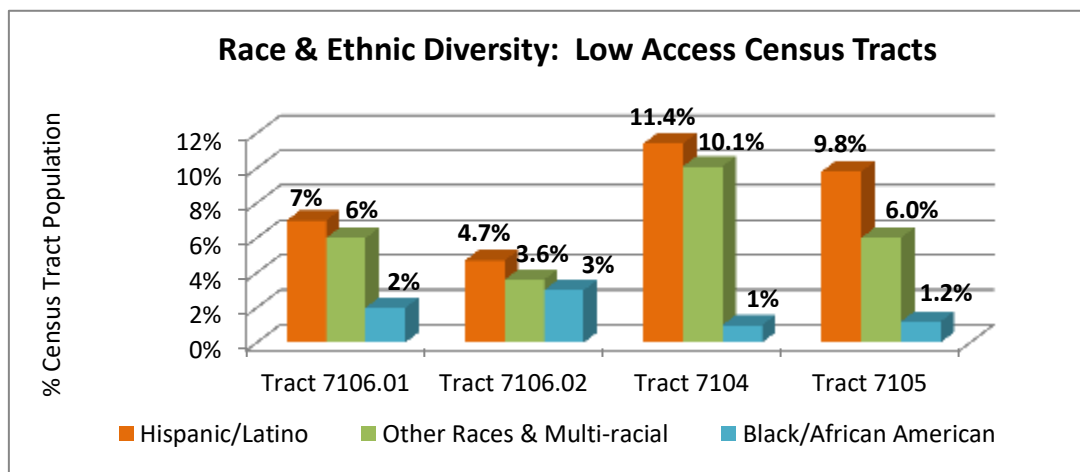
United States Department of Agriculture Economic Research Food Atlas Maps

HEALTH BEHAVIOR: Food Access

In 2020 in Shelbyville, 33% of the children in the 4 census tracts with low access to a grocery were living at or below the Federal Poverty Level.

| 2020 | Census Tracts | 7106.01 | 7106.02 | 710400 | 710500 |
|----------------------------------|---------------|-----------------------------|---------------------------------|-------------------|-----------------------------|
| Population | | 3,477 | 3,266 | 2,999 | 4,365 |
| • Population: < 18 years | | 948 | 835 | 758 | 1,164 |
| • Population: 65+ years | | 349 | 312 | 334 | 590 |
| Households | | 1,422 | 1,248 | 1,227 | 1,762 |
| • Single Parent Households | | 10.3% | 12.2% | 14.9% | 12.4% |
| Median Household Income | | \$51,563 | \$40,430 | \$60,107 | \$60,861 |
| At or Below 100% of FPL | | 18.6% | 12.2% | 17.5% | 19.2% |
| • Children in Poverty | | 22.5% | 11.5% | 30% | 9% |
| • Age 65+ in Poverty | | 11.1% | 6.2% | -- | -- |
| SNAP Households | | 413 – 12% | 276 – 8.5% | 154 – 5.1% | 364 – 8.3% |
| • SNAP Single Parent Households | | 18.4% (Half Moms & Dads) | 40.2% (14% Dads, 26.2% Moms) | 72% (All Moms) | 42% (16% Dads, 26% Moms) |
| 65+ with Low Access to Grocery | | 181 | 56 | 265 | 391 |
| Households: No Access to Vehicle | | 245 – 17.2% | 78 – 6.3% | -- | 136 – 3.1% |

U.S. Census, American Community Survey 5-Year Estimates 2016-2020;
 USDA Economic Research Food Atlas Maps, 2019

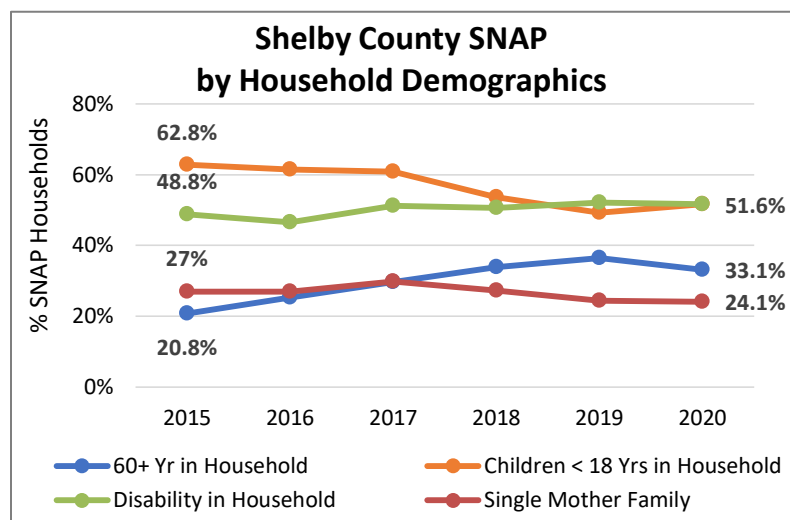


U.S. Census, American Community Survey 5-Year Estimates 2016-2020;
 USDA Economic Research Food Atlas Maps, 2019

HEALTH BEHAVIOR: Food Assistance

The USDA Supplemental Nutrition Assistance Program (SNAP) targets persons in greatest need.

- 86%: households that include a child, an elderly person, or person with a disability.
- 92%: households with income at or below the Federal Poverty Level.

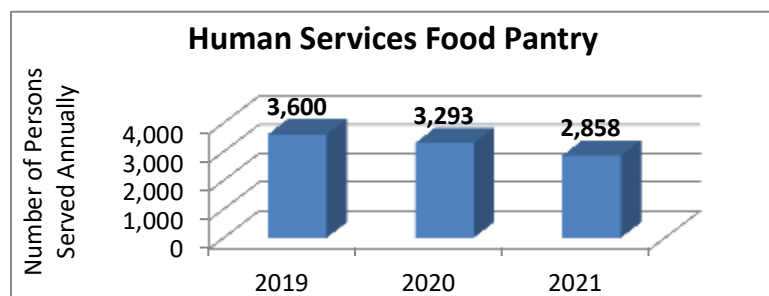


U.S. Census, American Community Survey 5-Year Estimates; USDA Economic Research Food Atlas Maps, 2019

Gleaners provides food for distribution in Shelby County in partnership with Pantry Pals, churches, Shelby Senior Services, and schools. In 2020 – 2021, Gleaners distributed:

- 535,000 pounds of food
 - 96,000 pounds of fresh produce
 - 76% of food met USDA Dietary Guidelines
- 445,833 meals

Gleaners Food Bank of Indiana, Shelby County Overview



FPL Eligibility for SNAP:

Up to 130% of FPL

Eligibility guidelines are not determined at the local level.

A significant cost of living adjustment will go into effect on October 1, 2022.

- \$250 → \$281: Individual
- \$835 → \$939: Family of 4

Shelby County average monthly SNAP issuance:

Individual: \$157.18
Household: \$312.86

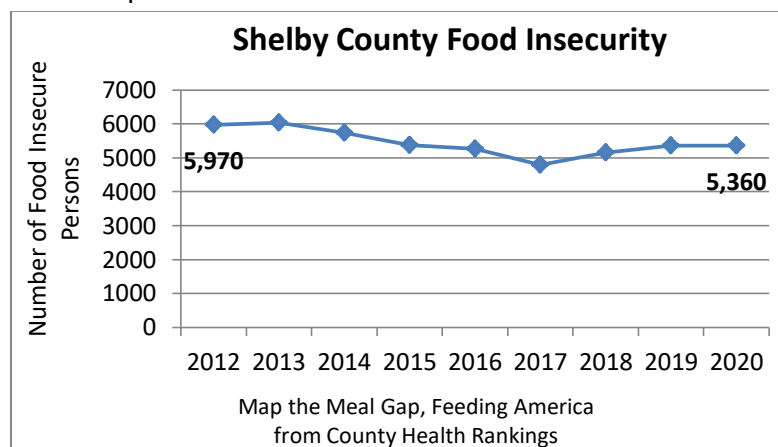
Division of Family Resources, SC Monthly Management Reports for July - October 2022

| Household Size | 100% FPL | 130% FPL |
|----------------|----------|----------|
| 1 | \$12,880 | \$16,744 |
| 2 | \$17,420 | \$22,646 |
| 3 | \$21,960 | \$28,548 |
| 4 | \$26,500 | \$34,450 |

Data Provided by Human Services, Inc., Shelby County Office

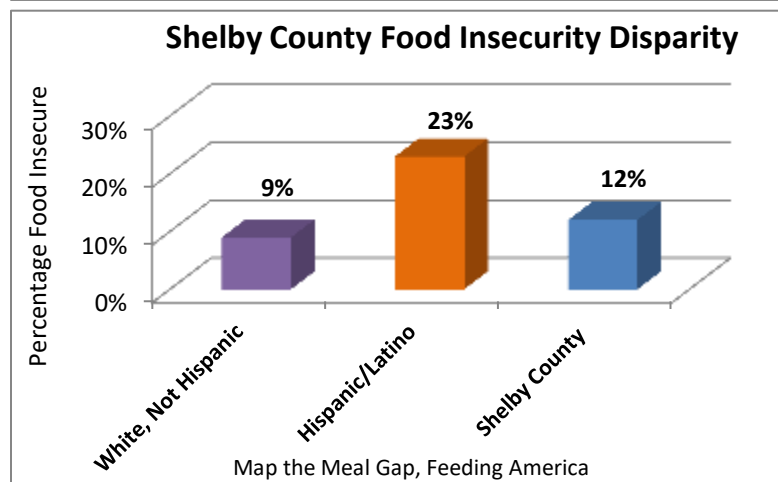
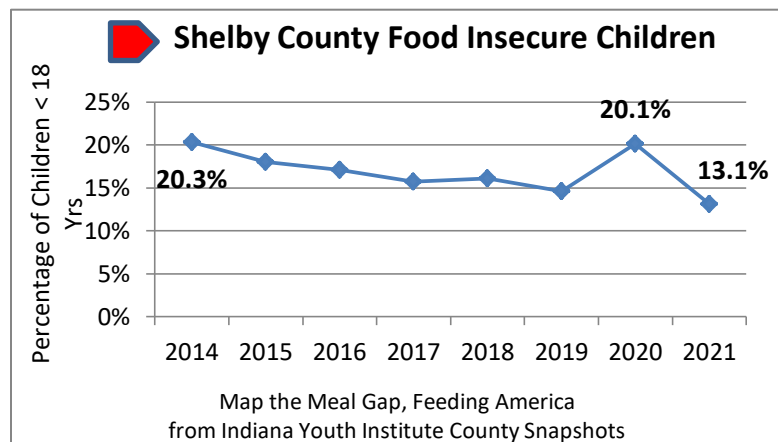
HEALTH BEHAVIOR: Food Insecurity

Households without consistent access to a wide range of nutritious food are at risk for obesity, chronic diseases, and premature death associated with malnourishment, overweight and obesity. Affordable food in large quantity may be highly processed, calorie-dense and nutrient-poor.



2020: 12% of Shelby County residents were food insecure:

- 38% were children (2,046 children)
- 35% had incomes above the threshold for WIC & reduced cost school meals (185% of FPL) (1,876 women, children & youth)
- 24% were between 130% and 185% of FPL (1,286 persons)
- 42% were at or below SNAP threshold of 130% FPL (2,251 persons)
- Per the USDA, food insecure households on average experience 7 out of 12 months of food insecurity.
- \$2,483,000: annual shortfall that would allow the 12% to meet their basic food needs (based on Shelby County's food costs, taxes & average meal cost of \$2.88).



Map the Meal Gap, Feeding America
<https://map.feedingamerica.org/county/2020/overall/indiana/county/shelby>

HEALTH BEHAVIORS: Food Insecurity

Food insecurity is a complex issue, driven by challenges such as

- Type and proximity of retail food outlets
 - Availability of a wide-range of nutritious food
 - Physical or mental health challenges
 - *Cost of food - especially produce and protein
 - *Household income
 - *Access to a personal vehicle
 - *Homelessness
- *These challenges are reflected in the FSSA survey results.

FSSA Health and Well-Being Survey

In August of 2018 Indiana Family Social Services Administration (FSSA) launched a Health and Well-Being survey for persons applying online for food and insurance assistance. The survey is anonymous and optional with no impact on eligibility for benefits. Applicants represent a household but only the applicant is counted in the survey. As of October 1, 2022, there have been 3,256 County respondents (0.61% of all Indiana respondents).

*Not enough money for food in the last 12 months

- 1,934 YES responses, 59.2% of Shelby County survey respondents
- 30.6% - Divorced or Separated
- 50.1% - Single
- 73.1% - Female
- Age groups most impacted: 23-37 years: 36.5% of YES respondents
- 2.6% - Black
- 3.4% - Hispanic

*Utilities shut off in the last 12 months

- 787 YES responses, 24.2% of Shelby County survey respondents
- 30.7% - Divorced or Separated
- 50.6% - Single
- 71.5% - Female
- Age range most impacted: 28-37 years: 33.4% of YES respondents
- 1.9% - Black
- 3.1% - Hispanic

*Fear of not having stable housing in the next 2 months

- 1,049 YES responses, 32.2% of Shelby County survey respondents
- 33.9% - Divorced or Separated
- 50% - Single
- 70.5% - Female
- Age range most impacted: 28-37 years: 31.9% of YES respondents
- 2.6% - Black
- 3.2% - Hispanic

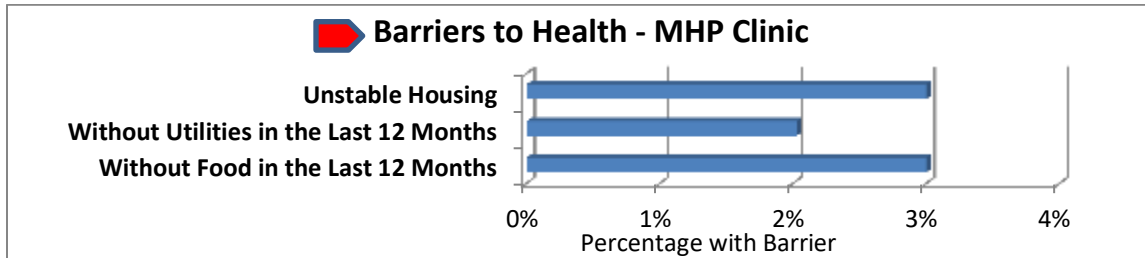
*No transportation for healthcare in the last 12 months

- 741 YES responses, 23% of Shelby County survey respondents
- 35.6% - Divorced or Separated
- 70% - Single
- 89% - Female
- Age range most impacted: 18 - 32 years: 45.2% of YES respondents
- 3% - Black
- 5% - Hispanic

HEALTH BEHAVIOR: Food Access

MHP Social Determinants of Health Assessment

MHP Family and Internal Medicine Clinic assess barriers to health experienced by their patients. From June – November 2022, patients reported experiencing food insecurity as well as other barriers that impact access to nutritional food.



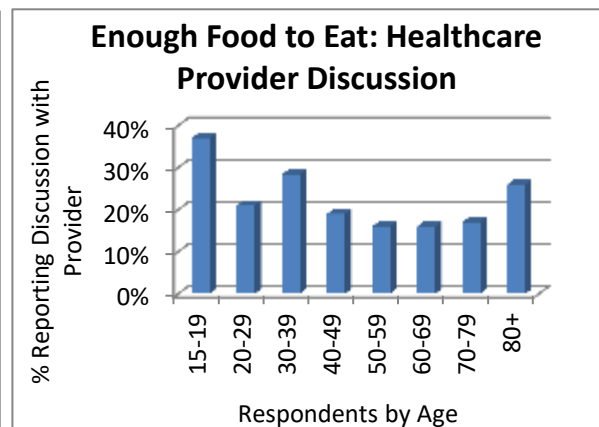
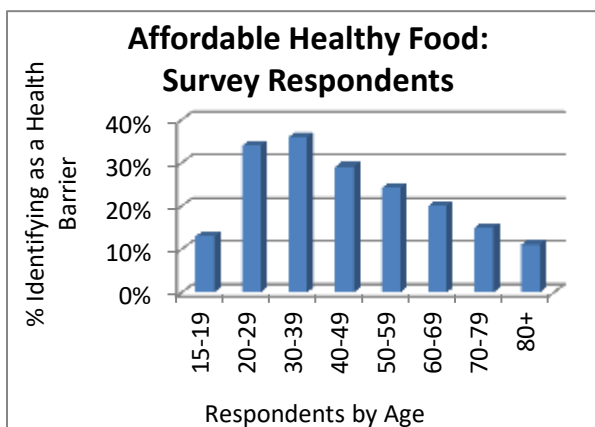
2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

Nearly 26% of survey respondents identified access to affordable, healthy food as one of the top 5 issues that made being healthy difficult. This held true across every household income level from less than \$10,000 to \$200,000+. As income dropped, access to affordable healthy food climbed to first place. With food and gas prices high in 2022, this may have influenced some respondents as every household experienced a dollar buying less. An economic disrupter such as disaster or inflation has greater negative impact on lower income households.

Listening session participants reported:

- Healthy food is not affordable. Processed and packaged food is less expensive, readily accessible.
- Many people who need food pantries lack transportation to access them.

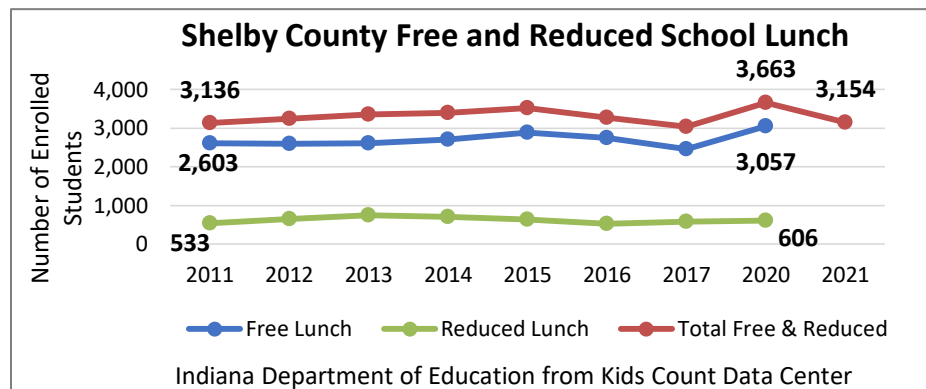
Nearly 21% of respondents reported their healthcare providers talked with them about having enough food and/or healthy food to eat.



HEALTH BEHAVIOR: Nutrition Assistance: Youth

School age children from low-income families may have their nutritional needs supplemented through USDA school lunch, breakfast, and summer meal programs. Families who meet income eligibility guidelines may also be helped by SNAP - Supplemental Nutrition Assistance Program (food stamps). SNAP benefits are not designed to cover all the food needs of a household. Benefits are accessed via an Electronic Benefits Transfer card (EBT).

COVID-19 Impact: In the spring of 2020, P-EBT (Pandemic-EBT) was initiated to help low income households access food. Benefits were increased for SNAP households; maximum benefit periods were extended; and P-EBT was provided to households whose children were eligible for free and reduced school meals. In Indiana pre-pandemic eligibility requirements resumed in May 2022. WIC benefits were also increased during the pandemic and have been extended through March 2023.



The USDA sets the income eligibility guidelines for free and reduced meals using the Federal Poverty Level set by Health and Human Services:
 185% FPL: Reduced cost
 130% FPL: Free

Along with nutritional food, school age children need routine and urgent access to health care. Free and reduced lunch eligibility also meets eligibility guidelines for textbook assistance. For seventh and eighth grade students from low-income families there is the 21st Century Scholars program which pays for tuition at a state college for students who meet eligibility guidelines. <https://learnmoreindiana.org/scholars>

| | 100% FPL | Free Lunch SNAP 130% FPL | Medicaid 158% FPL | Reduced Lunch 185% FPL | 21 st Century Scholars *194% FPL | Children's Health Insurance 250% FPL |
|---------------|----------|-----------------------------|----------------------|---------------------------|--|---|
| Family Size 2 | \$17,400 | \$22,646 | \$27,524 | \$32,227 | \$33,874 | \$43,550 |
| Family Size 3 | \$21,960 | \$28,548 | \$34,679 | \$40,626 | \$42,606 | \$54,900 |
| Family Size 4 | \$26,500 | \$34,450 | \$41,870 | \$49,025 | \$51,338 | \$66,250 |
| Family Size 5 | \$31,040 | \$40,352 | \$49,043 | \$57,424 | \$60,070 | \$77,600 |

U.S. Census Bureau * Around 194% FPL – provided as an estimate

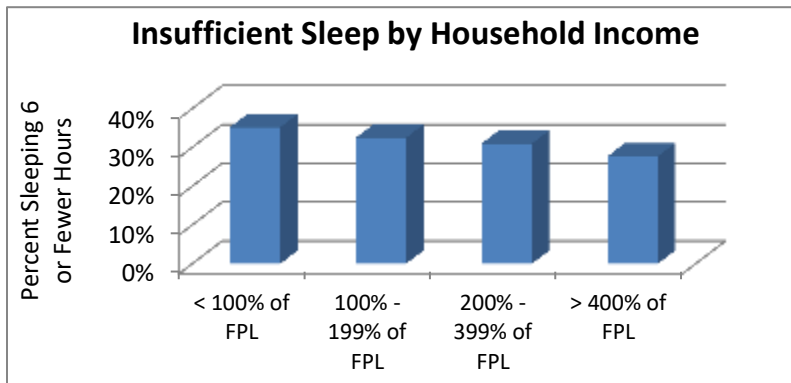
HEALTH BEHAVIORS: Insufficient Sleep

Shelby County Prevalence: 36.9%

Per the CDC, 1 in 3 adults experiences chronic insufficient sleep. Insufficient sleep causes more than fatigue during waking hours. It is also linked to chronic disease, mental health problems, and unintended injuries.

2022 COMMUNITY HEALTH SURVEY

Sixty eight percent (68.1%) of respondents cited insufficient sleep as a Medium or Big Health Problem. Sleep was identified as a top health problem in the County by youth respondents, ages 15-19 (80%).



Disparity:

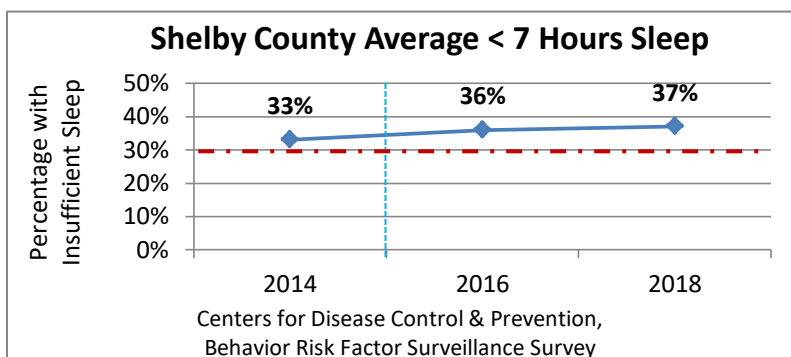
A 2015 analysis found the percentage of adults who slept 6 or fewer hours in a 24 hour period declined with household income whether they lived in a metropolitan statistical area or a non-metropolitan area.

QuickStats: Percentage of Adults Who Average ≤6 Hours of Sleep, by Family Income Group and Metropolitan Status of Residence - National Health Interview Survey, US, 2013, Morbidity and Mortality Weekly Report. April 3, 2015.

Economic Impact:

- Annually, insufficient sleep costs employers \$2,280 per employee (2011 dollars) related to presenteeism. Calculating for inflation, this is \$2,981 in 2022 dollars.
- Diminished work performance amounts to 8 - 11 days of lost productivity annually.
- Chronic insufficient sleep is linked to Cardiovascular Diseases, Obesity, and Diabetes.

Kessler, et al. *Insomnia and the performance of US workers: results from the America insomnia survey. Sleep. 2011 Sep 1.* <https://pubmed.ncbi.nlm.nih.gov/21886353>



Healthy People 2030: Adults Getting Sufficient Sleep Goal:

68.6% of adults with 7+ hrs sleep nightly (around 23,945 adults)

HEALTH BEHAVIORS: Alcohol Use

Shelby County Binge Drinking Prevalence: 14.7%

The CDC estimates 79,925 Years of Potential Life Lost to excessive alcohol use each year in Indiana (nearly 3,000 deaths annually). Alcohol abuse is attributed to or related to

- Violence, injuries, and motor vehicle crashes
- Risky sexual behaviors, unintended pregnancies, miscarriage and stillbirth
- Chronic conditions such as cancer, heart disease and high blood pressure

2022 COMMUNITY HEALTH SURVEY

Across every age group, respondents identified alcohol use as one of the top 3 health problems in Shelby County, along with vaping and tobacco use.

- 80.1%: alcohol overuse or misuse as a Medium or Big Problem for adults 21+ years
- Nearly 71%: alcohol use as a Medium or Big Problem for persons younger than 21 years

Economic Impact in Indiana:

- In 2010 excessive alcohol use cost Indiana nearly \$250 billion, about \$807 per person. Adjusted for inflation, equivalent to over \$6 billion - \$2.65 per drink (2022 dollars).
 - 72% - lost workplace productivity; 11% - health care expenses; 10% - criminal justice costs; and 5% - motor vehicle crash costs.

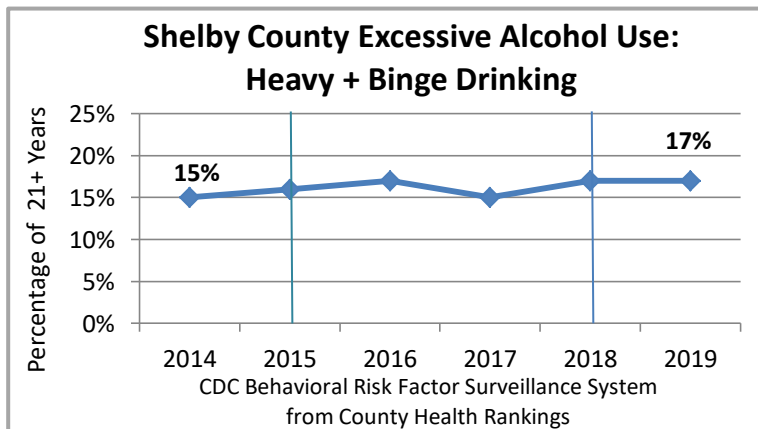
National Center for Drug Abuse Statistics, Alcohol Abuse Statistics

<https://drugabusestatistics.org/alcohol-abuse-statistics/#indiana>

Indiana Department of Health, Preventing Injuries in Indiana Resource Guide. 2017

In Indiana 17.1% of binge drinkers do so nearly twice a month; 25% do so over 4 times a month. The median number of drinks consumed per binge is 5.6 drinks.

National Survey on Drug Abuse and Health, 2020



CDC Definitions:

Binge Drinking = Number of drinks per drinking occasion of 2-3 hours:

- Women: 4 or more drinks
- Men: 5 or more drinks

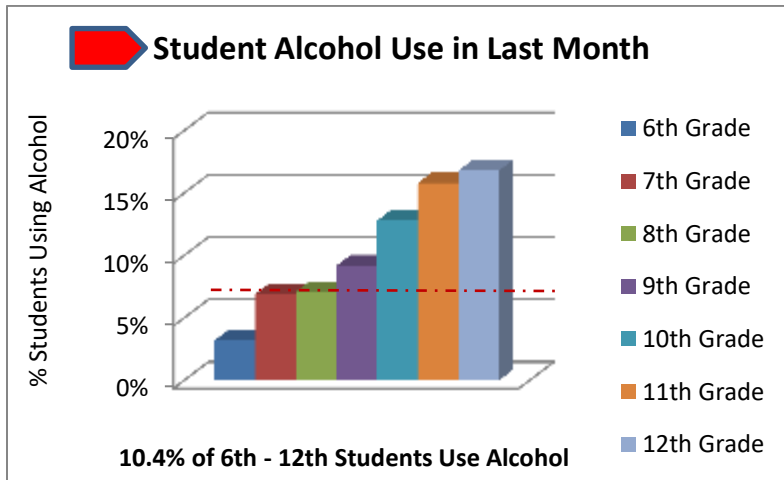
Heavy Drinking = Number of drinks per week:

- Women: 8 or more drinks
- Men: 15 or more drinks

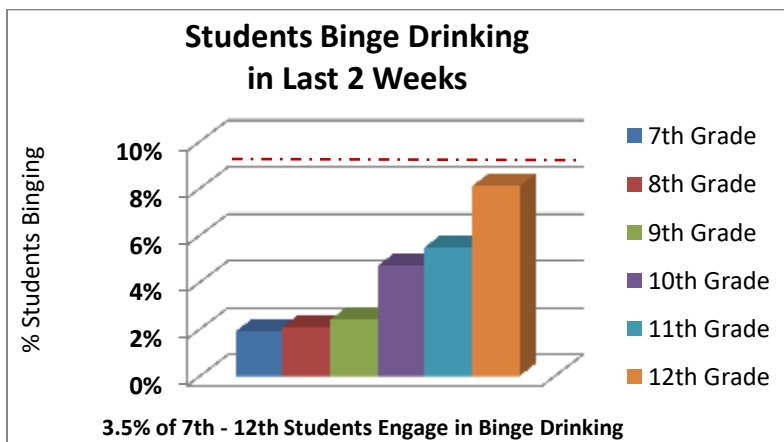
<https://www.cdc.gov/alcohol>

HEALTH BEHAVIORS: Youth Alcohol Use

The **Indiana Youth Survey** was conducted in the spring of 2022. The following information about student alcohol use is for **Region 10** which includes Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While the data is not specific to Shelby County, it provides a general picture of alcohol use among youth.



Healthy People 2030 Objective:
Reduce the proportion of adolescents who drank alcohol in the past month: 6.3% or fewer 6th – 12th (300 or fewer youth)



Healthy People 2030 Objective:
Reduce the proportion of people under 21 years who engaged in binge drinking in the past month: 8.4% or fewer youth (400 or fewer youth)

Jun, M., Gassman, R., Agle, J. D., Samuel, S., & Lee, J (2022). Indiana Youth Survey – 2022. Bloomington, IN: Prevention Insights

2021 Excise Police Action:

- 69 licensed alcohol outlets in Shelby County where the public could purchase alcohol¹
- 40 alcohol compliance inspections for minimum age requirements
- 39 violations²

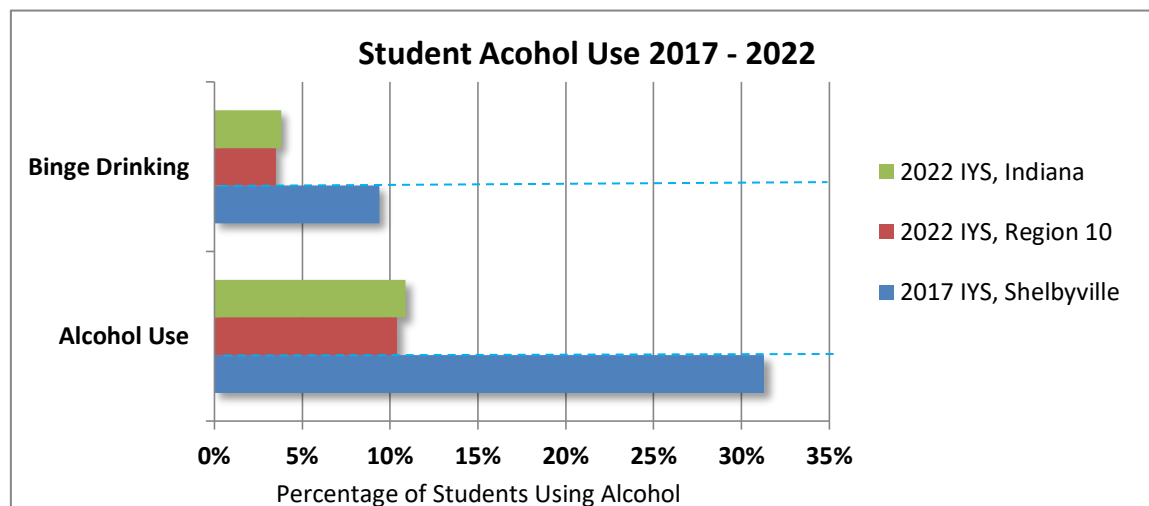
¹Indiana Alcohol & Tobacco Commission and ²Indiana State Excise Police from Indiana Prevention Insights

HEALTH BEHAVIORS: Youth Alcohol Use

Per the 2022 Indiana Youth Survey (IYS), alcohol continues to be the most common substance used by Indiana youth. Between the 2020 and 2022 IYS, alcohol use decreased from 15.1% to 10.9% among 7th – 12th grade students in Region 10. Hopefully, this will continue as a trend.

The 2017 Shelbyville High School participated in the Indiana Youth Survey. Results are provided as a snapshot of local youth alcohol use in 2017.

In all surveys, female students are shown to be higher consumers of alcohol. Indiana did not participate in the 2019 CDC YRBS in which Binge Drinking was found to be decreasing among students in general but increasing among female students. This was a trend seen in the 2022 Region 10 students as well.

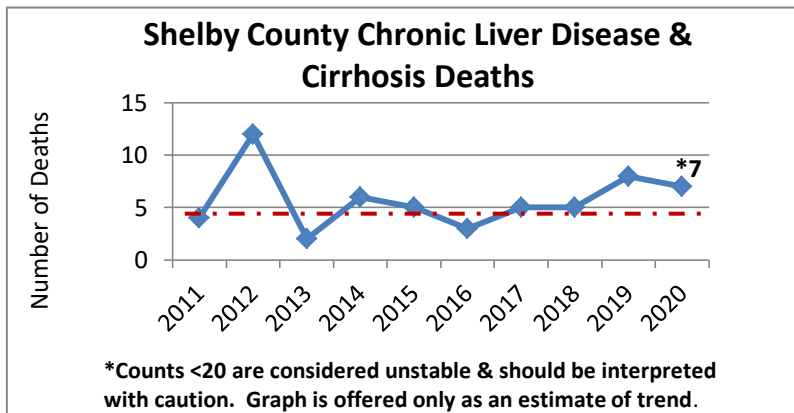


2022 COMMUNITY HEALTH SURVEY

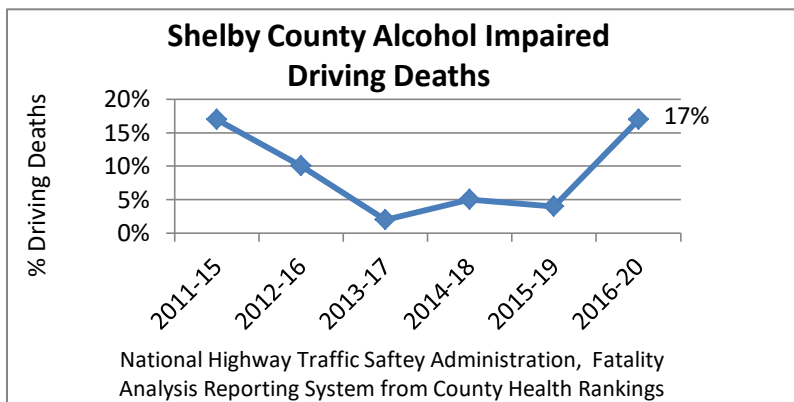
Survey respondents ages 15-19 saw alcohol abuse as a Medium or Big problem in Shelby County:

- 75% - Problem for people under age 21
- 79% - Problem for people 21 years and older

HEALTH BEHAVIORS: Alcohol-Related Deaths

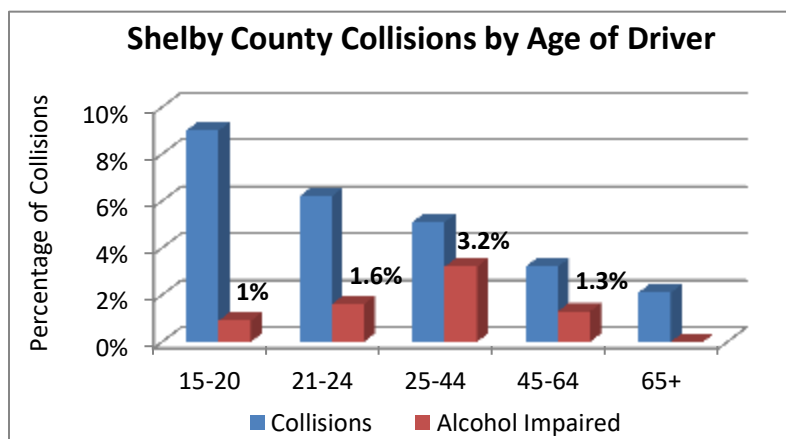


Healthy People 2030 Objective: Reduce Cirrhosis Deaths: 10.9 deaths per 100,000 adult population (4 or fewer deaths)



2019 – 2020: Shelby County

- 1.7% of collisions due to alcohol impaired drivers
- Driving while impaired is a primary cause of Motor Vehicle Accidents and Fatalities.
- Drivers ages 25-44 have highest rate of alcohol impaired collisions.
- Indiana: Drivers are impaired when Blood Alcohol Level is .08 g/dl or higher.



IU Public Policy Institute; Indiana Criminal Justice Institute, Traffic Safety Division

2022 SHELBY COUNTY SHERIFF'S DEPARTMENT ANNUAL JAIL REPORT

In 2021 there were 60 arrests for Operating a Vehicle While Intoxicated.

HEALTH BEHAVIOR: Motor Vehicle Crashes and Fatalities

From 2015 – 2020 there were 55 collision fatalities in Shelby County. In 2019 and 2020

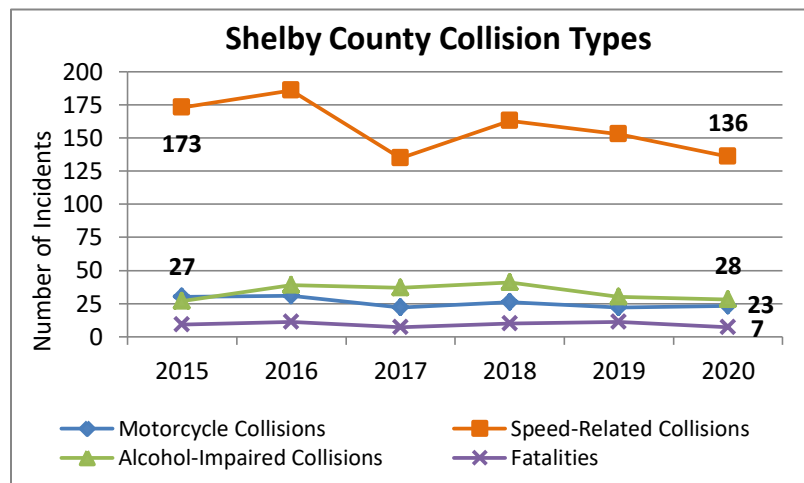
- Nearly 1,700 collision injuries
- 56 collision injuries secondary to seat belts not used:
 - 4 deaths (Deaths are counted in the county where fatality occurred.)
 - 19 persons with incapacitating injuries

Indiana Criminal Justice Institute, Traffic Safety Division, Annual Report FY 2021

<https://www.in.gov/cji/traffic-safety/files/Indiana-Traffic-Safety-Annual-Report,-FY-2021.pdf>

Economic Impact in Indiana: In 2018 the economic costs of Motor Vehicle Fatalities were \$1.22 billion: \$12 million in medical costs and \$1.21 billion in lost workplace productivity costs.

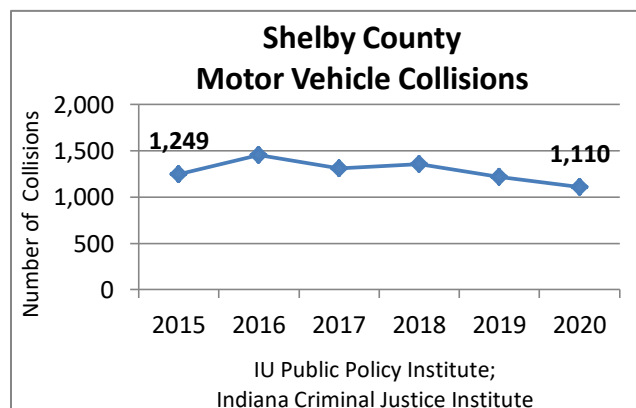
<https://www.cdc.gov/transportationsafety/pdf/statecosts/2020/CDC-Cost-of-Crash-Deaths-Fact-Sheets Indiana.pdf>



Healthy People 2030 Objective: Reduce Motor Vehicle Collision Deaths: 10.1 deaths per 100,000 population (5 or fewer deaths in Shelby County)

In 2020 there were 7 collision fatalities in Shelby County.

IU Public Policy Institute; Indiana Criminal Justice Institute <https://www.in.gov/cji/research/crash-statistics>



In 2020 with fewer people on the roads, collisions were down 8.6%:

- Injuries ↓84.1%
- Fatalities ↓36.4%

As typical movement and activity resumed in 2021, collisions in Indiana increased. When county specific data is complete, it will likely show this to have been the case for Shelby County, too.

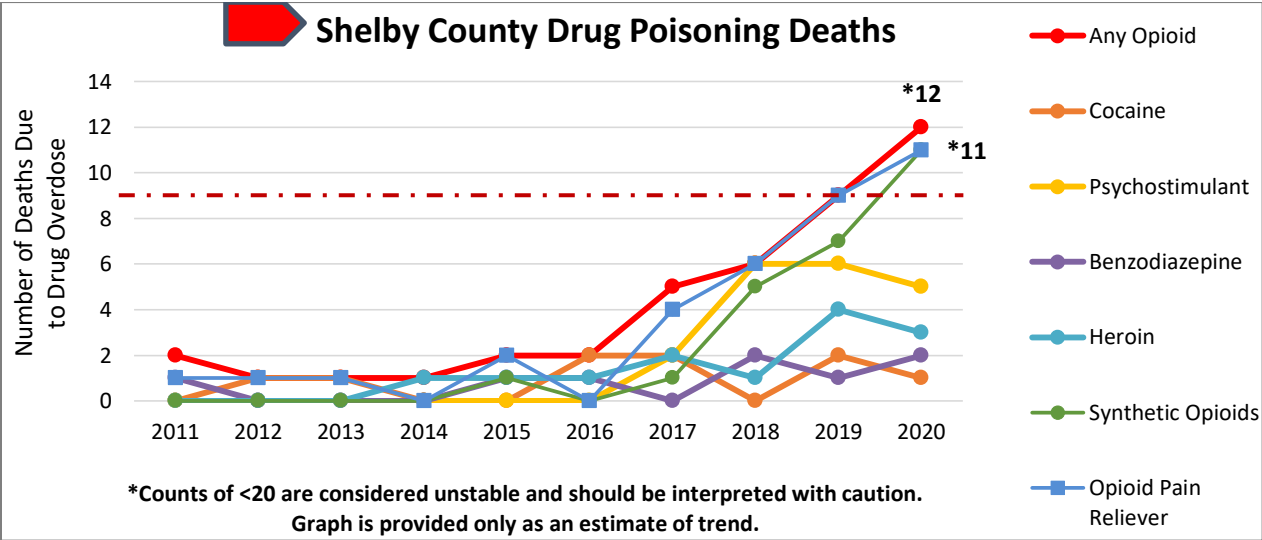
HEALTH BEHAVIORS: Drug Overdose

Life expectancy had been trending up since the 1980s, with a slight decline and plateau beginning 2014. However, since 2020 there has been a decline from 78.8 years to 76.1 years. While COVID-19 precipitated a sharp drop in life expectancy, the other main drivers have been accidents and unintentional injuries from drug overdoses. The following graph includes accidental, intentional, and undetermined intent drug poisonings. Overdose deaths are counted by county of residence.

Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. CDC National Center for Health Statistics. August 2022. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm

Per the National Center for Health Statistics, the provisional drug overdose death count for the 12 month period ending in December, 2021 for Shelby County is 16 deaths.

Healthy People 2030 Objective: Reduce drug overdose deaths: 20.7 deaths per 100,000 population (9 or fewer deaths)



Indiana Department of Health, Division of Trauma and Injury Prevention, Vital Statistics

| Substance | CDC Description (prescribed, illegal, illicitly manufactured) |
|------------------------------|---|
| Any Opioid | Natural, semi-synthetic, synthetic |
| Synthetic Opioids | Most prevalent: Fentanyl & Fentanyl derivatives, Tramadol, *Methadone |
| Opioid Pain Relievers | hydrocodone, oxycodone (semi-synthetic), morphine (natural), and Fentanyl (synthetic) |
| Heroin | Illicitly processed from morphine and some poppy plants |
| Benzodiazepine | Xanax, Valium, Klonopin, Ativan, Restoril |
| Psychostimulants | amphetamines and methamphetamines; Cocaine is a psychostimulant but is noted separately in the drug poisoning deaths above. |

*Methadone is also used in Medication Assisted Treatment for Opioid Use Disorder

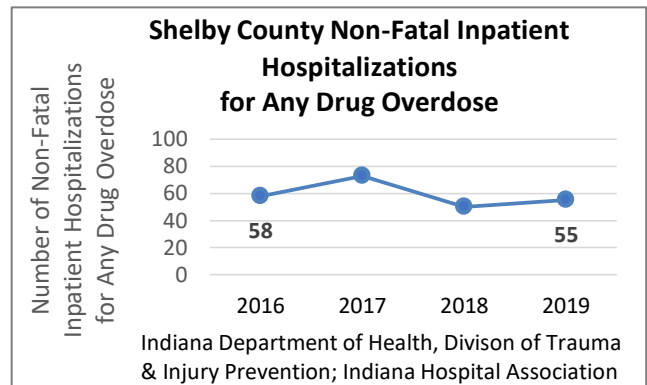
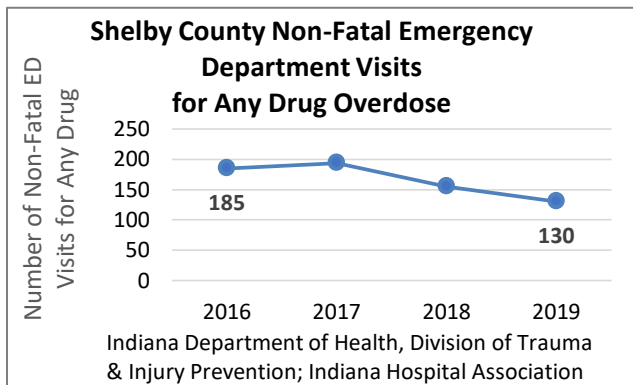
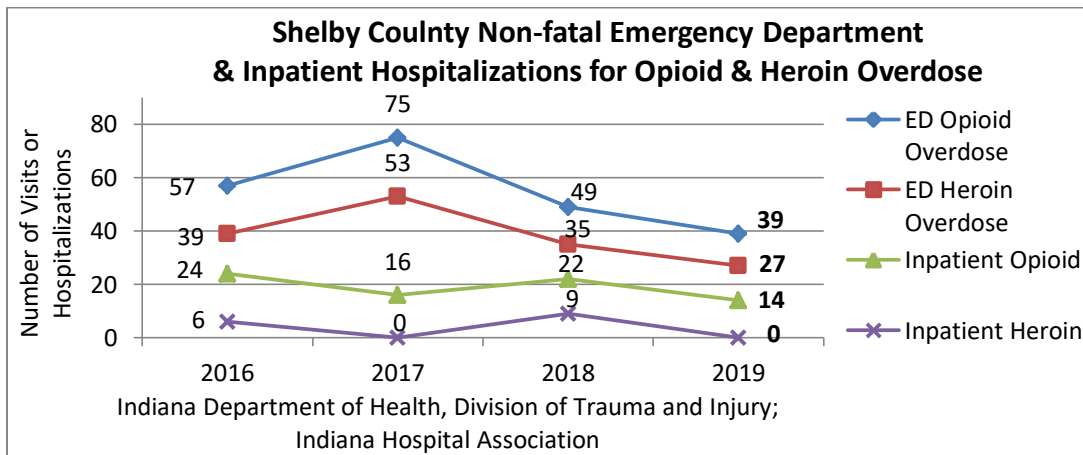
HEALTH BEHAVIORS: Drug Overdose

Economic and Social Cost Estimates of Drug Overdose in Shelby County (2020 dollars):

- **Overdose Deaths:** Estimated Costs: \$146.7 million:
 - \$69,384 in health care costs
 - \$18.331 million in lost productivity
- **Non-fatal Overdose:** Estimated Costs \$15.5 million:
 - \$1.027 million in health care costs
 - \$115,962 in substance use treatment
 - \$486,354 in criminal justice activity
 - \$1.028 million in lost productivity

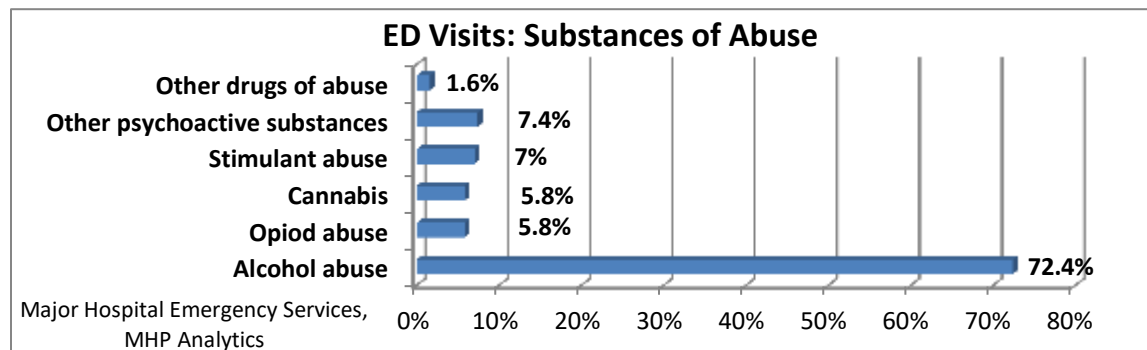
Estimates based on per case cost estimates. Opioid fatalities costs calculated on number of overdose fatalities in 2020 (n=12). Non-fatal overdose costs calculated on number of Heroin and Opioid Emergency Department visits in 2020 (n=66). Some of those cases may have been multiple visits by one person; however, the estimated costs per visit could be similar each time.

Luo F, Li M, Florence C. State-Level Economic Costs of Opioid Use Disorder and Fatal Opioid Overdose — United States, 2017. *Morbidity Mortality Wkly Rep* 2021; 70:541–546. <http://dx.doi.org/10.15585/mmwr.mm7015a1>

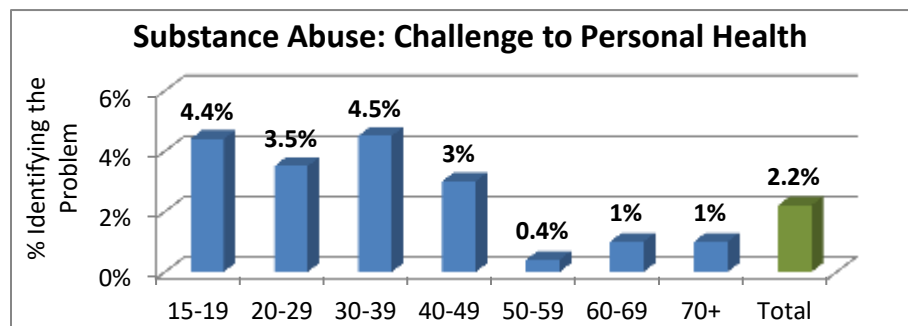


HEALTH BEHAVIORS: Drug Use

The 4th quarter of 2020 thru the 3rd quarter of 2021 reveal the types of substance use visits common to Major Hospital's Emergency Department. There were 257 patients with substance use diagnoses during this time. Alcohol was the most frequent substance seen. This is consistent with alcohol as the most common substance used by youth and with survey respondents' identification of alcohol as 1 of the top 3 substance use problems in the County.



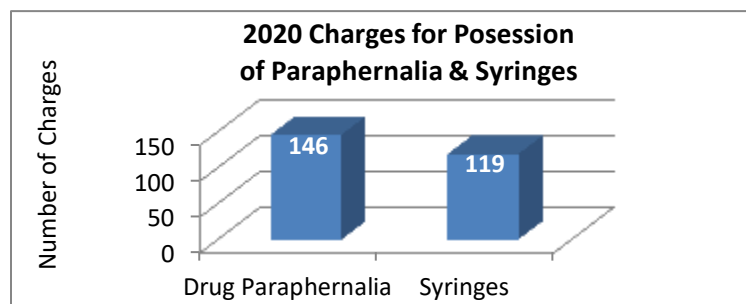
2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS



Among survey respondents, 2.2% identified substance abuse/illegal drugs as problem for their personal health.

Participants in the Ivy Tech listening session reported substance use is no longer hidden, resulting in children being exposed to it at earlier ages. Participants reported routinely encountering drug paraphernalia littering Shelbyville parks.

Shelby County Sheriff's Department Annual Jail Reports

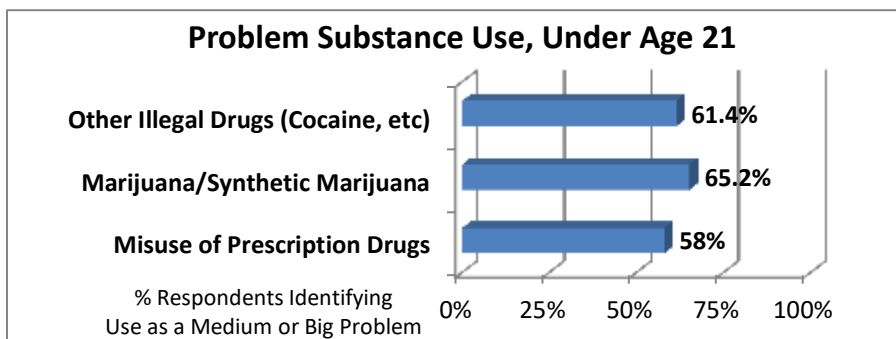
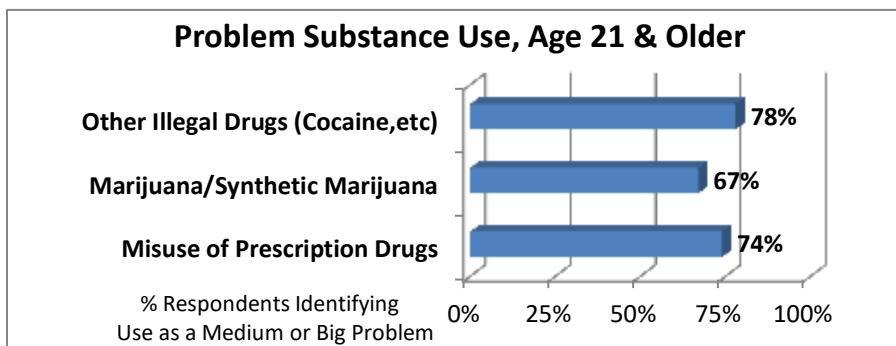
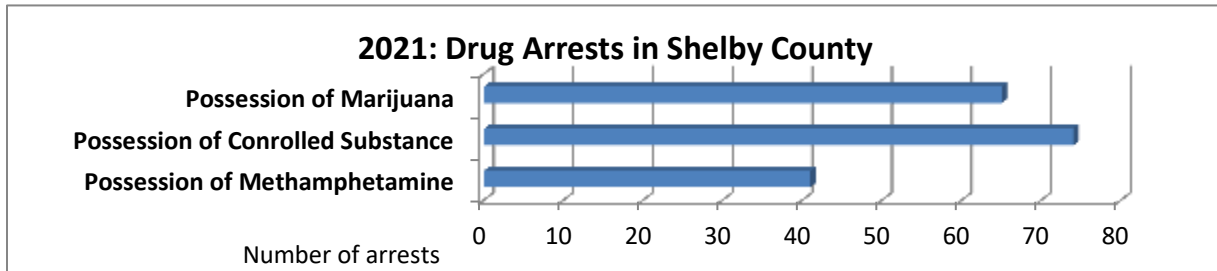


2021 – Of the top 10 arrests (n=1074), 15% were related to paraphernalia and syringe possession.

HEALTH BEHAVIORS: Drug Use

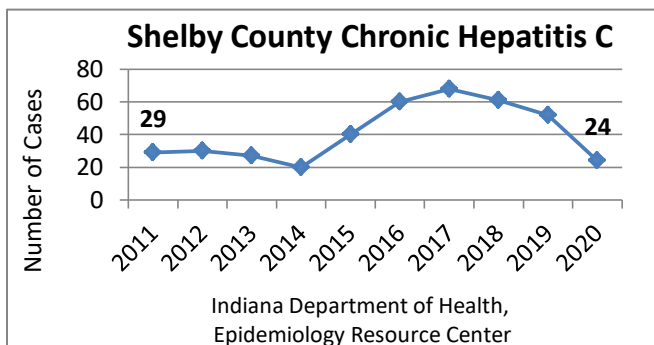
Shelby County Sheriff's Department Annual Jail Report

Of all arrests in 2021 (n=1074), 17% were related to possession of illicit drugs. In comparison to these arrests, Community Health Survey respondents' perceptions gave somewhat greater weight to illicit drugs like cocaine or meth as problems in Shelby County.



2022 COMMUNITY HEALTH SURVEY

Survey respondents identified use of illegal substances and prescription drugs as Medium or Big Problems in Shelby County.



Hepatitis C is a virus that infects the liver and is spread through contaminated blood.

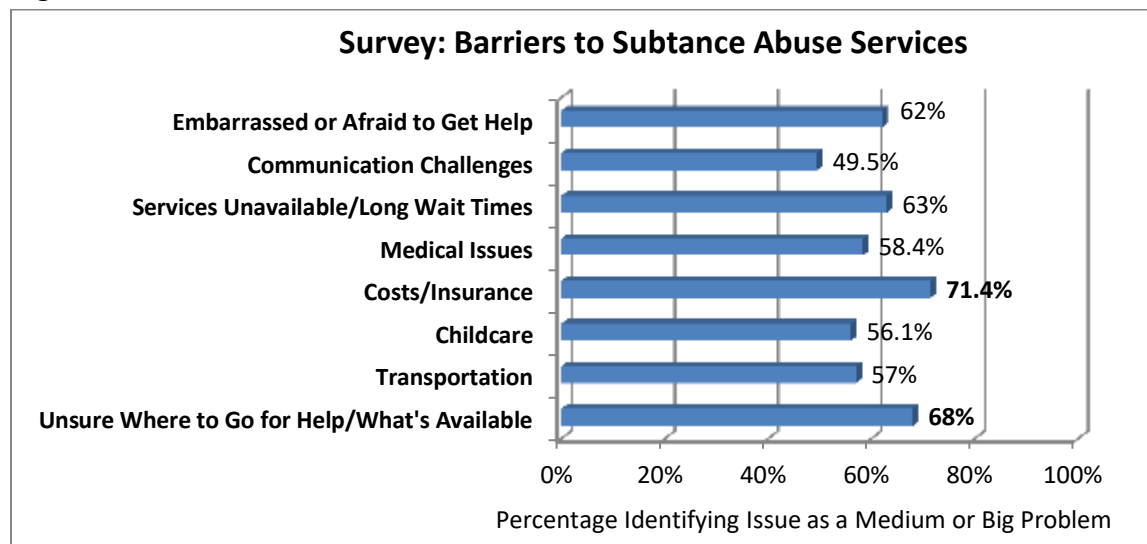
It is a community health indicator for IV drug use and the sharing of needles and syringes.

Long term infection can lead to cirrhosis and liver cancer.

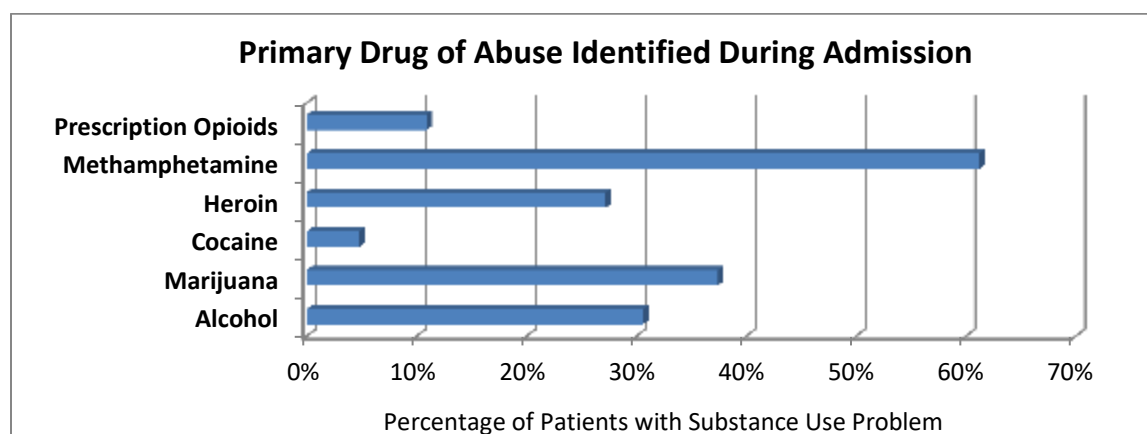
HEALTH BEHAVIORS: Drug Use

2022 COMMUNITY HEALTH SURVEY

Seventy-one percent (71.4%) of respondents saw health insurance and/or treatment costs as a Medium or Big Problem for accessing substance abuse services. Sixty-eight percent (68%) thought lack of awareness about available services and how to access them was a Medium or Big Problem.



In 2021 there were 147 *episodes of substance abuse treatment provided in state-funded hospitals for low-income patients (200% of FPL) for Shelby County residents.



Indiana Family and Social Services Administration, Division of Mental Health and Addiction FY 2021 from Indiana Prevention Research Center

*A patient may have had more than one admission during the year. These are treatment episodes not the number of individuals treated. Treatment for other drugs of abuse was suppressed when there were < 5.

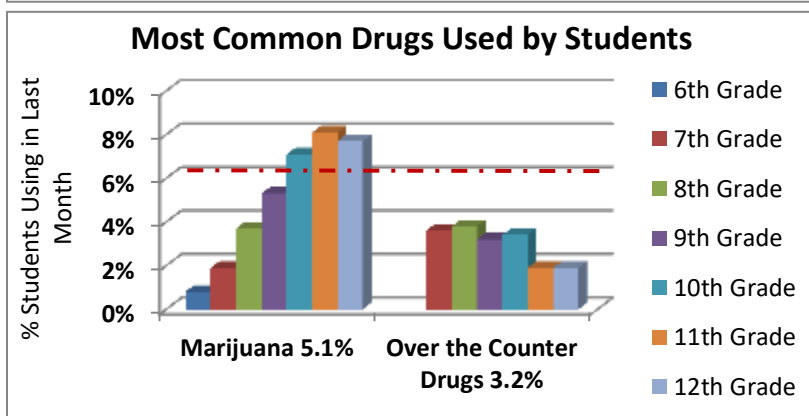
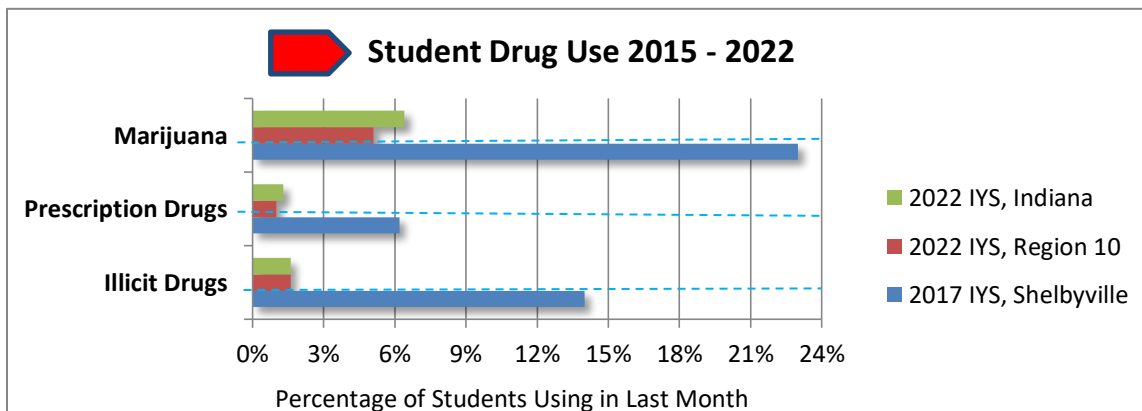
HEALTH BEHAVIORS: Youth Drug Use

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

- 4.4% of survey respondents ages 15-19 identified substance abuse/illegal drugs as a personal issue that made it hard to be healthy.
- Student substance use was the top problem identified in listening session of Shelbyville Central counselors.
- 24 suspensions or expulsions related to alcohol, tobacco, and/or drug use involving 22 students in Shelby County Schools during the 2021-2022 school year

Indiana Department of Education from Indiana Prevention Research Center

Shelbyville High School students participated in Indiana Youth Survey (IYS) in 2017. The results are Shelbyville specific and are provided as a snapshot of local youth drug use in 2017. The results cannot be reliably compared with the 2022 IYS results for Region 10 Data which includes Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While not all survey results are County specific, they do provide a picture of youth drug use.



Healthy People 2030 Objective: Reduce the proportion of adolescents who used marijuana in the past month:
5.8% of youth age 12 - 17 (207 or fewer youth in Shelby County)

Jun, M., Gassman, R., Agle, J. D., Samuel, S., & Lee, J (2022). Indiana Youth Survey – 2022. Bloomington, IN: Prevention Insights

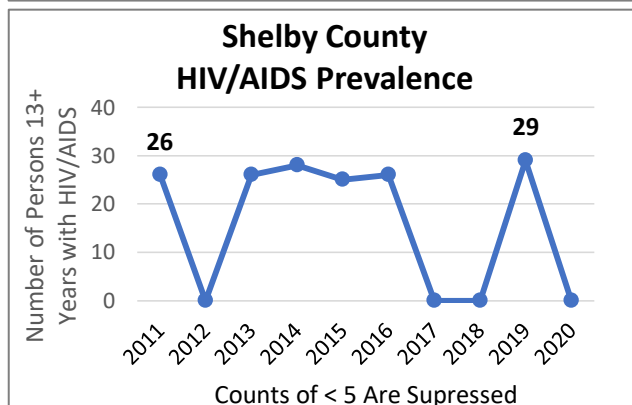
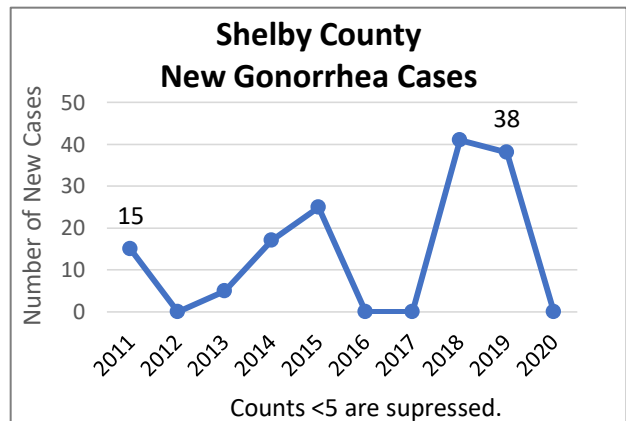
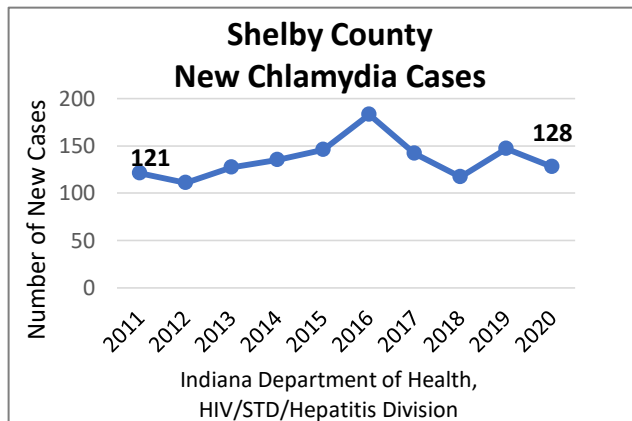
HEALTH BEHAVIORS: Sexually Transmitted Infections

The prevalence of Chlamydia is a community health indicator. It is the most common STI in the United States and therefore, is a gauge of unsafe sex practices, drug and alcohol use, access to care, and education opportunities about sexual and reproductive health. HIV prevalence is a community health marker for IV drug use, unsafe sex practices, and lack of access to treatment and prevention medications.

Untreated sexually transmitted infections can result in infertility, cervical cancer, pelvic inflammatory disease and ectopic pregnancies.

- 1 in 5 persons in the United States has a STI.
- Excluding HIV, women account for 75% of all lifetime health care expenditures for STIs.
- 45.5% of new STIs occur in youth and young adults ages 15-24.

<https://www.cdc.gov/nchstp/newsroom/2021/2018-STI-incidence-prevalence-estimates.html>



Economic Impact in Indiana:

Per the CDC, a person with HIV faces an average lifetime cost of \$510,000 to treat HIV infection (2020 dollars).

All data from Indiana Department of Health, HIV/STD/Hepatitis Division, Vital Statistics

HEALTH BEHAVIOR: Teen Births

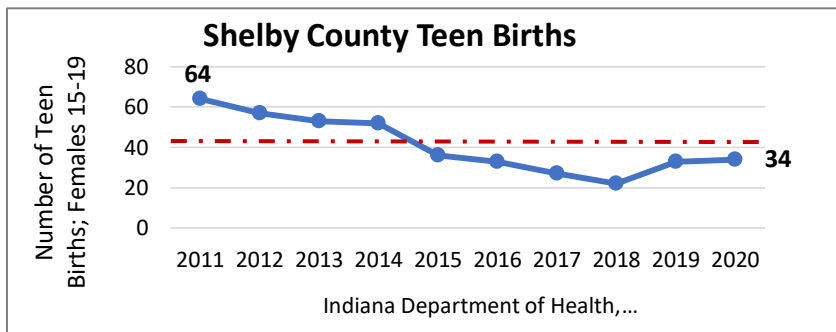
The complexities and challenges associated with teenage births are many. In Shelby County, adolescent births have been declining. Among women ages 15-19, 2.5% were pregnant in 2020. **Teen births are a community health indicator both reflecting and impacting**

- Education level
- Employment opportunities
- A livable wage
- Social safety net
- Broad legal and justice system
- Trauma and mental health services
- Childrearing supports
- Access to birth control
- Healthcare system
- Physical health
- Pregnancy complications
- Pre-term/low birthweight babies and
- Potential for developmental challenges
- High risk for subsequent pregnancies

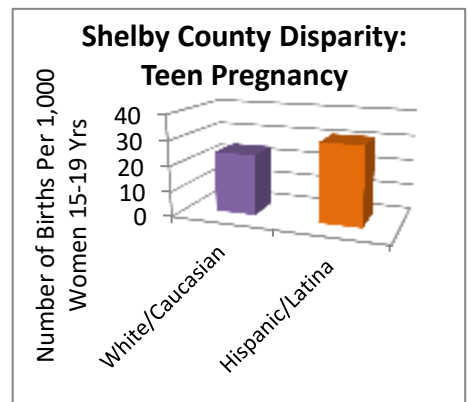
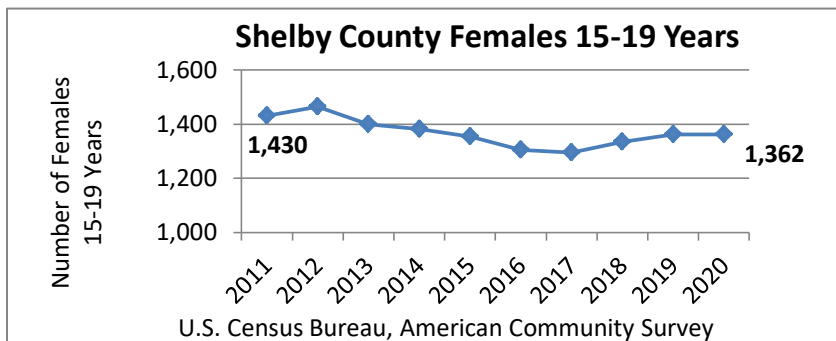
Economic Impact in Indiana:

- Teen parents achieve lower levels of education, thereby reducing their opportunity for economic self-sufficiency
- Rely on public benefits - 60% within the 1st year that the child is born
- In 2014 Indiana Medicaid expenditures on teen births was \$7.7 million. In 2022 dollars - \$9,254,773
- In 2010 teen childbearing cost the State \$227 million in healthcare costs, foster care, incarceration, and lost tax revenue

Teen Birth Trends: In Brief. Congressional Research Service, September 2022. The National Campaign to Prevent Teen and Unplanned Pregnancy.



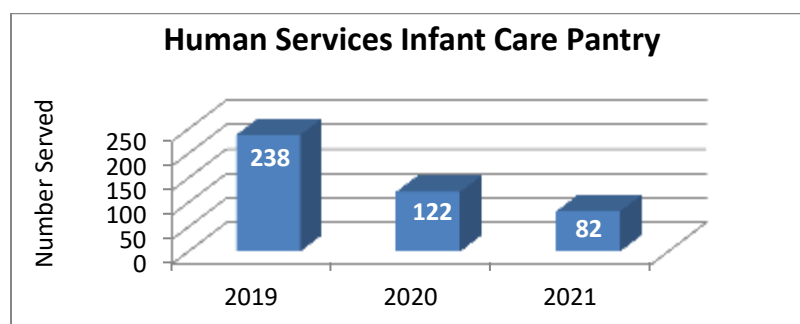
Healthy People 2030 Objective:
Reduce Adolescent Pregnancies:
 31.4% per 1,000 15-19 year old women (around 43 or fewer teen pregnancies annually in Shelby County)



HEALTH BEHAVIOR: Teen Births - Supports

Community based organizations in Shelby County such as Goodwill Nurse-Family Partnership and Healthy Families offer a broad range of supportive and educational services to teen Mothers and Fathers and other key adults in a teen’s life such as a grandparent, guardian or foster parent.

Major Health Partners, WIC, Healthy Families, Goodwill Nurse-Family Partnership, Firefly (formerly Children’s Bureau), Human Services, Clarity Pregnancy Services, and others work collaboratively to provide support and resources to new parents of any age and circumstance, many of whom are adolescents or young adults.



Human Services, Inc. offers an Infant Care Pantry with diapers, wipes and formula at their Shelby County office.

Data Provided by Human Services, Inc., Shelby County Office

| Services and Resources | Visits in which Services/ Resources Were Provided |
|--|---|
| Pregnancy Tests | 116 |
| Fetal Development Education | 112 |
| Ultrasounds | 53 |
| Options Counseling | 23 |
| Community Referrals | 171 |
| Maternity/Non-maternity Clothes | 37 |
| Car Seat Safety Class | 109 |
| Car Seats | 64 |
| Safe Sleep Class | 72 |
| Pack N Plays | 47 |
| Baby Shower-in-a-Bag | 78 |
| Baby Clothes (7 outfits per visit) | 107 |
| Diapers/Wipes (24 diapers per visit) | 213 |
| Baby Food/Formula | 105 |
| Spiritual Care/Bibles | 311 |
| Materials such as Personal Hygiene Products, Breastfeeding Supplies, Post-Delivery Gift for Moms, etc. | 152 |

Clarity Pregnancy Services provides a range of support services for pregnant women and their partners. The chart is an example of their services which did not falter through 2020 when the Clarity Shelby County office had 746 client visits.

Data Provided by the Shelby County Clarity office

HEALTH FACTOR: Health Behaviors

Community Health Partners

- Blue River Trail
- Bridges – Shelbyville Community Church
- Clarity Pregnancy Services
- Community Advocate Navigator for Shelbyville Fire Department
- Community Behavioral Health
- Fairland United Methodist Church
- Family Services Prevention Programs – Healthy Families
- Firefly Child and Family Alliance (Formerly Children’s Bureau)
- First Presbyterian Church – Opportunity Zone
- Gleaners Food Bank
- Goodwill Nurse – Family Partnership
- Grace Houses
- Healthy Partners
- Human Services, Incorporated
- Intelliplex Trail
- Jane Pauley Community Health Center
- Major Health Partners
- Mana House Food Pantry
- Master Gardeners – Community Garden
- Meals before Bedtime
- Meals on Wheels
- Meltzer Woods
- Neighborhood Farmers Market
- Pantry Pals
- Salvation Army
- Shelby County Community Corrections
- Shelby County Courts
- Shelby County Department of Child Services
- Shelby County Drug Free Coalition/Drug Free Shelby County
- Shelby County Division of FSSA
- Shelby County Farmers Market
- Shelby County Food Pantries Shelby County Health Department
- Shelby County Probation
- Shelby County Schools
- Shelby County Sheriff’s Department
- Shelby County Special Olympics
- Shelby County VA Medical Clinic
- Shelby County YMCA
- Shelby Senior Services
- Shelbyville Parks Department
- Shelbyville Police Department
- Shelbyville Seventh Day Adventists Community Center
- Society of St. Vincent dePaul
- Turning Point Domestic Violence Services
- Twelve Step Programs – AA, NA
- Women, Infants and Children
- Youth Assistance Program

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

HEALTH FACTOR: Clinical Care

- **Barriers to Accessing Care**
- **Health Insurance**
- **Dental Care**
- **Primary Care Providers**
- **Mental Health Services**
- **Prescriptions for Controlled Substances**
- **Preventative Care**

CLINICAL CARE: Access to Care

FSSA Health and Well-Being Survey

In the online Health and Well-Being survey launched by Family and Social Service Administration (FSSA) in 2018, Shelby County respondents identified being unable to afford medical care, access transportation for care, and understand medical material as barriers to health care (August 1, 2018 – October 1, 2022)

Cost prevented seeing a doctor in the last 12 months

- 1,004 YES responses, 31% of Shelby County survey respondents
- 28.5% - Separated or Divorced
- 51% - Single
- Age range most impacted: 23 – 37 years: 48% of YES respondents
- 70% - Female
- 4% Hispanic

No transportation for health care in the last 12 months

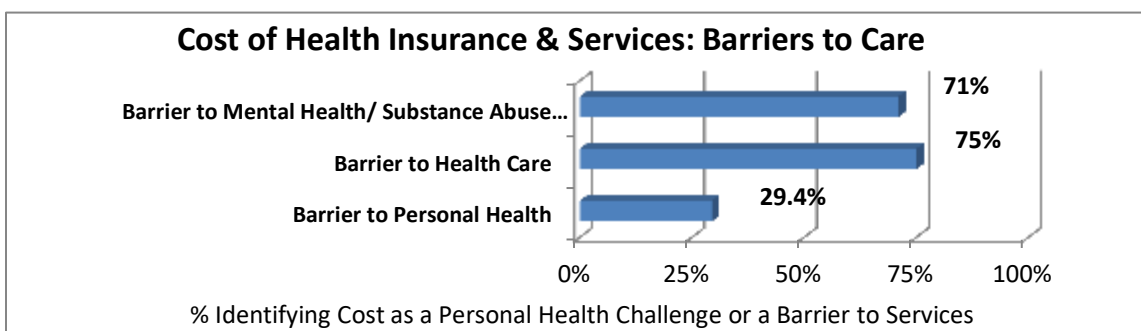
- 741 YES responses, 23% of Shelby County survey respondents
- 35.6% - Separated or Divorced
- 70.% - Single
- 89% - Female
- Age range most impacted: 18 – 32 years: 45.2% of YES respondents
- 3% - Black
- 5% - Hispanic

Needed help reading hospital (medical) materials

- 400 YES responses, 12.3% of Shelby County survey respondents
- 27% - Separated or Divorced
- 55% - Single
- Age groups most impacted: 18-22 years: 17.3%; and 33-37 years: 18.1% of YES respondents
- 65% - Female

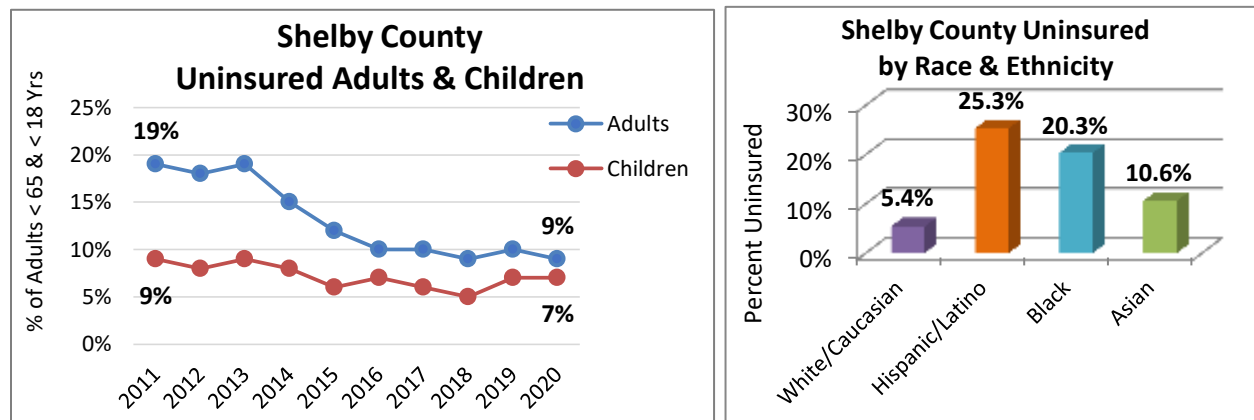
2022 COMMUNITY HEALTH SURVEY

Respondents identified the cost of health care, medication, and health insurance as Medium and Big problems for accessing substance abuse and mental health services. Cost of health insurance and health care was a top personal health challenge in the survey.



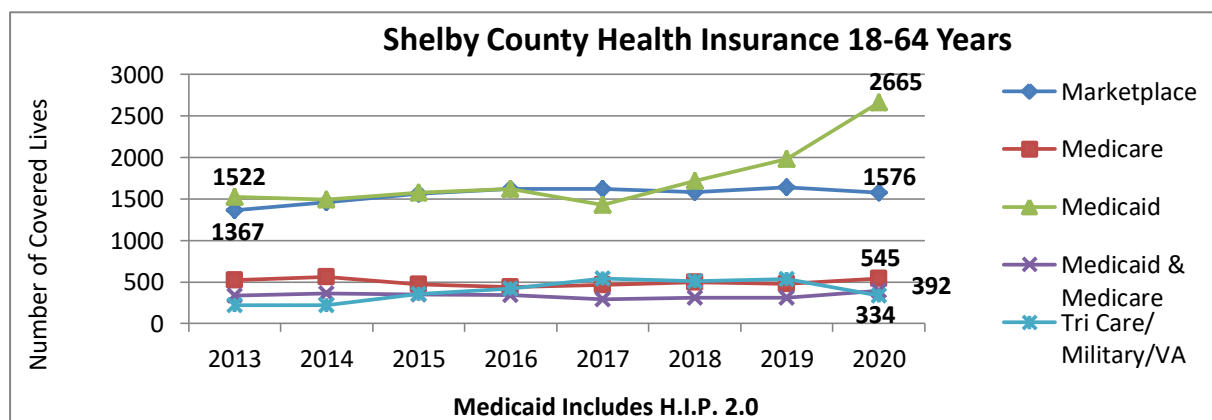
CLINICAL CARE: Health Insurance

Individuals and families without health insurance may forego preventive care, not take needed medication, and delay health care when ill. These decisions may not only result in more serious health problems but also medical debt, further destabilization of a fragile household, and greater stress on both the healthcare system and community supports.



Centers for Medicare and Medicaid, Mapping Medicare Disparities Interactive Tool

Over the last 8 years, employer-based health insurance has covered an average 65% of Shelby County residents ages 18 – 64. Indiana’s Medicaid expansion - Healthy Indiana Plan (HIP 2.0) - launched in 2015. Public health insurance plans have Federal Poverty Level (FPL) criteria. Follows is an overview of these insurance options.



Centers for Medicare and Medicaid, Mapping Medicare Disparities Interactive Tool

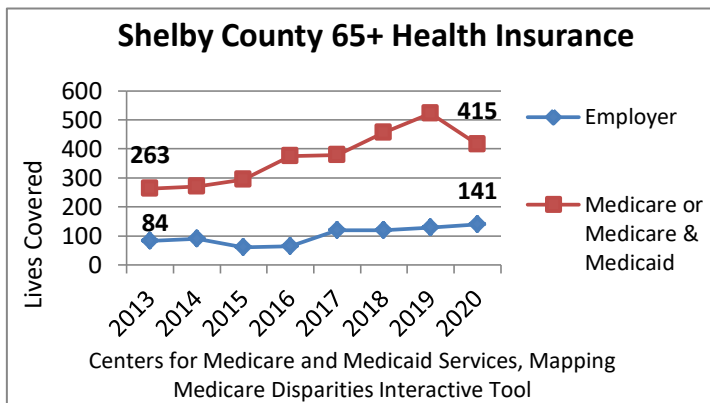
2013 – 2020: An average 56% of children under the age of 18 were covered through a parent’s employer-based health insurance.

- 33% increase in children covered through the Marketplace
- 60% increase in children covered through military health insurance
- Average of 29% of children covered by Medicaid

CLINICAL CARE: Health Insurance. Dental Care.

2022 COMMUNITY HEALTH SURVEY

Twenty-two percent (22%) of survey respondents 65 years and older identified the cost of health insurance, medications, and health care as a barrier to being healthy.



2013-2020 Health Insurance 65+ Yrs:

- 70%: Average covered by Medicare
- 25.4%: Average covered by Employer-based Insurance
- 68%: Increase in ages 65+ years with Employer-based Insurance.
- 58%: Increase in older adults on Medicare

Health Impact in Shelby County

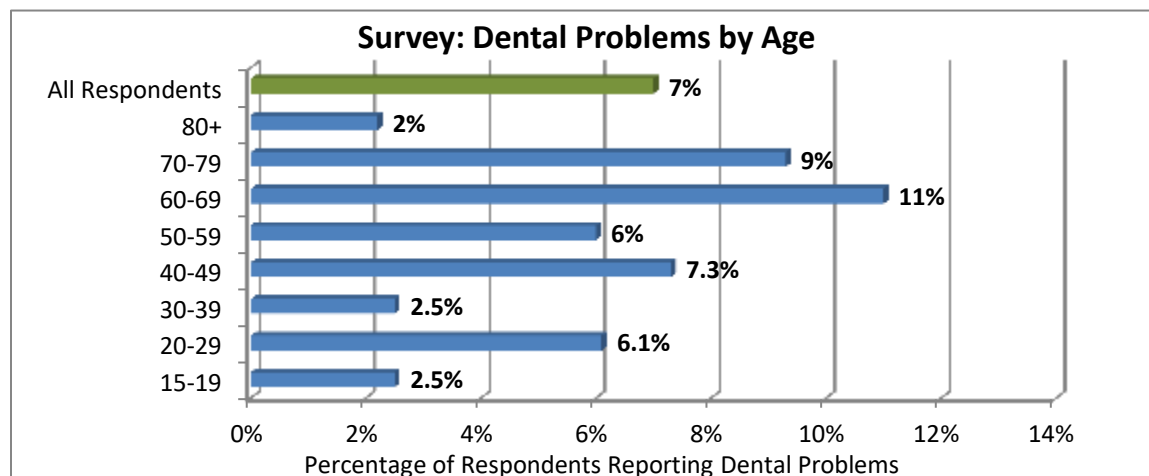
The Vizient Vulnerability Index identifies a strong relationship between the lack of health insurance and high prevalence rates for some health conditions in Shelby County. As MHP continues to gather patient data on the Social Determinants of Health, more will come to be understood about this relationship.

- Diabetes
- Chronic Liver Disease
- HIV
- Obesity

Sg2 – Vizient Health Equity Strategy Alignment Tool, 2022

Dental

2022 COMMUNITY HEALTH SURVEY



CLINICAL CARE: Dentists

Shelby County Annual Dental Check-up: 63.5%

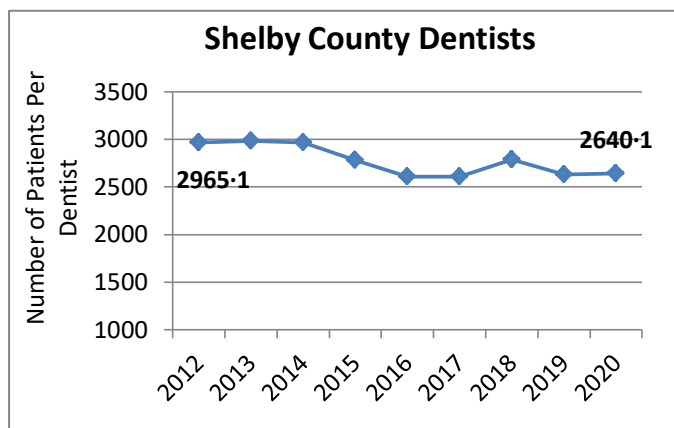
Over the last decade, the ratio of dentists per population has improved. Per the CDC, persons with chronic health conditions have a 50% higher risk of tooth loss than do persons without a chronic disease. Routine dentist visits can help prevent tooth loss as well as screen for diabetes, hypertension, and high cholesterol.

Nationally, 26% of adults age 65+ have 8 or fewer teeth and 1 in 6 (17%) have no teeth.¹ Among adults ages 65+ in Shelby County, 17.7% have lost all their teeth.² Increasing access and use of the oral health system for all ages is an important public health objective.

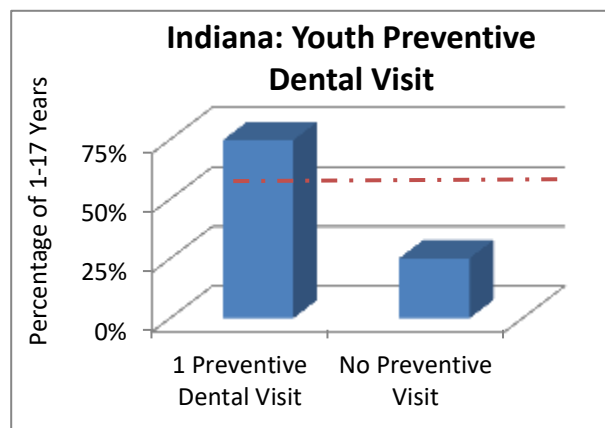
¹<https://www.cdc.gov/oralhealth/fast-facts/tooth-loss/index.html>

²CDC PLACES: Local Data for Better Health, Shelby County

Healthy People 2030 Objective: Increase use of the oral health care system: 45% of children, adolescents and adults see a dentist annually (around 20,062 County residents age 1 and older). Adults in Shelby County and children in Indiana exceed this goal.



Area Health Resource Files, Health Resources & Service Administration, Dentists and Centers for Medicare & Medicaid Services, National Provider Identification from County Health Rankings



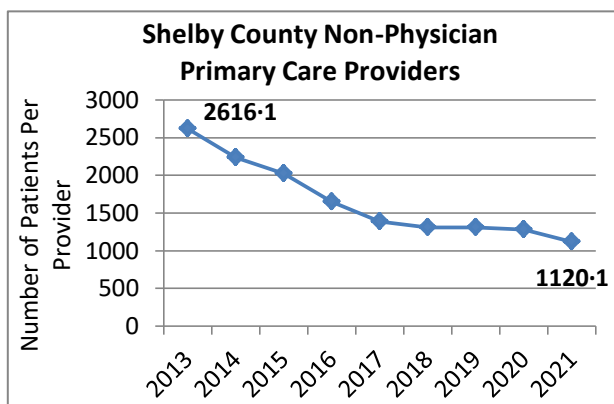
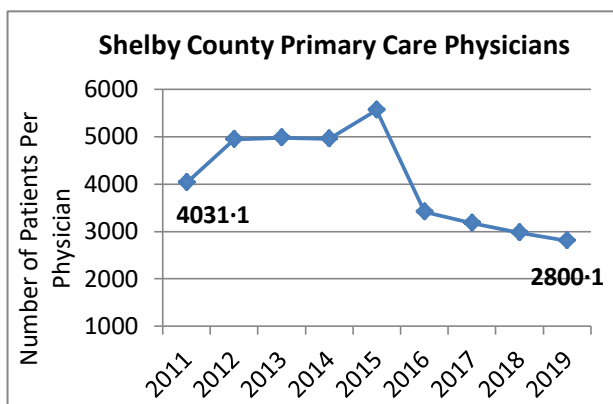
Children's Dental Visit Data from Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health. Data Resource Center for Child and Adolescent Health supported by Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. www.childhealthdata.org

CLINICAL CARE: Providers

Shelby County Prevalence Annual Medical Check-up: 76.7%

A usual primary care provider is associated with positive health outcomes. A primary care provider is important for early detection and treatment of disease, preventative care, and routine care needs.

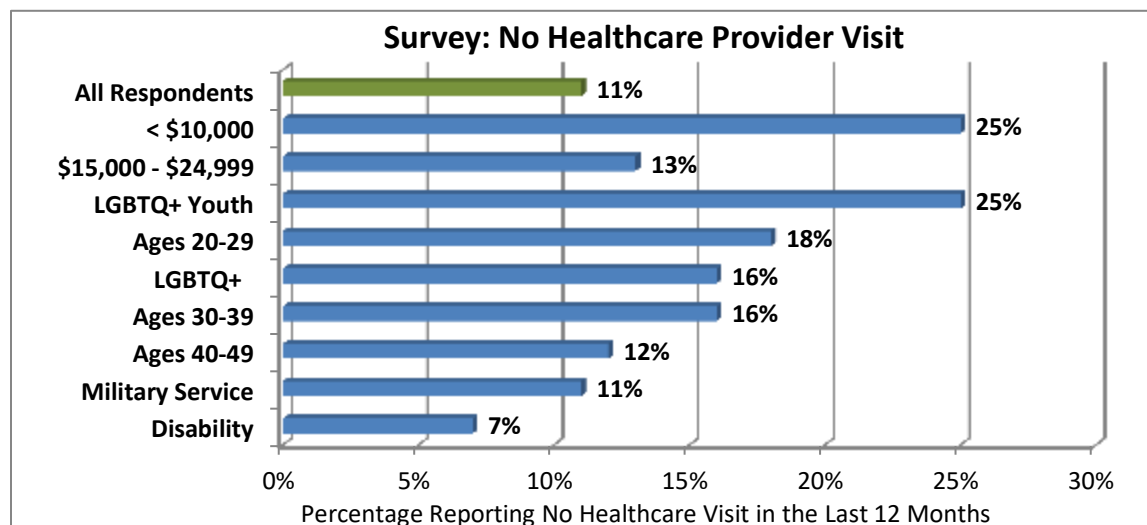
Both Major Health Partners and Jane Pauley Community Health Center have increased the number of primary and behavioral health care providers, and integrated behavioral health into primary care. In the charts below, the number of Providers in Shelby County is expressed as a ratio of the population to providers if the population was equally divided among all providers. A lower ratio translates to improved access to a primary care provider.



Area Health Resource Files, Health Resources & Service Administration, Physicians. Centers for Medicare & Medicaid Services, National Provider Identification for Non-Physician Medical Providers. County Health Rankings.

2022 COMMUNITY HEALTH SURVEY

Groups with a higher rate of no health provider visit in the last 12 months:



CLINICAL CARE: Providers, Mental Health

MHP Social Determinants of Health Assessment

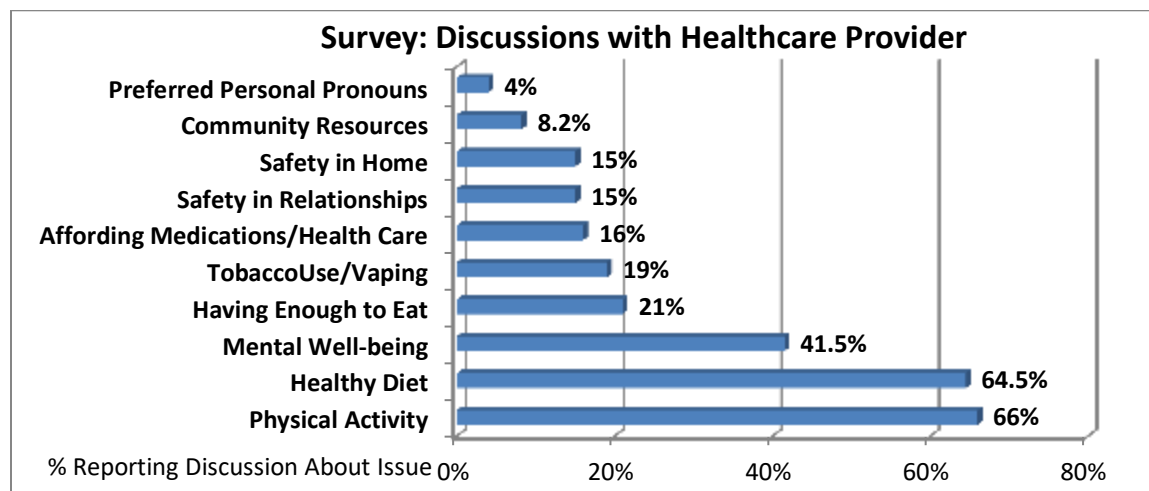
Between June and November 2022, assessment of patients in the MHP Family and Internal Medicine Clinic found that

- 5% - experienced a barrier to accessing healthcare in the last 12 months
- 9% - needed assistance reading medical material in order to make health decisions

2022 COMMUNITY HEALTH SURVEY

A small number of respondents (2.5%) identified an inability to find health information as a problem. For those ages 15-24, this was identified as somewhat more of an issue – 6%.

Survey respondents reported that their Healthcare Providers addressed not only behavioral but also psycho-social and economic issues that impacted their health and wellness.



Mental Health America ranks Indiana 42nd in the Nation for its high prevalence of mental health problems and low access to care for adults and youth. In 2022 Indiana fell from its 33rd place ranking of 2021. The ranking is based on:

- Diagnoses of Mental Illness and Substance Use Disorder
- Serious Suicidal Thoughts
- Unmet Treatment Needs subsequent to being uninsured or having health insurance without coverage for mental health or substance use treatment
- Unmet Treatment Needs subsequent to cost
- Number of treatment and service providers
- Consistency of treatment

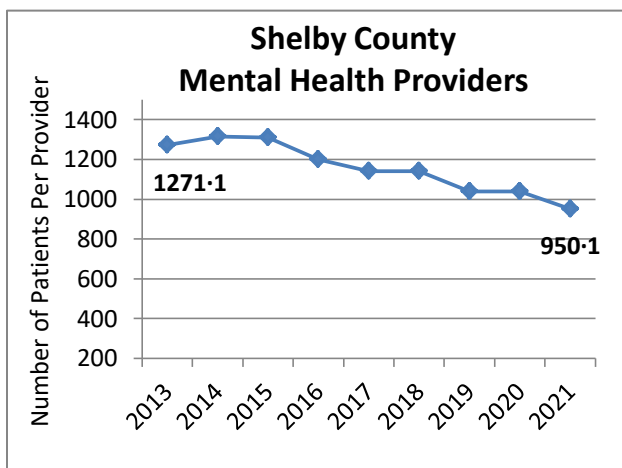
Reinert, M, Fritze, D. & Nguyen, T. (October 2021). "The State of Mental Health in America 2022" Mental Health America, Alexandria VA.

CLINICAL CARE: Mental Health

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

In listening sessions with a broad range of community service providers, students, instructors, and law office personnel, mental health problems were identified as the top health issue in the County. For Shelbyville Central Schools' counselors, mental health was identified one of the top issues. Participants identified challenges and needs related to mental health services:

- Unmanaged mental health problems underlie other challenges such as substance use and homelessness
- Encountering more youth with suicidal ideation, plans, and attempts
- Affordable and accessible mental health counseling needed
- Prompt services needed vs. waiting lists and several months' delay
- Inadequate number of service providers
- Health insurance without mental health or substance use coverage
- Treatment through Department of Child Services (DCS) often not sustained beyond involvement with DCS subsequent to therapist not being paneled with family's health insurance or private pay being cost prohibitive
- Telehealth assessments in the Emergency Department often do not result in a plan of care beyond the crisis
- Mixed outcomes with telehealth treatment
- Communication gap between front-line community service providers and healthcare system
- General lack of knowledge about resources in the community and among service providers
- Lack of transportation or unreliable transportation



National Provider Identification for Mental Health Providers from County Health Rankings, Shelby County.

50% of Americans will be diagnosed with a mental illness or disorder during their lifetime. Mental illnesses are among the most common health conditions.

- 1 in 5 people will experience a mental illness in any given year.
- 1 in 5 children will have a debilitating mental illness at some point in their life.
- 1 in 25 lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

About Mental Health. Centers for Disease Control and Prevention.

<https://www.cdc.gov/mentalhealth/index.htm>

CLINICAL CARE: Mental Health

Economic Impact in Indiana: Untreated Mental Illness costs the State \$4.2 billion annually:

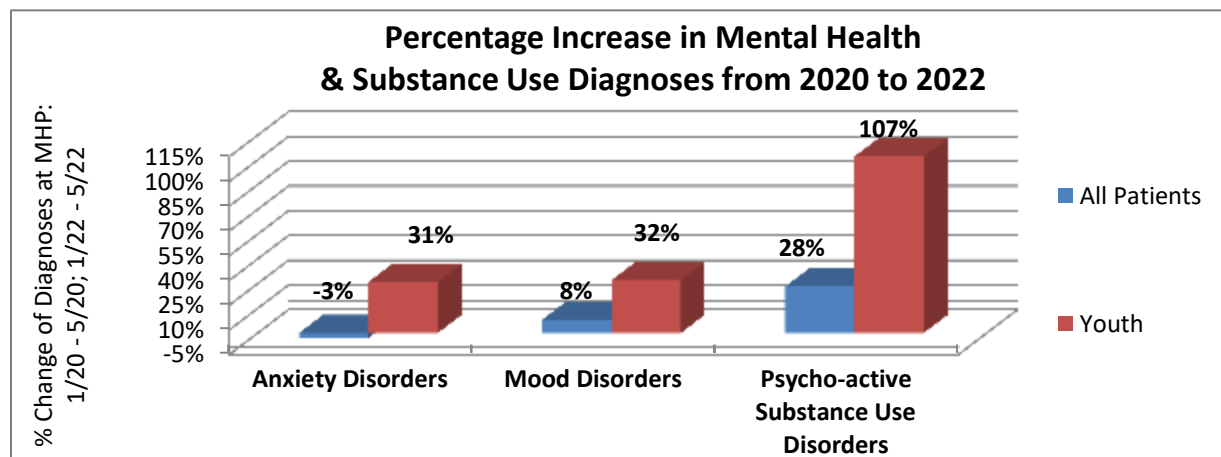
- \$1.4 billion: premature mortality
 - \$431 million: suicide
- \$885 million: lost productivity
 - \$750 million from presenteeism and absenteeism
- \$708 million: direct health care costs
 - \$142 million: Medicaid
 - \$567 million: Private insurers
- Non-healthcare costs:
 - \$106 million: Criminal justice system (direct non-healthcare cost)
 - \$9 million: Homeless supports (direct non-healthcare cost)
 - \$566 million: Caregiving (indirect cost)
 - \$546 million: Lower productivity among caregivers
 - \$407 million: Unemployment for those unable to work (indirect cost)
 - Represents around 100,000 jobs in Indiana
 - A loss of over \$600 for every person in the State and nearly \$1,600 for every family.

Indiana Behavioral Health Commission. Indiana Clinical September 2022.

<https://www.in.gov/fssa/dmha/files/INBHC-Report.pdf>

MAJOR HEALTH PARTNERS

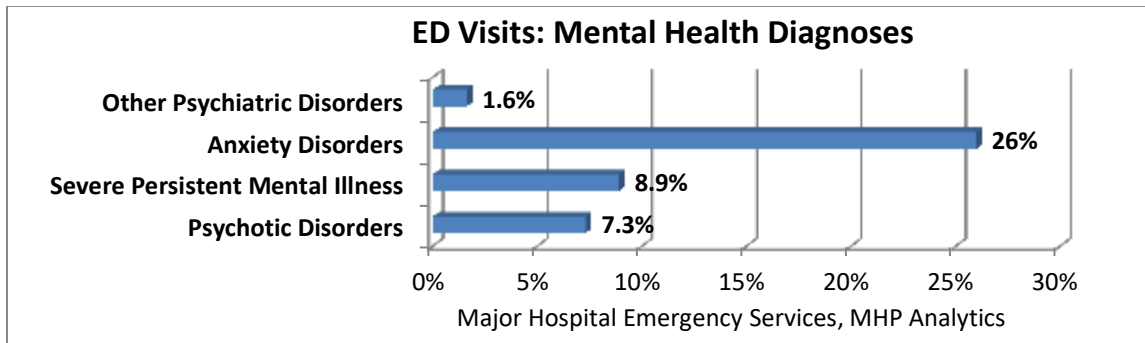
A comparison of the first 2 quarters of 2020 and of 2022 found MHP providers experiencing and increase in youth experiencing mental health and substance use problems.



CLINICAL CARE: Mental Health.

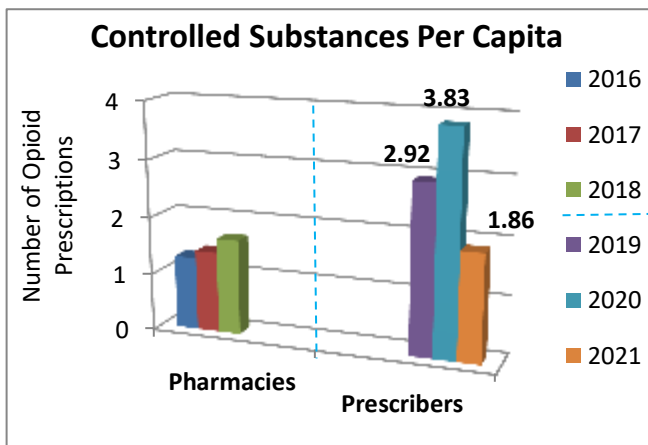
Prescriptions for Controlled Substances.

The 4th quarter of 2020 thru the 3rd quarter of 2021 reveals the types of mental health visits common to Major Hospital’s Emergency Department. There were 493 patients with mental health diagnoses who sought treatment during this period.



Prescriptions for Controlled Substances

In 2019 tracking of prescriptions for controlled substances changed from the location of the dispensing pharmacy to the location of the prescriber.



Controlled Substances Per Capita:

If prescriptions for controlled substances were evenly distributed to the population in Shelby County, then each person would have been prescribed around 2 controlled substances.

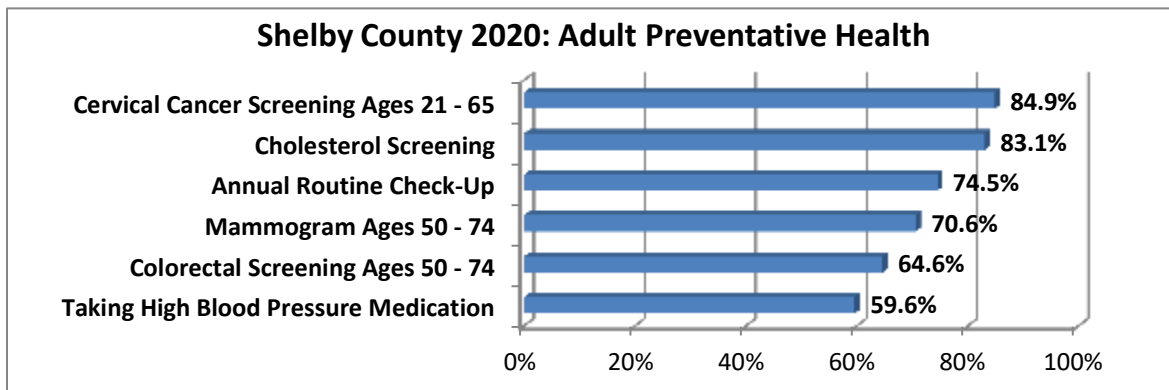
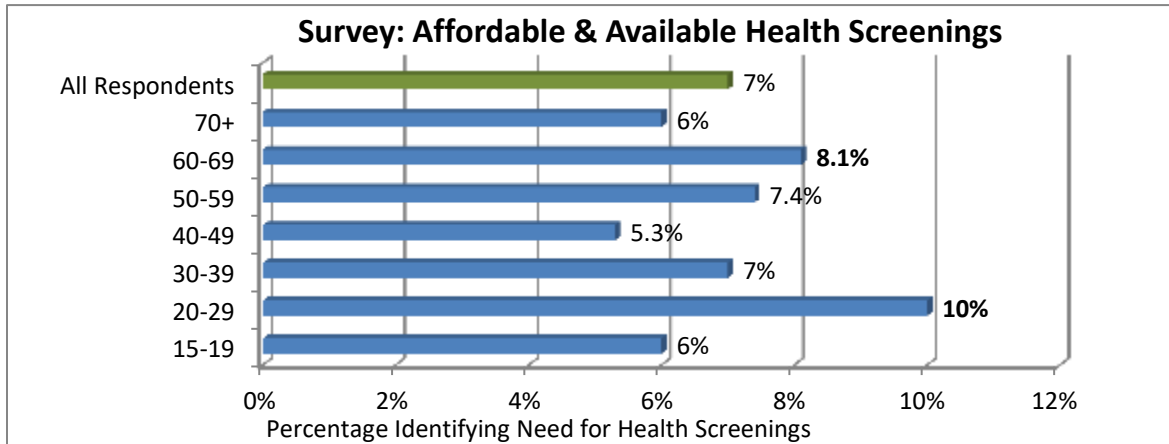
In 2020 there were fewer prescriptions written for controlled substances (such as narcotic pain medications, ADHD medication, and anti-anxiety medications).

CDC Injury Center, Drug Overdose, U.S. County Opioid Dispensing Rates;
 Indiana Prevention Resource Center <https://www.cdc.gov/drugoverdose/rxrate-maps/index.html>

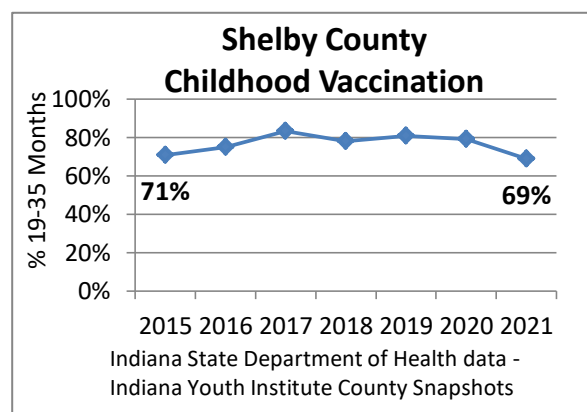
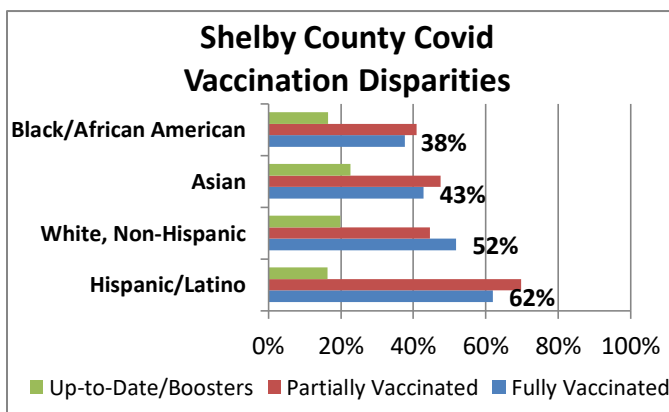
CLINICAL CARE: Preventative Care

2022 COMMUNITY HEALTH SURVEY

Nearly 7% of respondents identified the need for affordable and available health screenings.



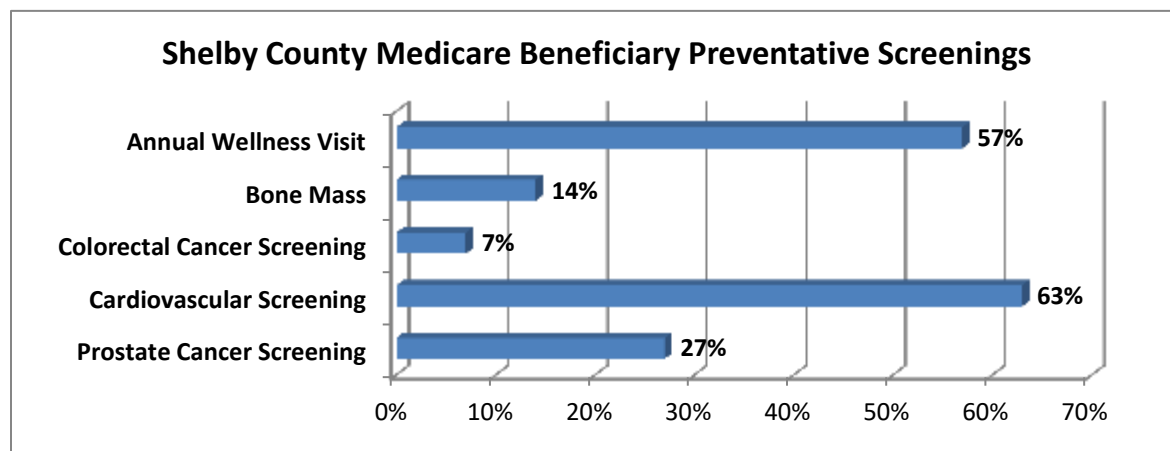
Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, Shelby County, 2018-2019



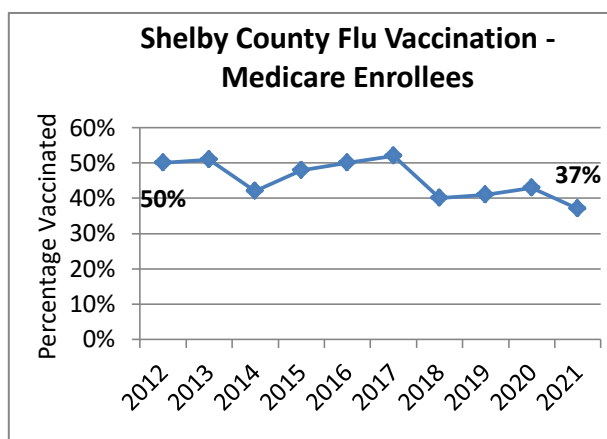
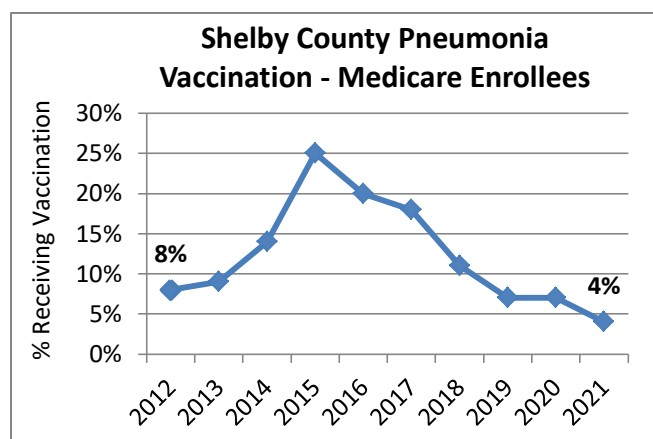
Indiana Health Department, COVID-19 Data Dashboards through August 2022

<https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/county-at-a-glance-dashboard>

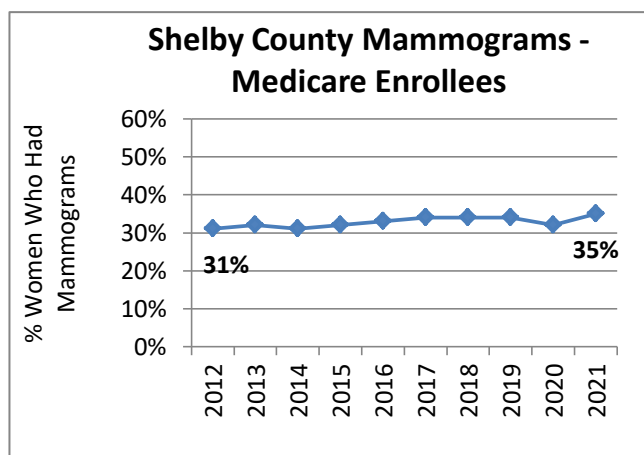
CLINICAL CARE: Preventative Care - Medicare



Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, Shelby County, 2018-2019



Centers for Medicare and Medicaid Services, Mapping Medicare Disparities by Population. <https://data.cms.gov>



Medicare Enrollees in Shelby County have low participation in core preventative services (flu and pneumonia vaccinations, colorectal cancer screening, and mammograms for women):

- Men: 20.9%
- Women: 21.9%


Community Health Partners

- ASSIST Trauma Counseling & Support Services
- Cancer Association of Shelby County
- Community Behavioral Health
- Family Services Prevention Programs – Healthy Families
- Firefly Child and Family Alliance (formerly Children’s Bureau)
- Goodwill Nurse-Family Partnership
- Hancock Immediate Care, Morristown
- Jane Pauley Community Health Center
- Major Health Partners
- Shelby County Department of Family Services
- Shelby County Health Department
- Shelby County Jail
- Shelby County VA Medical Center
- Shelby Go
- Shelby Transportation Ministry
- SHIP Counselors: Senior Health Insurance Program
- 6 Mental Health/Substance Abuse Practices (other than Community, Jane Pauley, MHP)
- 10 Dental Practices
- Twelve Step Programs: AA, NA, Alanon

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

SOCIAL & ECONOMIC FACTORS

- **Transportation**
- **Education**
 - **Education and Health**
- **Wages**
 - **Income and Health**
- **Single Parent Households**
- **Poverty**
- **Self-sufficiency**
- **Homelessness**
- **Child Abuse**
- **Disconnected Youth**
- **Violent Crime**
- **Intimate Partner Violence**
- **Unintentional Injuries**
- **Intentional Injuries**

Common ACEs (Adverse Childhood Experiences) are noted with a 

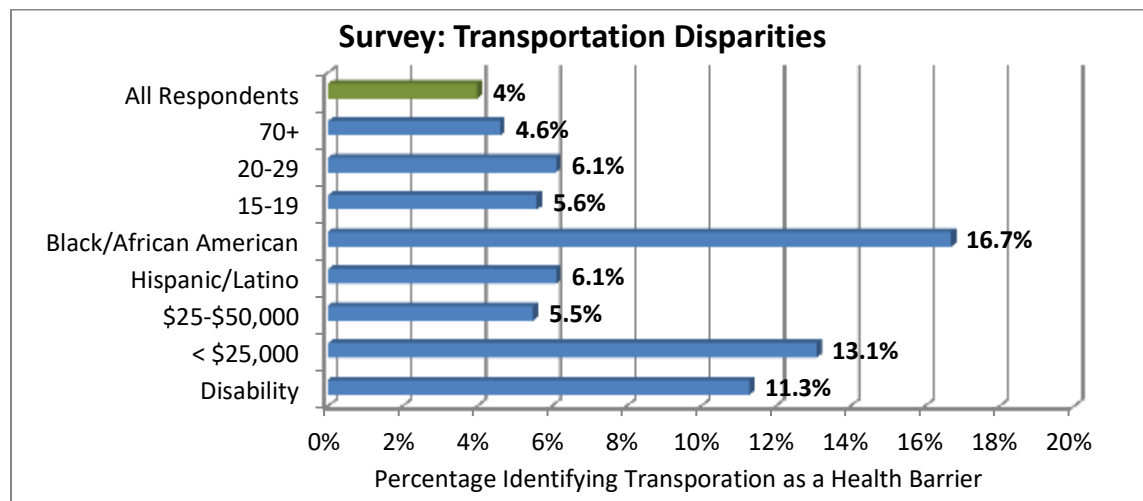
SOCIAL & ECONOMIC FACTORS – Transportation

Lack of reliable transportation is a barrier to health care, food access, education, work, mental health and substance abuse services, and to civic and enriching activities.

- **FSSA HEALTH and WELL-BEING SURVEY:** 23% of respondents reported having to forgo health care in the last 12 months because they did not have transportation.
- **Census tract 7106.01 in the heart of Shelbyville:** 17% of households do not have access to a personal vehicle.

2022 COMMUNITY HEALTH SURVEY and LISTENING SESSIONS

4% of survey respondents cited transportation as a barrier to their health. However, transportation was more of a problem for some demographics than others.



Listening Sessions: Stakeholders from community based organizations and from arms of the justice system cited transportation as the second largest problem facing those they serve. When clients miss too many appointments –regardless of whether transportation is the barrier - they may be dismissed from services or face further restrictions.

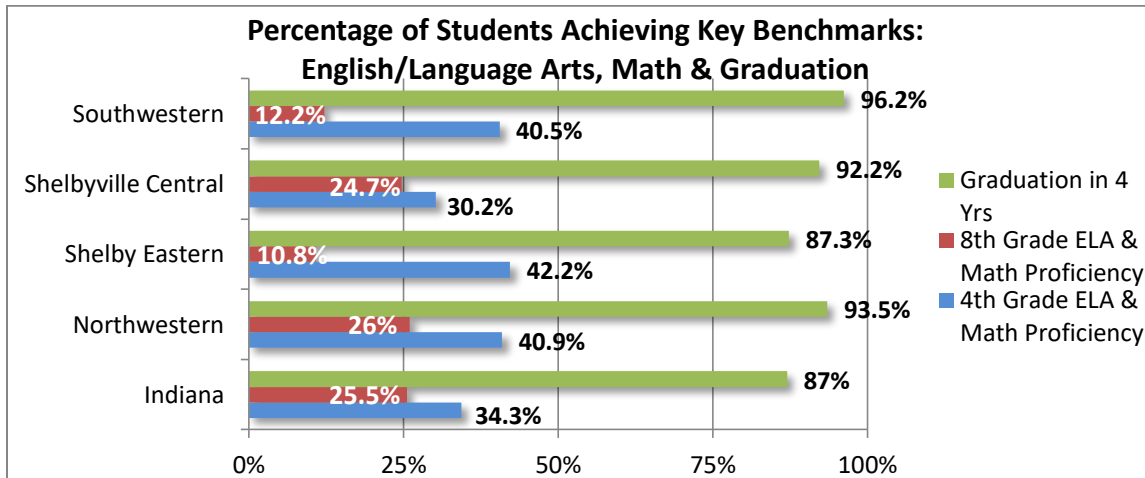
Health Impact in Shelby County

The Vizient Vulnerability Index identifies a strong relationship between transportation and high prevalence rates for some health conditions in Shelby County. As MHP continues to gather patient data on the Social Determinants of Health, more will come to be understood about this relationship.

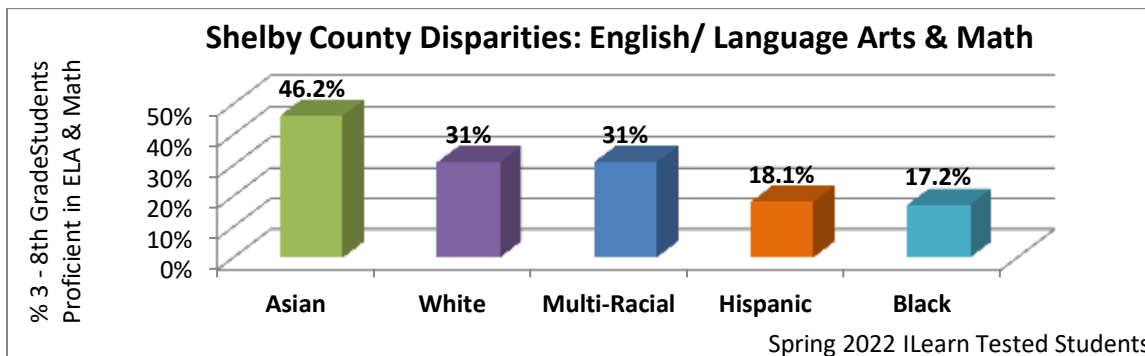
- Chronic Lung Disease
 - Drug Abuse
 - Psychosis
 - HIV
 - Alcohol Abuse
- Sg2 – Vizient Health Equity Strategy Alignment Tool, 2022

SOCIAL & ECONOMIC FACTORS – Education

Fourth grade math and reading proficiency are benchmarks for future academic and career success, and personal well-being. Fourth grade reading proficiency marks the transition from learning to read to reading to learn. Poor literacy impacts employment opportunities and financial stability. Persons with lower than a 4th grade reading level may find it difficult to understand printed medical material and to make informed health care decisions.



Indiana Department of Education Data Center & Reports, 2022 ILEARN Grade 3-8 Corporation Results; IDOE INview School Profiles <https://inview.doe.in.gov/> <https://www.in.gov/doe/it/data-center-and-reports>



IDOE Data Center & Reports, 2022 ILEARN Grade 3-8 Corporation Results, Ethnicity and Gender Disaggregated

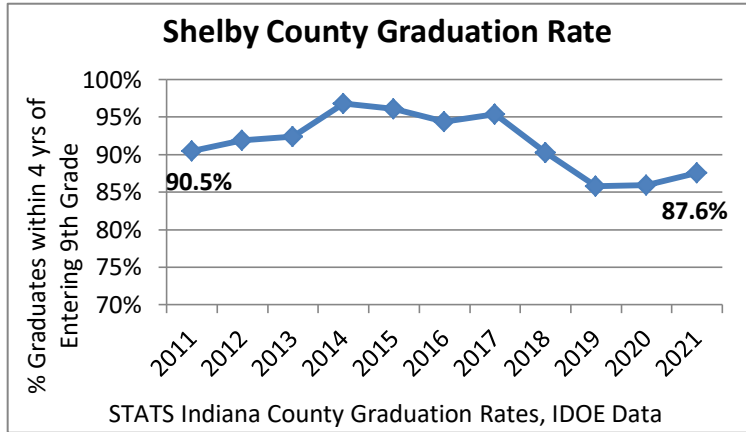
FSSA Health and Well-Being Survey

Since August 2018 the FSSA online survey for persons applying for food and insurance assistance, finds that of Shelby County respondents:

- 60% hold a high school diploma
- 36% no high school diploma
- 6% no formal schooling

SOCIAL & ECONOMIC FACTORS – Education

Graduation Rates for the County have been falling since 2018.



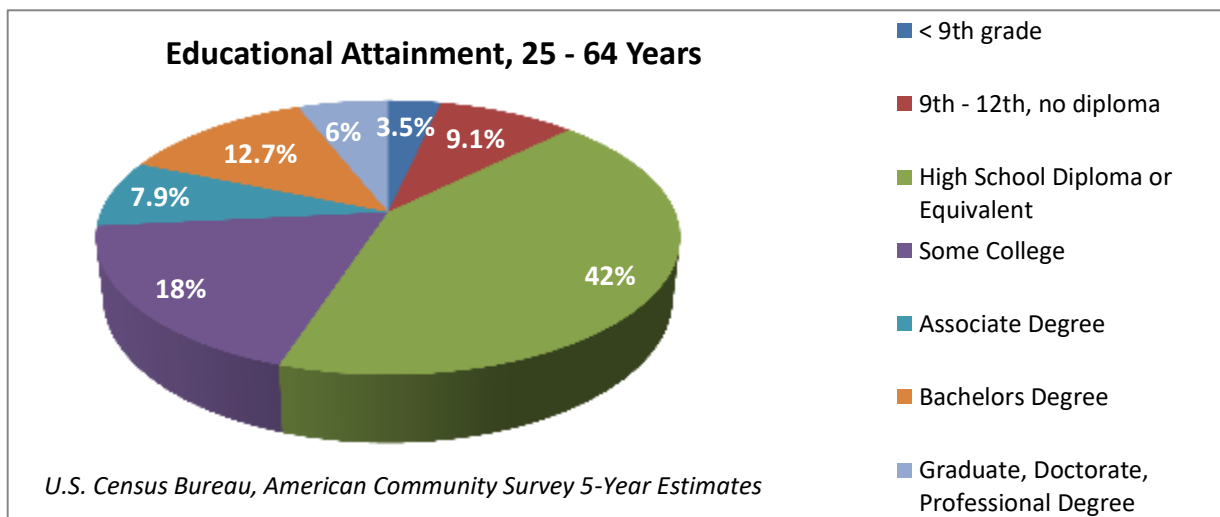
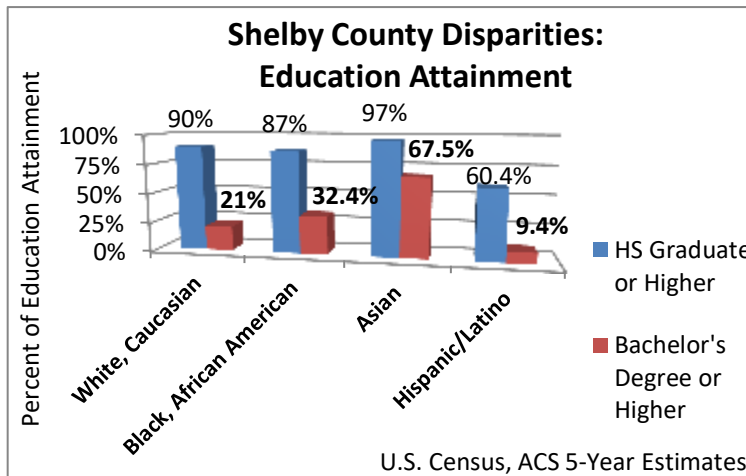
The education level of a workforce provides information about the kinds of skills they may have. This and the occupations in a community can inform future economic development.

In Shelby County, 26.6% of the workforce has earned a degree.

Indiana has endorsed the Lumina Foundation’s goal that 60% of the workforce earns college degrees, industry certifications, workforce certificates, and other high-quality credentials. Nearly 10% of Indiana’s progress toward this goal is through certificates.

WorkOne’s Region 5 which includes Shelby County earned 366 certifications from January 2020 – December 2022 through the Next Level Jobs/Workforce Ready Grant Funding.

Data Provided by WorkOne, Shelbyville & Greenfield Offices

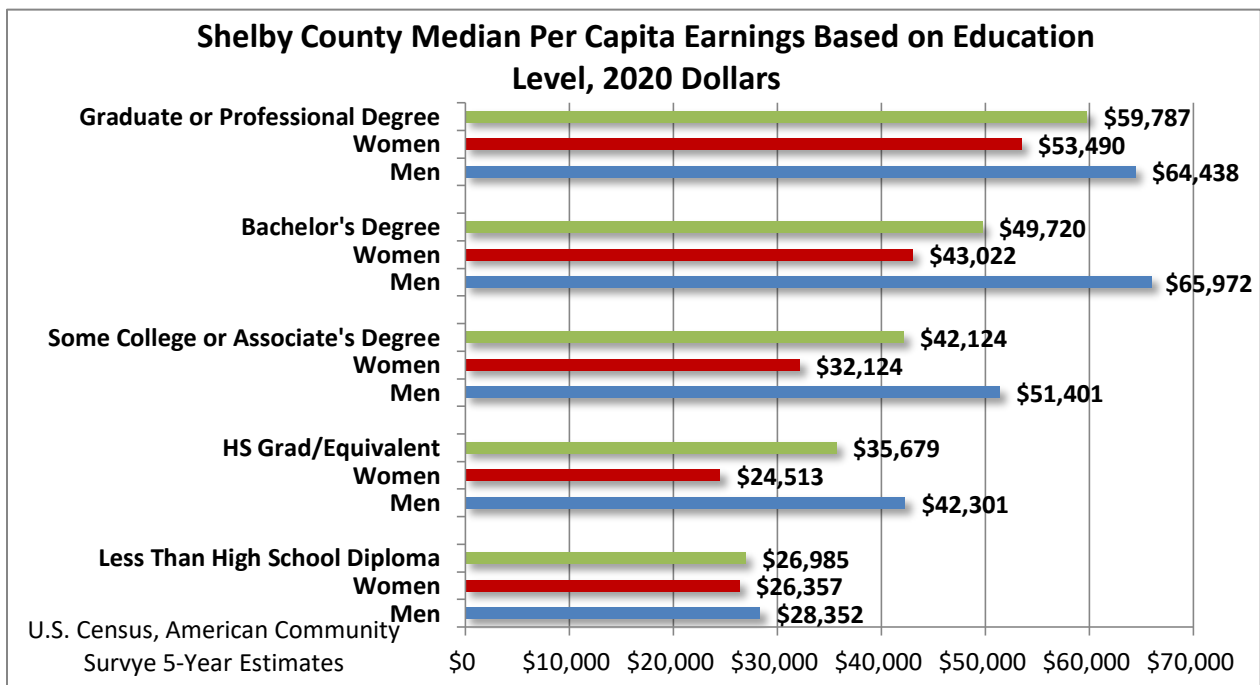
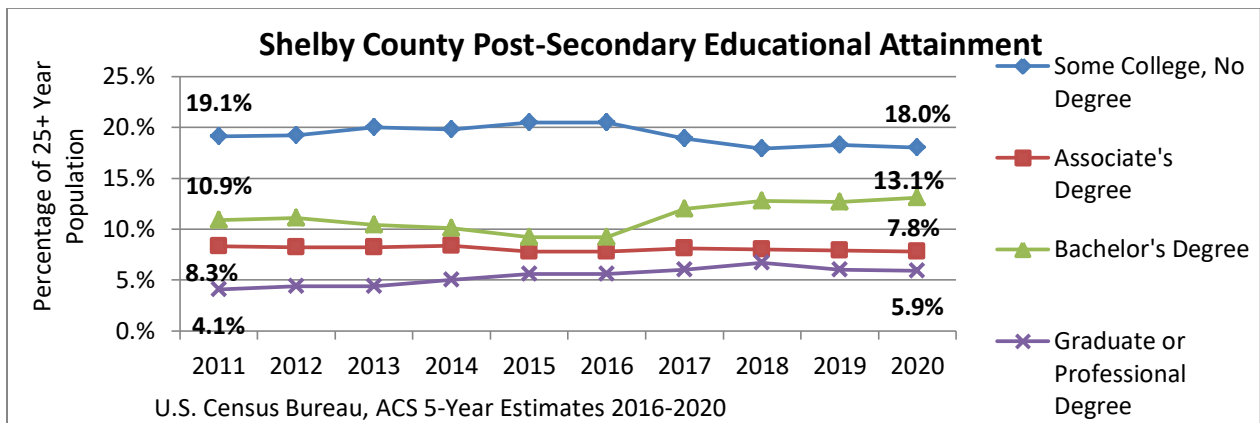


SOCIAL & ECONOMIC FACTORS – Education

Shelby County’s largest gain in education attainment is a 20.2% increase in Bachelor’s Degrees earned between 2011 and 2020.

Educational level does not correspond with pay equity. There are many dynamics to the gender wage gap; however, even controlling for age, race, education, and occupation, women earn less than men do. This wage gap impacts families and children in Shelby County where men might earn up to 38% more than women do.

Brookings Institution (2019). Charts of the Week: the gender wage gap. Cited by Indiana Youth Institute in the 2021 Indiana KIDS COUNT Data Book, Economic Well-Being
<https://www.brookings.edu/blog/brookings-now/2019/03/22/charts-of-the-week-the-gender-wage-gap>
https://www.iyi.org/wp-content/uploads/2021/03/2021_IYI_Databook_FINAL.pdf

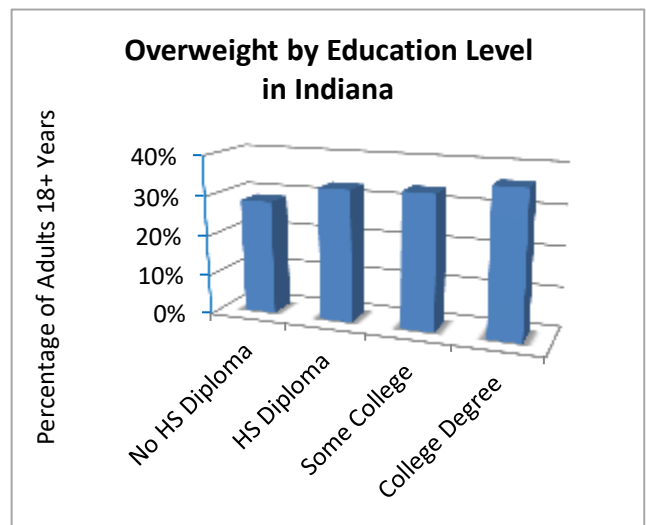
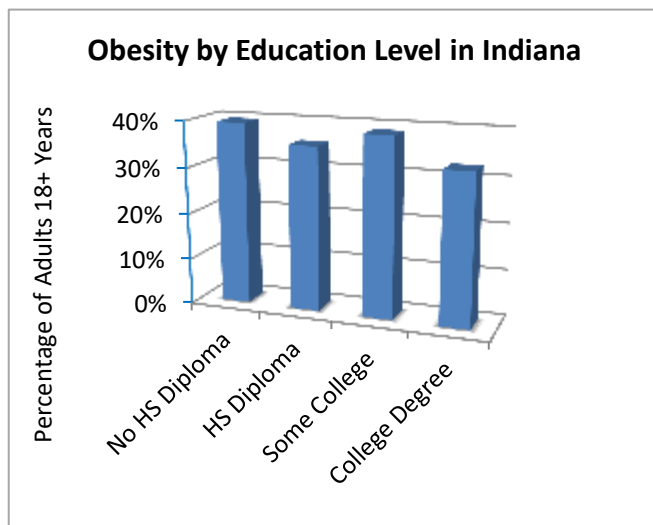
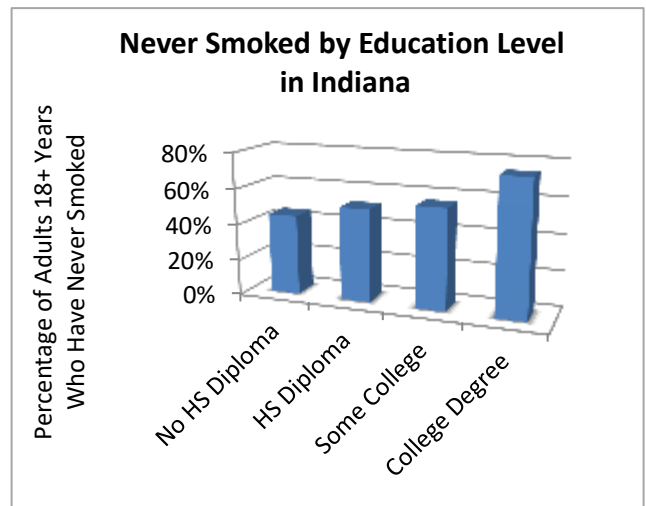
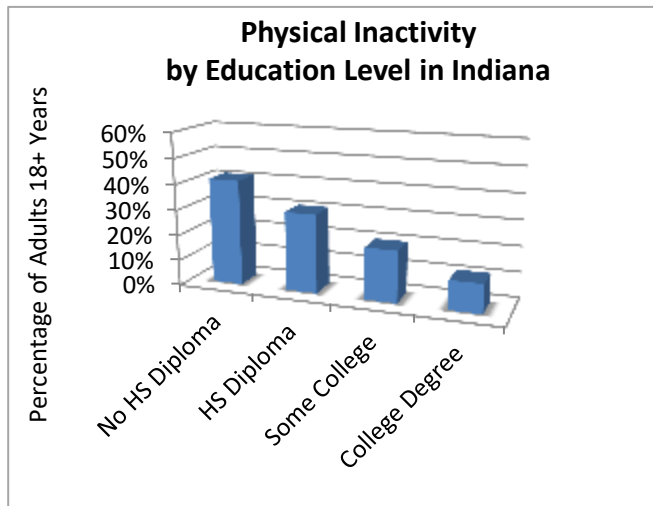


SOCIAL & ECONOMIC FACTORS – Education & Health

Educational level is a community health indicator. Persons with higher levels of education are more often employed and tend to earn more than persons with a high school diploma/ equivalent or no diploma. Health is related to education attainment. The higher the education level, the greater the likelihood that tobacco is not used and that leisure-time includes exercise.

The same positive association cannot be said for obesity and overweight. However, a review of childhood obesity in children ages 2 – 19 found that as the head of household’s level of education increased, the prevalence of obesity decreased for children.

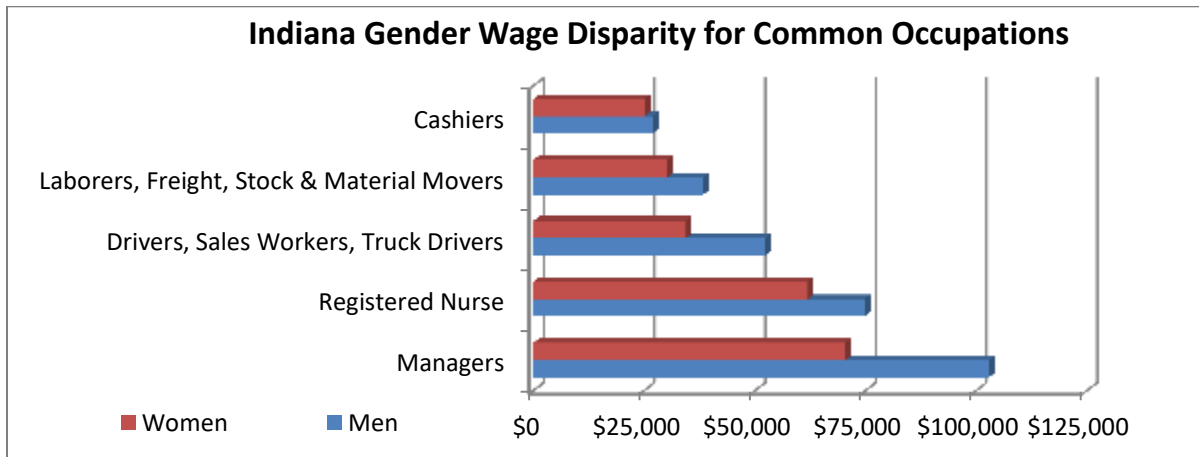
Ogden, et al. *Prevalence of Obesity Among Youths by Household Income and Education Level of Head of Household- United States 2011–2014.* *Morb Mortal Wkly Rep* 2018;67:186–189. <http://dx.doi.org/10.15585/mmwr.mm6706a3>



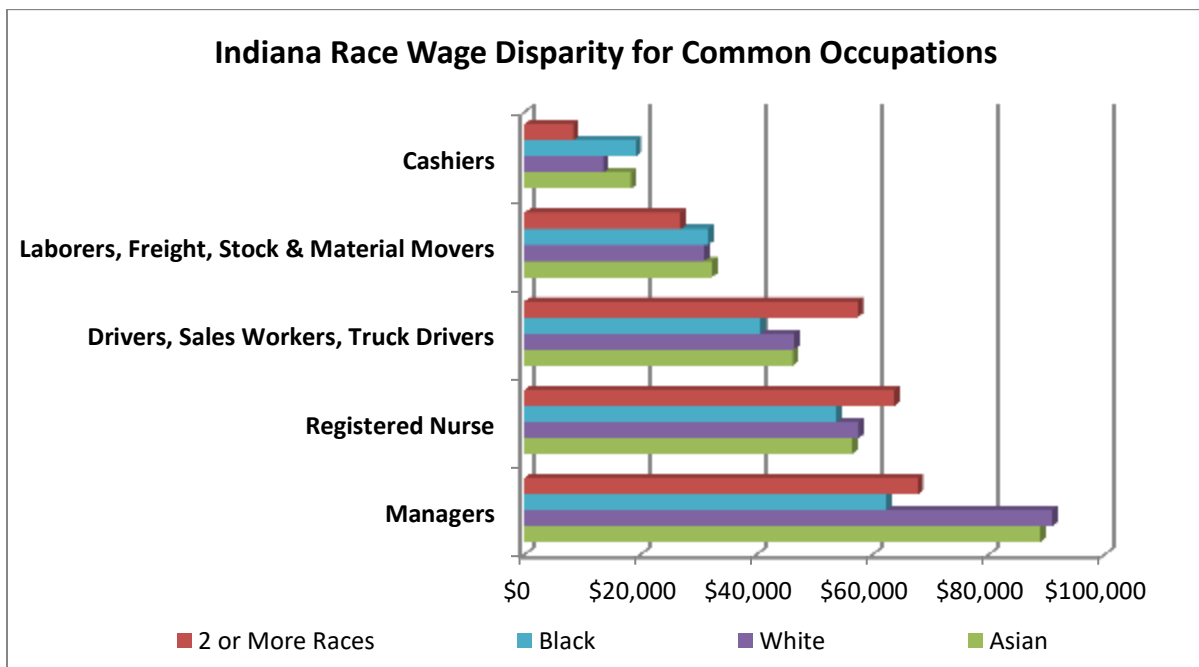
All data from Indiana Behavior Risk Factor Survey

SOCIO-ECONOMIC FACTOR: Wages

Many household rely on 2 incomes in order to make ends meet. In single parent households, especially those headed by women, making ends meet is often challenging. Women and persons of diverse race and ethnicity may experience a labor market that is not equitable. 2020 and 2021 have been especially challenging for these households.

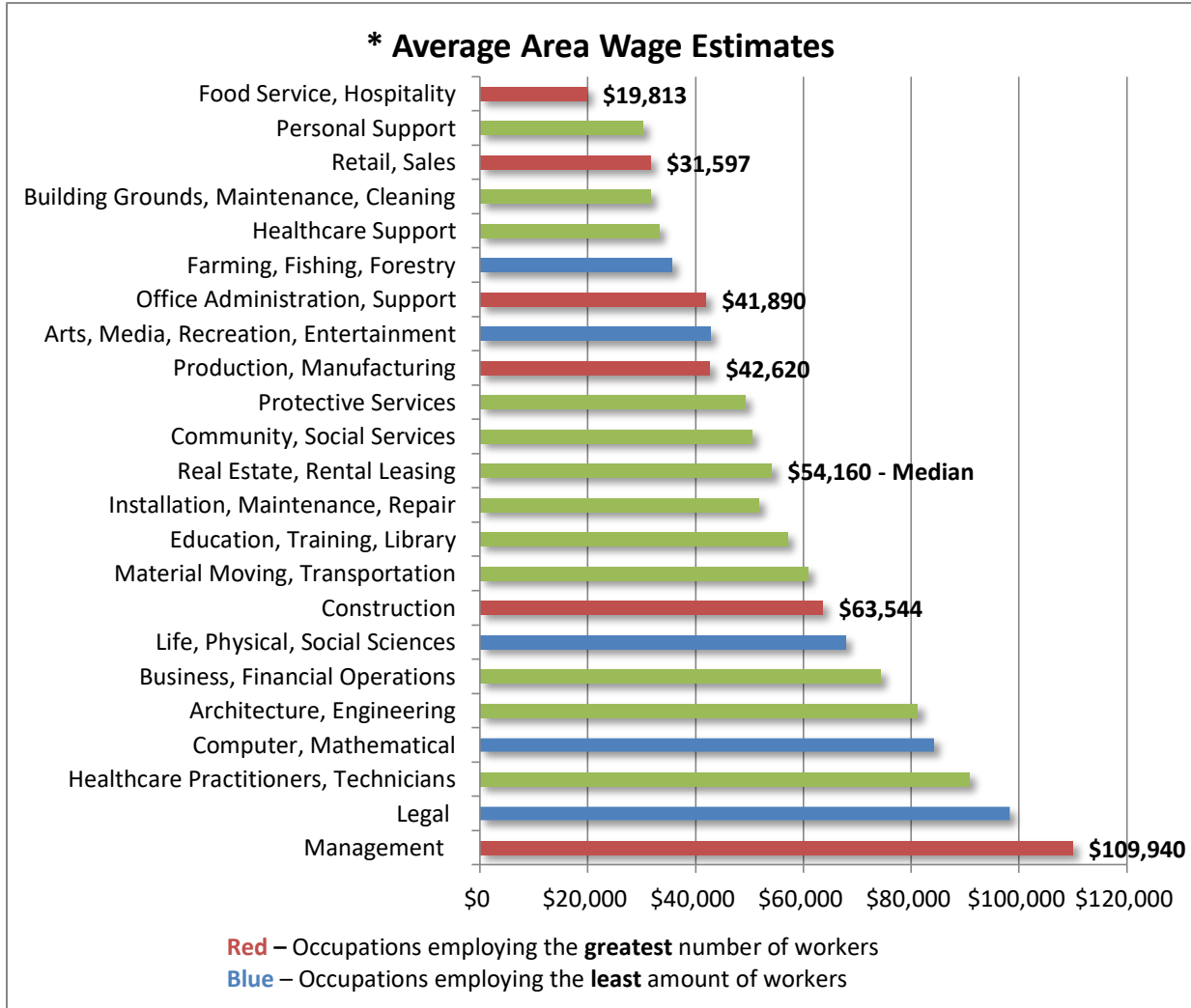


U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020 & Public Use Microdata Sample from Data USA <https://datausa.io/profile/geo/shelby-county-in>



U.S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020 & Public Use Microdata Sample from Data USA <https://datausa.io/profile/geo/shelby-county-in>

SOCIO-ECONOMIC FACTOR: Wages



Hoosiers by the Numbers, STATS Indiana, Indiana Department of Workforce Development, 2021 Data

***Occupations have a wage range within them dependent on the particular job. Wage averages reflect both Shelby County specific wages and those of the area.**

Salary Estimates for Shelby County:

Top 6 Businesses/Industries Employing the Most Workers

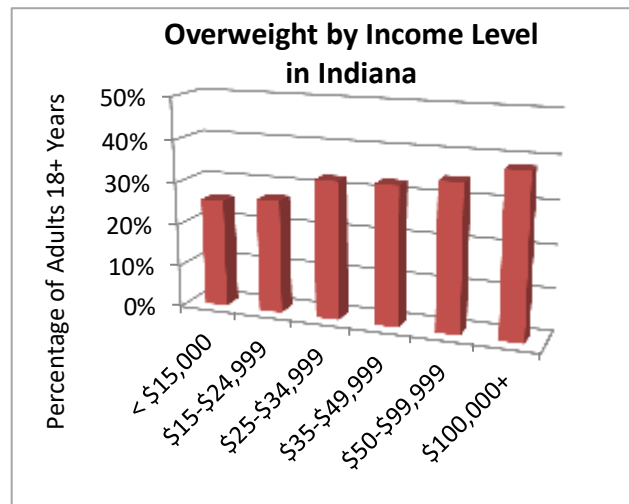
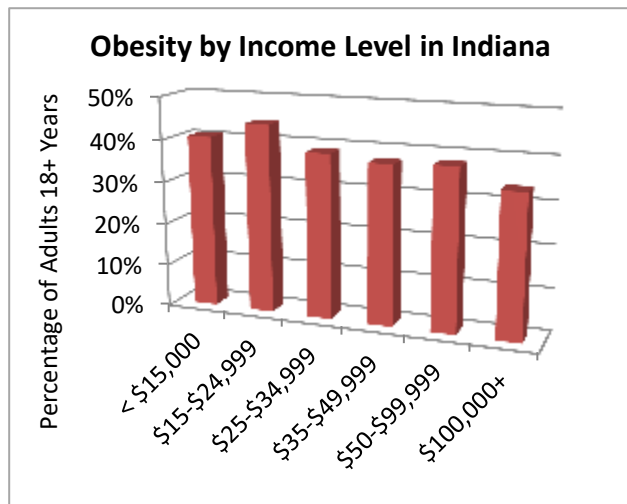
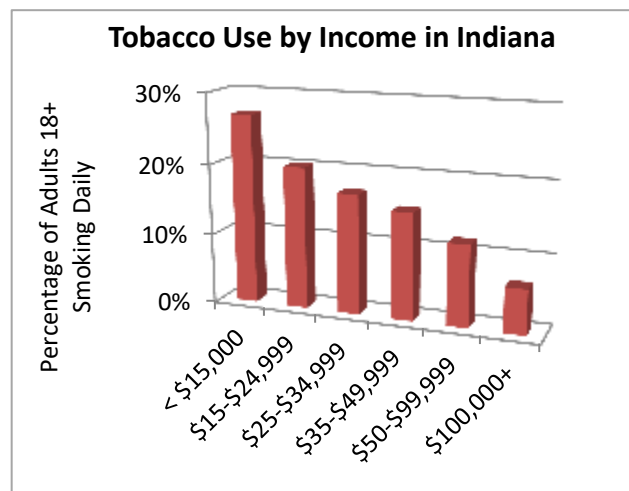
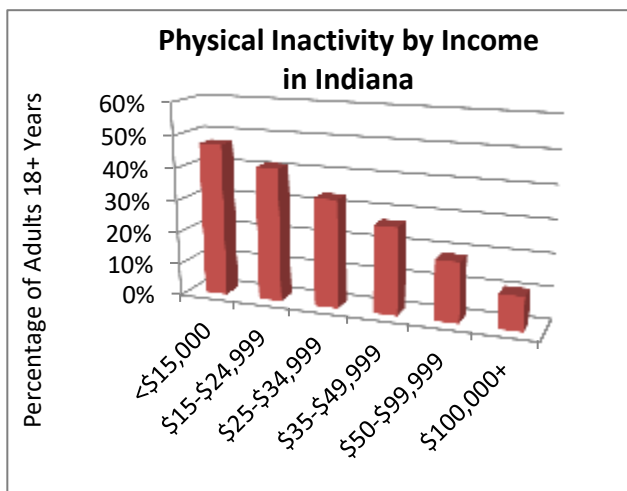
- Average annual income: \$51,567
- Median annual income: \$42,000

Median of all salaries: \$54,160

SOCIAL & ECONOMIC FACTORS: Income & Health

Income positively impacts physical activity and tobacco use. Higher income typically correlates with higher levels of education and greater health literacy regarding health risks and benefits of various behaviors such as not smoking and exercise. Higher income also correlates with more leisure time and opportunities for exercise and physical recreation. Tobacco marketing targets persons of color, youth, and low-income communities. Higher income households may have less exposure to this marketing and/or have compelling exposure to pro-health and anti-smoking messages and models.

Income does not impact obesity. Income correlates negatively with overweight. Higher income affords access to a broad range of food options in groceries and restaurants. Households with higher incomes are less likely to be physically inactive during leisure time and this may be a mitigating factor with weight.

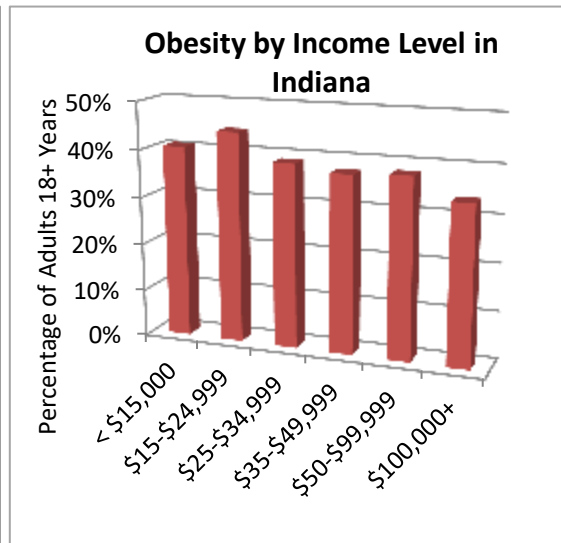
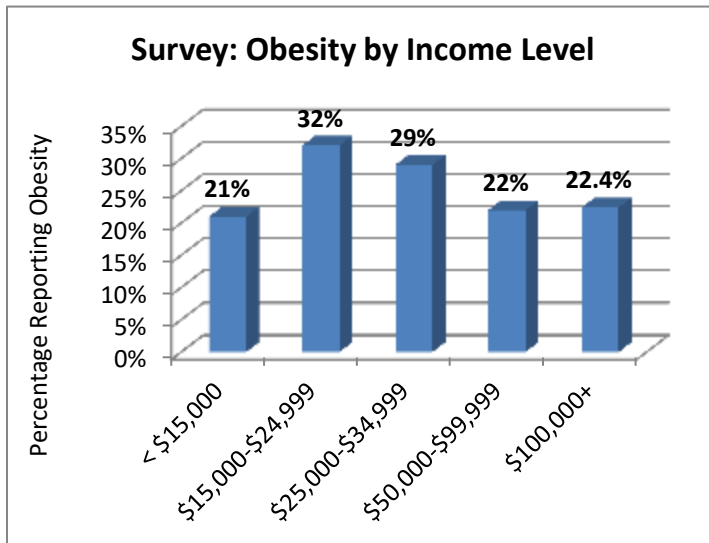
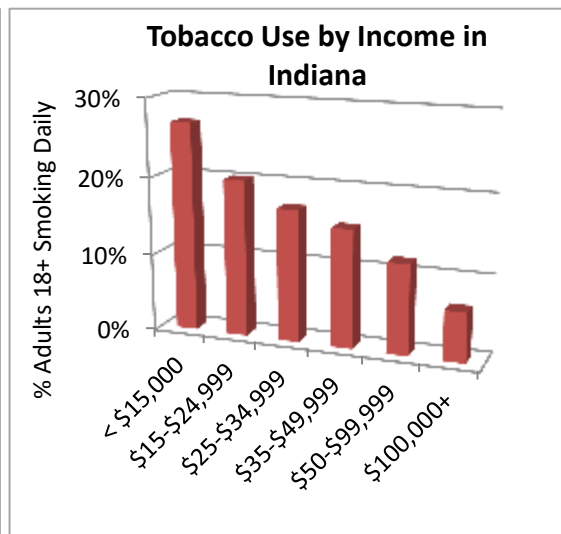
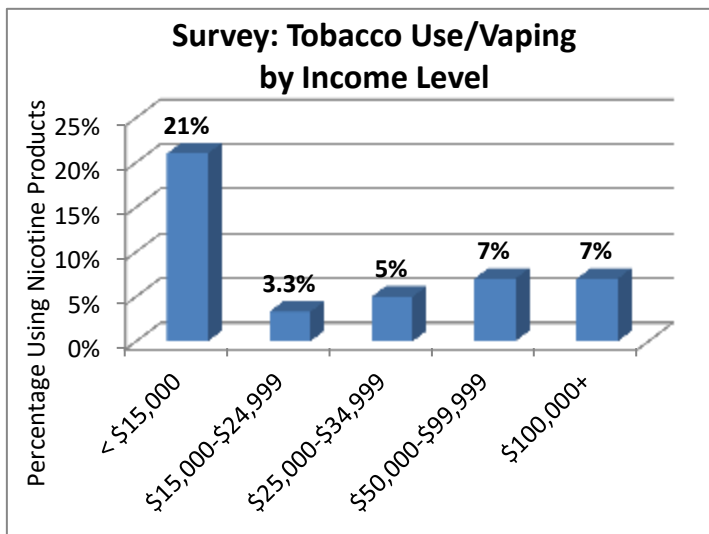


All data from Indiana Behavior Risk Factor Survey

SOCIAL & ECONOMIC FACTORS: Income & Health

2022 COMMUNITY HEALTH SURVEY

Survey respondents identified obesity (nearly 21%) and tobacco use/vaping (nearly 7%) as challenges to their personal health. The relationship of income to nicotine use and to obesity looks different than State data. Survey respondents were as young as 15-19 years (n=160) whereas Indiana data is for 18 years and older. Both State and Survey data found \$15,000 - \$24,999 income level to have higher rates of obesity. However, survey respondents were less obese over-all.

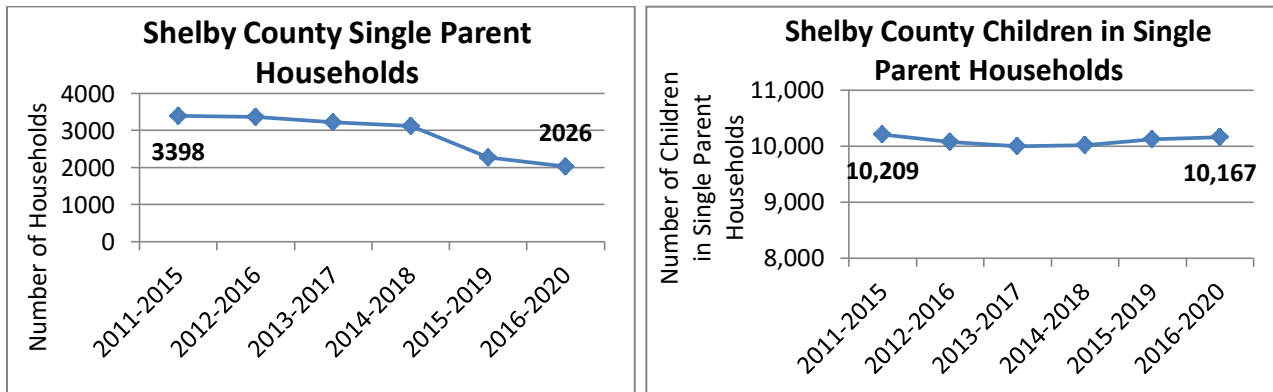


SOCIAL & ECONOMIC FACTORS: Single Parents

One of our Shelby County neighbors is a single Mom with 3 children elementary school age and younger. The children’s father is in and out of incarceration, contributing nothing financially or otherwise when he is not incarcerated. Mom struggles to maintain stability for her family with the monthly expenses of housing, utilities, vehicle, insurance, child care, food and other necessities.

Mom is employed in the service industry with unpredictable pay. She has difficulty finding reliable childcare on evenings and weekends and doesn’t have access to childcare vouchers. The children and Mom have experienced much adversity and trauma. All would benefit from behavioral health services; however, there is a several month wait list.

Common Family Challenges Story from Youth Assistance Program



U. S. Census Bureau, American Community Survey 5-Year Estimates

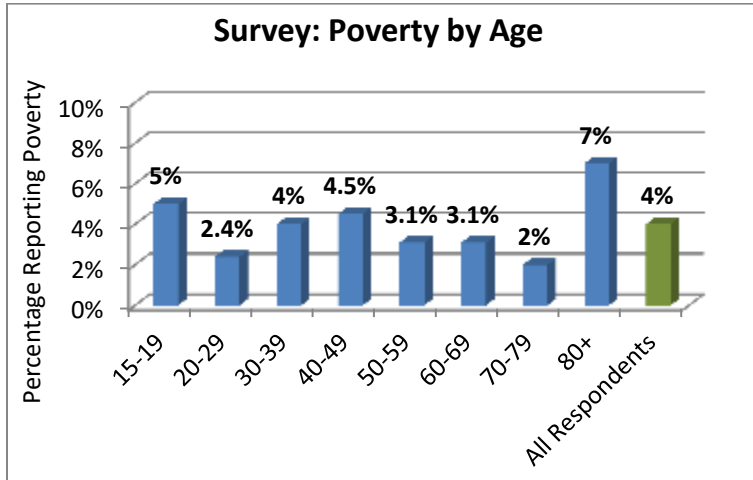
FSSA Health and Well-Being Survey

The FSSA online survey had 3,256 Shelby County respondents between August 2018 and October 1, 2022. Over 80% of respondents were not married. The survey did not ask about co-habitation. From census data, it is known that children live in many of these households which are struggling to have enough money for food, utilities, and for secure, stable housing.

- Not enough money for food in the last 12 months**
 - 1,934 affirmative responses, 59.2% of survey respondents
 - 30.6% - Divorced or Separated • 50.1% - Single
- Utilities shut off in the last 12 months**
 - 787 affirmative responses, 24.2% of survey respondents
 - 30.7% - Divorced or Separated • 50.6% -Single
- Fear of not having stable housing in the next 2 months**
 - 1,049 affirmative responses, 32.2% of survey respondents
 - 33.9% - Divorced or Separated • 50% - Single

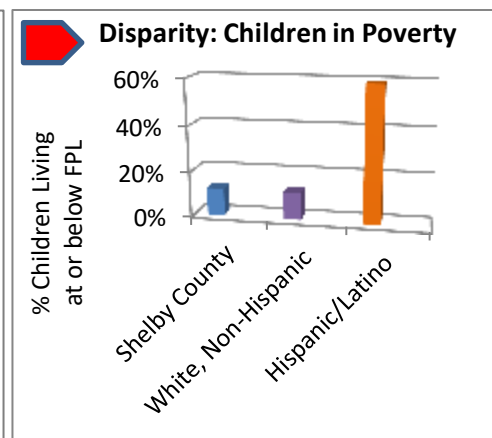
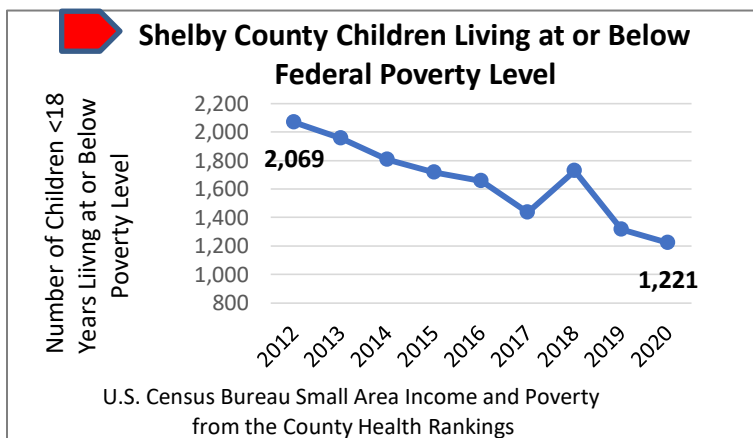
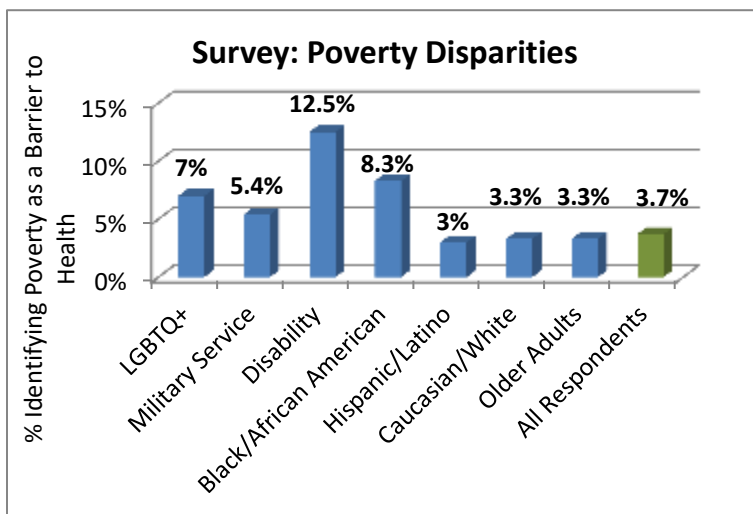
SOCIAL & ECONOMIC FACTORS: Poverty

2022 COMMUNITY HEALTH SURVEY

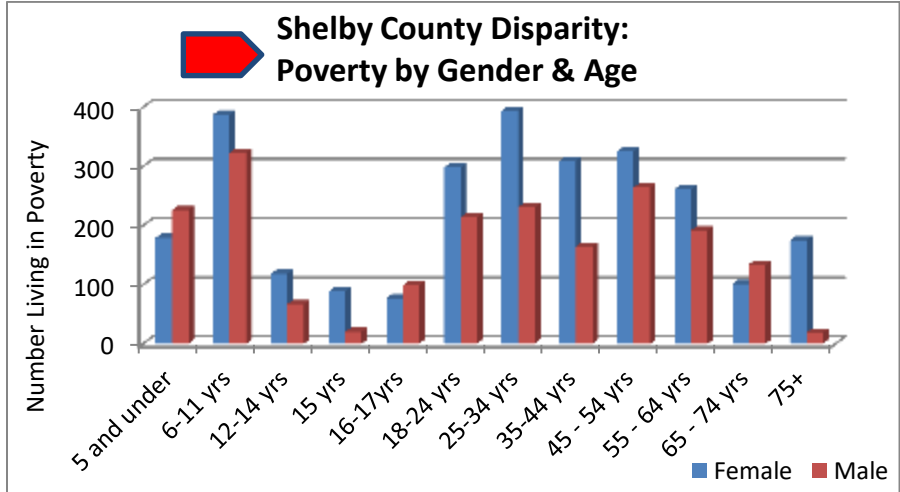


Nearly 4% of respondents identified poverty as a barrier to their personal health.

Disparities exist among age groups and populations. Persons with disabilities had the highest percentage of poverty.



SOCIAL & ECONOMIC FACTORS: Poverty

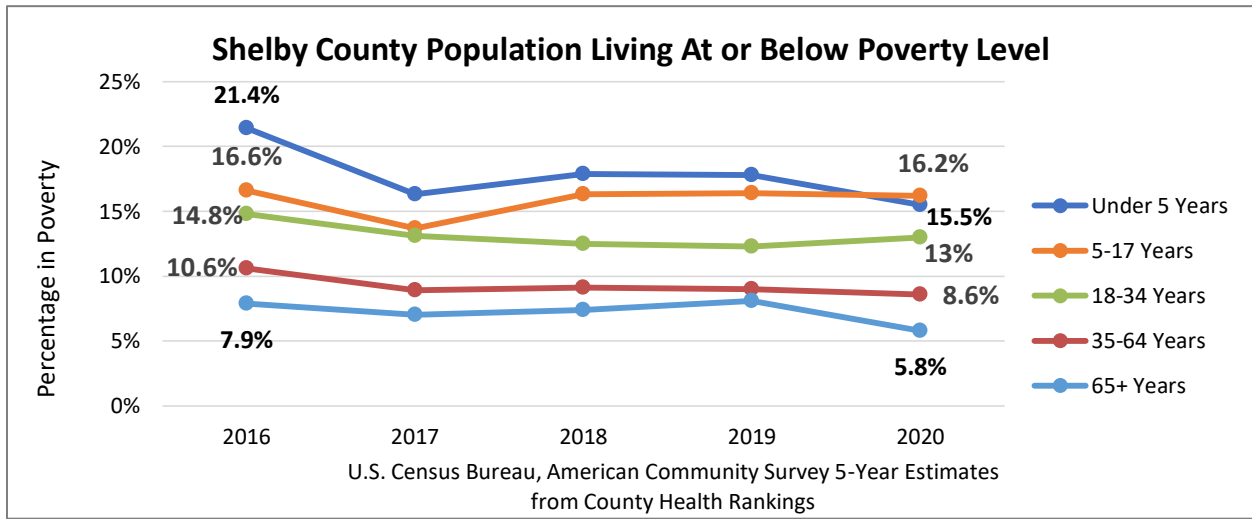
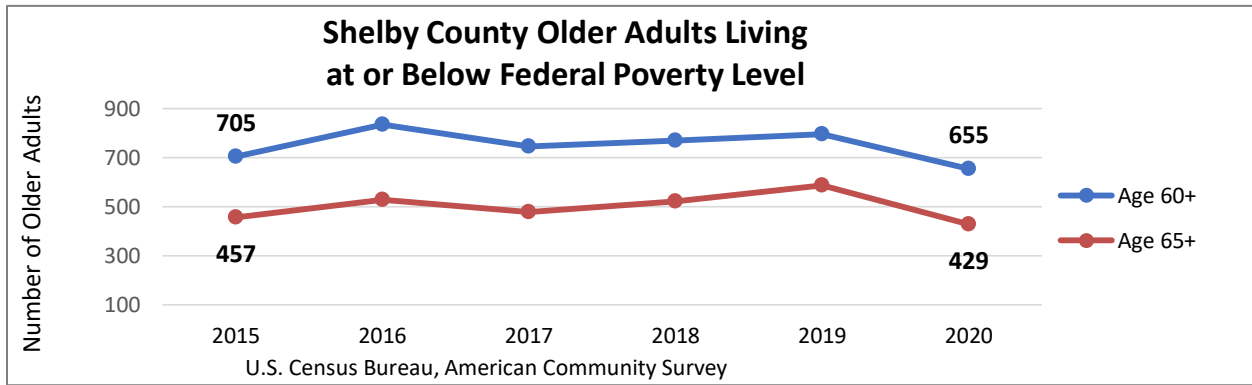


Women and girls comprise 58.2% of the population living in poverty.

Highest numbers of females living in poverty:

- Women ages 25-34
- Girls ages 6-11
- Women ages 45 - 54

U. S. Census Bureau, American Community Survey 5-Year Estimates 2016-2020 from Data USA
<https://datausa.io/profile/geo/shelby-county-in>



SOCIAL & ECONOMIC FACTORS: Poverty

While the goal is self-sufficiency, the benefits and supports available to households living in poverty help people better meet some very basic needs. On the following pages, the cost of living in Shelby County will be reviewed as well as the income needed to cover those costs.

Federal Poverty Level

The Federal Poverty Level (FPL) is set annually by the Census Bureau. Every January the FPL is adjusted for inflation. The Department of Health and Human Services uses this information to determine eligibility guidelines for assistance programs. Follows are some of the common programs in which Shelby County residents may be enrolled and the corresponding FPL eligibility guidelines. Note: FPL is a percentage of gross income.

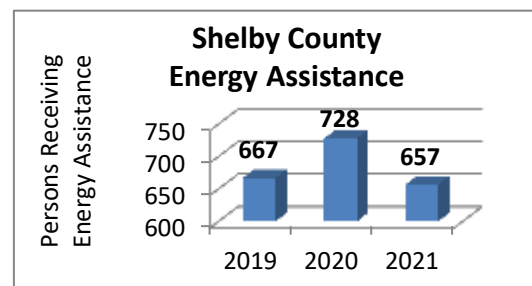
| % FPL | Benefit |
|------------------------------|--|
| 100-400% | Qualifies for premium tax credits to lower monthly insurance premiums on the Marketplace |
| 100-138% | Healthy Indiana Plan (HIP 2.0) |
| 127% | Child Care Vouchers and up to 185% FPL once active in the voucher program |
| 130% | School free meals and milk |
| 130% | SNAP – Supplemental Nutrition Assistance Program |
| 158% | Medicaid for children ages 1 – 18 years |
| 185% | School reduced fee meals and milk |
| 185% | WIC – Women, Infants, and Children |
| 208% | Pregnant women and children up to 1 year old |
| 250% | Children’s Health Insurance Plan (CHIP) |
| 60% of State’s Median Income | Energy Assistance |

Energy Assistance Program

This federal program helps low income households pay for heat and electricity. In Shelby County the program is administered by Human Services. Follows are income guidelines for October 1, 2022 – May 15, 2023:

| Household Size | Monthly Income | Annual Income |
|----------------|----------------|---------------|
| 1 | \$2, 318 | \$27,827 |
| 2 | \$3,032 | \$36,390 |
| 3 | \$3,746 | \$44,952 |
| 4 | \$4,459 | \$53,515 |
| 5 | \$5,173 | \$62,077 |

<https://www.in.gov/ihcda/homeowners-and-renters/low-income-home-energy-assistance-program-liheap>



Data from Human Services, Inc., Shelby County Office

SOCIAL & ECONOMIC FACTORS: Poverty

2020 Federal Poverty Level

| Family Size | 100% | 127% | 130% | 138% | 158% | 185% | 250% | 300% | 400% |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1 | \$12,760 | \$16,205 | \$16,588 | \$17,609 | \$20,161 | \$23,606 | \$31,900 | \$38,280 | \$51,040 |
| 2 | \$17,240 | \$21,895 | \$22,412 | \$23,791 | \$27,239 | \$31,894 | \$43,100 | \$51,720 | \$68,960 |
| 3 | \$21,720 | \$27,584 | \$28,236 | \$29,974 | \$34,318 | \$40,182 | \$54,300 | \$65,160 | \$86,880 |
| 4 | \$26,200 | \$33,274 | \$34,060 | \$36,156 | \$41,396 | \$48,470 | \$65,500 | \$78,600 | \$104,800 |
| 5 | \$30,680 | \$38,964 | \$39,884 | \$42,339 | \$48,474 | \$56,758 | \$76,700 | \$92,040 | \$122,720 |
| Each add'l member | \$4,480 | \$5,690 | \$5,824 | \$6,182 | \$7,078 | \$8,288 | \$11,200 | \$13,400 | \$17,920 |

2021 Federal Poverty Level

| Family Size | 100% | 127% | 130% | 138% | 158% | 185% | 250% | 300% | 400% |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1 | \$12,880 | \$16,205 | \$16,744 | \$17,774 | \$20,350 | \$23,828 | \$32,200 | \$38,640 | \$51,520 |
| 2 | \$17,420 | \$22,123 | \$22,646 | \$24,040 | \$27,524 | \$32,227 | \$43,550 | \$52,260 | \$69,680 |
| 3 | \$21,960 | \$27,889 | \$28,548 | \$30,305 | \$34,697 | \$40,626 | \$54,900 | \$65,880 | \$87,840 |
| 4 | \$26,500 | \$33,655 | \$34,450 | \$36,570 | \$41,870 | \$49,025 | \$66,250 | \$79,500 | \$106,000 |
| 5 | \$31,040 | \$39,421 | \$40,352 | \$42,835 | \$49,043 | \$57,424 | \$77,600 | \$93,120 | \$124,160 |
| Each add'l member | \$4,540 | \$5,766 | \$5,902 | \$6,265 | \$7,173 | \$8,399 | \$11,350 | \$13,620 | \$18,160 |

The common single mom story provided by Youth Assistance Program, might have a household income that looks something like the following when some estimated benefits are included for which the family is likely eligible. This household will still struggle to cover the cost of living.

| 2021 Household Size | Annual Income for Service Industry in Shelby County: \$12 an hour = 100% FPL | Annual Rent 30% of Income (27% pay over 35%) | Quality Child-care for 2 school age & 1 pre-schooler | Childcare Voucher 127% FPL So Mom can keep working | Free school meals, milk & curriculum materials; SNAP 130% FPL | Energy Assistance | Medicaid for Children 158% FPL | Healthy Indiana Plan for Mom 100-138% FPL | Tax Credits: Child, Childcare, Earned Income |
|---|--|--|--|--|---|--|--------------------------------|---|--|
| 4 People: Mom, 1 Preschool 2 Elementary age | \$26,499 (generous when average is under \$20,000 in Shelby Co.) | \$8,000 | \$1,800 a month – not affordable without voucher | Around \$200 a month co-pay | Maximum SNAP: \$835 a month/ \$10,000 yr | Once annually to help with cost of heat: Up to \$1,250 | | | Money back into household |

Doing the math: \$26,499 gross income - \$8,000 rent = \$18,499 - \$2,400 for childcare with voucher = \$16,099 + \$10,000 SNAP = \$26,099 for utilities, personal hygiene, diapers, clothes, shoes, laundry, transportation, medication, phone and broadband service, and miscellaneous.

SOCIAL & ECONOMIC FACTORS: Self-Sufficiency

How much income does it take to be self-sufficient in Shelby County?

Since 2014 the Association of United Ways has been producing data-driven research about household income self-sufficiency specific to the cost of living in a given county.

- **Asset-Limited Income-Constrained Employed Households – ALICE**
- ALICE households: annual incomes greater than 100% of the FPL but less than the cost of living in their county
- ALICE threshold: based on Household Survival Budget and then rounded to the nearest American Community Survey income bracket and adjusted for household size and composition for each county.

The Massachusetts Institute of Technology also produces data-driven self-sufficiency and living wage income models. Each model is based on the jobs and salaries, costs of goods and services, taxes, and basic expenses of living in Shelby County. Together they provide a picture of challenges faced by many County families.

| 2021 Shelby County ALICE Budgets | 100% FPL Budget | 2018 Survival Budget | 2020 Survival Budget | 2021 Survival Budget | 2021 Stability Budget |
|--------------------------------------|-----------------|----------------------|----------------------|----------------------|-----------------------|
| Single Adult | \$12,880 | \$21,660 | \$22,543 | \$22,859 | \$45,223 |
| 2 Adults, 2 School-age Children | \$26,500 | \$51,756 | \$53,866 | \$54,620 | \$99,716 |
| 2 Adults, 2 Children in Childcare | \$26,500 | \$60,912 | \$63,395 | \$64,282 | \$112,038 |
| 1 Adult, 1 Child in Childcare | \$17,420 | \$37,884 | \$39,428 | \$39,980 | \$66,015 |
| 2 Senior Adults | \$12,880 | \$38,808 | \$40,390 | \$42,634 | \$52,487 |

<https://www.unitedforalice.org> U.S. Department of Labor Consumer Price Index Inflation Calculator used for 2021 budget estimates

The ALICE model has both a bare-bones survival budget and a stability budget.

- Survival budget includes a contingency fund (10% of the budget); Stability Budget includes savings (10% of budget).
- Survival Budget is less than Living Wage annual income. It does not include a budget for a broad range of civic expenditures other than broadband and a mobile phone. Stability Budget is greater than Living Wage annual income because it includes savings.
- Both models account for the varying expenses of different phases of a family such as the expenses involved in raising an infant in diapers versus and a school-age child. The FPL guidelines do not account for these realities.

SOCIAL & ECONOMIC FACTORS: Self-Sufficiency

The **Living Wage Model for Shelby County** is produced annually by the Massachusetts Institute of Technology. It is updated in the first quarter of each year. The charts are for 2021-22.

- Based on a single person working full-time (2,080 hours annually: 40 hours a week/52 weeks a year).
- Provides data on cost of living in Shelby County. The model does not include savings.

| Shelby County Living Wage | 1 Adult Works No Child | 1 Adult Works 1 Child | 1 Adult Works 2 Children | 2 Adults 1 Works 1 Child | 2 Adults 1 Works 2 Children | 2 Adults Both Work 1 Child | 2 Adults Both Work 2 Children |
|----------------------------|------------------------|-----------------------|--------------------------|--------------------------|-----------------------------|----------------------------|-------------------------------|
| Living Wage | \$16.35 | \$29.98 | \$36.77 | \$29.84 | \$35.42 | \$16.69 each | \$21.24 each |
| Annual Living Wage Salary | \$34,008 | \$62,358 | \$76,481 | \$62,067 | \$73,673 | \$34,715 each (\$69,430) | \$44,179 each (\$88,358) |
| Poverty Wage (FPL) | \$6.19 | \$8.38 | \$10.56 | \$10.56 | \$12.74 | \$5.28 each | \$6.37 each |
| Annual Poverty Wage Salary | \$12,875 | \$17,430 | \$21,965 | \$21,965 | \$26,499 | \$10,982 each (\$21,964) | \$13,250 each (\$26,500) |
| Minimum Wage | \$7.25 | \$7.25 | \$7.25 | \$7.25 | \$7.25 | \$7.25 each | \$7.25 each |
| Annual Minimum Wage Salary | \$15,080 | \$15,080 | \$15,080 | \$15,080 | \$15,080 | \$15,080 each (\$30,160) | \$15,080 each (\$30,160) |

More household compositions & technical information at <https://livingwage.mit.edu/counties/18145>

What does it cost to live in Shelby County?

| 2021 Annual Expenses | 1 Adult Works No Child | 1 Adult Works 1 Child | 1 Adult Works 2 Children | 2 Adults 1 Works 1 Child | 2 Adults 1 Works 2 Children | 2 Adults Both Work 1 Child | 2 Adults Both Work 2 Children |
|-------------------------------------|------------------------|-----------------------|--------------------------|--------------------------|-----------------------------|----------------------------|-------------------------------|
| *Food | \$3,423 | \$5,044 | \$7,577 | \$7,809 | \$10,068 | \$7,809 | \$10,068 |
| Child Care | \$0 | \$6,086 | \$12,172 | \$0 | \$0 | \$6,086 | \$12,172 |
| *Medical | \$2,682 | \$6,684 | \$6,471 | \$5,504 | \$6,781 | \$6,471 | \$6,781 |
| Housing | \$8,803 | \$12,283 | \$12,283 | \$10,141 | \$12,283 | \$12,283 | \$12,283 |
| Transportation | \$5,305 | \$9,414 | \$12,239 | \$9,414 | \$14,456 | \$12,239 | \$14,456 |
| *Civic | \$2,894 | \$4,646 | \$5,741 | \$4,646 | \$7,496 | \$5,741 | \$7,496 |
| *Other | \$4,939 | \$7,366 | \$6,739 | \$7,366 | \$9,804 | \$6,739 | \$9,804 |
| Required Annual Income After Taxes | \$28,170 | \$51,647 | \$63,344 | \$43,470 | \$61,011 | \$57,490 | \$73,183 |
| Annual Taxes | \$5,844 | \$10,713 | \$13,140 | \$10,663 | \$12,656 | \$11,926 | \$15,181 |
| Required Annual Income Before Taxes | \$34,013 | \$62,360 | \$76,484 | \$62,067 | \$73,668 | \$69,416 | \$88,364 |

FOOD = USDA low-cost food plan <https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports-monthly-reports>

MEDICAL = Insurance premiums and out-of-pocket costs

CIVIC = Fees and admissions, audio/visual equipment and services, pets, toys, hobbies, playground equipment, other entertainment supplies, equipment and services, mobile phone and broadband, reading, education, and expenses or donations related to participating in and engaging in religious and civic activities and groups.

OTHER = Clothing and services, personal care items and services, diapers, housekeeping supplies, and miscellaneous.

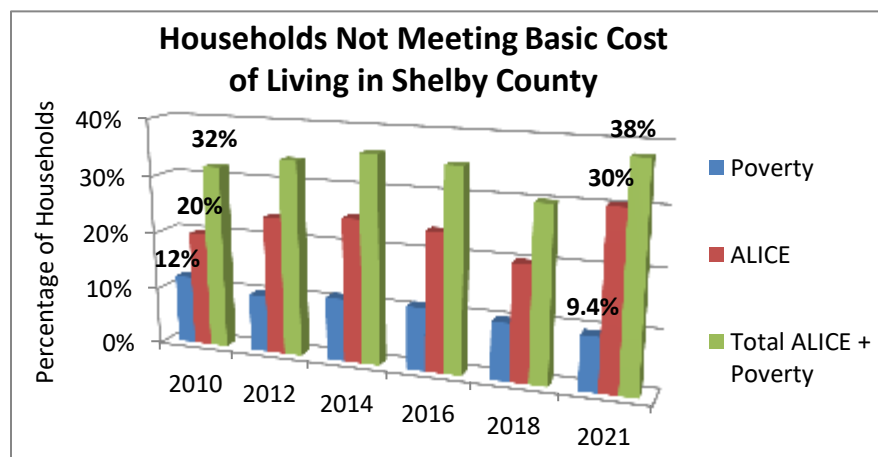
SOCIAL & ECONOMIC FACTORS: Self-Sufficiency

Self-sufficiency is a complex issue with many policy, community, market, cultural, and personal dynamics. Across the nation, the cost of basic necessities has been rising steadily over the last decade while wages have been fairly flat. 2021 and 2022 have been years of high inflation.

With high deductible insurance, even individuals and families with employer-based health insurance may delay or forgo care if they are struggling with covering the costs of basic necessities.

Shelby County Self-sufficiency Factors:

- **2021:** Average household (3-4 persons) needed survival income of \$40 - \$64,500 – around 250% of FPL
 - Roughly 30% of households had annual incomes less than \$40,000
 - Median household income: \$64,238
 - **39%** : Households unable to cover the basic cost of living in Shelby County
 - 9.4% of households live at or below 100% of FPL
 - Nearly 30% of households have incomes above the FPL but less than the cost of living – ALICE Households
- **\$52,000** – Estimated average annual salary of top 6 businesses/industries employing the most workers
 - If wage earner is female or a person of color, annual salary may be less.
- **20% of Household Income:** Average cost of childcare for 2 children
- **27.1%:** Pay 35% or more of household income in rent. Median rent: \$830



The number of households unable to meet the basic cost of living in Shelby County has been rising while the number of households at or below the FPL has remained flat.

U.S. Census, American Community Survey 5-Year Estimates 2017-2021; <https://www.unitedforalice.org>

SOCIAL & ECONOMIC FACTORS: Self-Sufficiency

2021 Estimates on ALICE Families by Shelby County Census Tract

For comparison: **Red %** = percentage of ALICE households in 2016. All census tracts have an increase in ALICE households.

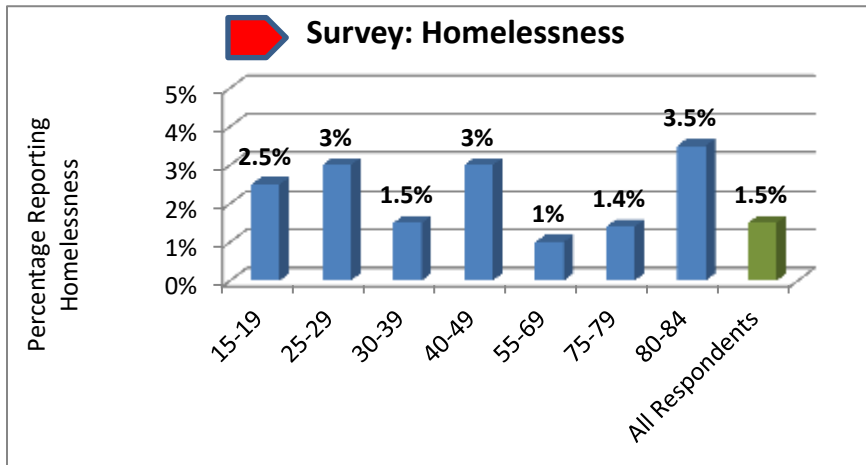
| Census Tract | Population Poverty % | Households | Median Household Income | Household % Poverty | % ALICE | Total Poverty & ALICE | Households Above ALICE |
|--|----------------------|------------|-------------------------|---------------------|---------|-----------------------|------------------------|
| 7101 Morristown Fountaintown | 3,678 6.7% | 874 | \$69,167 | 8.1% | 28.3% | 36% ↑ 28% | 399 |
| 7102 Boggs town | 5,773 7.3% | 2,703 | \$78,831 | 8.1% | 32% | 41.5% ↑ 28.3% | 1,873 |
| 7103 Fairland | 4869 7.1% | 2068 | \$77,302 | 8% | 20.4% | 28.4% ↑ 25.1% | 1,481 |
| 7108 Waldron | 4626 6.9% | 1771 | \$75,691 | 9% | 26% | 35% ↑ 27.6% | 1,157 |
| 7109 St. Paul, Flat Rock, Edinburgh | 4719 4.4% | 1827 | \$73,504 | 4.5% | 38% | 42% ↑ 32.6% | 1,057 |
| 7104 Shelbyville | 2902 11.4% | 1379 | \$54,037 | 7.7% | 46% | 737 53% | 642 |
| 7105 Shelbyville | 5532 23.3% | 2188 | \$60,541 | 17.8% | 36% | 1,175 54% | 1,013 |
| 7106.01 Shelbyville | 3203 9.2% | 1485 | \$40,991 | 9.9% | 38% | 717 48% | 768 |
| 7106.02 Shelbyville | 3022 13.5% | 1195 | \$50,945 | 10.8% | 51% | 736 62% | 459 |
| 7107 Shelbyville | 5980 4.3% | 2528 | \$67,235 | 3% | 20% | 580 23% | 1,948 |
| All Shelbyville Census Tracts | 20,048 16.3% | 8174 | \$55,950 | 10.2% | 40% | 50% ↑ 48% | 4,929 |
| Shelby County | 43,941 9.4% | 17,818 | \$64,070 | 8.6% | 29.7% | 38% ↑ 35% | 11,047 |

U.S. Census, American Community Survey Estimates 2021; <https://www.unitedforalice.org>

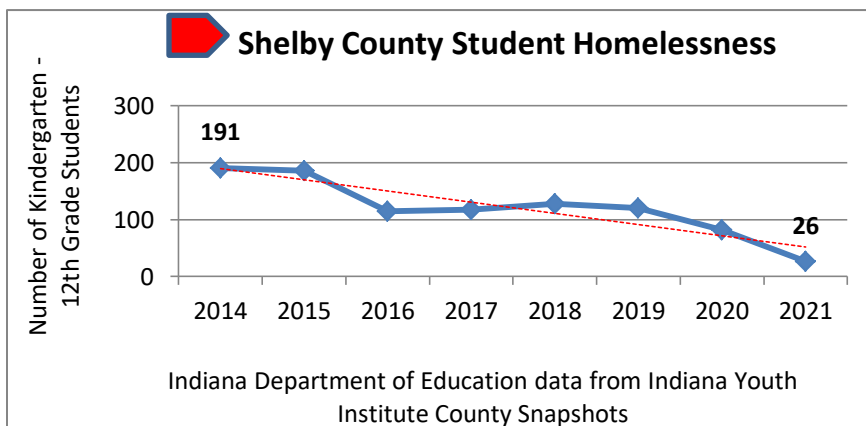
- ALICE Threshold: Household Survival Budget is the baseline and then rounded to the nearest American Community Survey income bracket.
 - 2021 Survival Budget for average 3-4 person household: \$40-\$64,500.
 - Rounding to nearest ACS Household Income bracket: \$75 - \$99,999
- ALICE Households fall into the ACS household income brackets of \$35-\$74,999

SOCIAL & ECONOMIC FACTORS: Homelessness

2022 COMMUNITY HEALTH SURVEY



Less than 2% of survey respondents cited homelessness as a personal problem.

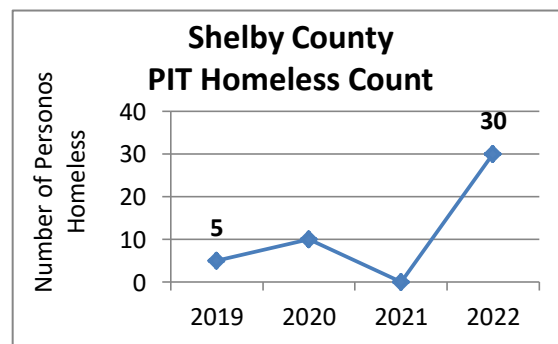


Point in Time Homeless Count

A Point in Time (PIT) Count of homeless persons is mandated by the Department of Housing and Urban Development (HUD) to occur each January. In Shelby County, Human Services is responsible for conducting the PIT count.

| Shelby County 2022 | |
|------------------------------------|----|
| Number of Households | 28 |
| Number of Persons | 30 |
| Number of Children < 18 years | 0 |
| Number of Young Adults 18-24 years | 0 |
| Number of Adults 24+ years | 30 |

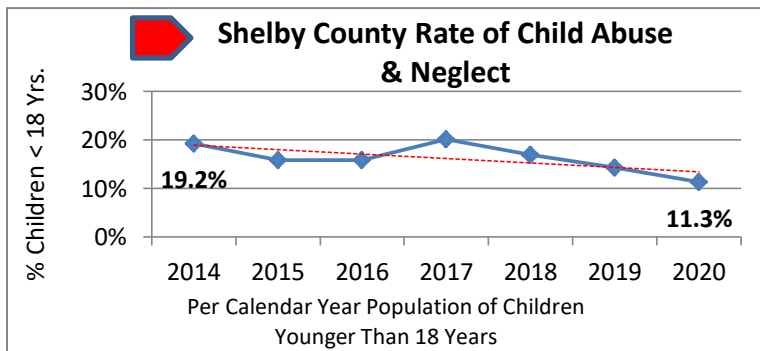
Data provided by Human Services, Inc., Shelby County



SOCIAL & ECONOMIC FACTORS: Child Abuse

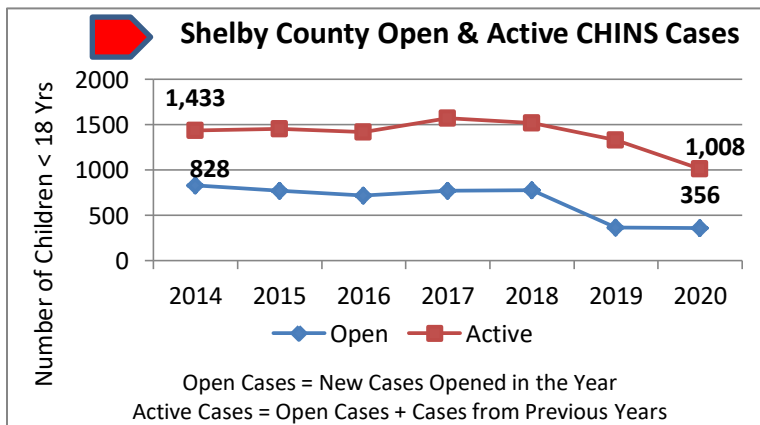
At a basic level, child abuse is an action or lack of action by a parent, guardian or custodian that seriously endangers a child’s physical or mental health.

- **Child Abuse:** sexual or physical abuse, illegal manufacturing of a drug or controlled substance where a child lives, or sexual exploitation.
- **Child Neglect:** inability, refusal, or neglect to supply a child with necessary food, clothing, shelter, medical care, education or supervision
- **Child in Need of Services:** child under 18 years old is a CHINS when abuse or neglect is reported, investigated, and substantiated.



In 2020 in Shelby County, 104 youth were in Foster Care during some part of the year.

Indiana Youth Institute County Snapshots



In 2021 in Shelby County, there were 54 new Abuse and Neglect Cases, and 48 children were removed from their homes.

Thirty-one of the children removed – 64.6%, were due to parental alcohol and/or drug abuse.

Indiana Prevention Resource Center

Indiana Department of Child Services from Indiana Youth Institute County Snapshots

Firefly (formerly Children’s Bureau): Community Partners for Child Safety

2021: 267 referrals

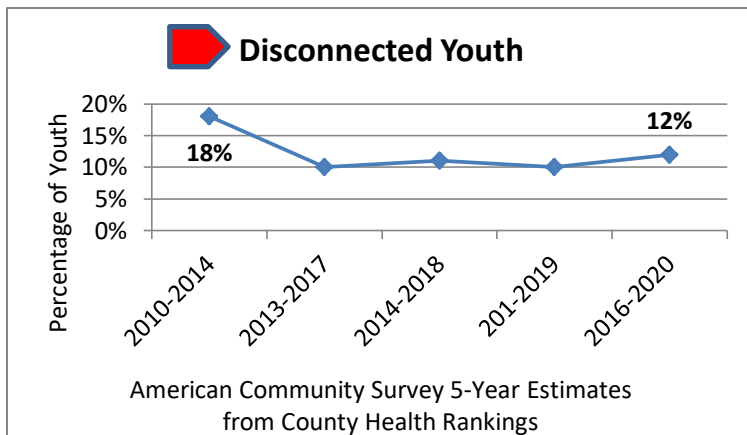
2022: 263 referrals as of November

Home-based services are voluntary and free for families without active or open CHINS cases. Goals for positive changes are family-driven and evolve throughout a typical 6 month period of service. Families may self-refer or be referred by schools, Department of Child Services, churches, and other community-based organizations. *Data provided by Firefly Children & Family Alliance*

SOCIAL & ECONOMIC FACTORS: Disconnected Youth

Youth ages 16-19 who are not in high school, post-secondary education/training, or the workforce are at greater risk for using tobacco and alcohol, engaging in violence and criminal behaviors, and developing substance use problems, mental health disorders, and health problems.

<https://youth.gov/youth-topics/opportunity-youth/risk-protective-factors>



Youth Assistance Program (YAP)

Since the launch of YAP over 6 years ago, they have had 777 referrals. Like many other community based organizations working with youth and families, their services are free and voluntary.

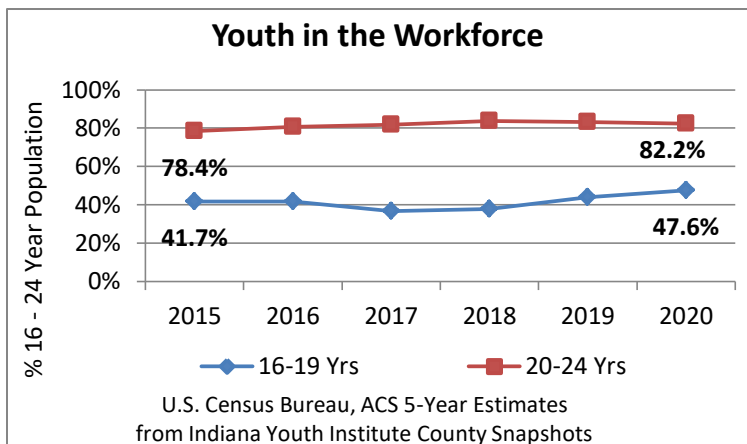
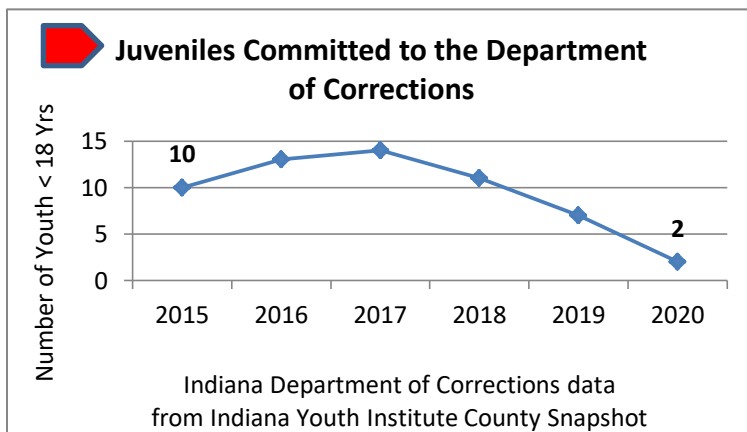
YAP works with youth who are at risk for developing or escalating problems in a number of domains. The family, school, and any legal relationships are actively engaged as well as community mentors.

YAP has impacted the outcomes of youth involved in the juvenile justice system. Youth who choose to engage with YAP reduce their court involvement to 1 in 60. Youth who decline YAP have a 1 in 5 involvement.

From 2016 – 2019:

- 30% decrease in informal juvenile cases
- 27% decrease in formal juvenile court cases

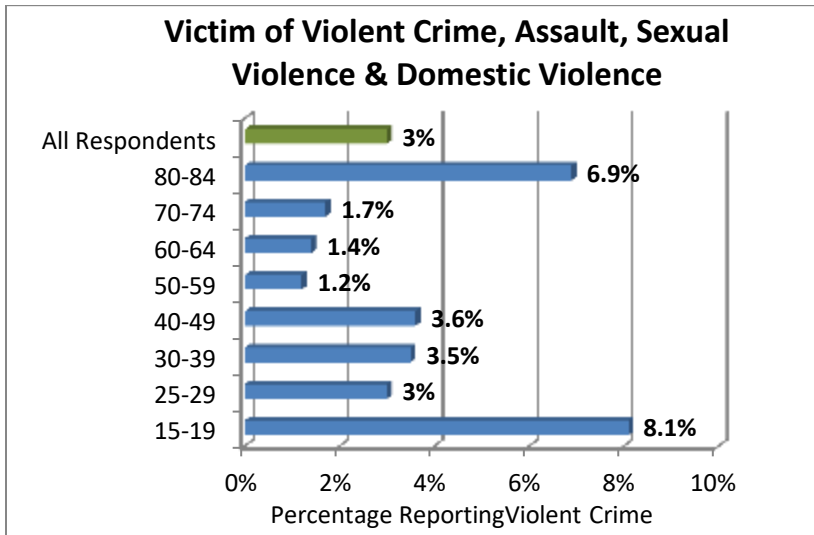
Data provided by Youth Assistance Program



SOCIAL & ECONOMIC FACTORS: Violent Crime

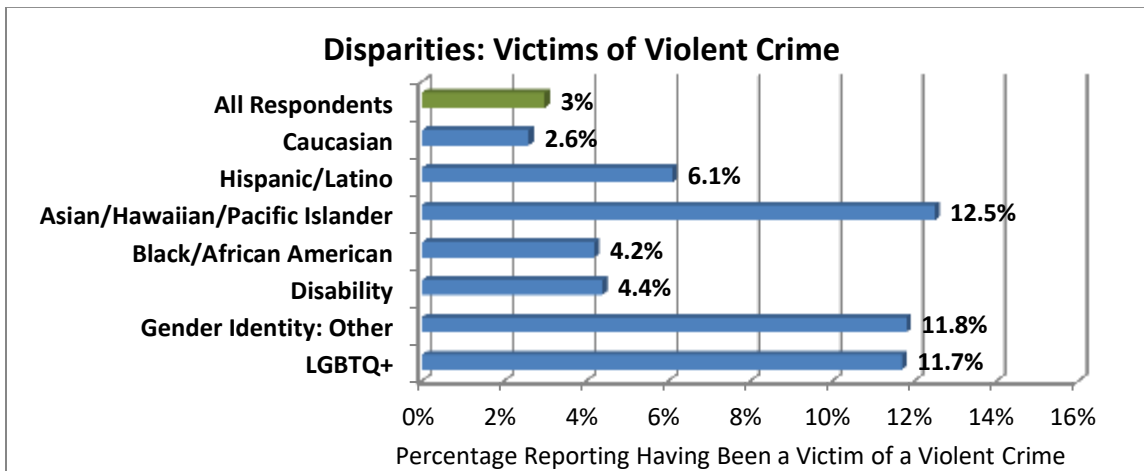
2022 COMMUNITY HEALTH SURVEY

Nearly 3% of survey respondents reported having been victims of violent crime, assault, sexual violence or domestic violence. One percent (1.2%) of male respondents and 3.2% of female respondents identified having been victims of these crimes. There are disparities in who was targeted in a violent crime.



Among survey respondents, the oldest and youngest reported having experienced more personal violent crime.

Survey respondents of diverse abilities, sexual orientation, gender identity, and racial and ethnic backgrounds reported having more frequently experienced violent crime, assault, sexual violence and domestic violence.



2020: 21% of individual legal charges in Shelby County were for violent crimes.

2021 Shelby County Sheriff's Department Annual Jail Report from 2021 Behavioral Health & Justice Equity Report

SOCIAL & ECONOMIC FACTORS:

Intimate Partner Violence

Per the Indiana Domestic Violence Network, 1 in 3 women and 1 in 7 men will experience physical violence by their intimate partner at some point during their lifetimes. About 1 in 3 women and nearly 1 in 6 men experience some form of sexual violence during their lifetimes.

Domestic Violence or Intimate Partner Violence (IPV) is a pattern of coercive and controlling behavior with an intimate partner and can include physical abuse or sexual violence, stalking, or psychological aggression.

Health care costs can be up to 42% greater for a victim of IPV subsequent to repeated healthcare visits for injuries, psychological trauma, gynecological, heart, and gastrointestinal health problems. Per the CDC, victims of IPV are at higher risk for chronic health problems.

- 80% higher risk of stroke
- 70% higher risk of heart disease
- 70% higher risk of heavy alcohol use
- 60% higher risk of asthma

Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence --- United States, 2005. Centers for Disease Control and Prevention. MMRW, February 8, 2008 / 57(05); 113-117.

Bonomi et al., "Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence," Health Services Research vol. 44, no. 3 (2009): 1052-67.

MHP Social Determinants of Health Assessment

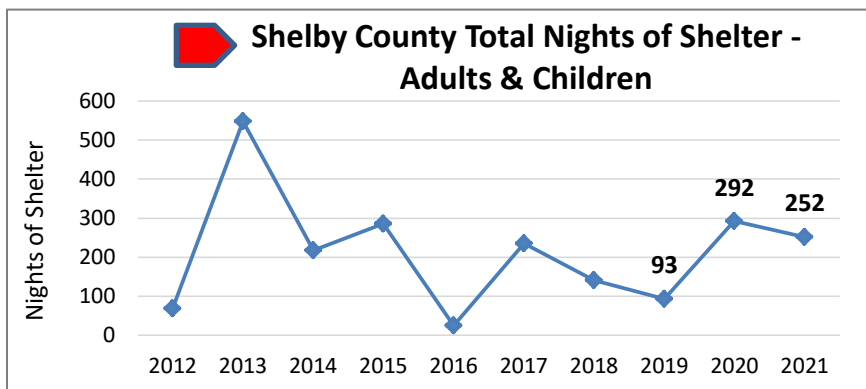
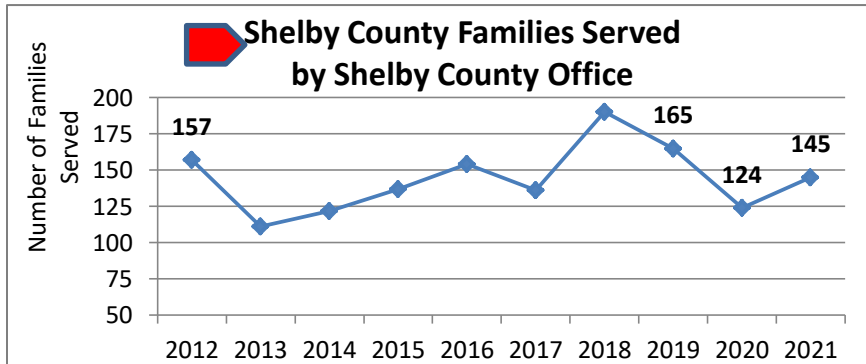
Patients at *Major Health Partners* are screened for IPV and provided information about safety planning and support services. When patients talk with their medical providers about IPV, they are more likely to connect to needed services.

From June – November 2022, 3% of patients at the MHP Family and Internal Medicine Clinic reported feeling unsafe at home.

Turning Point Domestic Violence Services

The Shelby County Turning Point office provides safety planning, support, education, advocacy and help navigating the legal system.

SOCIAL & ECONOMIC FACTORS: Intimate Partner Violence



January – June 2022:
98 Families served

January – June 2022:
392 Nights of Shelter

Shelter is in a central location and accommodates adults and children. Individuals and families may need a single night of shelter or several weeks.

Data provided by Turning Point Domestic Violence Services, Shelby County Office

The Indiana Coalition against Domestic Violence reports a 181% increase in domestic violence related homicides in Indiana since 2020. Call centers also experienced an 87% increase in domestic violence calls. COVID-19 did not create more violence but as with many other issues, exacerbated existing challenges. The Shelby County Turning Point office views the increase in shelter nights as a result of the increase in lethality.

Indiana Coalition Against Domestic Violence Annual Report, July 1, 2020 – June 30, 2021.
<https://icadvinc.org/wp-content/uploads/2022/04/icadv-annual-report-2021-14-final.pdf>

In 2021 there were 251 charges for battery. Of these, 49.8% were for domestic battery.

Total charges for violence: 627 - 21% of all charges in 2021. (n=3,299)

2021 Behavioral Health and Justice Equity Committee on Residents' Behavioral Health and Safety

Another driver in the increase in shelter nights is the lack of affordable housing for victims seeking to leave an abusive relationship. The local Turning Point office reports they have been unable to secure housing for any of their clients in 2022. Previously, this has not been the case. Other community based organizations such as The Bridge are reporting the same challenge.

SOCIAL & ECONOMIC FACTORS: IPV

2022 COMMUNITY HEALTH LISTENING SESSION

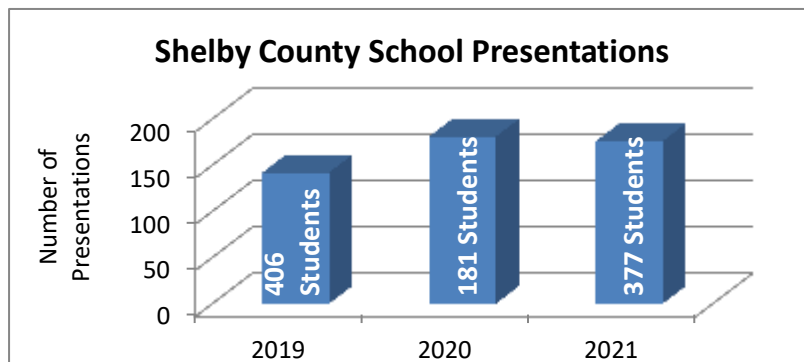
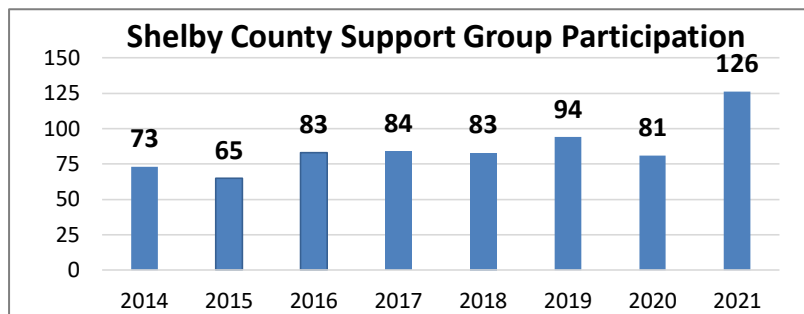
Participants in the listening session with students, instructors and tenants of the Ivy Tech building reported unhealthy relationships; bullying; and physically abusive relationships often resulted in mental health problems. However, they thought most people did not know where to turn for help.

FSSA Health and Well-Being Survey

From August 2018 thru October 1, 2022, 15% of Shelby County respondents were afraid of being hurt at home. Most were female; 28.8% were male. The fear was not defined; however, it is likely many were experiencing IPV.

Are you afraid of being hurt in your apartment building or house?

- 321 YES responses; 15% of Shelby County respondents
- 50% - Single; 31% - Separated or Divorced
- 71.2% - Female
- Largest age ranges: 23– 37= 47.2% of YES responses
- 3.3% - Hispanic
- 2% - Black



January – June 2022:

45 Participants in Support Groups

Turning Point provides support groups in the community and at the Shelby County Jail. Many women in jail for drug-related charges are victims of IPV.

January – June 2022:

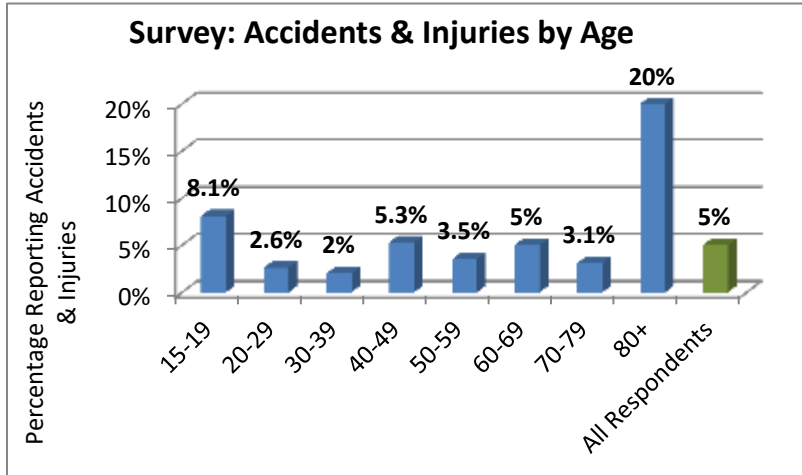
70 Presentations
232 Students

Data Provided by Turning Point Domestic Violence Services

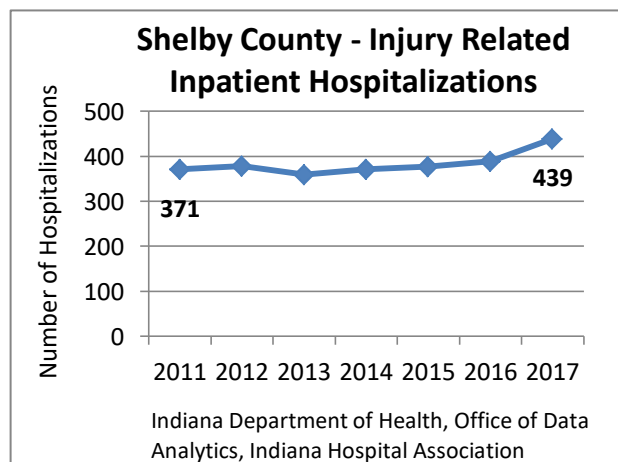
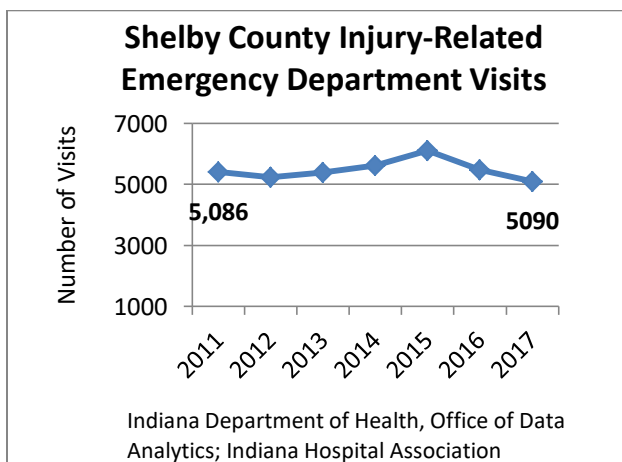
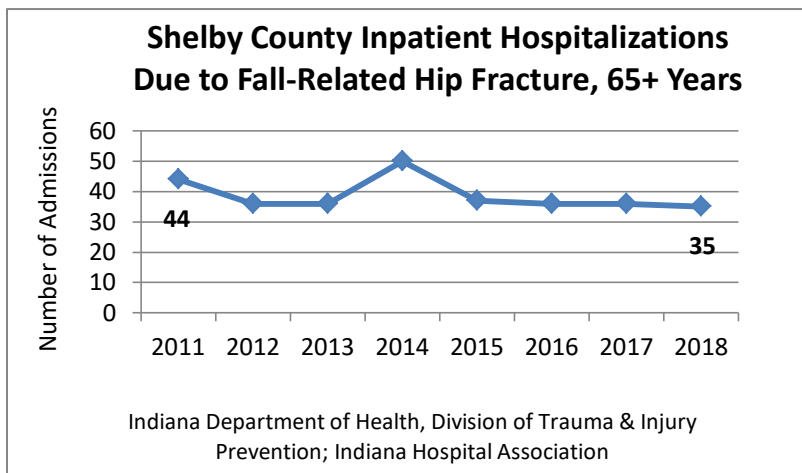
Prevention is essential for reducing IPV. Turning Point Domestic Services has facilitated several awareness and prevention initiatives with male athletes, male community leaders, families, and student presentations.

SOCIAL & ECONOMIC FACTORS: Unintentional Injuries

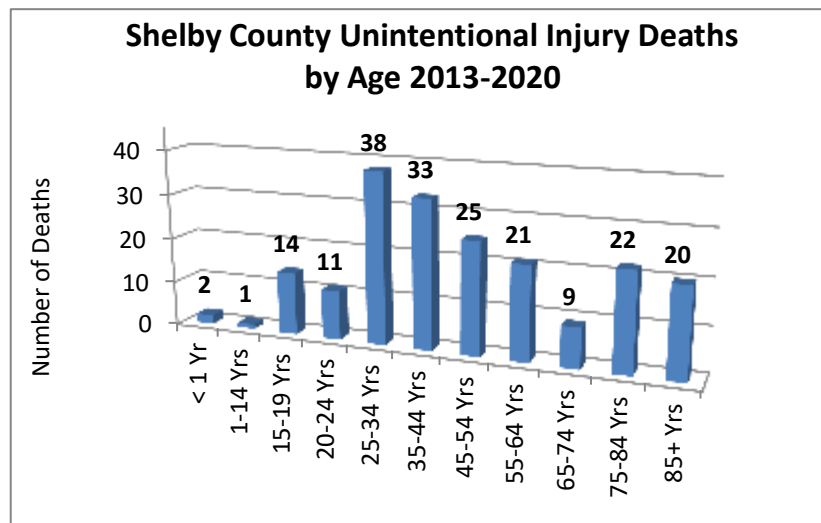
2022 COMMUNITY HEALTH SURVEY



Nearly 5% of survey respondents identified accidents and injuries as a challenge to being healthy. This was truer for 15-19 year old respondents and those 80 years and older.



SOCIAL & ECONOMIC FACTORS: Unintentional Injuries

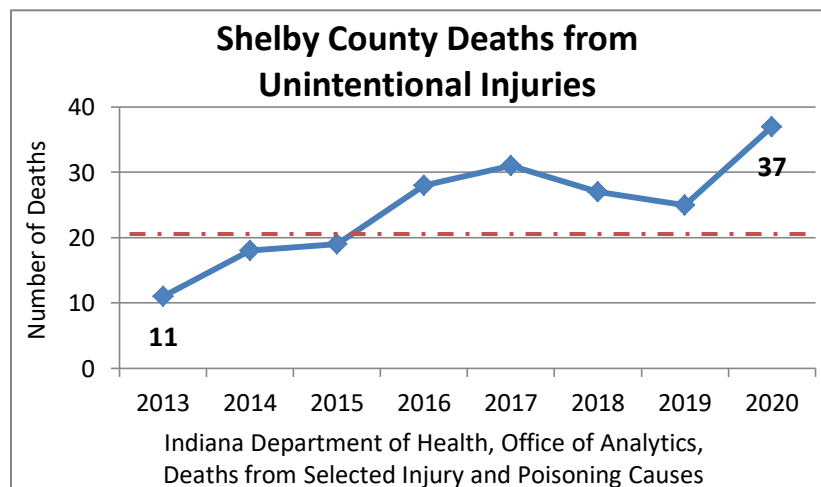


In Shelby County the greatest number of accidents and injuries occurs for persons 25-44 years old.

Indiana Department of Health, Office of Analytics, Number of Deaths from Selected Injury and Poisoning Causes

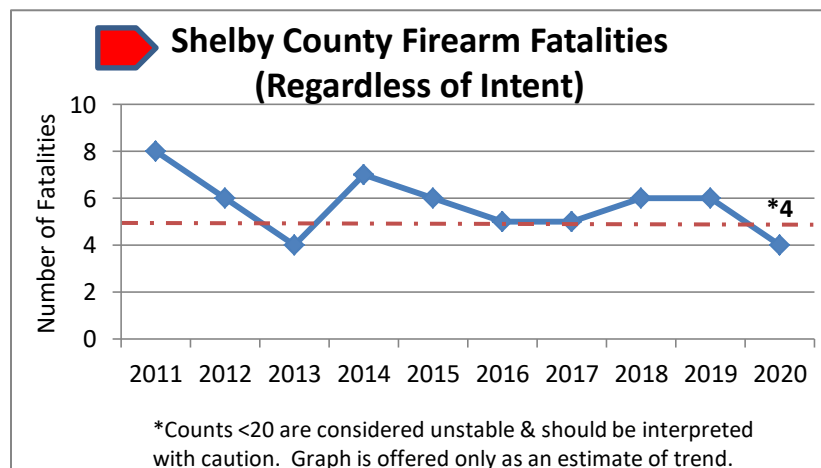
Unintentional Injury Deaths:

Any activity or event that results in an unplanned, accidental death such as Falls, Motor Vehicle Accidents, Poisoning, Overdoses, Fire Drowning, Lightning



Healthy People 2030 Objective: Reduce Unintentional Injury Deaths:

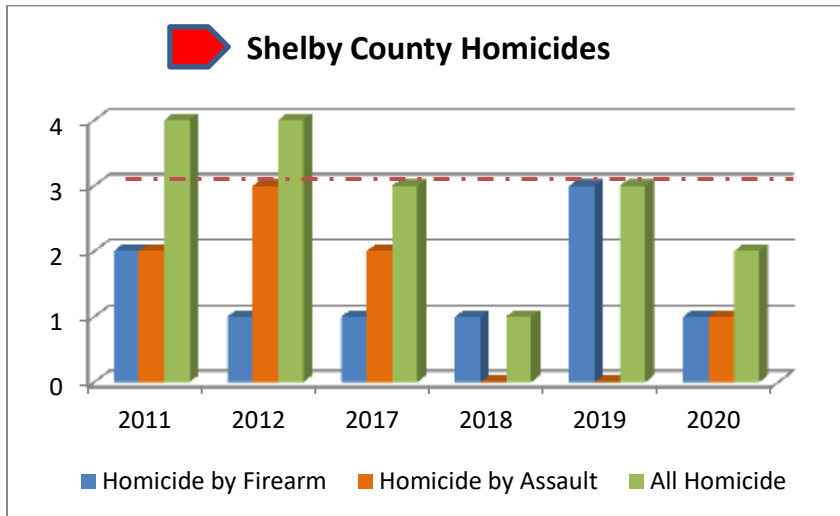
43.2 deaths per 100,000 population
(19 or fewer deaths)



Healthy People 2030 Objective: Reduce Firearm-Related Deaths: 10.7 deaths per 100,000 population (5 or fewer deaths annually)

Indiana Department of Health, Division of Trauma and Injury Prevention, Vital Statistics

SOCIAL & ECONOMIC FACTORS: Intentional Injuries



Healthy People 2030 Objective: Reduce Homicides: 5.5 deaths per 100,000 population (3 or fewer deaths annually)

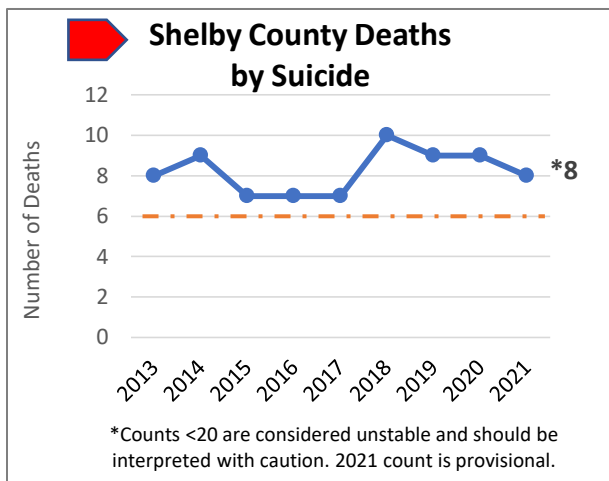
Homicides: 2011 – 2020

- 17 Homicides
- Average of 2.8 Homicides annually
- Median Age: 25-34 Years

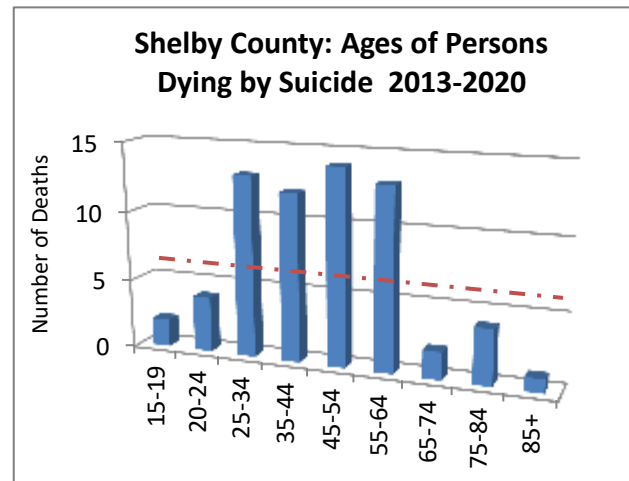
Indiana Department of Health, Office of Analytics, Vital Statistics

*Counts <20 are considered unstable and should be interpreted with caution. Graph is included only to estimate trend. No homicides reported 2013-2016.

Healthy People 2030 Objective: Reduce Suicides: 12.8 deaths or fewer per 100,000 total population (6 or fewer persons annually)



*Counts <20 are considered unstable and should be interpreted with caution. 2021 count is provisional.



Indiana Department of Health, Data Analysis and Risk Factors, Number of Deaths from Selected Injury & Poisoning Causes <https://www.in.gov/health/oda/data-analysis-and-risk-factors/data-analysis-and-risk-factors-home>

HEALTH FACTOR: Social & Economic Factors


COMMUNITY HEALTH PARTNERS

- Advantage Shelby County
- ASSIST Trauma Counseling, Pediatric Sexual Assault Response Team
- Blue River Adult Education
- Blue River Career Center
- Blue River Community Foundation
- CASA – Court Appointed Special Advocates
- Clarity Pregnancy Services
- Community Behavioral Health
- Domestic Violence Task Force
- Excel Center
- Family Services Prevention Programs – Healthy Families
- Firefly Child and Family Alliance (formerly Children’s Bureau)
- Goodwill Nurse-Family Partnership
- Hope House, Greenfield
- Human Services, Incorporated
- Ivy Tech
- Jane Pauley Community Health Center
- Laundry Love – Zion Evangelical Church
- Major Health Partners
- Mana House Food Pantry – Beacon Baptist Church
- Meals before Bedtime
- Neighbors Table – First Christian Church
- Pantry Pals and Food Pantries
- Personal Care Pantry – West St United Methodist Church
- River Valley Legal Aid
- Rupert’s Kids
- Salvation Army
- SART – Sexual Assault Response Team
- S.A.S.S. - Shelby Accessing Social Supports
- Shelby County Coroner
- Shelby County Courts
- Shelby County Department of Child Services
- Shelby County Development Corporation
- Shelby County Division of FSSA
- Shelby County Health Department
- Shelby County Prosecutor’s Office
- Shelby County Schools
- Shelby County Sheriff’s Department
- Shelby County Trustees
- Shelby County VA Medical Clinic
- Shelby County Victim Assistance
- Shelby Go
- Shelby Senior Services
- Shelby Supply Company
- Shelby Transportation Ministry
- Shelbyville Fire Department
- Shelbyville Police Department
- Society of St. Vincent DePaul
- St Joseph’s Catholic Church
- The Bridge – Shelbyville Community Church
- Turning Point Domestic Violence Services
- WIC: Women, Infants and Children
- WorkOne/Work Force Development
- Youth Assistance Program

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

HEALTH FACTOR: Physical Environment

- **Housing**
- **Broadband Internet**
- **Air Pollution**

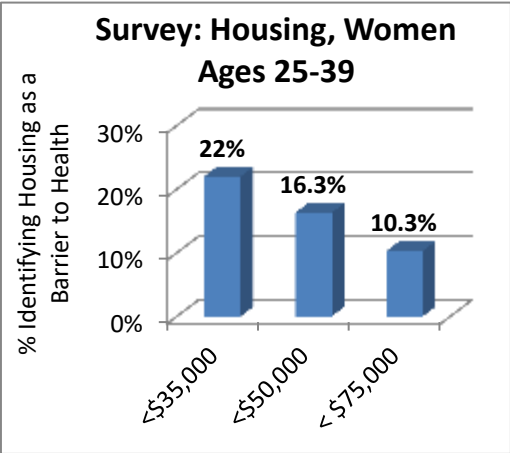
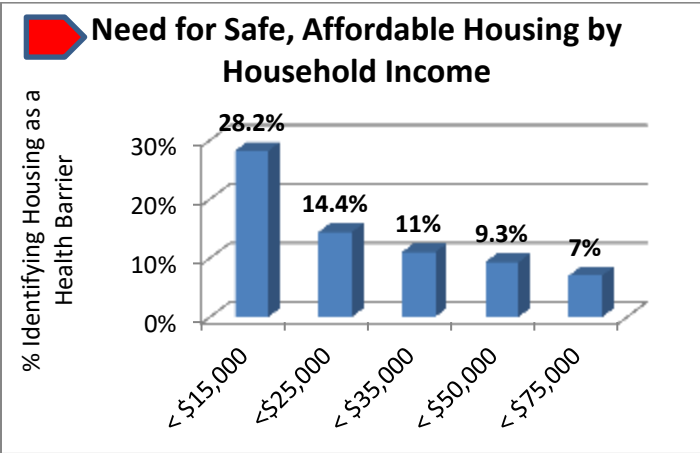
Common ACEs (Adverse Childhood Experiences) are noted with a 

PHYSICAL ENVIRONMENT: Housing

2022 COMMUNITY HEALTH SURVEY

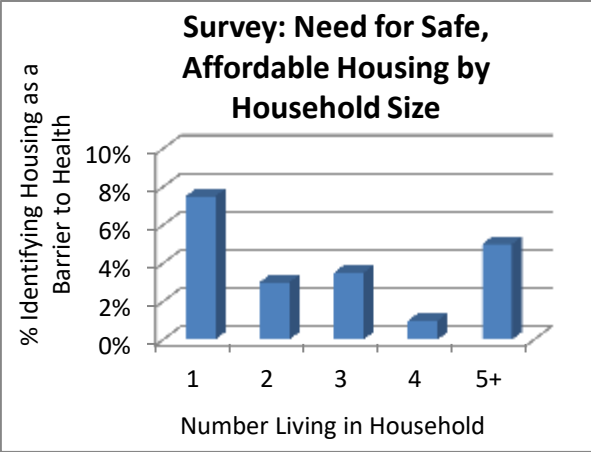
Among survey respondents, 104 persons – 3.5% of respondents identified the lack of safe, affordable housing as a barrier to their personal health. Not surprisingly, this challenge was felt most keenly by persons whose annual household income was \$15,000 or less.

In the FSSA Health and Well-Being survey, unmarried women ages 23-37 in Shelby County were the largest group endorsing several socio-economic challenges, including unstable housing. In the Community Health Survey, this demographic identified many socio-economic barriers to their health as well. The need for affordable, safe housing was greater for this group – 6%. When broken down by household income, the impact was greater still.



Our Shelby County neighbors are a family of 6: Mom, Dad, their 3 children, and a grandchild subsequent to allegations of child abuse/neglect. A family breadwinner had health problems which resulted in loss of household income and the need for community supports. The family’s apartment would not accommodate the addition of the grandchild, and the family was forced to relocate.

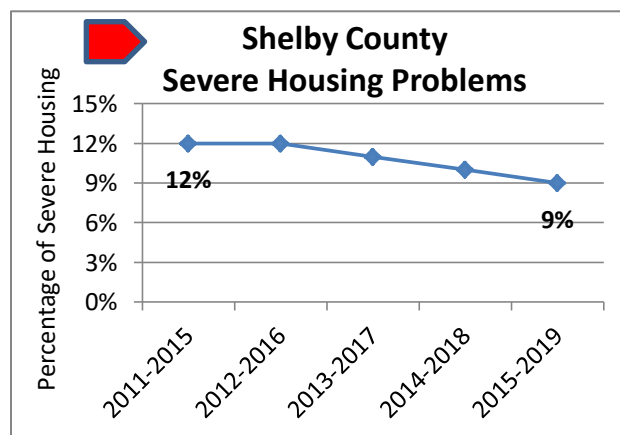
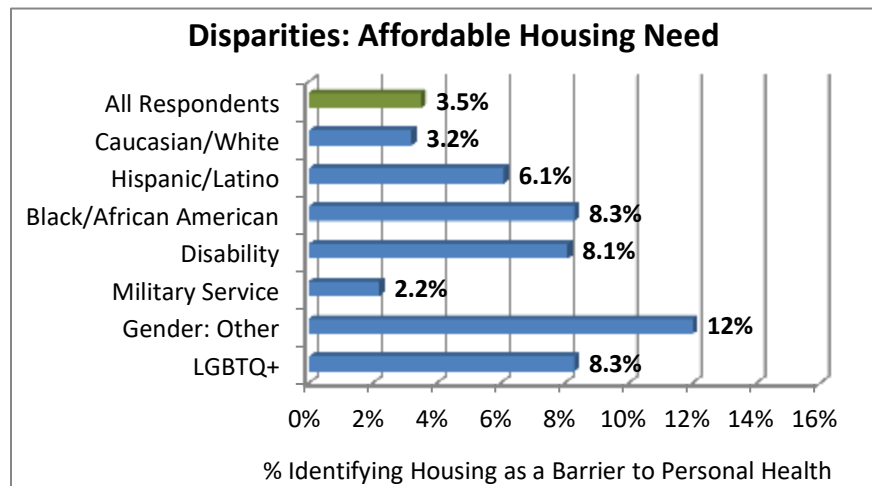
The addition of another child in the family, combined with the increased cost in housing for a new rental, as well as loss of income from unexpected health issues and expenses, created a challenging situation for the family to maintain stability.



Common Family Challenges Story from Youth Assistance Program

PHYSICAL ENVIRONMENT: Housing

2022 COMMUNITY HEALTH SURVEY

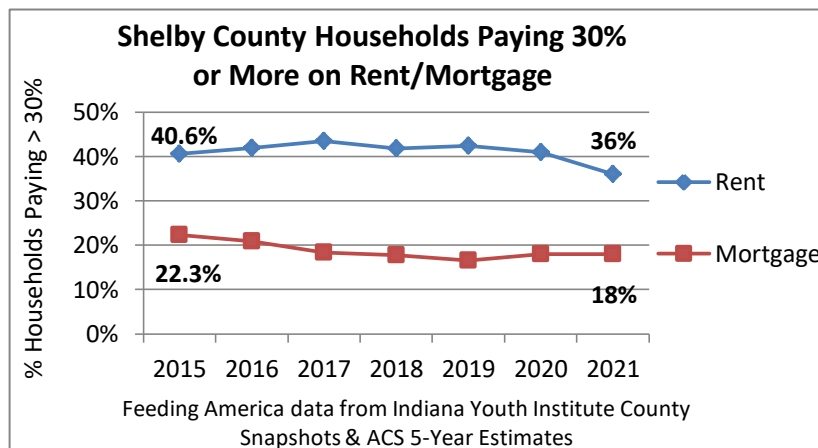


Comprehensive Housing Affordability Strategy Data, Department of Housing and Urban Development, from County Health Rankings, Shelby County

Severe Housing Problems:

Percentage of households with one or more of the following problems:

- Lacks complete kitchen facilities
- Lacks complete plumbing facilities
- Overcrowded
- Severely cost burdened: in Shelby County, 9% of households spend 50% or more of household income on housing



2021 Rent/Mortgage:

Home-owners with Mortgage:

- 59% paid less than 20% of household income
- 14.5% paid 35% or greater

Renters:

- 27.1% - paid 35% or more of household income on rent

PHYSICAL ENVIRONMENT: Housing.

Broadband Internet.

Housing Health Impact in Shelby County

The Vizient Vulnerability Index identifies a moderate to strong relationship between the quality of housing and high prevalence rates for some health conditions (below). As MHP continues to gather patient data on the Social Determinants of Health, more will come to be understood about the meaning of this relationship.

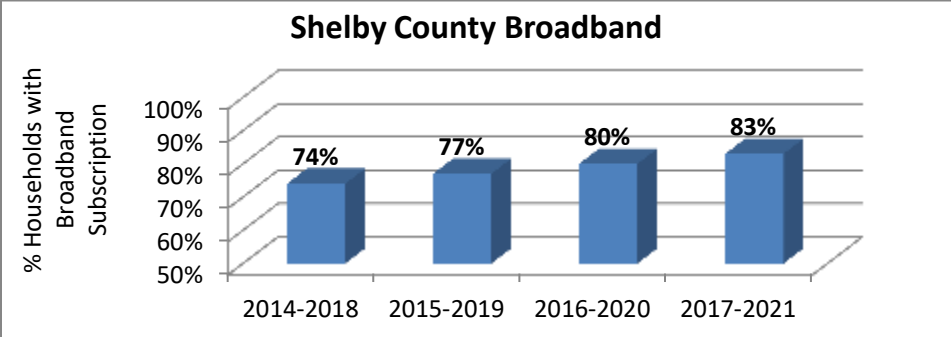
- Alcohol Abuse
 - Cancer
 - High A1C (blood sugar test that can indicate pre-diabetes or diabetes)
 - HIV
 - Peripheral vascular disease (progressive circulation disorder)
 - Psychosis
- Sg2 – Vizient Health Equity Strategy Alignment Tool, 2022

Broadband Internet

If ever there was a time that brought home the need for high-speed broadband internet access, it was in 2020 and 2021. While schools were closed, students sat in cars in parking lots in order to access high-speed internet for classes. Healthcare went virtual and without high-speed internet, was limited to provider - patient phone calls. While social media found hundreds of ways to make fun of virtual meetings, those meetings became the norm for keeping everything moving while the Nation stood still.

High-speed broadband internet connects Shelby County to education, employment, and health care opportunities and is essential for economic development. The federal government has defined broadband standard speed as 25 Mbps down/3 Mbps up.

Discounted plans are available for some low-income households. WIC enrollees qualify for a 30% discount. However, some carriers with discounts do not extend into rural Shelby County.

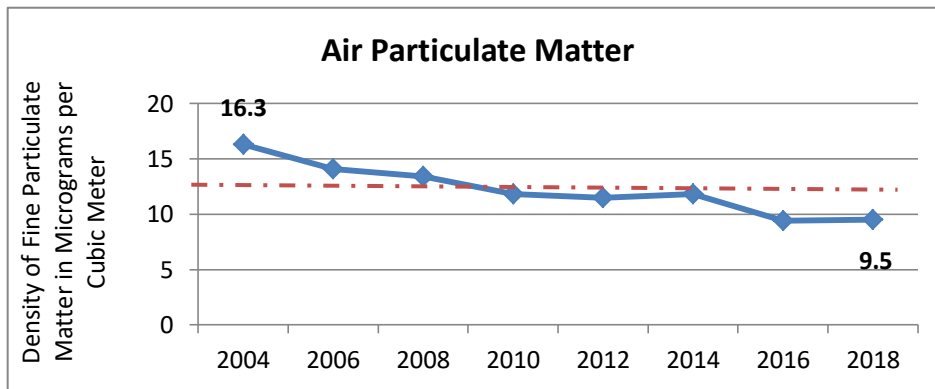


U.S. Census Bureau, American Community Survey 5-Year Estimates

PHYSICAL ENVIRONMENT: Air Pollution

Air Particulate Matter

In 2018 the average daily density of fine particulate matter in micrograms per cubic meter was 9.5. Air particulate matter has been decreasing for the last 2 decades.

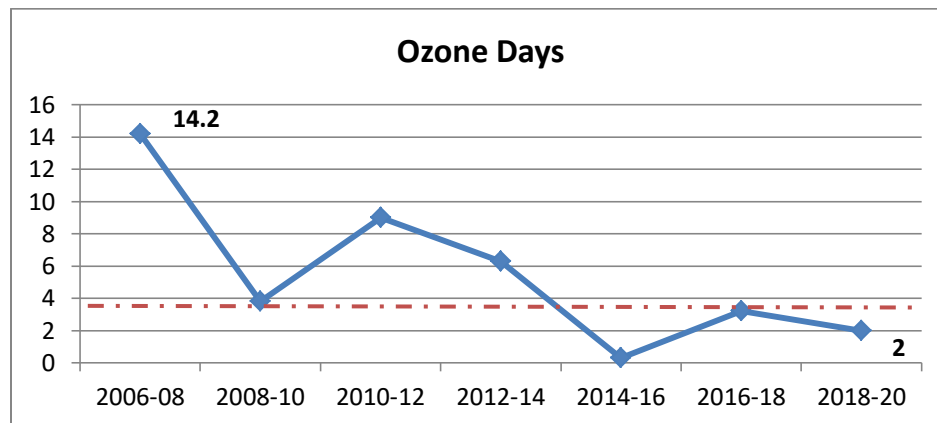


EPA annual standard is 12.0 micrograms per cubic meter.

CDC's National Environmental Public Health Tracking Network from County Health Rankings, Shelby County

The Annual Ozone Air Quality grade for 2018-2020 is 2.

Ozone is an important shield against ultraviolet rays. It is also a pollutant that causes health problems at ground level. Ozone primarily affects the respiratory tract, causing breathing difficulties, aggravating existing lung diseases, and inflaming lung tissue. Children, people with lung disease, and older adults tend to be more sensitive to ozone.



Shelby County had a high of 34 ozone days in 2001-2003.

Below 3.2 ozone days is the goal.

American Lung Association. State of the Air Report Card for Shelby County

HEALTH FACTOR: Physical Environment

COMMUNITY HEALTH PARTNERS

- **City of Shelbyville Landlord – Rental Property Registration**
- **Environmental Protection Agency**
- **Habitat for Humanity**
- **Human Services, Incorporated**

An extensive list of Community Partners for prevention, treatment, care and enrichment may be found on pages 156-159.

COMMUNITY

HEALTH PARTNERS

In addition to the Partners listed at the end of each section, the following community stakeholders play a role in improving the health and well-being of Shelby County.

ALLIED HEALTH

- ASSIST (Franklin) Trauma Counseling & Support Services; Pediatric Sexual Assault Response Team
- 4 Assisted Living Facilities
- Beyond the Label Autism Services
- Cancer Association of Shelby County
- 5 Chiropractic Care Offices
- Clarity Pregnancy Services
- CICOA's Shelby County Services
- Community Advocate Navigator for Shelbyville Fire Department
- Community Behavioral Health
- 3 County EMS/Fire Stations
- 6 County Volunteer Fire Stations
- 10 Dental Practices
- 3 Dialysis Centers
- 1 Durable Medical Equipment Provider
- 5 Extended Care Facilities
 - 1 Pediatric Vent Facility
- Family Prevention Program Services – Healthy Families
- Firefly (formerly Children's Bureau)
- First Steps
- 5 Fitness Centers/Gyms
- Goodwill Nurse-Family Partnership
- Hancock Immediate Care, Morristown
- 7 Home Health/Hospice Providers on the Major Hospital Choice List
 - 4 Home Infusion Providers
 - 12 Hospice Providers
 - 2 Inpatient Hospice Centers (Columbus Our Hospice &

Indianapolis Franciscan Health)

- Healthy Partners
- Human Services, Inc.
- Jane Pauley Community Health Center
- 6 Massage Therapy Businesses
- Meals before Bedtime
- Medicaid Medical Transportation via State: Southeast Trans
- 9 Mental health/substance abuse practices
- 2 Medical Alert Companies serving the County
- 3 Non-medical home health providers located in Shelbyville
- 1 Occupational Health Center
- 4 Optometry Practices
- 1 Oral Surgery, Limited Scope
- 1 Orthodontics Practice
- Pantry Pals
- 6 Pharmacies
- 2 Physical Therapy Practices
- 1 Private Ambulance Company
- Rock Steady Boxing
- SART (Sexual Abuse Response Team)
- Shelby County VA Medical Clinic
- ShelbyGo
- Shelby Senior Services
- Shelby Transportation Ministries
- SHIP Counselors
- Twelve Step Programs: AA, NA, Alanon
- Women, Infants, and Children

ARTS, ENTERTAINMENT, RECREATION

- Blue River Bowl
- Blue River Memorial Park Cross Country Course
- Blue River Trail
- Community Band & Community Choir
- Echo Effects
- First Fridays
- Grover Museum
- High School Sports
- Intelliplex Trails
- Meltzer Woods
- Meridian Aquatic Park & Family Center

COMMUNITY HEALTH PARTNERS

- Morristown, Boggstown, Fairland & Flat Rock Parks
- National Bike Route 35
- Neighborhood Farmers Markets by Harker Family Orchard, Inc.
- Pleasant View Orchard
- Rivers Edge Golf Course
- Shelbyville Parks and Recreation Center: 6 City parks
- Shelby County Arts in the Park
- Shelby County Fair Grounds
- Shelby County Farmers Market
- Shelby County Players
- Shelby County Special Olympics
- Shelby County Tourism
- Strand Theatre Corporation
- Shelby County Purdue Extension Service
- USDA Rural Development
- WorkOne Workforce Development

EDUCATION & YOUTH DEVELOPMENT

- Advantage Shelby County
- Blue River Career Center
- Blue River Community Foundation
- Boys and Girls Clubs: Shelbyville, Morristown & Waldron
- Boy Scouts/Cub Scouts
- Church Youth Programs
- Firefly (formerly Children's Bureau)
- 4 School Systems/5 Schools
 - 2 Parochial Schools
 - 1 Virtual School
 - 1 Charter School
- 4-H
- Girls, Inc.
- Girl Scouts
- Grover Museum
- Head Start/Early Head Start
- Ivy Tech
- Purdue Extension Services

- Studio 10 Cinemas
- Symbiosis
- Youth Sports Leagues & Gymnastics

ECONOMIC & COMMUNITY DEVELOPMENT

- Advantage Shelby County
- Blue River Adult Education
- Blue River Community Foundation
- City and County Common Councils
- City and County Government
- County Commissioners
- Early Learning Shelby County
- Ivy Tech
- Leadership Shelby County
- Mainstreet Shelbyville
- Morristown Chamber of Commerce
- SCUFFY
- Shelby County Chamber of Commerce
- Shelby County Economic Development
- Rose Hulman Emerge
- Senses Gym
- Shelby County Drug Free Coalition
- Shelby County Special Olympics
- Youth sports leagues

ENVIRONMENTAL RESOURCES

- Master Gardeners
- Purdue Extension Services
- Shelby County Health Department
- Shelby County Solid Waste Management
- Shelby County Water Treatment
- Shelbyville Street Department

FAITH BASED COMMUNITIES & MINISTRIES

- Per internet search, up to 80+ different traditional and non-traditional churches/house churches/church starts
- Clarity Pregnancy Care
- Coat Give-Away – First Church of God
- Echo Effects
- Grace House for men and for women
- Laundry Love – Zion Evangelical Church

COMMUNITY HEALTH PARTNERS

- Mana House Food Pantry – Beacon Baptist Church
- 2 Ministerial Associations
- Neighbor’s Table-First Christian Church
- Opportunity Zone – First Presbyterian Church
- Pantry Pals 5 Church-based pantries
- Personal Care Pantry – West St United Methodist Church
- Salvation Army – multiple programs including congregant meals
- Shelbyville Community Church
 - Shelby Supply Company
 - The Bridge
 - Women’s Residential
 - Landing Zone
- Shelbyville Seventh Day Adventist: Community Center and Pantry
- Shelbyville Transportation Ministry
- Society of St Vincent DePaul
- St. Joseph’s Catholic Church & Hispanic/Latino Congregation

These and many more offer a variety of services & local assistance in addition to spiritual care

MEDIA

- Addison Times
- Giant FM
- Shelby County Post
- Shelbyville News
- Shelbyville Today

PHILANTHROPIC

- Blue River Community Foundation
- City and County Racino Funds
- Duke Energy
- Habitat for Humanity
- Major Foundation
- Rush-Shelby Energy
- SCUFFY

- Walmart

PUBLIC ASSISTANCE & ADVOCACY

- Aktion Club
- Arc of Shelby County
- Cancer Association of Shelby County
- CASA
- CICOA
- Clarity Pregnancy Services
- City of Shelbyville Behavioral Health and Justice Equity
- Community Advocate of Shelbyville Fire Department
- Domestic Violence & Sexual Assault Task Force
- Double SNAP at Shelby County’s Farmers Market
- Firefly Child and Family Alliance
- Food Pantries
- FUSE (Families United for Support and Encouragement)
- Gleaners
- Grace House
- Habitat for Humanity
- Hope House (Greenfield, serves Shelby County)
- Human Services, Inc.
- Mario Hayes Bilingual Services
- Master Gardeners – Community Gardens
- Meals on Wheels
- Neighborhood Farmers Market
- Red Cross
- River Valley Legal Aid
- Rupert’s Kids
- Salvation Army
- S.A.S.S. Shelby Accessing Social Supports
- Shares, Incorporated
- Shelby County Active Aging Coalition
- Shelby County Division of FSSA
- Shelby County Drug Free Coalition
- Shelby County Trustees
- Shelby County Victim Assistance
- Shelby Senior Services

COMMUNITY HEALTH RESOURCES

- Senior Law Project of Indiana Legal Services
- Turning Point Domestic Violence Services
- VASIA Volunteer Advocates for Seniors and Incapacitated Adults
- Youth Assistance Program

PUBLIC SAFETY

- Adult Protective Services
- Department of Child Services
- Shelby County Bar Association
- Shelby County Community Corrections
- Shelby County Courts
- Shelby County Emergency Management
- Shelby County Health Department
- Shelby County Fire Departments
- Shelby County Probation
- Shelby County Prosecutor's Office
- Shelby County Sheriff's Department
- Shelbyville Fire Department
- Shelbyville Police Department

OTHER CIVIC ORGANIZATIONS

- Business and Professional Women
- Fraternal Order of Police – Lodge 84 and the FOP Auxiliary
- Kiwanis Club of Shelbyville
- Knights of Columbus 822
- Morristown Matters
- Psi Iota Xi, Beta Phi Chapter
- Rotary Club of Shelbyville
- Shelby County Builders Association
- Shelby County Farm Bureau
- Shelbyville Lion's Club
- Veterans of Foreign Wars Post 2695
- Waldron Will

The risk of such a list of stakeholders is that an important organization will be inadvertently excluded. Apologies are offered up front for any omission. In countless ways, Shelby County steps up to improve life now and into the future. And that takes all of us together.

INFORMATION GAPS

The 2022 CHNA provides the most recent data for Shelby County at the time of the report. Major Health Partners serves 80% of the Shelby County market, so Shelby County data in this CHNA reflects the reality of the County.

Published data typically lags behind by a year or two. However, secondary to the pandemic, some available data was even older. Regional and State data were provided when Shelby County data was unavailable or too old to be of current value. Ongoing review of data as it becomes available will be necessary for continuous learning about the needs of the communities of Shelby County.

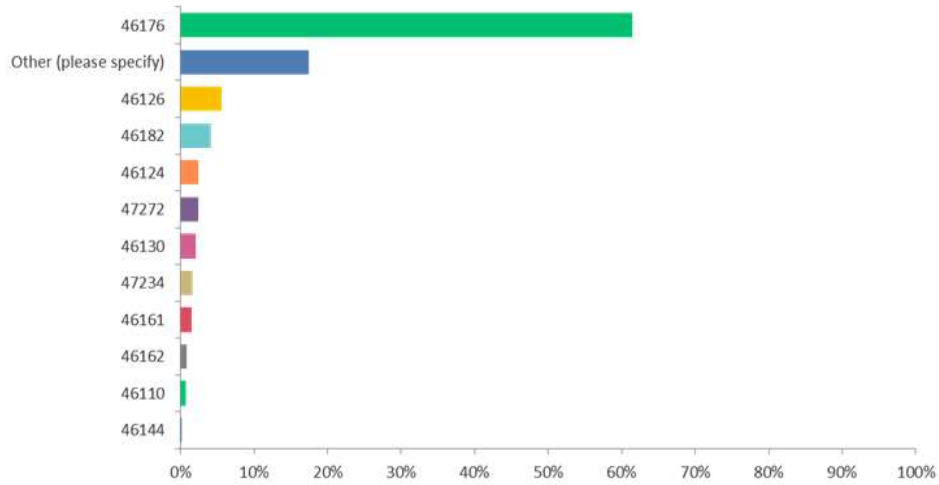
The Community Health Survey had representation commensurate with the population of Shelby County's communities. Participation of members of the Hispanic/Latino community was similar to that of the 2019 survey. Concerted effort was made to place Spanish language survey materials in Hispanic groceries, through schools, apartment complexes, and with Hispanic faith communities, especially St. Joseph's Catholic Church. Trusted members of the community such as the priest at St. Joseph's and the Spanish language Interpreter at MHP promoted the survey. Nearly half of the 2.2% Hispanic/Latino respondents were ages 15-19 years. Fifty-three percent (53%) were ages 20-59. A better understanding of the perspectives of household decision-makers is needed.

Major Health Partners has held two health fairs at Hispanic groceries in order to begin developing trusting relationships so that the health needs of our Hispanic neighbors may be better addressed. Other measures, such as a trusted Hispanic/Latino Community Health Worker, are being explored so that greater health equity may be achieved for the benefit of the Hispanic/Latino community and for Shelby County.

2022 Community Health Survey

Q1: What is your Zip Code?

Answered: 1483 ,: 5



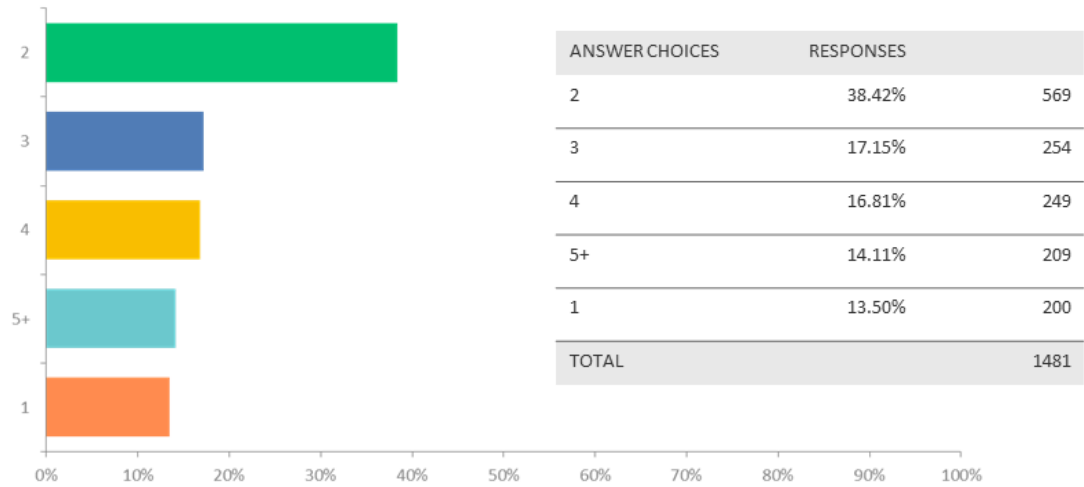
Q1: What is your Zip Code?

Answered: 1483 ,: 5

| ANSWER CHOICES | RESPONSES | |
|------------------------|-----------|-------------|
| 46176 | 61.43% | 911 |
| Other (please specify) | 17.46% | 259 |
| 46126 | 5.53% | 82 |
| 46182 | 4.11% | 61 |
| 46124 | 2.43% | 36 |
| 47272 | 2.36% | 35 |
| 46130 | 2.09% | 31 |
| 47234 | 1.62% | 24 |
| 46161 | 1.48% | 22 |
| 46162 | 0.81% | 12 |
| 46110 | 0.74% | 11 |
| 46144 | 0.07% | 1 |
| TOTAL | | 1485 |

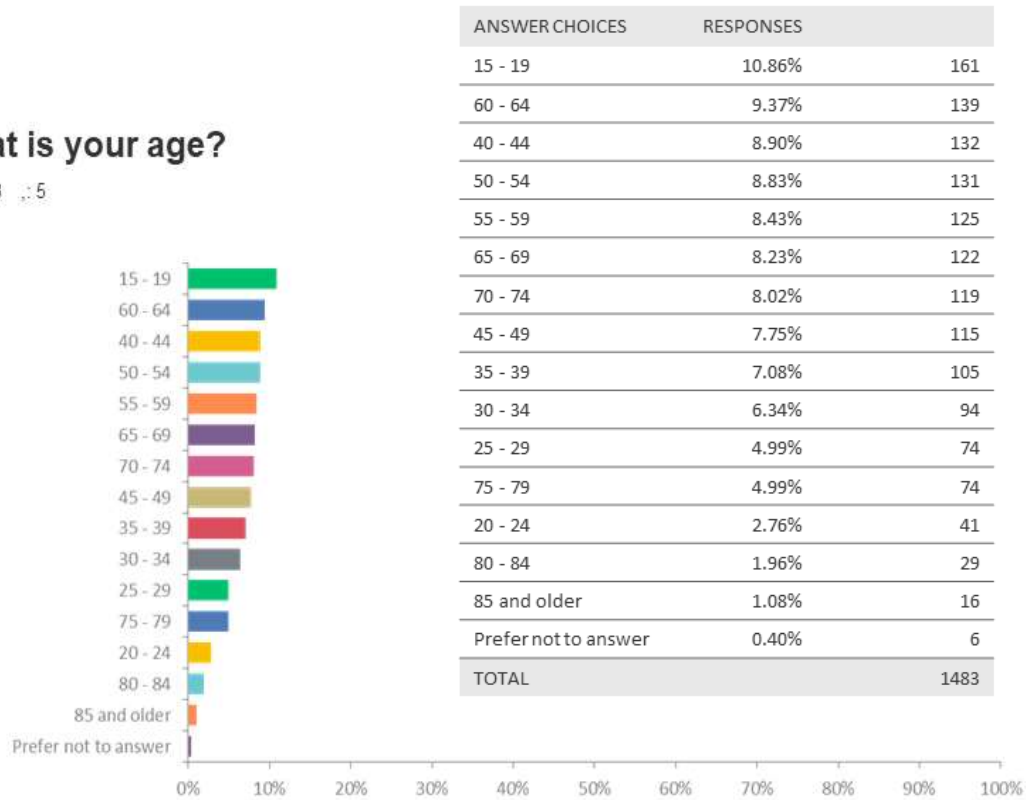
Q2: How many people live in your household?

Answered: 1481 ,: 7



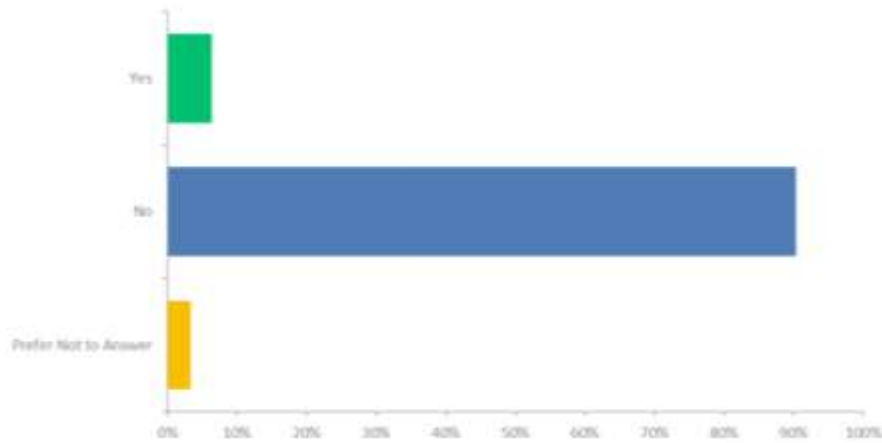
Q3: What is your age?

Answered: 1483 ,: 5



Q4: Have you served or are you presently serving in the armed forces?

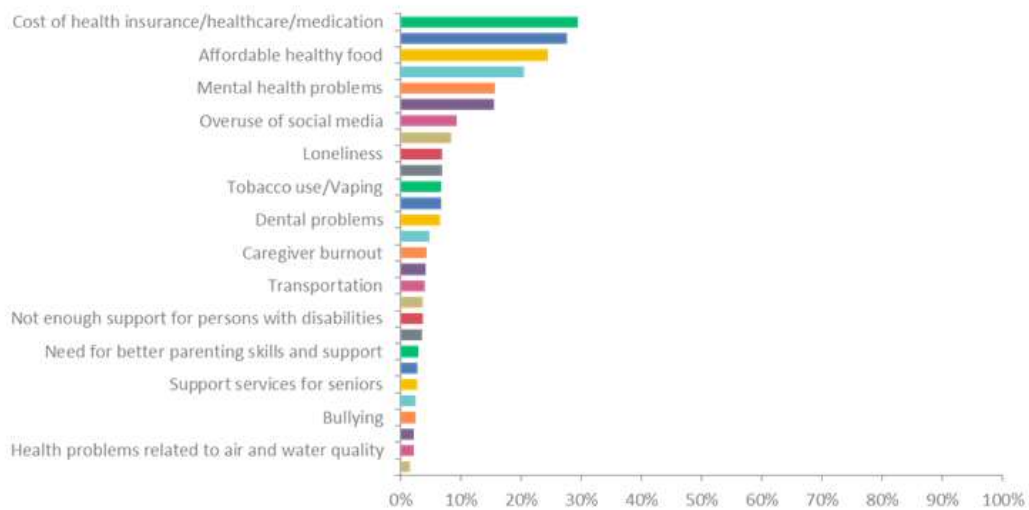
Answered: 1458 30



| ANSWER CHOICES | RESPONSES |
|----------------------|-------------|
| Yes | 6.31% 92 |
| No | 90.40% 1318 |
| Prefer Not to Answer | 3.29% 48 |
| TOTAL | 1458 |

Q5: Which of the following issues make it hard for you to be healthy? Please check all that apply.

Answered: 1488 0



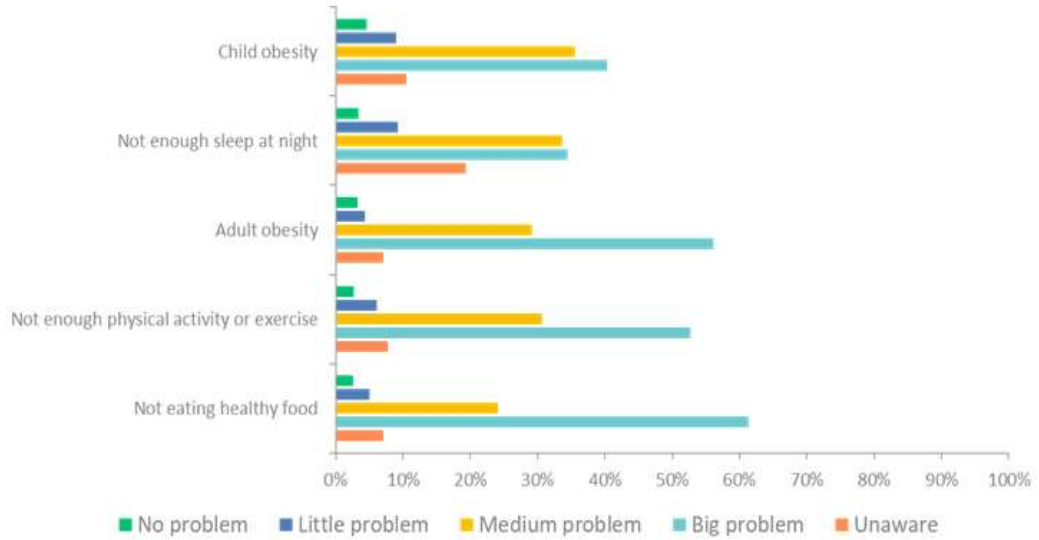
Q5: Which of the following issues make it hard for you be healthy? Please check all that apply.

Answered: 1488 ; 0

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-------------|
| Cost of health insurance/healthcare/medication | 29.44% | 438 |
| None. I have no issues that negatively impact my health. | 27.62% | 411 |
| Affordable healthy food | 24.46% | 364 |
| Obesity | 20.50% | 305 |
| Mental health problems | 15.59% | 232 |
| Chronic disease (such as cancer, diabetes, heart disease) | 15.52% | 231 |
| Overuse of social media | 9.27% | 138 |
| Other (please specify) | 8.40% | 125 |
| Loneliness | 6.85% | 102 |
| Affordable and available health screenings (mammograms, etc.) | 6.79% | 101 |
| Tobacco use/Vaping | 6.72% | 100 |
| Physically/mentally unhealthy relationships | 6.65% | 99 |
| Dental problems | 6.59% | 98 |
| Accidents and injuries | 4.70% | 70 |
| Caregiver burnout | 4.30% | 64 |
| Quality childcare either daily or after school services | 4.10% | 61 |
| Transportation | 4.03% | 60 |
| Poverty | 3.70% | 55 |
| Not enough support for persons with disabilities | 3.63% | 54 |
| Finding safe, affordable housing | 3.49% | 52 |
| Need for better parenting skills and support | 2.89% | 43 |
| Victim of violent crimes, assault, sexual violence and domestic violence | 2.82% | 42 |
| Support services for seniors | 2.76% | 41 |
| Finding health information | 2.49% | 37 |
| Bullying | 2.49% | 37 |
| Substance abuse and/or illegal drug use | 2.22% | 33 |
| Health problems related to air and water quality | 2.22% | 33 |
| Homelessness | 1.48% | 22 |
| TOTAL | | 3448 |

Q6: How much of a problem do you think the following issues are in Shelby County?

Answered: 1484 ; 4



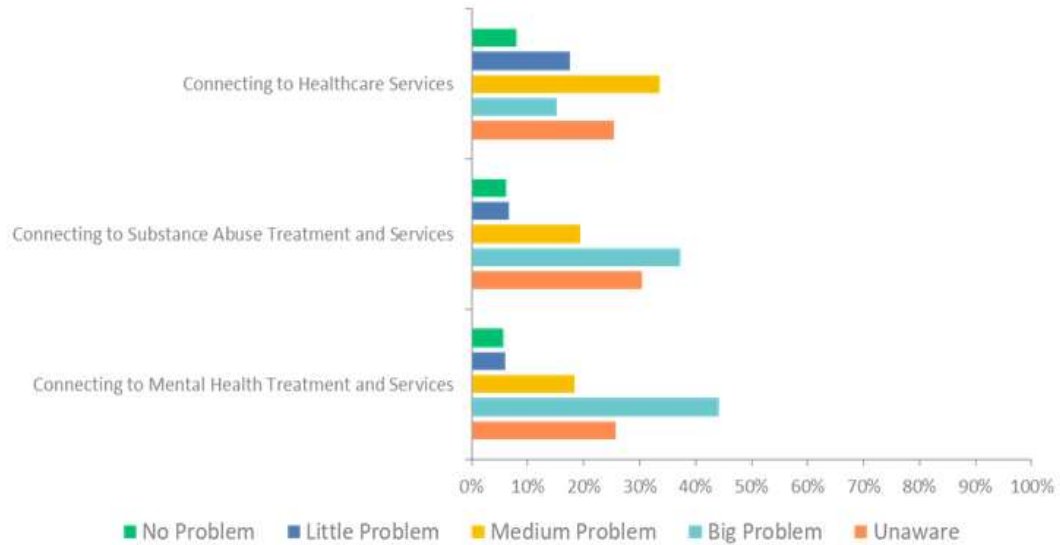
Q6: How much of a problem do you think the following issues are in Shelby County?

Answered: 1484 ; 4

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|--|-------------|----------------|----------------|---------------|---------------|-------|
| Child obesity | 4.58% 67 | 9.03% 132 | 35.57% 520 | 40.36% 590 | 10.47% 153 | 1462 |
| Not enough sleep at night | 3.39% 50 | 9.23% 136 | 33.67% 496 | 34.42% 507 | 19.28% 284 | 1473 |
| Adult obesity | 3.30% 49 | 4.32% 64 | 29.20% 433 | 56.10% 832 | 7.08% 105 | 1483 |
| Not enough physical activity or exercise | 2.77% 41 | 6.09% 90 | 30.65% 453 | 52.71% 779 | 7.78% 115 | 1478 |
| Not eating healthy food | 2.57% 38 | 5.01% 74 | 24.05% 355 | 61.25% 904 | 7.11% 105 | 1476 |

Q7: How much of a problem do youth and adults have connecting with services in Shelby County?

Answered: 1479 9



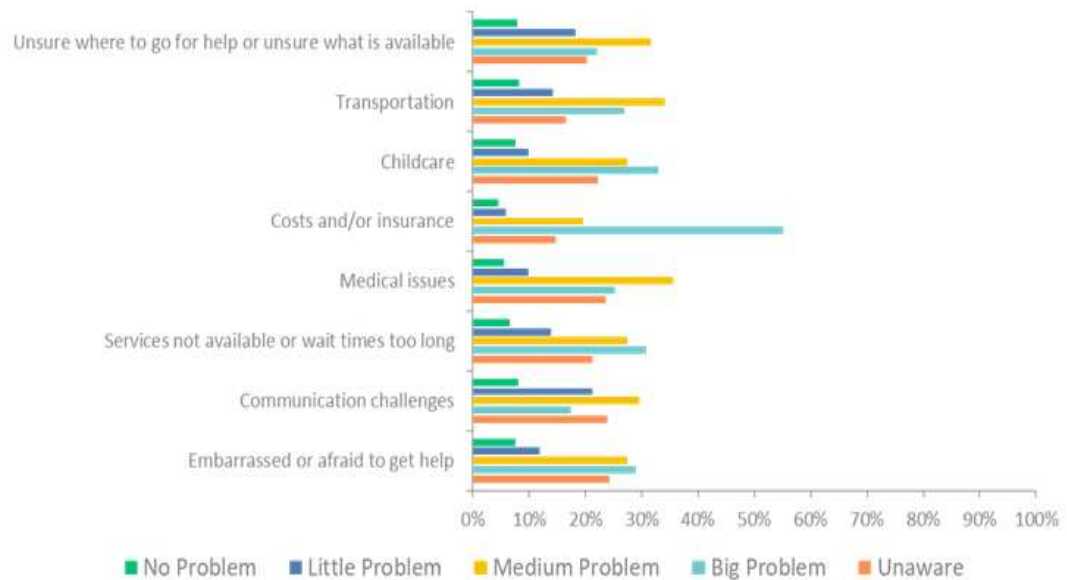
Q7: How much of a problem do youth and adults have connecting with services in Shelby County?

Answered: 1479 9

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|--|--------------|----------------|----------------|---------------|---------------|-------|
| Connecting to Healthcare Services | 8.06% 119 | 17.55% 259 | 33.67% 497 | 15.24% 225 | 25.47% 376 | 1476 |
| Connecting to Substance Abuse Treatment and Services | 6.11% 90 | 6.66% 98 | 19.43% 286 | 37.36% 550 | 30.43% 448 | 1472 |
| Connecting to Mental Health Treatment and Services | 5.68% 84 | 5.95% 88 | 18.40% 272 | 44.18% 653 | 25.78% 381 | 1478 |

Q8: How much of a problem are the following issues for youth and adults when they want or need healthcare in Shelby County?

Answered: 1479 ; 9



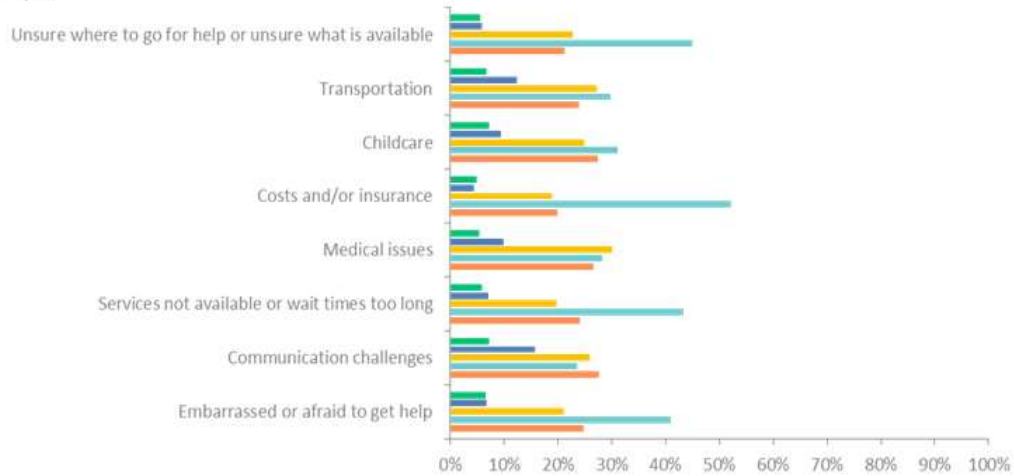
Q8: How much of a problem are the following issues for youth and adults when they want or need healthcare in Shelby County?

Answered: 1479 ; 9

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|---|--------------|----------------|----------------|---------------|---------------|-------|
| Unsure where to go for help or unsure what is available | 7.89% 116 | 18.23% 268 | 31.56% 464 | 22.04% 324 | 20.27% 298 | 1470 |
| Transportation | 8.20% 120 | 14.29% 209 | 34.04% 498 | 26.86% 393 | 16.61% 243 | 1463 |
| Childcare | 7.58% 111 | 9.83% 144 | 27.44% 402 | 32.97% 483 | 22.18% 325 | 1465 |
| Costs and/or insurance | 4.58% 67 | 5.87% 86 | 19.60% 287 | 55.19% 808 | 14.75% 216 | 1464 |
| Medical issues | 5.61% 82 | 9.92% 145 | 35.66% 521 | 25.26% 369 | 23.55% 344 | 1461 |
| Services not available or wait times too long | 6.60% 97 | 13.95% 205 | 27.48% 404 | 30.82% 453 | 21.16% 311 | 1470 |
| Communication challenges | 8.08% 118 | 21.15% 309 | 29.57% 432 | 17.39% 254 | 23.82% 348 | 1461 |
| Embarrassed or afraid to get help | 7.48% 110 | 11.84% 174 | 27.48% 404 | 28.91% 425 | 24.29% 357 | 1470 |

Q9: How much of a problem are the following issues for youth and adults when they want or need mental health and/or substance abuse services in Shelby County?

Answered: 1472 ; 16



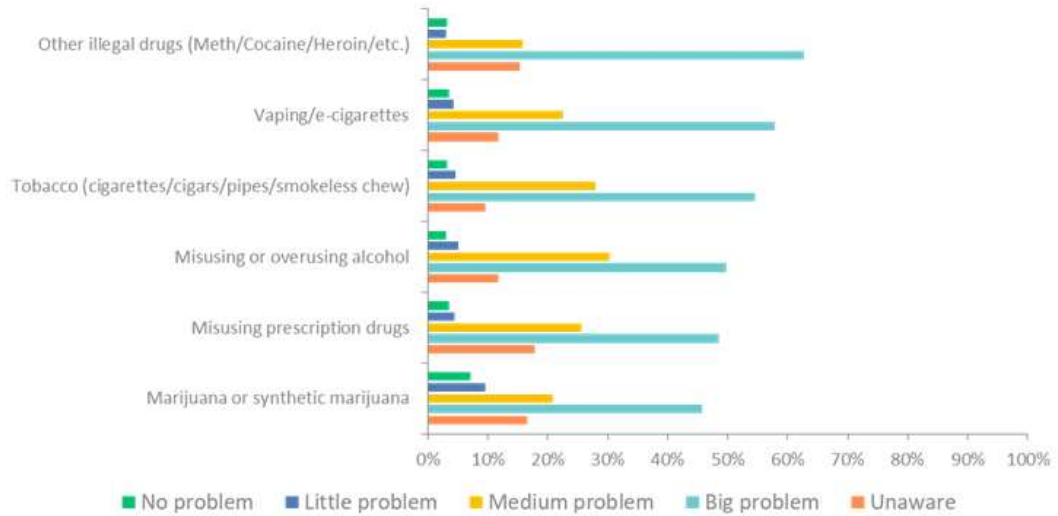
Q9: How much of a problem are the following issues for youth and adults when they want or need mental health and/or substance abuse services in Shelby County?

Answered: 1472 ; 16

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|---|--------------|----------------|----------------|---------------|---------------|-------|
| Unsure where to go for help or unsure what is available | 5.46% 80 | 5.80% 85 | 22.65% 332 | 44.88% 658 | 21.21% 311 | 1466 |
| Transportation | 6.77% 99 | 12.37% 181 | 27.27% 399 | 29.67% 434 | 23.92% 350 | 1463 |
| Childcare | 7.14% 104 | 9.40% 137 | 24.98% 364 | 31.09% 453 | 27.39% 399 | 1457 |
| Costs and/or insurance | 4.85% 71 | 4.37% 64 | 18.84% 276 | 52.08% 763 | 19.86% 291 | 1465 |
| Medical issues | 5.29% 77 | 9.82% 143 | 30.15% 439 | 28.23% 411 | 26.51% 386 | 1456 |
| Services not available or wait times too long | 5.94% 87 | 7.10% 104 | 19.73% 289 | 43.21% 633 | 24.03% 352 | 1465 |
| Communication challenges | 7.18% 105 | 15.72% 230 | 25.97% 380 | 23.51% 344 | 27.61% 404 | 1463 |
| Embarrassed or afraid to get help | 6.50% 95 | 6.77% 99 | 21.07% 308 | 40.90% 598 | 24.76% 362 | 1462 |

Q10: In your opinion, how much of a problem is use of the following substances in adults (21 or older) in Shelby County?

Answered: 1473 ,: 15



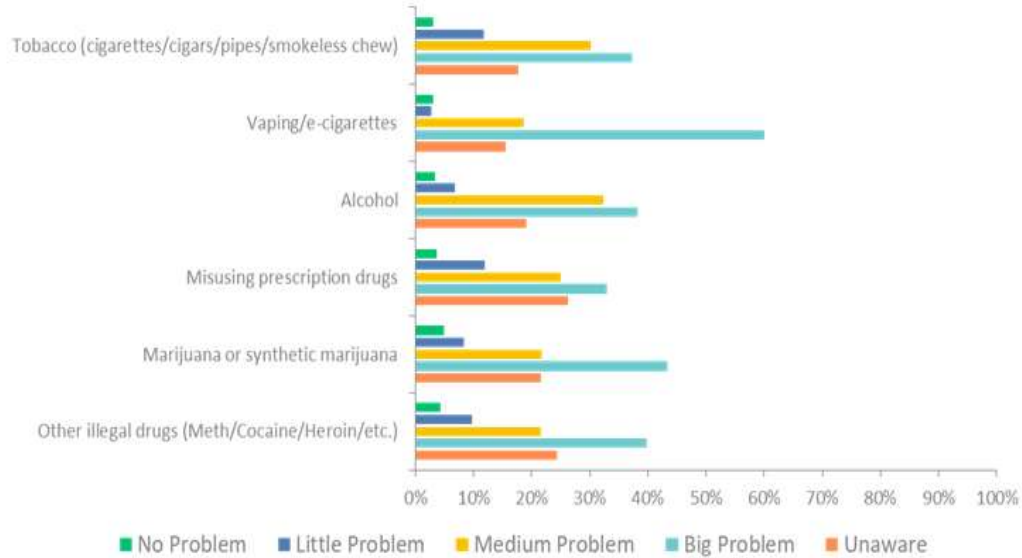
Q10: In your opinion, how much of a problem is use of the following substances in adults (21 or older) in Shelby County?

Answered: 1473 ,: 15

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|--|--------------|----------------|----------------|---------------|---------------|-------|
| Other illegal drugs (Meth/Cocaine/Heroin/etc.) | 3.20% 47 | 3.07% 45 | 15.80% 232 | 62.60% 919 | 15.33% 225 | 1468 |
| Vaping/e-cigarettes | 3.54% 52 | 4.36% 64 | 22.48% 330 | 57.83% 849 | 11.78% 173 | 1468 |
| Tobacco (cigarettes/cigars/pipes/smokeless chew) | 3.20% 47 | 4.63% 68 | 27.98% 411 | 54.53% 801 | 9.67% 142 | 1469 |
| Misusing or overusing alcohol | 3.06% 45 | 5.04% 74 | 30.29% 445 | 49.76% 731 | 11.84% 174 | 1469 |
| Misusing prescription drugs | 3.55% 52 | 4.44% 65 | 25.61% 375 | 48.50% 710 | 17.90% 262 | 1464 |
| Marijuana or synthetic marijuana | 7.08% 104 | 9.67% 142 | 20.84% 306 | 45.71% 671 | 16.69% 245 | 1468 |

Q11: In your opinion, how much of a problem is use of the following substances in youth (under 21) in Shelby County?

Answered: 1472 ; 16



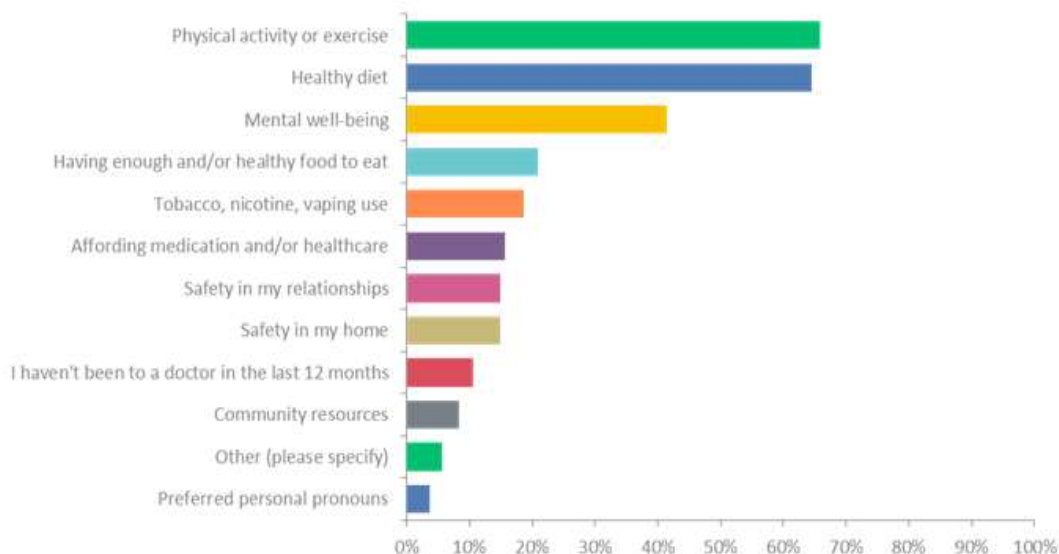
Q11: In your opinion, how much of a problem is use of the following substances in youth (under 21) in Shelby County?

Answered: 1472 ; 16

| | NO PROBLEM | LITTLE PROBLEM | MEDIUM PROBLEM | BIG PROBLEM | UNAWARE | TOTAL |
|--|-------------|----------------|----------------|---------------|---------------|-------|
| Tobacco (cigarettes/cigars/pipes/smokeless chew) | 3.13% 46 | 11.72% 172 | 30.11% 442 | 37.33% 548 | 17.71% 260 | 1468 |
| Vaping/e-cigarettes | 3.14% 46 | 2.80% 41 | 18.58% 272 | 59.97% 878 | 15.51% 227 | 1464 |
| Alcohol | 3.41% 50 | 6.82% 100 | 32.40% 475 | 38.27% 561 | 19.10% 280 | 1466 |
| Misusing prescription drugs | 3.76% 55 | 11.91% 174 | 25.05% 366 | 32.99% 482 | 26.28% 384 | 1461 |
| Marijuana or synthetic marijuana | 4.99% 73 | 8.33% 122 | 21.72% 318 | 43.44% 636 | 21.52% 315 | 1464 |
| Other illegal drugs (Meth/Cocaine/Heroin/etc.) | 4.31% 63 | 9.84% 144 | 21.67% 317 | 39.78% 582 | 24.40% 357 | 1463 |

Q12: In the last 12 months, my doctor or medical provider has talked to me about the following health and wellness issues with me or my family. Please check all that apply.

Answered: 1336 , 152



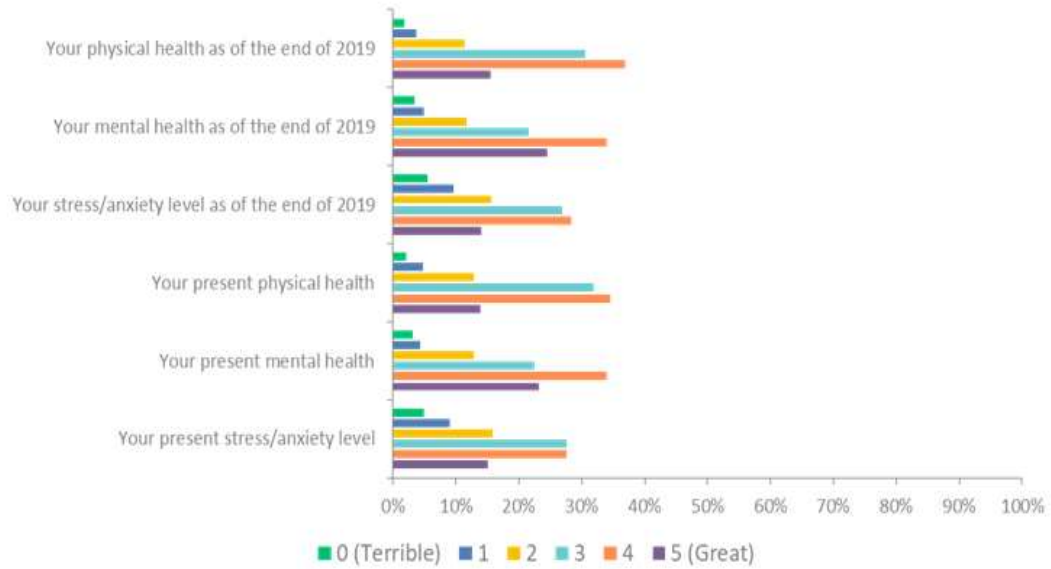
Q12: In the last 12 months, my doctor or medical provider has talked to me about the following health and wellness issues with me or my family. Please check all that apply.

Answered: 1336 , 152

| ANSWER CHOICES | RESPONSES | |
|--|-----------|-------------|
| Physical activity or exercise | 65.87% | 880 |
| Healthy diet | 64.45% | 861 |
| Mental well-being | 41.47% | 554 |
| Having enough and/or healthy food to eat | 20.81% | 278 |
| Tobacco, nicotine, vaping use | 18.64% | 249 |
| Affording medication and/or healthcare | 15.64% | 209 |
| Safety in my relationships | 14.90% | 199 |
| Safety in my home | 14.90% | 199 |
| I haven't been to a doctor in the last 12 months | 10.55% | 141 |
| Community resources | 8.23% | 110 |
| Other (please specify) | 5.54% | 74 |
| Preferred personal pronouns | 3.67% | 49 |
| TOTAL | | 3803 |

Q13: Please rate your health and wellness.

Answered: 1481 ; 7



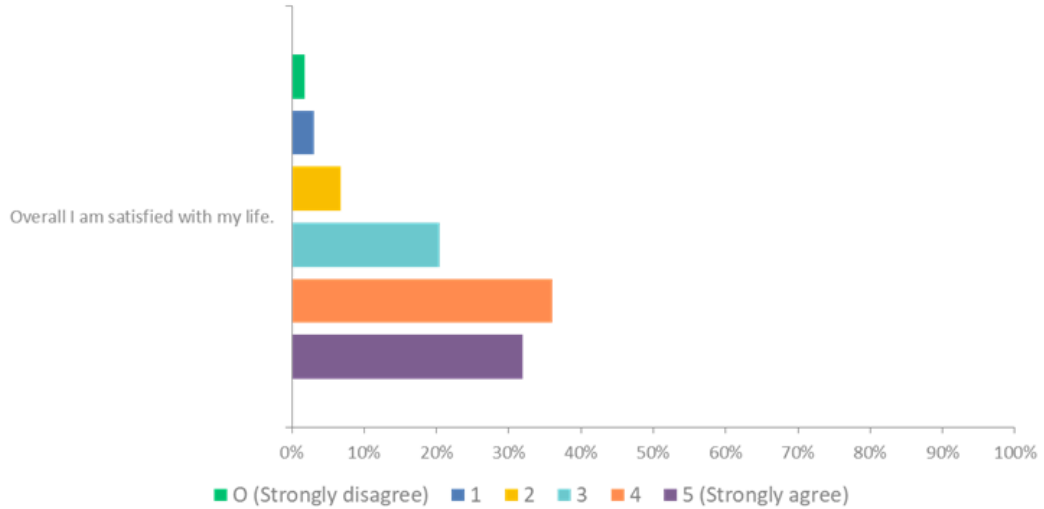
Q13: Please rate your health and wellness.

Answered: 1481 ; 7

| | 0 (TERRIBLE) | 1 | 2 | 3 | 4 | 5 (GREAT) | TOTAL |
|---|-----------------|--------------|---------------|---------------|---------------|---------------|-------|
| Your physical health as of the end of 2019 | 1.83% 27 | 3.72% 55 | 11.43% 169 | 30.63% 453 | 36.92% 546 | 15.48% 229 | 1479 |
| Your mental health as of the end of 2019 | 3.39% 50 | 4.94% 73 | 11.65% 172 | 21.60% 319 | 33.92% 501 | 24.51% 362 | 1477 |
| Your stress/anxiety level as of the end of 2019 | 5.49% 81 | 9.63% 142 | 15.66% 231 | 26.85% 396 | 28.34% 418 | 14.03% 207 | 1475 |
| Your present physical health | 2.03% 30 | 4.74% 70 | 12.86% 190 | 31.87% 471 | 34.57% 511 | 13.94% 206 | 1478 |
| Your present mental health | 3.18% 47 | 4.33% 64 | 12.92% 191 | 22.40% 331 | 33.96% 502 | 23.21% 343 | 1478 |
| Your present stress/anxiety level | 4.96% 73 | 8.96% 132 | 15.82% 233 | 27.56% 406 | 27.56% 406 | 15.14% 223 | 1473 |

Q14: Please rate how satisfied you are with your life.

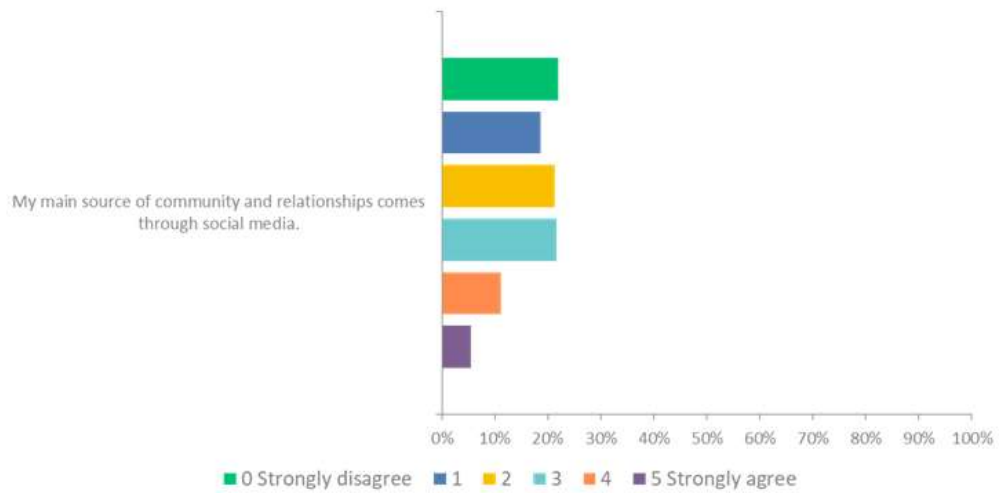
Answered: 1473 ; 15



| | 0 (STRONGLY DISAGREE) | 1 | 2 | 3 | 4 | 5 (STRONGLY AGREE) | TOTAL |
|--------------------------------------|-----------------------|-------------|--------------|---------------|---------------|--------------------|-------|
| Overall I am satisfied with my life. | 1.83% 27 | 3.05% 45 | 6.79% 100 | 20.37% 300 | 35.98% 530 | 31.98% 471 | 1473 |

Q15: Please rate the role social media plays for you.

Answered: 1468 ; 20



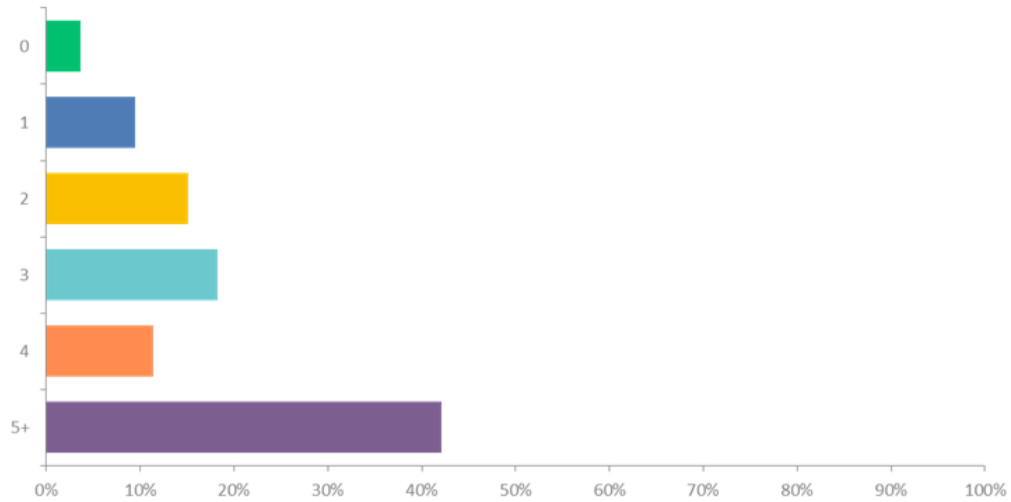
Q15: Please rate the role social media plays for you.

Answered: 1468 ,: 20

| | 0 STRONGLY DISAGREE | 1 | 2 | 3 | 4 | 5 STRONGLY AGREE | TOTAL |
|---|---------------------------|---------------|---------------|---------------|---------------|------------------------|-------|
| My main source of community and relationships comes through social media. | 21.93% 322 | 18.66% 274 | 21.19% 311 | 21.59% 317 | 11.17% 164 | 5.45% 80 | 1468 |

Q16: If you had a personal or medical crisis in the middle of the night, how many people could you call for help, other than 911?

Answered: 1472 ,: 16

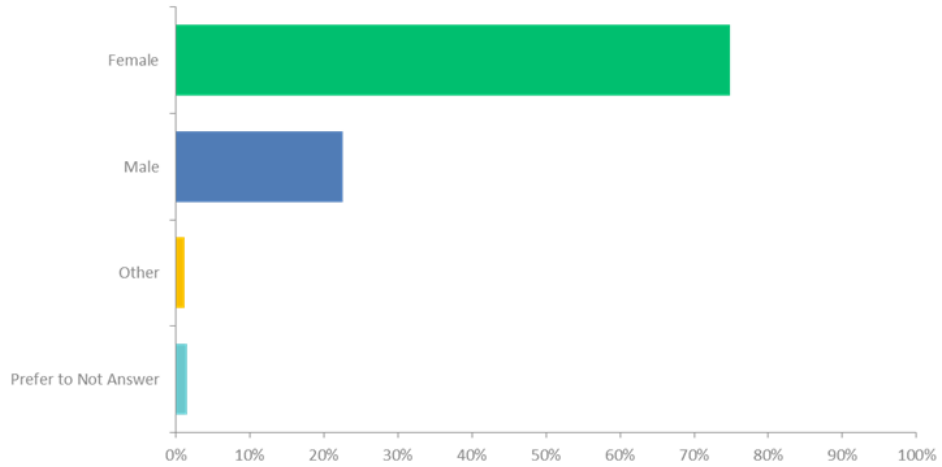


| ANSWER CHOICES | RESPONSES |
|----------------|------------|
| 0 | 3.60% 53 |
| 1 | 9.51% 140 |
| 2 | 15.08% 222 |
| 3 | 18.27% 269 |
| 4 | 11.41% 168 |
| 5+ | 42.12% 620 |
| TOTAL | 1472 |

| ANSWER CHOICES | RESPONSES | |
|----------------------|-----------|-------------|
| Female | 74.78% | 1106 |
| Male | 22.52% | 333 |
| Other | 1.15% | 17 |
| Prefer to Not Answer | 1.56% | 23 |
| TOTAL | | 1479 |

Q17: What is your gender?

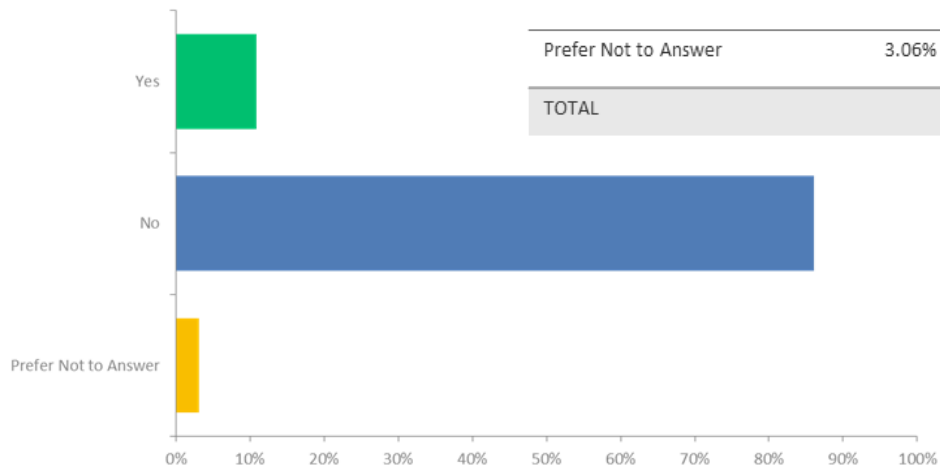
Answered: 1479 ; 9



Q18: Do you have a disability?

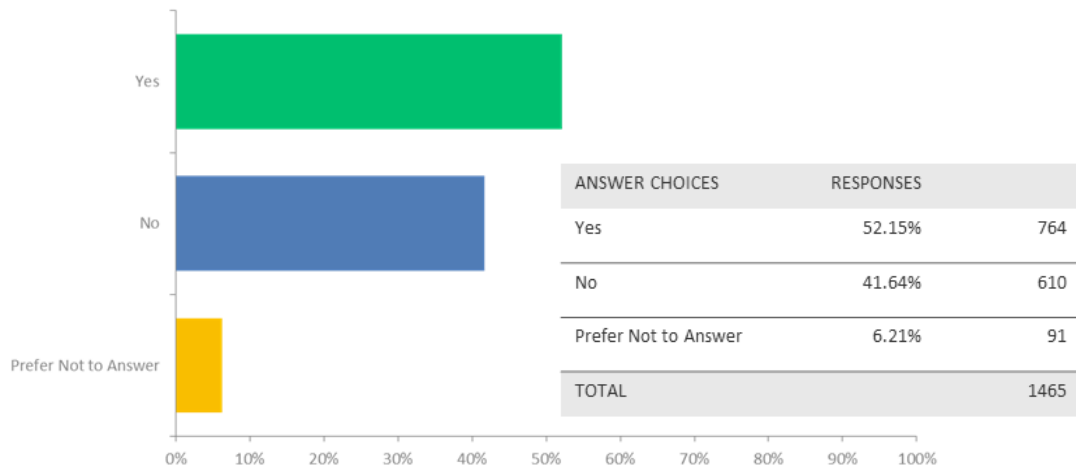
Answered: 1472 ; 16

| ANSWER CHOICES | RESPONSES | |
|----------------------|-----------|-------------|
| Yes | 10.87% | 160 |
| No | 86.07% | 1267 |
| Prefer Not to Answer | 3.06% | 45 |
| TOTAL | | 1472 |



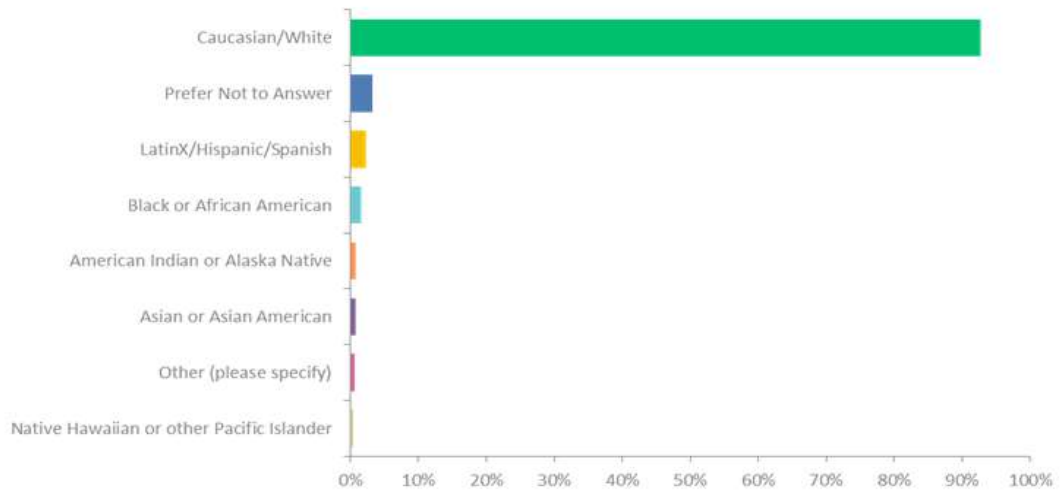
Q19: Are you connected to a church or faith community?

Answered: 1465 23



Q20: What is your race/ethnic background? Please check all that apply.

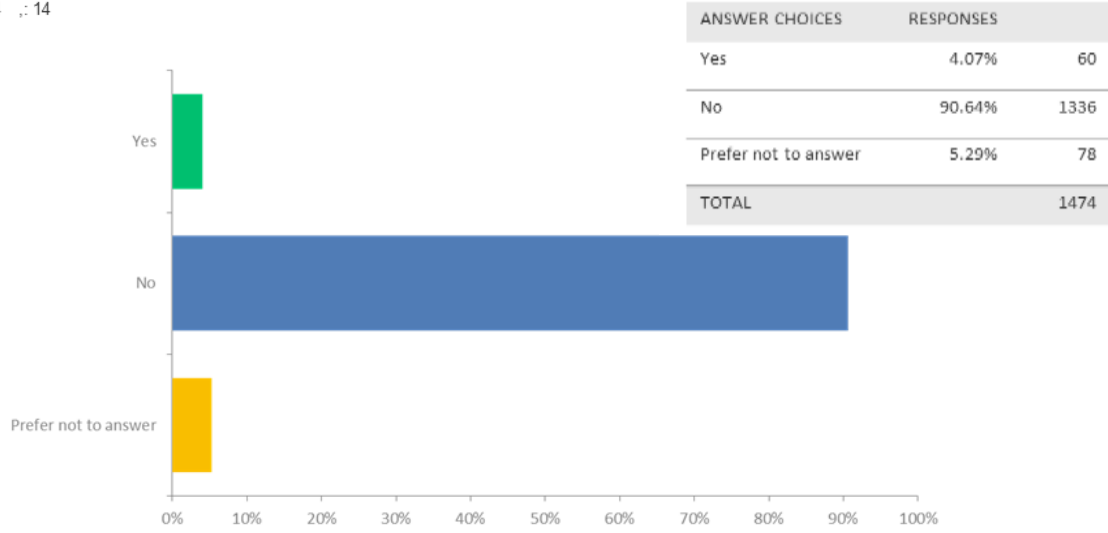
Answered: 1479 9



| ANSWER CHOICES | RESPONSES | |
|---|-----------|-------------|
| Caucasian/White | 92.70% | 1371 |
| Prefer Not to Answer | 3.31% | 49 |
| LatinX/Hispanic/Spanish | 2.23% | 33 |
| Black or African American | 1.62% | 24 |
| American Indian or Alaska Native | 0.81% | 12 |
| Asian or Asian American | 0.74% | 11 |
| Other (please specify) | 0.68% | 10 |
| Native Hawaiian or other Pacific Islander | 0.34% | 5 |
| TOTAL | | 1515 |

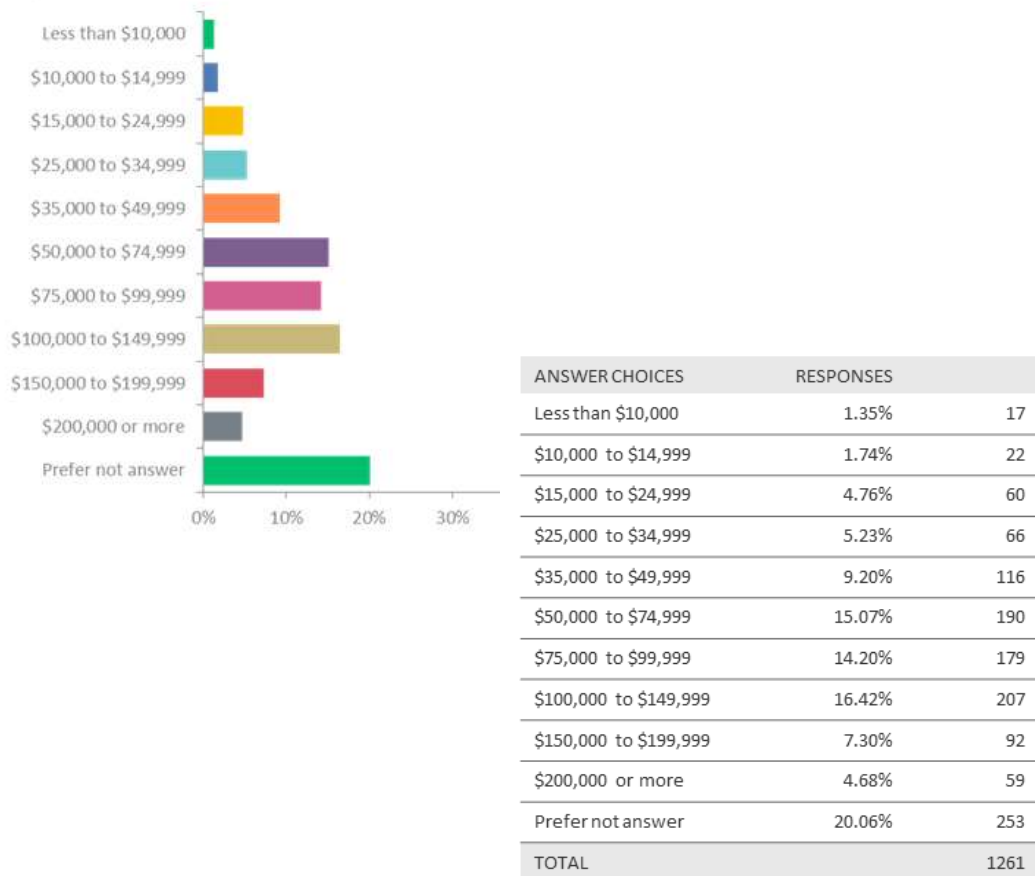
Q21: Do you identify as a member of the LGBTQ+ community?

Answered: 1474 ; 14



Q22: How much money does your household make in a year?

Answered: 1261 ; 227



2020 – 2022

COMMUNITY IMPROVEMENT PLAN PROGRESS

Like everything else, the Community Health Improvement Plan (CHIP) experienced delays, cancellations, redirection, and innovation subsequent to the pandemic.

Objective 1: Promote and support access to nutritional food, in particular fruits and vegetables. Concern about food insecurity and affordable nutritional food, especially fresh produce was a top issue in 2019 Community Health Survey.

- Through community gardens and mobile farmers market, distributing 13,000+ pounds of affordable, accessible fresh produce to low-income residents with food access challenges, including those with WIC benefits and senior adults
 - **Neighborhood Farmers Market** expanded into new low-income locations. Low-income senior housing and WIC-Clarity locations proved to be successful venues beyond the COVID-19 shut-down.
 - **Community Gardens:** Master Gardeners continue to plant and tend garden in a low-income neighborhood. New community garden added to new Kid Zone preschool and childcare center of Shelbyville Community Church. Community gardens continued at 1st Presbyterian Church for congregants and youth.
 - **2022: Delay of USDA Farmers Market Checks** for WIC and Seniors: MHP provided vouchers so that families could still access fresh produce. Clarity provided formula, diapers, and baby clothing. Robust market and successful partnership to be expanded upon for 2023.
- Increasing buying power of households with SNAP at the Shelby County Farmers Market
 - **Shelby County Farmers Market:** Double SNAP promotion and Market Bucks distributed through community-based organizations so that households vulnerable to food insecurity had an affordable option for accessing fresh produce and local meat, eggs, etc.
- Stimulating economic activity for growers; promoting and supporting local, fresh produce and other nutritional food
 - **Prairie Farms Milk Give-Away:** Two local community events organized by MHP Cardio-pulmonary team. Two Farm to Family Dairy and Produce Box Give-Away and Potato Give-Away in conjunction with Johnson County, Franklin

2000-2022

Community Health Improvement Plan Progress

Food Access Continued

- Coordinating access to over 500 bags of food and essentials during State COVID shut-down and CDC stay-home recommendations
 - **Processes developed so that residents throughout the county could have food and supplies delivered to their homes.** Partners: MHP, Shelby Senior Services, local food pantries, and community-based organizations.
- Increasingly improving upstream food donations so that pantry options are healthier
 - **Healthy Food Donation Lists** distributed throughout the county to increase donations of healthier shelf-stable options to food pantries.
- Pantries and hot meal sites adapted to provide drive-thru and curbside services. The effective model continued beyond the worst of the pandemic.
 - **Healthy Food Pantry Cards** in English and Spanish languages distributed to food pantry recipients. The cards provide guidance on making pantry foods healthier. Card adapted for use in Johnson County, too.
 - **Food and Personal Hygiene Pantry, Student Meals** at Excel Center resume 2021.

Objective 2: Promote and support physical activity across the lifespan

Downtown pedestrian safety and a heated pool were top concerns in the 2019 Community Health Survey.

- Building awareness of healthy activities
 - **YMCA** opened summer of 2021 with broad support in memberships.
 - **County Trail Map:** updated and distributed broadly.
 - **Blue River Trail:** Trail was expanded with more expansion planned.
 - **Providing physical activity amenities** that attract persons new to physical activity with distance markers and adult exercise equipment
 - **Bicycle Art Installation** to highlight trails. Unfortunately, this grant funded sculpture was vandalized
- Making trails and pedestrian paths accessible for persons of all abilities
 - **We Can Ride:** Tri-shaw passenger bike for those unable to ride a bike such as older adults and persons with disabilities.
 - **Walkability and pedestrian safety improved** with downtown Shelbyville redevelopment

2000-2022

Community Health Improvement Plan Progress

Physical Activity Continued

- Supporting robust physical activity and introducing bike riding to elementary students and middle school students; thereby leveraging additional investment for cycling
 - **Kids Riding Bikes** resumed in Shelby County schools in 2021
 - **Kids Building Bikes** resumed at Girls, Inc. and Boys and Girls Club, Shelbyville in 2022

Objective 3: Promote and support tobacco use prevention, reduction and cessation. Youth vaping was a top concern in the 2019 Community Health Survey.

- Increased awareness of scope of the problem of tobacco use and e-cigarette/vaping through community assessment and education
 - **Tobacco Retail Surveys** conducted per Indiana Tobacco Prevention and Cessation guidelines for the purpose of seeing how tobacco products are promoted, especially to youth
 - **2021 Tobacco Report to the Community** shared 2021 survey results and cessation opportunities through MHP and the Tobacco Quit Line.
- Impacting infant mortality thru cessation support for mothers and significant others throughout pregnancy and up to 1 year post-partum
 - **Smokerlyzer provided to Clarity** to assist in their efforts to help pregnant women and partners stop smoking.
- Working toward a comprehensive smoke-free air policy
 - **Foundation laid for Smoke Free Air Ordinance** per Indiana Tobacco Prevention and Cessation guidance.
 - **Several trainings offered to equip local coalition** with facts needed to address concerns and resistance from county bars. Promoting smoke-free multi-unit housing policies

2000-2022

Community Health Improvement Plan Progress

Objective 4: Promote and support engagement of minority diverse populations in Shelby County

- Supporting opportunities to increase awareness and understanding of diversity, equity and inclusion challenges encountered by diverse populations.
 - **2020 Black History Awareness** event held at the Grover Museum, looking at Black History in America through food.
 - **2020 Black Lives Matter** rallies held at the Shelby County courthouse
 - **Community conversation** hosted at local park in 2020 by Diversity Action Team.
 - **Diversity, Equity, and Inclusion training series facilitated by Girls, Inc.** and the Blue River Community Foundation per a Lilly grant in 2021.
 - **Chamber of Commerce D.E & I training series** hosted in 2022.
- Seeking out populations that do not have equitable access to community resources for health and wellness, basic needs, education, safety and engagement. Identifying champions.
 - **LGBTQ+ student support group** added in a rural school.
 - **Health Fairs at local Hispanic groceries** facilitated by MHP
- Leadership
 - **Director of Behavioral Health and Justice Equity** position by the City of Shelbyville.

Objective 5: Promote and support efforts to expand mental health and substance abuse services

- Improving access to mental health and substance use services
 - **Mental Health Counseling Access for students** added at Shelby Eastern and Triton Central Schools.
 - **Community Navigator** hired by Shelbyville Fire Department to connect people with substance use treatment, mental health treatment, and community resources.
 - **Mental Health Counselor** added to Girls, Inc. team.

2000-2022

Community Health Improvement Plan Progress

Mental Health and Substance Use Services Continued

- Improving access to mental health and substance use services at MHP
 - **Psychiatric Nurse Practitioners added to MHP** Family and Internal Medicine and MHP Psychology.
 - Medication Assisted Treatment for substance use disorders
 - Social Workers re-organized in order to provider quicker access
 - **Financial Assistance** for low-income behavioral health patients through MHP Foundation support
 - **Expansion of Crisis Services by Psychiatric Nurse Practitioner** heretofore shared by Suburban Health Organization for Medicaid/Medicare patients
 - **MHP Psychology provided support services to inpatient clinical staff** during the thick of COVID-19 and in its aftermath.
- Equipping schools and community based organizations
 - **Motivational Interviewing**
 - **Adverse Child Experiences – ACEs**
 - **Suicide Prevention – QPR: Question, Persuade, Refer**
- **Director of Behavioral Health and Social Determinants of Health** added to MHP team.

Objective 6: Promote and support targeted community health improvement.

Lack of broad knowledge of community resources and lack of transportation were top concerns of the 2019 Community Health Survey.

- Providing accurate information and access to COVID testing and vaccinations
 - **Real-Time Community Resources Data Base** provided for the County during 2020 via the Healthy Shelby County website.
 - **COVID Vaccination Clinics**
 - **MHP** at the Medical Center, schools and industry
 - **Shelby County Department of Health** at industry, for homebound, and at designated locations.
 - **Outreach and scheduling assistance** provided by MHP, Shelby County Public Library, Shelby Senior Services, Jane Pauley Community Health, and other community organizations.

2000-2022

Community Health Improvement Plan Progress

Community Health Improvement Continued

- Supporting and promoting new programs meeting community needs
 - **Society of St. Vincent dePaul**
 - **Laundry Love**
 - **Neighbors Table**
 - **S.A.S.S. – Shelby Accessing Social Supports**
 - **Shelby County Active Aging Coalition**
 - **Shelby Supply Company**
 - **Shelby Transportation Ministry**
 - **Women’s Bridge to Hope**
- **Collaboration of health and justice providers** for higher level coordination for high users of community services and resources
- **Unite Us End-to-End Community Services Platform:** Preparation with key community organizations started in the last 2 quarters of 2022. Launch of the platform slated for spring 2023.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

There are many areas of concern in our community as identified by this CHNA. Part of the process of this assessment is determining health improvement priorities over the next three years. Along with the secondary data, community listening sessions, and the community survey, stakeholders and leaders were engaged to review the CHNA with a critical eye and to identify areas of concern.

Rich discussions about the data and its relationship to participants' experiences of the community were held in two different meetings. Participants in these meetings included the

- MHP Patient and Family Advisory Council members and leaders
- City of Shelbyville Mayor
- Local business owners
- Local attorney and a deputy prosecutor
- Funders: Blue River Community Foundation, MHP Foundation, and SCUFFY
- Experts in low-income and at-risk pregnant women, early childhood, and older adults
- Superintendent of Shelbyville Central Schools
- MHP Director of Behavioral Health and Social Determinants of Health and MHP Community Liaison.

Similar concerns were identified in the community listening sessions and the in CHNA review meetings. This process provided clarity regarding the direction of the Community Health Improvement Plan (CHIP). Additionally, the CHNA and CHIP were discussed with MHP's executive leadership team who endorsed the direction of the 2023 – 2025 CHIP.

The CHIP addresses areas of concern that impact layers of interrelated needs in Shelby County and continue to build on previous work. The following areas of concern, while not a focus of the 2023 – 2025 CHIP, are also not without initiatives in the community and at Major Health Partners.

Issues that are not the *direct focus* of the Community Health Improvement Plan (CHIP) include:

- Infant Mortality
- Childcare
- Tobacco
 - Teen Vaping and e-Cigarette Use
- Unintentional Injury Deaths
- Chronic Disease
- Asset-Limited, Income-Constrained, Employed (ALICE) and Poverty
- Dental Care
- Intimate Partner Violence

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Infant Mortality

While infant deaths have declined, Shelby County is ranked 5th in Indiana for infant deaths; 3rd for Caucasian infant deaths. Community based organizations such as Goodwill Nurse – Family Partnership, Healthy Families, and Clarity Pregnancy Services partner with Major Health Partners’ OB/GYN practice to provide support for pregnant women who meet the organizations’ criteria.

MHP and these programs actively address risk factors such as maternal smoking and prenatal care. Pregnant women also have Indiana’s *My Healthy Baby* and the *Indiana Pregnancy Promise* program for support during pregnancy and after delivery.

Childcare

There are too few affordable, quality childcare slots in the County. Locally, Firefly Children and Family Alliance is a gateway for childcare assistance through the Childcare Development Fund. Indiana recently made more vouchers available, somewhat reducing the wait time for families meeting the eligibility criteria. Early Learning Shelby County will be breaking ground on a child care center on the Intelliplex campus. A new ministry-based preschool and childcare center opened in 2021 at the Shelbyville Community Church. Brighter Futures Indiana provides a data base of childcare providers in the County and along commute routes for parents who work outside Shelby County.

Tobacco

During 2020 people turned to understandable, though maladaptive strategies to cope with the uncertainty, divisiveness, and isolation of the pandemic. Substance misuse, including tobacco use reportedly increased, though the data continues to be gathered and will not be available for several years. MHP offers cessation supports; some mental health counselors and community based organizations provide encouragement and assessment tools to assist a smoker in moving towards cessation. The Indiana Tobacco Quit Line – Quit Now – provides phone and text support for cessation and depending on funding, assistance with nicotine patches and prescriptions.

Following the meaningful use mandate for the Electronic Health Record, primary care providers assess tobacco use in all its iterations. The Community Health Survey revealed that providers are discussing tobacco use with their patients.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Tobacco Continued

Shelby County Drug Free Coalition/Drug Free Shelby County sponsors a Youth Council for students from county high schools and their sponsors. The Youth Council promotes tobacco-free and anti-vaping messages, and smoke-free/drug-free activities. As a recipient of Indiana Tobacco Prevention and Control grants, Drug Free Shelby County promotes prevention, cessation, and smoke-free air policies. The Coalition offers grants helping community based organizations, schools, and law enforcement fund prevention, treatment, and policy initiatives.

Unintentional Injury Deaths

The top 3 unintentional injury deaths in Shelby County are Motor Vehicle Accidents; Poisoning; and Falls. Shelby Senior Services is again providing evidence-based fall prevention training. The training is offered not only through the senior center and its satellite centers but also to the public through the library.

Most poisoning deaths are related to drug overdoses for adults and to unsecured household medications and chemicals for children. MHP has increased its capacity for mental health and substance abuse treatment, as has The Jane Pauley Community Health Center. The Community Navigator Advocate through the Fire Department assists individuals in connecting with treatment, peer recovery, and other needed resources. The Justice Reinvestment Advisory Council and the Community Action Team provide enhanced case management, and resource development and management for persons connected to the justice system. The Bridge provides recovery opportunities for persons in jail.

MHP Pediatrics provides home safety education during well-child visits. Youth enrolled in Boy Scouts, Girl Scouts, and 4-H also have access to safety training and CPR.

Chronic Disease

MHP provides services to prevent, reduce, and optimally manage chronic disease (see page 4 of this CHNA). Evidence-based prevention guidelines are followed for every patient through the Electronic Health Record. The Jane Pauley Community Health Clinic also provides chronic disease management. Through a MHP Foundation grant, the dietitians are now able to provide a My Plate to patients receiving nutrition education. WHIP, the MHP employee wellness program provides incentivized education, counseling, and support for improving health and wellness.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Chronic Disease Continued

There are walking/biking paths of varying distances and terrains throughout the County. The City of Shelbyville continues to expand its Blue River Trail system, and rehabilitate or create sidewalks that are safe for walking and rolling whether for baby strollers or wheelchair passengers. The Intelliplex Trails and the new YMCA provide physical activity opportunities for individuals and families as well as the employees of MHP and other businesses located on the Intelliplex campus.

MHP supports the Shelby County Farmers Market through Double SNAP up to \$20 and distribution of Market Bucks to vulnerable populations in order to increase consumption of fresh produce, eggs, and meat. Pantry cards are distributed throughout the County. The card provides guidance on how to reduce sodium and fat in typical pantry food and canned/package grocery items. Previously, MHP has supported a mobile farmers market for low-income multi-housing units, especially for older adults; City of Shelbyville food deserts; and Women, Infants, and Children (WIC). In 2023 operation of the USDA's Senior and WIC Farmers Market Nutrition Program vouchers changes from paper checks to electronic transfer. With the development of Nonprofit Center and a more sustainable food distribution process, the mobile market has been paused and will continue to be reviewed for future implementation.

For the past 3 years, screening events and community health fairs were paused. With better understanding and management, as well as reduced virility of the Covid virus, those events are resuming, providing information and screening to assist in early detection and optimal management of disease. A MHP/Shelby County health and wellness event is planned for the third quarter of 2023.

ALICE Households and Poverty

ALICE (Asset-Limited, Income-Constrained, Employed) and Poverty are over-determined challenges that require concerted public will and effort in order to improve the self-sufficiency of these households. MHP has assistance programs for patients in need, ranging from prescription assistance to financial assistance for medical care. The literature emphasizes quality, affordable housing; education; employment opportunities and skills; and a livable wage as foundational to tackling this challenge.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

ALICE Households and Poverty Continued

Several community based organizations bring supports and opportunities to lower income households. One newer organization – Shelby Accessing Social Supports (S.A.S.S.) is particularly active with providing assistance at many levels and promoting community resources and opportunities for children and their families. Community based organizations are listed at the end of each section of the CHNA and a comprehensive list beginning on page 156. Major Health Partners and the MHP Foundation continue to be ready collaborators in opportunities to positively impact vulnerable individuals and families.

MHP provides OnSite health clinics for several County industries to help individuals, families, and business provide care and manage costs. For employees from ALICE households, the clinics help reduce the need for extensive time away from the workplace in order to receive health care. As MHP screening events and community health fairs resume in 2023, the community will again have expanded access to health information and screening for early detection and optimal management of disease.

Dental Care

The number of dental practices in the County has grown, including the addition of a pediatric dental practice. However, the lack of dental insurance is common. Most dentists participate in CareCredit or similar dental credit card that allows patients to pay for dental expenses in installments. It requires application and credit approval. The number of practices participating in free dental care events has decreased, but is an option, especially for low-income uninsured persons. Such events are first-come, first-served and provided limited assessment and services.

Intimate Partner Violence

The Shelby County Turning Point Domestic Violence office has experienced diminished capacity in terms of community prevention activities. However, they have increased their capacity for addressing the needs of Latinas.

Secondary to the mandates for Electronic Health Record use, MHP assesses Intimate Partner Violence and other personal safety issues with her patients. The MHP Emergency Department has a Sexual Assault Response Team and participates in the Domestic Violence Coalition that includes stakeholders from the justice community, local therapists, Victims Assistance, law enforcement, the City of Shelbyville, and Turning Point.

2023-2025

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

The 2023-2025 Community Health Improvement Plan is grounded in

- Critical analysis of Shelby County health and wellness data
- Critical analysis of 2022 Community Health Survey results
- The values of Major Hospital – Major Health Partners
- Collaboration with community stakeholders
- The State of Indiana’s goals for improving the health and well-being of Hoosiers
- The endorsement of the Major Hospital Board of Directors

The CHIP was presented to the MHP President’s Council and the hospital board. It was endorsed by the hospital board on April 24, 2023.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) 2023 - 2025

This CHIP relies heavily on primary data from the Community Health Needs Survey and Community Listening Sessions. The CHIP is also informed by secondary data which typically lags behind at least a couple of years and was sometimes further delayed secondary to the pandemic. The Community Health Needs Assessment (CHNA) was also analyzed by a team of community leaders and by the MHP Patient and Family Advisory Council. They helped identify key areas of concern and focus.

The CHIP has 4 focus areas.

- Collective impact of community organizations
- Transportation
- Housing
- Mental health and Substance use

Each focus area is preceded by data from the CHNA that illustrates the problem. Where applicable, strategies from the Indiana State Health Improvement Plan (Indiana SHIP) are included. The improvement plan is a Shelby County plan and not the exclusive domain of Major Health Partners. No single entity can solve the County’s challenges. Collaboration and commitment across sectors is essential for improving the health and wellbeing of Shelby County’s residents.

COMMUNITY HEALTH IMPROVEMENT PLAN

The Indiana State Health Improvement Plan 2022 – 2026

Health and wellness variables from all Indiana Counties were analyzed with a particular focus on the Social Determinants of Health (SDoH) which tend to be a greater influence on health and wellbeing than are the services of any healthcare system. Analysis of these variables resulted in identification of the top 15 health challenges in the State. They are listed here starting with the highest ranking problem. The list is color-coded in alignment with the SDoH graphic. Data on these problems in Shelby County may be viewed in the CHNA. Two of the overarching goals of the Indiana State Health Improvement Plan are particularly germane to this CHIP :

- Increase Access to Care
- Bolster Community Connections and Built Environment

To one extent or another, the goals of this CHIP impact all of the top health and wellness challenges as they are experienced in Shelby County.

- Mental health problems
- Economic and social conditions
- Unemployment
- Family issues
- Homelessness
- Bullying
- Inadequate housing
- Aging problems
- Domestic violence
- Child abuse and neglect
- Low immunization rates
- Hunger
- Educational attainment
- Cancers
- High blood pressure



All 32 of the identified health and wellness challenges may be viewed on page 22 of the Indiana State Health Assessment and Improvement Plan document.

<https://www.in.gov/health/phpm/files/2022-2026-Indiana-State-Health-Assessment-and-Improvement-Plan- FINAL.pdf>

CHIP FOCUS AREA #1: Collective Impact of Community-Based Organizations and Services

Why is this a focus?

Community Resources and Services – Primary Data

- **CHNA Community Listening sessions:**
 - The public, schools, churches, and helping professionals do not always know what resources are available or how to access them.
 - Current informal relationships between community based organizations/systems are effective on a small scale but do not create a “no wrong door” for persons in need of resources and services.
 - Inefficiency of systems is a barrier for
 - Persons without transportation
 - Employed persons without flexibility and/or with punitive consequences for taking time away from work
 - Persons who have difficulty navigating the systems of multiple organizations that have different criteria, processes, and locations within the county
 - Helping and medical professionals lack a feedback system for whether a client/patient was able to follow-through or receive referred services.

- **CHNA Community Survey: Health Insurance and Health Care**
 - Cost experienced as a barrier to personal health by survey respondents
 - 71% - mental health and substance abuse services
 - 75% - health care
 - Barriers to accessing care in Shelby County
 - High costs – 71.4% of respondents viewed as a medium or big problem
 - Lack of information about services and/or how to access services
 - Substance Abuse Services – 68% of respondents viewed as a medium or big problem in the County
 - Mental Health Services - 67.5%
 - Health Care - 53.6%

Collective Impact of Community-Based Organizations and Services

- **CHNA Community Survey: Food Insecurity**
 - Access to affordable, healthy food: a top barrier to personal health – 26% of respondents
 - This was especially true for persons
 - 20-29 years: 34%
 - 30-39 years: 36%
 - 40-49 years: 29%
- **MHP SDoH Assessment:** 3% of patients reported having gone without food in the last 12 months.
- **FSSA Health and Wellness Survey (Shelby County respondents who voluntarily):** 59.2% reported insufficient money to purchase enough food in the last 12 months.
- **CHNA Community Survey: Poverty**
 - Poverty as a barrier to personal health – 3.7%
 - Poverty was a greater barrier to personal health for persons
 - Identifying as LGBTQ+ - 7%
 - With current or past military service – 5.4%
 - With disabilities – 12.5%
 - Identifying as Black/African American – 8.3%

Community Needs – Secondary Data

- 89.3% of Indiana residents do not eat adequate fruits and vegetables. A diet rich in fruits and vegetables is important for prevention and optimal management of chronic disease and premature death, and healthy brain functioning for students, a productive workforce, and healthy aging.
- Downtown Shelbyville is a food desert per USDA criteria.
 - 33% of children living in the 4 Shelbyville Census Tracts are living at or below the poverty level and have low access to a grocery store.
 - Households that receive SNAP benefits and that lack access to a personal vehicle rely on a drug store, variety stores, gas and tobacco convenience stores, and a high-end specialty meat shop for their food.
- 12% of Shelby County residents are food insecure, having insufficient food an average of 7 out of 12 months
 - Nearly 2,050 children are food insecure

Collective Impact

Indiana SHIP Strategies

- Build upon collaboration of services or wrap services
- Ensure individuals are referred to social service programs for which they may be eligible
- Increase the use of Farmers Market vouchers utilized by SNAP and WIC recipients
- Increase the number of fresh food options in Indiana
- Build a communication hub for various coalitions who focus on similar initiatives
- Increase Social Determinants of Health data at a community level
- Build a better health equity surveillance system

COLLECTIVE IMPACT of COMMUNITY BASED ORGANIZATIONS and SERVICES

OBJECTIVE 1: Develop a Nonprofit Center for the purpose of

- Assessment and identification of needs, goals, optimal benefit to county, and sustainable funding streams for the Center
- Improving access and efficiency for persons seeking supportive community resources
- Optimizing imaginative and pragmatic collaboration among community-based organizations and stakeholders
- Serving as a hub for resourcing county food pantries and meal programs as a Gleaners' Pantry Partner

COLLECTIVE IMPACT of COMMUNITY BASED ORGANIZATIONS and SERVICES

OBJECTIVE 2: Continue to resource and develop relationships between community-based organizations via

- Ongoing expansion of the organizations and services enrolled on the Unite Us platform and analysis of both anecdotal and hard data generated from its use
- Networking opportunities for distributing information regarding new and existing resources/processes/personnel and for relationship-building among community-based organizations
- Ongoing support of the Justice Reinvestment Advisory Council (JRAC) in order to develop systems that effectively optimize community resources and address needs of persons in the justice system.
- Ongoing support and development of the Community Action Team (CAT) in order to reduce recidivism through collaboration, innovation, and active case management.
- Ongoing assessment and collaboration for addressing food insecurity and adequate nutrition for healthcare patients and for vulnerable County geographies and populations.

CHIP FOCUS AREA #2: Transportation

Why is this a focus?

Transportation - Primary Data

- **MHP Disease Management** services such as dialysis and wound care cite a lack of reliable transportation as a barrier for patients accessing treatment.
- **FSSA Health and Well-Being Survey (Shelby County):** 23% of respondents reported having to forgo health care in the last 12 months secondary to lack of transportation.
- **CHNA Community Survey: Lack of Transportation**
 - As a barrier to personal health – 4%
 - Lack of transportation had a greater impact on some groups:
 - Persons with disabilities: 11.3%
 - Race/Ethnicity:
 - Black/African American: 16.7%
 - Hispanic/Latino: 6.1%
 - Age:
 - 20 – 29: 6.1%
 - 15 – 19: 5.6%
 - 70+ - 4.6%
 - Household Income:
 - Less than \$25,000 – 13.1%
 - Between \$25,000 and \$50,000 – 5.5%
- **CHNA Community Listening Sessions:** Community Based Organizations reported a lack of transportation impacts
 - Food insecure households that are unable to access food at pantries
 - Persons needing medical, mental health, or substance abuse services who are unable to reliably access those services, often resulting in negative consequences
 - Parent involvement in their children’s education/school/activities
 - Ability to access and maintain employment

Transportation - Secondary Data

- Downtown Census Tracts: 7106.01, 7106.02, 710500
 - 4.1% of residents have no access to a personal vehicle.
 - 17% of residents in Tract 7106.01 do not have access to a personal vehicle.
 - 8.6% of households receive SNAP benefits as part of their food budget but live in a food desert in which reliable transportation is necessary for accessing a grocery with a wide range of affordable, nutritional food.

Transportation

CHIP FOCUS AREA #3: Affordable Housing

Indiana SHIP Strategies:

- Expanding transportation options (public and for those that need assistance in getting to medical appointments)

TRANSPORTATION

OBJECTIVE: Research and define transportation needs in Shelby County and work towards imaginative, collaborative, and targeted solutions by

- Operationalizing transportation grant for transporting patients without transportation options: home after inpatient discharge and round trip for post-discharge follow-up.
- Developing a round table of stakeholders and thought leaders on transportation assets and needs in Shelby County
- Continually learning about the scope of the problem
- Defining the problem with a focus on persons/areas most impacted by unmet transportation needs
- Researching best practices/providers aligned with the defined need
- Collectively determining a path forward
- Responding to emergent opportunities and situations that impact transportation

AFFORDABLE HOUSING

Why is this a focus?

The U.S. Department of Housing and Urban Development defines housing insecurity as difficulty finding affordable, safe, and/or quality housing; having unreliable or inconsistent housing; and overall loss of housing. It also includes poorly maintained rental properties with code violations and/or other safety issues; households whose monthly rents are significantly high in comparison to household income; and households that are one missed paycheck away from eviction.

Affordable Housing – Primary Data

- **FSSA Health and Well-Being Survey (Shelby County):**
 - 6% of unmarried female respondents ages 23 – 37 reported having unstable housing
 - 32.2% of all respondents feared not having stable housing in the next 2 months
- **MHP SDoH Survey:** 3% of respondents reported having unstable housing.

Affordable Housing

- **CHNA Community Survey: Affordable Housing**
 - 3.5% of respondents cited a lack of safe, affordable housing as a barrier to personal health
 - This was especially true for the following individuals:
 - 8%: Persons with disabilities
 - Household Income
 - 28.2% with incomes of \$15,000 or less
 - 14.4% with incomes of \$25,000 or less
 - 11% with incomes of \$35,000 or less
 - 9.3% with incomes of \$50,000 or less
 - 7% with incomes of \$75,000 or less
 - Racial/Ethnic Identity:
 - 6.1% of Hispanic/Latino Respondents
 - 8.3% of Black/African American Respondents
 - Gender/Sexual Identity:
 - 8.3% of LGBTQ+ Respondents
 - Female respondents ages 25-39 with incomes of \$75,000 or less
 - 22% - \$35,000 or less
 - 16.3% - \$50,000 or less
 - 10.3% - \$75,000 or less
- **CHNA Listening Sessions: Community Based Organizations** cited a lack of safe, affordable housing as a significant issue for
 - Women seeking to leave abusive relationships
 - Women ready to launch from residential program
 - Persons being released from prison and jail
 - Persons living at or below the Federal Poverty Level
 - ALICE households (Asset Limited, Income Constrained, Employed): households making too much money to be eligible for supports such as food stamps but bringing insufficient money into the household to meet the basic cost of living in Shelby County.

Affordable Housing

Affordable Housing – Secondary Data

- County residents spending more than 30% of household income on housing (Housing costs that are less than or equal to 30% of gross income are the rule of thumb on affordability.):
 - 9% spend 50% or more of household income on housing
 - 27.1% spend 35% or more of household income on rent
- Renter-Occupied Homes:
 - 42% in Shelbyville
 - 26.8% in Shelby County
- Vizient Health Equity Strategy Alignment Tool cites moderate to strong relationships between the quality of housing and some health conditions in the County:
 - Alcohol Abuse
 - Cancer
 - HIV
 - Significant and Persistent Mental Illness - Psychosis
 - Pre-Diabetes or Diabetes
 - Peripheral Vascular Disease
- 2022 Point-in-Time Homeless Count: 28 households/30 persons

AFFORDABLE HOUSING

OBJECTIVE : Research and define affordable housing needs in Shelby County and work towards imaginative, collaborative, and targeted solutions by

- **Developing a round table of stakeholders and thought leaders on housing insecurity and the status of safe, affordable housing for lower income persons/households in Shelby County**
- **Continually learning about the scope of the problem**
- **Defining the problem with a focus on persons/areas experiencing the greatest negative impact**
- **Researching best practices aligned with the defined need**
- **Collectively determining a path forward**
- **Responding to emergent opportunities that impact affordable housing**

CHIP FOCUS AREA #4: Mental Health and Substance Abuse

Why Is This a Focus?

Mental Health and Substance Abuse – Primary Data

- **CHNA Community Listening Sessions:** Challenges
 - Unmanaged mental health problems underlie other challenges such as substance abuse and homelessness
 - Employer-based insurance without coverage for mental health and substance use treatment
 - Delays of weeks to months until an appointment can be accessed; interval between treatment appointments often too long
 - Inadequate number of local, affordable, and accessible treatment providers
 - No plan of care beyond mental health crisis intervention in the Emergency Department
 - Inadequate communication and coordination between frontline community service providers and healthcare systems
- **CHNA Community Survey:** Mental health and substance use
 - Mental health problems as a barrier to personal health
 - One of top 3 greatest health challenges for persons 20 – 59
 - Greatest health challenge for youth ages 15-19
 - Persons identifying as LGBTQ+: 55%
 - Persons with disabilities: 24.4%
 - Substance Abuse as a barrier to personal health
 - 2.2% of respondents
 - 4.5% of persons ages 30-39
 - 3.5% of persons ages 20-29
 - 4.4% of youth ages 15-19
 - Loneliness as a barrier to personal health
 - 7% of respondents
 - 11.1% of persons 80+ years old
 - 19% of youth ages 15-19
 - Substance use identified as a Medium or Big problem in the County for
 - Persons 21+ years: 80.1% of respondents saw it as a medium or big problem
 - Persons younger than 21 years: 71%

Mental Health and Substance Abuse

- **Violence:** Per the American Psychiatric Association and Mental Health America, survivors of Intimate Partner Violence (IPV) and Sexual Assault may experience new onset of psychiatric disorders (20% of IPV survivors) such as Major Depressive Disorder, Generalized Anxiety Disorder, Posttraumatic Stress Disorder, eating disorders, and a wide range of substance use disorders.

<https://www.psychiatry.org/psychiatrists/diversity/education/intimate-partner-violence#>

<https://www.mhanational.org/sexual-assault-and-mental-health>

The Office for Victims of Crime and the U.S. Department of Justice report 68% of survivors of violent crime experience social-emotional problems: feelings of moderate to severe distress and new onset of significant relationship problems at work or school and with family or friends.

<https://bjs.ojp.gov/content/pub/pdf/sivc.pdf>

<https://ovc.ojp.gov/topics/physical-and-mental-health>

- **FSSA Health and Wellness Survey (Shelby County):** 15% were afraid of being hurt in their home or apartment building
- **MHP SDoH Survey:** 3% reported feeling unsafe at home
- **CHNA Community Survey:** Violent crime, assault, sexual violence and domestic violence as a barrier to personal health:
 - 3% of all respondents
 - 8.1%: 15-19 years
 - 6.9%: 80–84 years
 - 11.7%: Persons identifying as LGBTQ+
 - 12.5%: Persons identifying as Asian/Hawaiian/Pacific Islander
 - 6.1%: Persons identifying as Hispanic/Latino

Mental Health and Substance Abuse - Secondary Data

- Depression Prevalence in Shelby County
 - Persons 18+ years: 22.9%
 - Medicare Beneficiaries: 26%
- MHP Emergency Department
 - Most common mental health diagnosis for all ages: anxiety disorders
 - 2021: 200 persons transferred to inpatient psychiatric facilities
 - Highest number of any rural hospital in east central Indiana

Mental Health and Substance Abuse

- Alcohol Abuse
 - Binge Drinking plus Heavy Drinking Prevalence: 17% of persons 18+ years
 - MHP Emergency Department visits from the 4th quarter 2020 – 3rd quarter 2021: 72.4% alcohol-related
- Deaths of Despair (Overdoses, Alcohol, Suicide)
 - 12 overdose deaths in 2020; 21 overdose deaths in 2022
 - 8 Suicide deaths in 2021
 - 8 alcohol-related deaths in 2020
- Healthy People 2030 Goals:
 - 12.8 suicide deaths per 100,000 total population (6 or fewer for Shelby County)
 - 20.7 overdose deaths per 100,000 population (9 or fewer deaths for the County)

Juvenile Mental Health and Substance Abuse – Primary Data

- **CHNA Community Survey:** Barriers to health for respondents ages 15-19:
 - Mental Health problems – 45%
 - Loneliness - 19%
 - Victim of bullying – 10%
 - Victim of violent crime, assault, sexual violence, and domestic violence – 8.1%
 - Substance abuse - 4.4%
- **CHNA Community Listening sessions:**
 - Students have high levels of depression and anxiety; suicidal ideation, plans and attempts
 - Students' depression and anxiety are often rooted in the trauma of their parents
 - Lack of affordable, accessible MH treatment
 - Inconsistency of treatment options between DCS contracted therapists and released family's private insurance or ability to self-pay
 - Inconsistent coordination between health care systems and mental health/substance abuse treatment or referrals for treatment

Juvenile Mental Health and Substance Abuse – Secondary Data

- **2022 Indiana Youth Institute (IYI) Survey** (Region 10) of 6th – 12th grade students:
 - 35% felt sad and hopeless for 2 or more weeks
 - 18% had suicidal thoughts and made a plan for committing suicide
 - 10.4% use alcohol
 - 3.5% binge drink
 - 5.1% use marijuana
 - 3.2% misuse over-the-counter medicines

Mental Health and Substance Abuse

- **ACEs** (Adverse Childhood Experiences - from most prevalent to least in Indiana)
 - Divorce of parents
 - FSSA Health and Wellbeing Survey (Shelby County): 27% – 36% identified as separated or divorced
 - 13%: divorced in the County; 2%: separated
 - Food and/or housing insecurity
 - Increase in ALICE households throughout County, creating increased vulnerability for food and/or housing insecurity
 - 12% of households are food insecure; 2,046 children are food insecure
 - Downtown Shelbyville is a food desert
 - FSSA Health & Well-Being Survey (Shelby County):
 - 59.2% - not enough food in the last 12 months
 - 24.2% - utilities shut off in last 12 months
 - 32.2% - fear of unstable housing in the next 2 months
 - MHP SDoH Survey:
 - 2% - utilities shut off in last 12 months
 - 3% - unstable housing
 - 3% - went without food in last 12 months
 - Living with someone who has a substance use problem
 - In 2021 of the 48 children removed from their homes by DCS, 64.6% (31 children) were removed secondary to parental alcohol or substance abuse.
 - Living with someone who has a severe mental health condition
 - Depression prevalence in adults 18+ years: 22.9%
 - Incarcerated parent
 - Behavioral Health and Justice Equity report estimated 2,234 children in Shelby County impacted annually by parents' incarcerations
 - Witnessing Domestic Violence
 - First 6 months of 2022: Turning Point served 98 families; in 2021: 145
 - First 6 months of 2022: 392 nights of shelter for adults and children; in 2021: 252 nights

Mental Health and Substance Abuse

Indiana SHIP Strategies:

- Expand number of mental health providers and services
- Expand the use and integration of community health workers, patient navigators, community paramedics, etc.
- Bring mental health trainers to communities (e.g., Mental Health First Aid, QPR, etc.)
- Train providers in trauma-informed care
- Increase support and care for First Responders and medical professionals

MENTAL HEALTH and SUBSTANCE ABUSE

OBJECTIVE 1: Continue to support and develop prevention and treatment resources for the reduction and optimal management of mental health and substance abuse problems.

- Ongoing assessment and development of mental health, substance abuse, and behavioral health services offered through Major Health Partners. This includes expanding Medication Assisted Treatment and developing group treatment for substance abuse disorders.
- Continued collaboration with community partners in order to inform and equip families and professionals via training opportunities such as Trust Based Relational Intervention, QPR Suicide Prevention, Mental Health First Aid, SBIRT (Screening, Brief Intervention and Referral to Treatment), etc.
- Development of a formal collaboration of stakeholders for the purpose of identifying and addressing gaps in the County's mental health and substance abuse services.

Mental Health and Substance Abuse

MENTAL HEALTH and SUBSTANCE ABUSE

OBJECTIVE 2: Collaboratively implement the goals of the Opioid Settlement Grant (if awarded):

City and County:

- Development of a Crisis Intervention Team through the training and equipping of law-enforcement officers in Crisis Intervention, Mental Health First Aid, and Domestic Violence
- Development of a Community Navigator position to work collaboratively with the Community Advocate Navigator of the Shelbyville Fire Department in order to connect persons with needed community resources and treatment services

Major Health Partners:

- Development of a Community Health Worker (CHW) position to connect individuals with MHP substance use and mental health services and to provide case management beyond the clinic. The CHW will comprehensively assess patient needs and collaborate with community based organizations to meet those needs.
- Development of funded substance use treatment resources for women and pregnant women who do not have health insurance, including Medicaid.

Disparities and Health Equity

The primary and secondary data in the CHNA reveal several demographic groups that are more greatly impacted by health and wellness challenges in the County. These are cross-cutting populations that must be integrated into the focus areas of this CHIP. When working to understand the scope and impact of each focus area, as well as in the consideration of any possible solutions, the impact on the following persons must be taken into account:

- Girls and women
- Hispanic/Latino population
- Older adults
- Persons with disabilities

Disparities and Health Equity: Women and Girls

- **CHNA Community Survey:** Top barriers to health for female respondents
 - 30% - Cost of health insurance/health care/medications
 - 26% - Affordable healthy food
 - 17% - Mental Health problems
- **Caregiving and Childcare**
 - **CHNA Community Survey:** Inadequate support for persons with disabilities, for older adults, for parenting and childcare lead to caregiver burnout. Caregiving and childcare impact women more than men and are experienced as barriers to personal health and wellbeing.
 - ¹2021 – 62% of women provide 20+ unpaid caregiving hours a week in comparison to 38% of men; 59% provide 20 hours or less of unpaid caregiving in comparison to 41% of men
 - ²26% of female caregivers are caring for a parent, raising a minor child, and employed in the workforce.
¹ ²<https://www.caregiving.com/posts/women-and-caregiving-2021>
 - **Community Listening Sessions:** A parent must miss work or risk losing employment when established childcare falls through. 24 hour crisis childcare is needed.
 - **FSSA Health and Wellness Survey (Shelby County):** Around 80% of female respondents citing childcare as a barrier to work or school were no longer or never married
 - In the County, 35% of the parents needing childcare are single parents
- **FSSA Health and Wellness Survey (Shelby County):** Female respondents
 - 87% - lack of childcare is a barrier to being able to work or study
 - 73% - not enough money for food in the last 12 months
 - 71.5% - had their utilities shut off
 - 70.5% - feared not having stable housing in the next 2 months
 - 89% - no transportation for healthcare in the last 12 months
 - 70% - did not see a doctor in the last 12 months because it was cost-prohibitive
 - 65% - need help reading hospital/medical materials
- **Income**
 - Even when controlling for age, race, education, and occupation, men may earn up to 38% more than women earn in Shelby County.
 - Women and girls comprise 58.2% of the County population living at or below the Federal Poverty Level. Especially impacted are
 - Girls ages 6-11
 - Women ages 25-34; and 45-54

Disparities and Health Equity: Women and Girls. Hispanic/Latino Population

- **Violence**
 - **2021 Shelby County Jail Survey:** 72% of female respondents (n=32) vs. 21% of male respondents (n=68) reported having been a victim of sexual abuse
 - **Turning Point Domestic Violence Services** (serves men and women; however, clients are primarily female): First 6 months of 2022: 56% increase in nights of shelter in comparison to nights of shelter used for the entire year of 2021
 - **FSSA Health and Wellness Survey (Shelby County):** 71.2% of female respondents were afraid of being hurt in their apartment building or house.
 - **CHNA Community Survey:** 3.2% of female respondents were victims of violent crime, assault, sexual violence, and domestic violence

Female Students

- **2022 IYI Survey (Region 10) of 6th – 12th grade female students:**
 - Regardless of race or ethnicity, female students were more likely than male students to experience sadness and hopelessness, to consider suicide, and to make a plan for suicide.
 - Use e-cigarettes and vape more often than male students
 - Are higher consumers of alcohol than male students
 - Are increasingly binge drinking, whereas binge drinking over-all is decreasing among students.
- **Community Listening Sessions:** Students use vaping and illicit substances to cope. Their anxiety and depression is seen as often being secondary to their parents' trauma.

Hispanic/Latino Population

Between 2011 and 2022: Hispanic/Latino population grew from nearly 1,400 to over 2,600 – a nearly 70% increase.

Students

- **2022 IYI Survey (Region 10) of 6th-12th grade students:** 40% of Hispanic/Latino students experienced feeling sad and hopeless for 2 or more weeks - around 13% more than White, Black or other races and ethnicities
- **CHNA Community Survey:** Hispanic/Latino respondents ages 15-19 experienced themselves as being more stressed in 2022 than in 2019

Disparities and Health Equity: Hispanic/Latino Population

Health

- Shelby County:
 - 25.3%: uninsured
 - In comparison to all represented race & ethnic populations, highest rates of full and partial vaccinations for COVID and only 5 deaths (April 2020 – August 2022)
- Indiana:
 - High risk for Type 2 Diabetes
 - 46.2%: obesity
 - 18.7%: obesity in 2-4 years enrolled in WIC

Social and Economic

- Median household income: \$47,000 in comparison to \$59,900 for White/Caucasian or \$42,500 for Black/African American residents
- Around 1,200 live in the 4 Shelbyville census tracts that have a poverty rate up to 19%
- 59%: children living at or below poverty level in comparison to 12% overall in the County
- 23%: food insecurity in comparison to 12% overall in the County
- Education:
 - 18.1%: proficiency in English and math (3rd and 8th grade)
 - Education rates in comparison to all represented races and ethnicities
 - Lowest high school graduation rate: 60.4%
 - Lowest rate of Bachelor's Degree or higher: 9.4%
- Latinas are somewhat more likely to be pregnant as a teen
- 7.2% have a disability in comparison to 14.8% of White, Non-Hispanic population

CHNA Community Survey: Barriers to Health

- 3 of the top barriers to health:
 - 42.4%: Cost of health insurance/health care/medication
 - 30.3%: Mental health problems
 - 21.2%: Access to affordable healthy food
- 6% of respondents reported they were
 - Victims of violent crime, assault, sexual violence and domestic violence in comparison to 3% of all respondents
 - Unable to secure affordable housing
 - Without transportation

Disparities and Health Equity: Hispanic/Latino Population. Older Adults.

FSSA Health and Wellness Survey: Hispanic respondents

- 5.4%: lack of childcare makes it difficult to work or study
- 3.4%: not enough money for food in last 12 months
- 3.1%: utilities have been shut off
- 3.2%: fear not having stable housing in next 2 months
- 5%: no transportation for health care in last 12 months
- 3.3%: afraid of being hurt in their apartment building or house

Older Adults

Health

- **CHNA Community Survey:** 4 of the top barriers to health
 - 29%: Chronic disease
 - 22%: Cost of health insurance/health care/medication
 - 16%: Affordable healthy food
 - 10%: Dental problems
- Disease Prevalence (Medicare recipients)
 - 39%: arthritis
 - 28%: diabetes
 - 26%: depression
 - 21%: chronic kidney disease
 - 20%: COPD
 - 20%: obesity
 - 18% have lost all their teeth
 - 16%: osteoporosis
 - 10%: lung, breast, prostate, colorectal cancer
 - 9%: Alzheimer's
 - 8%: asthma
 - 7%: coronary heart disease
 - 7%: stroke
- 2022 Fall-related deaths of adults 60+ years: 5
- Medicare enrollees – low participation in core preventative services (around 21%)

Disparities and Health Equity: Older Adults. Persons with Disabilities.

Social and Economic

- **CHNA Community Survey:** Barriers to personal health for older adults
 - 7% ages 80-84 have been victims of violent crime, assault, sexual violence and domestic violence
 - 5% ages 70+ lack transportation to reach desired and needed services and destinations
 - Ages 65+
 - 4% report mental health problems
 - 16% are veterans
 - 6% live at or below the Federal Poverty Level
 - 18% are helping raise grandchildren
 - Social connection:
 - 7% are lonely
 - 18% have only 1 or no personal support individual to call in a crisis
 - 28% live alone
 - Lack of Affordable Healthy Food:
 - 20% ages 60-69
 - 14% ages 70-79
 - 10% ages 80+
- 33.1% of households in which a person 60+ years lives, receive SNAP benefits
- 4 Census Tracts of Shelbyville: Persons 65+ years
 - 590 persons live at or below Federal Poverty Level
 - 4.1% no access to a vehicle
 - 6.3% low access to a grocery

Persons with Disabilities

Demographics

- Population with a disability in the County: 14.3% (around 6,300 persons)
 - Race/Ethnicity
 - 14.8%: White, Non-Hispanic
 - 9.7%: Hispanic/Latino
 - Veterans: 26%

Disparities and Health Equity: Persons with Disabilities

Demographics Continued

- Disability by age:
 - Ages 5-17: 7%
 - Ages 18-34: 11%
 - Ages 35-64: 40%
 - Ages 65-74: 20%
 - Ages 75+: 23%
- Disability Type
 - Mobility: 8%
 - Independent Living: 8%
 - Cognitive: 6%
 - Hearing: 4%
 - Self-care: 3%
 - Vision: 3%

Social and Economic

- 17% live at or below the Federal Poverty Level in comparison to 13% of the County's
 - Ages 18-64: 26%
 - Ages 17 and younger: 23%
 - Ages 65+: 9%
- 28% employed (6% of County's work force)
- **CHNA Community Survey:** The survey did not ask what type of disability a respondent had. Persons with cognitive disabilities such as advanced dementia or intellectual disabilities were likely not respondents in the survey.
 - 9%: Loneliness
 - 13%: Poverty
 - 17%: Insufficient support for persons with disabilities
 - 28%: Live alone
 - 40%: Affordable, healthy food

Disparities and Health Equity: Persons with Disabilities

Health

- **Indiana (2020):** All disability types were included.
 - 47%: Depression compared to 15% of general population
 - 45%: Obesity compared to 34%
 - 32%: Tobacco use compared to 16%
 - 18%: Diabetes compared to 8%
 - 10%: Heart Disease compared to 4%
- **CHNA Community Survey:** Barriers to health
 - 49%: Chronic disease
 - 24%: Mental Health problems
 - 34%: Obesity
 - 11%: Tobacco use
 - 33%: Cost of health insurance/health care/medications

The improvement in the health and well-being of Shelby County's residents will require continual learning from those most impacted by the gaps in and dis-connection of community services; by the lack of transportation and affordable housing; and by personal and family challenges with mental health and substance misuse.

CHNA: Written Comments. Contact Information.

There were no written comments on the 2020 – 2022 CHNA.

This Community Health Needs Assessment and Community Health Improvement Plan will be available on-line at <http://www.mymhp.org>.

A printed copy of the CHNA/CHIP will also be available at the Shelby County Public Library, Morristown Public Library Branch, Shelby Senior Services, and the Shelby County Health Department.

Please address written comments on the CHNA and requests for a paper copy to

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