

2026 - 2028

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

Denise N. Holland

Community Liaison
Major Health Partners
2451 Intelliplex Drive
Shelbyville, Indiana 46176

dholland@majorhospital.org

317-398-5240

COMMUNITY HEALTH NEEDS ASSESSMENT

**Major Hospital – Major Health Partners
December 2025**

Preface

A **Community Health Needs Assessment** is designed to give a community the information it needs to improve the health and wellbeing 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. A Community Health Survey was conducted in Shelby County from March – October, 2025. There were also conversations with community stakeholders who were well-acquainted with the wellness challenges of those they serve. This CHNA includes primary data from the Family and Social Services Administration's *Hoosier Health and Wellness Survey*. The primary data fleshes out the secondary data about Shelby County.

Psycho-socio-economic factors are increasingly experienced as barriers to health by individuals and families. These factors, called social determinants of health or social drivers of health, also create significant challenges to health care systems, schools, and employers.

Secondary data is reportable information from schools, government, hospitals, and other organizations. Data about disease, health and the social determinants of health are compiled and analyzed by public health entities, universities, foundations, and the Centers for Disease Control and Prevention. Published data often is 2 or more years behind the current year.

Published data for Shelby County includes people who live in the county but may not receive their primary health care here. Data from Major Health Partners' patients is also included in this CHNA. Together, this data provides a picture of Shelby County's health over time.

Together, primary and secondary data tell a story about the well-being of Shelby County's residents. This information will help guide ongoing efforts to improve the county's health over the next three years.

The 2025 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 to meet the county's health needs. Some changes have been bittersweet; some challenging; and some have taken healthcare to a new level for the residents of Shelby and surrounding counties.

Major Health Partners – Major Hospital is an *award-winning hospital whose 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. It is less than 40 minutes away from a Level I Trauma Center and has a helipad on the campus.

The last 3 years have seen several advancements in the expert care available at Major Hospital:

- Addition of Cardiometabolic and Liver Health Programs, Gastroenterology and Urogynecology Health Providers
- Expansion of Behavioral Health Services
- Introduction of innovative medical technology:
 - Da Vinci 5 Surgical System – robotic assisted surgery
 - ION Robot for minimally invasive lung biopsies

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

**Most recently (July 2025), Major Health Partners was named One of Becker's "100 Great Community Hospitals" in the U.S. MHP is one of only three Indiana hospitals to be recognized.*

<https://www.beckershospitalreview.com/rankings-and-ratings/100-great-community-hospitals-2025/>

Major Health Partners – Major Hospital Overview

MHP Health Services

- Behavioral Health Care
- Bone Health
- Cardiometabolic & Liver Health
- Cardiovascular Health
- Care Management
- Community Health Workers
- Diabetes Care & Education
- Dialysis
- Emergency Medicine
- Foot and Ankle Health
- Gastroenterology
- Health Screenings
- Home Health Care
- Imaging
- Infectious Disease
- Infusion Therapy
- Laboratory Services
- Lifestyle Medicine
- Maternity Care
- Metabolic Health Clinic
- Nephrology & Infectious Diseases
- Neurology
- Nutrition Services
- Oncology and Hematology
- Orthopedics
- Otolaryngology
- Palliative Care
- Pediatrics
- Plastics and Cosmetic Surgery
- Physical, Occupational & Speech Therapy
- Podiatry
- Primary Care
- Pulmonology and Respiratory Care
- Rehabilitation: Cardiac and Pulmonology
- Sleep Medicine
- Specialized Disease Management
- Spine Health
- Sports Medicine
- Support and Educational Groups
- Surgical Services & Robotic Assisted Surgery
- Urgent Care and Occupational Health
- Urology
- Urogynecology
- Virtual Medical Provider Visits
- Women's Health
- Worksite Wellness Services – OnSite Clinics
- Wound Care

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

Major Health Partners recognizes and values the vital work of the many individuals and organizations working to make Shelby County a healthier place to live. 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

Formation of the Community Health Survey: In 2022 a team of leaders from the county and Major Health Partners developed the survey questions. To learn how health and wellness challenges were experienced over time, the survey questions were designed to provide the foundation of each triennial survey. In 2025 two questions were added about specific physical challenges, and one question was added regarding social media. All other questions were the same as those in the 2022 Community Health Survey.

2025 Survey Response: This year the survey was met with a range of guardedness and resistance. Uncharacteristically, individuals and groups raised questions and concerns regarding the reasons behind the survey, the confidentiality of participants, and the use of survey data. Survey respondents have always been anonymous. Explanations and incentives did little to overcome reluctance and skepticism. These reactions seemed to stem from the political context of the time and not specifically against Major Health Partners.

Community Conversations: To learn perspectives and experiences about challenges to well-being in Shelby County, conversations and listening sessions were conducted with stakeholders from the following organizations and government entities:

Blueridge Apartments	Morristown High School
Choices Coordinated Care Solutions	Pearson Place Apartments
City of Shelbyville	Seniors Helping Seniors
Behavioral Health & Equity Director	Shares, Inc., Shelby County
Community Navigator	Shelby County Chamber of Commerce
Police Department	Shelby County Court Services
Firefly Children and Family Alliance	Shelby County Drug Free Coalition
First Presbyterian Church	Shelby County Health Department
Girls Inc. of Shelby County	Shelby County Youth Assistance Program
Harrison Street Apartments	Shelby Senior Services
Head Start/Early Head Start	Shelbyville High School
Hendricks Elementary School	The Bridge
Jane Pauley Community Health Center	Turning Point Domestic Violence Services
Love, INC of Shelby County	WorkOne, Shelbyville
MHP Nephrology & Infectious Disease	

Survey Methodology

To adequately represent the diversity by which residents receive information, a variety of options for responding to the survey was available from March – October 2025.

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

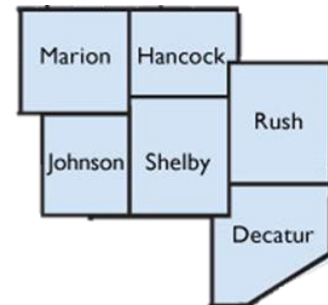
- **Email:** Via multiple distribution lists for community service providers, churches, medical and ancillary providers, government, schools, and nonprofits
- **Internal Communication Systems:** Via business and industry, City and County government, Major Health Partners, schools, and non-profits
- **Printed Surveys:** Broadly distributed throughout the county with special attention to
 - Areas where older adults live and receive services
 - Hispanic/Latino 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
 - Shelby County Community Corrections
 - MHP patients, visitors, and volunteers
- **Promotional Signs and Cards:** Promotional material in Spanish and English languages were placed where people congregate and/or must wait to be served and where public notices are posted. Special attention was given to low-income neighborhoods, rural communities, health clinics, Head Start, Shelby County Division of Family Resources, family and youth serving organizations and rural food pantries.
- **Meetings and Events:** Promoted at mobile Farmers Markets, Chamber meetings, agency meetings, community events such as awareness walks, back-to-school events, MHP outreach events, 5K walks/runs, senior center presentations, and the like.
- **Websites:** Chamber of Commerce, Blue River Community Foundation, and MHP websites.
- **Survey Blitz:** Survey promotion week in the MHP Medical Center main entrance lobby
- **Electronic Media:** Online media outlets, school and agency member and family communication systems, social media pages of community organizations, rural communities, and Major Health Partners.

Survey Methodology

Disparities: 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. However, compared with Shelby County’s population, there were disparities.

- Higher percentage of respondents ages 65+
- Lower percentage of respondents ages 18 – 24
- Lower representation of Hispanic/Latino population
- Lower representation from small towns and census areas
- Nearly 4 times as many women took the survey as did men.

Around 34% of Shelby County’s workforce commuted from outside the County. The chart shows the top 5 counties sending workers into Shelby County. These people use the MHP OnSite Clinics, instruct 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 this Community Health Needs Assessment.



2025 COMMUNITY HEALTH SURVEY

The sample size of the survey is 627. 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 2024 population of 35,518 residents age 18 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.

In order to compare the experiences and perceptions of respondents with the secondary data, 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

In 1948 the World Health Organization defined health as a “state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This aspirational view of health acknowledged its holistic nature. Health involved one’s sense of well-being and one’s ability to engage in meaningful relationships and activities in the community. Health wasn’t found in a doctor’s office but rather in the context of one’s life. In 1984 WHO reframed health as a “resource for living” - a resource for being able to work, play, pursue goals, raise a family, adjust to challenges, etc. Health is a resource for enjoying our lives.

The data in this CHNA reveals that post-pandemic, Shelby County has been recovering health as a resource for living. Shelby County is enjoying low unemployment, business and housing development, and pride in our communities. The Community Health Survey found that most people felt they were doing better in 2025 than they were 3 years ago. However, not everyone was feeling better. Caregivers, individuals with disabilities, women ages 18 – 40, Latinos and persons of color, and low-income individuals were experiencing high stress and anxiety, poorer physical and mental health, and a lower sense of overall well-being.

During the pandemic, we could no longer ignore the growing challenges of mental health problems because to one degree or another, we were all experiencing them. Over the last 3 years, Shelby County has increased the number of therapists and treatment opportunities available for both mental health and substance use disorders.

- In both MHP primary care practices and in the emergency department, there has been a decrease in patients with mental health and substance use disorders.
- Overdoses treated in the emergency department have decreased.
- However, the number of suicides in Shelby County has increased. This troubling data deserves ongoing attention and assessment.

Deaths from several chronic diseases have decreased since the last secondary data was published. MHP clinics have seen a decrease in new diagnoses of several chronic diseases such as cardiovascular diseases and chronic kidney disease. Population health programs such as the partnership with Cardiometabolic Center Alliance are helping patients optimally manage their health challenges. However, the risk factor of obesity has increased for both adult and youth populations. What does this mean for the future of chronic disease in Shelby County?

- 46.3% of adults are challenged with obesity.
- 25.2% of youth ages 2 – 19 are obese – the highest percentage in Central Indiana.

Households have increasingly been finding it difficult to afford the cost of living in Shelby County. Over the last decade, households at or below the Federal Poverty Level have remained static. The increase has been in working households without a Shelby County survivability income.

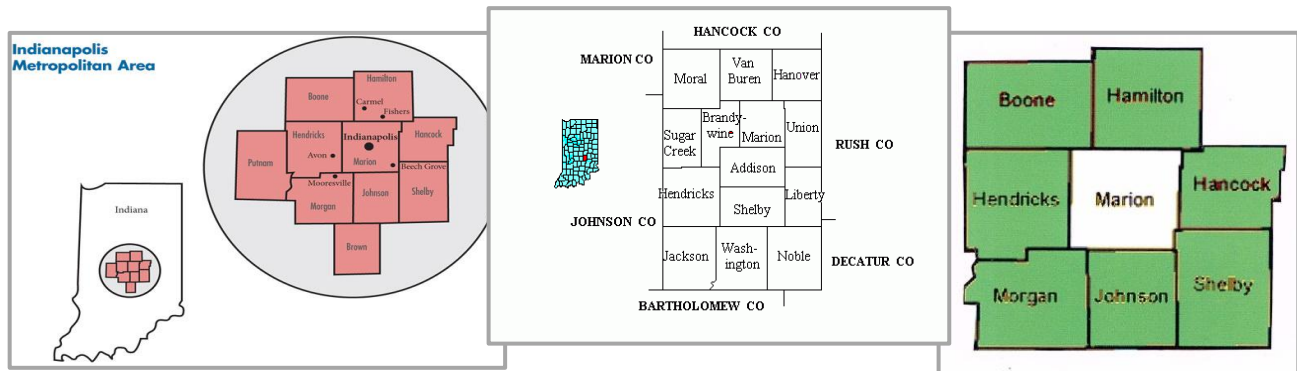
- Depending on household size and income, 38% to nearly 40% of Shelby County households have insufficient incomes to afford basics like rent, childcare, food, transportation and health care in Shelby County.
- Of these households, 26% to 27% have too much income to qualify for assistance programs but not enough income to cover the cost of necessities.
- Women and girls are particularly vulnerable to being unable to meet basic needs.
- These individuals and families are making tough decisions between purchasing medication or food, paying for heating bills or car repairs. Research finds that there is a relationship between chronic disease, premature death, and household income. For these households, health as a resource for living encounters several challenges in Shelby County.

So, in this CHNA, you will find evidence of health improvement over the last 3 years as well as social-economic factors that make it difficult for our physical, mental, and social health to be used as a resource for living – for enjoying our lives. These are challenges to be addressed collectively and imaginatively by government, business and industry, churches, schools, foundations, healthcare, and the county’s many community-based organizations. We don’t just need everyone at the table to tackle these challenges - we need to build the table for everyone.

Shelby County Demographics

- **Geography**
- **Shelby County at a Glance**
- **Population**
- **Age of Residents**
- **Race and Ethnicity**
- **Grandparents Raising Grandchildren**
- **Disability**
- **Household Types**
- **Military Service**
- **Income and Poverty**
- **Educational Attainment**
- **Jobs and Wages**
- **Labor and Commuters**

SHELBY COUNTY: Geography



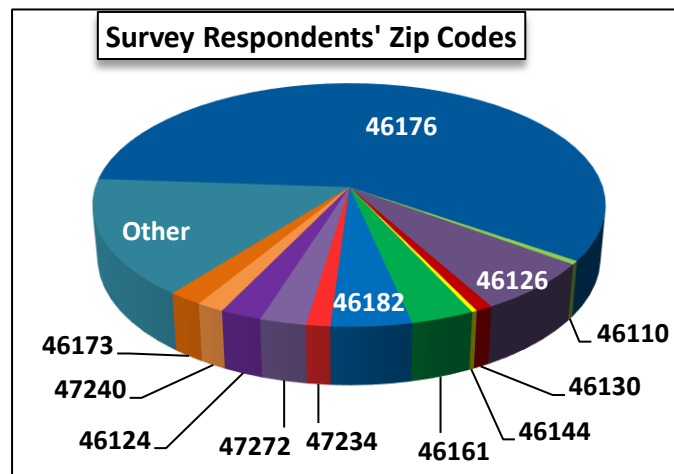
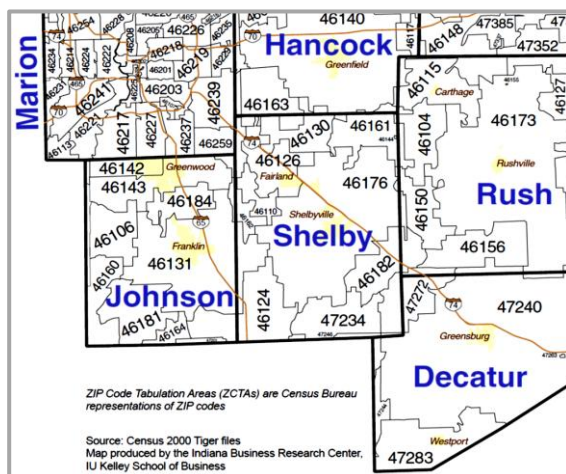
The County Seat of Shelbyville is located centrally in the county, 28 miles from Indianapolis. The county borders Rush, Bartholomew, Decatur, Hancock, Johnson, and Marion Counties. There are 14 townships and several small towns in the county. The largest towns are Morristown, Waldron, and Fairland.

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).

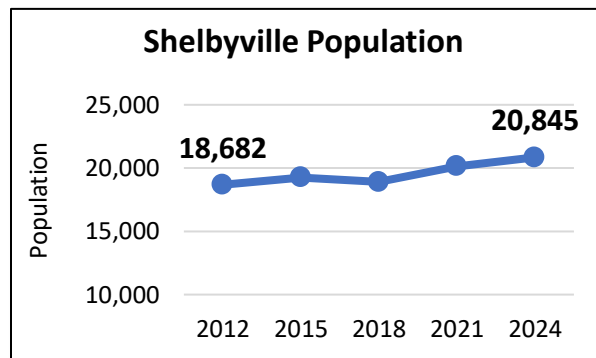
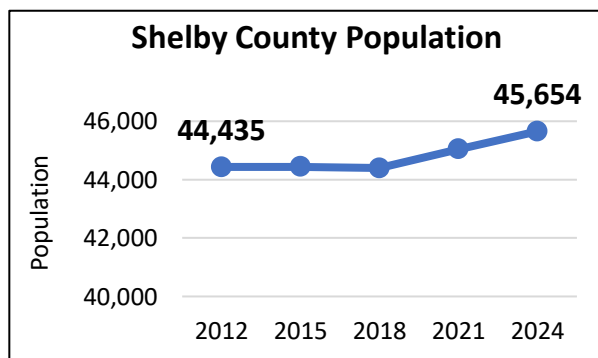
St. Paul (47272) and Edinburgh (46124) are in the Shelby Eastern (Waldron) and Southwestern school districts, respectively. The County's population includes 0.8% of St. Paul and 0.4% of Edinburgh. (STATS Indiana, 2024).



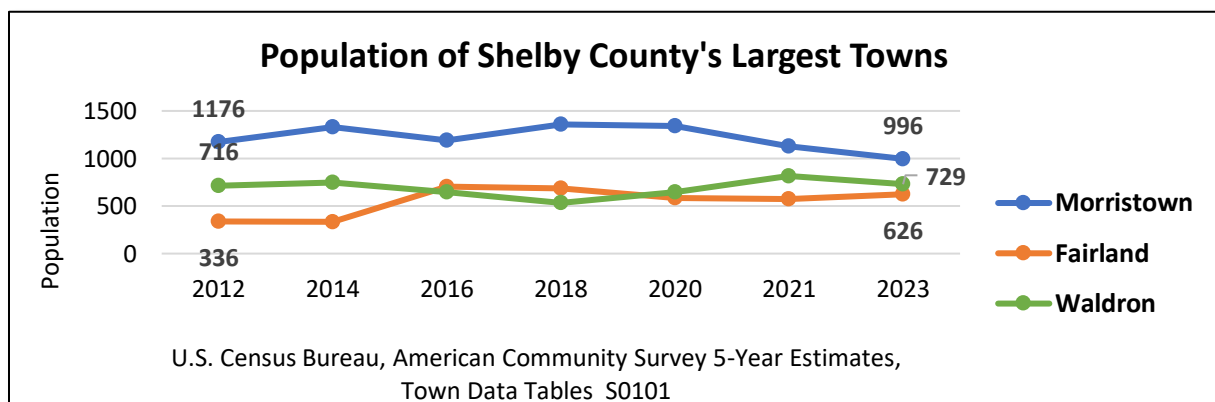
SHELBY COUNTY at a GLANCE

Community Health Indicator 2023/2024	Shelby County	Shelbyville	Indiana
Population (2024)	45,654	20,845	6,924,275
Median Age (2024)	41.8	35.5	38.3
Per Capita Personal Income (2023 Dollars)	\$55,484	\$31,284	\$63,802
Median Household Income (2024 Dollars)	\$78,013	\$54,938	\$71,959
Owner-Occupied Homes	68.4%	51.9%	63.9%
Renter-Occupied Homes	24.3%	38.5%	26.9%
Population at or below Poverty Level	11.2%	17.3%	12.2%
Children Living at or below Poverty Level	12.9%	29%	15.1%
Without Health Insurance	6.2%	7.6%	6.9%
With a Disability	15%	16.7%	14.2%

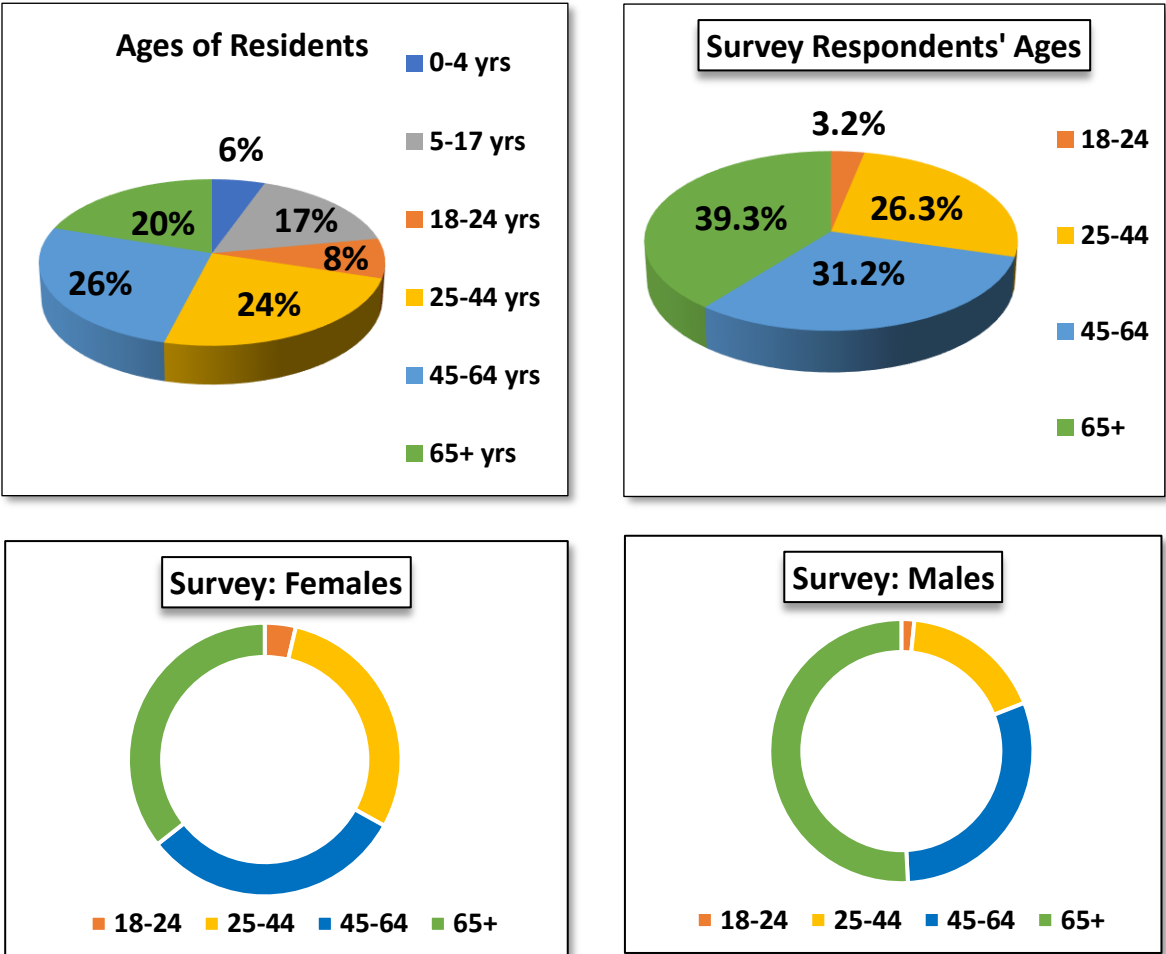
U.S. Census Bureau, American Community Survey 5 Year Estimates, 2023 & 2024



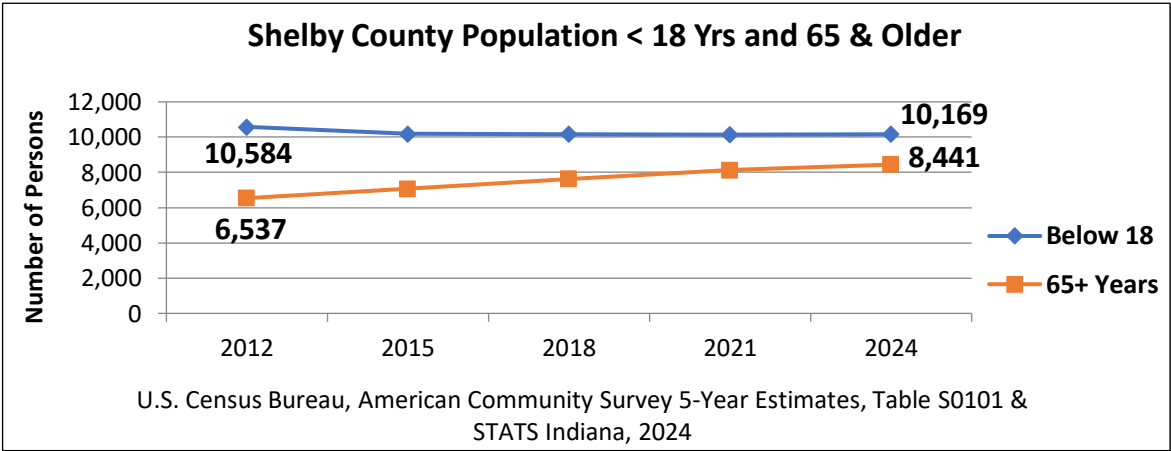
U.S. Census Bureau, American Community Survey 5-Year Estimates, Compiled by STATS Indiana.



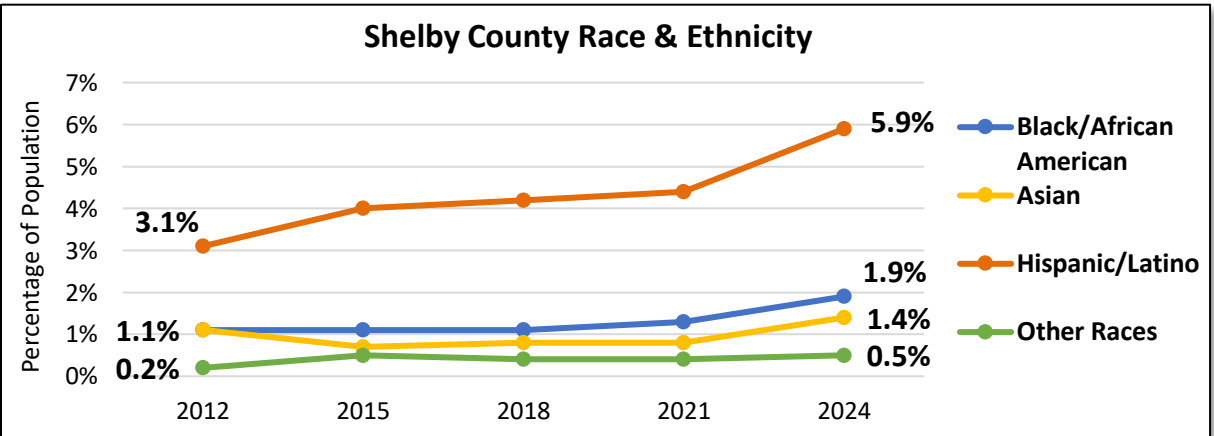
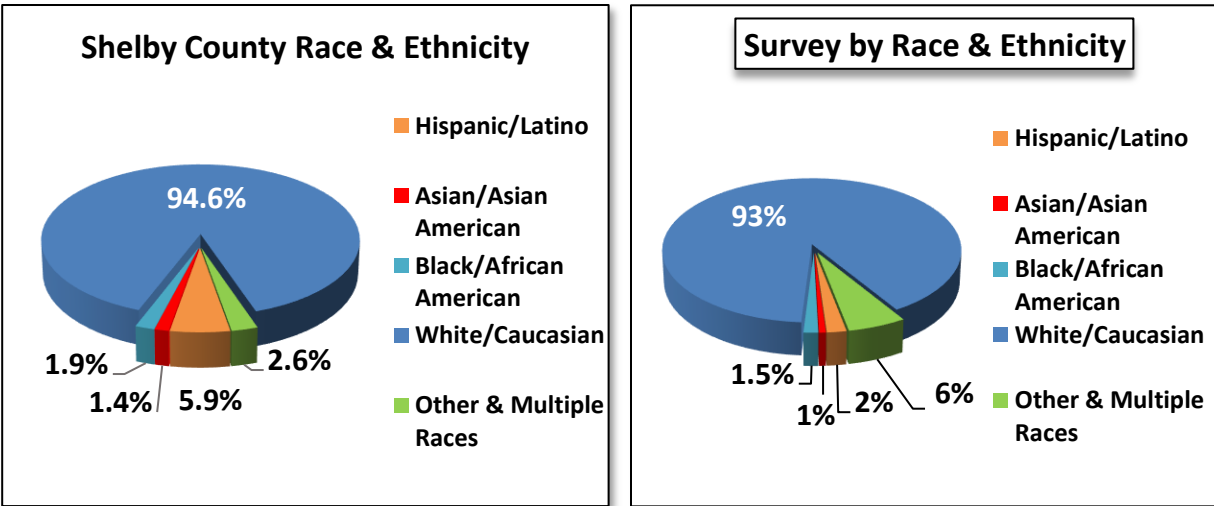
SHELBY COUNTY: Age of Residents.



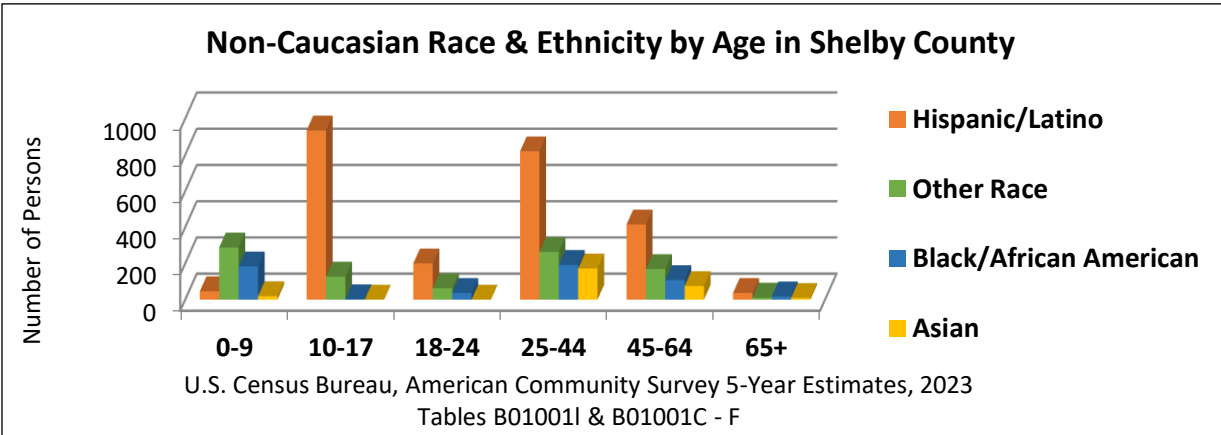
U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023 , Table S010 & STATS Indiana, 2024



SHELBY COUNTY: Race & Ethnicity

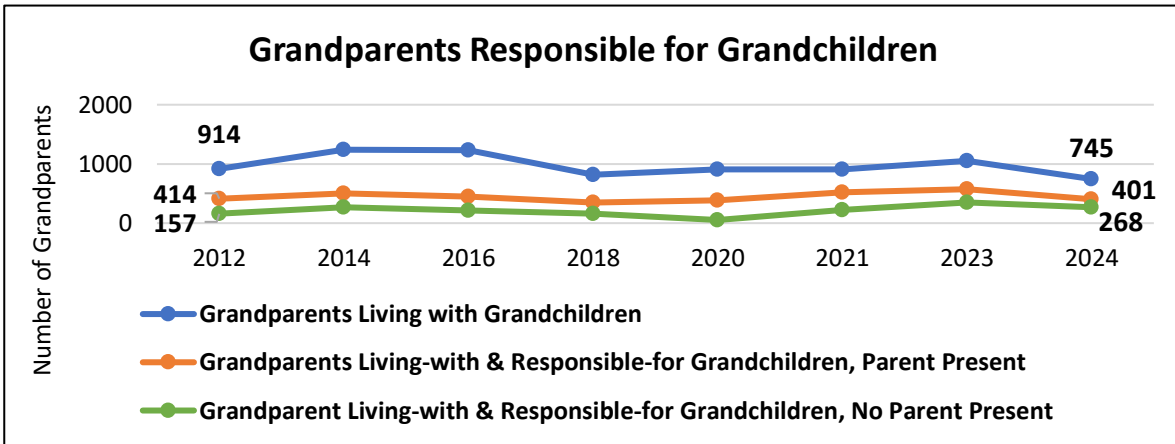


All data from U.S. Census Bureau, American Community 5-Year Surveys Compiled by STATS Indiana, 2024.

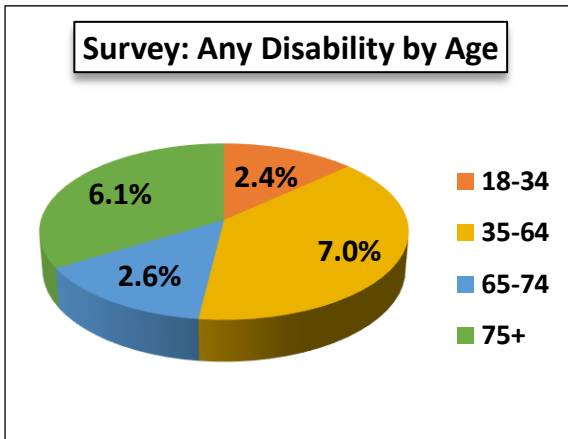
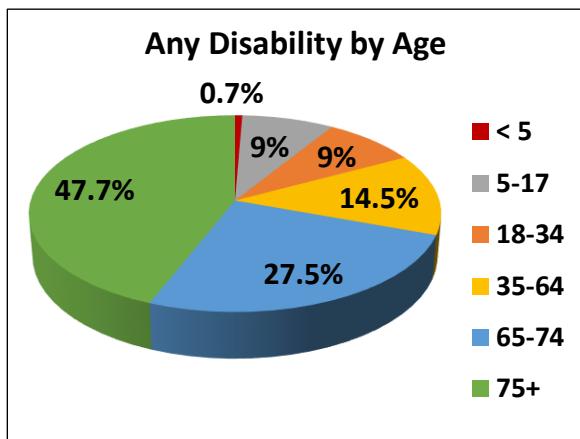


"Other Race" includes American Indian, Native Alaskan & Native Hawaiian/Pacific Islander. It does not include persons who identified as being of more than one race.

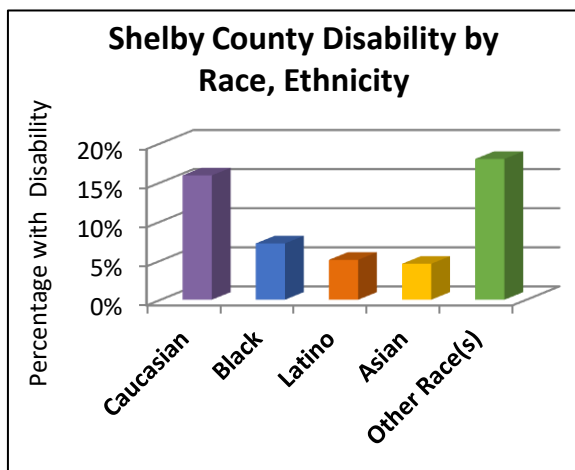
SHELBY COUNTY: Grandparents and Grandchildren. Disability.



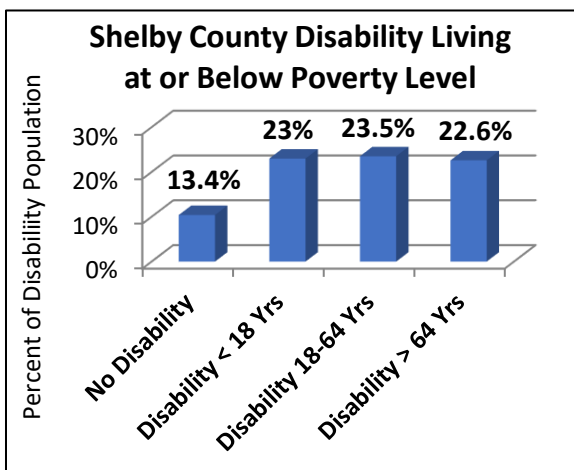
U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1002



U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023, Table S1018



U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810



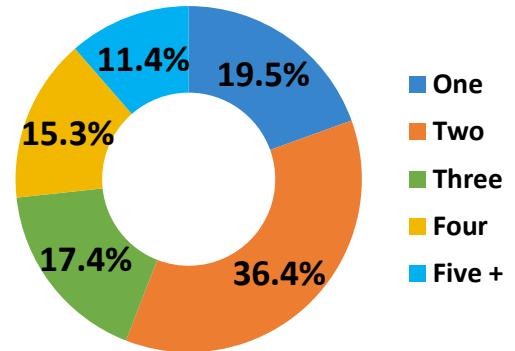
U.S. Census Bureau, American Communities Survey 5-Year Estimates, Tables B18140, C18130

SHELBY COUNTY: Households

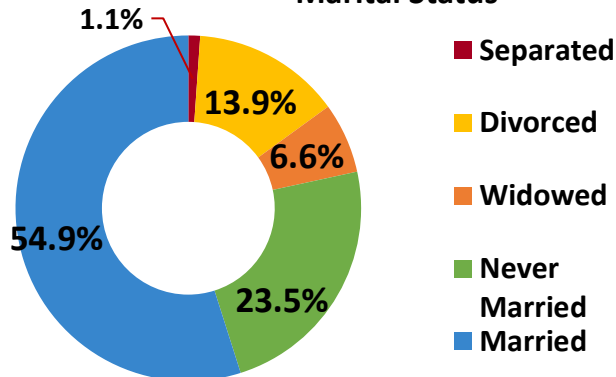
Households in Shelby County: 19,959 (2024)

- **Average Household Size:** 2.4 individuals
- **Average Family Household Size:** 2.9 individuals (3 for Married Couple)
- **Households with Children < 18 years:** 5,013
- **33.1% of all Households:** include a person 65 years or older
- **82% of Non-family Households (5147 Households):** Resident lives alone
- **13.8% of 65 years or older live alone**

Survey by Household Size



Marital Status



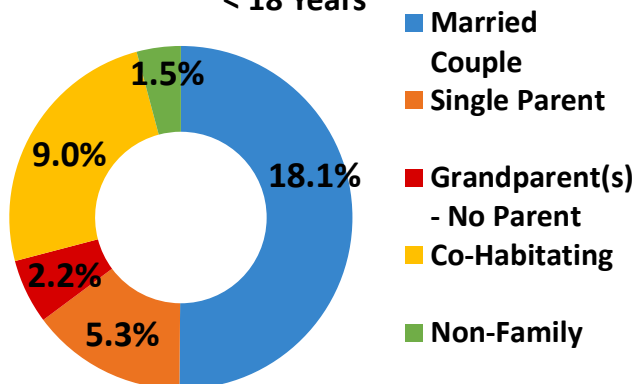
Family Household:

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

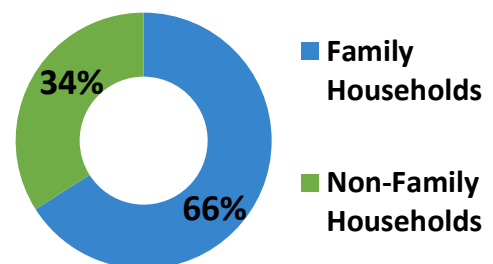
Non-family Household:

- 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.

Family Households with Children < 18 Years

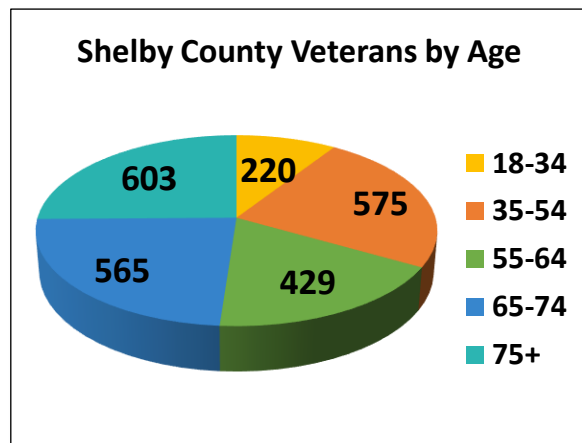
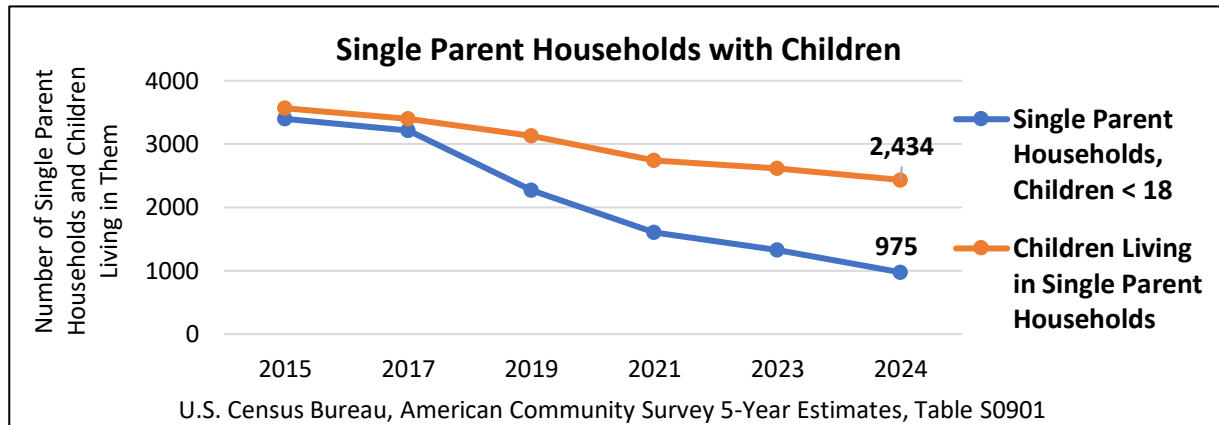


Family & Non-Family Households



U.S. Census Bureau, American Community Survey 5-Year Estimates, 2024, Table S1201 & STATS Indiana, Hoosiers by the Number, 2024.

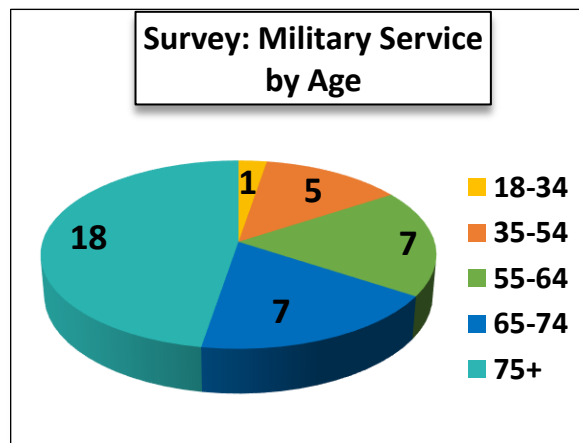
SHELBY COUNTY: Single Parent Households. Military Service.



U.S. Census Bureau, American Community Survey
5-Year Estimates, 2023

Shelby County Veteran Population: 1,170

- **Male:** 92.7%
- **Median Income:** \$48,444
- **At or Below Poverty Level:** 5.8%
- **Disability:** 23.3%
- **Participate in the Labor Force:** 81.7%
- **Education:**
 - **High School Diploma or Equivalent:** 48.7%
 - **Some Post-High School Education:** 33.1%
 - **Bachelor's Degree or Higher:** 13.9%



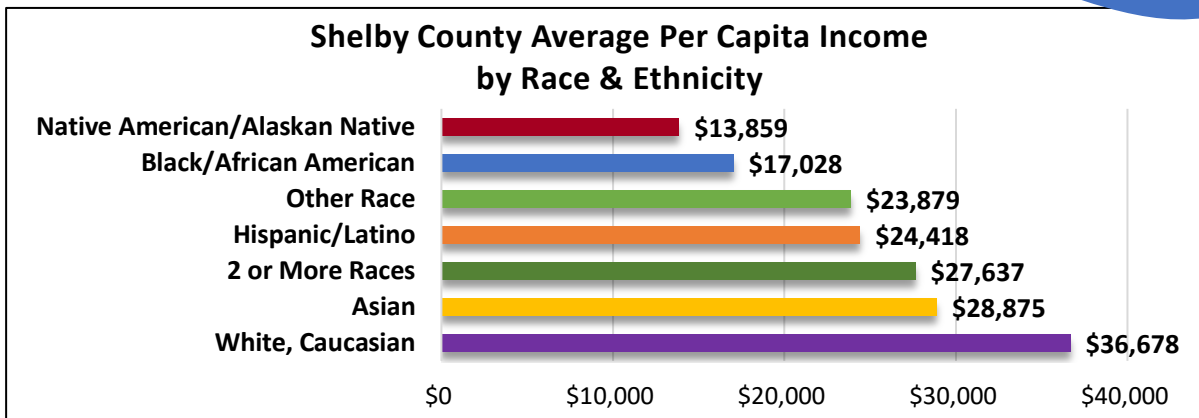
2025 COMMUNITY HEALTH SURVEY

Military Service: 67 Survey Respondents

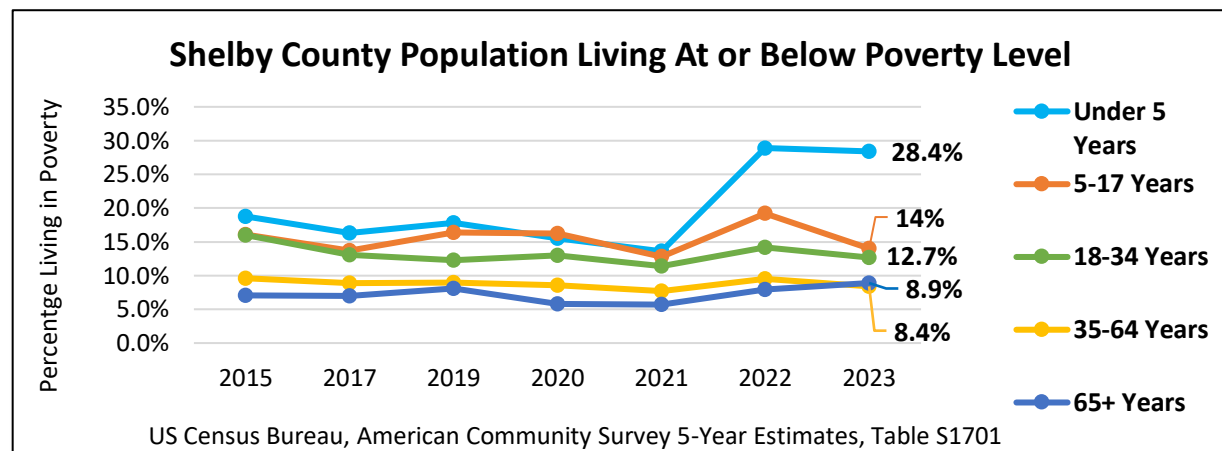
- **Male:** 80.6%
- **Median Income:** \$75-\$99,000
- **At or Below Poverty Level:** 22%
- **Disability:** 39% Have a Disability

SHELBY COUNTY: Per Capita Income. Poverty. Household Income.

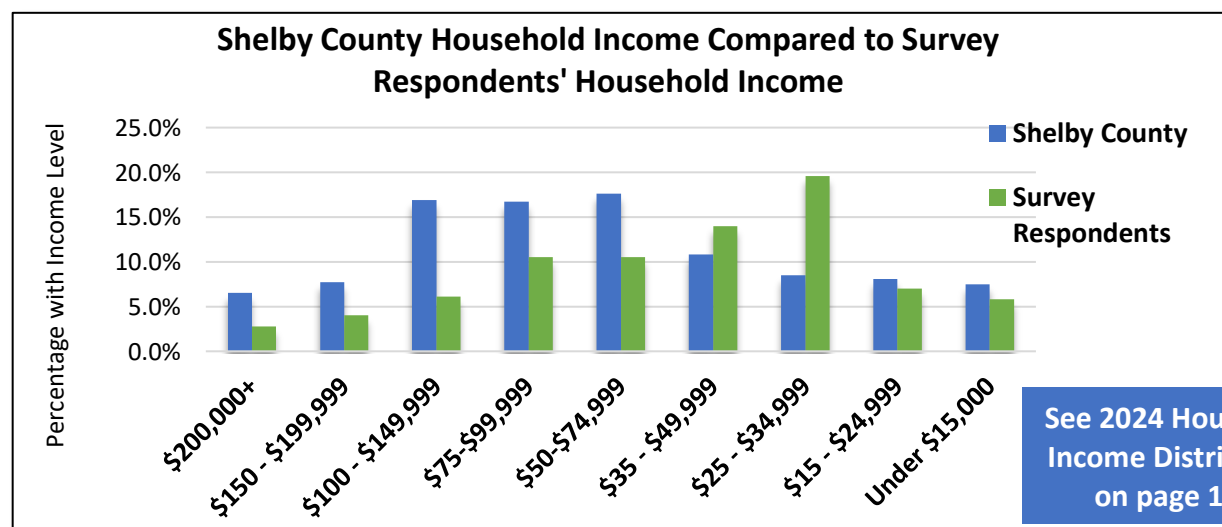
Read more about households living at or below the Federal Poverty Level on pages 97 – 102.



US Census Bureau, American Community Survey 5-Year Estimates, Table S1902



US Census Bureau, American Community Survey 5-Year Estimates, Table S1701

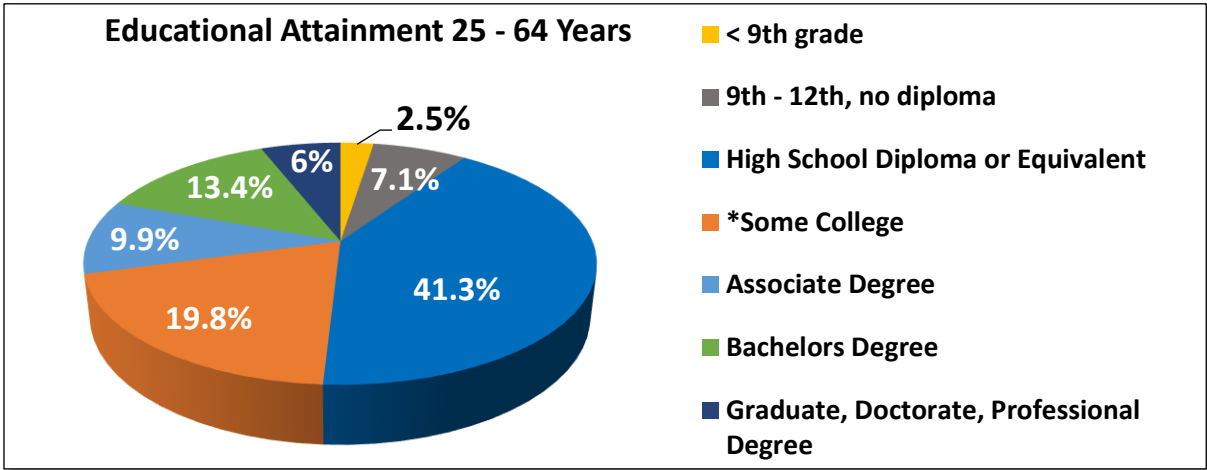


See 2024 Household Income Distribution on page 101.

U.S. Census Bureau, American Community Survey 5-Year Estimates 2023

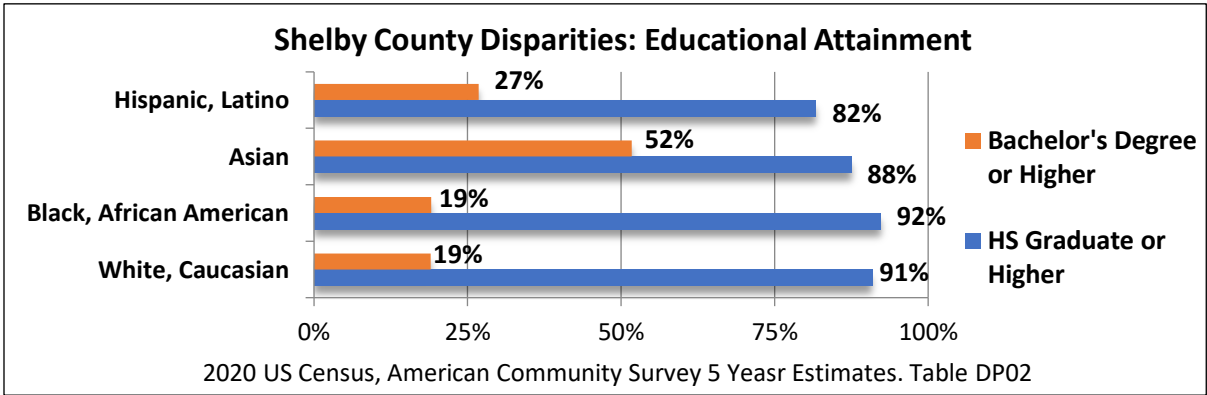
SHELBY COUNTY: Education

Education benchmarks
on page 95.

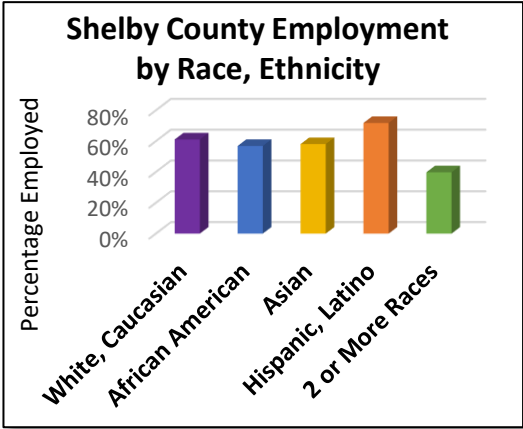
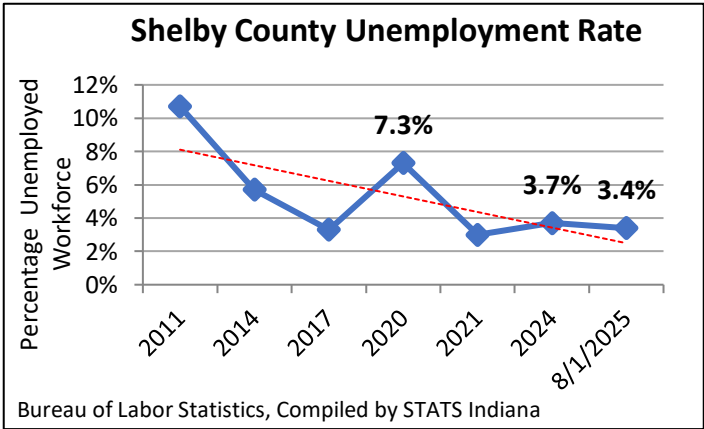


**Some certificates accrue college credits & are transferrable for degree completion.*

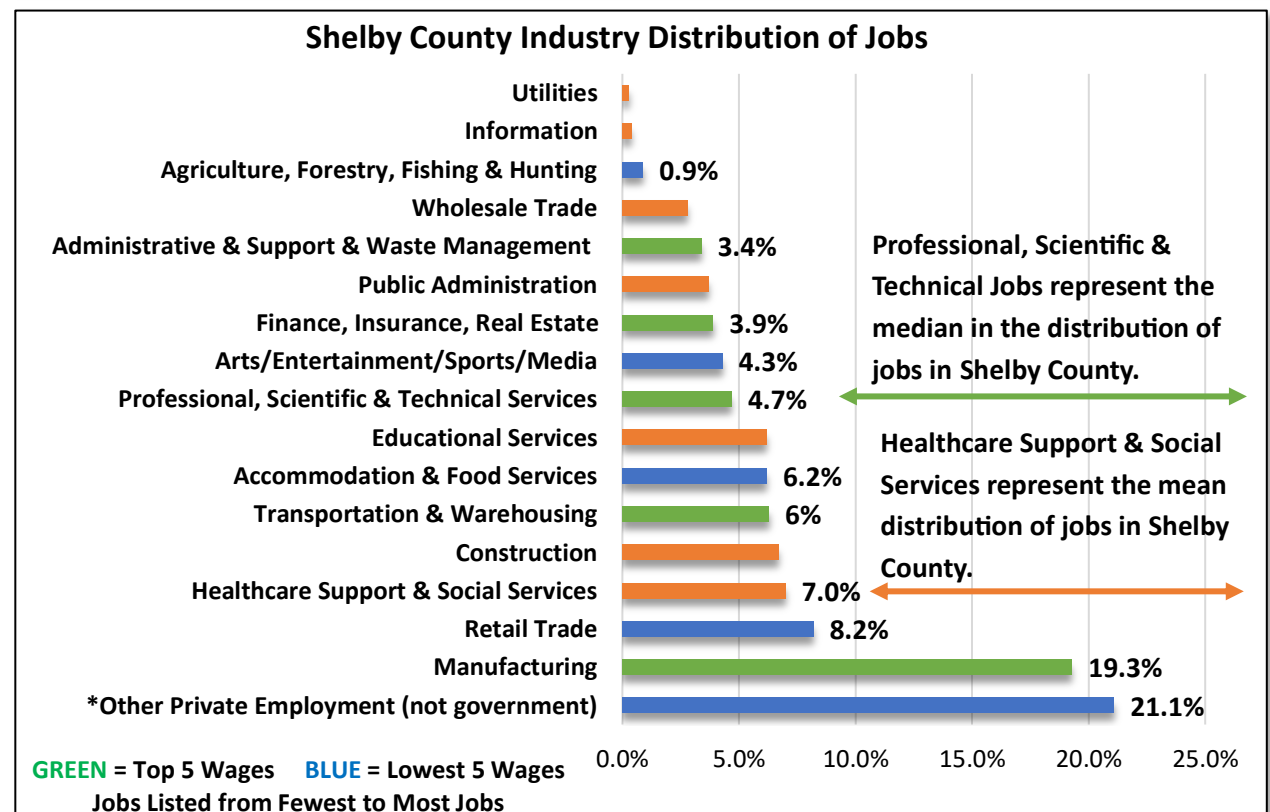
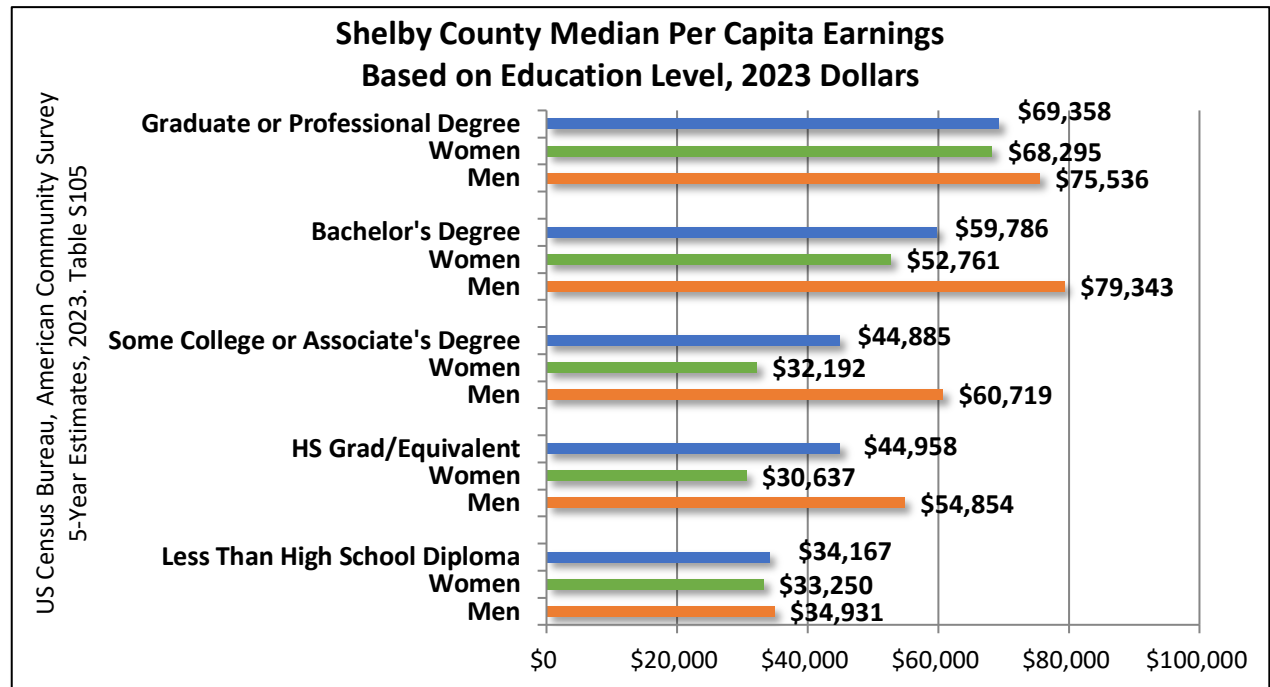
U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023. Table DP02



Employment



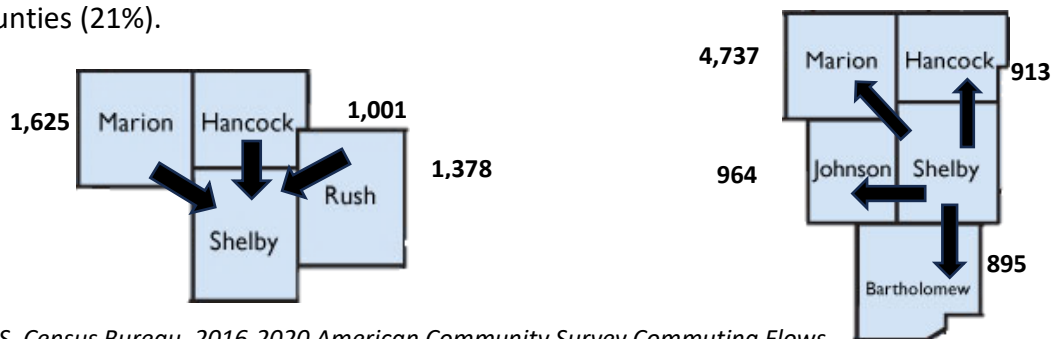
SHELBY COUNTY: Jobs and Wages



US Census Bureau, American Community Survey 5-Year Estimates. Compiled by STATS Indiana, Shelby County; Data USA, Shelby County, 2023

SHELBY COUNTY: Workers and Commute

Thirty-two percent (32.1%) of the implied *resident* labor force works outside of Shelby County. The implied workforce receives around 34% of its labor from outside the county. Marion, Rush and Hancock Counties are primary providers of labor for Shelby County (20.9%). Top counties receiving labor from Shelby County are Marion, Decatur, Johnson, Hancock, and Bartholomew Counties (21%).

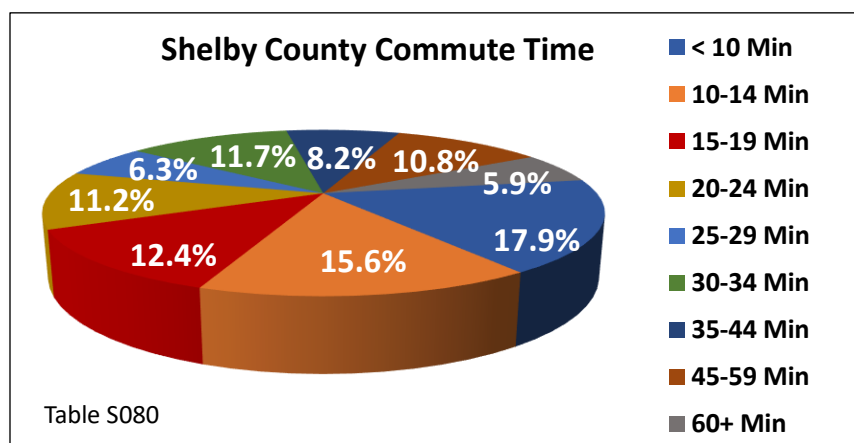


U.S. Census Bureau, 2016-2020 American Community Survey Commuting Flows, Released June 2023. Compiled by STATS Indiana, 2023 <https://www.stats.indiana.edu/maptools/commuting-ACS.asp>

Workforce	
*Number of people who live in Shelby County and work (<i>implied resident labor force</i>)	23,330
*Number of people who live AND work in Shelby County	11,903
*Total number of people who work in Shelby County (<i>implied workforce</i>)	19,139
Commuters	
Number of people who live in Shelby County but work outside the county	9,703
Number of people who live in another county (or state) and work in Shelby County	7,236

U.S. Census Bureau, Commuting Flows Released June 2023, Compiled by STATS Indiana, 2023

*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.**



US Census Bureau, American Community Survey 5-Year Estimates, 2023.

Commuting:

- 79.3% - Drive alone to work
- 8.6% - Carpool
- 8.5% - Work at Home
- 1.9% - Walk
- 0.6% - Bicycle
- 24.9 Minutes – Average Commute (National Average: 26.6 Minutes)
- 1.6% - Commute 90+ minutes

DATA SOURCES

American Lung Association

- State of the Air Report Card

America's Health Rankings, United Health Foundation

Centers for Disease Control and Prevention

- Behavior Risk Factor Surveillance System
- Places: Local Data for Better Health
- National Center for Health Statistics
- Nutrition, Physical Activity, and Obesity Division
- WISQARS – Web Based Injury Statistics Query and Reporting System

Centers for Medicare and Medicaid Services

- Mapping Medicare Disparities Tool

County Health Rankings and Roadmaps

Data Resource Center for Child & Adolescent Health

Data USA

Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy Data

Early Learning Marketplace

Feeding America

- Map the Meal Gap

Gleaners Food Bank of Indiana

Healthy People 2030

Indiana Balance of State Continuum of Care

Indiana Commission to Combat Substance Use Disorder

- Next Level Recovery Data Dashboard

Indiana Criminal Justice Institute,

- Traffic Safety Division

Indiana Department of Child Services

- Monthly Reports, Shelby County

Indiana Department of Education

- ILearn Corporation Results
- School Lunch Program
- Special Education and English Language Learners
- STATS Indiana School District Interactive Map

Indiana Department of Health

- Adolescent Immunization Data Dashboard
- Adult Immunization Data Dashboard
- Asthma in Indiana 2025
- Covid 19 Vaccinations Data Dashboard
- Drug Overdose Dashboard
- Flu Vaccination Data Dashboard
- Infant Mortality & Birth Outcomes, Family Health Data & Fatality Prevention
- Health Data Hub, Mental Health
- Health First Indiana County Scorecard
- Office of Data Analytics, Vital Records
- Sexually Transmitted Infections Morbidity Dashboard

Indiana Family Social Services Administration

- Division of Mental Health, Substance Use Treatment Episodes
- First Steps Annual Report
- Hoosier Health and Well-Being

Indiana University School of Public Health

- Indiana Youth Institute
- Prevention Research Center

DATA SOURCES

Indiana Public Policy Institute

Indiana Youth Institute

- Shelby County Snapshot
- Indiana Department of Corrections Data

Indiana University School of Public Health

- Indiana Youth Institute
- Prevention Research Center

Indiana Public Policy Institute

Indiana Youth Institute

- Shelby County Snapshot
- Indiana Department of Corrections Data

Jump IN for Healthy Kids

Living Wage Calculator

Massachusetts Institute of Technology

Major Health Partners Clinical Analytics

Mental Health America

National Institute on Minority Health and
Health Disparities

National Survey of Children's Health

Schoolhouse Connection, Poverty Solutions

Shelby County Drug Free

- 2025 Comprehensive Plan

Shelby Senior Services

- ShelbyGo

STATS Indiana, Shelby County

United Way

- ALICE Research Center

University of Michigan

- Schoolhouse Connection, Poverty Solutions

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

United States Department of Agriculture
Economic Research

- Food Atlas Maps
- SNAP Retailer Locator

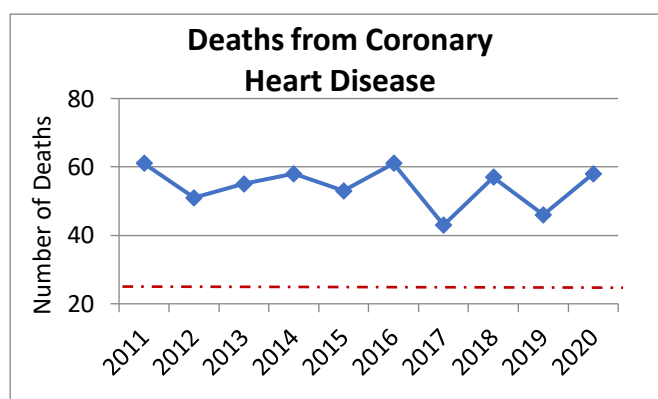
United States Department of Labor Consumer
Price Index Inflation Calculator

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. Below is an example of how Healthy People 2030 objectives appear in this report.

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.

Explore all the Healthy People 2030 objectives at

<https://health.gov/healthypeople>

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>

BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

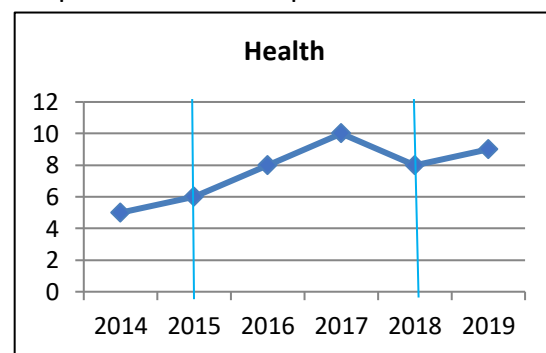
TERM DICTIONARY

The Center for Disease Control and Prevention’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.

Over time, changes have been introduced to how the survey is conducted and analyzed. Each change renders previous data unable to be reliably compared with subsequent data.

In this CHNA, charts that reflect these changes will have vertical **blue** lines noting where comparison can no longer be made.

The data is included so that over-all trends may be seen.



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 individuals will have higher rates of chronic disease. 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

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

Prevalence: The total number of individuals in a population who have disease or health condition at a specific period, 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”.

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.

Shelby County reports from 2011 – 2024 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 no longer ranked against each other in the County Health Rankings. Instead, a gauge shows where Shelby County stands in relationship to other Indiana Counties and the United States.

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

Length of Life measures years of potential life lost under the age of 75

Quality of Life measures how healthy people feel while alive

Community Conditions measure social determinants of health – factors such as adequate income for the basics of living; safe, quality housing; or nutritious food on a regular basis.

- **Health Infrastructure:** Access to a primary care provider, preventative services, routine and specialty care when needed and health behaviors that protect or harm health
- **Physical Environment:** As big as air pollution and as basic as safe, affordable housing, access to broadband, and commute time
- **Social and Economic Factors:** Education, employment, income, safety, childcare, and community connection

Most of the data in the report does not reflect the actual numbers of death, disease, or injury in Shelby County but rather provides an age-adjusted number and/or 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 and percentages for Shelby County will be found throughout this CHNA. More about age-adjustment and rate may be found on the previous page.

COUNTY HEALTH RANKINGS

County Health Rankings annual reports use published data that typically lags 2 or more years. Therefore, Shelby County may have already made progress in an area that the report cannot yet reflect.

Direct sources sometimes have more recent data than County Health Rankings. For example: more recent graduation data is available from the Indiana Department of Education than is in the 2025 County Health Rankings. This is one picture of health in Shelby County. There will be other snapshots in this CHNA.

Data with a * were not included in the summary of how Shelby County is doing in comparison to other Indiana counties and the United States.

- **Population Health and Well-Being:** Shelby County is doing about as well as other counties in Indiana and is faring slightly better than the average county in the United States.
- **Community Conditions:** Shelby County is doing about as well as other counties in Indiana and in the nation.

INDICATORS	IN 2025	2025	2022	2019	2016	Data for 2025 Report	Definitions (Age-adjusted data or Rate per Population)
POPULATION HEALTH & WELL-BEING							
LENGTH OF LIFE							
*Life Expectancy	75.6	76.2	76.1	76.4	--	2021- 2023	Average number years a person can expect to live
Premature Death	8,600	9,500	9,200	9,200	7,500	2021-2023	Years of potential life lost in deaths before age 75 per 100,000 population
*Child Mortality	60	50	70	70	60	2020-2023	Number per 100,000 population of deaths <18 yrs
*Infant mortality	7	7	9	9	7	2017-2023	Number of deaths within 1 st year of life per 1,000 live births
QUALITY OF LIFE							
Poor or fair health	19%	20%	20%	17%	15%	2022	Self-report on overall health out of last 14 days
Poor physical health days	4.2	4.6	4.3	4.0	3.6	2022	Self-report on days health not good out of last 14 days
Poor mental health days	5.5	5.7	5.1	4.1	3.9	2022	Self-report on days mental health not good out of last 14 days
Low birth weight	8%	8%	7%	7%	6%	2017- 2023	Percentage of live births ≤ 5lbs 8oz
*Diabetes Prevalence	11%	11%	10%	14%	10%	2022	Percentage of adults 20 years & older with diagnosed diabetes

INDICATORS	IN 2025	2025	2022	2019	2016	Data for 2025 Report	Definitions (age-adjusted or rate per population)
*HIV Prevalence	223	100	80	80	51	2022	Number of people 13+ years living with HIV per 100,000 population
*Adult Obesity	38%	40%	35%	37%	32%	2022	Percentage of 20+ year old adults with BMI of 30 & over
*Suicides	16	18	19	--	--	2019-2023	Rate of suicide deaths per 100,000 population
Feelings of Loneliness	32%	32%	--	--	--	2022	Percentage of adults reporting they always, usually, or sometimes feel lonely
COMMUNITY CONDITIONS							
HEALTH INFRASTRUCTURE							
Flu Vaccinations	52%		41%	50%			Percentage of fee-for-service Medicare enrollees with annual flu shot
Access to Exercise Opportunities	76%	51%	46%	54%		2020,2022 2024	Percentage of adults living 1-3 miles from a park or recreational facility
Primary Care Physicians	1,510:1	2650 :1	2,800:1	3,410:1	4,970:1	2022	Ratio of population to primary care MD
Mental Health Providers	710:1	760:1	950:1	1,140:1	1,240:1	2025	Ratio population to mental health clinicians
Dentists	1,930:1	2660 :1	2,640:1	2,610:1	2,970:1	2023	Ratio of population to primary dentists
Preventable Hospital Stays	3,078	3,909	6,297	5,784	63	2022	Hospitalization for OP treatable diagnoses, Medicare population
Mammography Screening	47%	49%	45%	44%	60%	2022	Percentage of females 67-69 with screening in last 2 years
Uninsured	8%	8%	9%	9%	9%	2022	% under 65 with no health insurance
*Food Insecurity	12%	14%	12%	12%	14%	2022	Percentage of population that lack adequate access to food
*Insufficient Sleep	39%	36%	37%	36%	33%	2022	Percentage of adults reporting < 7 hours of sleep on average
*Teen Births	19	19	24	34	44	2017-2023	Number of births per 1,000 women 15-19
*Sexually Transmitted Infections	495.2	254.4	313.0	411.4	285.6	2022	Percentage of newly diagnosed Chlamydia infections per 100,000 population
*Excessive Drinking	17%	18%	17%	17%	15%	2022	Percentage of adults reporting binge or heavy drinking (age-adjusted)
*Alcohol-impaired Driving Deaths	13%	19%	11%	2%	15%	2019 -2023	Percentage of motor vehicle crashes involving alcohol
*Drug Overdose Deaths	38	38	31	17	15	2021-2023	Number of drug poisoning deaths per 100,000 population
*Adult Smoking	17%	21%	22%	19%	21%	2022	Percentage of adults smoking most days/100 cigarettes in lifetime
*Physical Inactivity	27%	29%	32%	29%	31%	2022	Percentage of 20+ year old adults reporting no leisure time physical activity
*Non-physician primary care providers	910:1	680 :1	1,120:1	1,306:1	2026:1	2025	Ratio population to nurse practitioners, physician assistants & clinical nurse specialists
PHYSICAL ENVIRONMENT							
Severe Housing Problems	12%	11%	10%	12%	10%	2017-2021	Percentage of households with 1 of these: high cost, overcrowding, lack of kitchen or plumbing

INDICATORS	IN 2025	2025	2022	2019	2016	Data for 2025 Report	Definitions (age-adjusted or rate per population)
Driving Alone to Work	77%	79%	83%	85%	83%	2019-2023	Percentage of workforce driving alone to work
Long Commute – Driving Alone	32%	38%	37%	36%	36%	2019–2023	Percentage driving more than 30 minutes to work alone
PHYSICAL ENVIRONMENT							
Air Pollution/ Particulates	9.6	8.9	9.5	11.8	13.6	2020	Average daily density of fine particulates
Drinking Water Violations	--	0%	0%	0%	0%	2020	Percentage of population exposed to water violation last year
Broadband Access	88%	87%	50%	77%	---	2019-2023	Percentage of households with broadband internet connection
*Home Ownership	70%	74%	73%	73%	--	2019-2023	% occupied houses that are owned
*Severe Housing Cost Burden	11%	11%	10%	9%	---	2019-2023	Percentage of people spending 50% or more of household income on housing
SOCIAL/ ECONOMIC FACTORS							
Some College	63%	60%	54%	52%	50%	2019-2023	% 25-44 with at least some post-HS education, even if no degree obtained
High School Graduation	88%	92%	89%	95%	93%	2021-2022	Percentage 9 th grade cohort that graduates in 4 years
Unemployment	3.3%	2.8%	7.1%	3.3%	5.6%	2023	% 16+ unemployed & looking for work
Income Inequality	4.3	4.3	4.0	3.9	3.6	2019 –2023	Ratio of households in 80 th percentile income to those in 20 th
Children in Poverty	15%	13%	12%	14%	17%	2023, 2019-2023	Percentage of children under 18 living in poverty
Injury Deaths	96	97	90	69	66	2019-2023	Number of deaths due to injury per 100,000 population
Childcare Cost Burden	31%	32%	20%	---	---	2024 & 2023	Cost for households with 2 children % median household income
*Gender Pay Gap	\$.72	\$.76	\$.80	--	--	2019-2023	Women earn \$.76 on the dollar of what men earn (median earnings)
*School Funding Adequacy	-\$170	\$91	\$2,367	--	--	2022	Per pupil spending above estimated amount needed for students to achieve average U.S. Test Scores
*Children Eligible Free & Reduced Lunch	51%	53%	48%	41%	36%	2022-2023	Percentage enrolled public-school children eligible for free and reduced-price lunch
*Living Wage	\$47.69	46.58	\$34.12	---	---	2024	Hourly wage needed for 1 adult, 2 children for expenses & taxes in the county
*Median Household Income	69,500	71,500	59,300	61,300	54,800	2023 2019-2023	Half of households earn more than the median and half earn less
*Firearm Fatalities	15	8	12	12	---	2016-2020	Number of deaths per 100,000 population
*Motor Vehicle Crash Deaths	13	17	17	16		2017-2023	Number of deaths per 100,000 population

<https://www.countyhealthrankings.org/health-data/indiana/shelby?year=2025>

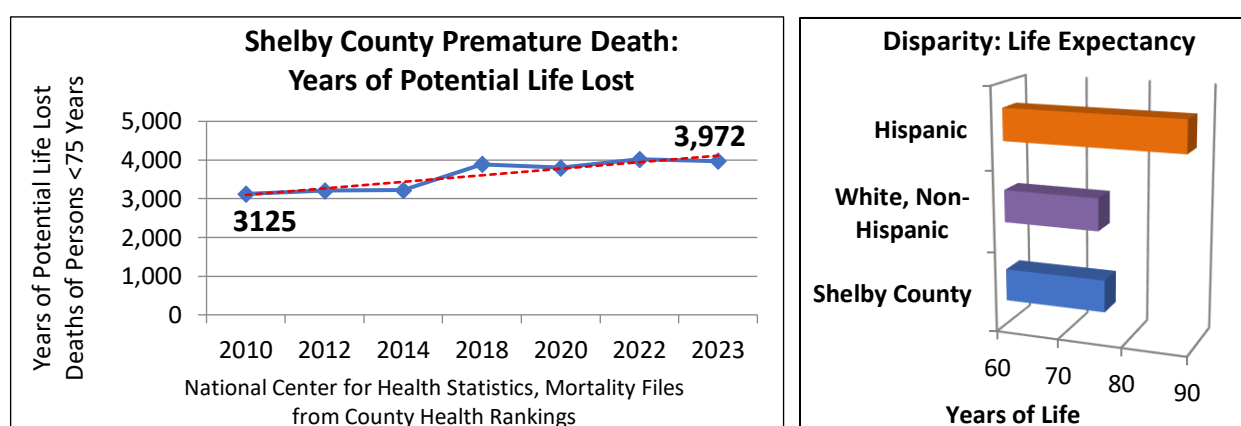
HEALTH OUTCOME: Length of Life

- **Premature Death**
 - **COVID – 19**
 - **Top Five Causes of Death**
- **Trend Data on Top Five Causes of Death**
 - **Cardiovascular Diseases**
 - **Cancer**
 - **Intentional and Unintentional Injuries**
 - **Drug Overdose**
 - **Suicide**
 - **Chronic Lower Respiratory Diseases**
 - **Alzheimer's Disease**
- **Other Cardiometabolic Causes of Death**
 - **Chronic Liver Disease and Cirrhosis**
 - **Diabetes**
 - **Chronic 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 individuals. Shelby County's Life Expectancy is 76.2 years – a slight increase from 76.1 years in 2020. Premature death has been getting worse in Shelby County.



Covid-19 Deaths in Shelby County: 181 (as of May 2023)

Rank	TOP 5 CAUSES of DEATH in SHELBY COUNTY	2023	TOP 5 CAUSES of DEATH < 75 YEARS in SHELBY COUNTY	2022 < 75 Yrs	TOP 5 CAUSES of DEATH in INDIANA
1	Total Cardiovascular Diseases	137 (2024)	Cancer	187	Heart Disease
2	All Cancers	107	Heart Disease	107	Cancer
3	Accidents & Injuries	45	Accidents & Injuries	89	Accidents & Injuries
4	Chronic Lower Respiratory Diseases	33	Covid-19	58	Chronic Lower Respiratory Diseases
5	Alzheimer's Disease	24	Chronic Lower Respiratory Diseases	34	Stroke
6	Stroke	23			

HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. <https://hdpulse.nimhd.nih.gov>

CDC WONDER from 2025 County Health Rankings, Shelby County

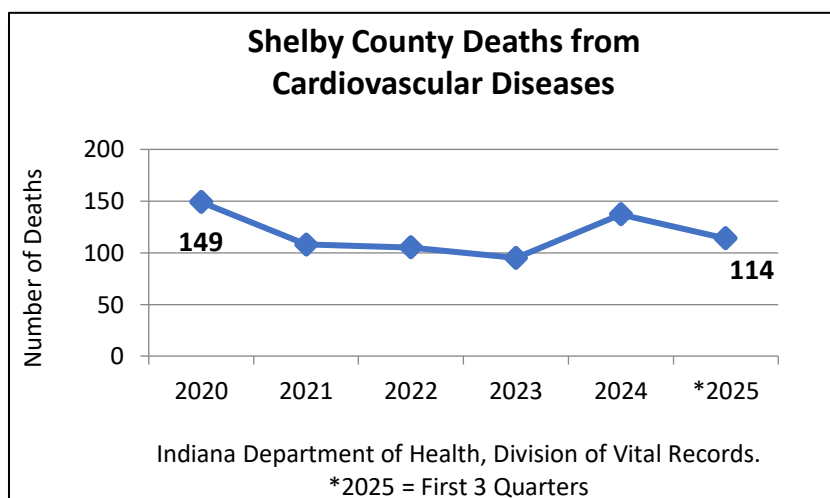
CDC National Center for Health Statistics compiled by USA Facts

HEALTH OUTCOME: Deaths from Cardiovascular Disease

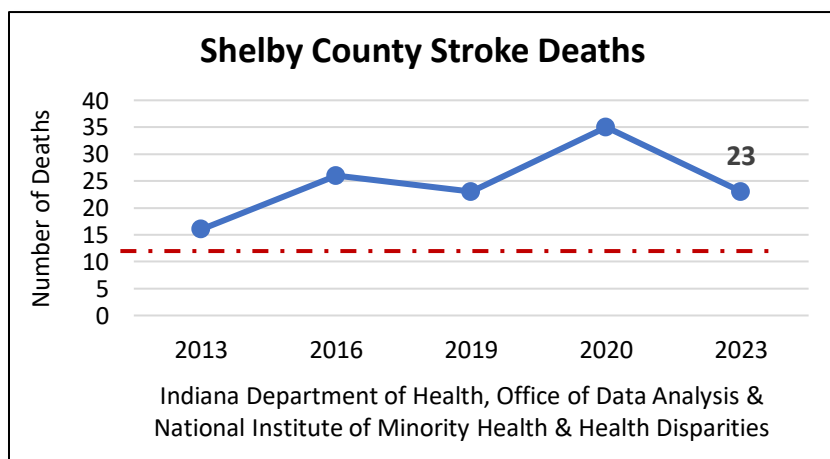
Cardiovascular Disease continues to be the leading cause of death for adults. Per the American Heart Association, every 34 seconds an adult dies from a heart attack, stroke, or related heart disease. The American College of Cardiology reports over the last 15 years there has been a steady increase in heart attacks occurring in people age 40 and younger.

The average age for a heart attack is

- 65.5 years for men
- 72 years for women



**Healthy People 2030
Objective: Reduce
Coronary Heart Disease
Deaths:**
71.1 deaths per 100,000
adult population (25 or
fewer deaths annually)

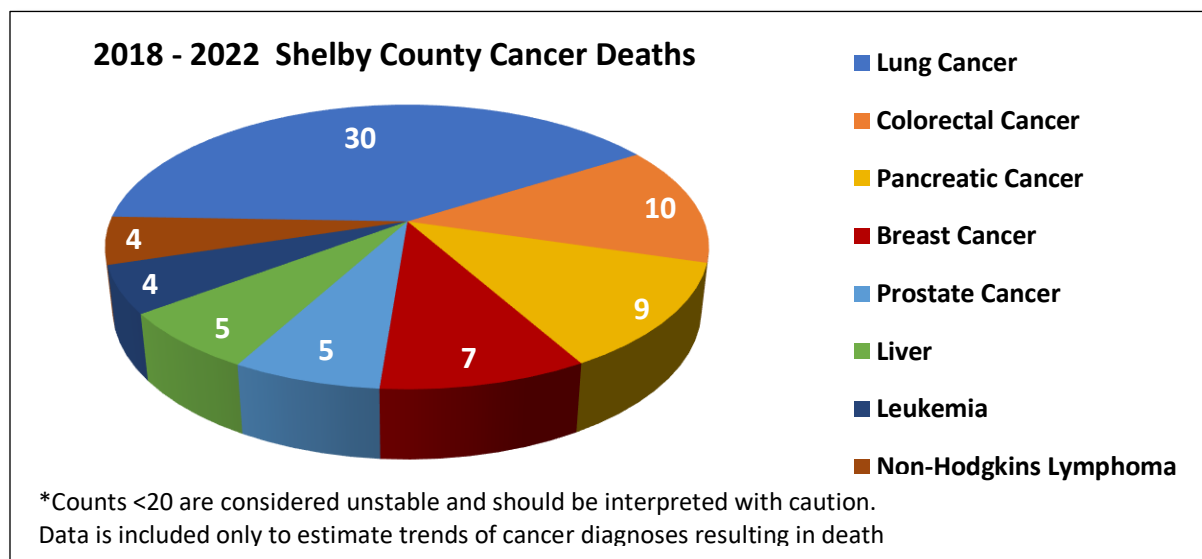


**Healthy People 2030
Objective: Reduce Stroke
Deaths:** 33.4 or fewer per
100,000 adult population
(12 or fewer deaths
annually)

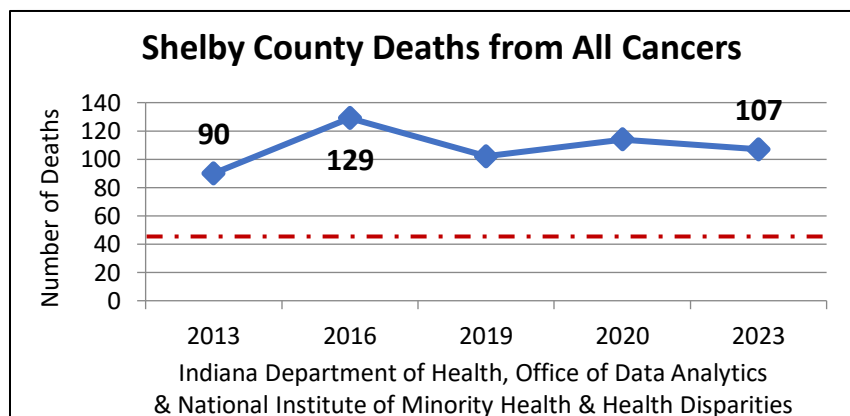
2013 – 2020: Indiana Department of Health, Office of Data Analysis, Vital Statistics
2023 - HDPulse: An Ecosystem of Minority Health and Health Disparities Resources.
National Institute on Minority Health and Health Disparities.
<https://hdpulse.nimhd.nih.gov>

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. National Institute of Minority Health Disparities.



Healthy People 2030 Objective: Reduce Cancer Deaths: 122.7 deaths per 100,000 adult 18+ year population (43 or fewer deaths annually in Shelby County)

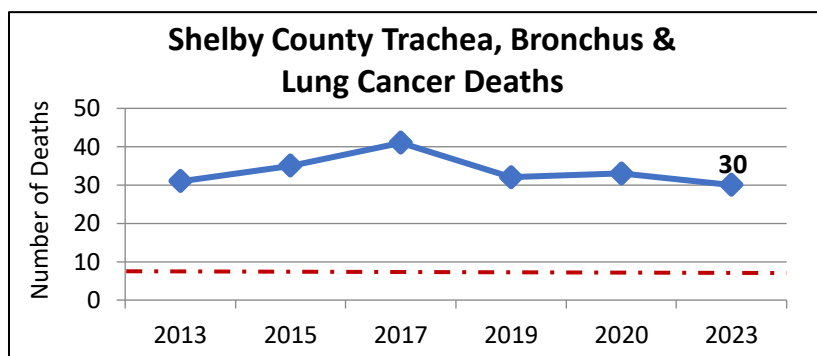
HDPulse: An Ecosystem of Minority Health and Health Disparities Resources.

National Institute on Minority Health and Health Disparities. <https://hdpulse.nimhd.nih.gov>

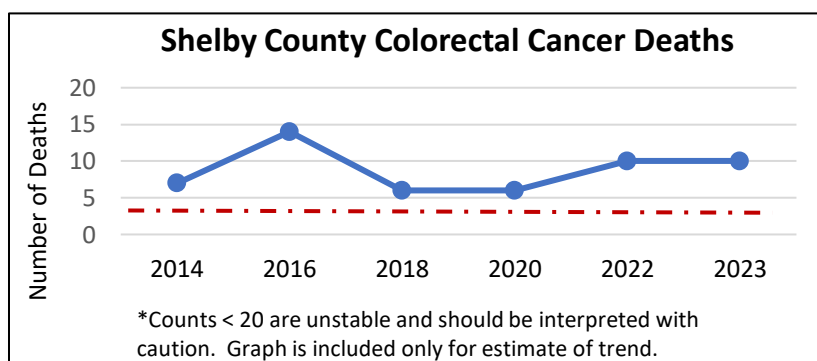
2023 - top 4 causes of cancer deaths in Shelby County

- Lung Cancer
- Colon Cancer
- Pancreatic Cancer
- Breast Cancer

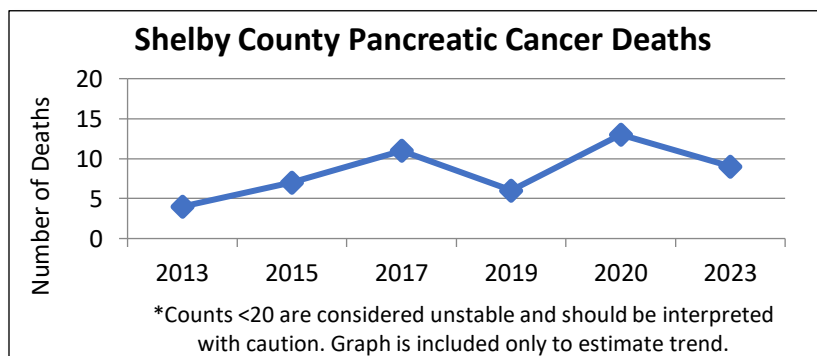
HEALTH OUTCOME: Deaths from Cancer



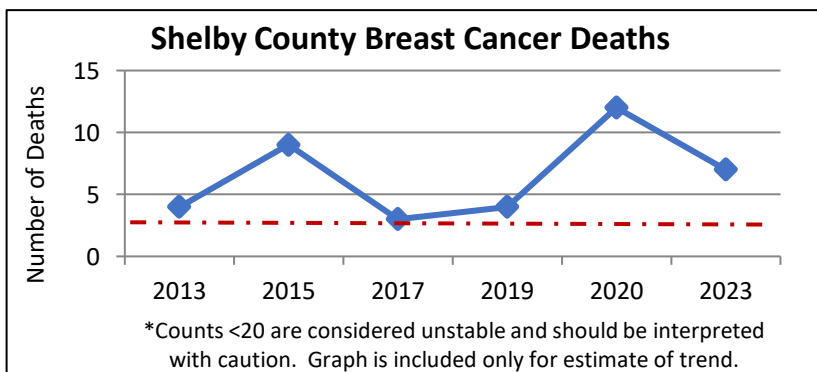
**Healthy People 2030
Objective: Reduce Lung
Cancer Deaths:**
25.1 deaths per 100,000
18+ population (9 or
fewer deaths annually in
Shelby County)



**Healthy People 2030
Objective: Reduce Colon
Cancer Deaths:**
8.9 deaths per 100,000
18+ population (3 or
fewer cases 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)

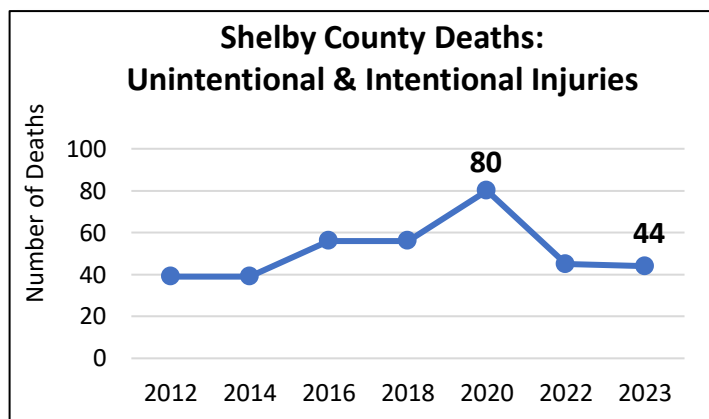


Indiana Department of Health,
Office of Data Analytics.
National Institute on Minority
Health & Health Disparities.

HEALTH OUTCOME:

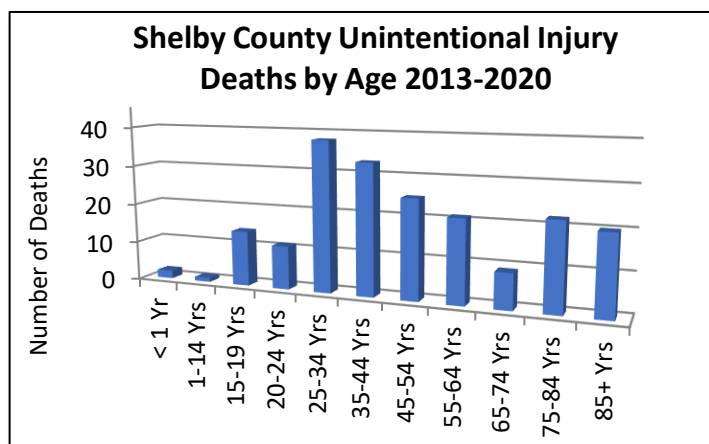
Deaths from Accidents and Injuries

The third leading cause of death in Shelby County is unintentional injuries.



Unintentional Injury Deaths:

- *Poisoning
- Motor Vehicle Accidents
- Falls
- Accidental firearm discharge
- Drowning
- Smoke, fire and flames
- Electricity
- Lightening and floods
- Medical complications

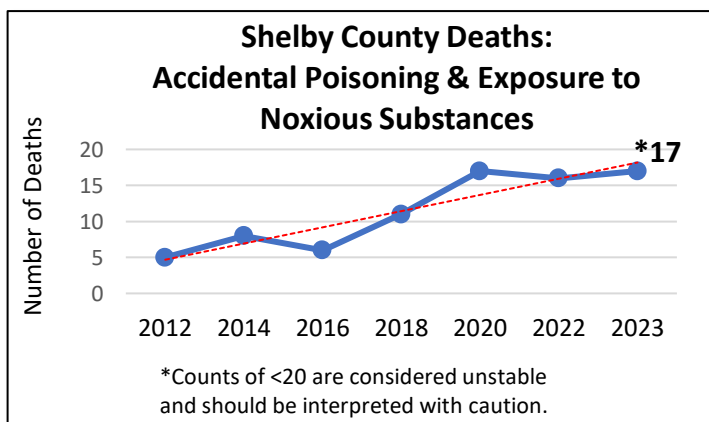


Intentional Injury Deaths:

- Suicide
- Homicide
- Legal Intervention

*Poisonings:

- **Childhood poisonings:** primarily children exploring and consuming medications or household chemicals.
- **Adult poisonings:** typically drug related.
- **Carbon Monoxide:** the most nondrug poisoning deaths.
- **Other poisonous exposure:** pesticides & other chemicals, often work-related.

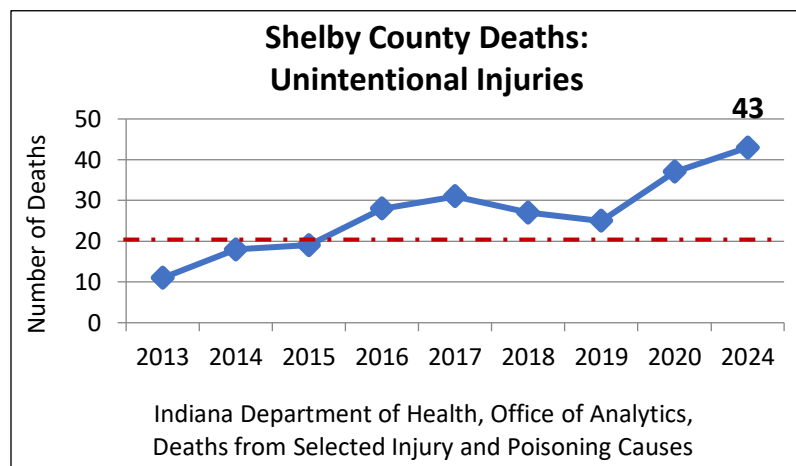


Centers for Disease Control & Prevention
https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_poisoning.pdf

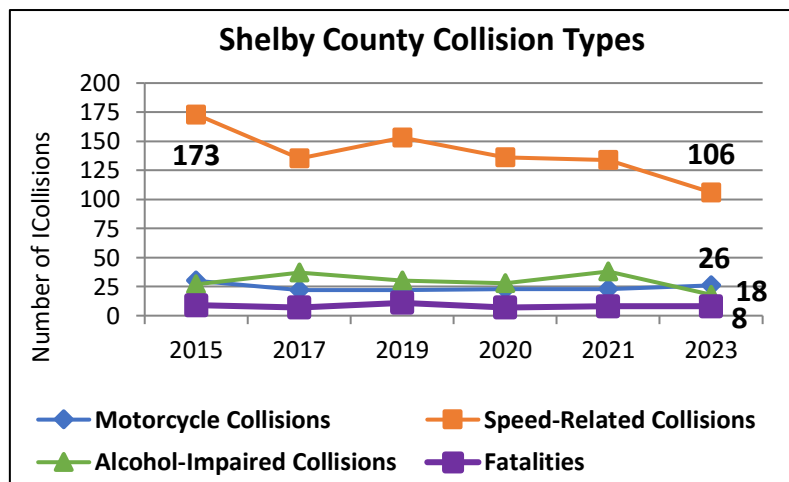
CDC Web-based Injury Statistics Query and Reporting System <https://wisqars.cdc.gov>

2012 – 2020: Indiana Department of Health, Division of Trauma & Injury Prevention, Vital Records. 2022, 2023: National Center for Health Statistics from County Health Rankings

HEALTH OUTCOMES: Unintentional Injury Deaths



Healthy People 2030 Objective: Reduce Unintentional Injury Deaths:
43.2 deaths per 100,000 population (20 or fewer deaths in Shelby County)

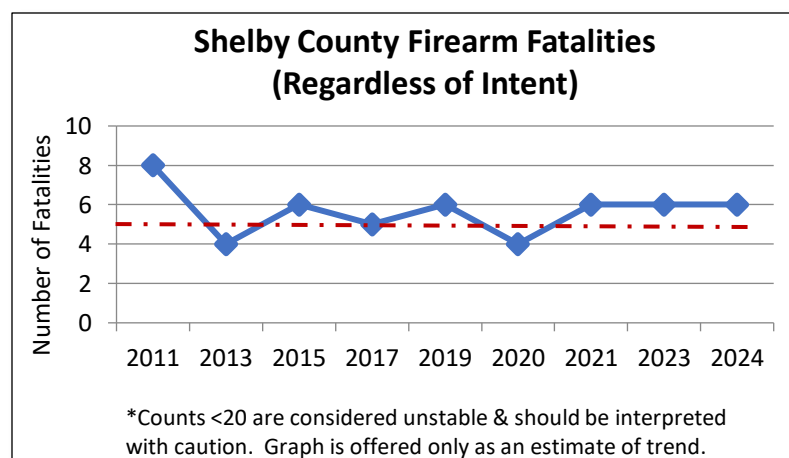


Healthy People 2030 Objective: Reduce Motor Vehicle Collision Deaths:
10.1 deaths per 100,000 population (5 or fewer deaths in Shelby County)

- **2023 Shelby County Motor Vehicle Collisions:** 1,179
- **Collision Fatalities:** 0.7%
- **Incapacitating Injuries:** 96.4%

Indiana Criminal Justice Institute, Traffic Safety Division, Annual Report FY 2023

<https://www.in.gov/cji/research/files/Indiana-County-Profiles-2023.pdf>



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

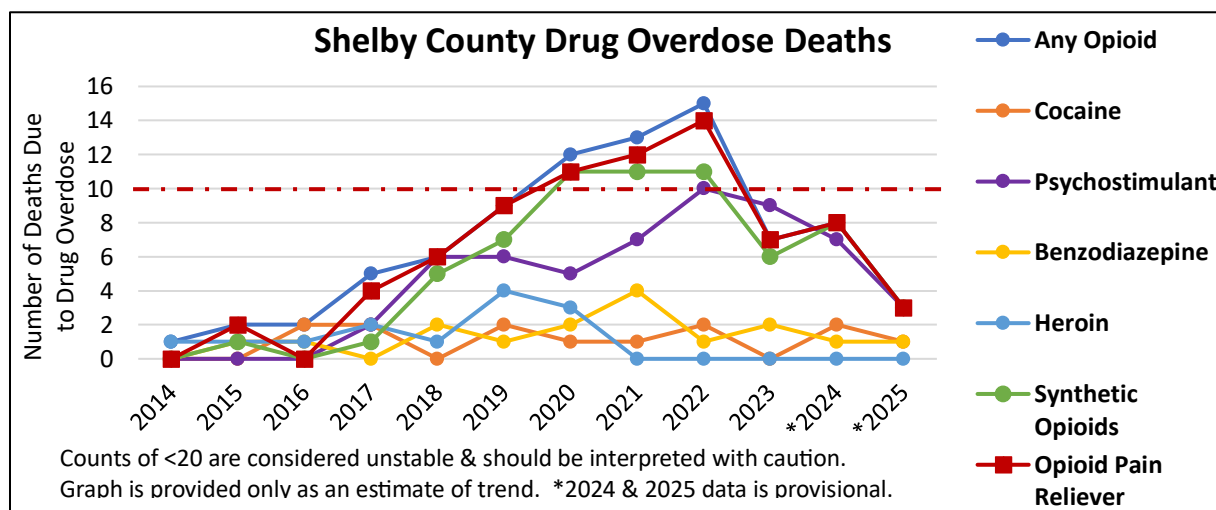
Indiana Department of Health, Division of Trauma and Injury Prevention, Vital Statistics. Data USA, Shelby County.

HEALTH OUTCOMES: Drug Overdose Deaths

Read more about
substance use &
overdoses on pages
81 & 82.

Healthy People 2030 Objective: Reduce drug overdose deaths:

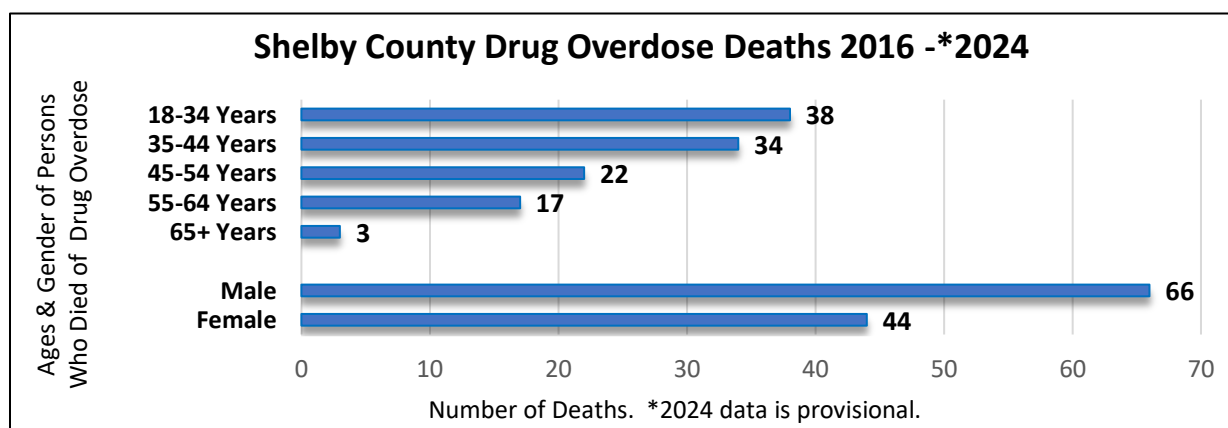
20.7 deaths per 100,000 population (10 or fewer Shelby County deaths)



Indiana Department of Health, Drug Overdose Data Dashboard, Deaths, Shelby County

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.

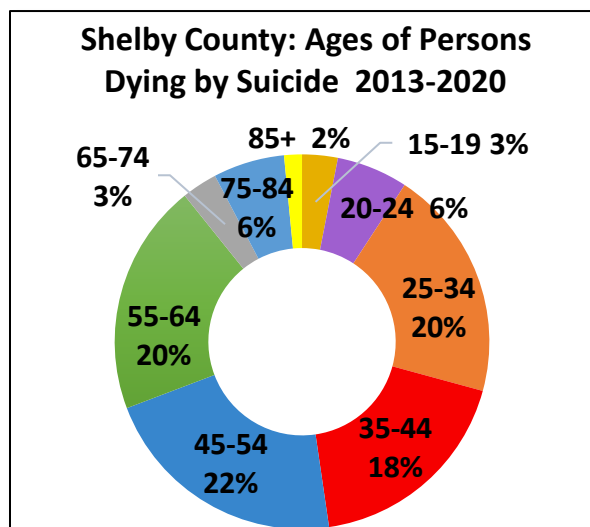
*Methadone is also used in Medication Assisted Treatment for Opioid Use Disorder



Indiana Department of Health, Drug Overdose Data Dashboard, Deaths, Shelby County

HEALTH OUTCOMES: Deaths from Suicide

More about suicidal thoughts in Emergency Department patients on page 48.



<https://www.in.gov/health/oda/data-analysis-and-risk-factors/data-analysis-and-risk-factors-home>

Suicide is the 9th leading cause of death in Indiana.

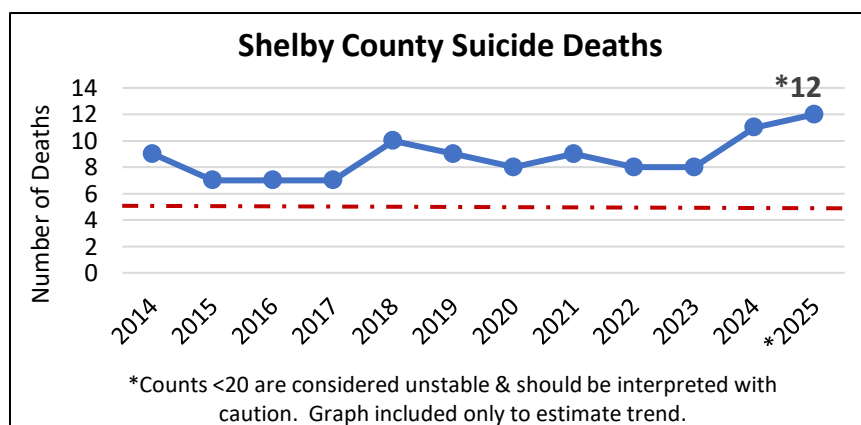
- 2nd leading cause of death: ages 10 – 34

Indiana Firearms

- 60% of firearm deaths were suicides
- 64% of all suicides were by firearms

Indiana Suicide Fact Sheet, American Foundation for Suicide Prevention

<https://afsp.org/facts/indiana#crisis-lines-and-988-implementation>



*2025 provisional data thru July 2025. Indiana Department of Health, Violent Death Dashboard

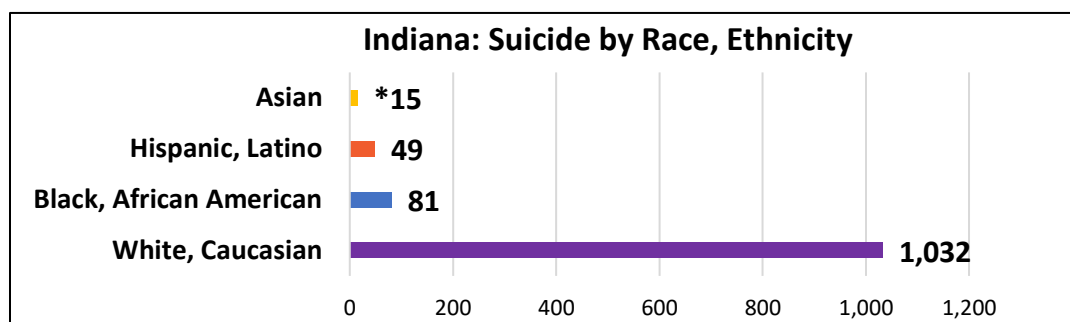
<https://www.in.gov/health/home/violent-death-dashboard>

CDC Injury and Violence Data <https://www.cdc.gov/injury-violence-data/data-vis/index.html>

Suicides are counted by county of residence, not where suicide occurred.

Healthy People 2030 Objective: Reduce Suicides:

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

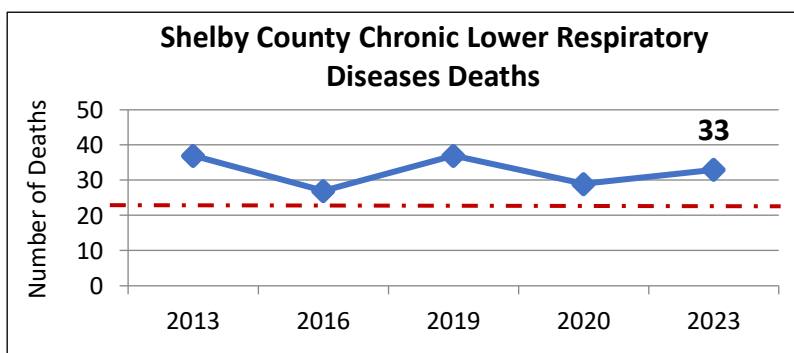


CDC, Web-based Injury Statistics Query & Reporting System, 2023. <https://wisqars.cdc.gov/report>

HEALTH OUTCOME: Deaths from Respiratory Disease, Alzheimer's Disease and Chronic Liver Disease

Chronic Lower Respiratory Diseases Deaths are the 4th leading cause of death in Indiana. These diseases include Chronic Obstructive Pulmonary Disease (COPD), emphysema, chronic bronchitis, and asthma.

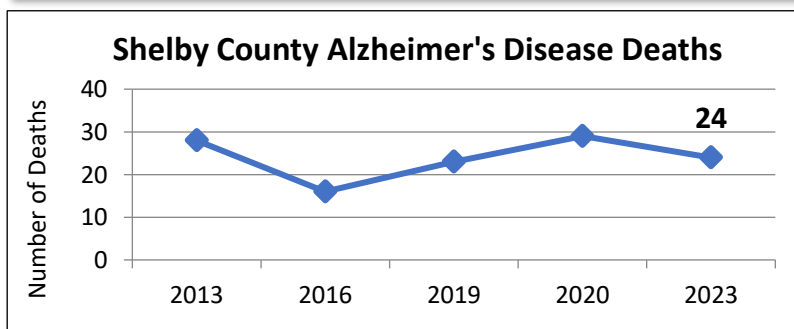
Per the CDC, the primary causes of these diseases and deaths are tobacco use, second-hand smoke exposure, long-term asthma, long term exposure to lung irritants – often occupational in nature, and drug use.



Shelby County COPD Prevalence: 10.4%

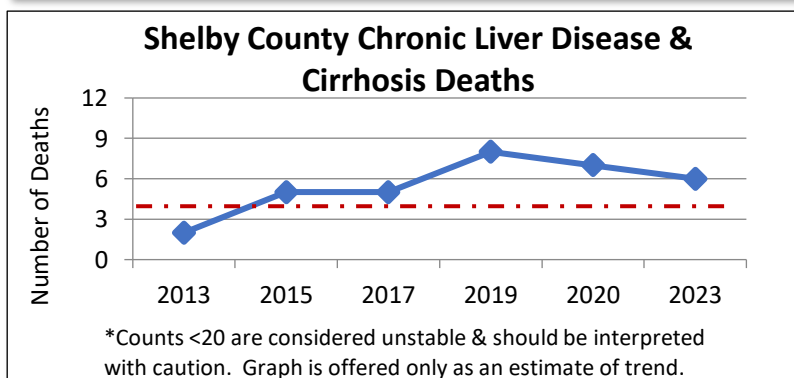
Shelby County Medicare COPD Prevalence: 20%

Healthy People 2030 Objectives: Reduce COPD Deaths: 107.2 deaths per 100,000 population of 45+ year adults (22 or fewer deaths annually in Shelby County)



Shelby County Alzheimer's Prevalence: 10.3%

Shelby County Medicare Alzheimer's Prevalence: 9%



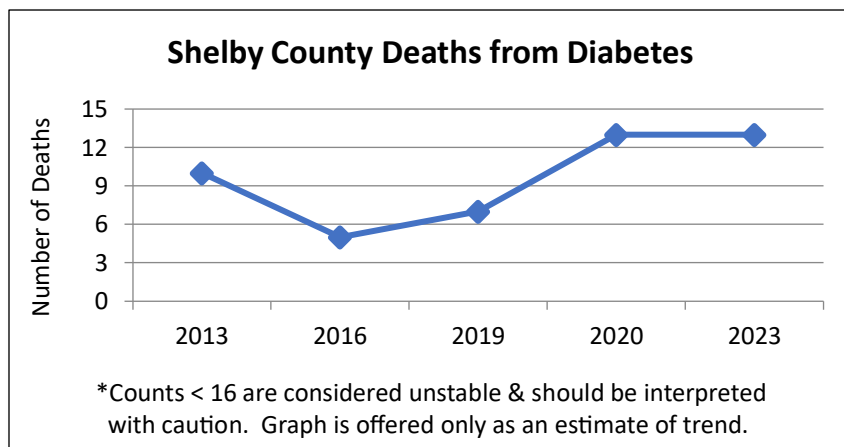
Shelby County Medicare Liver Disease & Cirrhosis Prevalence: 8%

Healthy People 2030 Objectives: Reduce Cirrhosis Deaths: 10.9 per 100,000 adult (4 or fewer deaths annually in Shelby County)

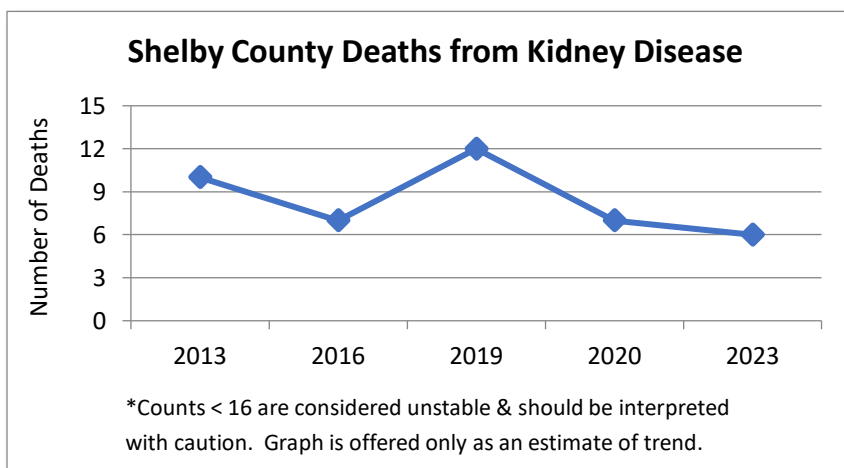
2013-2020: Indiana Department of Health, Office of Data Analysis
2023: National Institute on Minority Health and Health Disparities.
<https://hdpulse.nimhd.nih.gov>

HEALTH OUTCOME: Deaths from Diabetes and Kidney Disease

Read how these and other Cardiometabolic Diseases are being successfully managed on page 61.



Shelby County Medicare Diabetes Prevalence: 28%



Shelby County Medicare Chronic Kidney Disease Prevalence: 22%

All 2023 Data represents a 5-year trend: 2019 – 2023.

Indiana Department of Health, Office of Analytics & HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. <https://hdpulse.nimhd.nih.gov>

QUALITY of LIFE

- **Well-Being**
- **Mental Health Disorders in Primary and Emergency Care**
 - Suicidal Ideation in the Emergency Department
 - Adverse Childhood Experiences
 - Youth Mental Health
- **Births**
 - Pre-natal Care
 - Low Birth Weight and Pre-Term Births
 - Infant Mortality
 - Teen Births
- **Disability**
- **Cancer**
- **Accidents and Injuries**
 - Hip Fractures
- **Chronic Disease**
 - Alzheimer's
 - Arthritis
 - Asthma
 - Cardiometabolic Diseases
 - Cardiovascular Diseases
 - Chronic Kidney Disease
 - Type 2 Diabetes
 - Obesity
 - Childhood Obesity
 - Breast Feeding
- **Insufficient Sleep**

QUALITY OF LIFE: Well-Being

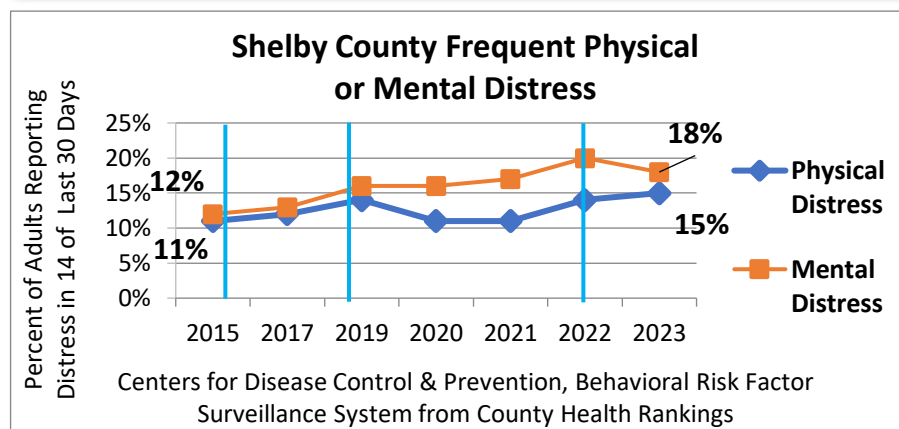
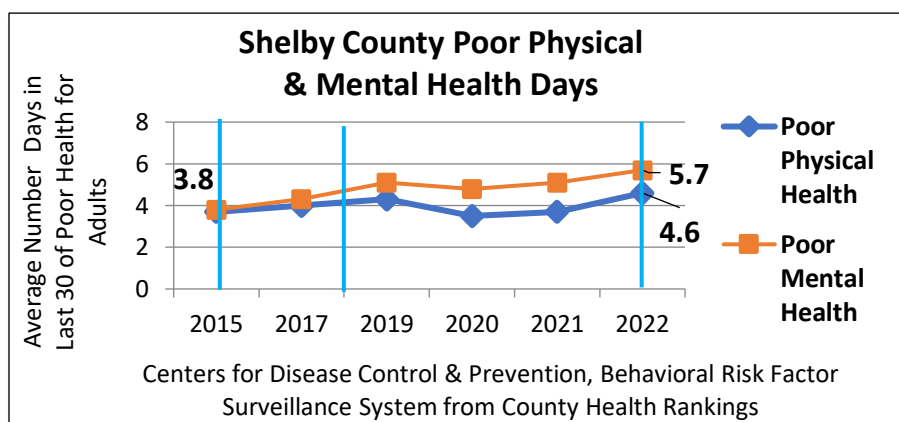
WHY DOES THIS MATTER?

- 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 well are also communities that have challenges with poverty, food and housing insecurity, access to care issues, and other socio-economic challenges.

2025 COMMUNITY HEALTH SURVEY

Thirty percent (30%) of respondents identified mental health problems and chronic disease as barriers to their personal health and well-being.

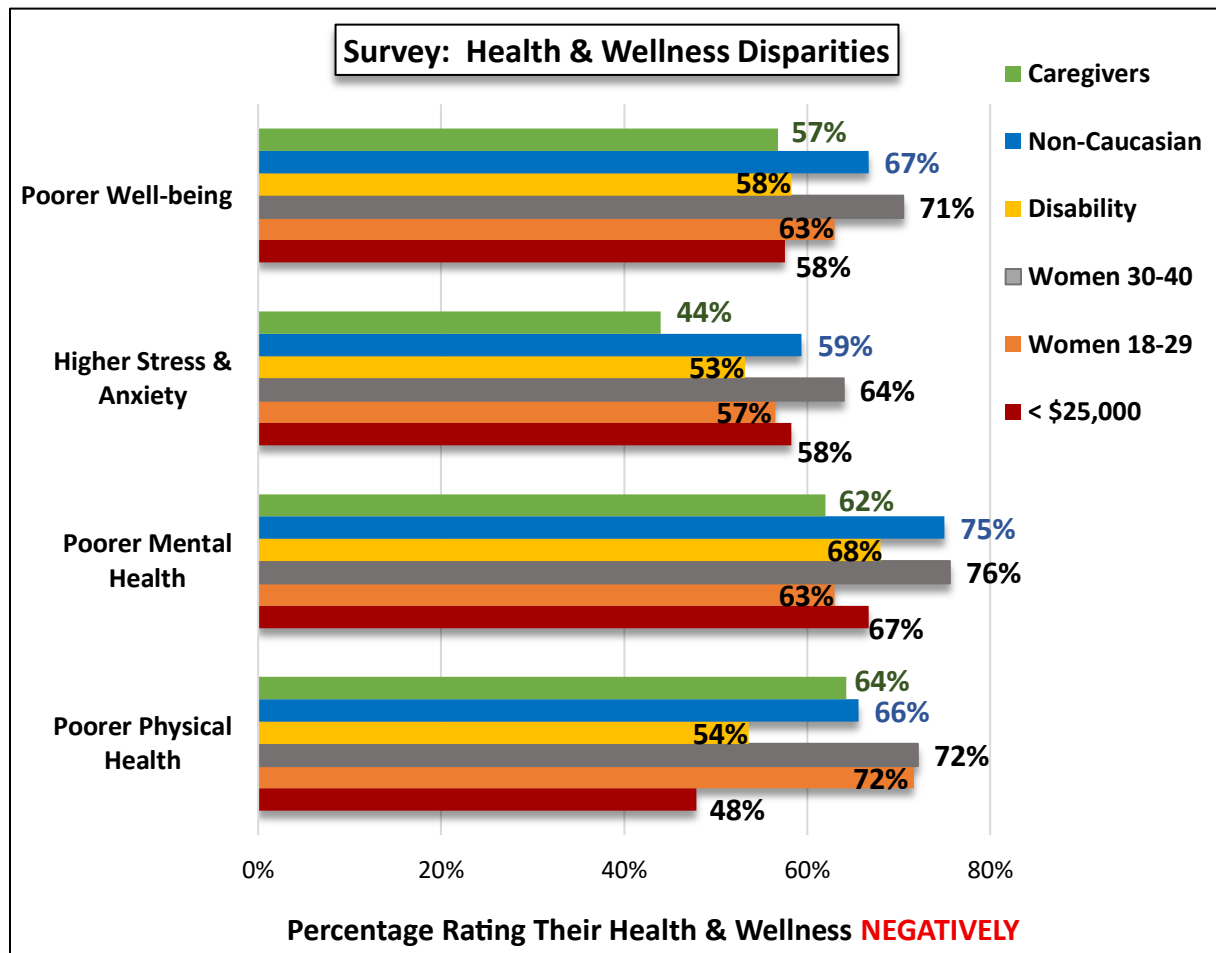
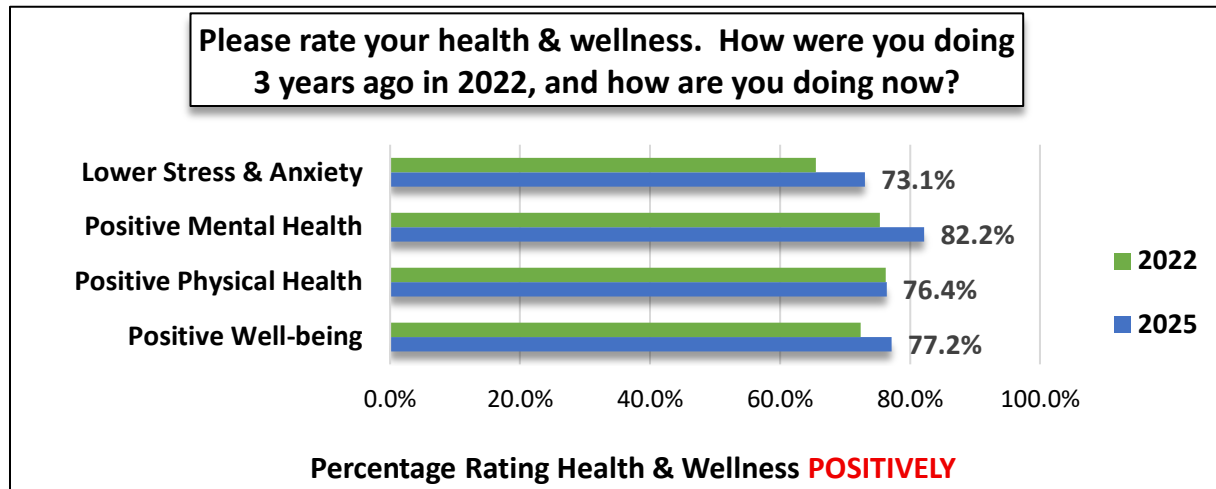
- **Ages 18-34:** 35.3% identified Mental Health problems as a top challenge
- **Ages 65+:** 23.2% identified Chronic Disease
- **All Respondents:** 26% identified no barriers to being healthy



These **Behavioral Risk Factor Surveillance System** questions have subjective answers. However, over time responses have proven to be reliable indicators of how people experience their health & well-being in relationship to personal & local challenges, as well as stressors in the larger environment.

QUALITY OF LIFE: Well-being

2025 COMMUNITY HEALTH SURVEY

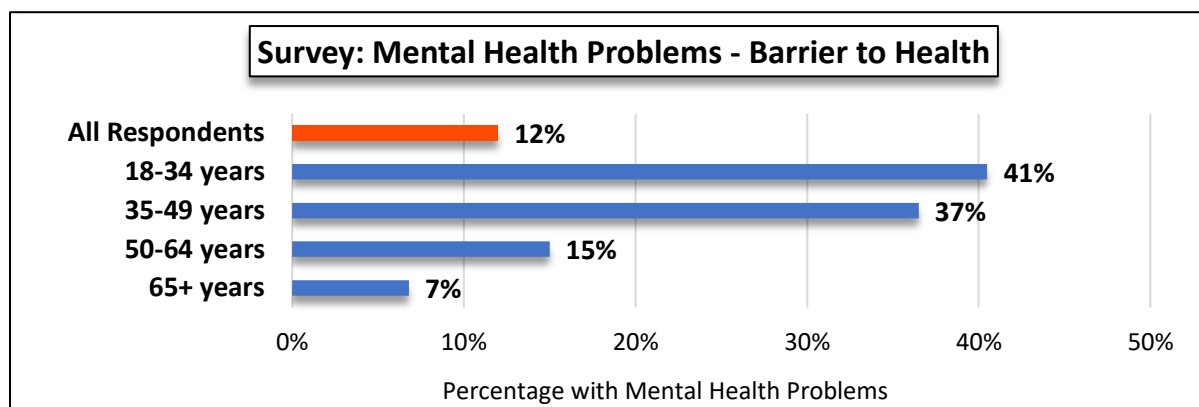


QUALITY OF LIFE: Mental Health

Shelby County Depression Prevalence: 26.9%

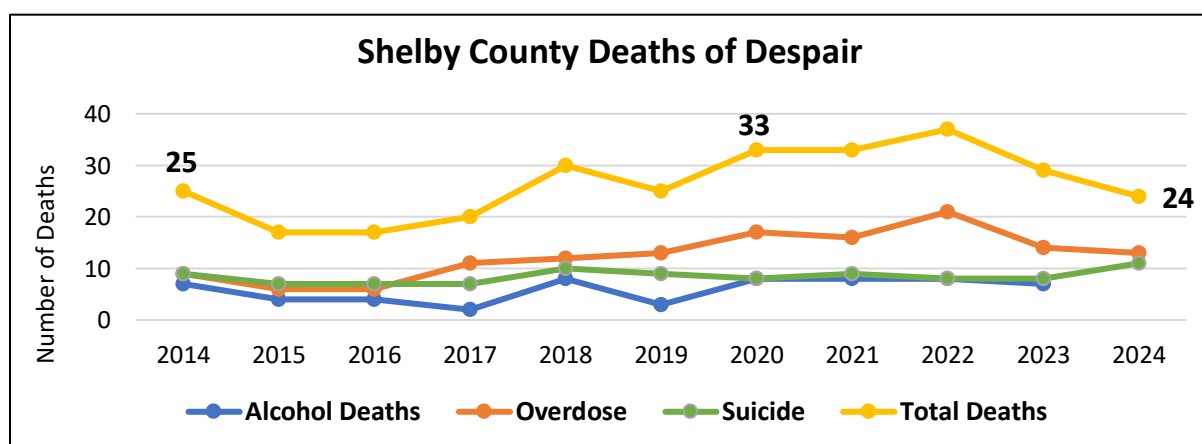
Shelby County Medicare Beneficiary Depression Prevalence: 26%

2025 COMMUNITY HEALTH SURVEY



DEATHS of DESPAIR are determined by many factors. At a community level, some indicators may include:

- Availability of mental health and substance use treatment
- Adequate employment
- Reliable access to food and safe housing
- Community resources and support
- Isolated or connected to others



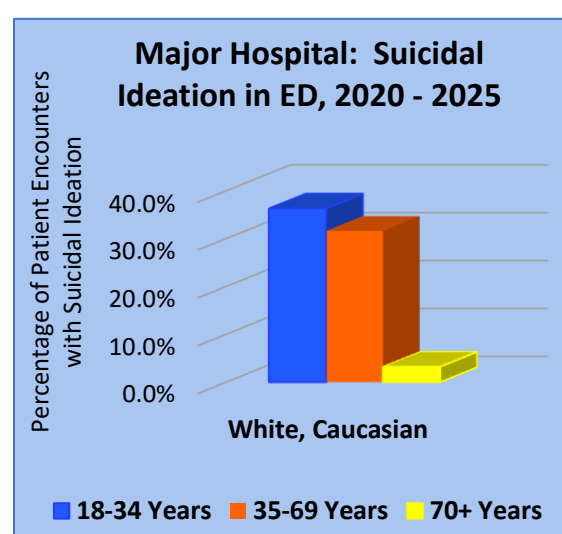
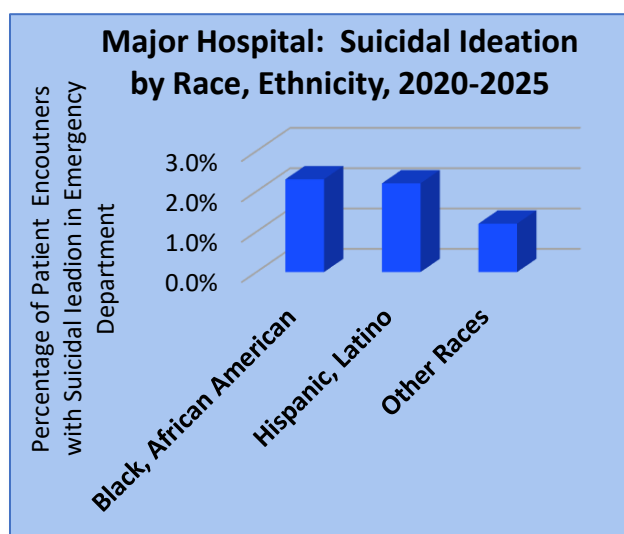
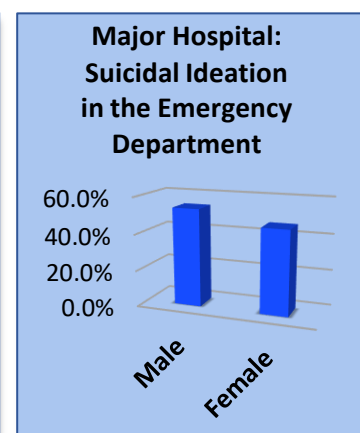
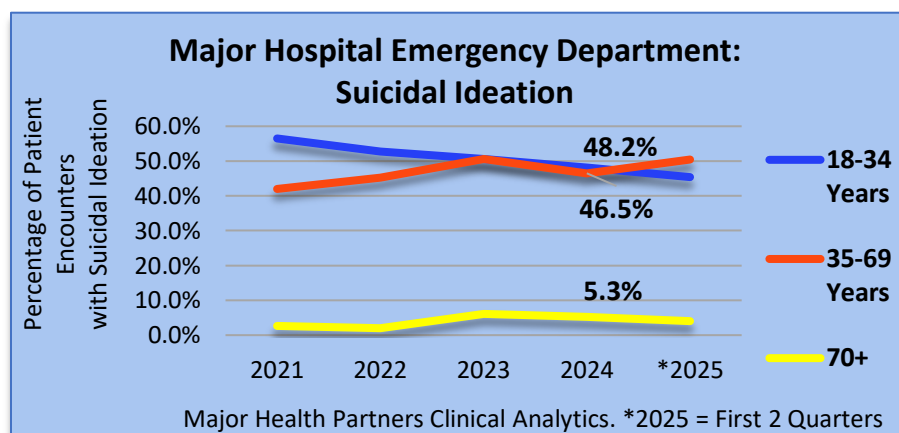
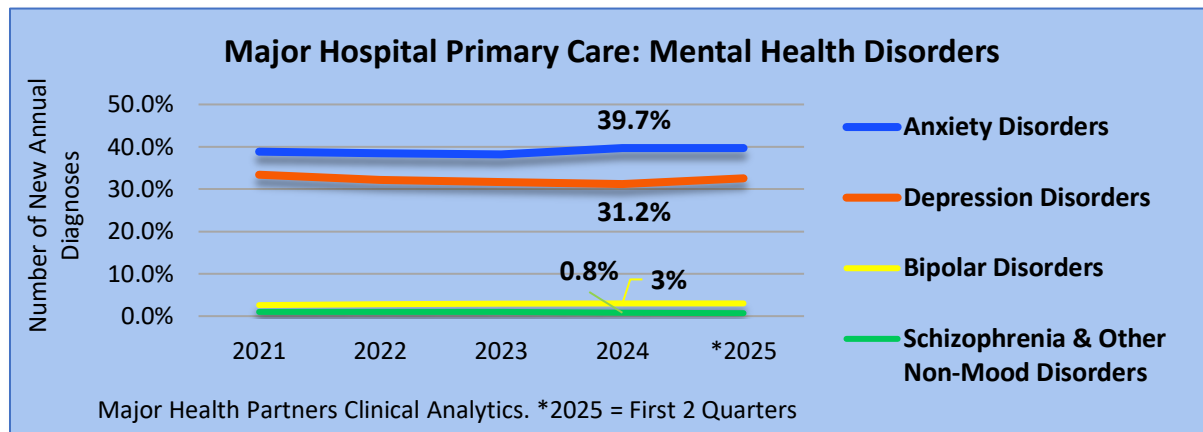
Indiana Department of Health, Drug Overdose Data Dashboard, Deaths, Shelby County. 2021-23 Alcohol Death Data from Kaiser Family Foundation, Indiana Data. Shelby County is 0.7% of the State's population. Shelby County alcohol deaths estimated as 0.7% of State total Alcohol Deaths.

<https://www.kff.org/state-health-policy-data/state-indicator/alcohol-induced-death-rate-per-100000-population>

QUALITY OF LIFE: Mental Health Disorders.

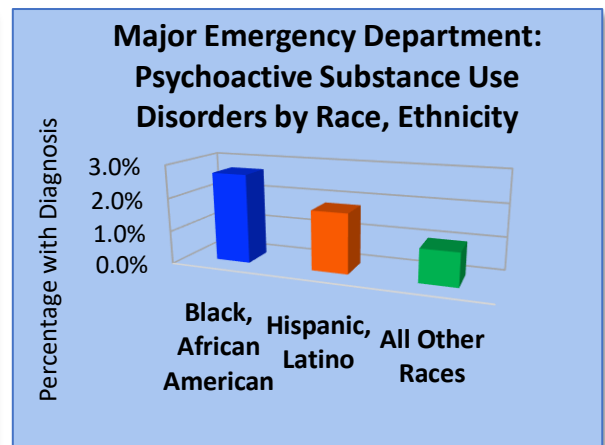
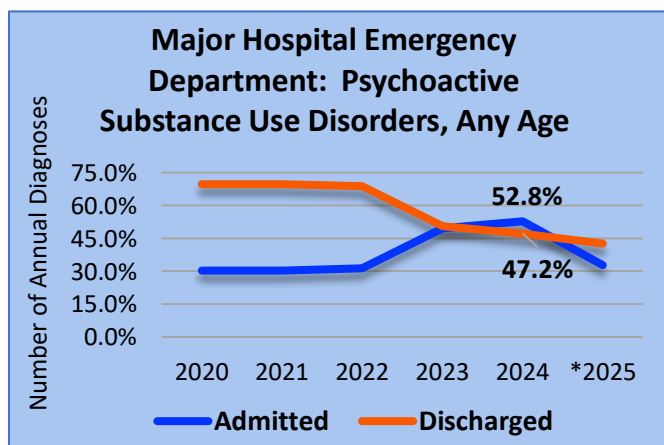
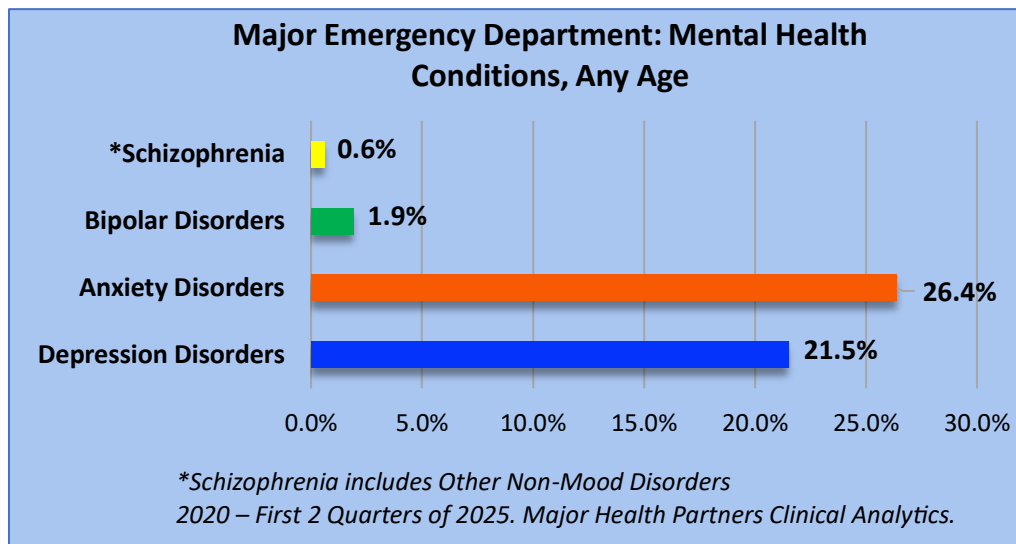
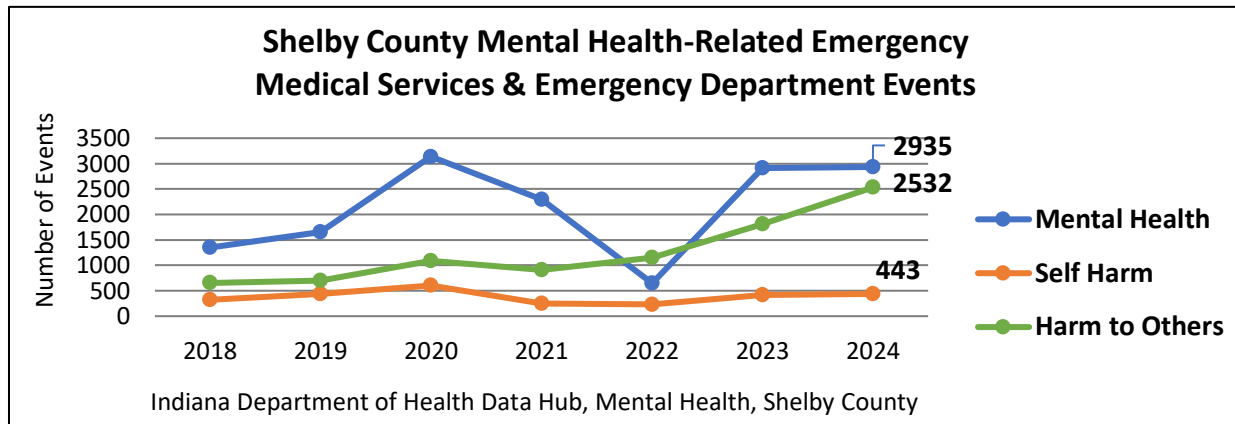
Suicidal Ideation.

Read about suicide deaths on page 41.



All data this page: Major Health Partners Clinical Analytics

QUALITY OF LIFE: Mental Health



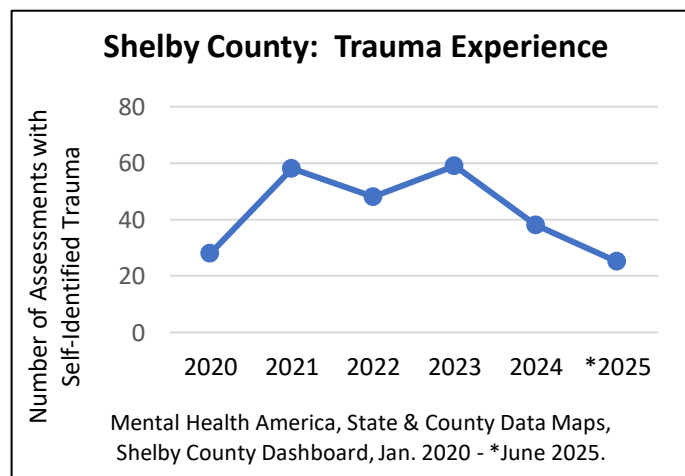
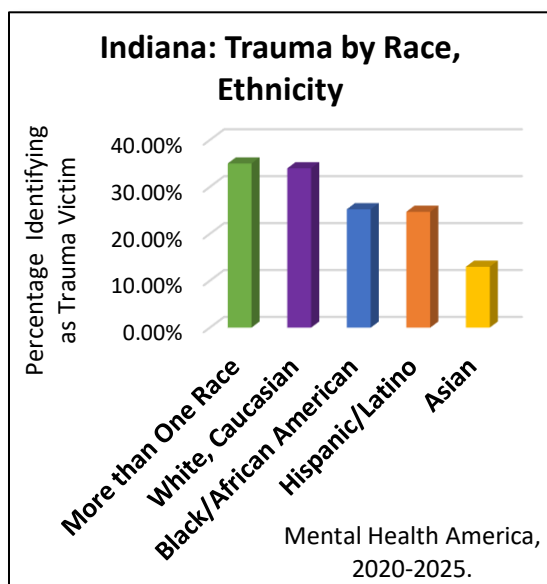
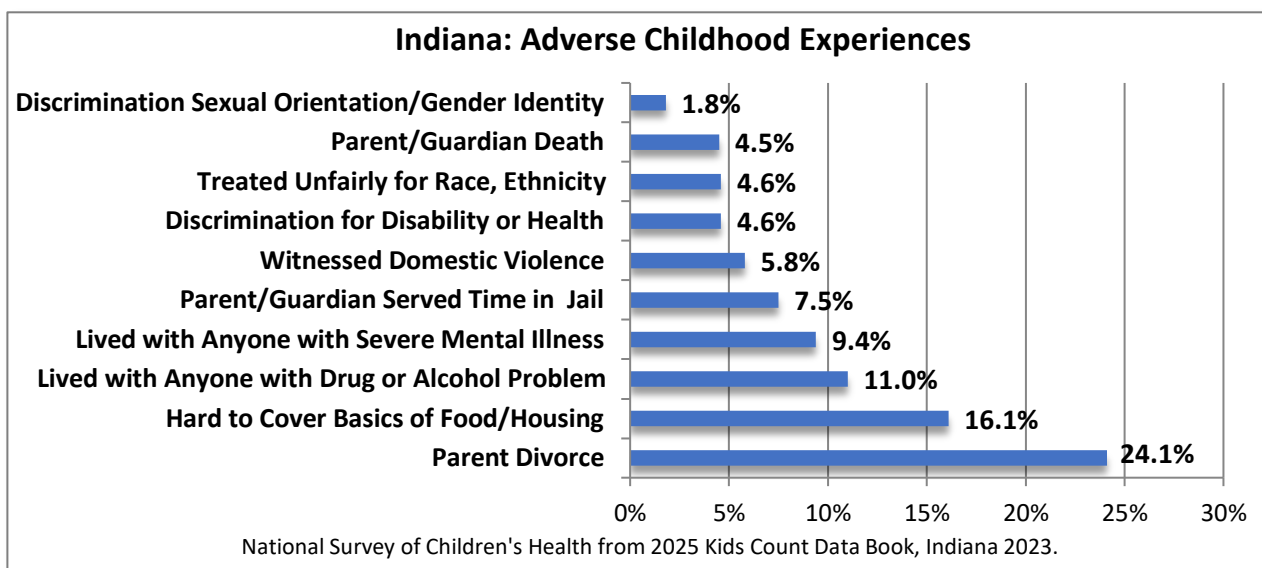
Major Health Partners Clinical Analytics. *2025 = First 2 Quarters.

2019 - *2025

QUALITY OF LIFE: Adverse Childhood Experiences

WHY DOES THIS MATTER?

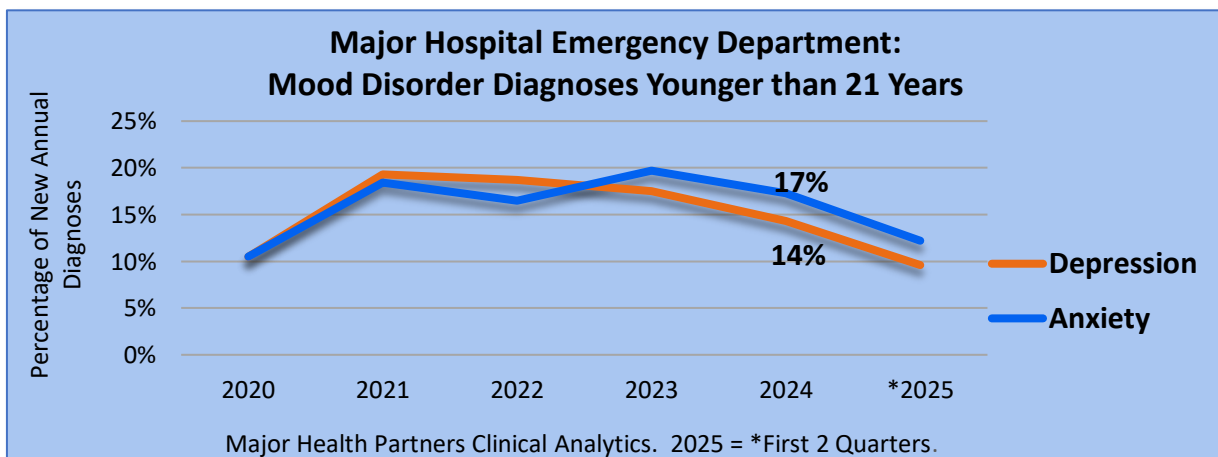
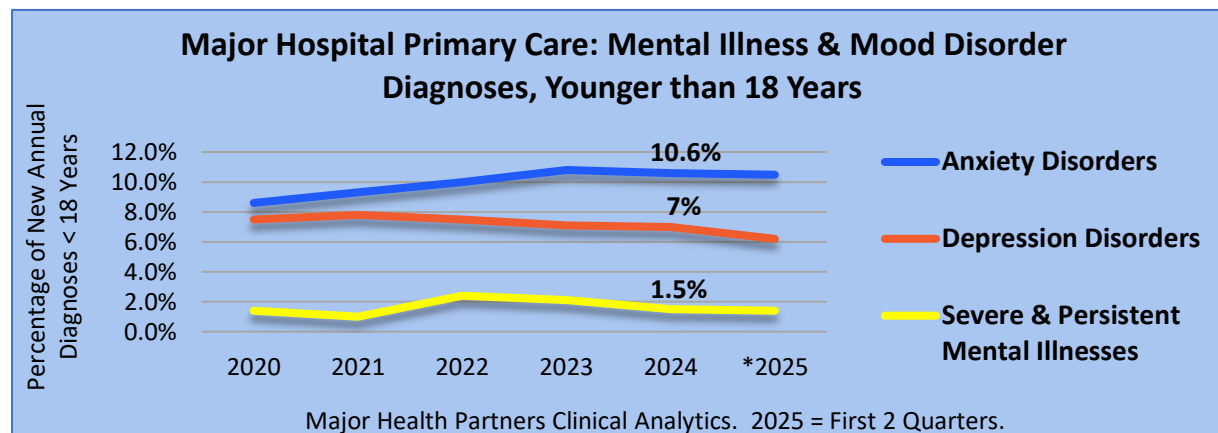
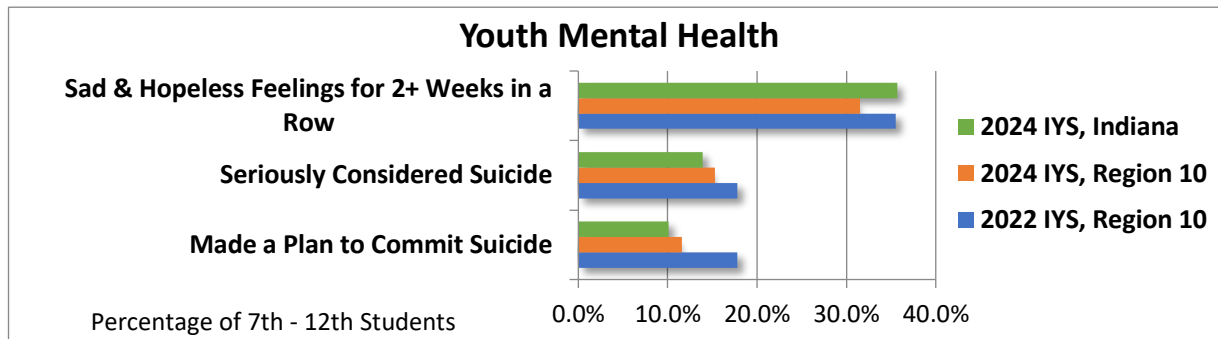
- **Adverse Childhood Experiences (ACE)** are potentially traumatizing events experienced by children from birth to age 17.
- **In Indiana, 20% of children have experienced 2 or more ACEs.**
- As the number of ACEs increases, so too does the correlation with substance abuse, mental illness, chronic disease, risky behavior, and socio-economic problems in adolescents and into adulthood.



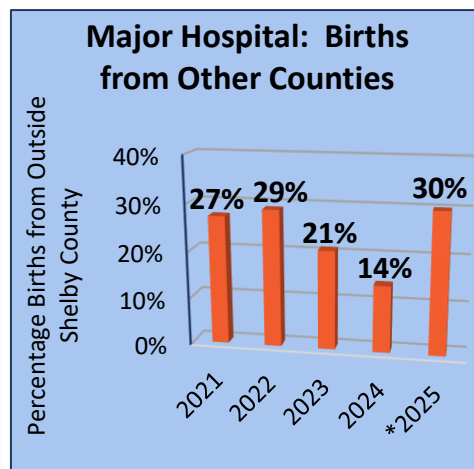
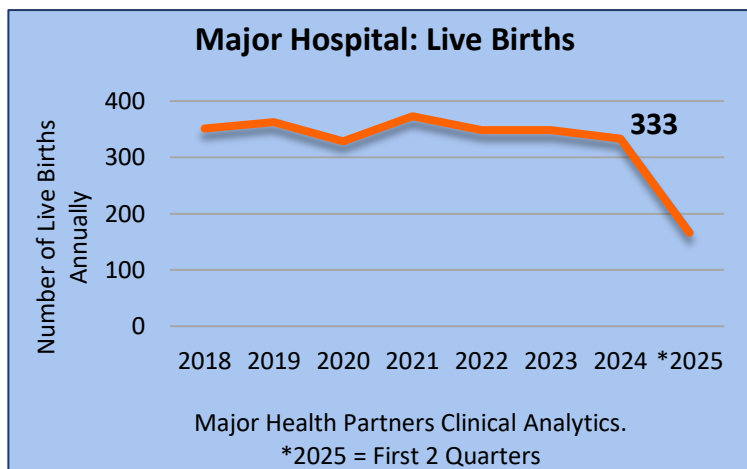
Trauma risk is based on responses endorsing trauma experiences on questions found on 11 different mental health assessments.

QUALITY OF LIFE: Youth Mental Health.

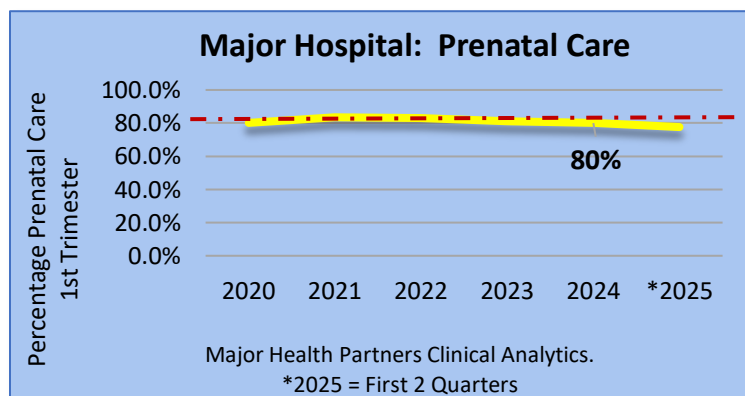
The Indiana Youth Survey was conducted in the spring of 2024 by Prevention Insights, Indiana University-Bloomington. The survey is sponsored by the Indiana Division of Mental Health and Addiction. Data is for **Region 10**: Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While the results are not specific to Shelby County, the data provides a picture of 7th – 12th grade students.



QUALITY OF LIFE: Births



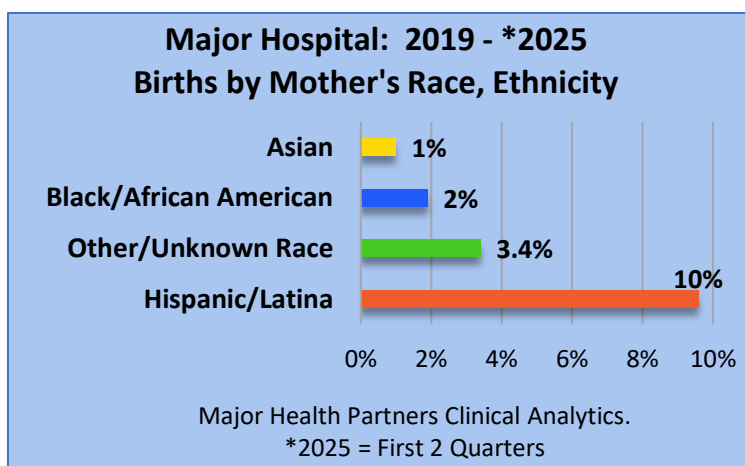
Per the American College of Obstetrics and Gynecology, the benchmark for the start of Prenatal Care is 12 weeks.



Healthy People 2030

Objective: Early Prenatal Care:

80.5% of pregnant women begin prenatal care in the first trimester (around 440 women estimated from number of births in 2023)



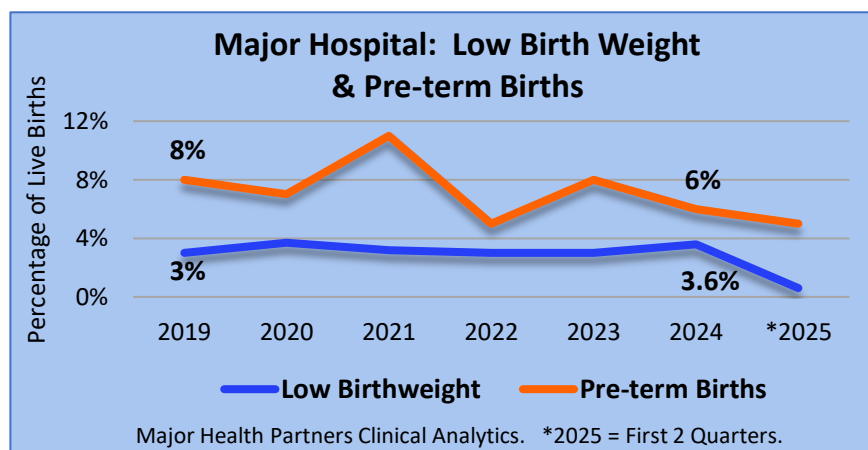
January 2019 thru First 2 Quarters of 2025:

83.2% - Babies born to White/Caucasian Mothers

QUALITY OF LIFE: Low Birth Weight. Pre-term Births. Infant Mortality.

WHY DOES THIS MATTER?

- **Pre-term and low birth weight births** (< 5 lbs. 8 oz.) may place a baby at risk for long-term challenges such as cerebral palsy, intellectual disabilities, vision and hearing impairments, autism, and other developmental delays and disabilities.
- Nearly half of infant deaths are due to pre-term and perinatal complications.



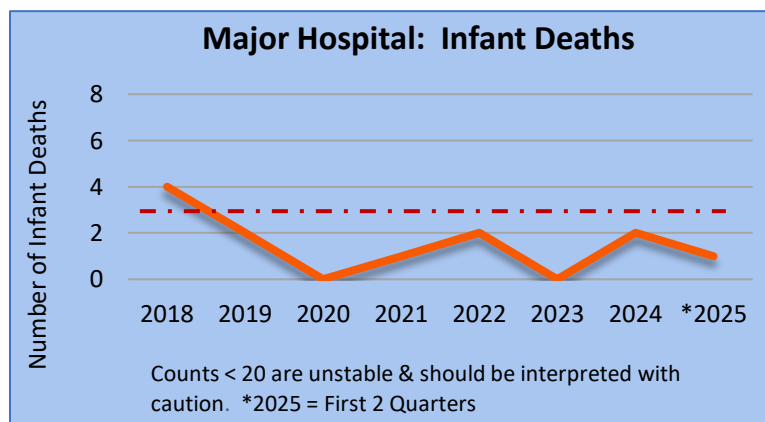
Healthy People 2030

Objective: Reduce Pre-term Births (<37 Weeks):

9.4% per 1,000 live births. (around 6 or fewer annually - estimated from number of live births in Shelby County (n=657), 2023)

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. Early prenatal care is foundational to a healthy mother and baby.



Major Health Partners Clinical Analytics

Healthy People 2030

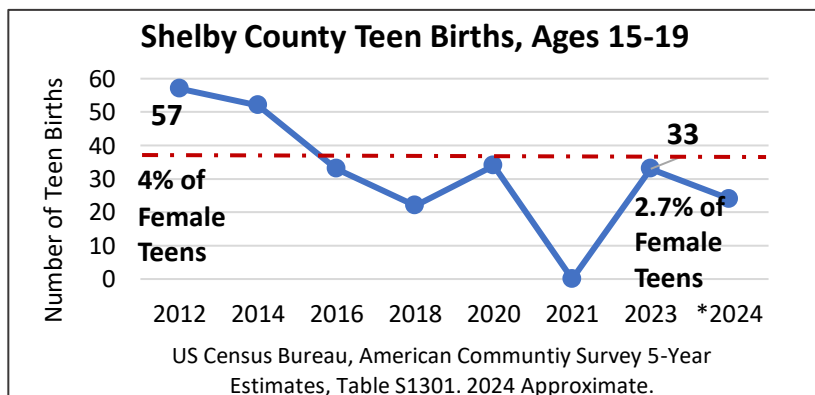
Objective: Reduce Infant

Mortality: 5.0 deaths per 1,000 live births (around 3 or fewer deaths annually - estimated from number of live births in 2023.)

QUALITY OF LIFE: Teen Births

WHY DOES THIS MATTER?

- **Higher health risks for Mother and baby**
 - Pregnancy complications
 - Potential for pre-term/low birth weight babies and infants born with life-long developmental and intellectual challenges
 - Subsequent high-risk pregnancies
- **Higher risks for life-long challenges related to Mother's**
 - Level of educational attainment and subsequent employment opportunities
 - Economic and psycho-social challenges
 - Need for child-rearing support and community resources



**Healthy People 2030
Objective: Reduce
Adolescent Pregnancies:**

31.4% per 1,000 women
ages 15-19 years (around
38 or fewer teen
pregnancies annually in
Shelby County.)

PREVENTION HIGHLIGHT: Healthy Families

- **Voluntary, Evidence-based Home Visitation Program**
 - Pregnant or Infant Less than 90 Days Old
 - Income at or below 250% of Federal Poverty Level
- **2024:** 83 Families Participated in Home Visiting Services in Shelby County
 - **Latino Families:** Currently Serving 6 Families
- **Support & Encouragement;** Parent-driven Goals
- **Screenings for Developmental Milestones;** Wellness Health Care Encouraged
- **Safety Items at No Cost to Family:** First Aid Kits, Baby Gates, Cabinet Locks, etc.
- **Concrete Help When Needed:** Overdue Bills, Rent Assistance, etc. (via a Blue River Community Foundation Grant); Connection to Community Resources
- **Community Collaborations, such as** Pack N Plays for Safe Sleep - Provided in Partnership with the Shelby County Health Department

Provided by Healthy Families - The Villages of Indiana, <https://villageskids.org/services/healthy-families/>

QUALITY OF LIFE: Disability

***Shelby County Disability Prevalence: 15%**

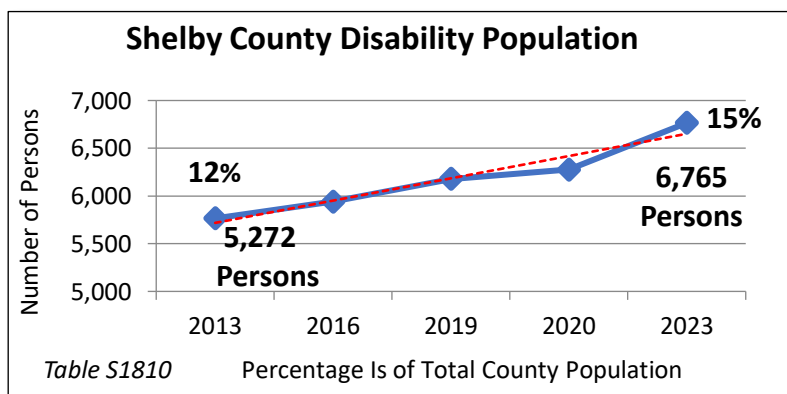
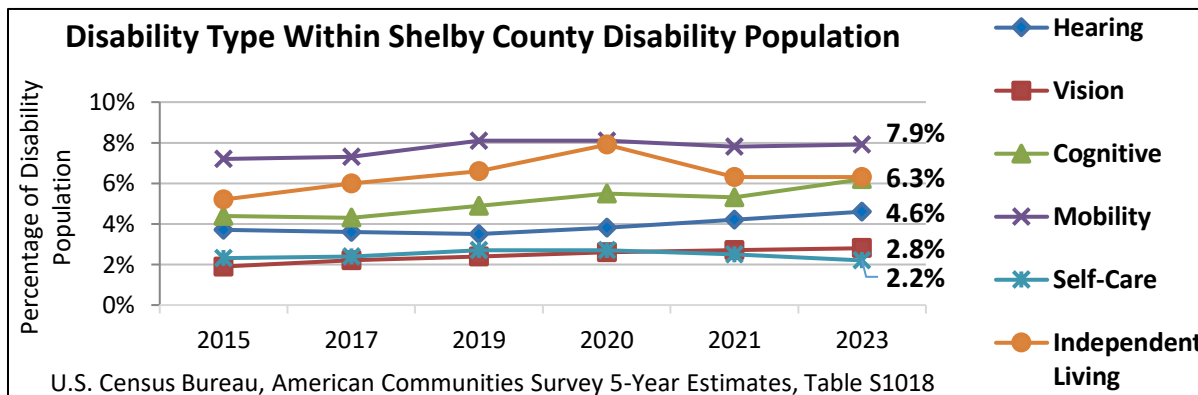
WHY DOES THIS MATTER?

- Individuals with disabilities have higher rates of chronic disease, obesity and depression than individuals without a disability.
- Among adults ages 18 – 64 in Shelby County
 - 53% are employed (8.1% of the county's workforce)
 - 17.8% live at or below poverty level
- Individuals with a range of disabilities may have challenges accessing preventative care.

2025 COMMUNITY HEALTH SURVEY

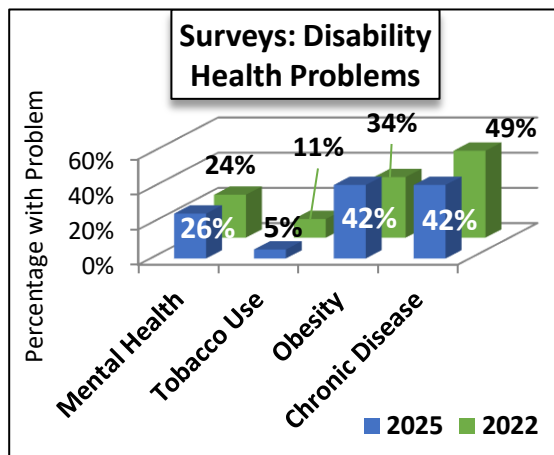
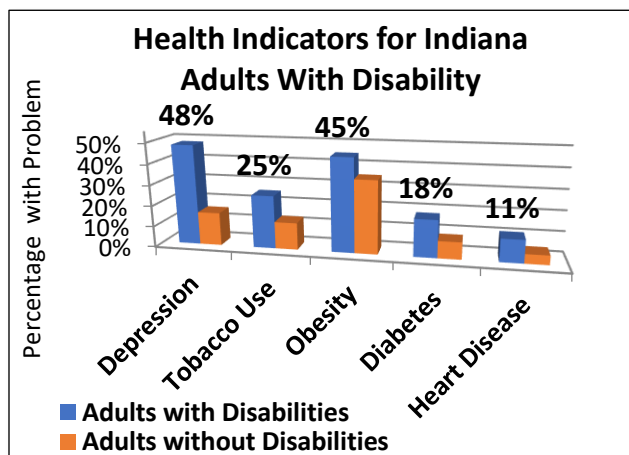
Sixteen percent (16.2%) of respondents identified having a disability. Two disabilities specifically noted:

- **Hearing Problems:** 89% were 65 years and older.
- **Vision Problems:**
 - 44% were less than 60 years old.
 - 54% were over aged 60 and older.

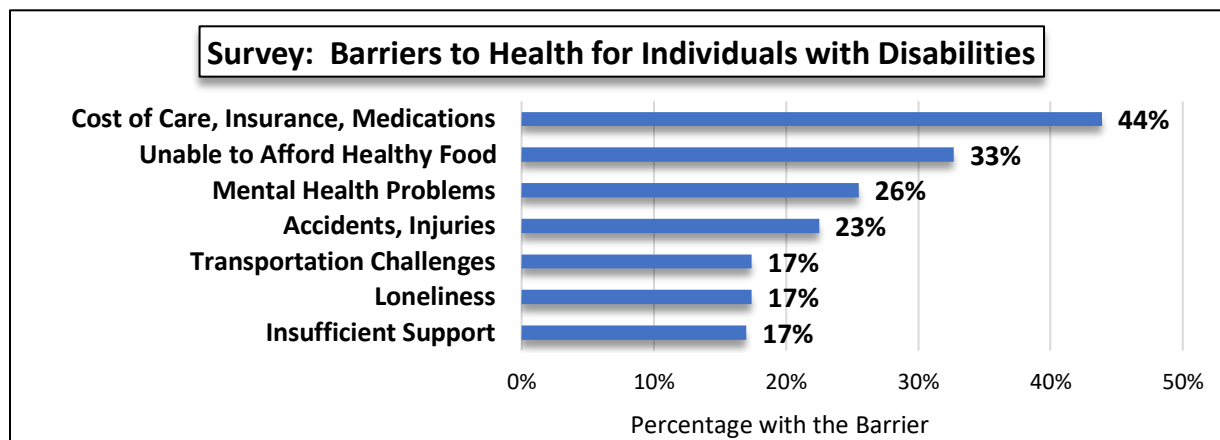


U.S. Census Bureau, American Community Survey 5-Year Estimates

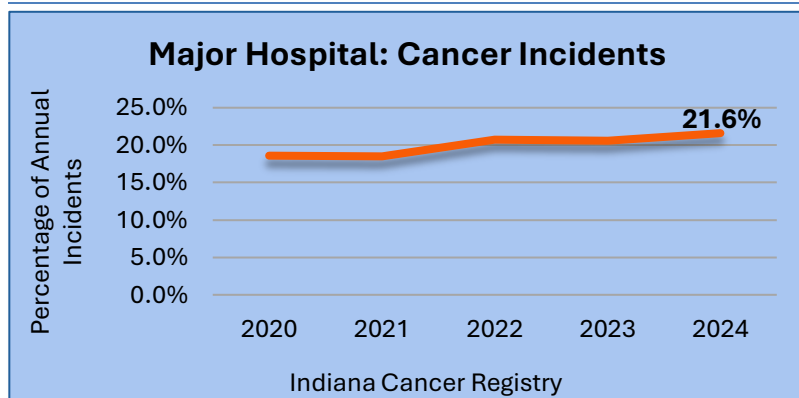
QUALITY OF LIFE: Disability. Cancer.



2025 COMMUNITY HEALTH SURVEY



Cancer



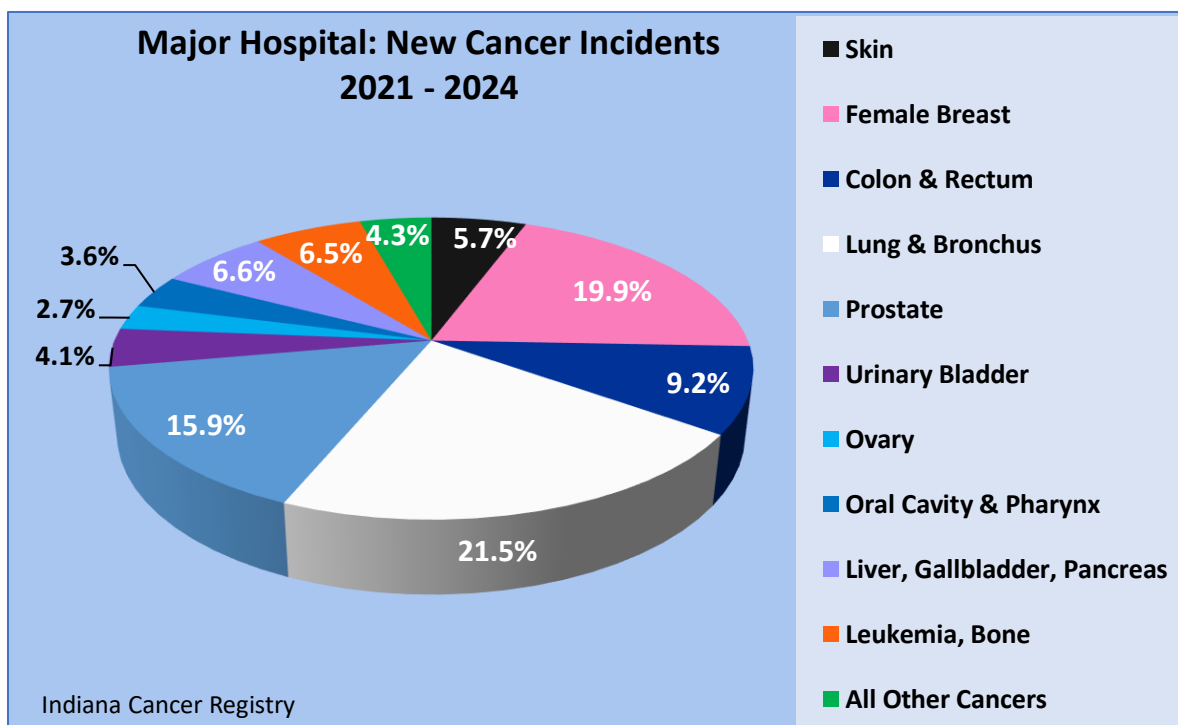
QUALITY OF LIFE: Cancer

***Shelby County Prevalence: 9.3%**

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

WHY DOES THIS MATTER?

- **Cancer is the second leading cause of death in Shelby County.**
- Minimizing risk factors that can be controlled and participating in preventative care improves health outcomes. (Shelby County prevalence in **red**.)
 - **Smoking: 24.6%**
 - Overweight and **Obesity: 46.3%**
 - Diet and **Physical Inactivity: 30.2%**
 - Infection from Human Papillomavirus (HPV) & Other Infectious Diseases
 - **HPV Vaccination Rate: 21.8%**
 - Sun Exposure
 - Under-insured or **No Health Insurance: 6.2%**
 - **No Regular Health Screenings:**
 - **No Annual Routine Check-up: 22.5%**
 - **No Annual Mammogram: 25%**
 - **No Colon Cancer Screening: 33%**

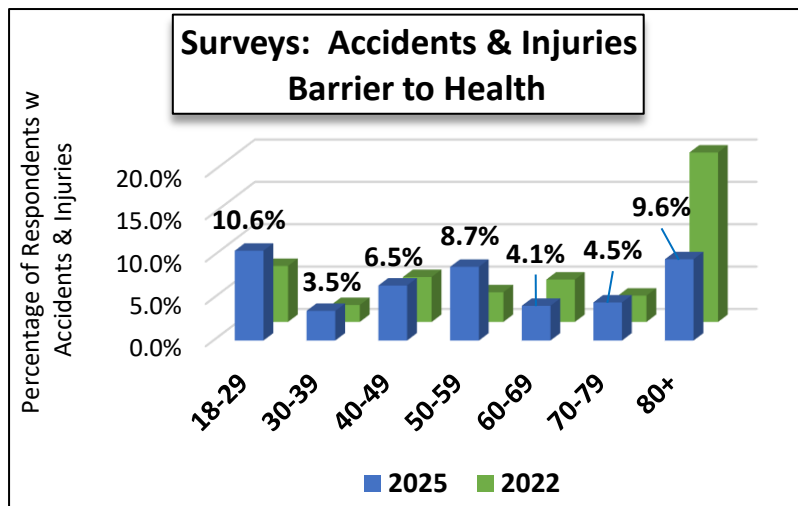


***Shelby County cancer prevalence does not include skin cancer.**

***Medicare cancer prevalence is only for lung, breast, prostate, and colorectal cancer.**

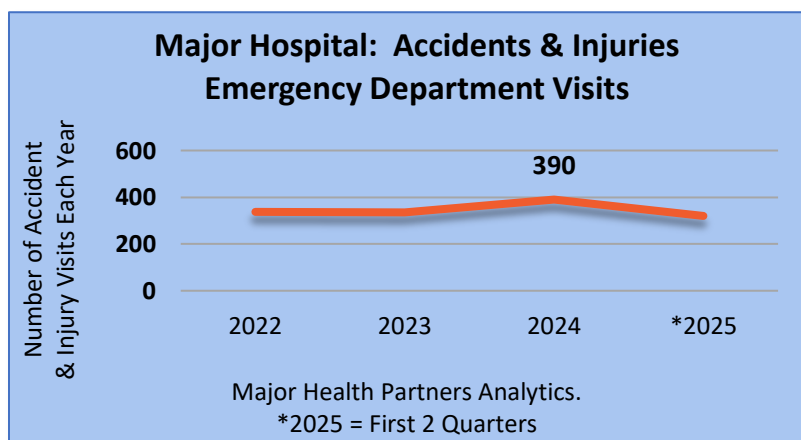
QUALITY OF LIFE: Accidents and Unintentional Injuries.

Hip Fractures.



2025 COMMUNITY HEALTH SURVEY

- **2025:** 5.8% of respondents identified Accidents & Injuries as a barrier to their personal health.
- **2022:** 5% cited Accidents & Injuries as a barrier



2022 – 2025:

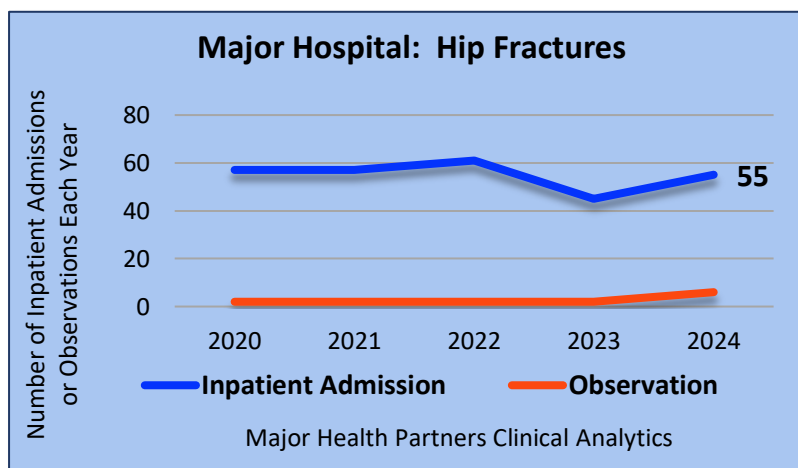
1,383 Emergency Department Visits for Accidents and Injuries

OSTEOPOROSIS:
Shelby County Medicare Beneficiary Prevalence: 17%

95% of Hip Fractures are caused by falls.

75% of hip fractures are in women

- Women fall more often than men.
- They more often have osteoporosis which weakens bones and increases fracture risk.

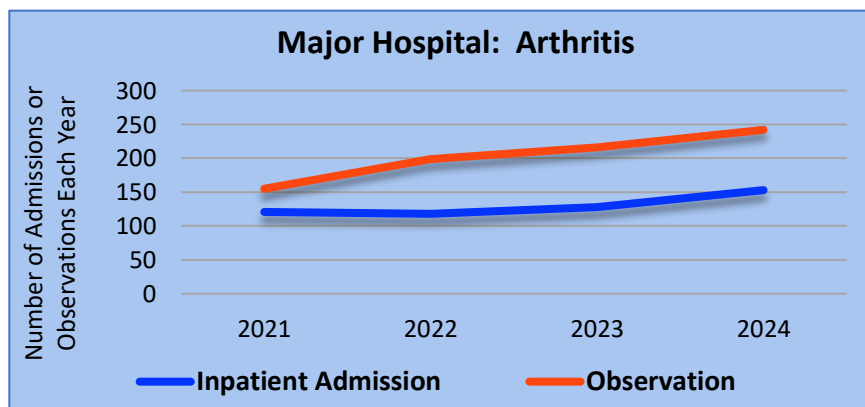
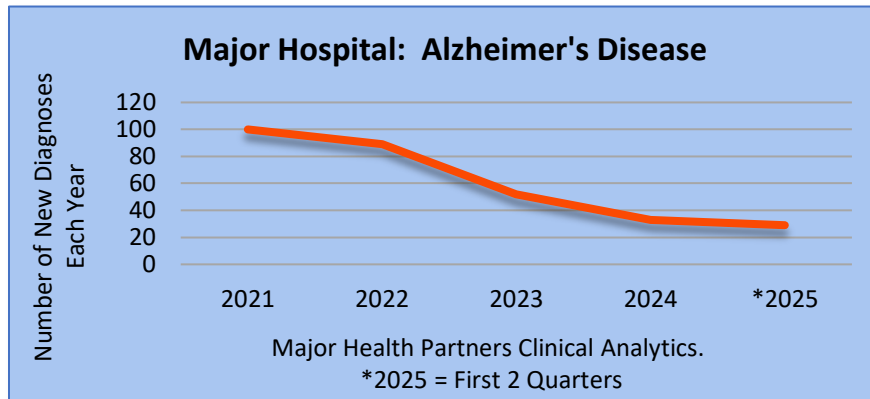


<https://www.cdc.gov/falls/data-research/index.html>

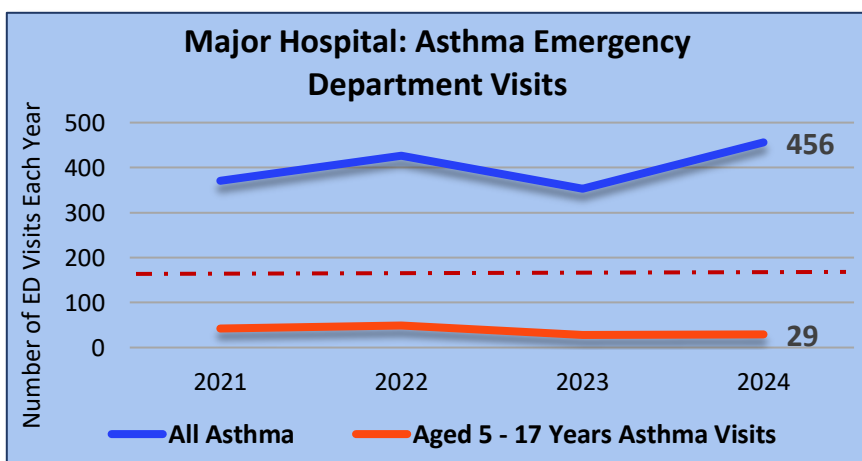
QUALITY OF LIFE: Alzheimer's. Arthritis. Asthma.

Shelby County Arthritis Prevalence: 31.6%

Medicare Beneficiary Arthritis Prevalence: 39%



Per the CDC, arthritis is the leading cause of disability for adults in the United States.



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)

Data this page – Major Health Partners Clinical Analytics

QUALITY OF LIFE: Asthma

Shelby County Asthma Prevalence: 11.5%

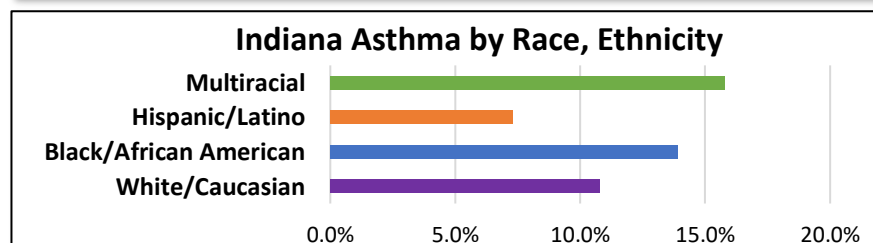
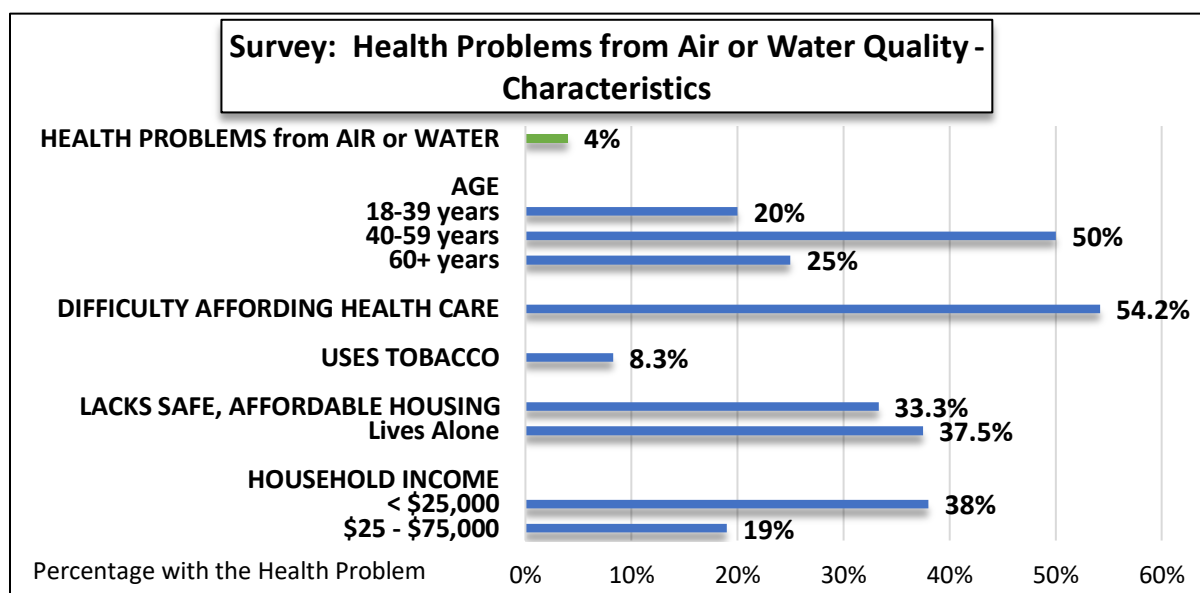
Childhood Asthma Prevalence: 7.2%

WHY DOES THIS MATTER?

- **Asthma is the leading cause of students missing school.**
 - One risk factor: living in a home built before 1950.
 - In Shelby County, 35.1% of houses were built before 1950.
 - 27.9% of rental houses were built before 1950.
- **Houses built before 1950 may**
 - Contain hazardous materials like asbestos and lead paint
 - Lack modern heating and ventilation systems that increase risk of
 - Mold and pests
 - Dust mites
 - Fine particles from smoke

U.S. Census Bureau, American Communities 5-Year Estimates, 2024

2025 COMMUNITY HEALTH SURVEY



Behavioral Risk Factor Surveillance System, 2022, 2024 from Indiana Department of Health, Asthma in Indiana, January 2025.

QUALITY OF LIFE: Cardiopulmonary Diseases, Type 2 Diabetes, and Chronic Kidney Disease

Increasingly, these organ systems and their diseases are treated comprehensively. The improvement or decline in one system impacts other organ systems similarly.

These interconnected diseases have similar modifiable risk factors. (Shelby County prevalence in **red**.)

- High Blood Pressure: **36.1%**
- Unhealthy Blood Cholesterol Levels: **36.8%**
- Smoking: **24.6%**
- Overweight or Obesity: **46.3%**
- Insufficient Sleep: **36%**
- Physical Inactivity: **30.2%**
- Excessive Alcohol Use (Binge Drinking): **15.3%**
- *Pre-Diabetes: **33.5%**
- Diabetes: **13.4%**
- Fatty Liver Disease

**Prediabetes percentage is for Indiana.*

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

Major Health Partners' Partnership with Cardiometabolic Center Alliance

The MHP Cardiometabolic program has helped patients achieve positive health outcomes through a coordinated team approach to comprehensively reduce patients' cardiometabolic risks.

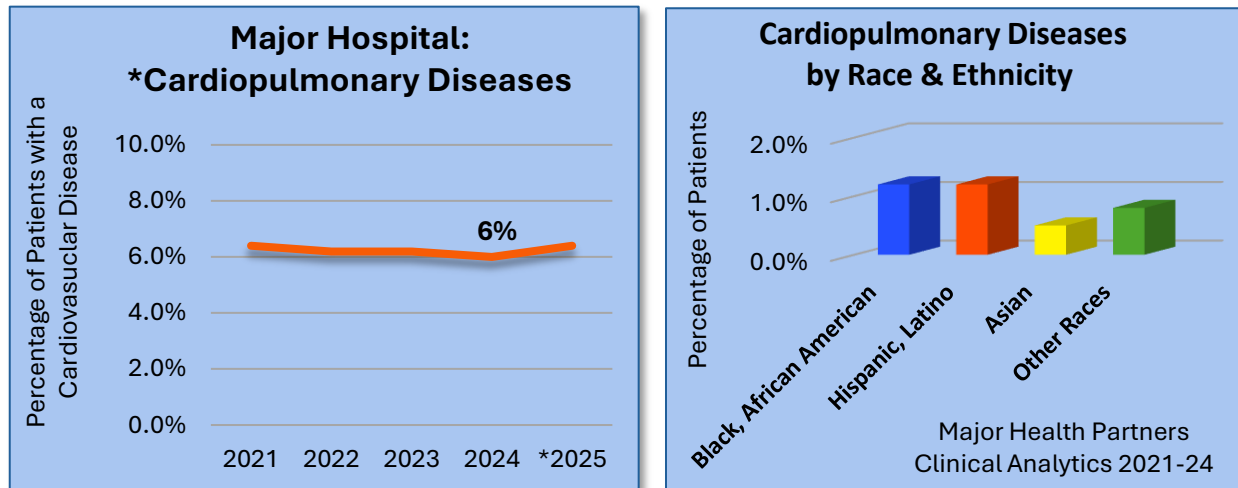
Some of these outcomes include

- *2.1% BMI reduction
- *16-pound weight reduction
- Lower Total Cholesterol
- Lower Triglycerides
- Lower LDL Cholesterol ("bad" cholesterol)
- Lower A1c (blood sugar levels)
- Lower Blood Pressure: 63% of patients achieved a blood pressure of 129/79 or below.

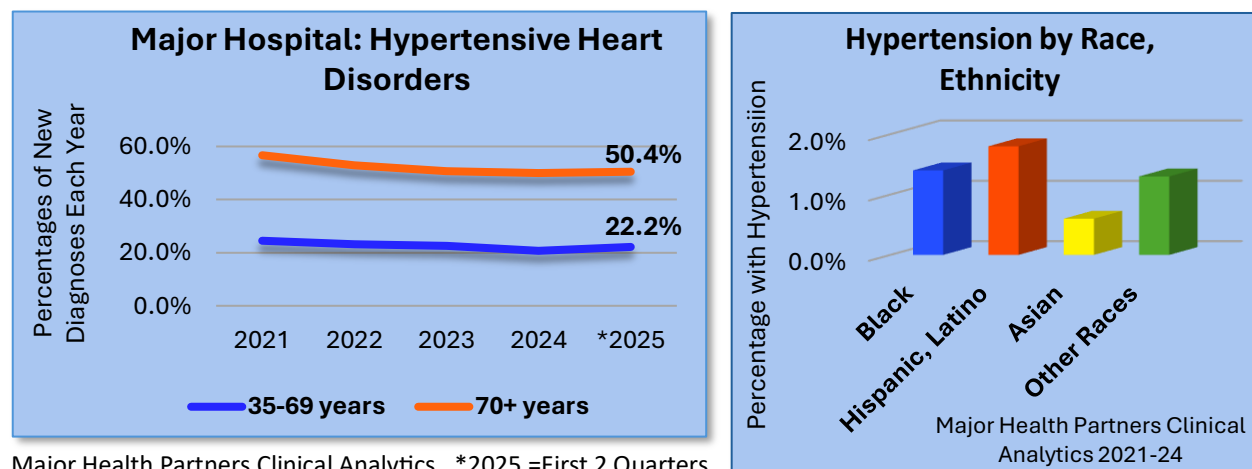
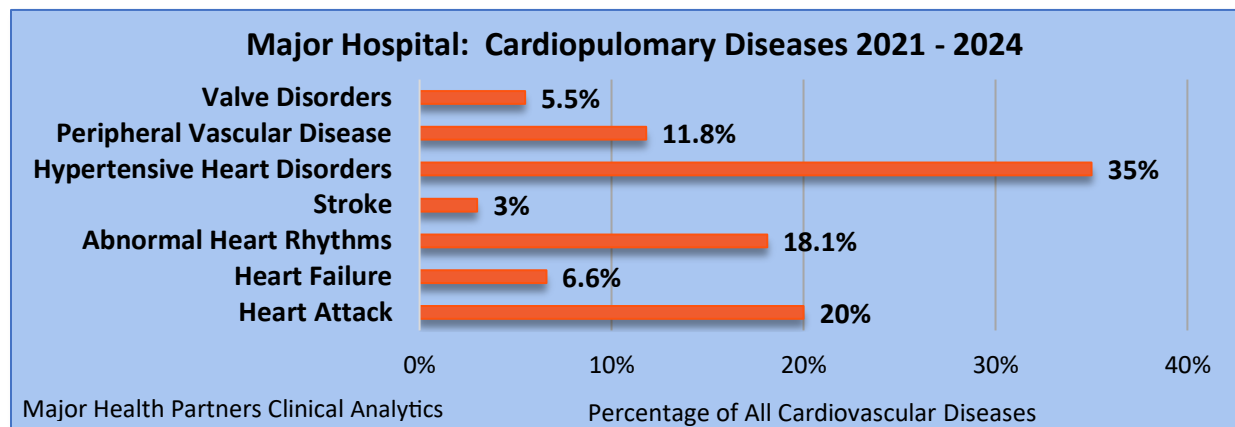
**Median values of enrolled patients
September 2024*

QUALITY OF LIFE: Cardiopulmonary Diseases

Shelby County Prevalence: 7.6%



*Cardiovascular Diseases = Hypertensive Heart Disorders, Acute Coronary Syndrome, Conductive (Irregular Heart Beat) Disorders, Peripheral Vascular Disease, Stroke, Cardiomyopathy (Heart Failure), Valve Disorders

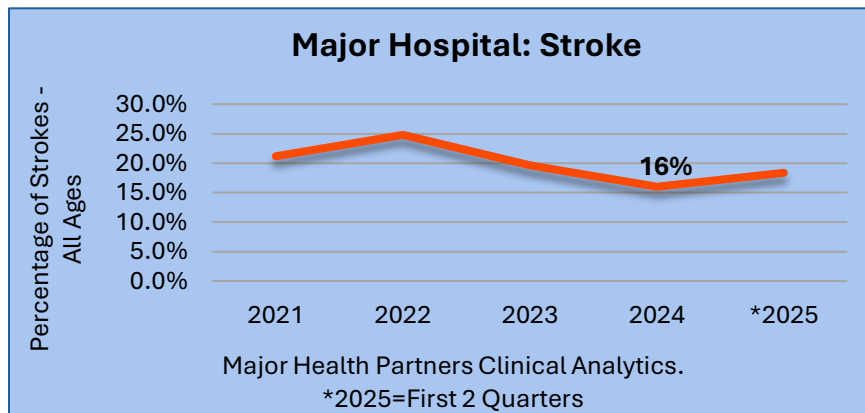


Major Health Partners Clinical Analytics. *2025 =First 2 Quarters

QUALITY OF LIFE: Cardiopulmonary Diseases

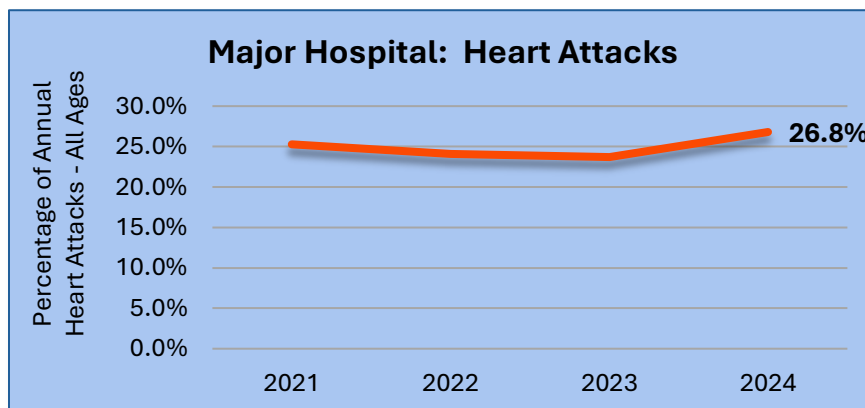
Shelby County Prevalence for Stroke: 3.7%

Shelby County Medicare Beneficiary Stroke Prevalence: 6%

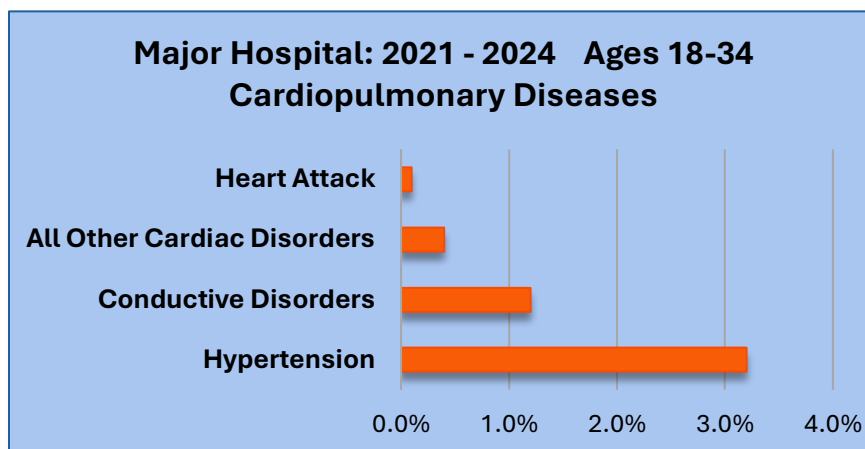


Healthy People 2030 Goal:

Improve cardiovascular health and reduce deaths from heart disease and stroke.

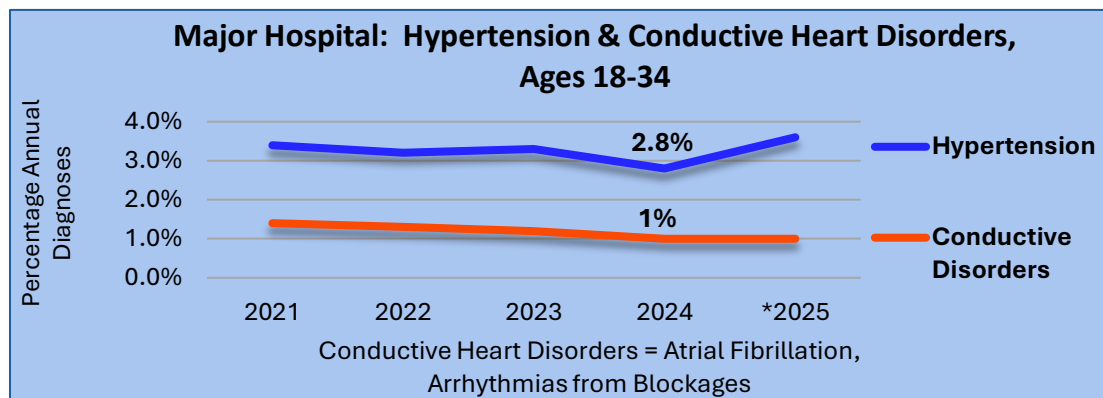
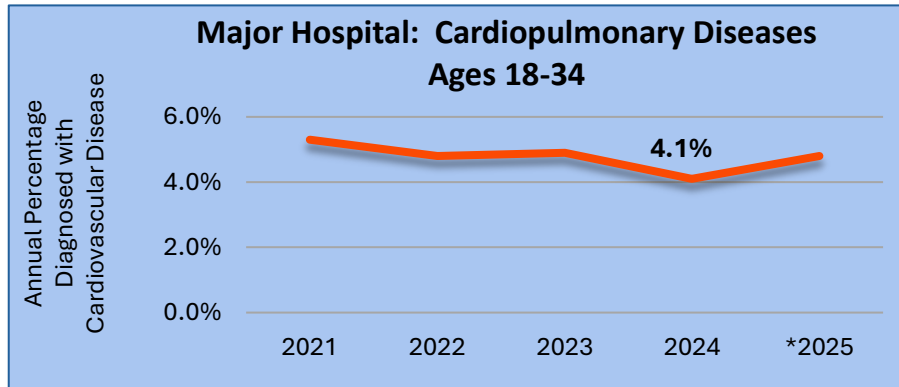


Shelby County Medicare Beneficiary Heart Attack Prevalence: 1%



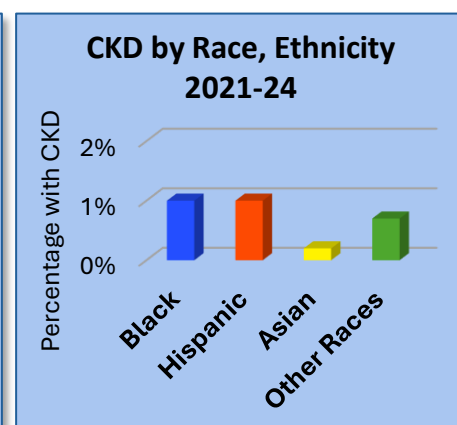
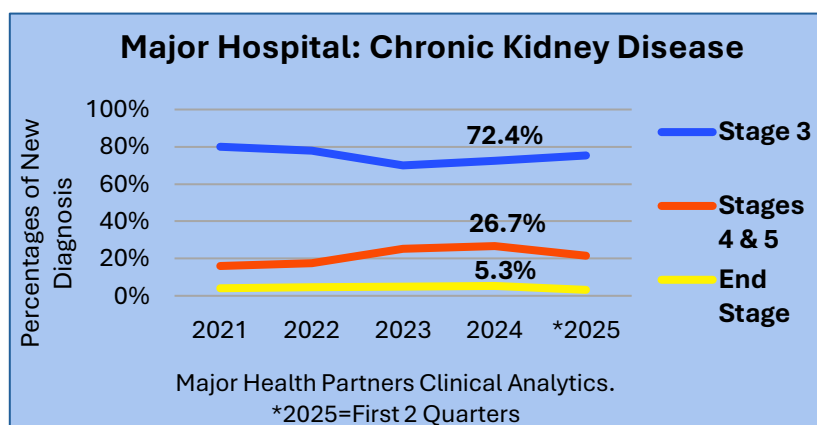
Data this page: Major Health Partners Clinical Analytics

QUALITY OF LIFE: Cardiopulmonary Disease. Chronic Kidney Disease.



Chronic Kidney Disease

Chronic Kidney Disease (CKD) has 6 stages. As severity increases, so too do overall risks to health. Stage 5 begins consideration for dialysis and transplant.

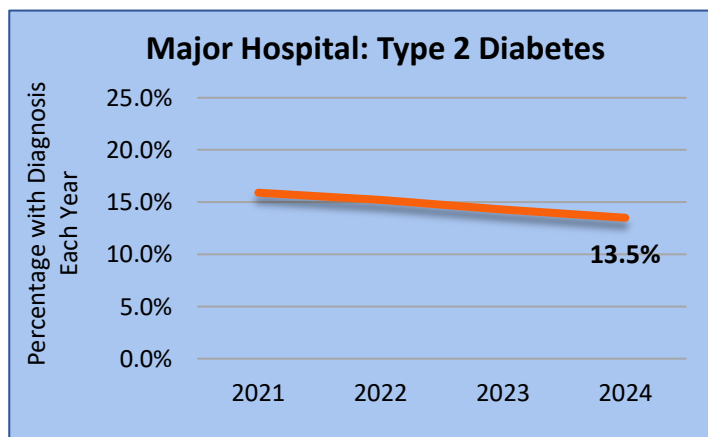


QUALITY OF LIFE: Type 2 Diabetes

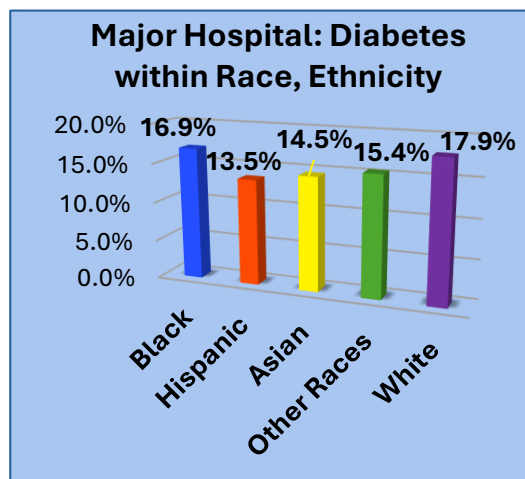
Shelby County Prevalence: 13.9%

Healthy People 2030 Objective: Reduce Diabetes Cases Diagnosed Yearly:

4.8 per 1,000 adult population (around 168 or fewer 18+ year adults in Shelby County)

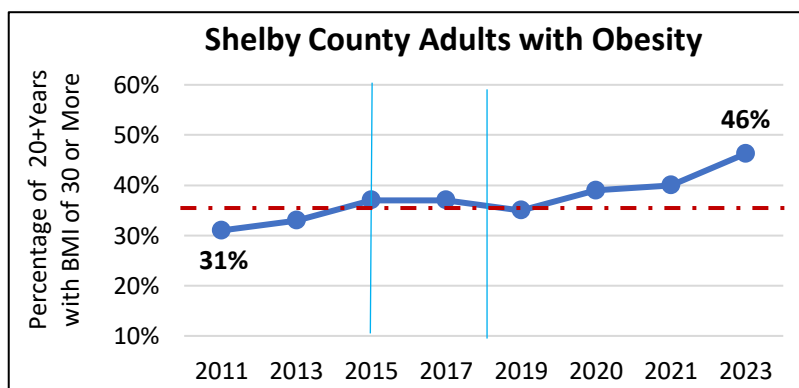


Major Health Partners Clinical Analytics



Obesity

Obesity and Overweight increase the risk for chronic diseases: heart disease, Type 2 Diabetes, cancer, hypertension, high cholesterol, stroke, liver and gallbladder diseases, 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 (12,813 or fewer adults with obesity)

2011 – 2020: CDC Behavioral Risk Factor Surveillance System from County Health Rankings.

2018 – 2023: Indiana Department of Health, County Dashboards.

<https://www.in.gov/healthfirstindiana/county-health-scorecard/>

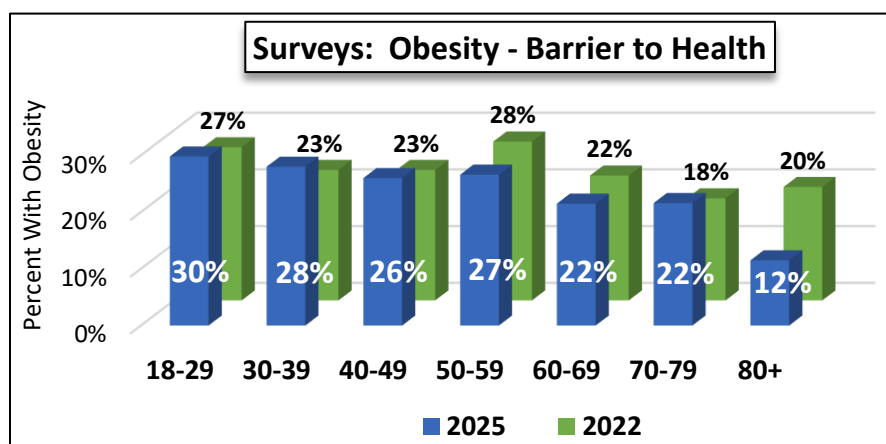
QUALITY OF LIFE: Obesity

Shelby County Obesity Prevalence: 46.3%

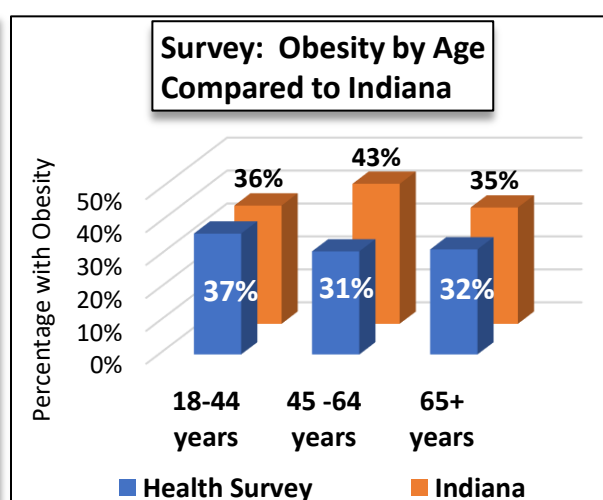
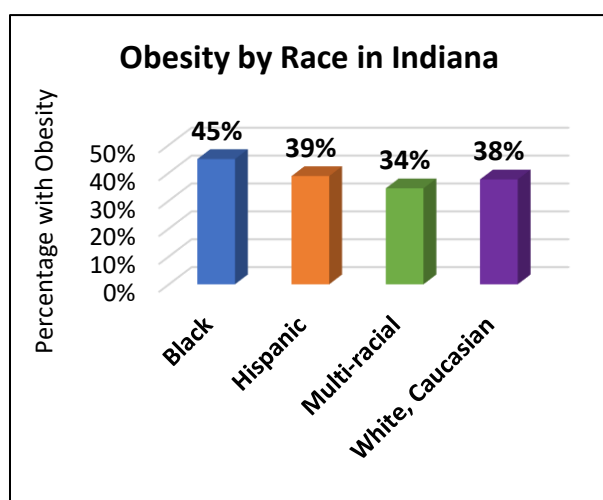
Shelby County Medicare Prevalence: 24%

Obesity is a complex issue with many factors. At the community level, obesity is impacted by investments and policies for accessible and affordable nutritious food; safe and affordable places to be physically active; and education and employment opportunities.

2025 COMMUNITY HEALTH SURVEY



- **2025: 23.6%** of respondents identified obesity as a barrier to their personal health.
- **2022: 21%** identified obesity as a health challenge.



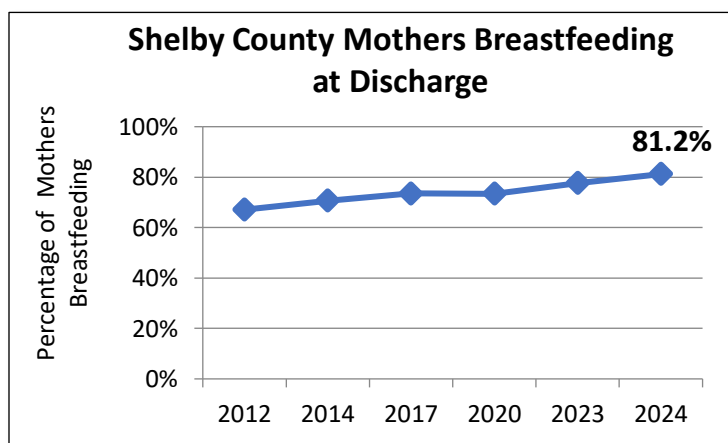
U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Indiana 2023.

QUALITY OF LIFE: Childhood Obesity

Shelby County Prevalence: 25.2%

2025 COMMUNITY HEALTH SURVEY

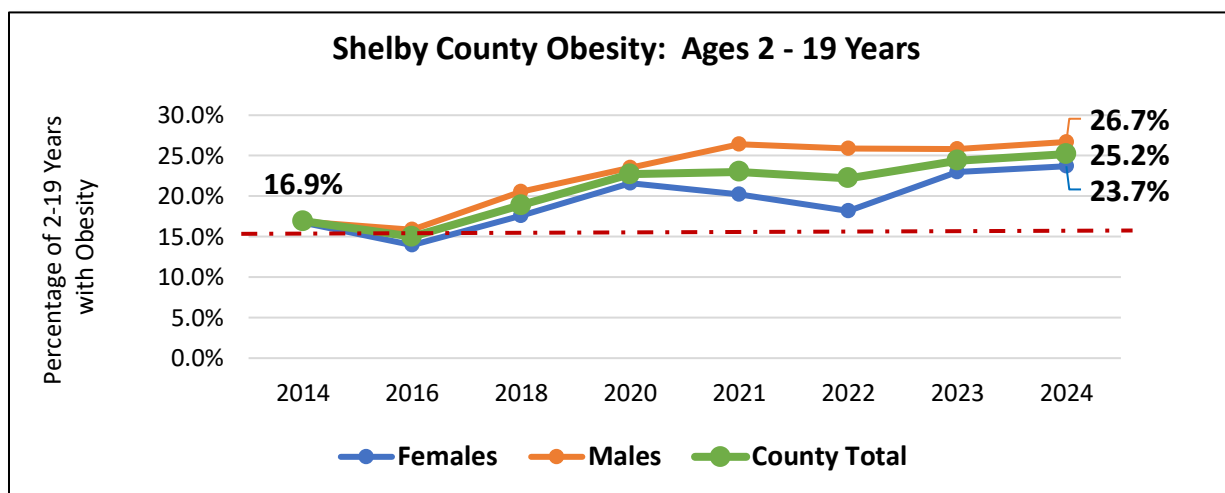
- **Nearly 78%** of respondents saw adult obesity as a big or medium problem in Shelby County.
- **Nearly 51%** saw child obesity as a big or medium problem in the County.



Childhood obesity is a complex issue with a range of contributing factors. Breastfeeding may lower the risk of obesity in some children.

Indiana Department of Health, Office of Data Analytics, Vital Records, 2012-2020 and Birth Outcomes Dashboard, 2024.

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*)

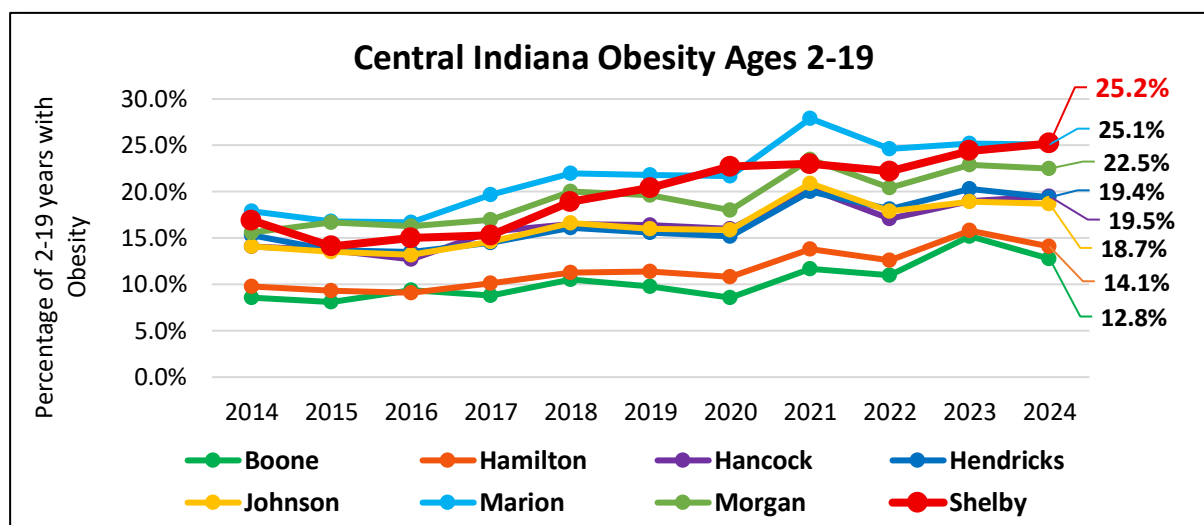


Jump IN, Weight Trends Among Children & Adolescents in Central Indiana, Shelby County and 2023 – 2025 Addendum Reports.

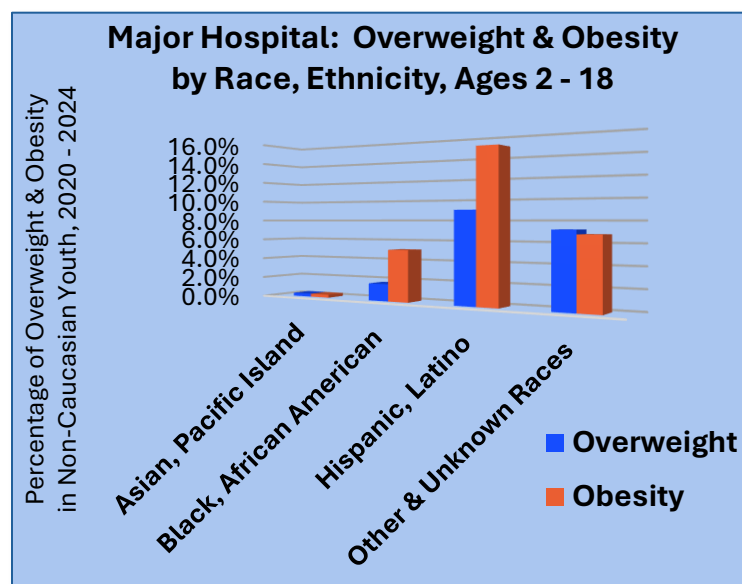
QUALITY OF LIFE: Childhood Obesity

Shelby County has the highest rate of childhood obesity in Central Indiana.

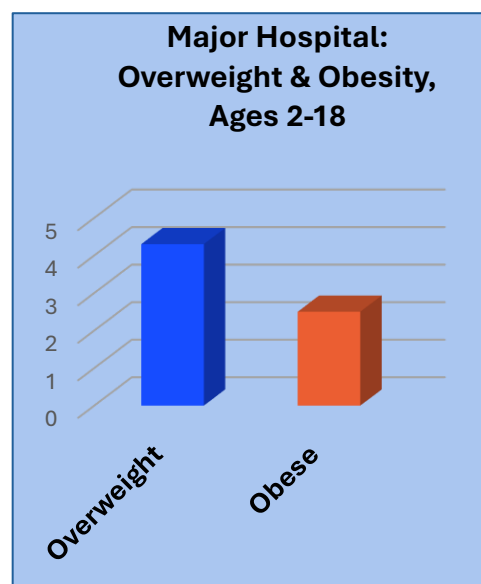
Between 2014 and 2024, obesity among children ages 2 – 19 years has increased. Childhood obesity increases the risk for chronic diseases during childhood and into adulthood.



Jump IN, Et al. Weight Trends Among Children & Adolescents in Central Indiana, 2023. 2024 & 2025 Data Addendums. <https://www.jumpinforhealthykids.org/childhood-obesity-data>



Major Health Partners Clinical Analytics



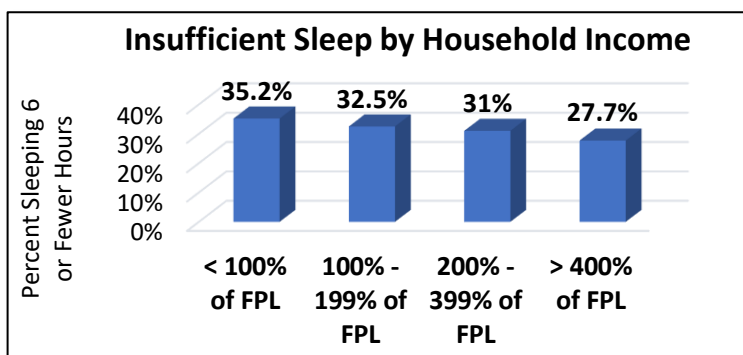
To read about how childhood growth and weight are measured, visit <https://www.cdc.gov/bmi/child-teen-calculator/bmi-categories.html>.

QUALITY OF LIFE: Insufficient Sleep

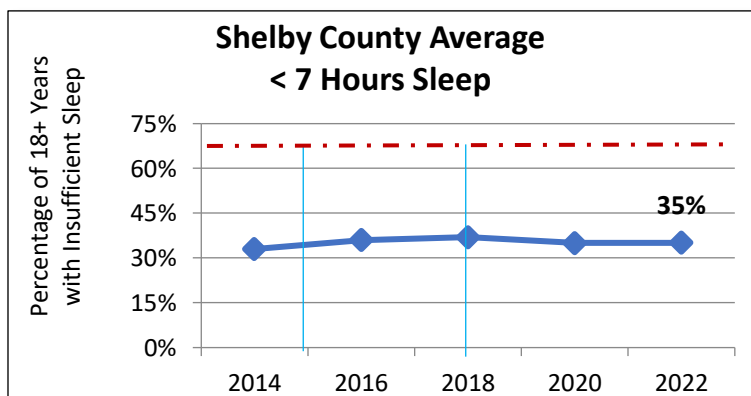
Shelby County Prevalence: 35.1%

WHY DOES THIS MATTER?

- Per the CDC, 1 in 3 adults experiences chronic insufficient sleep.
- The cumulative impact of insufficient sleep increases the risk for hypertension, diabetes, obesity, depression, heart attack, and stroke.
- **Insufficient Sleep by Household Income in Shelby County**
 - 38% of households do not have incomes that allow them to meet the cost of living for necessities in Shelby County.
 - A survival household income in Shelby County is around 250% of the Federal Poverty Level.



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.



Centers for Disease Control & Prevention, Behavior Risk Factor Surveillance Survey 2022 BRFSS Data from CDC's PLACES, Local Data for Better Health

Sleep Disparity:

The percentage of adults who slept 6 or fewer hours in a 24-hour period declined with an increase in household income whether they lived in a metropolitan statistical area or a rural area.

2025 COMMUNITY HEALTH SURVEY

- **2025 – 71%** of respondents identified insufficient sleep as a health problem in Shelby County.
- **2022 – 68%** identified insufficient sleep as a health problem.

Healthy People 2030: Adults Getting Sufficient Sleep Goal:

68.6% of adults 18 years and older sleep 7 or more hours nightly (around 24,416 adults)

HEALTH BEHAVIOR

- **Annual Medical Check-up**
- **Preventative Care**
- **Fruit and Vegetable Consumption**
- **Physical Inactivity**
- **Tobacco Use**
- **Youth Substance Use**
- **Alcohol-Related Collisions**
- **Alcohol and Substance Misuse**
- **Sexually Transmitted Infections**

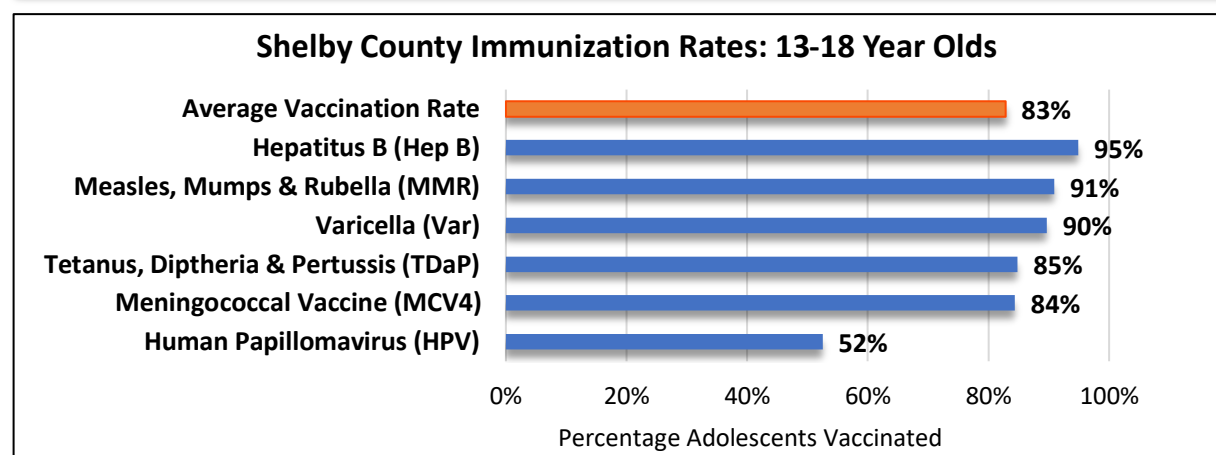
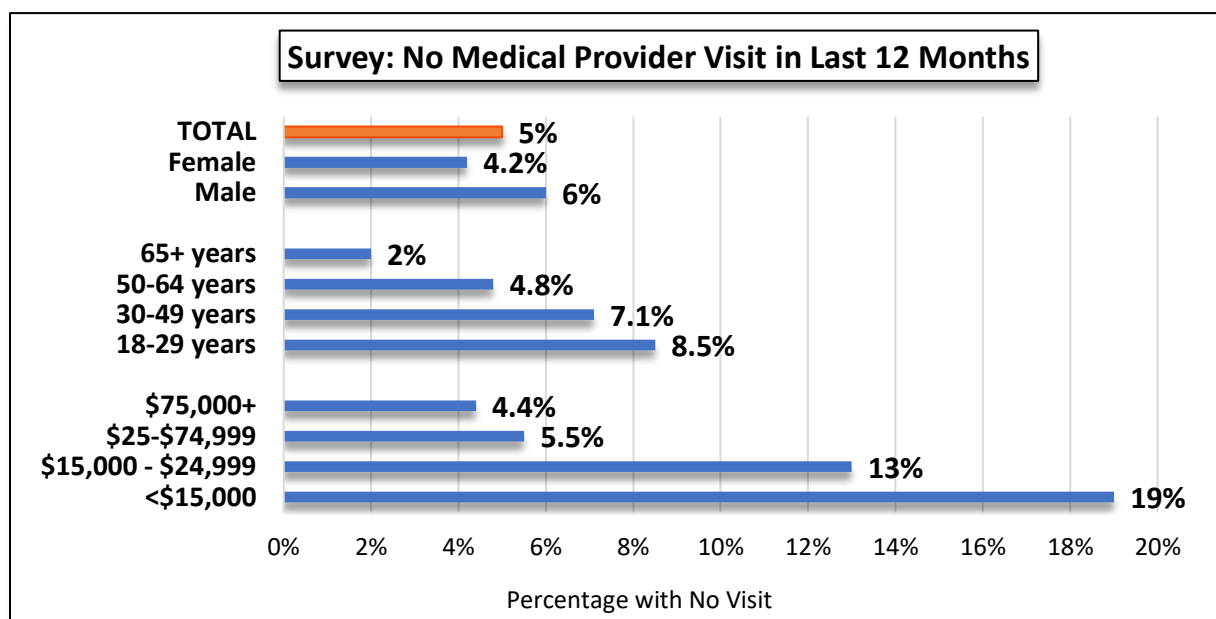
HEALTH BEHAVIOR: Annual Medical Check-up and Preventative Care

Shelby County Prevalence Annual Medical Check-up: 77.5%

WHY DOES THIS MATTER?

- An established 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.

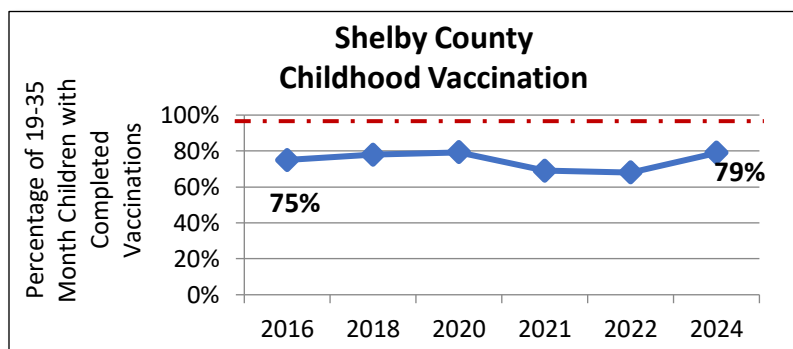
2025 COMMUNITY HEALTH SURVEY



Indiana Department of Health, Adolescent Immunization Data Dashboard 2024, Shelby County

HEALTH BEHAVIOR: Preventative Care

Shelby County Vaccination Rate: 71%

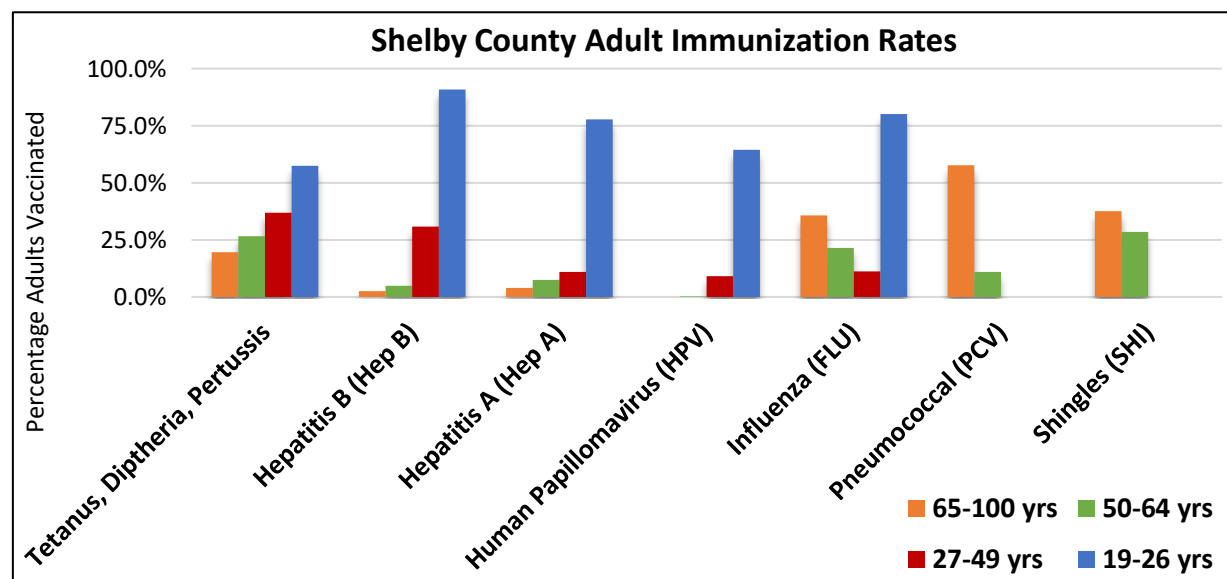


Healthy People 2030 Objective: Reduce the proportion of children who get no recommended vaccines by age 2 years:

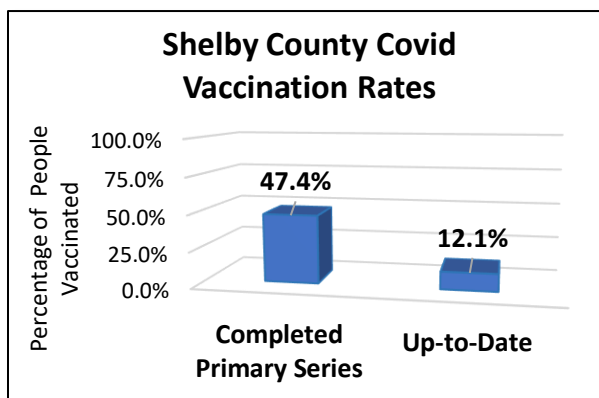
Only 1.3% of children < 3 years do not have recommended vaccinations (around 20 or fewer children in Shelby County)

2016-2020: Indiana State Dept. of Health from Indiana Youth Institute County Snapshot.

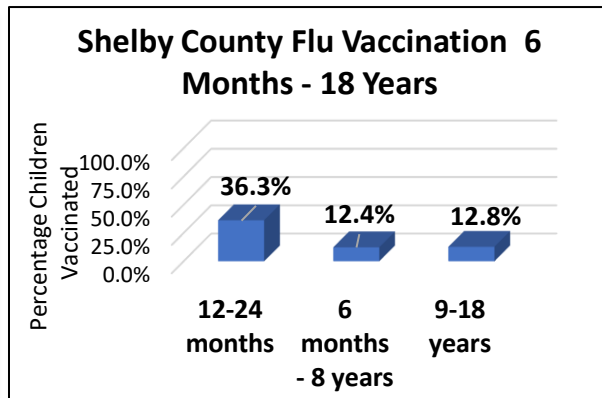
2022-2024: Indiana State Dept. of Health County Immunization Rate Assessment & County Health Scorecard



Indiana Department of Health, Adult Immunization Data Dashboard 2024, Shelby County

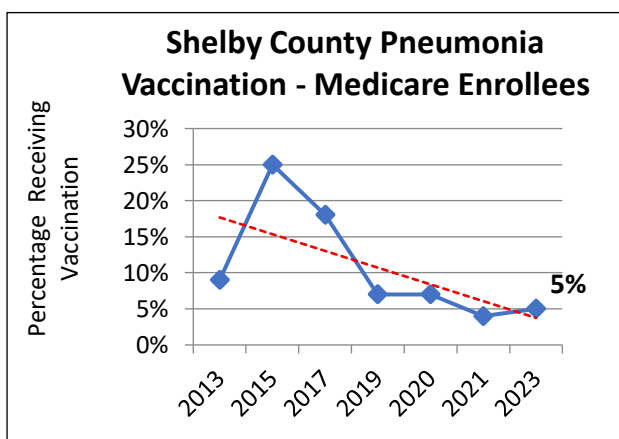
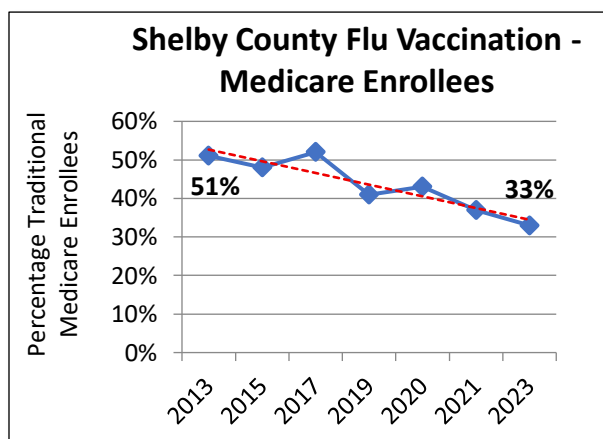


Indiana Department of Health, Covid 19 Vaccination Data Dashboard 2024, Shelby County

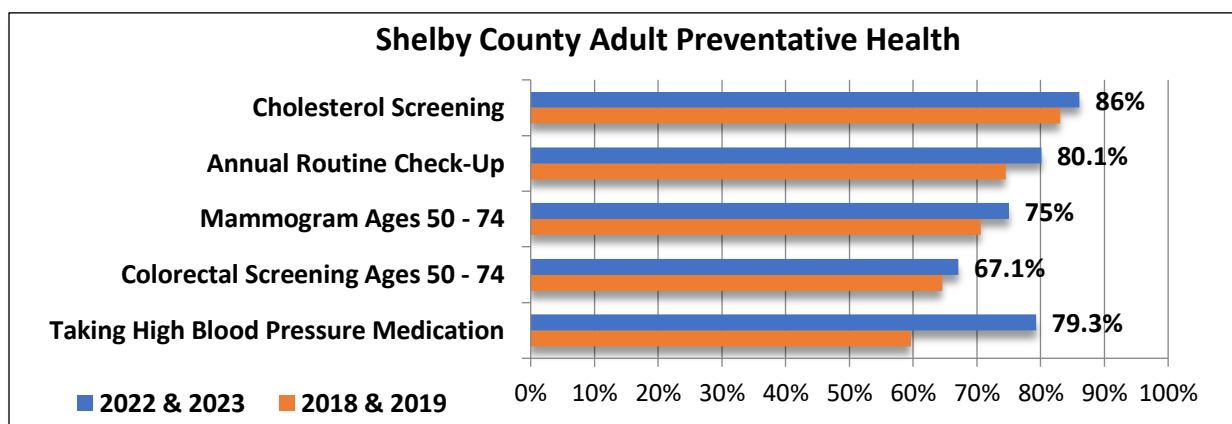


Indiana Department of Health, Flu Vaccination Data Dashboard 2024, Shelby County

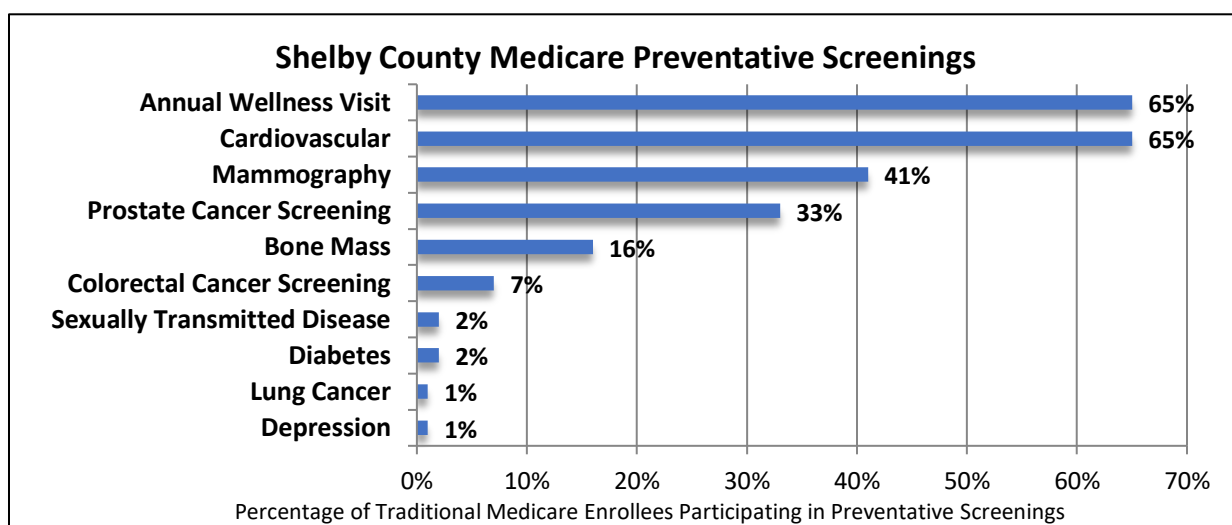
HEALTH BEHAVIOR: Preventative Care.



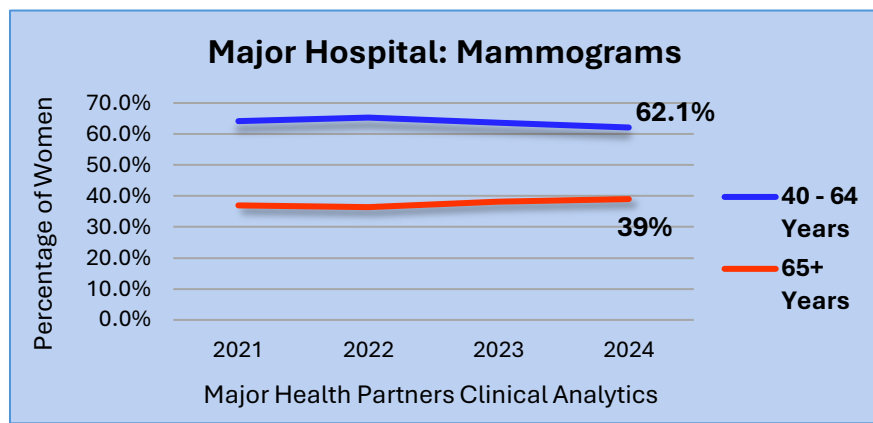
Medicare Data from Centers for Medicare & Medicaid Services, Office of Minority Health's Mapping Medicare Disparities Tool. <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>



Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, Shelby County.



HEALTH BEHAVIOR: Preventative Care. Fruit and Vegetable Consumption.



**Healthy People 2030
Objective: Increase the
proportion of females who
get screened for breast
cancer:**

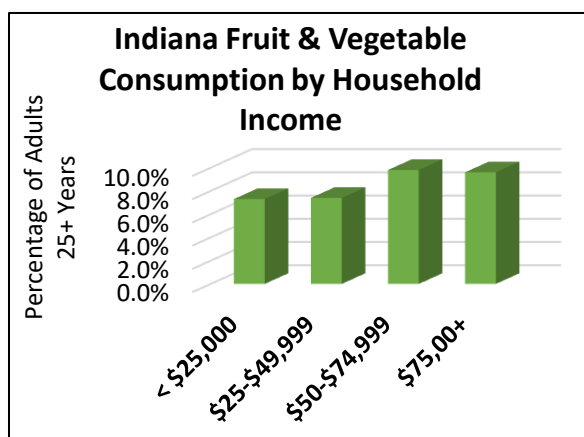
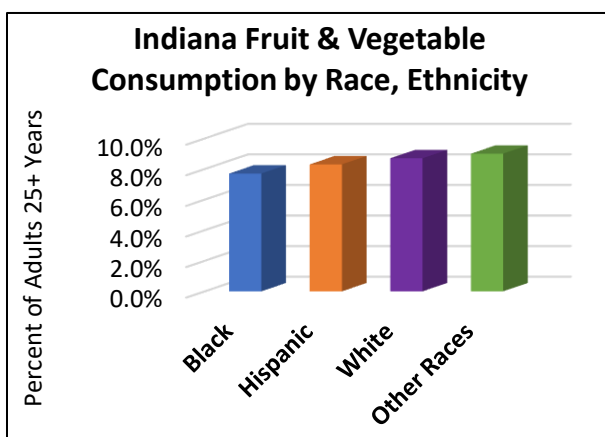
*80.3% of women ages 50–74
have had a mammogram in the
last 2 years (around 11,623
women in Shelby County)*

Fruit & Vegetable Consumption

Read how the built environment
impacts access to nutritious food on
pages 109-110.

WHY DOES THIS MATTER?

- In Indiana, only 8.7% of Hoosiers eat 2 or more cups of fruit and 3 or more cups of vegetables daily as recommended by the Dietary Guidelines for Americans.
- 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.
<https://www.dietaryguidelines.gov>



"Two or More Fruits and Three or More Vegetables Daily Consumption", Centers for Disease Control, Behavioral Risk Factor Surveillance System, Indiana, compiled by United Health Foundation's America's Health Rankings.

HEALTH BEHAVIOR: Fruit & Vegetable Consumption. Physical Inactivity.

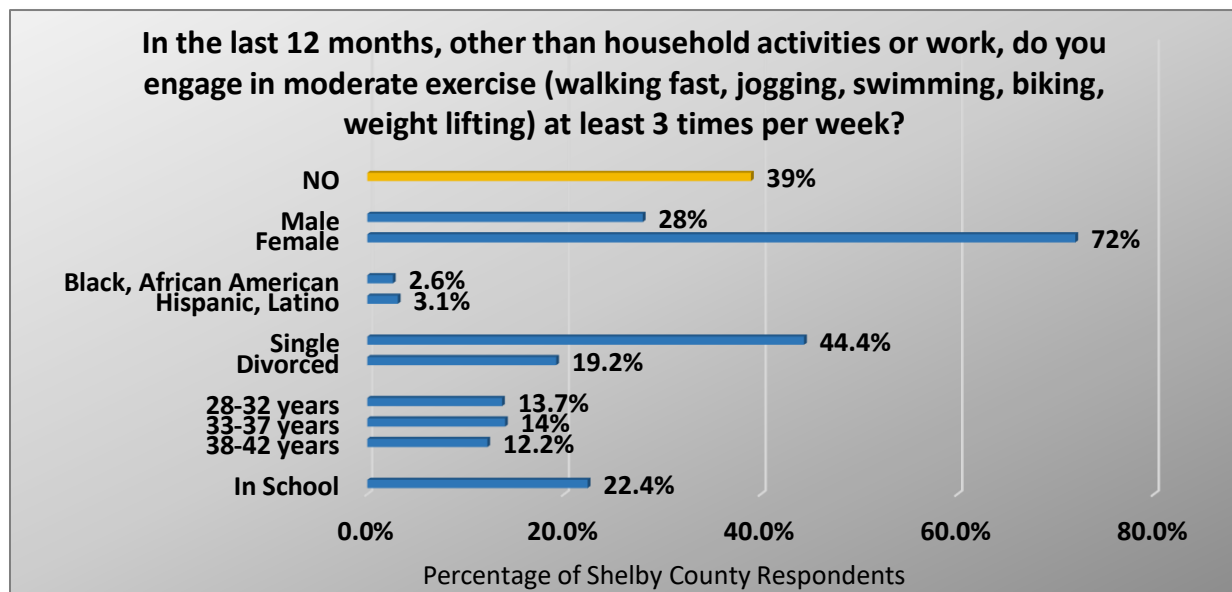
2025 COMMUNITY HEALTH SURVEY

- **70.6%** of respondents identified *Not Eating Healthy Food* as a problem in Shelby County.
- **72%** reported their medical providers talked to them about a healthy diet.
- **32%** reported their medical providers talked to them about affording healthy food.
- **26.6%** identified affording healthy food as a barrier to their health.

Physical Inactivity

Read how the built environment can support physical activity on page 145.

Family and Social Services Administration Hoosier Health and Well-Being Survey



Hoosier Health and Well-Being by County and Demographics.

<https://hub.mph.in.gov/hu/dataset/hoosier-health-and-well-being-by-county-and-demographics>

2025 COMMUNITY HEALTH SURVEY

- **84 %** of respondents thought the lack of physical activity was a Big or Medium Problem in Shelby County.
 - **2022 Community Health Survey: 60.5%** thought lack of physical activity was a problem.
- **74.4%** said their medical provider talked to them about being physically active.

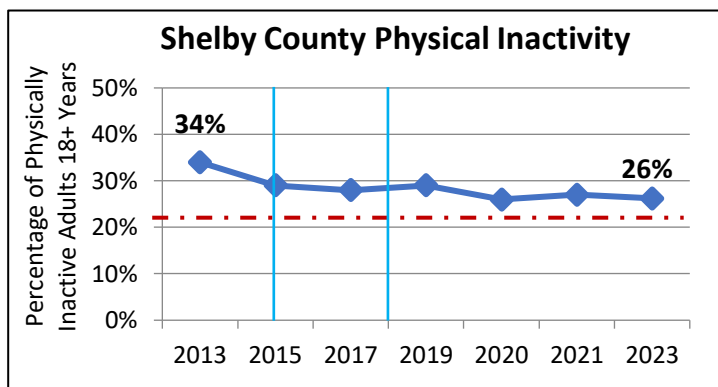
HEALTH BEHAVIOR: Physical Inactivity. Tobacco Use.

Shelby County Physical Inactivity Prevalence: 26.2%

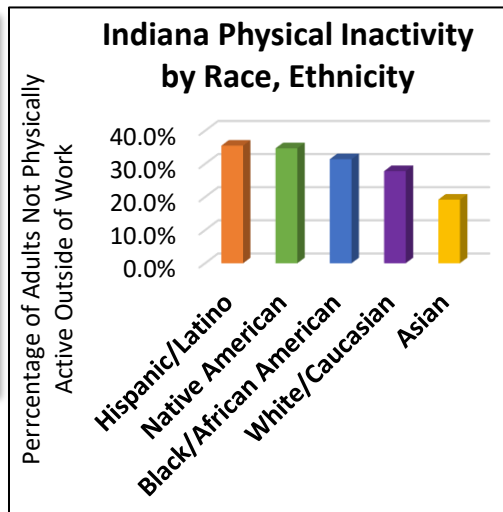
WHY DOES THIS MATTER?

- The lack of physical activity is linked to chronic disease and premature death.
- 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.

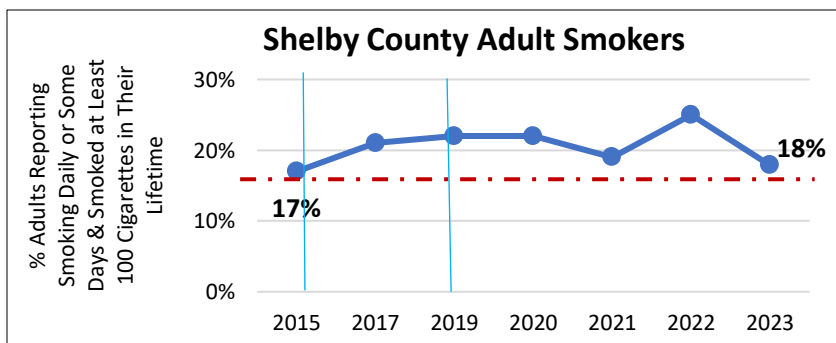
Healthy People 2030 Objective: Reduce Percentage of Physically Inactive Adults:
21.8% of adult population or less (7,759 or fewer adults)



2013 – 2021: CDC Behavior Risk Factor Surveillance System from County Health Rankings, Shelby County. 2023: CDC Behavior Risk Factor Surveillance System from PLACES, Local Data for Better Health



Tobacco Use



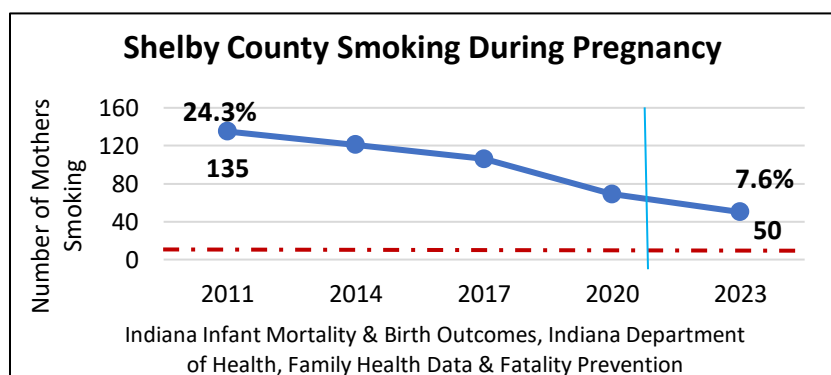
2015-2021: Behavior Risk Factor Surveillance System from County Health Rankings
2018-2022: Indiana Department of Health, County Dashboard,
<https://www.in.gov/healthfirstindiana/county-health-scorecard/>

Healthy People 2030 Objective: Reduce Smoking: 16.2% or less of the adult population (5,766 or fewer adult smokers in Shelby County)

HEALTH BEHAVIOR: Tobacco Use

Shelby County Prevalence: 17.9%

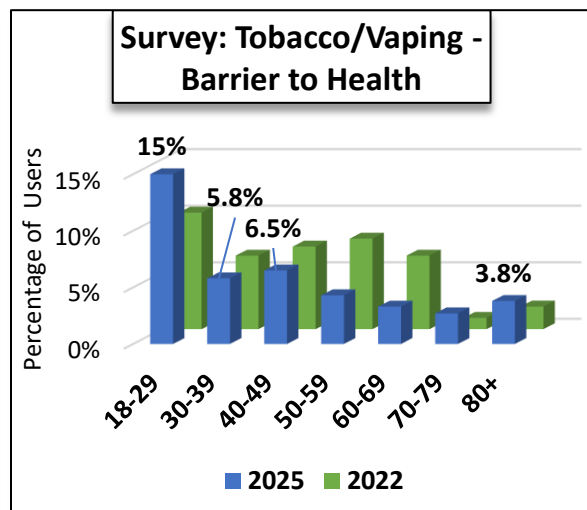
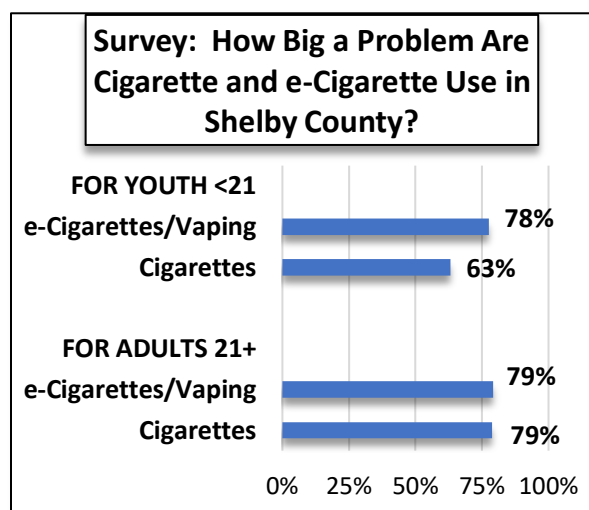
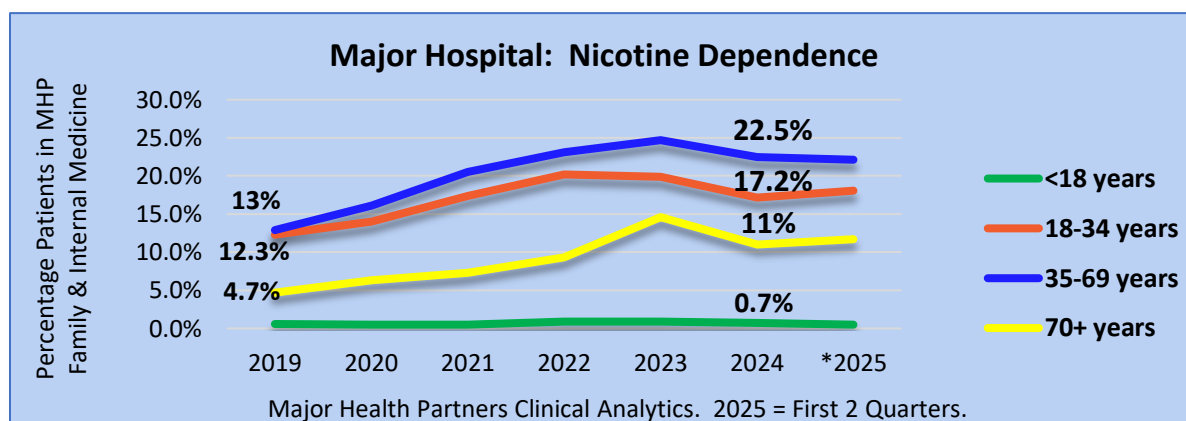
Smoking during pregnancy and the first year of a baby's life increases the risk of low birth weight, premature birth, pregnancy complications, and sudden infant death syndrome. (SIDS)



Healthy People 2030

Objective: Reduce Smoking During Pregnancy

Pregnancy: 95.7% of pregnant women do **not** smoke during pregnancy (around 627 or more women based on 2023 births)

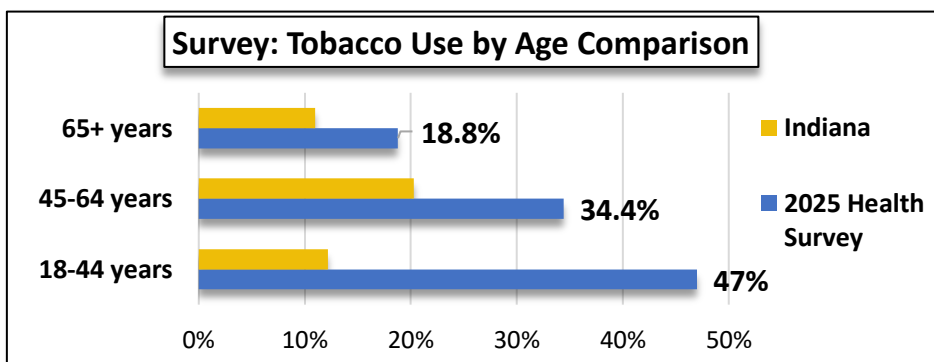
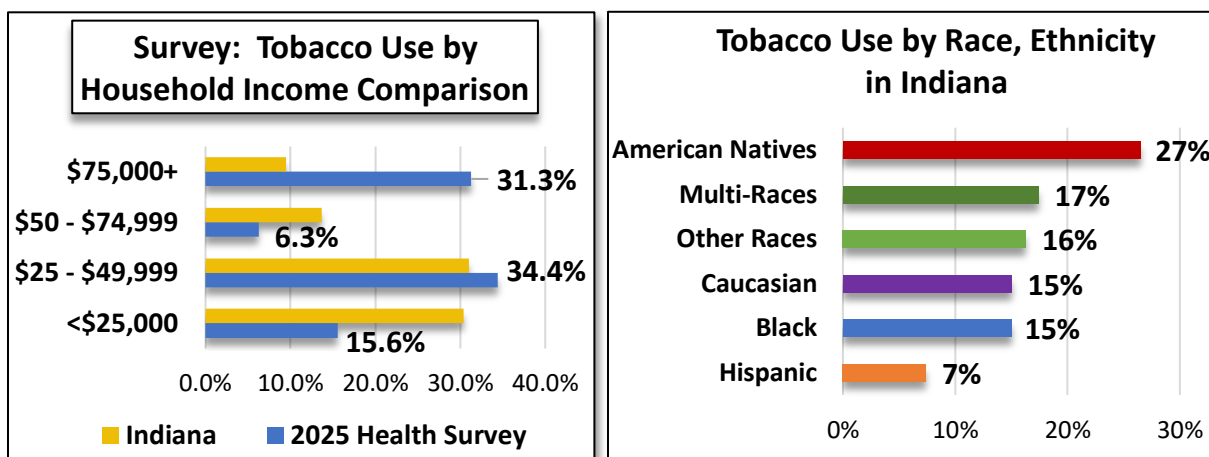


HEALTH BEHAVIOR: Tobacco Use

Smoking continues to be the nation's number 1 preventable cause of disease and premature death.

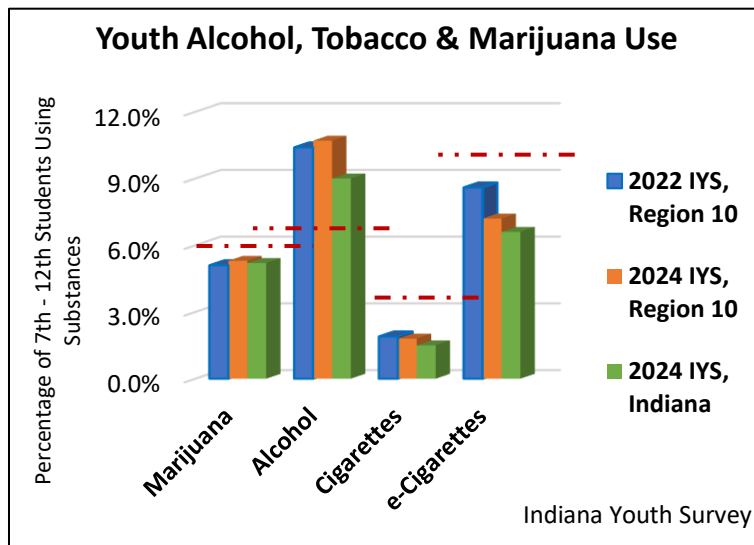
2025 COMMUNITY HEALTH SURVEY

- **2025 – 5.1%** identified tobacco use and/or vaping as a personal health problem.
 - **2022** – Nearly 7% identified tobacco use and/or vaping as a health problem.
- **2025 – 76%** of respondents viewed tobacco use and e-Cigarette use as a problem in Shelby County.
 - **2022 - 56.6%** of respondents thought tobacco use was a problem
- **71.1%** of respondents viewed tobacco use (cigarettes/cigars/pipes/smokeless chew) as a big or medium problem in Shelby County.
- **74.5%** of respondents thought e-Cigarettes and vaping were a big or medium problem.
- **15%** of respondents were unaware if tobacco use was a problem in the County.



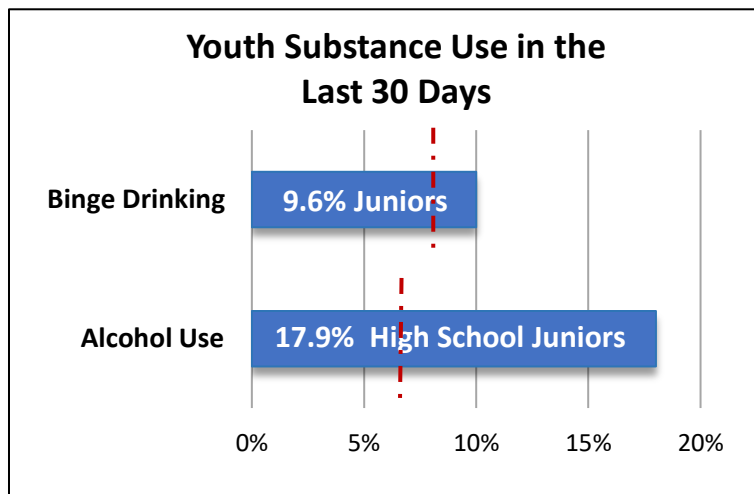
Indiana Tobacco Data: Behavioral Risk Factor Surveillance System, 2023 compiled by America's Health Rankings, United Health Foundation.

HEALTH BEHAVIOR: Youth Substance Use



Indiana Youth Survey:

Youth alcohol, tobacco and marijuana use is for **Region 10**: Bartholomew, Brown, Dearborn, Decatur, Fayette, Franklin, Johnson, Ohio, Ripley, Rush, **Shelby**, and Union counties. While not exclusive to Shelby County, the data provides a picture of student substance use.



Indiana Youth Survey, 2022 & 2024 data from Shelby County Drug Free Coalition 2025 Comprehensive Community Plan.

Healthy People 2030 Objectives:

Reduce current cigarette smoking in adolescents: 3.4% of 6th–12th students smoked in last month (*around 176 or fewer Shelby County teens*)

Reduce current e-cigarette use in adolescents: 10.5% of 6th – 12th students used e-cigarettes in the last month (*around 544 or fewer Shelby County students*)

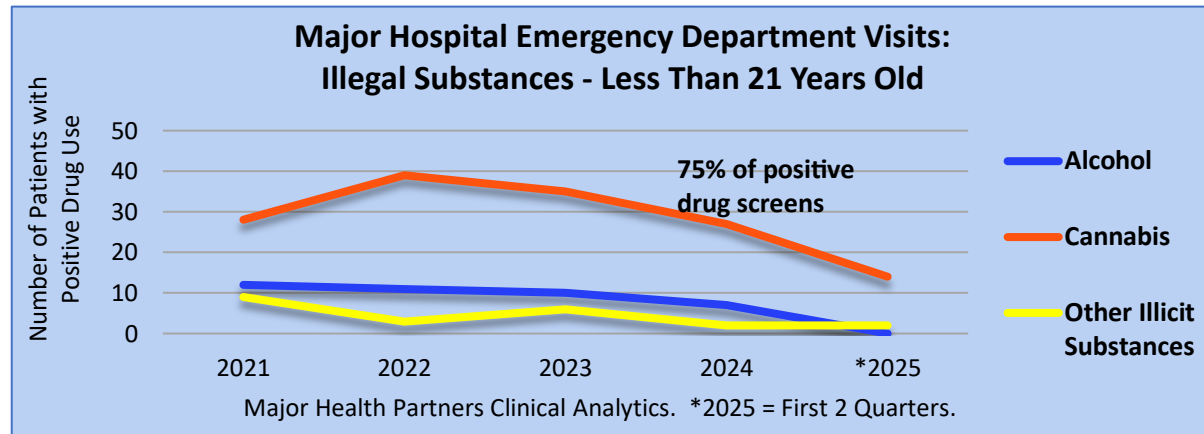
Reduce proportion of adolescents who used marijuana in the past month: 5.8% of youth age 12-17 years (*around 192 or fewer Shelby County teens*)

Healthy People 2030 Objectives:

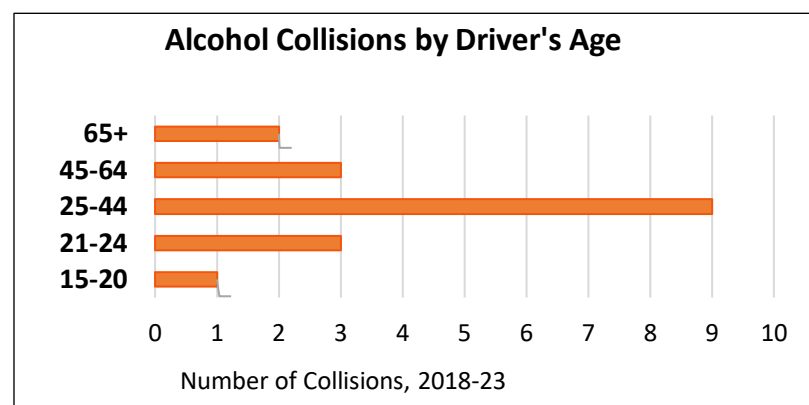
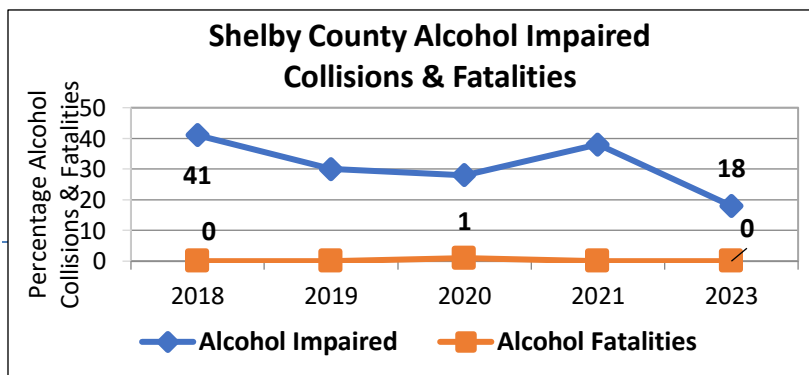
Reduce proportion of adolescents who drank alcohol in the past month: 6.3% of 6th - 12th students (*326 or fewer Shelby County students*)

Reduce proportion of people under 21 years who engaged in binge drinking in the past month: 8.4% youth (968 or fewer Shelby County youth < 21 years old)

HEALTH BEHAVIOR: Youth Substance Use. Alcohol-Related Collisions.



Alcohol-Related Collisions



Indiana Criminal Justice Institute, Traffic Safety Division, County Profiles, 2023 by Indiana University Public Policy Institute <https://www.in.gov/cji/research/files/Indiana-County-Profiles-2023.pdf>

HEALTH BEHAVIOR: Alcohol and Substance Misuse

Shelby County Binge Drinking Prevalence: 15.9%

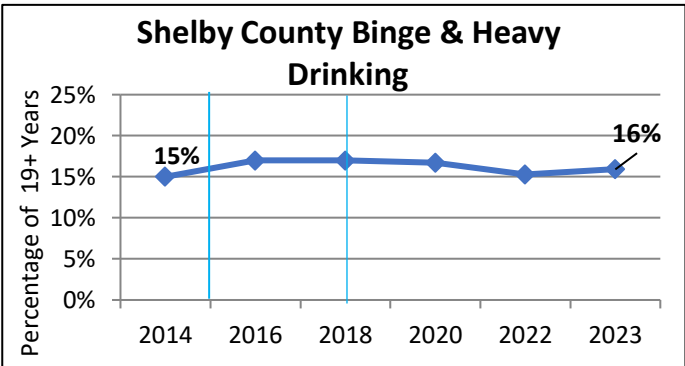
WHY DOES THIS MATTER?

- **Binge Drinking Risks**

 - Motor vehicle crashes
 - Higher risk sexual behaviors and infections
 - Accidents and injuries
 - Suicide
- **Long Term Heavy Drinking Risks**

 - Cancers of head, neck, esophagus and breast
 - Multiple organ diseases, such as liver, cardiovascular system, pancreas, and gastrointestinal
 - Life-threatening alcohol withdrawal

Berger, et al. "Medical Complications: Common Alcohol-Related Concerns." National Institute of Alcohol Abuse and Alcoholism. The Healthcare Professional's Core Resource on Alcohol, May 8, 2025.



2014-2019: CDC Behavioral Risk Factor Surveillance System from County Health Rankings, Shelby County
2022 & 2023: CDC Behavioral Risk Factor Surveillance System, Data is for 18+ Years.

CDC Definitions:

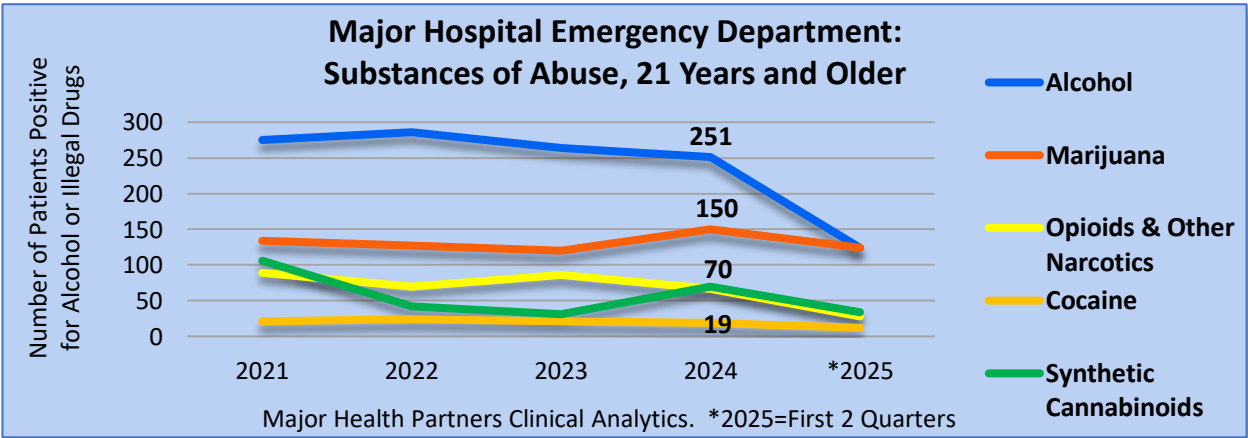
Binge Drinking = Number of drinks per drinking occasion of 2-3 hours:

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

Heavy Drinking = Number of drinks per week:

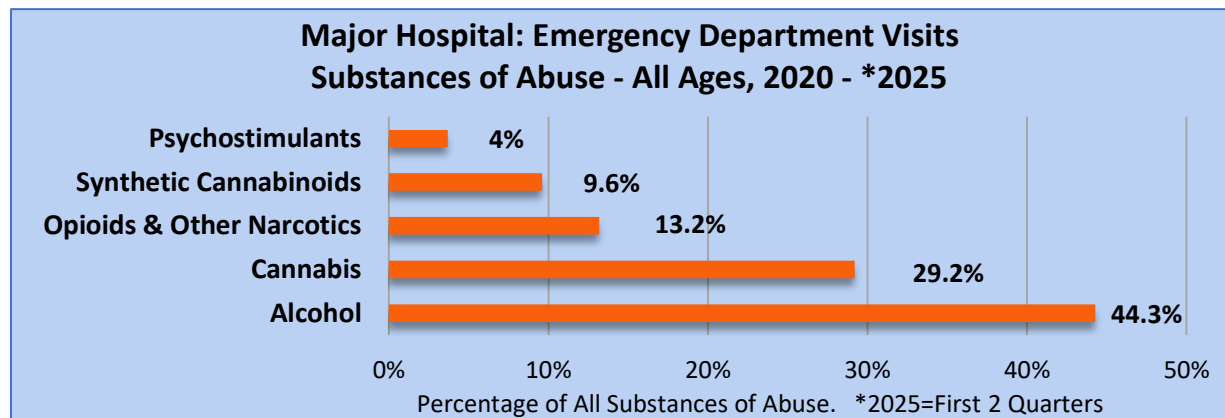
- Women: 8 or more drinks
- Men: 15 or more drinks

CDC Alcohol Use, Data on Excessive Alcohol Use
<https://www.cdc.gov/alcohol>



HEALTH BEHAVIOR: Alcohol and Substance Misuse

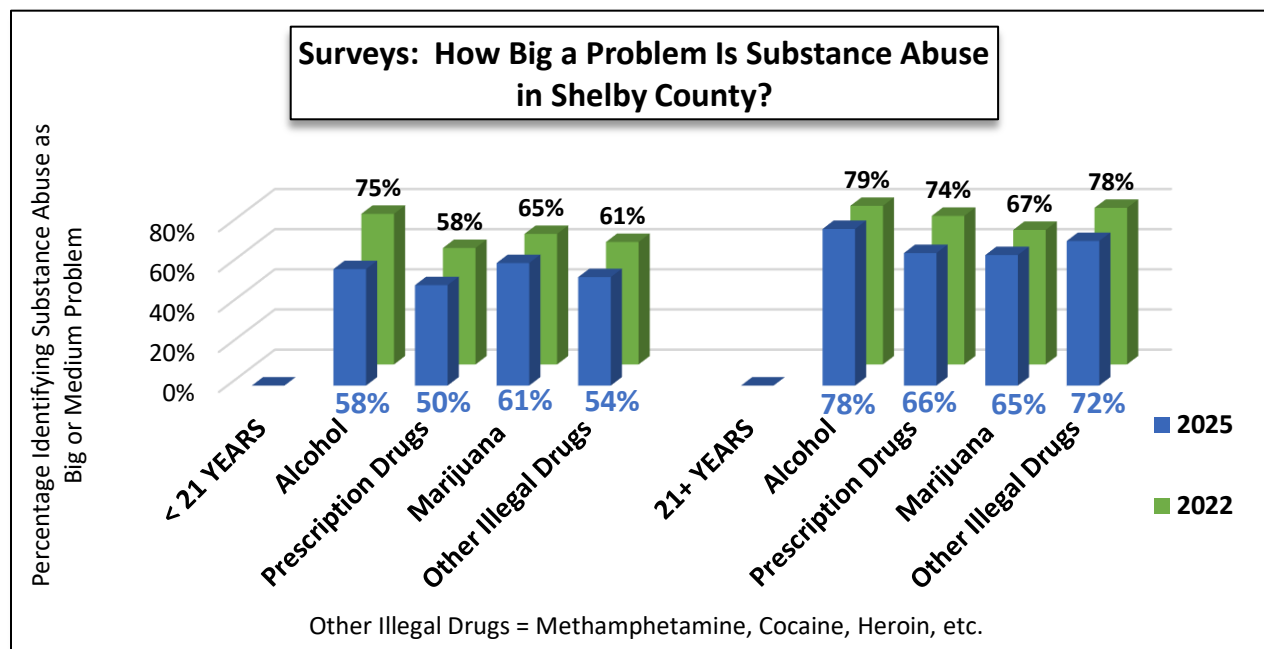
Read about Substance Abuse Treatment on page 90.



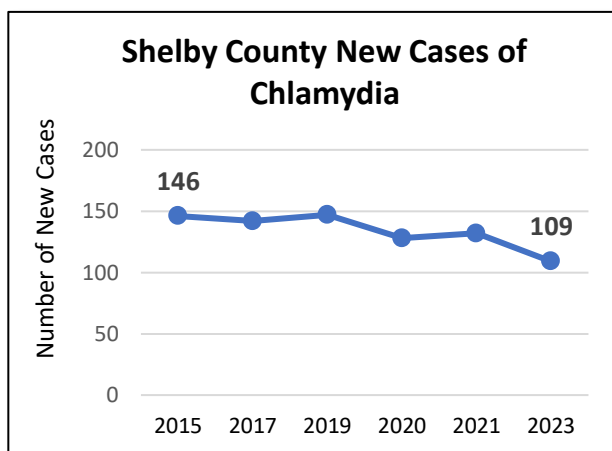
Major Health Partners Clinical Analytics

2025 COMMUNITY HEALTH SURVEY

- **62%** of respondents saw alcohol misuse as a big or medium problem in Shelby County.
 - **2022:** **59.5%** saw alcohol misuse as a problem.
- **19.5%** of respondents lacked awareness of alcohol misuse in Shelby County.
- **60.2%** saw substance abuse/illegal drug use as a big or medium problem in Shelby County.
 - **2022** – **67.3%** thought substance abuse/illegal drug use was a problem in the County.
- **25.4%** of respondents lacked awareness about substance abuse problems in Shelby County.

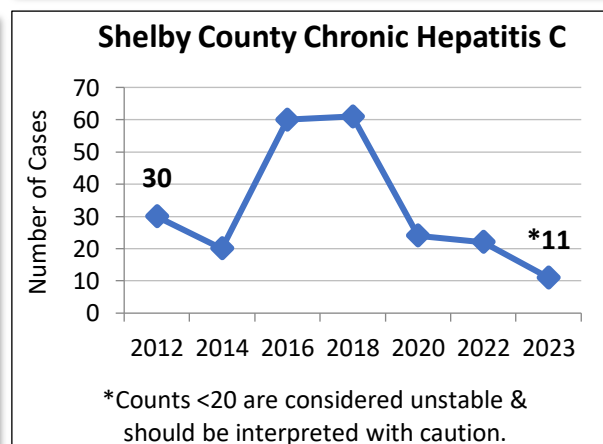
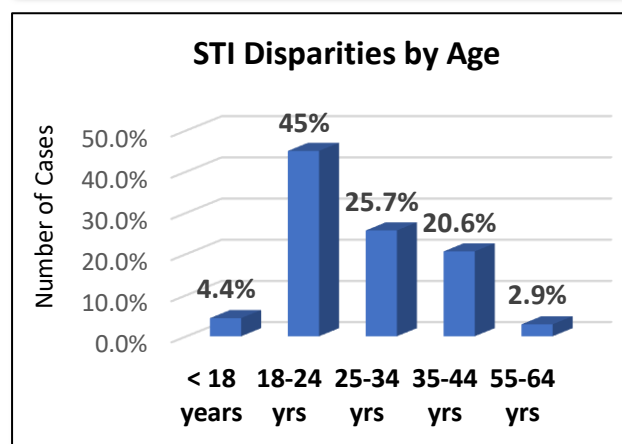
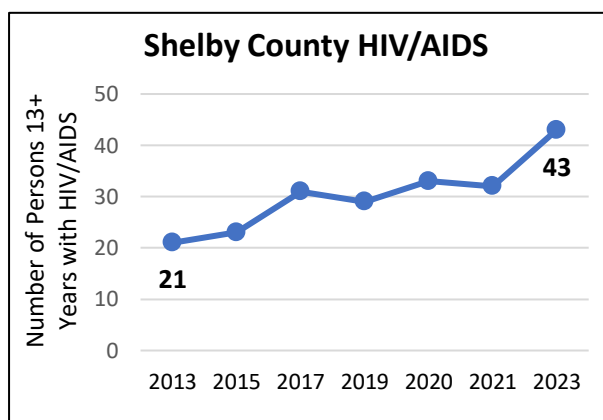
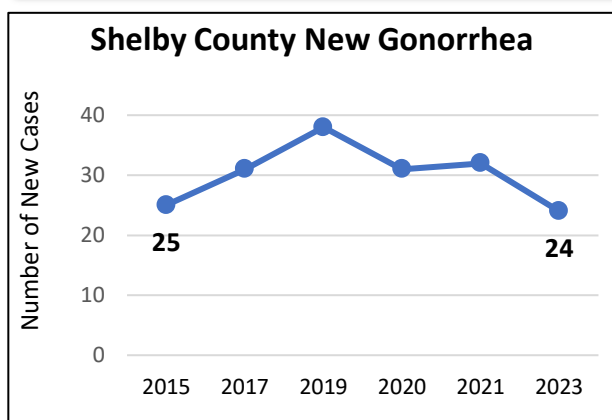


HEALTH BEHAVIORS: Sexually Transmitted Infections. Hepatitis C. HIV.



WHY DOES THIS MATTER?

- The prevalence of STIs, HIV & Hepatitis C are community health indicators.
- They are gauges of
 - Unsafe sex practices
 - Drug and alcohol use
 - IV drug use & shared needles
 - Access to prevention & treatment
 - Access to education opportunities about sexual and reproductive health



Indiana Department of Health, STI Morbidity Dashboard, Shelby County, 1/16/2025. Ages with less than 5 persons are not included on the dashboard.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention from County Health Rankings, Shelby County

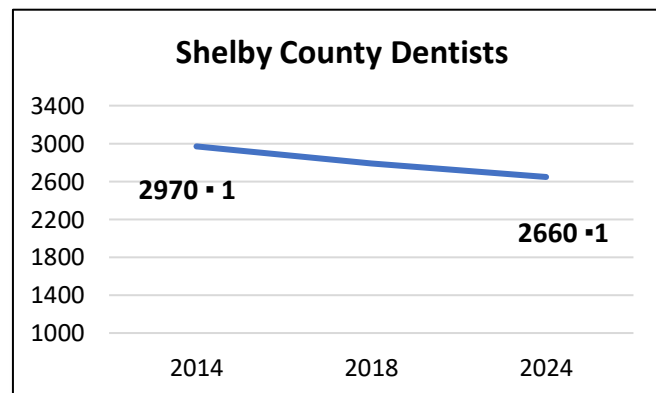


SOCIAL DRIVERS OF HEALTH: Access to Care

- Barriers to Care
- Health Insurance
- Dental Care
- Primary Care Providers
- Mental Health Providers
- Substance Abuse Treatment
- Opioid Prescriptions

The number of providers (Medical, Dental, and Mental Health) serving Shelby County has increased.

On the following pages, the number of providers is expressed as a ratio of the population to the provider if Shelby County's population was equally divided among all providers.



A lower ratio improves access to care.



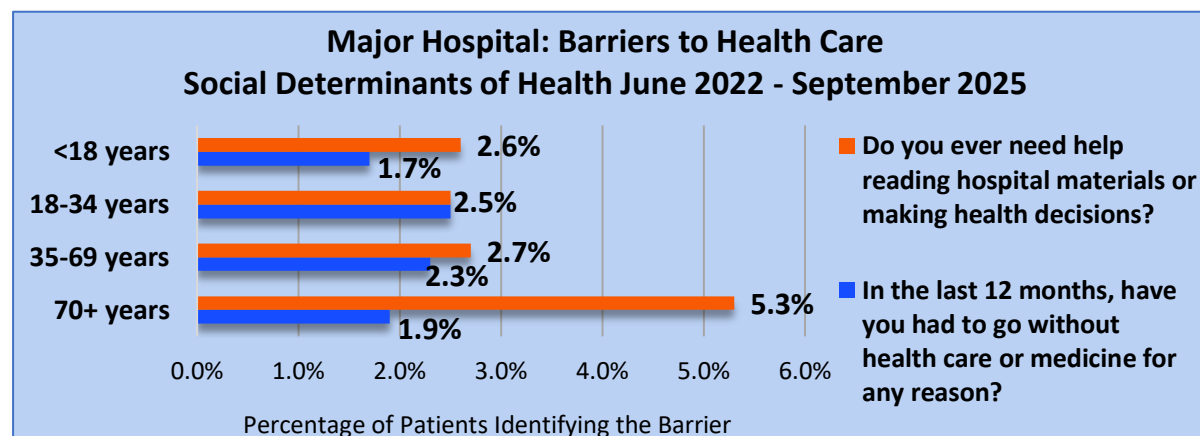
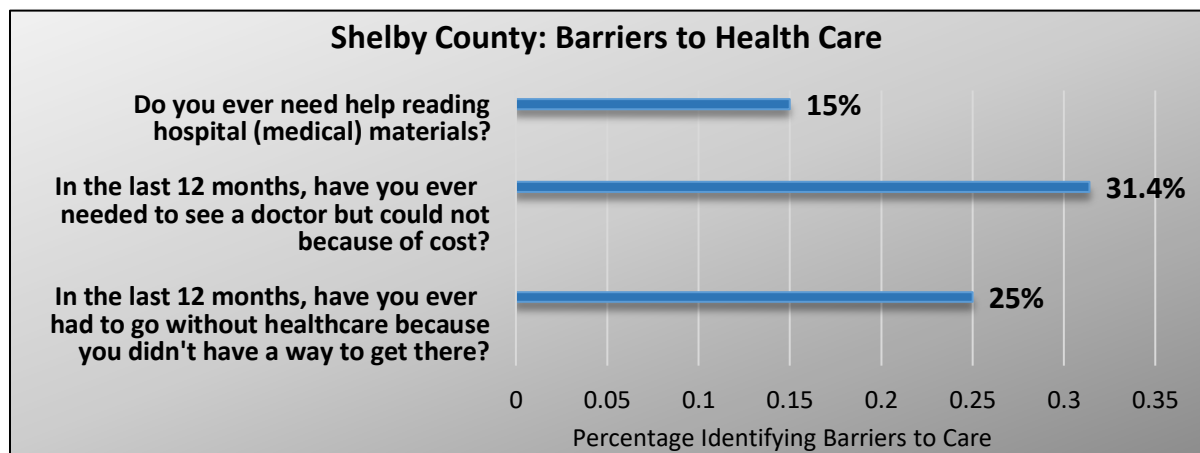
ACCESS TO CARE: Barriers

Family and Social Service Administration Hoosier Health and Well-Being Survey

In August of 2018, Indiana FSSA launched the *Hoosier Health and Well-Being Survey* for individuals applying electronically for food and medical assistance. The rolling survey is anonymous and optional with no impact on eligibility for benefits. Applicants represent a household but only the applicant is counted. If a person completes more than one application, the demographic information is updated.

As of January 2025: 2,156 Shelby County residents have taken the survey. Nearly 46% took the survey in 2024 (908 respondents).

<https://hub.mph.in.gov/hu/dataset/hoosier-health-and-well-being-by-county-and-demographics>



Major Health Partners Clinical Analytics

2025 COMMUNITY HEALTH SURVEY

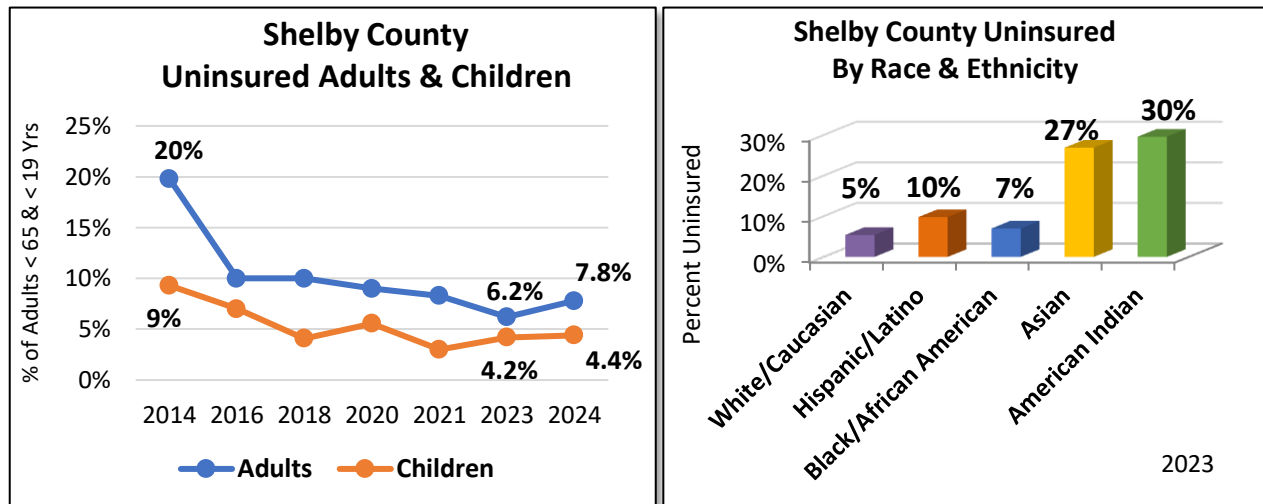
- 3.9% of respondents said difficulty finding health information was a barrier to health.



ACCESS TO CARE: Health Insurance

WHY DOES THIS MATTER?

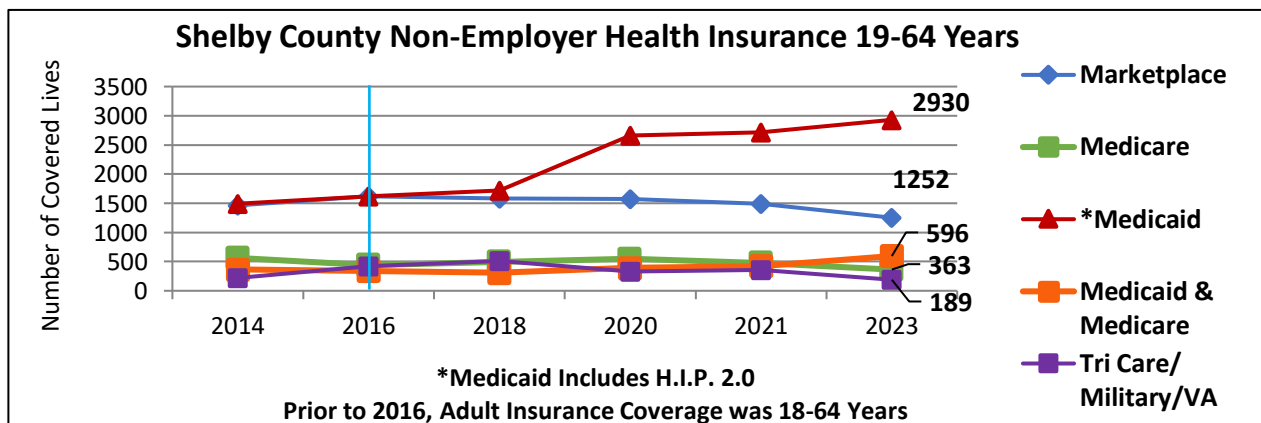
- Individuals and families without health insurance may avoid preventative care, not take needed medication, and delay health care when ill.
- These decisions may not only result in more serious health problems but also medical debt, further destabilization of a fragile household, and greater stress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



U.S. Census Bureau, American Communities Survey 5-Year Estimates, Table S2701

In 2023 nearly 94% of Shelby County residents had health insurance.

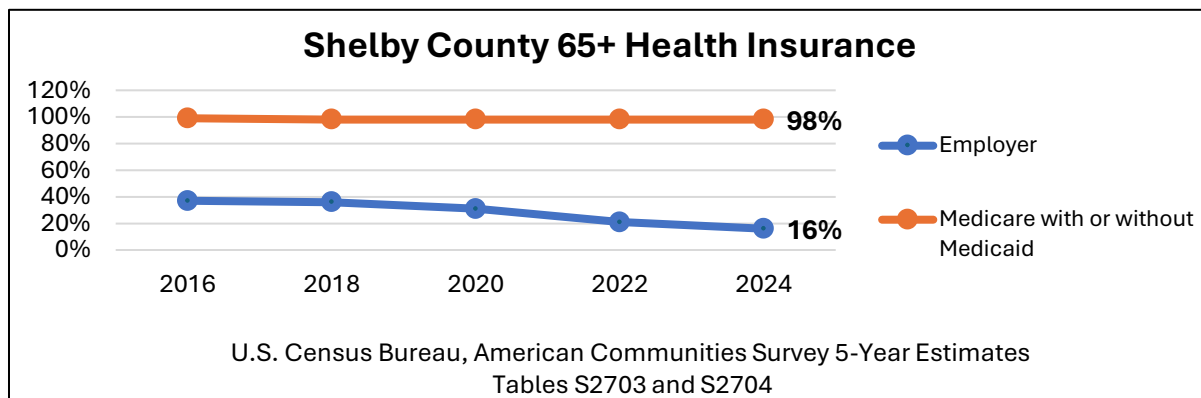
- 52% were covered by employer-based health insurance, either alone or in combination with Medicaid, Medicare, or Marketplace insurance.
- 48% of children under the age of 19 were covered through a parent's employer-based health insurance.



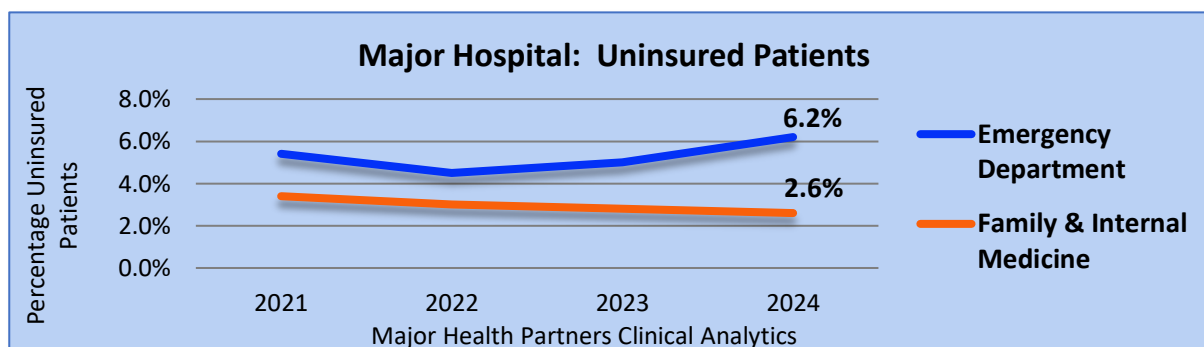
US Census Bureau, American Community Survey 5-Year Estimates, Table B27010



ACCESS TO CARE: Health Insurance. Dental Care.

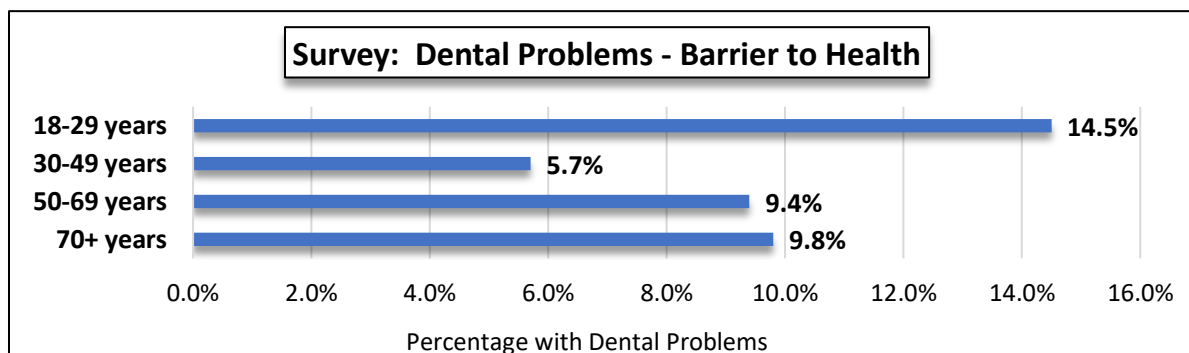


Patient insurance status is fluid as individuals move from one health insurance product to another, have Medicaid coverage pending, etc. The chart below provides an example of the percentage of patients at Major Health Partners who lacked health insurance.



DENTAL HEALTH

2025 COMMUNITY HEALTH SURVEY





ACCESS TO CARE: Dentists. Health Providers.

Shelby County Annual Dental Check-up: 58.1%

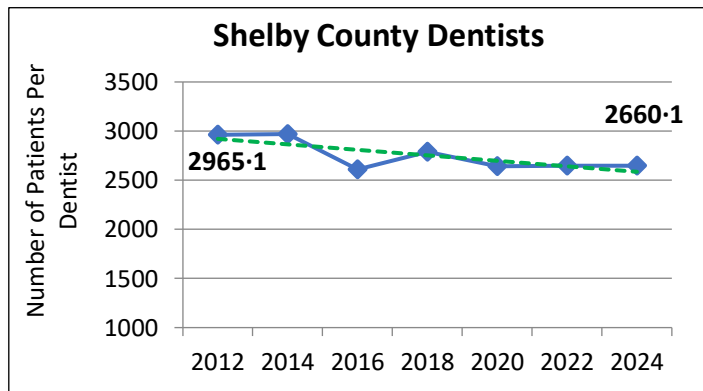
WHY DOES THIS MATTER?

- **People with chronic health conditions have a 50% higher risk of tooth loss** than individuals without a chronic disease.
 - **Nationally:** 17% of adults ages 65+ have no teeth.¹
 - **Shelby County:** 18% of adults ages 65+ have lost all their teeth.²
- Routine dentist visits can help prevent tooth loss as well as screen for diabetes, hypertension, and high cholesterol.

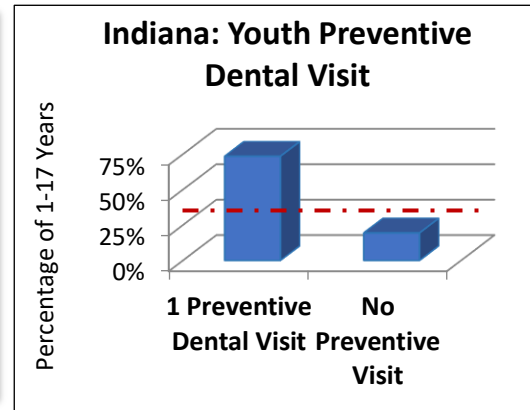
¹CDC Oral Health, National Institute of Dental & Craniofacial Research

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

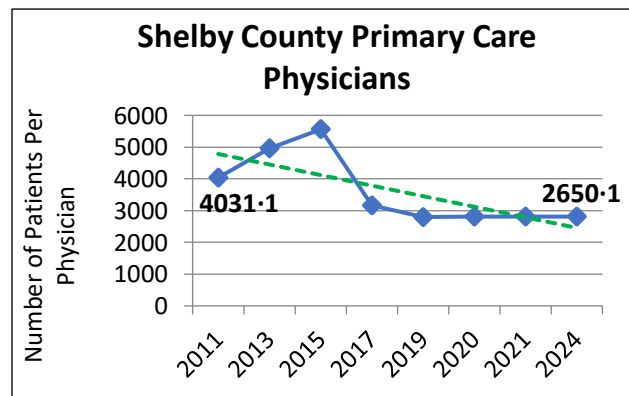
Healthy People 2030 Objective: Increase use of the oral health care system: 45% of children, adolescents, and adults see a dentist annually (around 20,055 County residents age 1 and older).



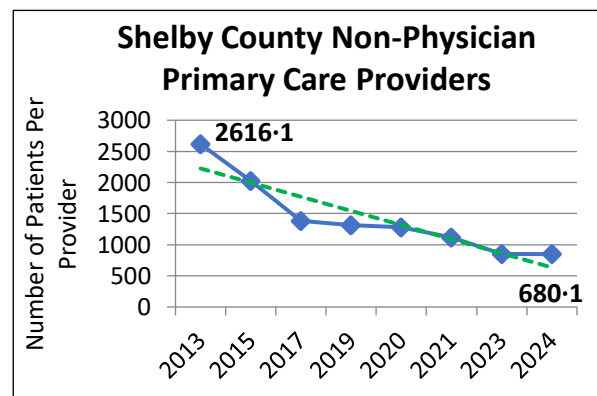
Area Health Resource Files, Dentists and Centers for Medicare & Medicaid Services, National Provider Identification from County Health Rankings.



Children's Dental Visits, Data Resource Center for Child & Adolescent Health. www.childhealthdata.org



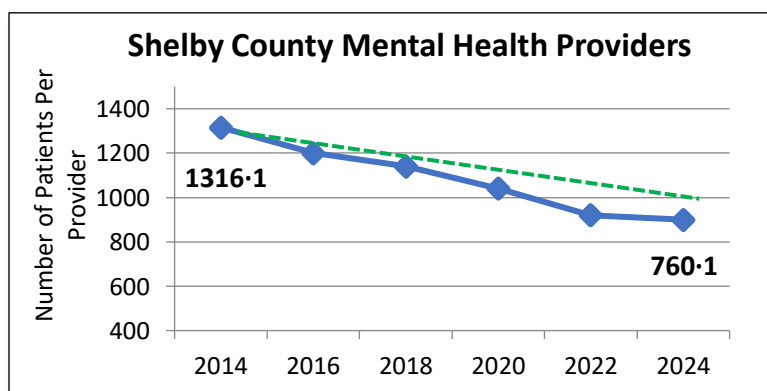
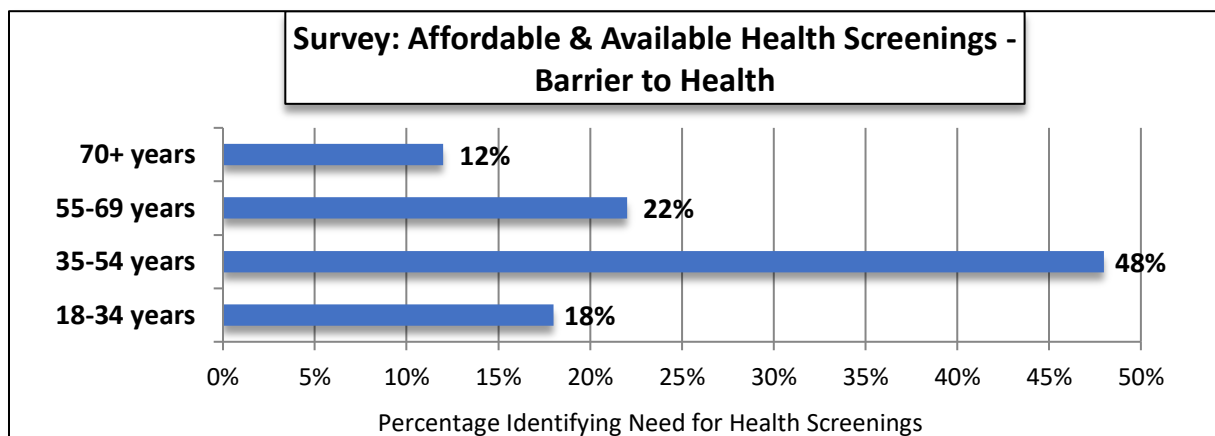
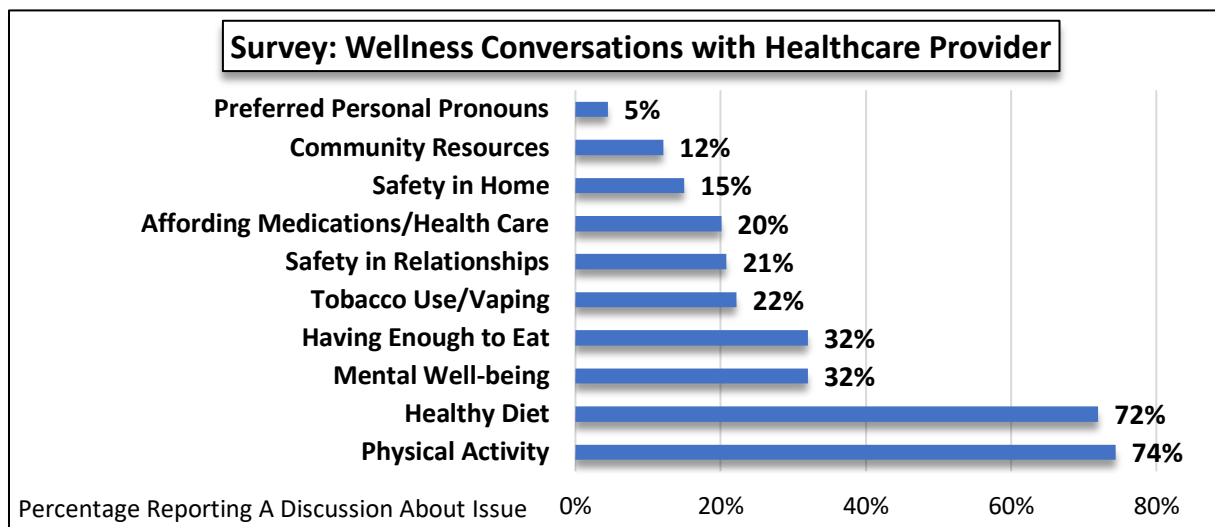
Area Health Resource Files, Health Resources & Service Administration, Physicians. Centers for Medicare & Medicaid Services, National Provider Identification for Non-Physician Medical Providers. County Health Rankings.





ACCESS TO CARE: Wellness Conversations. Health Screenings. Mental Health Providers.

2025 COMMUNITY HEALTH SURVEY



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



ACCESS TO CARE: Community Medicine Program. Substance Use Treatment.

ACCESS to CARE HIGHLIGHT: Shelby County Community Medicine Program

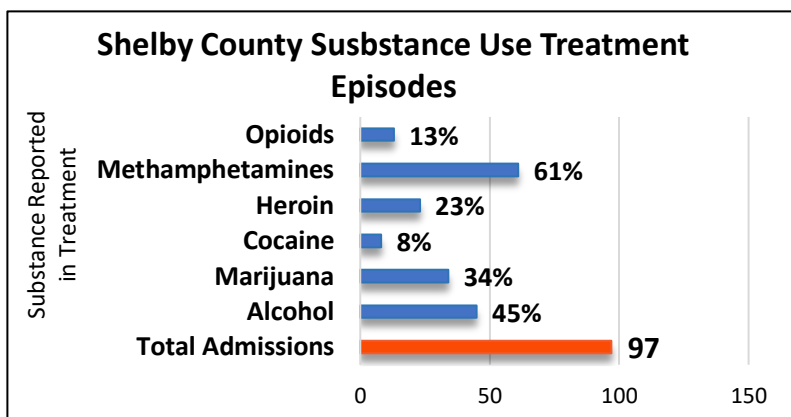
Collaboration of Shelby County Health Department and Shelbyville Fire Department

- Serves county residents without health insurance or without coverage for prescribed care
- Not traditional home health care; rather mobile community support providing services such as:
 - Vital sign monitoring
 - Medication setup and pickup from local pharmacies
 - Weight and mental health checks
 - Communication with primary care providers regarding changes in condition
- Core services are free to qualifying residents; however, there may be costs associated with medical supplies, vaccinations, and blood draws.

Information provided by Shelbyville Fire Department Community Navigator

Substance Use Treatment

- Drug and alcohol treatment data for Shelby County only includes state-funded treatment for individuals at or below 200% of the Federal Poverty Level.
- Data is for number of treatment admissions, not number of individuals who were admitted. As with any disease, there might be more than one treatment episode per year.
- More than one substance might be addressed during treatment.



Indiana Family Social Services Administration, Division of Mental Health from Indiana University School of Public Health, Prevention Insights, County Profile Data, Shelby 2022.

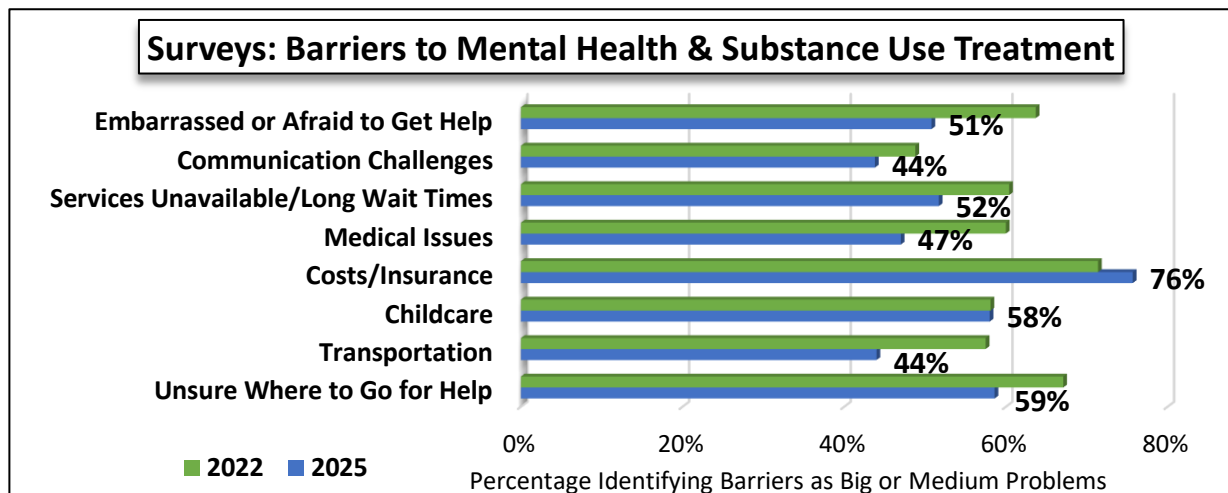
2025 COMMUNITY HEALTH SURVEY

- **2025:** 1% of survey respondents identified substance abuse/illegal drugs as a personal barrier to their health.
- **2022 – 2.2%** of respondents acknowledged substance abuse as a barrier to health.



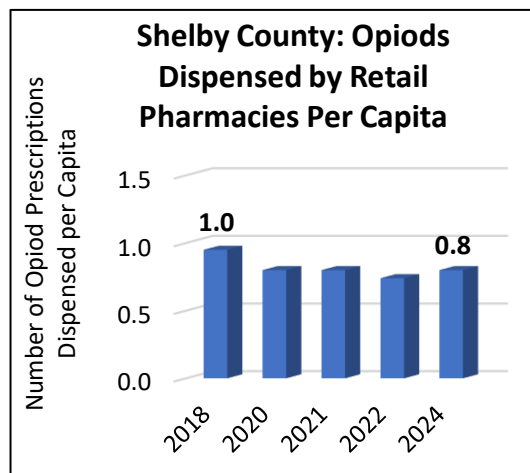
SUBSTANCE USE TREATMENT. OPIOIDS.

2025 COMMUNITY HEALTH SURVEY

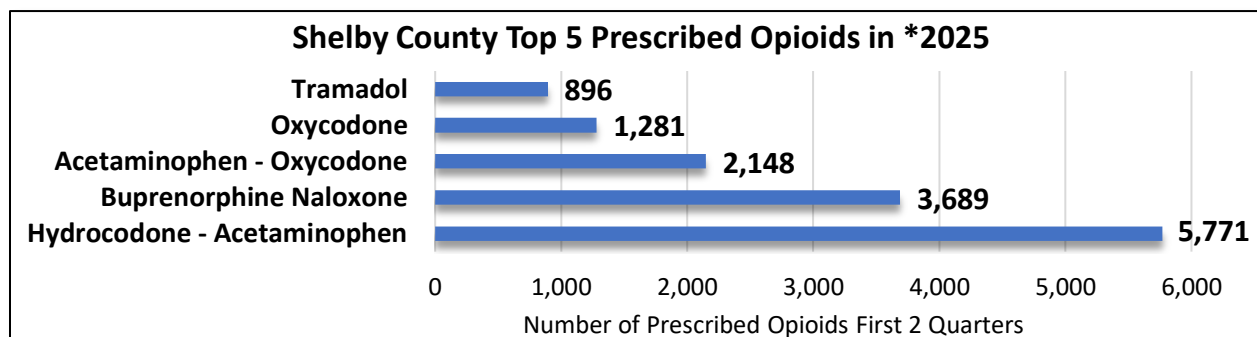


If prescriptions for opioids were evenly distributed to the entire population of Shelby County, annually each person (per capita) would have been prescribed a little less than one opioid medication.

- **Prescription:** unique combination of pharmacy identifier and prescription identifier generated by the pharmacy.
- **Dispensation:** unique combination of a prescription and the date a pharmacy fills it.



Indiana State Department of Health, Division of Trauma and Injury Prevention, INSPECT reports from Indiana University School of Public Health, Prevention Insights, County Profile Data



Indiana Department of Health, Indiana Drug Overdose Dashboard, Opioid Prescriptions, Shelby County
<https://www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/trauma-and-injury-prevention/drug-overdose-data-dashboard/>



SOCIAL DRIVERS of HEALTH:

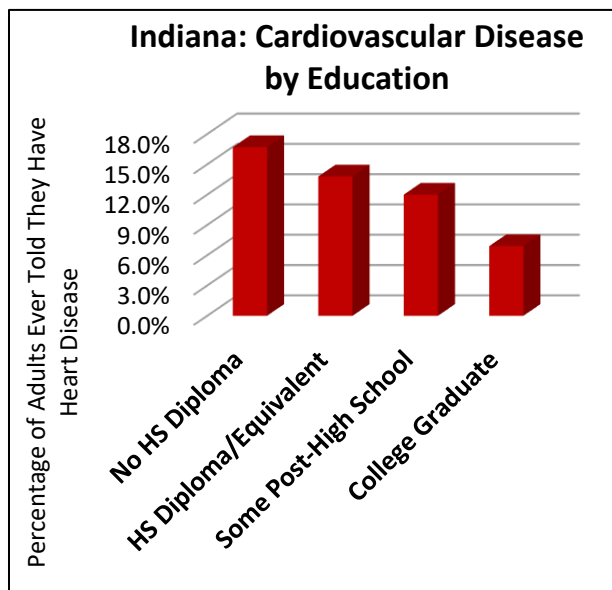
Education

EDUCATION

- **Relationship Between Education and Health**
- **Childcare**
- **Educational Benchmarks**

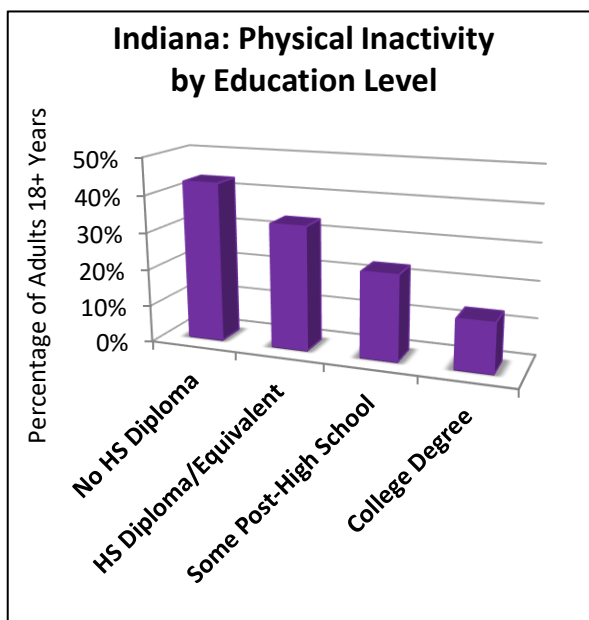
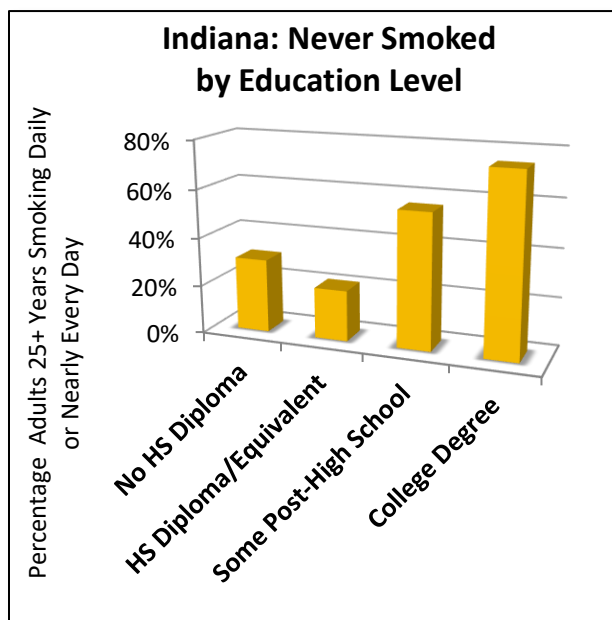


EDUCATION: Driver of Health



WHY DOES THIS MATTER?

- Educational level is a community health indicator.
- Health disparities exist in relationship to educational attainment.
- Higher levels of education: tend to result in greater economic stability, health literacy, pro-health behaviors, access to resources, and lower risks for chronic disease.
- These Indiana examples illustrate the value of education for better health.



U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023 compiled by America Health Rankings, Indiana.



EDUCATION: Childcare

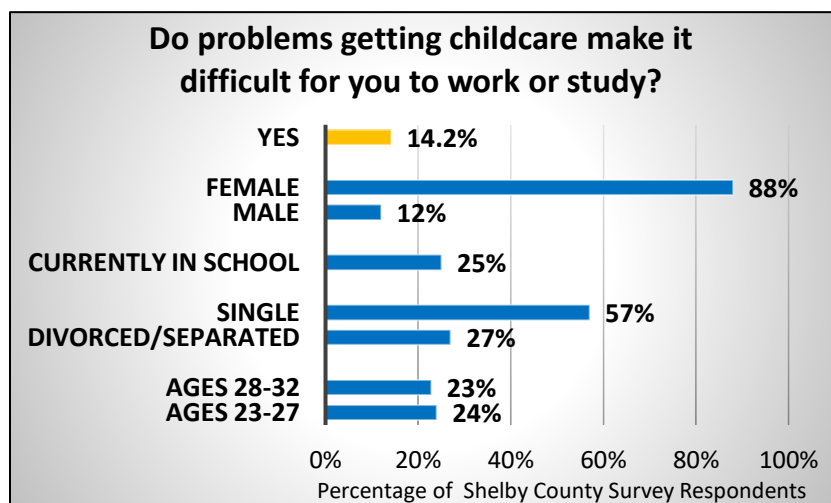
Read more about Childcare
and Early Childhood Education
on page 134.

WHY DOES THIS MATTER?

- **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.
- Access to Quality Childcare involves availability *and* affordability.
- In Shelby County, full-time childcare for an infant (30+ hours a week) costs around \$14,000 annually. This is more than a year's in-state tuition and fees at Indiana University!
- In Indiana, 64% of all available parents work and need reliable childcare. Plus, the economy needs these parents to work.

First Five Years Fund <https://www.ffyf.org/states/indiana/>

FSSA Hoosier Health and Well-Being Survey



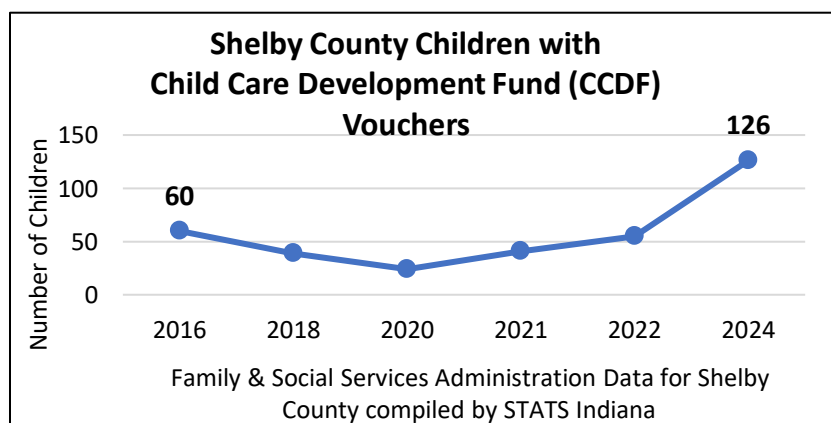
Hoosier Health and Well-Being by County and Demographics.

<https://hub.mph.in.gov/hu/dataset/hoosier-health-and-well-being-by-county-and-demographics>

2025 COMMUNITY HEALTH SURVEY

Only 3% of respondents identified a lack of childcare as a barrier to their health.

- **58%** - saw childcare needs as a barrier to obtaining health care in Shelby County.
- **60%** - saw childcare needs as a barrier to receiving mental health or substance use treatment.



Subsequent to funding cuts, as of August 11, 2025, there were 25,000 Indiana children on the CCDF Voucher waiting list.

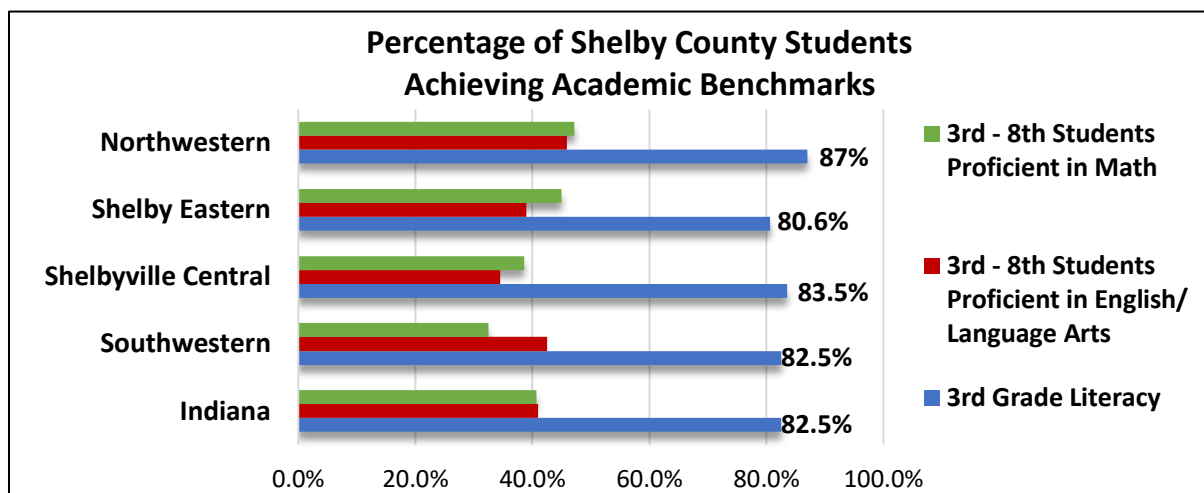


EDUCATION: Benchmarks

Read more about Early Intervention and Special Education on page 124.

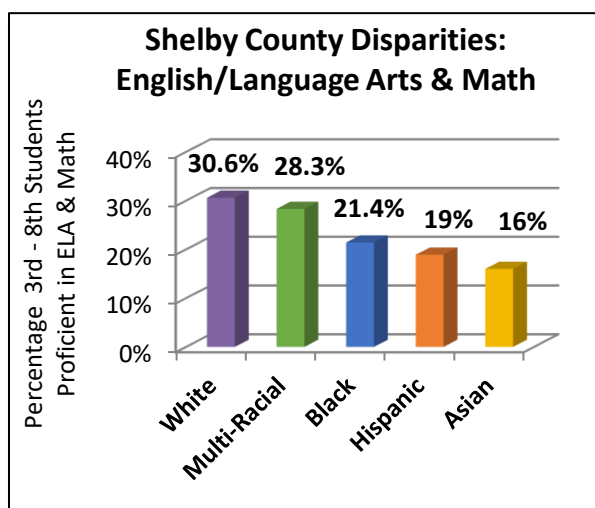
WHY DOES IT MATTER?

- Math and reading proficiency are benchmarks for future academic and career success, and personal well-being.
- Individuals with lower than a 4th grade reading level may find it difficult to understand printed medical material and to make informed health care decisions.

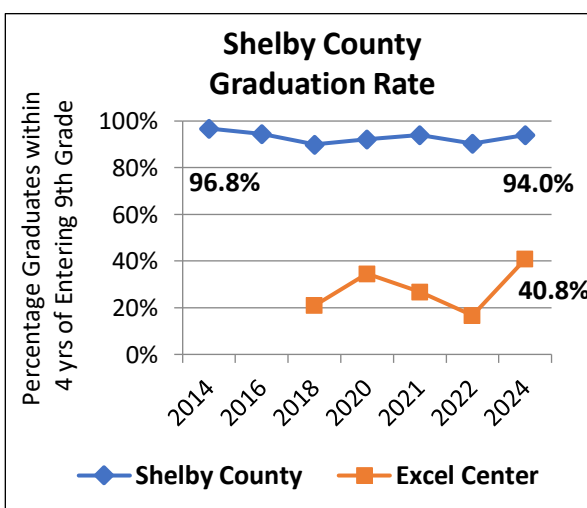


Stats Indiana School District Interactive Map, Indiana Department of Education, Shelby County School Districts.
<https://www.stats.indiana.edu/maptools/schooldistrictsmap.asp>

See educational attainment for the county on page 22.



Indiana Department of Education, Spring 2025 ILearn 3rd – 8th Grade Corporation Results, Ethnicity & Gender



STATS Indiana County Graduation Rates, Indiana Department of Education Disaggregated Graduation Rates



SOCIAL DRIVER of HEALTH: **Economic Stability**

ECONOMIC STABILITY

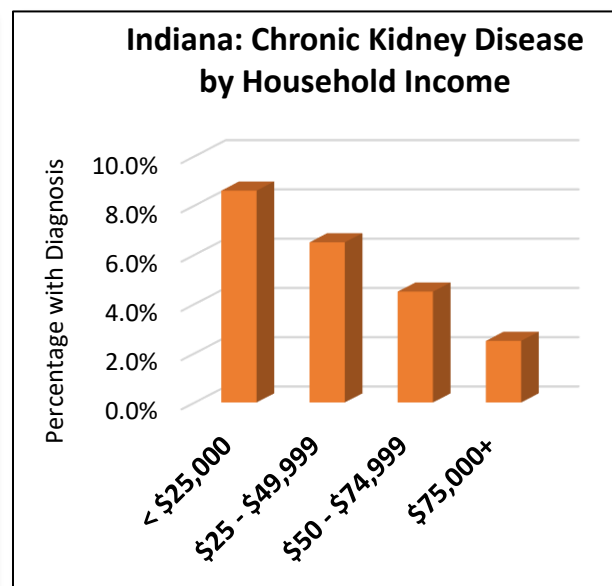
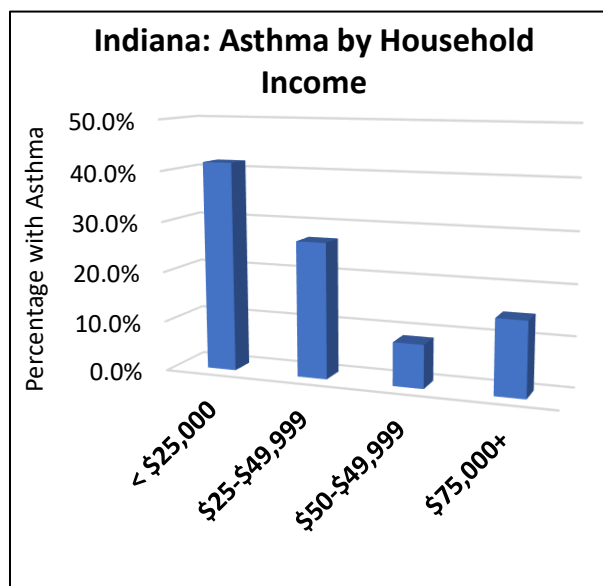
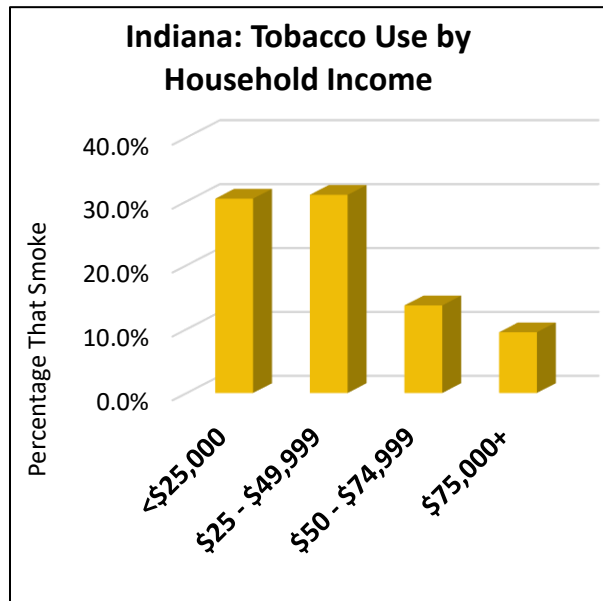
- **Economic Stability and Health**
- **Cost of Living in Shelby County**
- **Self-Sufficiency**
- **Household Income**
- **Asset Limited Income Constrained Employed Households – ALICE**
 - **ALICE and Poverty Households**
- **Food Insecurity**



ECONOMIC STABILITY: Driver of Health

WHY DOES THIS MATTER?

- **Economic Stability:** allows for access to nutritional food, safe housing and neighborhoods, access to health care, less financial stress, and the ability to exert some control in life situations.
 - **The lower risk of chronic disease is illustrated in these examples.**
- **Lower Income:** increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy.
- These Indiana examples illustrate the importance of economic stability for better health.



U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2023 compiled by America Health Rankings, Indiana.



ECONOMIC STABILITY: Cost of Living

What does it cost to live in Shelby County?

The Living Wage Model is a data-driven self-sufficiency and living wage income model produced by the Massachusetts Institute of Technology. The model is based on the jobs and salaries, costs of goods and services, taxes, and basic expenses of living in Shelby County, Indiana.

2025 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	\$3,777	\$5,554	\$8,320	\$8,607	\$11,071	\$8,607	\$11,071
Child Care	\$0	\$12,767	\$22,820	\$0	\$0	\$12,767	\$22,820
*Medical	\$3,267	\$8,333	\$8,413	\$9,400	\$9,702	\$9,400	\$9,702
Housing	\$9,135	\$12,273	\$12,273	\$12,273	\$12,273	\$12,273	\$12,273
Transportation	\$11,605	\$13,430	\$16,917	\$16,917	\$19,465	\$16,917	\$19,465
*Civic	\$3,216	\$5,504	\$6,077	\$6,077	\$7,791	\$6,077	\$7,791
Internet & Mobile	\$1,519	\$1,519	\$1,519	\$2,100	\$2,100	\$2,100	\$2,100
*Other	\$4,112	\$7,900	\$8,763	\$9,949	\$9,804	\$8,763	\$9,949
Required Annual Income After Taxes	\$36,541	\$67,279	\$84,615	\$64,137	\$75,352	\$76,904	\$95,172
Annual Taxes	\$6,581	\$10,129	\$12,276	\$8,993	\$8,779	\$11,397	\$12,944
Required Annual Income Before Taxes	\$43,123	\$77,409	\$96,890	\$73,129	\$81,131	\$88,301	\$108,116

- **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, reading, education, and expenses or donations related to participating in religious and civic activities and groups.
- **OTHER** = Clothing & services, personal care items & services, diapers, housekeeping supplies, and miscellaneous.



ECONOMIC STABILITY: Self-Sufficiency

How much income is needed to be self-sufficient in Shelby County?

The **Living Wage Model** is based on

- Single person working full-time (2,080 hours annually: 40 hours a week/52 weeks a year)
- Savings are not included.

Shelby County Living Wage 2025	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
Hourly Living Wage	\$20.73	\$37.22	\$46.58	\$35.26	\$39.01	\$21.23 each (\$42.46)	\$25.99 each (\$51.98)
Annual Living Wage Salary	\$43,118	\$77,418	\$96,886	\$73,341	\$81,141	\$44,158 each (\$88,317)	\$54,059 each (\$108,118)
Hourly Poverty Wage (100% of FPL)	\$7.52	\$10.17	\$12.81	\$12.81	\$15.46	\$6.41 each	\$7.73 each
Annual Poverty Wage Salary (100% of FPL)	\$15,642	\$21,153	\$26,645	\$26,645	\$32,157	\$13,333 each (\$26,666)	\$16,078 each (\$32,157)
Hourly Minimum Wage	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25	\$7.25 each	\$7.25 each
Annual Minimum Wage Salary (Below 100% FPL)	\$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>

Asset-Limited Income-Constrained Employed Households – ALICE Model

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

- **ALICE Households:** have annual incomes greater than 100% of the Federal Poverty Level but less than the cost of living in their county for necessities: housing, food, transportation, childcare and health care.
- **ALICE Threshold:** Minimum household income necessary for survival in Shelby County. The ALICE Survival Budget is based on the cost of living and then rounded to the nearest U.S. Census American Community Survey income bracket.



ECONOMIC STABILITY: Self-Sufficiency

The ALICE model has a bare-bones Survival Budget and a Stability Budget.

- **Survival Budget** includes a contingency fund (10% of the budget) and is less than The Living Wage Model budget.
- **Stability Budget** includes savings (10% of the budget) and is greater than the Living Wage Model budget.
- **Both models factor in the varying expenses of different phases of a family**, such as the expenses of an infant in diapers versus the costs of raising a school-age child.
 - The Federal Poverty Level does not account for these varying expenses in different counties or family configurations.
 - The ALICE model is better at showing financial hardship for a particular county than the Federal Poverty Level.

Survival Budget – 2023 Dollars

Monthly Expenses for Survival Budget, 2023	Single Adult	One Adult, 1 School-age Child	One Adult, 1 Infant in Childcare	Two Adults	Two Adults, 2 School-age Children	Two Adults, 1 Infant & 1 Preschool both in Childcare	Single Adult 65+	Two Adults 65+
Housing	\$848	\$987	\$987	\$987	\$1,172	\$1,172	\$848	\$987
Childcare	\$0	\$214	\$571	\$0	\$428	\$1,142	\$0	\$0
Food	\$420	\$711	\$638	\$771	\$1,293	\$1,142	\$387	\$1208
Transportation	\$390	\$513	\$513	\$609	\$938	\$938	\$326	\$938
Health Care	\$172	\$434	\$434	\$434	\$690	\$690	\$514	\$1,027
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Contingency \$	\$192	\$295	\$323	\$292	\$464	\$520	\$216	\$332
Taxes	\$353	\$338	\$407	\$480	\$496	\$632	\$418	\$728
Monthly Total	\$2,461	\$3,578	\$3,959	\$3,689	\$632	\$6,352	\$2,795	\$4,381
Annual Total	\$29,532	\$42,936	\$47,508	\$44,268	\$67,164	\$76,224	\$33,540	\$52,572
Hourly Wage	\$14.77	\$21.47	\$23.75	\$22.13	\$33.58	\$38.11	\$16.77	\$26.29

ALICE Household Survival Budget, Shelby County, Indiana 2023. More household compositions & budgets can be calculated with the interactive Survival Budget Calculator: <https://www.unitedforalice.org/the-cost-of-basics/indiana>



ECONOMIC STABILITY: Self-Sufficiency

STABILITY BUDGET

	2023 Survival Budget	2023 Stability Budget	2025 Minimum Wage Budget	2025 100% FPL Budget	2025 Survival Budget	2025 Stability Budget
Single Adult	\$29,532	\$32,485	\$15,080	\$15,650	\$31,165	\$34,282
Two Adults	\$44,268	\$48,695	*\$30,160	\$20,440	\$46,715	\$51,387
1 Adult, 1 School-age Child	\$42,936	\$49,430	\$15,080	\$20,440	\$45,309	\$49,840
2 Adults, 1 Infant & 1 Preschooler in Childcare	\$76,224	\$83,846	*\$30,160	\$32,150	\$80,437	\$88,481
2 Senior Adults	\$52,572	\$57,829	*\$30,160	\$20,440	\$55,478	\$61,026

*Based on 2 Full-time Minimum Wage Earners' Annual Income

<https://www.unitedforalice.org> U.S. Department of Labor Consumer Price Index Inflation Calculator for 2025 budget estimates https://www.bls.gov/data/inflation_calculator.htm

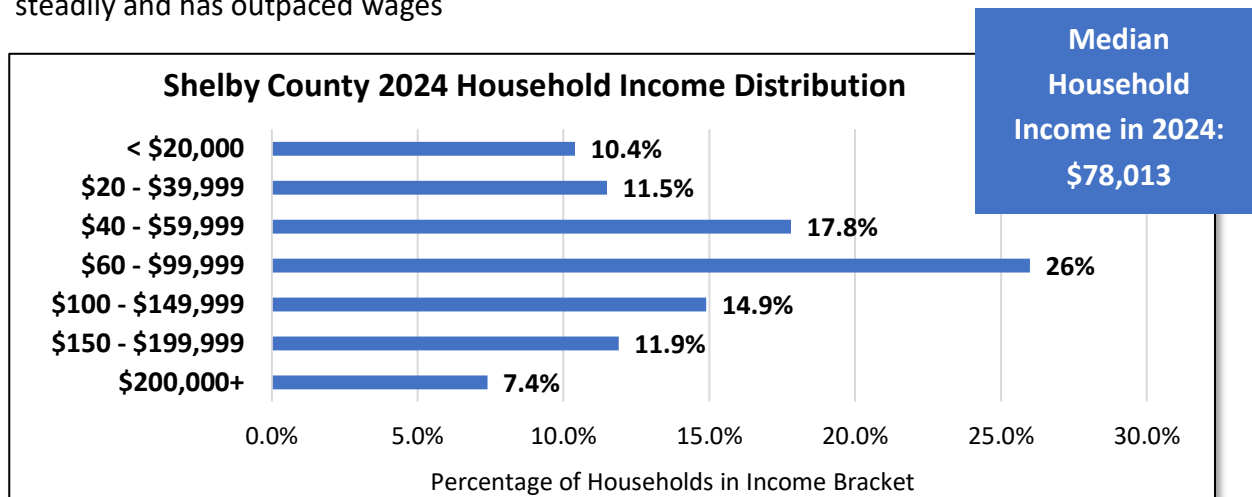
2024 Shelby County Self-sufficiency Factors:

- **ALICE Threshold:** Average family household of 4 people in Shelby County needed minimal income of \$68,803 - \$78,084 to survive in Shelby County. (around 221% - 250% of the Federal Poverty Level)
- **ALICE Threshold Household Income Bracket for a family of 4 in Shelby County:** \$60,000 to \$99,999.
 - 26% of Shelby County households fall in the ALICE Threshold range of \$60 - \$99,999.
 - 39.8% of Shelby County households had annual incomes less than \$60,000 and were unable to cover the basic cost of living in Shelby County.
 - 22% of households range from below 100% of FPL to 127% of the FPL.
 - Nearly 30% of households have incomes above the FPL but less than the cost of living/ALICE Threshold. These are ALICE Households.
- **\$61,840** – Estimated average annual salary of top 5 businesses/industries with the most workers (2023 dollars). Annual salaries ranged from \$34,802 to \$95,517.
U.S. Bureau of Economic Analysis from STATS Indiana
- Using the U.S. Department of Labor Consumer Price Index Inflation Calculator, average salary of the top 5 businesses in 2025 might be around \$65,664.



ECONOMIC STABILITY: Household Income

Self-sufficiency is a complex issue with many policy, community, market, cultural, and personal dynamics. Across the nation, the cost of food and other necessities has been rising steadily and has outpaced wages



U.S. Census Bureau, American Community Survey 5-Year Estimates 2024. Table K201901

2025 COMMUNITY HEALTH SURVEY

While the age composition of household members is unknown from the survey,

- **20.8% of respondents in 4-person households were in the age range of 20 -39 years.**
- **20.5% of respondents in this age range were female.**

These households have a high likelihood of being family households with young or school-age children.

***Survey respondents in 4-person households, ages 20 – 39 years:**

- **10.2%** of these households are at or below 100% of the poverty level
- **11%** are in between 100% of the Federal Poverty Level and the *2025 ALICE Threshold.
 - **21.2%** of respondents have insufficient household income to afford the cost of necessities in Shelby County.
- **24%** of households meet the *ALICE Threshold of \$72,605 - \$80,437 annual income – the Survival Budget.
- **35.6%** are above *2025 ALICE Threshold

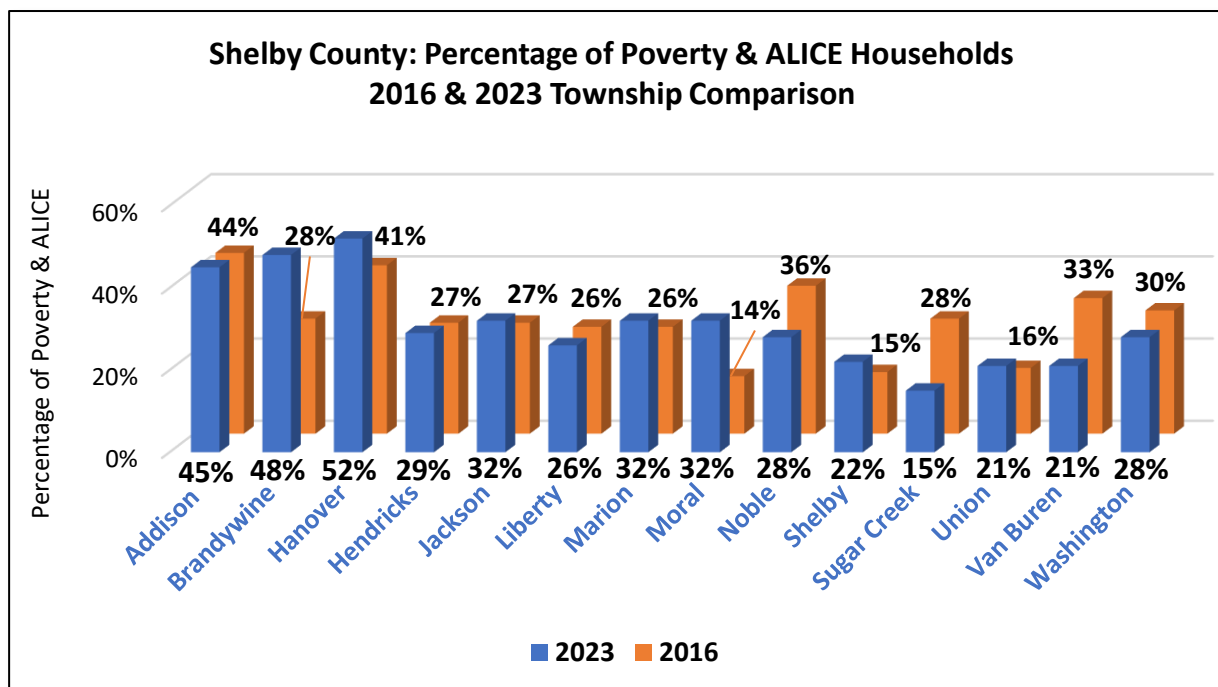
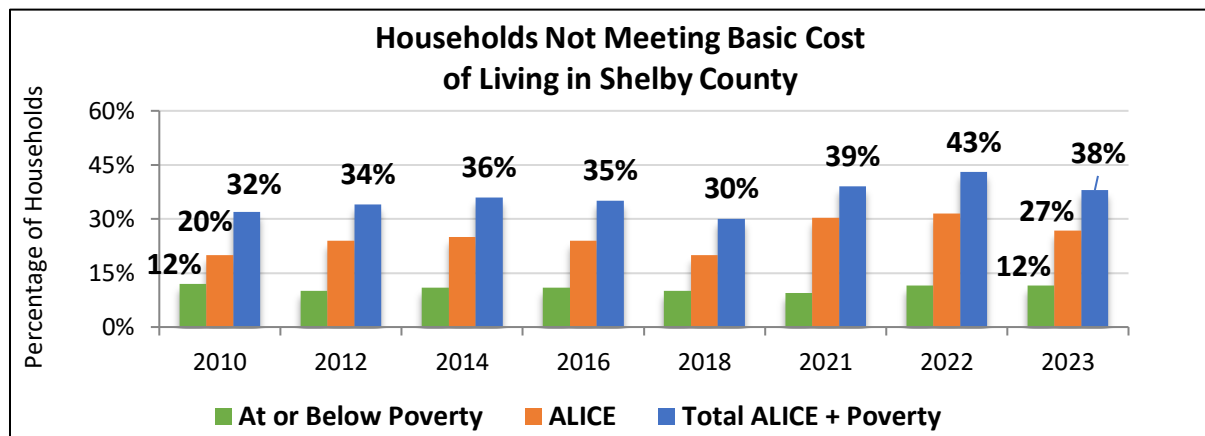
**The income categories in the survey do not precisely match the income categories in the 2024 American Community Survey data for household income in Shelby County. The Federal Poverty Level and the Consumer Price Index Inflation Calculator were used to estimate the ALICE Threshold for 2025. The percentages above are approximate.*



ECONOMIC STABILITY: ALICE and Poverty Households

WHY DOES THIS MATTER?

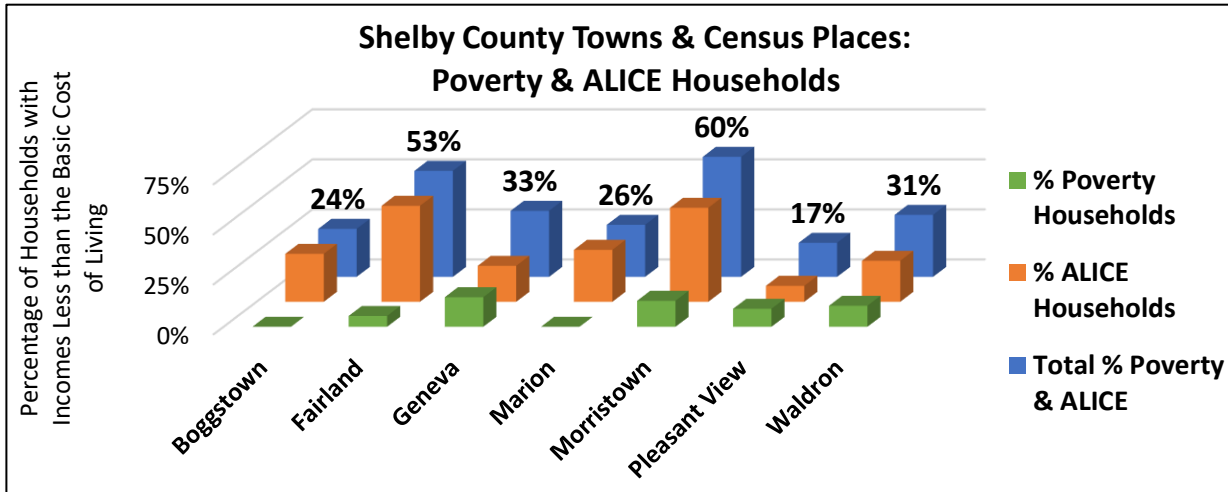
- While households at or below the Federal Poverty Level have remained steady, the households unable to meet the basic cost of living in Shelby County have been rising.
- While some areas have experienced little change, other areas have seen significant changes in the percentage of households unable to afford the basic cost of necessities in Shelby County.



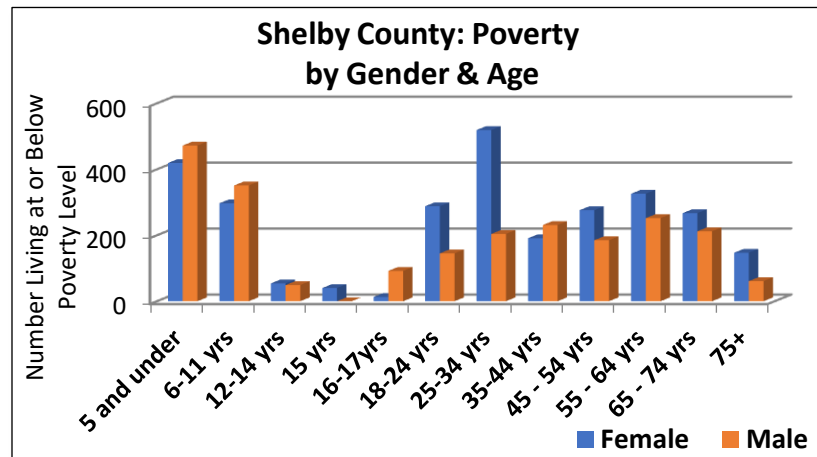


ECONOMIC STABILITY: ALICE & Poverty Households

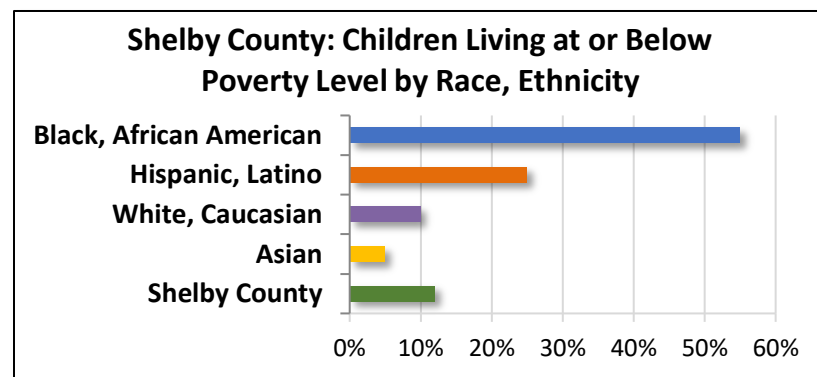
Read more about vulnerable households
& assistance programs on pages 137-140.



U.S. Census Bureau, American Community Survey 5-Year Estimates from United for ALICE, 2023.



U. S. Census Bureau, American Community Survey 5-Year Estimates 2023 from Data USA <https://datausa.io/profile/geo/-county-in>



U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023 Table S1701

Women and girls are 50.4% of the population in Shelby County.

- **12.5%** live at or below poverty level (2,837 females).
- **71%** at or below poverty level are ages 18 and older
- **Women ages 25 – 34:** largest demographic living in poverty; followed by boys and girls ages 5 years and younger.

2,254 boys and men live in poverty in Shelby County (10.1%).

- **36.5%** are ages 11 and younger

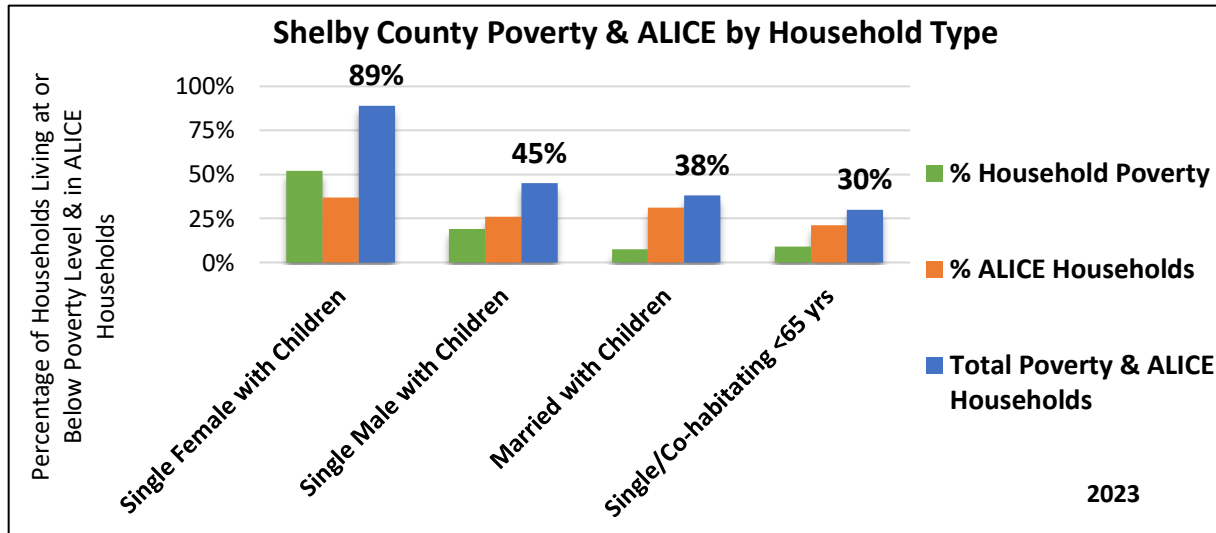


ECONOMIC STABILITY: ALICE and Poverty Households

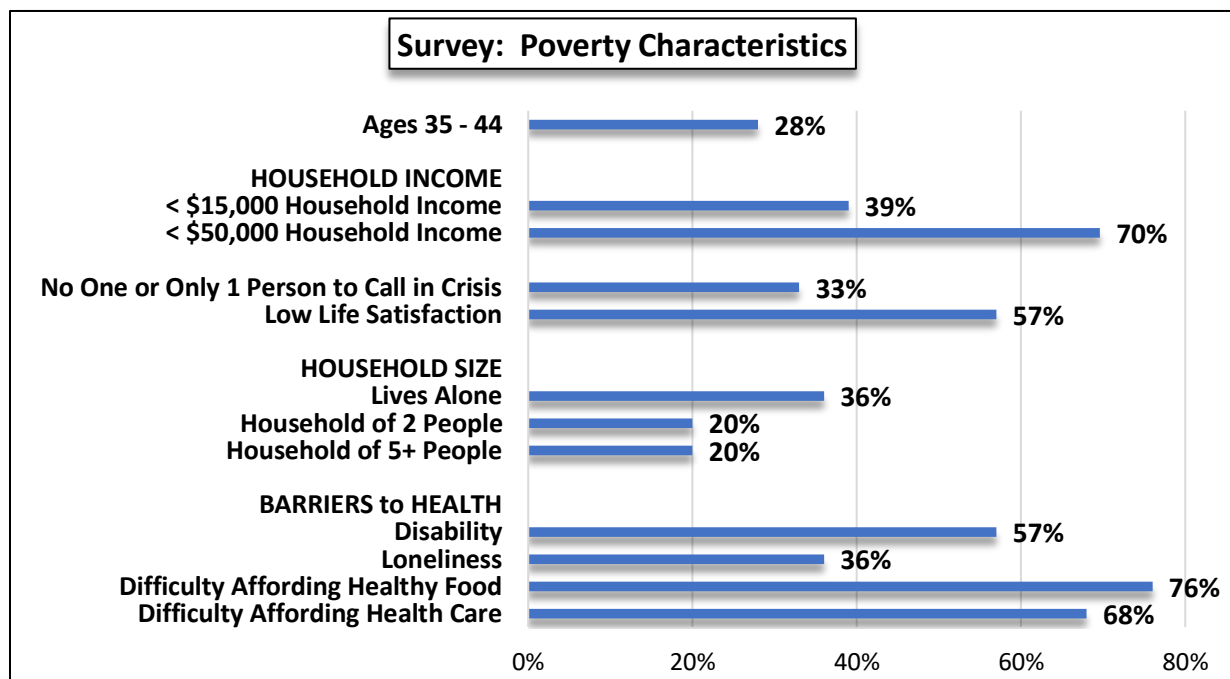
In Shelby County, 26% of households with children under the age of 18 are headed by a single parent.

- 1,046 – Single Mothers
- 278 – Single Fathers

U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023



2025 COMMUNITY HEALTH SURVEY

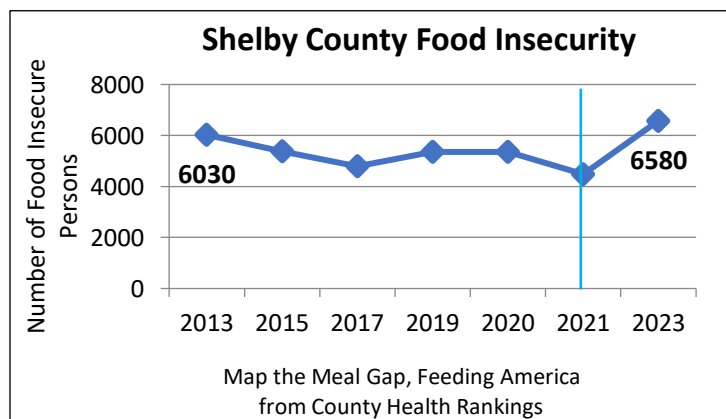




ECONOMIC STABILITY: Food Insecurity

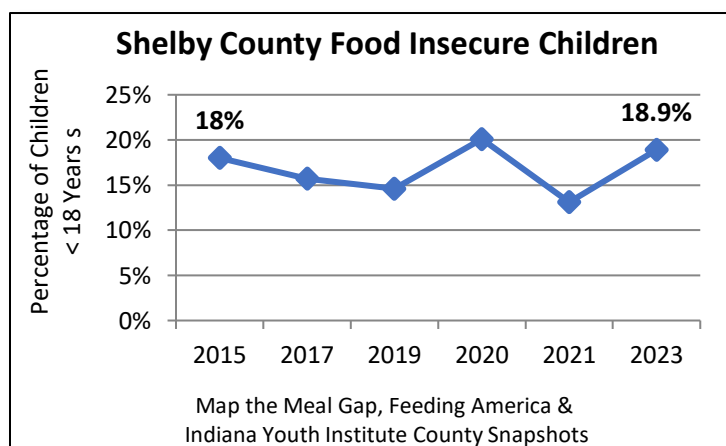
WHY DOES THIS MATTER?

- Households without consistent access to a wide range of nutritious food are at risk for obesity, chronic diseases, depression, and premature death associated with malnourishment, overweight and obesity.
- Affordable food in large quantities is often highly processed, calorie-dense and nutrient-poor.
- Food insecurity is linked to chronic illnesses, developmental delays in young children, and behavioral problems in school age children. *Feeding America*



2023: 14.6% of Shelby County residents were food insecure:

- **38% were children** (1,920 children)
- **32% of women & children** lived in households with incomes **above** the threshold for WIC and reduced cost school meals. (185% of FPL)
- **57%** - incomes **above** the SNAP threshold of 130% of FPL (3,751 persons)
- **43%** - incomes **at or below** the SNAP threshold of 130% FPL (2,829 persons)
- Per the USDA: food insecure households experience an average of **7 out of 12 months of food insecurity**.
- **\$4,142.00** - annual shortfall that would allow the 14.6% to meet their basic food needs: based on Shelby County's food costs, taxes & average meal cost of \$3.32 (2023 dollars).



Map the Meal Gap, Feeding America

<https://map.feedingamerica.org/county/2023/overall/Indiana/county/shelby>

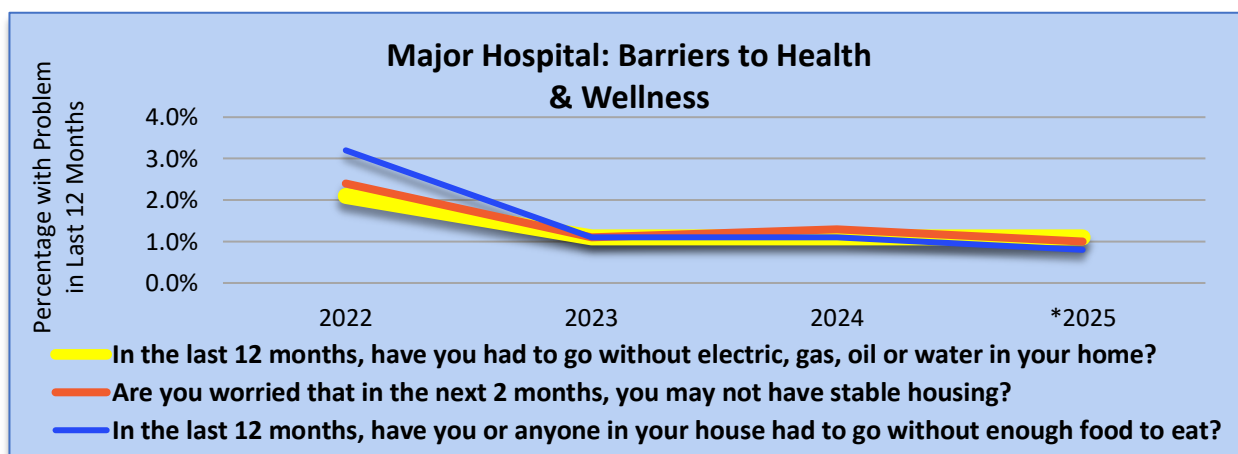


ECONOMIC STABILITY: Food Insecurity

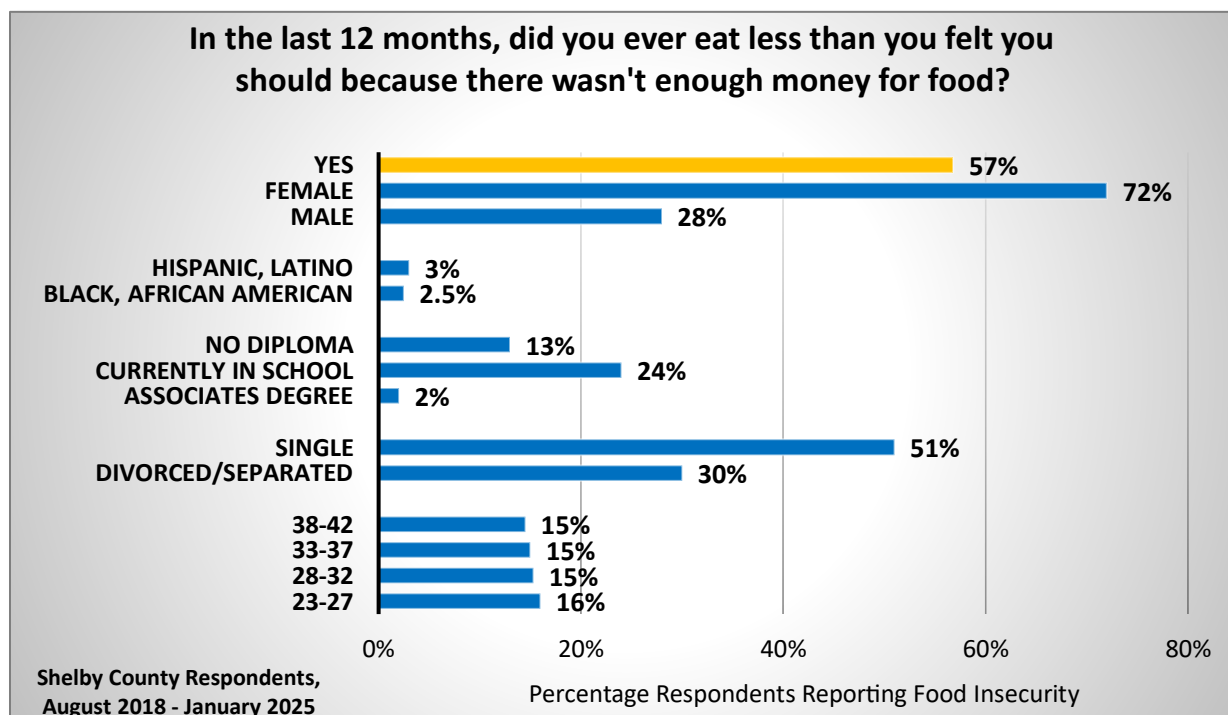
Food insecurity is a complex issue, driven by challenges such as

- 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

Major Hospital Social Determinants of Health Assessment



Family and Social Services Administration Hoosier Health and Well-being Survey





SOCIAL DRIVERS of HEALTH:

Neighborhoods and Built Environment

Community Context

NEIGHBORHOODS and BUILT ENVIRONMENT

- **Access to Affordable, Nutritious Food**
- **Access to Safe, Affordable Housing**
- **Access to Transportation**

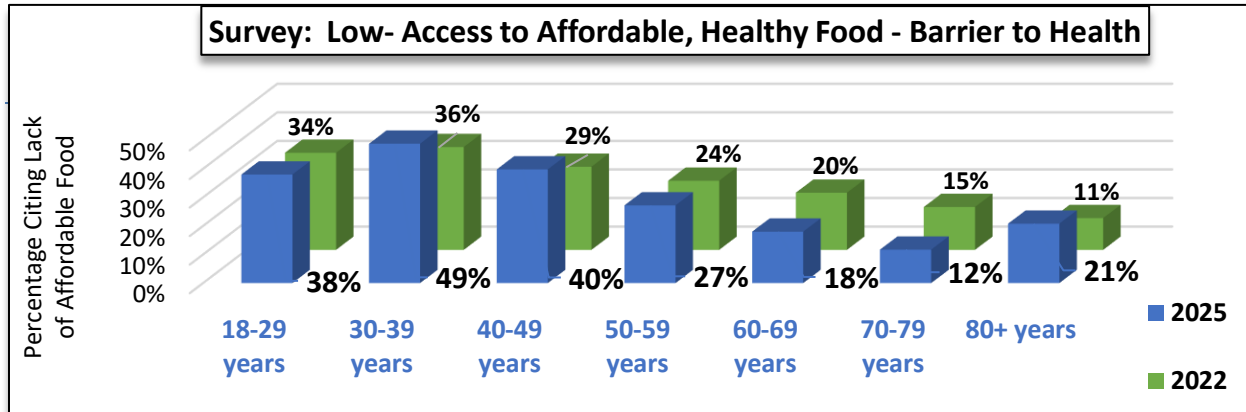
COMMUNITY CONTEXT

- **Social Connectedness**
- **Social Media**
- **Loneliness**
- **Caregiving**
- **Child Abuse and Neglect**
- **Domestic Violence – Intimate Partner Violence**



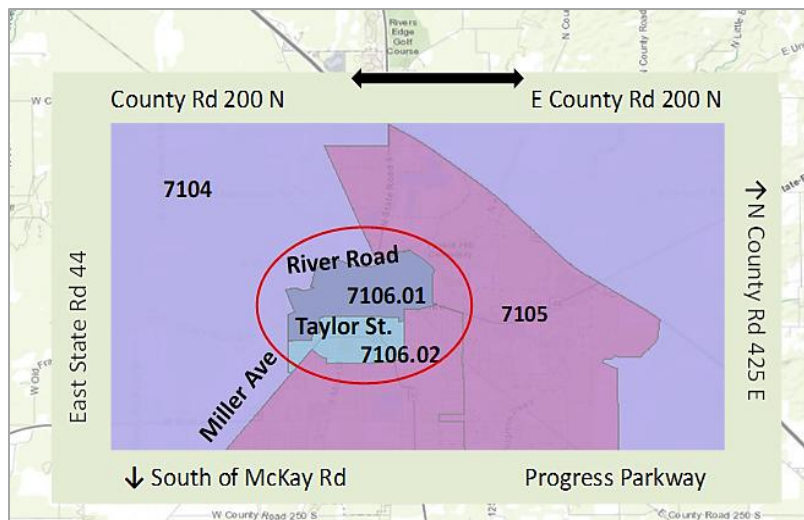
NEIGHBORHOOD & BUILT ENVIRONMENT: Low Access to Grocery

2025 COMMUNITY HEALTH SURVEY

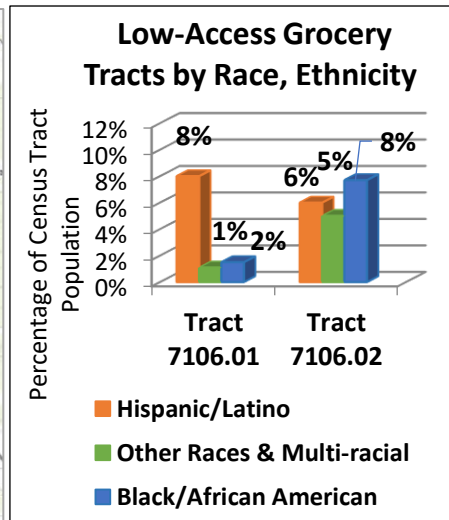


Two census tracts in the heart of Shelbyville are low-income, low-access grocery areas.

- **386 households rely on SNAP** (food stamps) for part of their food budget.
- **168 households do not have access to a personal vehicle.** Residents often rely on walking to a drug store, variety store, specialty meat shop, and gas or tobacco convenience stores to meet their food needs.



U.S. Department of Agriculture Economic Research Food Atlas



U.S. Census Bureau, American Community Survey 5-Year Estimates, 2023. Table S2201



NEIGHBORHOOD & BUILT ENVIRONMENT: Access to Affordable, Nutritious Food

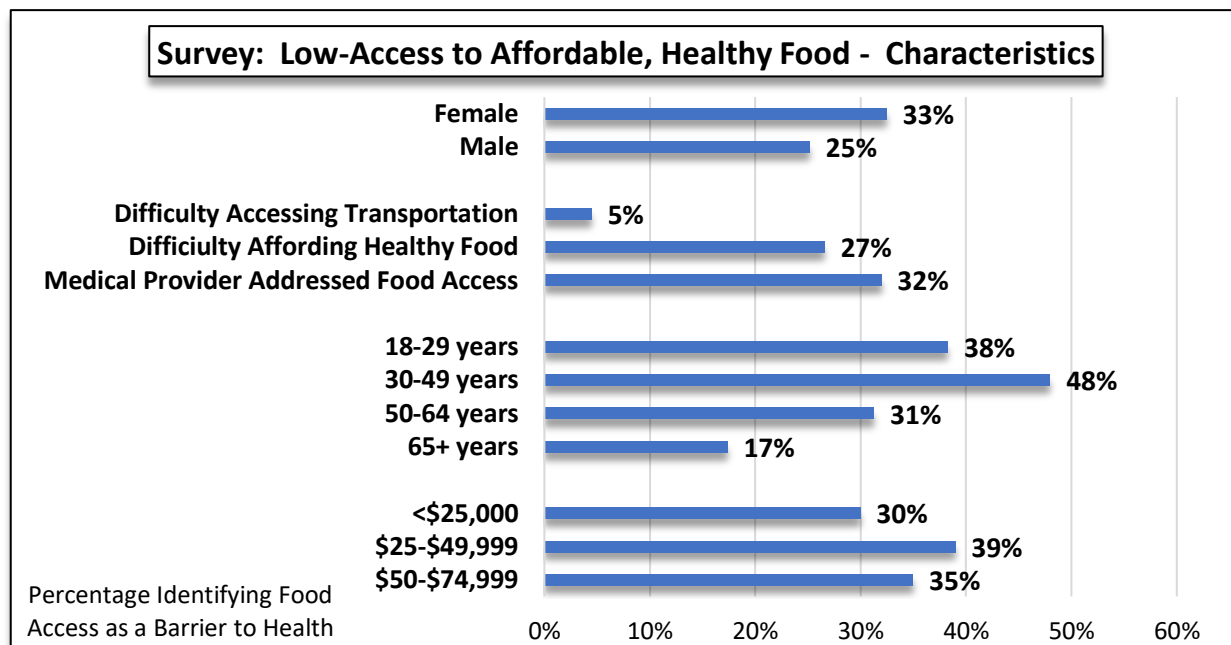
Read more about food
access on pages 143 & 144.

Characteristics of Census Tracts with Low-Access to a Grocery Store

Census Tracts →	7106.01	7106.02
Population	2,951	3,237
• Population: < 18 years	586	813
• Population: 65+ years	437	337
Households	1,473	1,167
• Single Parent Households	8.2%	17.8%
Median Household Income	\$45,253 (2023 Dollars)	\$46,343 (2023 Dollars)
Average Income Deficit	\$16,709 (2023 Dollars)	\$10,909 (2023 Dollars)
At or Below 100% of FPL	65.5%	19.1%
• Children in Poverty	10.8%	25%
• Age 65+ in Poverty	14.9%	15.1%
SNAP Households	11.5%	18.6%
• SNAP Single Parent Households	24% (50% each male & female)	43.7% (4.6% male, 39.2% female)
• SNAP Disability Households	45%	39.6%
• SNAP Age 60+ Households	31.1%	35.5%
Households: No Access to Vehicle	8.2%	11.9%

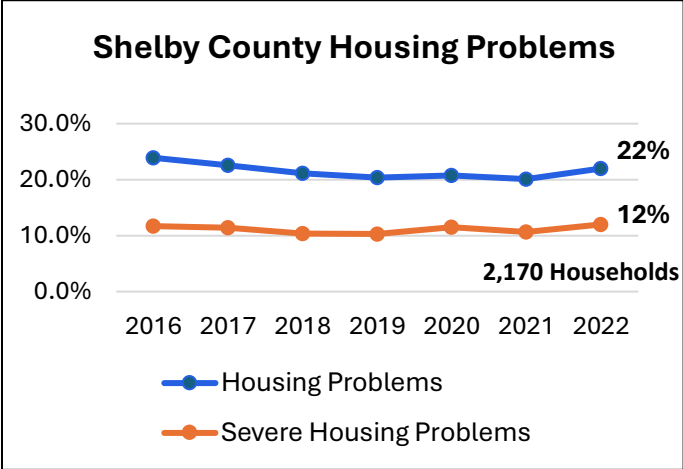
U.S. Census Bureau, American Community Survey 5-Year Estimates 2023, Tables S1701, S2201, DP05
CDC's Places, Local Data for Better Health. Behavioral Risk Factor Surveillance System, 2023.

2025 COMMUNITY HEALTH SURVEY





NEIGHBORHOOD & BUILT ENVIRONMENT: Access to Safe & Affordable Housing



Comprehensive Housing Affordability Strategy Data,
Department of Housing and Urban Development
<https://www.huduser.gov/portal/datasets/cp.html>

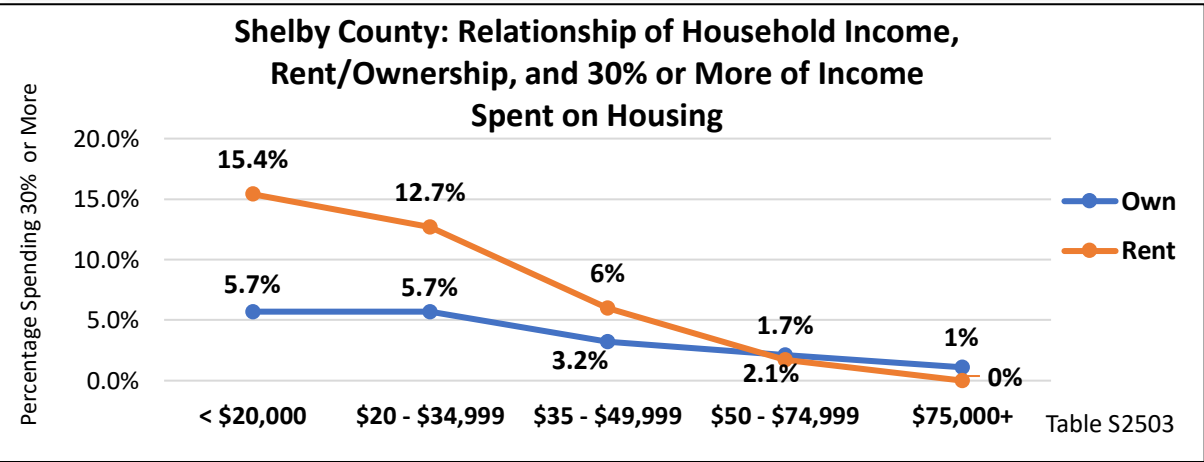
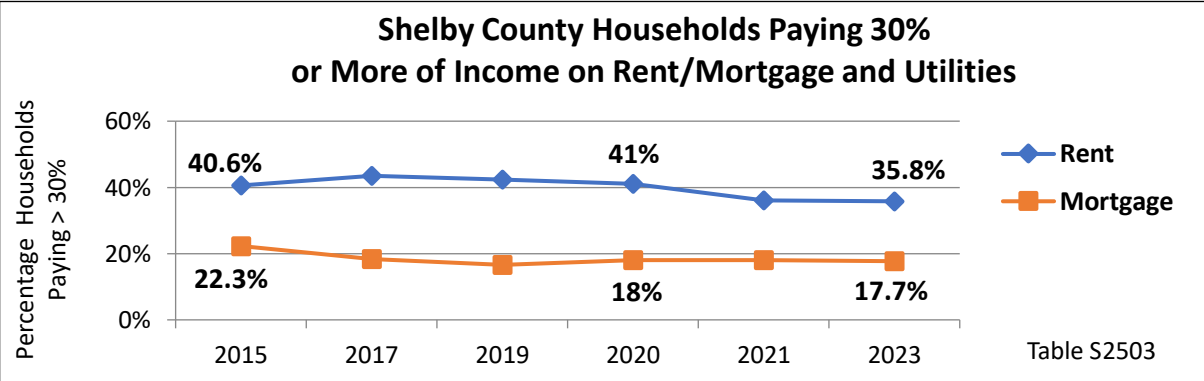
Housing Problems:

Households with one or more of the following problems:

- Lacks complete kitchen facilities
- Lacks complete plumbing facilities
- Overcrowded
- 30 – 49% of Household Income Spent on Rent or Costs Associated with Mortgage

Severe Housing Problems:

- One or more of above problems and
- 50% or more of household income spent on rent or mortgage costs



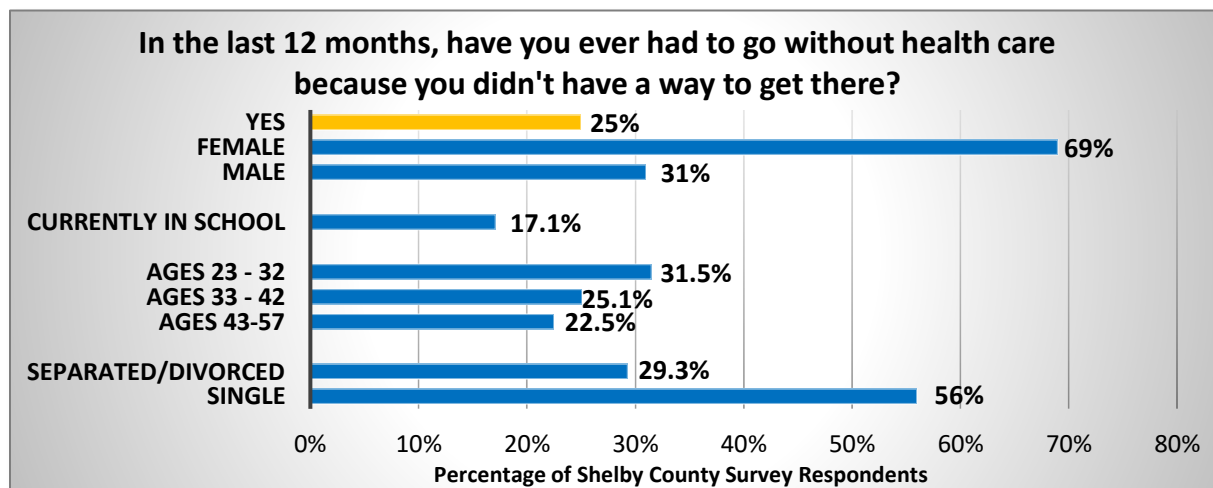
U.S. Census Bureau American Community Survey 5-Year Estimates, 2023



NEIGHBORHOOD & BUILT ENVIRONMENT: Access to Transportation

In Shelby County, nearly 8% of households cite lack of transportation as a barrier to health.

Family and Social Services Administration Hoosier Health and Well-Being Survey

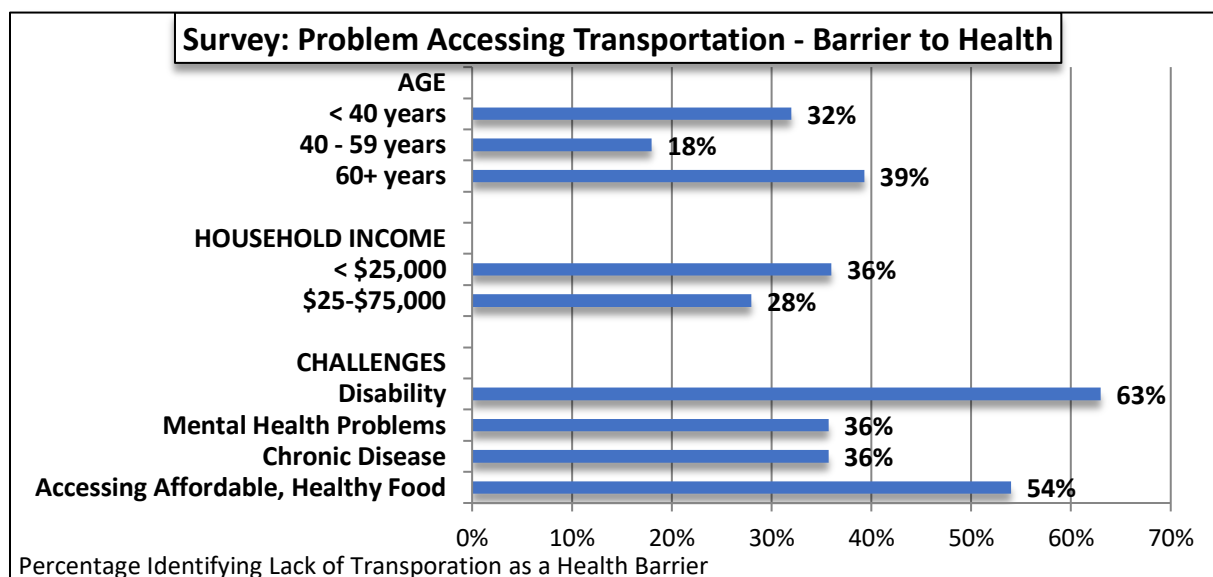


Hoosier Health and Well-Being by County and Demographics.

<https://hub.mph.in.gov/hu/dataset/hoosier-health-and-well-being-by-county-and-demographics>

2025 COMMUNITY HEALTH SURVEY

- **2025 Survey:** 4.5% identified lack of transportation as a barrier to health
- **2024 Survey:** 4% identified transportation as a barrier to health



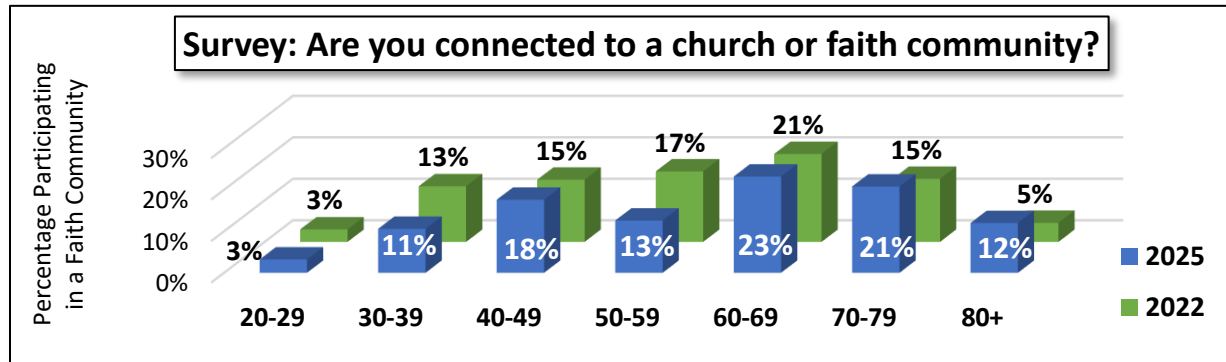


COMMUNITY CONTEXT: Social Connectedness

2025 COMMUNITY HEALTH SURVEY

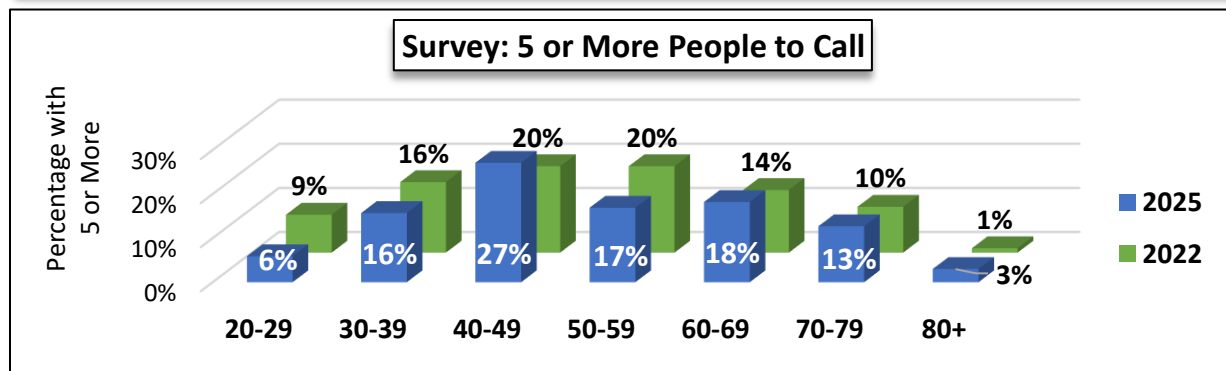
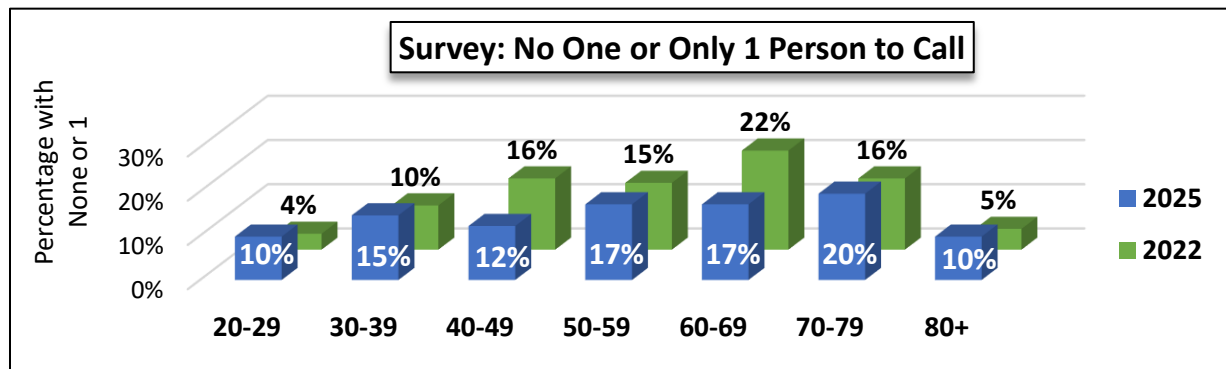
Connection to a Church or Faith Community

- **2025:** 54.6% of respondents identified a connection to a church or faith community.
- **2022:** 52% claimed a connection to a faith community.



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?

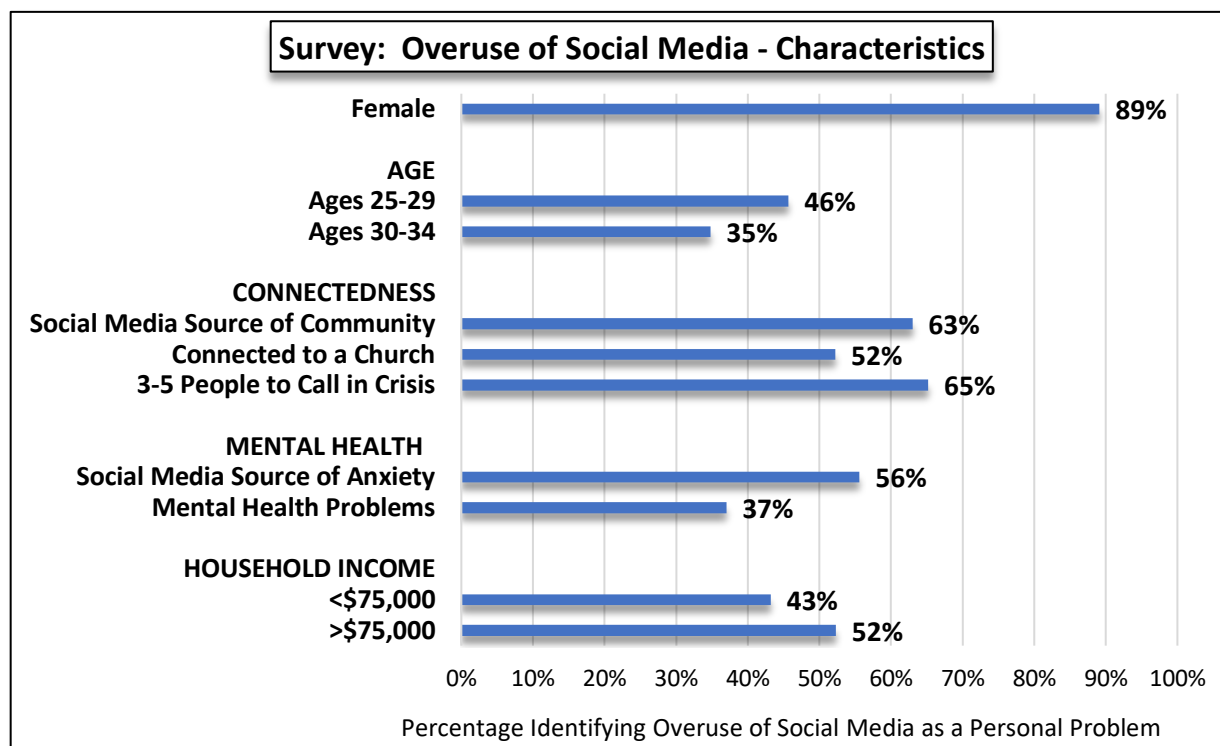
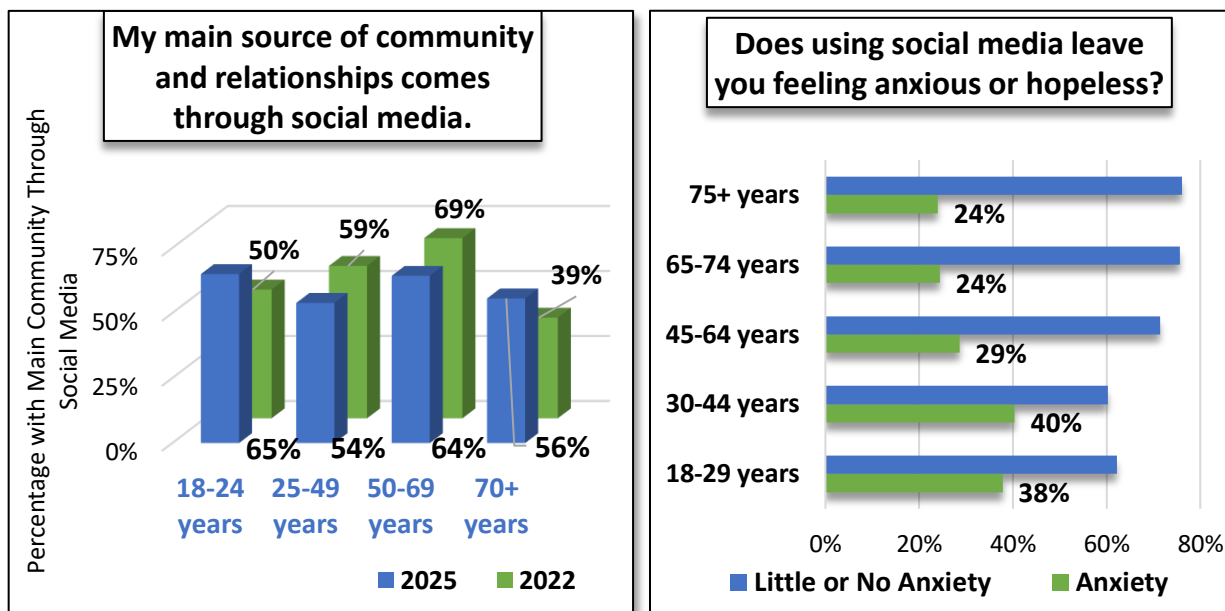
- **2025:** 34.4% of survey respondents had 2 or 3 people they could call in a crisis.
- **2022:** 33.4% of respondents had 2 or 3 people they could call.





COMMUNITY CONTEXT: Social Media

2025 COMMUNITY HEALTH SURVEY



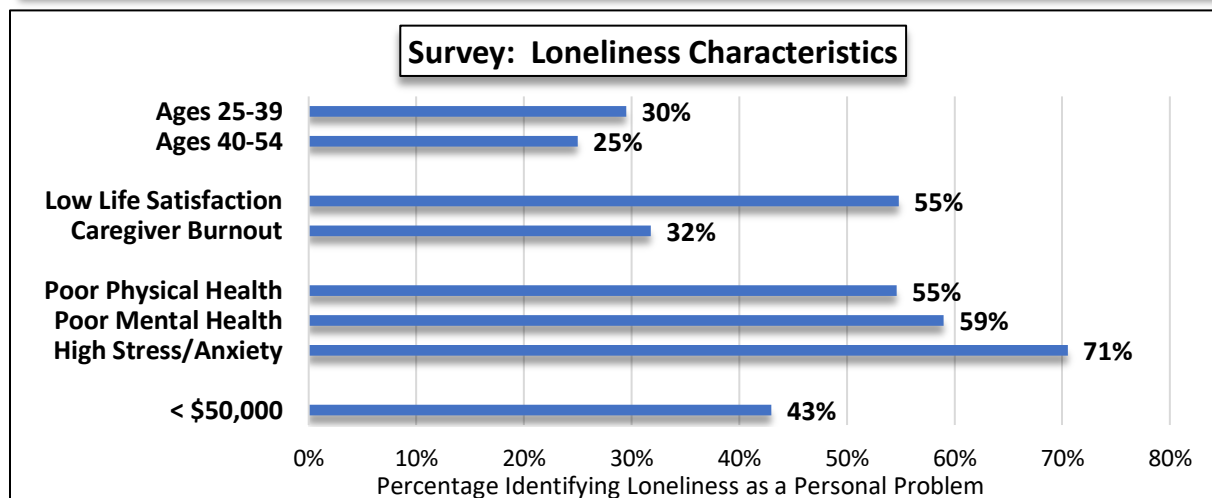
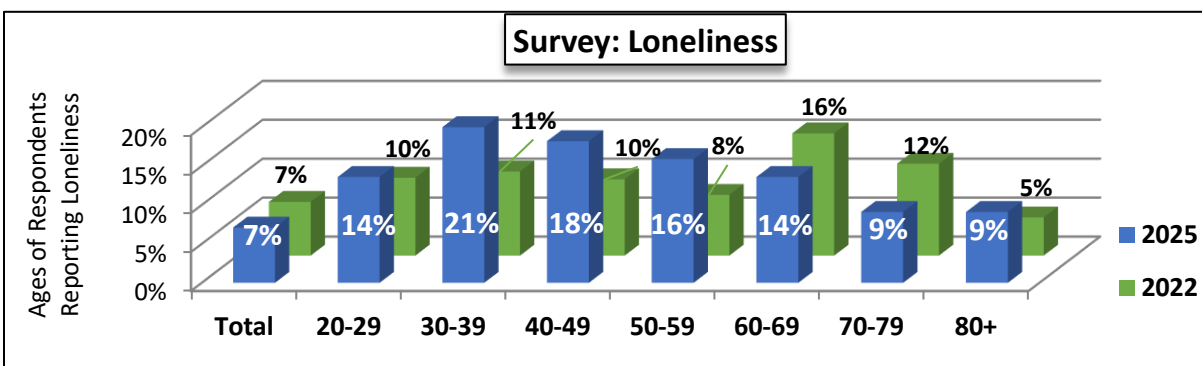


COMMUNITY CONTEXT: Loneliness

WHY DOES THIS MATTER?

- 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.
- ***In Shelby County, 32.3% of individuals aged 18 and older report being lonely.**
- 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 such as heart disease and dementia.**
 - 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.

2025 COMMUNITY HEALTH SURVEY



**Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, Shelby County, 2023.*



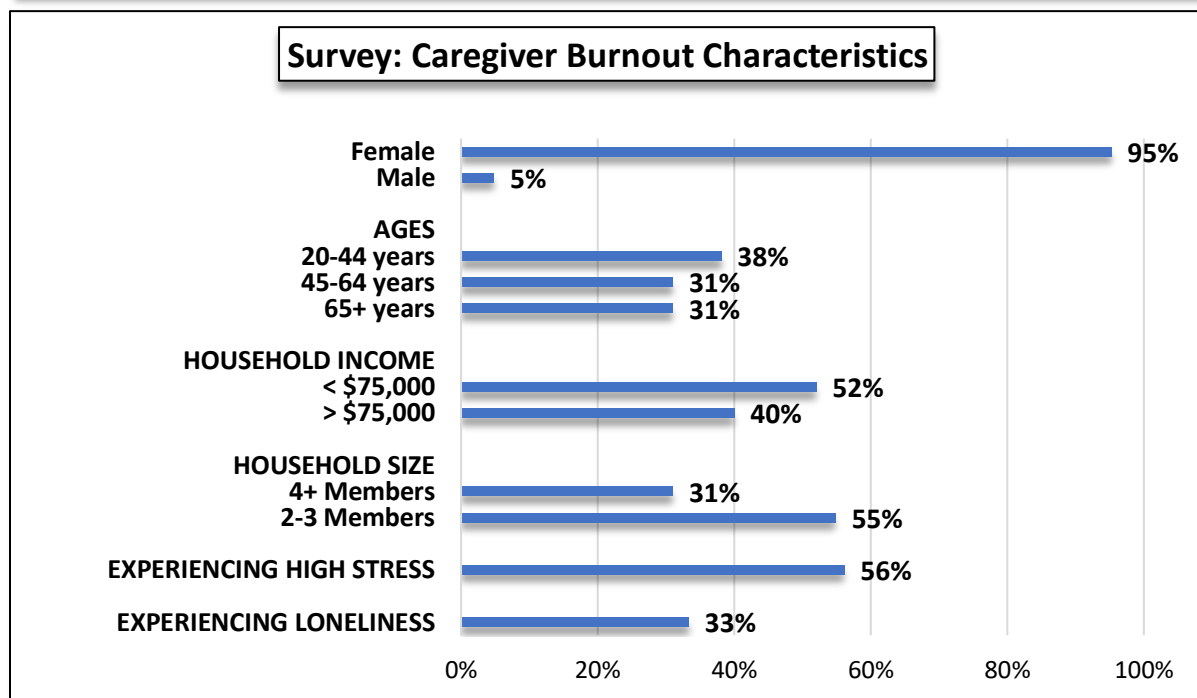
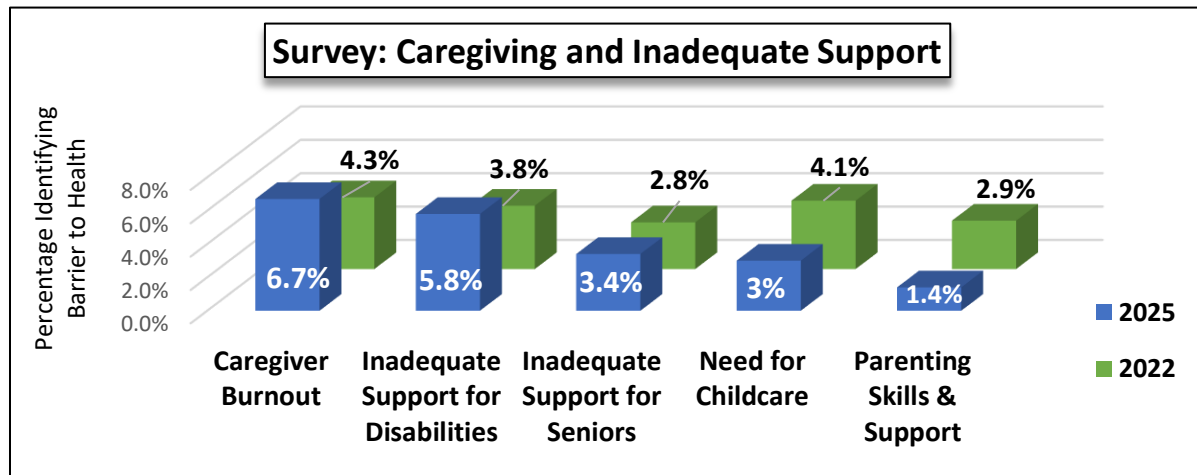
COMMUNITY CONTEXT: Caregiving

***In Shelby County, 22.3% of individuals aged 18 and older experience a lack of social and emotional support.** This is not unique to caregiving but is not uncommon in caregiving.

Healthy People 2030 Goal:

Reduce anxiety and depression in family caregivers of people with disabilities.

2025 COMMUNITY HEALTH SURVEY

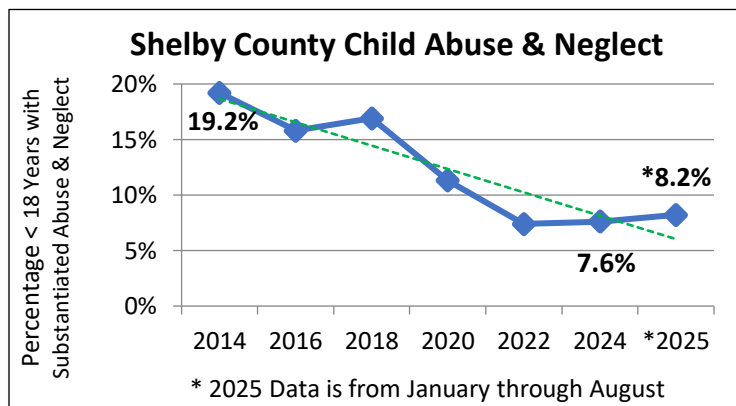


**Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, Shelby County, 2023.*



COMMUNITY CONTEXT: Child Abuse & Neglect

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



Indiana Department of Child Services, Monthly Reports, Shelby County

Abuse & Neglect, January 2024 - August 2025:

152 substantiated cases of Abuse and Neglect in Shelby County.

- Neglect – 86.2%
- Sexual Abuse – 8%
- Physical Abuse – 6.6%

Indiana Department of Child Services from Indiana Youth Institute County Snapshots.

Shelby County Foster Care:

- **2024: 95 youth in Foster Care during some part of the year.**

Indiana Department of Child Services from Indiana Youth Institute County Snapshot, Shelby.

- **2023: Out of 111 substantiated Abuse and Neglect Cases - 42 children removed from their homes.**
- **Of the children removed: 38.1% due to parental alcohol and/or drug abuse.**

Indiana Department of Child Services from Prevention Insights, County Profile Data.

PREVENTION HIGHLIGHT: Firefly – Community Partners for Child Safety

- **Home-based services for families** who do not have active or open cases with the Department of Child Services.
- **January 1, 2022 – Third quarter of 2025:** 1,093 families served
- **Latino families:** As of October 2025, 5 families being served
- **Services are voluntary and free.**
- **Goals for positive change 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 and Family Alliance, <https://fireflyin.org>



COMMUNITY CONTEXT: Domestic Violence - Intimate Partner Violence

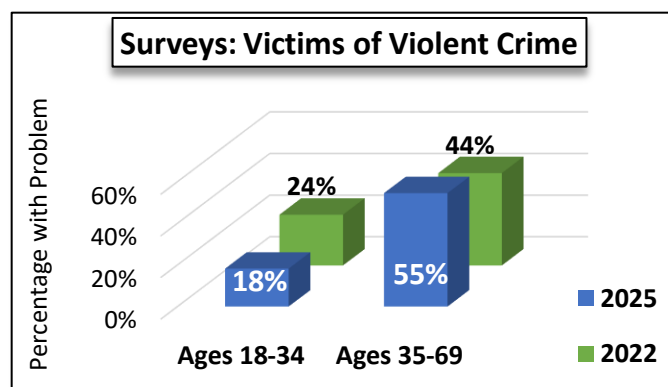
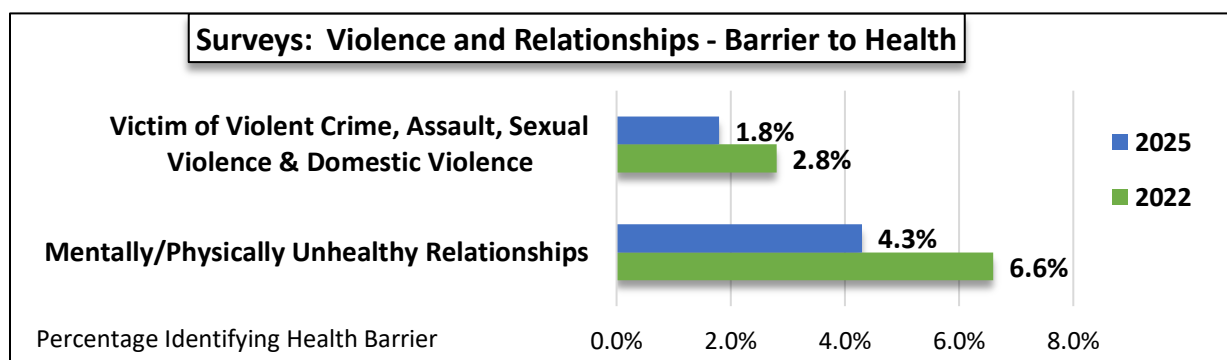
Read more about Domestic Violence Services on page 150.

WHY DOES THIS MATTER?

- **Family and domestic violence includes a range of abusive behaviors in which one individual gains power over another individual.**
 - 1 in 3 women and 1 in 10 men will experience domestic violence.
 - 1 in 4 women and 1 in 7 men will experience physical violence by their intimate partner.
 - 1 in 3 women & nearly 1 in 6 men will experience sexual violence by their intimate partner.
 - 3 - 10% of older adults will experience elder abuse and neglect.
- **Victims of Domestic Violence/Intimate Partner Violence are at higher risk for chronic health problems.**
 - 80% higher risk of stroke
 - 70% higher risk of heavy alcohol use
 - 70% higher risk of heart disease
 - 60% higher risk of asthma

Huecker MR, et al. Domestic Violence. [Updated 2023 Apr 9]. In: StatPearls [Internet]. National Library of Medicine. 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.

2025 COMMUNITY HEALTH SURVEY

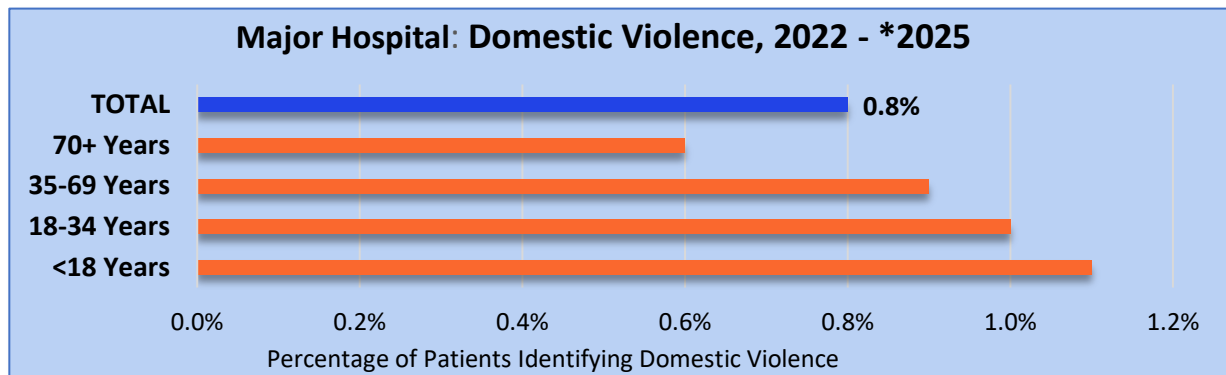




COMMUNITY CONTEXT: Domestic Violence - Intimate Partner Violence.

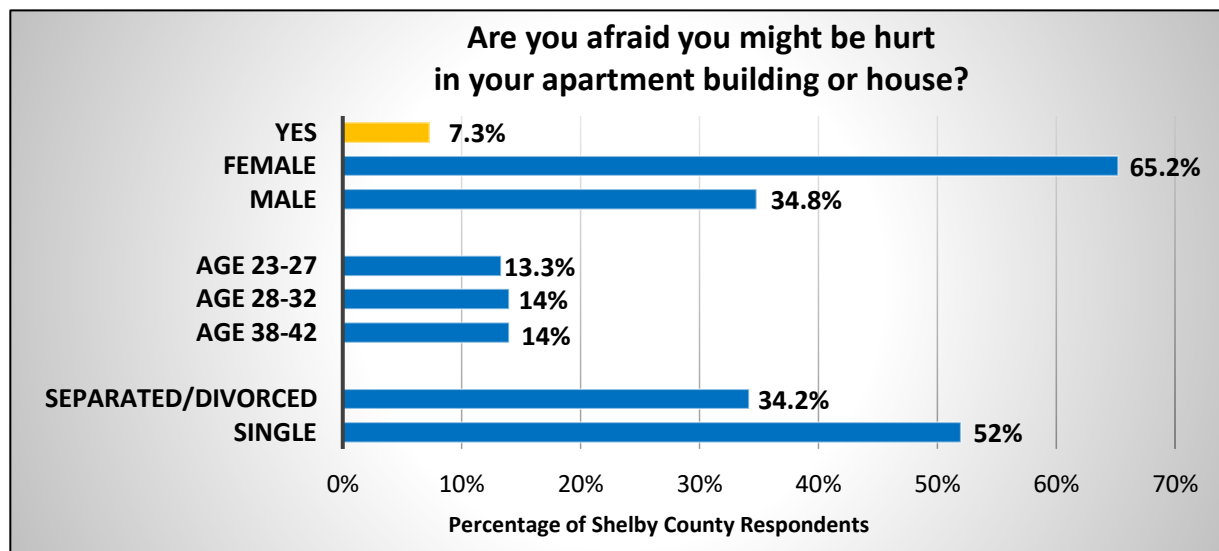
Major Hospital: Social Determinants of Health Assessment

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



Major Health Partners Clinical Analytics. *2025 = First 2 Quarters.

Family Social Services Administration Hoosier Health and Well-being Survey



COMMUNITY HEALTH and WELLNESS PARTNERS

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
- Child Fatality Review Team
- 5 Chiropractic Care Offices
- Choices Crisis Response Team
- Clarity Pregnancy Services
- Community Medicine Program
- 3 County EMS/Fire Stations
- 6 County Volunteer Fire Stations
- 11 Dental Practices
- 3 Dialysis Centers
- 1 Durable Medical Equipment Provider
- 5 Extended Care Facilities
 - 1 Pediatric Vent Facility
- First Steps
- Goodwill Nurse-Family Partnership
- 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 & Franciscan Health)
- 3 Immediate Care Centers
- Infant Death Review Team
- Jane Pauley Community Health Center
- 10 Massage Therapy Businesses
- 16 Mental health/substance abuse therapists/practices and 1 new practice pending for 2026
- 2 Medical Alert Companies serving the County
- 2 Non-medical home health providers located in Shelbyville
- 1 Occupational Health Center
- 4 Optometry Practices
- 1 Oral Surgery, Limited Scope
- 2 Orthodontics Practice
- Overdose Fatality Review Team
- 5 Pharmacies

- 2 Physical Therapy Practices
- Rock Steady Boxing
- SART (Sexual Abuse Response Team)
- Shelby County Coroner
- Shelby County VA Medical Clinic
- ShelbyGo
- Shelby Senior Services
- SHIP Counselors
- Twelve Step Programs: AA, NA, Alanon
- Verida Medicaid Transportation (previously called Southeast Trans)
- Women, Infants, and Children

PHYSICAL ACTIVITY OPPORTUNITIES

- Blue River Bowl
- Blue River Memorial Park Cross Country Course
- Blue River Trail
- Boys and Girls Clubs
- Girls, Inc
- 8 Fitness Centers/Gyms
- School Sports & Health Curriculum
- Intelliplex Trails
- Meltzer Woods
- Meridian Aquatic Park & Family Center
- Morristown, Boggstown, Fairland & Flat Rock Parks
- National Bike Route 35
- Rivers Edge Golf Course
- Shelbyville Parks and Recreation Center: 6 City parks and Bike Share
- Shelby County Special Olympics
- Shelby County YMCA
- YMCA Youth Collective
- Youth & Adult Sports Leagues & Gymnastics

EDUCATION

- Advantage Shelby County
- Blue River Adult Education

COMMUNITY PARTNERS Continued

EDUCATION continued

- Excel Center
- Shares, Inc.
- Ivy Tech
- Shelby County Public Library and Morristown Branch
- Shelby County Purdue Extension Service
- WorkOne Workforce Development

YOUTH DEVELOPMENT

- Advantage Shelby County
- Blue River Career Center
- Boys and Girls Clubs
- Boy Scouts/Cub Scouts
- Church Youth Programs
- Early Learning Shelby County
- Firefly Child and Family Alliance
- 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
- Rose Hulman Emerge
- Senses Gym
- Shelby County Drug Free Coalition
- WorkOne/Workforce Development
- Youth Assistance Program
- Youth sports leagues

FAITH BASED COMMUNITIES & MINISTRIES

- Clarity Pregnancy Care
- Coat Give-Away – First Church of God
- Echo Effect
- Grace House for Men and for Women

- 5 Hot meal sites
- Love, INC Shelby County
- Mana House Food Pantry – Beacon Baptist Church
- 2 Ministerial Associations
- Neighbor's Table – The Ville
- 9 Church-based pantries
- 2 Personal Care Pantries – West St United Methodist Church, Salvation Army
- Salvation Army – multiple programs including congregant meals
- Shelbyville Community Church
 - Shelby Supply Company
 - The Bridge
 - Landing Zone
- Shelbyville Seventh Day Adventists: Community Center and Food Pantry
- Society of St Vincent DePaul
- Sunshine House Homeless Program
- Women's Journey of Hope – Transitional Housing

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

PUBLIC ASSISTANCE & ADVOCACY

- Aktion Club
- Arc of Shelby County
- Cancer Association of Shelby County
- CASA – Court Appointed Special Advocate
- Central Indiana Council on Aging
- Clarity Pregnancy Services
- City of Shelbyville Behavioral Health and Justice Equity
- City of Shelbyville Showers for the Homeless
- City of Shelbyville Landlord Rental Property Registration
- Community Action Team (CAT)
- Community Advocate Navigator of Shelbyville Fire Department
- Domestic Violence Task Force
- Double SNAP at Shelby County's Farmers Market
- Firefly Child and Family Alliance
- FUSE (Families United for Support and

COMMUNITY PARTNERS CONTINUED

- Laundry Love – Zion Evangelical Church
- Gleaners Food Bank
- Gleaners to Go
- Grace House
- Head Start/Early Head Start
- Healthy Families – The Villages
- Hope House (Greenfield, serves Shelby County)
- Human Services, Inc.
- Intend Indiana (assumes role previously held by Habitat for Humanity)
- Justice Reinvestment Advisory Council (JRAC)
- Master Gardeners – Community Gardens
- Meals Before Bedtime
- Meals on Wheels
- Mom’s Meals
- Morristown Schools Food Pantry
- Neighborhood Farmers Markets
- Pantry Pals
- Red Cross
- River Valley Legal Aid
- Rupert’s Kids
- Salvation Army
- S.A.S.S. - Shelby Accessing Social Supports
- Senior Law Project of Indiana Legal Services
- Shares, Incorporated
- Shelby County Active Aging Coalition
- Shelby County Community Medicine Program
- Shelby County Division of FSSA
- Shelby County Drug Free Coalition
- Shelby County Trustees
- Shelby County Victim Assistance
- Shelby Senior Services
- Southwestern Food Pantry
- Su Casa (Columbus, serves Shelby)
- Suicide Overdose and Fatality Review Team
- Summer Meals Program
- Sunshine House – Homeless Program
- Senior Law Project of Indiana Legal Services
- Township Trustees
- Turning Point Domestic Violence Services
- VASIA Volunteer Advocates for Seniors and Incapacitated Adults

- Veteran’s Resource Officer
- Youth Assistance Program

PUBLIC SAFETY

- Adult Protective Services
- Department of Child Services
- Shelby County Bar Association
- Shelby County Court Services
- Shelby County Emergency Management
- Shelby County Health Department
- Shelby County Fire Departments
- Shelby County Prosecutor’s Office
- Shelby County Sheriff’s Department
- Shelbyville Fire Department
- Shelbyville Police Department

The risk of creating 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.

INFORMATION GAPS

Major Health Partners data is more current than published data which typically lags by a couple of years. MHP data includes all the patients she serves, not only Shelby County residents. Around 75% of Shelby County residents receive care at Major Health Partners. Overall, the data in this CHNA reflects the population of Shelby County whose residents may receive health care outside the county or whose deaths may occur outside the county.

The 2025 Community Health Survey was uncharacteristically met with guardedness and resistance. There were fewer respondents though the survey reflected the population with 95% confidence and a 5% margin of error. Hispanic and Latino residents typically have a low participation rate in the triennial survey. This year, gaps in information also exist from the low participation of

- Men
- Individuals aged 18 - 24
- Rural communities
- LGBTQ+ community.

Consideration will be given on how to engage these populations over the next three years.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

There are many areas of concern in our community. Part of the process of this assessment is determining community health improvement priorities over the next three years. The secondary data, the community survey, and conversations with stakeholders help shape the focus of the Community Health Improvement Plan.

This CHNA contains data on areas of concern and ongoing monitoring. These areas of concern, while not a focus of the 2026 – 2029 CHIP, are also not without initiatives in the community and at Major Health Partners. The following Issues that are not the *direct focus* of the Community Health Improvement Plan (CHIP).

Intentional and Unintentional Injury Deaths

- The top cause of unintentional injury deaths in Shelby County is drug overdose.
 - In the last three years, Major Health Partners has expanded access to mental health and substance use treatment with more social workers throughout primary care and at the MHP Behavioral Health clinic.
 - Group and medication assisted treatment for addiction and substance misuse are available.
- While more are always needed, behavioral health therapists and crisis intervention have also increased in the community. As of this year, Shelby County also has a new Community Mental Health provider through Aspire Indiana Health.
- Shelby County has not achieved the Healthy People 2030 objective for 6 or fewer suicide deaths annually. A new peer support program in the community, Buddies Helping Buddies, coordinates a Suicide Prevention Coalition to increase awareness of this critical issue.
- Major Health Partners will continue to assess, monitor, and treat substance misuse, mental health disorders, and suicidal ideation.

Infant Mortality

- Shelby County has achieved the Healthy People 2030 objective of 3 or fewer infant deaths annually. Subsequent to the county's previous ranking of 5th in Indiana for infant deaths, this indicator will continue to be monitored.
- Along with Major Health Partners, Community based organizations such as Goodwill Nurse – Family Partnership, Healthy Families, and Clarity Pregnancy Services provide support for early and consistent prenatal care and tobacco cessation – both factors in infant mortality.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Disability

- Individuals with a range of limiting disabilities are cared for every day at Major Health Partners.
- The MHP Patient and Family Advisory Council addresses a broad range of processes and tangible barriers to care for all patients, with sensitivity to those with disabilities.

Access to Nutritious Food, Food Insecurity, and Physical Activity

- A nutritious diet and physical activity are entwined with chronic disease both as a preventative measure and for optimal management of disease states.
- Major Health Partners has internal stop-gap programs to address emergent needs for food by patients.
- MHP also partners with community organizations to support access to nutritious food.

Tobacco

- 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.
- Given that tobacco use is the number one modifiable cause of disease and death, Major Health Partners will continue to provide smoking cessation services and monitor tobacco use in patients.

Sexually Transmitted Infections, Hepatitis C and HIV

- These infections are monitored because they are an indicator of substance use, especially IV drug use, and unsafe sexual practices.
- Substance misuse was addressed in Intentional and Unintentional Injury Deaths.

Access to Care

- This CHNA provides information for community stakeholders and leaders. Health care data is important for understanding challenges, impact, and for strategic planning.
 - For example: Currently, around 1,300 individuals purchase their health insurance from the Marketplace.
 - If that insurance becomes unaffordable, how will it impact households, business and industry, and healthcare systems?

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Childcare

- High quality childcare options continue to be too few and too expensive.
- Major Health Partners has invested in its workforce by providing an income-based Child Care Reimbursement program beginning January 1, 2026.
- To be eligible for the program, a childcare provider must be a Level 3 or higher per Indiana's Pathways to Quality accreditation.

Education

Education is a community health indicator and correlates with chronic disease on several levels. It is important for the health literacy of a community and for economic stability to support consistent access to food, safe housing, time to engage in physical activity, and other wellness indicators.

ALICE Households and Poverty

- ALICE (Asset-Limited, Income-Constrained, Employed) and Poverty are over-determined challenges that require concerted public will and effort to improve the self-sufficiency of these households. The literature emphasizes quality, affordable housing; education; employment opportunities and skills; and a livable wage as foundational to tackling this challenge.
- Major Health Partners has people, programs, and processes in place to address a range of patient needs such as food, prescriptions, connection to community resources, home follow-up, and financial assistance for medical care.
- There are many community organizations that work to assist individuals and families who stand in need of practical support.
 - Two of the newest initiatives are Love, INC – a clearinghouse for connecting individuals with church and community resources
 - Sunshine House – an aspiring homeless shelter that is currently open for support, warmth, food, and practical resources two days a week.
- Major Health Partners will continue to support internal and community efforts to address the social drivers of health that impact the health and well-being of Shelby County.

AREAS DOCUMENTED, NOT TARGETED FOR FOCUS

Transportation

- Transportation continues to be a county-wide, system-wide challenge.
- Via a grant, Major Health Partners invested in a wheelchair accessible van to assist with transporting patients when needed.
- Local industry has also invested in transportation to get their employees to work.
- Public transportation is a community deficit that requires political and community will and collaboration to remedy.

Intimate Partner Violence

- Secondary to the mandates for Electronic Health Record use, Major Health Partners providers assess Intimate Partner Violence and other personal safety issues with 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 Domestic Violence Services.

2023 – 2025 COMMUNITY HEALTH IMPROVEMENT PLAN PROGRESS

Collective Impact of Community-Based Organizations and Services

Objective 1: Nonprofit Center

- Building donated to the center.
- Board organized and 501c3 obtained.
- Architectural plan designed.
- Funding secured.
- Director hired.
- Offices claimed by social service organizations. Having these organizations under one roof increases “no wrong door” and efficiency for individuals seeking assistance.
- Groundbreaking on October 29, 2025.
- Opening late spring 2026.

Objective 2: Continue to resource and develop relationships between community-based organizations and Major Health Partners.

- **Justice Reinvestment Advisory Council:** MHP continues to participate in this important work as the council seeks to coordinate resources for individuals in the justice system.
- **Community Action Team:** MHP continues to participate in the Community Action Team as it seeks to provide training and active case management in the service of reducing recidivism.
- **Food Insecurity:** Major Health Partners has developed processes to assess food insecurity of patients and provide stop-gap food staples until patients connect with community resources for more sustainable assistance. Dialysis patients have an on-site food pantry that helps support their nutritional needs. Oncology patients have assistance from the Cancer Association of Shelby County.
- **Food Access:** Major Hospital continues to invest in helping vulnerable households access
 - Fresh, locally grown and produced food at the Shelby County Farmers Market through investment in Market Bucks and Double SNAP
 - Fresh, locally grown produce through the mobile farmers market – Neighborhood Farmers Market. These ventures continue to grow.

- **Unite Us** – after 3 years of working with MHP case management, community health workers, and community-based organizations in the pursuit of connecting each other and streamlining referrals, the experiment closed in September 2025. Community-based organizations can continue using the platform’s searchable directory, closed-loop referrals, and case management features. Lessons were learned and will be useful in continuing to work towards greater collaboration among community-based organizations.
- A new nonprofit, Love INC serves as a clearinghouse for engaging churches and utilizing community resources to meet needs.

Transportation

Patient Transportation: Via a grant, a van was purchased by Major Health Partners and is used to transport patients who are without a transportation option for getting home after being discharged from a hospitalization or for their follow-up medical appointment after discharge. Transportation continues to be an insufficient and fragmented issue in the county. With the addition of the MHP van, transportation at a crucial point improves patients’ optimal medical management at home while avoiding unnecessary readmission to the hospital.

For the larger needs of Shelby County, this will continue to be an ongoing point of discussion, learning, and collaborative effort.

Affordable Housing

Housing Development:

- The City of Shelbyville convened stakeholders to begin the process of researching the issue but there has not yet been any momentum.
- The City of Shelbyville has developed a downtown apartment complex that includes a percentage of income-based units. More multi-family development is planned for the west side of the city.
- Intend Indiana has now built homes in Shelby County using a process and mortgage product intended for low – moderate income households.
- County government’s strategic economic development plan includes housing.
- Sunshine House is a new homeless venture, currently open a couple of days each week as they methodically work towards being an adult homeless shelter.
- Accessing affordable housing continues to be a challenge for low-income individuals and families and a particular issue for individuals seeking to leave an abusive relationship or persons graduating from a halfway house or residential program.

Mental Health and Substance Abuse Treatment

Objective 1: Continue to support and develop prevention and treatment resources for the reduction and optimal management of mental health disorders and substance abuse problems.

While more providers and programs are needed, behavioral health services have been an area of growth.

- **Addiction Treatment:** Major Health Partners now offers group and Medication Assisted Treatment for Substance Use Disorders.
- **Mental Health Disorders:** MHP has increased the number of social workers both in the Behavioral Health Clinic and embedded in primary care.
 - Therapies are offered for treatment-resistant depression.
 - MHP Social Workers provide consultation and support services at the Boys and Girls Club in Shelbyville.
 - Discrete session group therapy for youth is offered.
- **Major Hospital Foundation:** subsidizes the cost of behavioral health treatment for MHP patients who cannot afford it.
- **Community-based Treatment:**
 - Behavioral health services have increased with several new practitioners opening or expanding offices in the county.
 - Peer recovery services have expanded with the nonprofit Buddies Helping Buddies.
 - Suicide prevention coalition launched via the City of Shelbyville and then came under the direction of Buddies Helping Buddies.
 - New grief recovery services for children and adults are now available.
 - CHOICES crisis response continues to be used by law enforcement and other first responders for optimal intervention and referral to services.
 - Aspire assumed providing community mental health services with the departure of Community Behavioral Health (Gallahue).
 - Through the Shelby County Health Department, the county offers Narcan via strategically placed Narcan boxes in the community and to individuals.
 - Development of a process between law enforcement and Youth Assistance Program so that schools can be contacted to provide support for children who experience a disruption and potentially traumatizing experience between law enforcement and their parent(s).
- **Training Opportunities:**
 - Trust Based Relational Intervention, QPR Suicide Prevention, and Mental Health First Aid training opportunities have been provided to a broad range of

individuals and organizations such as Court Services, Local Public Health Department, schools, parents, behavioral health professionals, youth workers, healthcare, etc.

- For prevention, intervention, and optimal management of behavioral health problems, equipping will continue to be made available.
- **Behavioral Health Stakeholder Coalition:**
 - Stakeholders have gathered to discuss what they provide, service gaps, and to learn about new or expanded behavioral health services.
 - The hope is for Aspire to assume leadership of a behavioral health coalition.
- **Promising Outcomes:**
 - **MHP Primary Care:** decrease in patients with mental health disorders
 - **MHP Emergency Department:** decrease in patients presenting with suicidal ideation
 - **Decrease in Overdose deaths**

Objective 2: Collaboratively implement the goals of the Opioid Settlement Grant:

- **Opioid Settlement Grant was awarded.**
- **Community Health Worker:** MHP now has three CHWs who are equipped to thoroughly assess patients' needs, provide home-based follow-up, connect patients with community resources, provide coordination of MHP services, and ongoing case management when needed.
- **First Responder Training:** There are ongoing efforts to equip law enforcement and other first responders with the skills to optimally intervene when called to respond to persons with mental health and substance use crisis and to domestic violence calls.
- **Community Navigator:** This position continues to connect individuals and families with a broad range of community resources and supports. The position is housed in the Shelbyville Fire Department subsequent to the needs encountered during emergency calls.

Disparities and Health Equity

Processes have been developed at MHP to improve health care access and experience for Hispanic/Latino patients, older adults, and persons with a range of disabilities. Some of these include

- **Innovative health outreach to the Latino community**
 - Health fairs in Latino groceries
 - Via a grant, kidney health event at a community restaurant
- **Bi-lingual Community Health Workers**

- **Future Presence of Su Casa** in the non-profit center
- **Patient Family Advisory Council:** assessing processes, print materials, etc. and making recommendations to improve
 - Accessibility of physical building and medical technology, such as imaging
 - Health literacy
 - Healing environment by reducing overwhelm during inpatient care
- **Social Determinants of Health Assessment:** identifies patients who need food, safety, and a range of community services.
 - While not exclusive to women, the SDoH assessment helps identify vulnerable women and connecting them to more in depth help at MHP (Social Workers, Community Health Workers) and/or connecting them to community resources and services.
- **Consideration of how best to increase awareness and to serve these vulnerable populations is ongoing.**

ADDENDUM



SOCIAL DRIVERS OF HEALTH

More of the Shelby County Story

HEALTH

- Preventative Care
- Disability

EDUCATION

- Childcare and Early Childhood Education
- Early Intervention – Developmental and Intellectual Disability

ECONOMIC STABILITY

- Poverty and ALICE Households
- Vulnerable Households
- Assistance Programs and Federal Poverty Level Criteria
- SNAP
- Federal Poverty Level: Charts for 2023 - 2025
- Homelessness

NEIGHBORHOOD and BUILT ENVIRONMENT

- Access to Physical Activity Opportunities
- SNAP Outlets
- Low-Access to Grocery
- Access to Safe, Affordable Housing
- Access to Transportation - ShelbyGo
- Drug-Related Crime
- Broadband. Pollution.

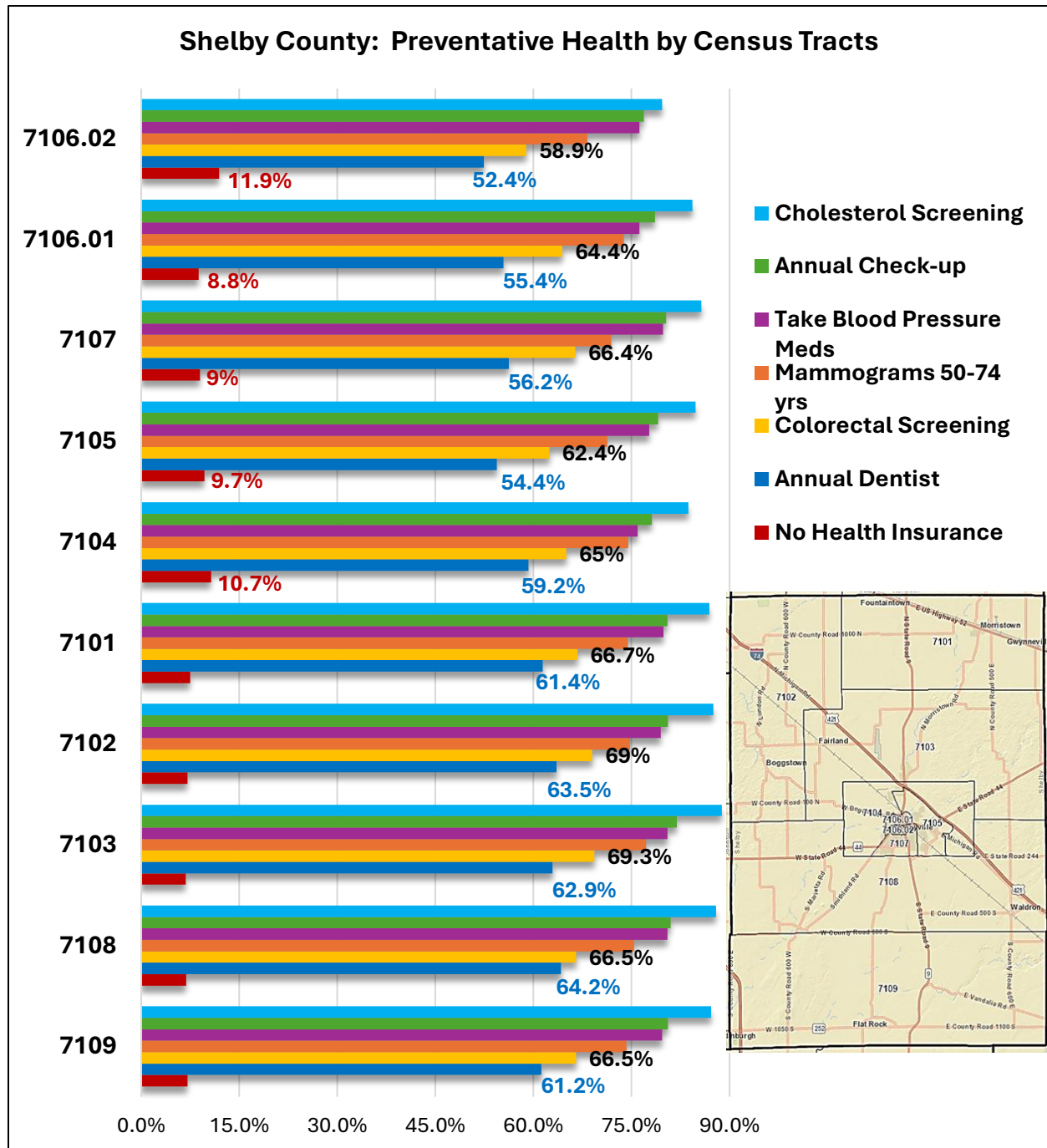
COMMUNITY CONTEXT

- Disconnected Youth
- Domestic Violence – Intimate Partner Violence



ACCESS TO CARE: Prevention. Disability.

There is not even distribution throughout the county for having health insurance. Participation continues to be low for colorectal screenings and annual dental check-ups.

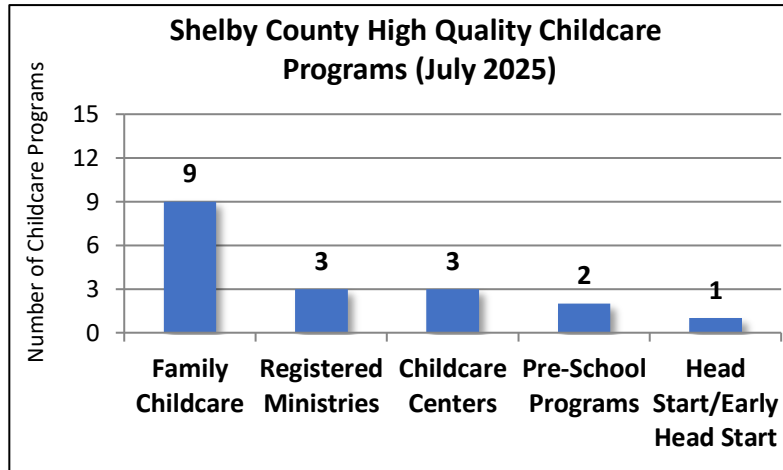


Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health. Places, Local Data for Better Health, Behavioral Risk Factors Surveillance System, Shelby County, 2023.



EDUCATION: Childcare. Early Childhood.

Shelby County's Licensed and Registered Childcare and Preschool Programs.



The Early Learning Marketplace.

<https://earlylearningin.org/closing-the-gap/county-profiles/>

- 3,460 children under age 6 in Shelby County (2023)
- 113 childcare providers in the County. Capacity: 1,490 children (2024)
- 27.4% of childcare providers are Licensed/Registered/Exempt Programs (2024)
- 64% of 3- & 4-year-old children are enrolled in pre-school (2023)

PREVENTION HIGHLIGHT: Headstart and Early Headstart of Shelby County

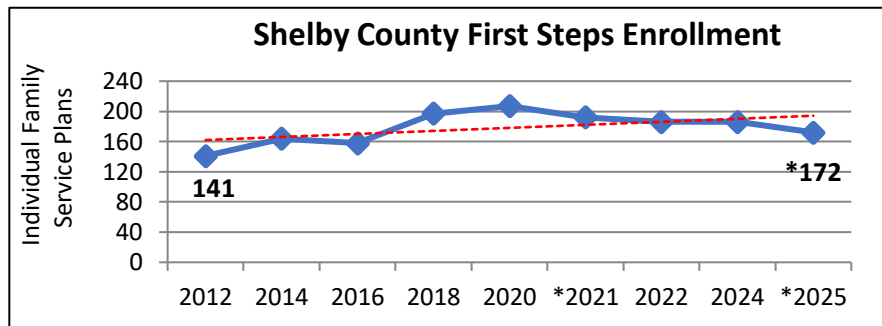
- **Eligibility:** Income 100% of FPL, or already enrolled in SNAP, or is a foster child
- **Capacity:** 36 preschoolers and 8 infants
- **Dual-language Learners:** 6.8% of children in 2025 – 2026 school year
- **Research-based curriculum**
- **Up-to-Date Well-Child visits required**
- **Staff trained in early intervention;** able to make recommendations for students who require additional support on their education journey
- **Family support:**
 - Monthly parent meetings on a range of topics from parenting skills to stress management
 - Parent-directed goals
 - Families connected with community-based resources as needed
 - Free, high-quality childcare so parents can work and/or pursue education

Headstart and Early Headstart, Shelbyville and <https://headstart.gov>



EDUCATION: Early Intervention Developmental & Intellectual Disability

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.

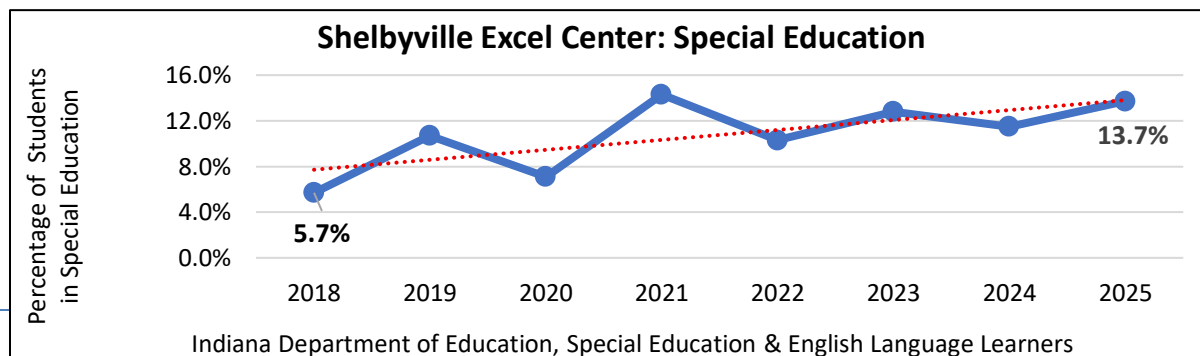
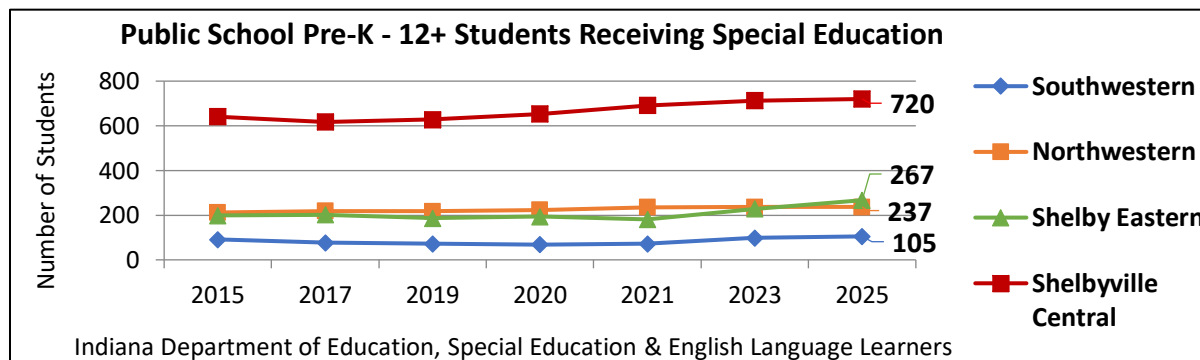


2012-2020: Indiana Family and Social Service Administration, County Profile Reports. 2021-2025: First Steps Cluster J

*Data for 2021 = last 3 quarters.

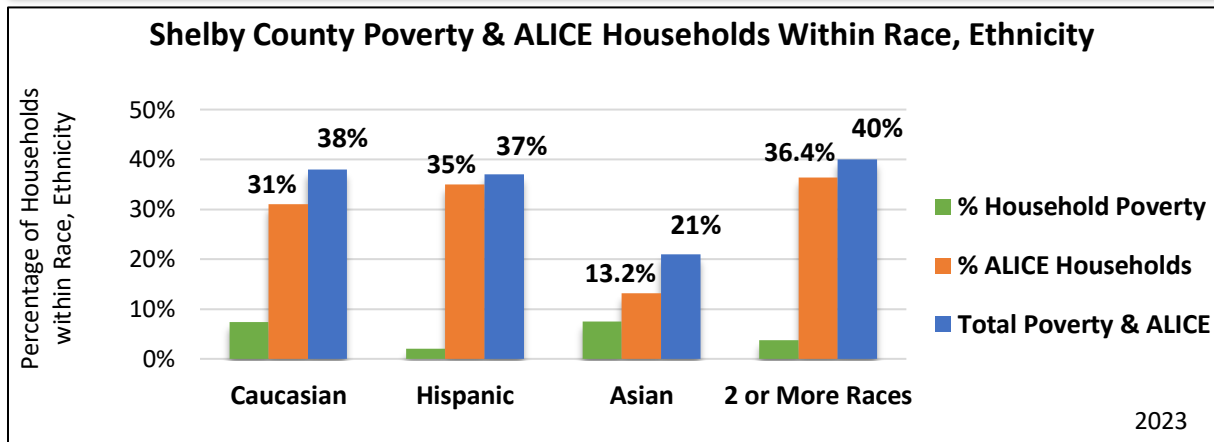
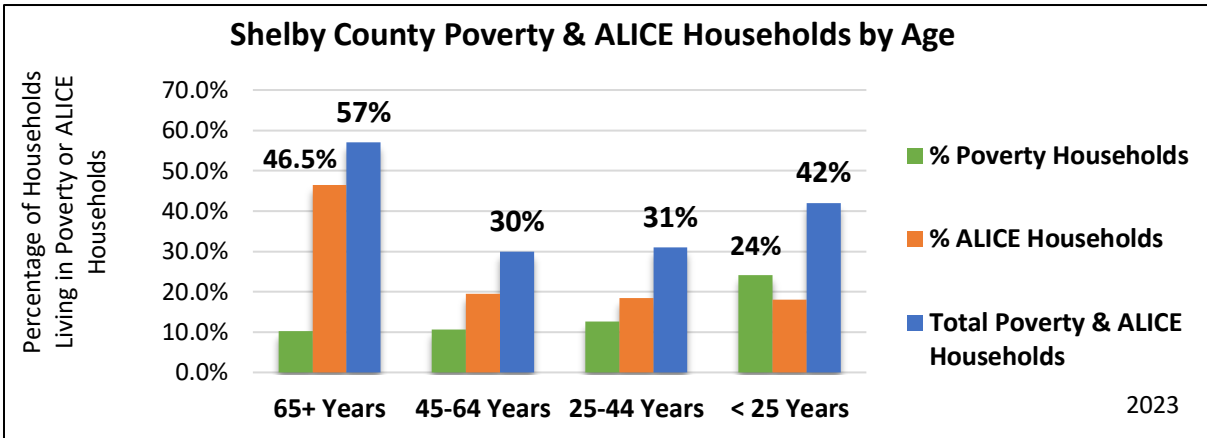
*Data for 2025 through 10/8/25.

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.

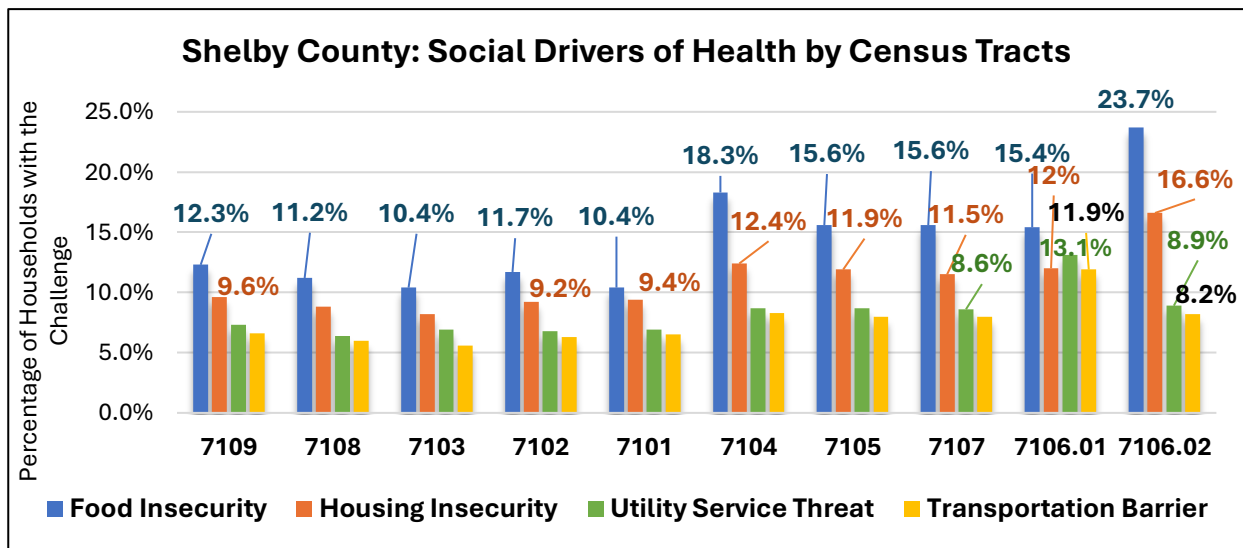




ECONOMIC STABILITY: Vulnerable Households



U.S. Census Bureau, American Community Survey 5-Year Estimates from United for ALICE.



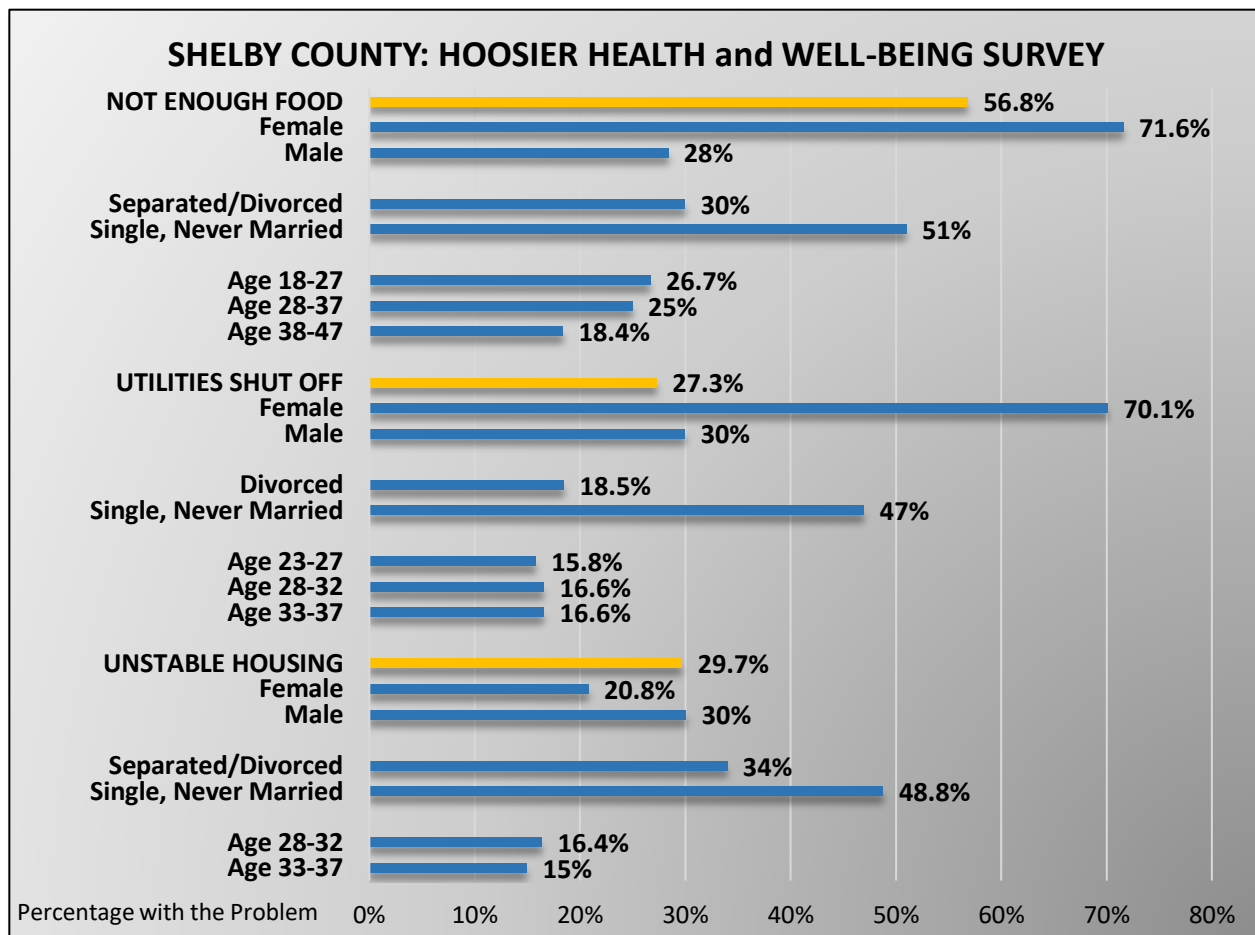
Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health. Places, Local Data for Better Health. Behavioral Risk Factors Surveillance System, Shelby County, 2023.



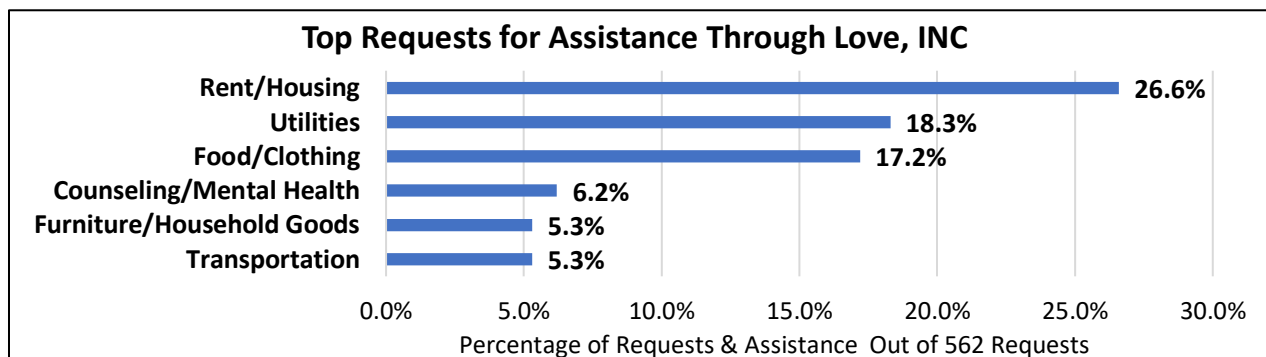
ECONOMIC STABILITY: Vulnerable Households

Family and Social Services Administration Hoosier Health and Well-Being Survey

Respondents represent a household but only the respondent is counted. Based on single parent households in Shelby County and eligibility criteria for food and medical assistance, many respondents are likely single parents with children under 18 years in the home.



Love, INC is a new clearinghouse for meeting needs by connecting individuals with church and community resources and by working to develop ongoing relationships and support.





ECONOMIC STABILITY: Assistance Programs

WHY DOES THIS MATTER?

- Assistance programs help bring Low-Income Households up closer to the ALICE Household Survival Budget.
- Two of the top 5 job opportunities in Shelby County have annual salaries less than **\$47,000** (2025 estimate using the Consumer Price Index Inflation Calculator).

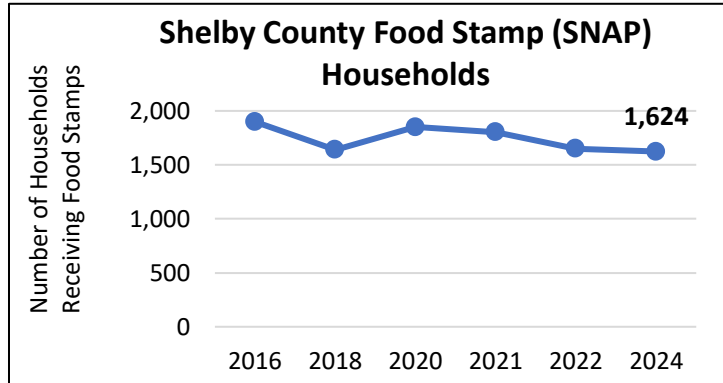
% FPL	Benefit
100%	Headstart and Early Headstart
100-400%	Qualifies for premium tax credits to lower monthly insurance premiums on the Marketplace <i>As of October 2025, subsidies / tax credits have an uncertain future.</i>
100-138%	Healthy Indiana Plan (HIP 2.0)
128-140%	Child Care Vouchers and up to 185% FPL once active in the voucher program
130%	School free meals and milk; Free textbooks
130%	SNAP – Supplemental Nutrition Assistance Program
158%	Medicaid for children ages 1 – 18 years
185%	School reduced-fee meals and milk; Reduced fee textbooks
185%	WIC – Women, Infants, and Children
250%	Children’s Health Insurance Plan (CHIP)
60% of State’s Median Income	Energy Assistance https://www.in.gov/ihcda/homeowners-and-renters/low-income-home-energy-assistance-program-liheap/

2024	Headstart & Early Headstart	Free Lunch; SNAP	Child Care Voucher	Medicaid (Hoosier Healthwise)	Reduced Lunch; WIC	Energy Assistance	Children’s Health Insurance
Family Size	100% FPL	130% FPL	140% FPL	158% FPL	185% FPL	60% of State Median Income	250% FPL
2	\$20,440	\$26,572	\$26,616	\$32,295	\$37,814	\$43,882	\$51,100
3	\$25,820	\$33,566	\$37,308	\$40,796	\$47,767	\$54,207	\$64,550
4	\$31,200	\$40,560	\$45,012	\$49,296	\$49,025	\$64,533	\$78,000
5	\$36,580	\$47,554	\$52,716	\$57,796	\$57,424	\$74,857	\$91,450

Child Care Development Fund Voucher Eligibility is 128-140% of FPL. The above chart uses 140%.



ECONOMIC STABILITY: Supplemental Nutrition Assistance Program

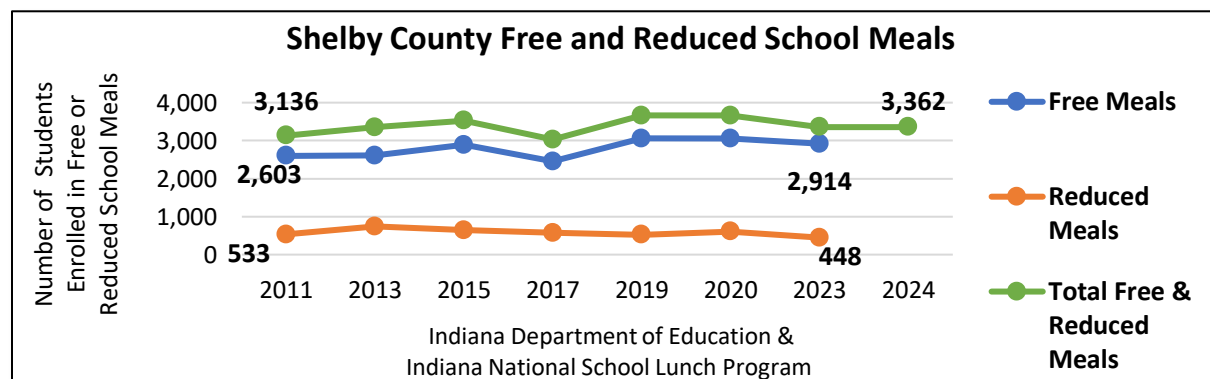
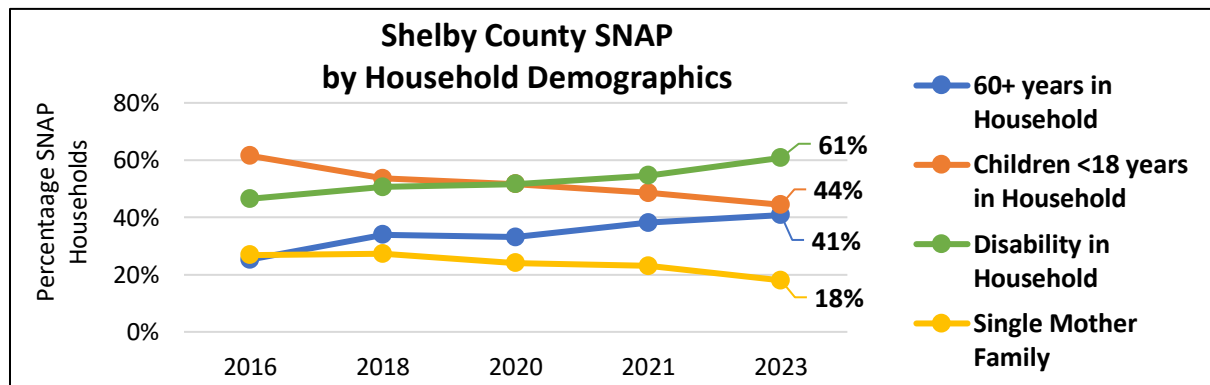


Family & Social Services Administration Data for Shelby County. Compiled by STATS Indiana.

SNAP Eligibility:

- Up to 130% of Federal Poverty Level
- Eligibility criteria not determined at local level
- 2024 - Shelby County average monthly SNAP issuance:
 - **Individual:** \$193.44
 - **Household:** \$386.88

The USDA Supplemental Nutrition Assistance Program (SNAP) targets low-income individuals and households. SNAP benefits are not designed to cover all the food needs of a household. **School children from low-income families may have their nutritional needs supplemented through USDA school lunch, breakfast, and summer meal programs.**





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 the FPL to determine eligibility guidelines for assistance programs. FPL is a percentage of gross income.

Throughout this section on the Social Determinants of Health, data and programs are from years 2023 through 2025. For reference, a sample of the FPL from each of these years is provided below.

2025 Federal Poverty Level

Family Size	100%	128%	130%	138%	158%	185%	250%	300%	400%
1	\$15,650	\$19,276	\$20,345	\$21,597	\$23,794	\$27,861	\$39,125	\$46,950	\$62,600
2	\$20,440	\$21,150	\$27,495	\$29,187	\$32,295	\$39,127	\$52,875	\$63,450	\$84,600
3	\$26,650	\$33,049	\$34,645	\$36,777	\$40,795	\$49,302	\$66,625	\$79,950	\$106,600
4	\$32,150	\$39,936	\$41,795	\$44,367	\$49,296	\$59,477	\$80,375	\$96,450	\$128,600
5	\$37,650	\$46,822	\$48,945	\$51,957	\$57,796	\$69,652	\$94,125	\$112,950	\$150,600

Add \$5,500 for each extra person

2024 Federal Poverty Level

Family Size	100%	128%	130%	138%	158%	185%	250%	300%	400%
1	\$15,060	\$20,032	\$19,578	\$20,782	\$24,727	\$27,861	\$37,650	\$45,180	\$60,240
2	\$20,440	\$27,072	\$26,572	\$28,207	\$33,417	\$37,814	\$51,100	\$61,320	\$81,760
3	\$25,820	\$34,112	\$33,566	\$35,631	\$42,107	\$47,767	\$64,550	\$77,460	\$103,280
4	\$31,200	\$39,936	\$40,560	\$43,056	\$50,797	\$57,720	\$78,000	\$93,600	\$124,800
5	\$36,580	\$48,192	\$47,554	\$50,480	\$59,487	\$67,673	\$91,450	\$109,740	\$146,320

Add \$5,380 for each extra person

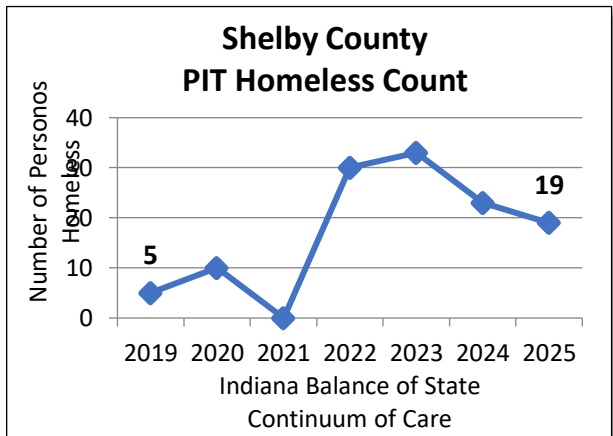
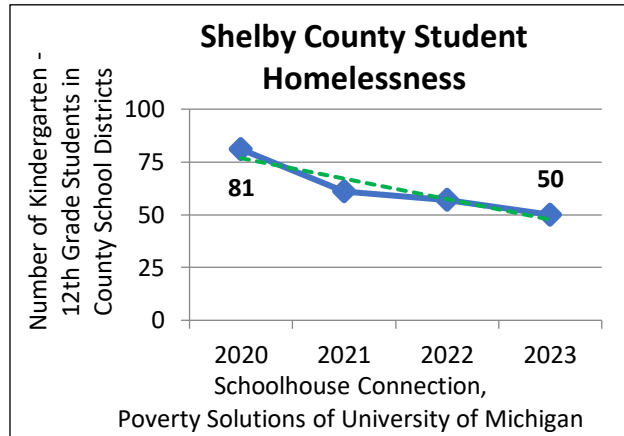
2023 Federal Poverty Level

Family Size	100%	128%	130%	138%	158%	185%	250%	300%	400%
1	\$14,580	\$20,742	\$18,225	\$20,120	\$23,036	\$26,973	\$36,450	\$43,740	\$58,320
2	\$19,720	\$25,242	\$25,636	\$27,214	\$31,158	\$32,227	\$49,300	\$59,160	\$78,880
3	\$24,860	\$31,821	\$32,318	\$34,307	\$39,279	\$45,991	\$62,150	\$74,580	\$99,440
4	\$30,000	\$38,400	\$39,000	\$40,500	\$47,400	\$55,500	\$75,000	\$90,000	\$120,000
5	\$35,140	\$44,979	\$45,682	\$48,493	\$55,521	\$65,009	\$87,850	\$105,420	\$140,560

Add \$5,140 for each extra person



ECONOMIC STABILITY: Homelessness and Housing Burden

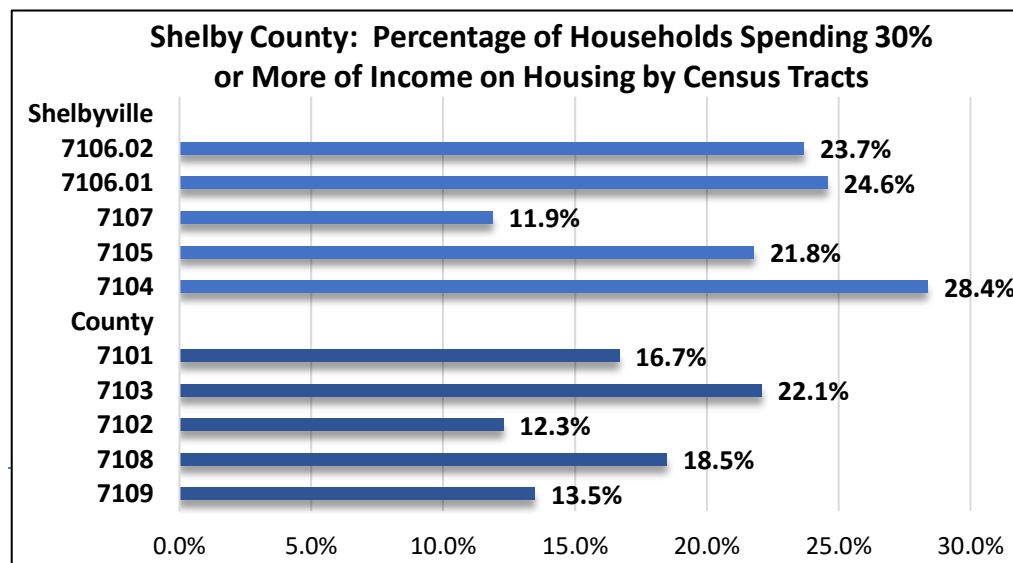


Point in Time Homeless Count

A Point in Time (PIT) Count of homeless individuals 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 2025 PIT	
Number of Households	19
Number of Persons	19
Number of Children < 18 years	0
Number of Young Adults 18-24 years	1
Number of Adults 24+ years	18

Indiana Balance of State Continuum of Care
https://www.in.gov/ihcda/indiana-balance-of-state-continuum-of-care/hmis_data_portal/



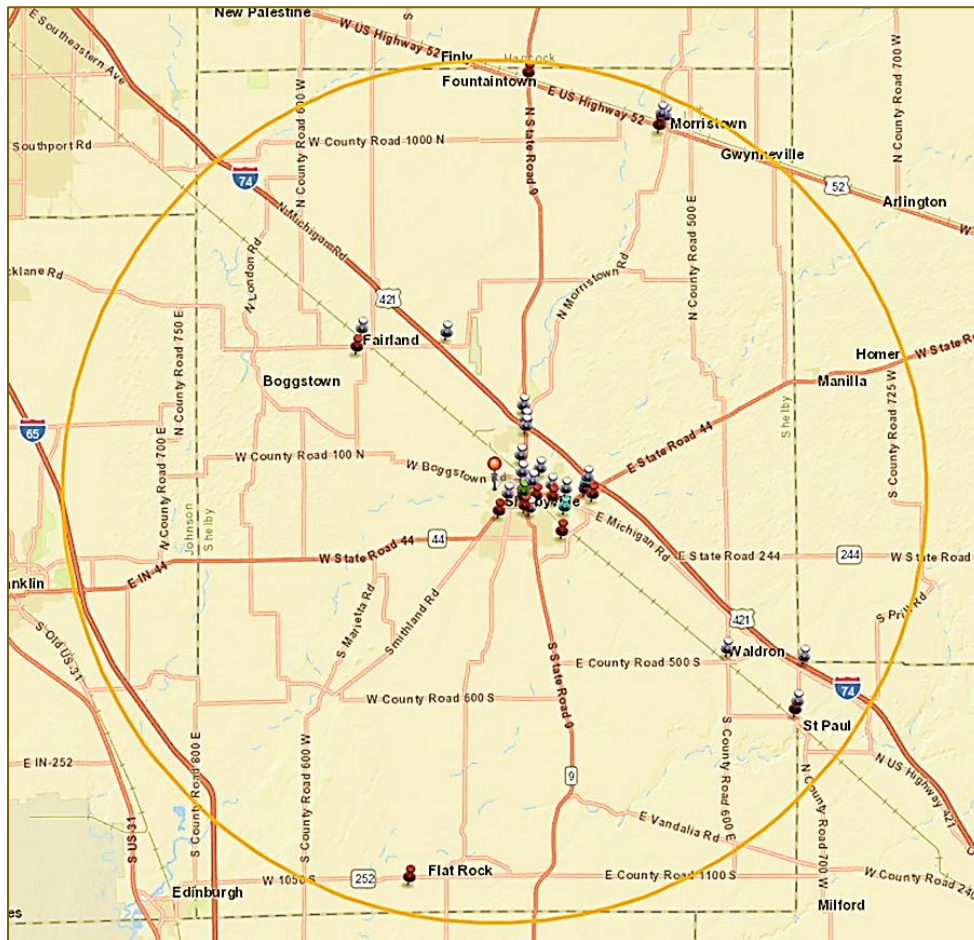
CDC, National Center for Chronic Disease and Health Promotion, Division of Population Health. Places, Local Data for Better Health. Behavioral Risk Factor Surveillance System, 2021.



NEIGHBORHOOD & BUILT ENVIRONMENT: SNAP Outlets

In Shelby County there are 37 retail outlets that accept SNAP (food stamps).

- **2 grocery stores;** 1 big-box store and 1 major chain – both on the east side of Shelbyville. None located downtown.
- **9 Dollar General stores;** 1 is a DG Market that offers fresh produce, meat, and dairy as well as a broader selection of refrigerated and frozen foods – also on the east side of Shelbyville
- **2 variety stores** similar to Dollar General located in or closer to downtown
- **21 convenience stores:** 17 gas stations; 1 drug store; 1 tobacco outlet; 2 in rural towns
- **1 meat retailer** that also sells produce and sandwiches
- **1 seasonal farmers' market**

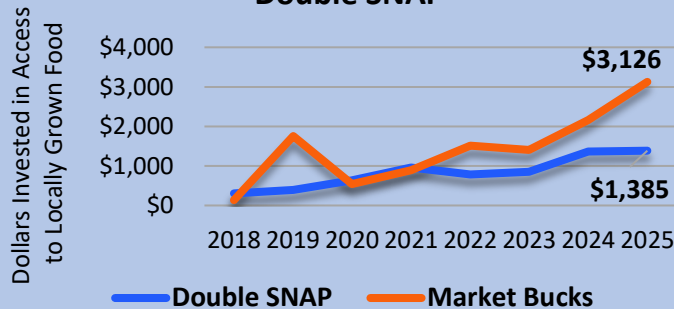


<https://www.fns.usda.gov/snap/retailer-locator>



NEIGHBORHOOD & BUILT ENVIRONMENT: Access to Affordable, Nutritious Food

Major Hospital: Market Bucks & Double SNAP



Major Hospital: Neighborhood Farmers Markets



Gleaners Food Bank of Indiana provides food for distribution in Shelby County in partnership with Pantry Pals, churches, youth organizations, schools, and federally qualified healthcare.

2024: Gleaners food distribution

- 612,144 pounds of food
- 146,280 pounds of fresh produce
- 69% of food was rated as nutritious
- 510,120 meals

Gleaners Food Bank of Indiana, Shelby County Overview
https://www.gleaners.org/wp-content/uploads/2025/06/June2025_Shelby-county.pdf

ACCESS TO NUTRITIOUS FOOD HIGHLIGHT:

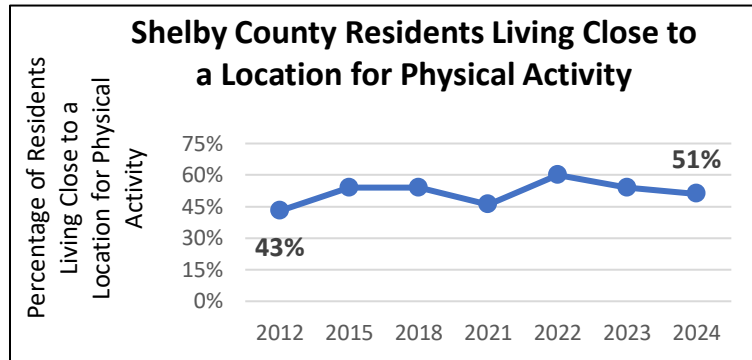
Major Hospital supports food access in partnership with Mainstreet Shelbyville - Shelby County Farmers Market and through Neighborhood Farmers Markets.

- **Market Bucks** for the Shelby County Farmers Market are distributed through MHP and community-based organizations that work with low-income and at-risk populations.
- **SNAP** households may double their buying power up to \$20 with matching SNAP Market Bucks at the Shelby County Farmers Market.
- **Mobile Farmers Market**
Major Hospital partners with Shelby County grower, Harker Family Orchard, Inc., to subsidize a produce market that goes to low-income apartments and the WIC office. **Neighborhood Farmers Markets** are open to the public. USDA WIC and Senior Farmers Market funds are accepted.

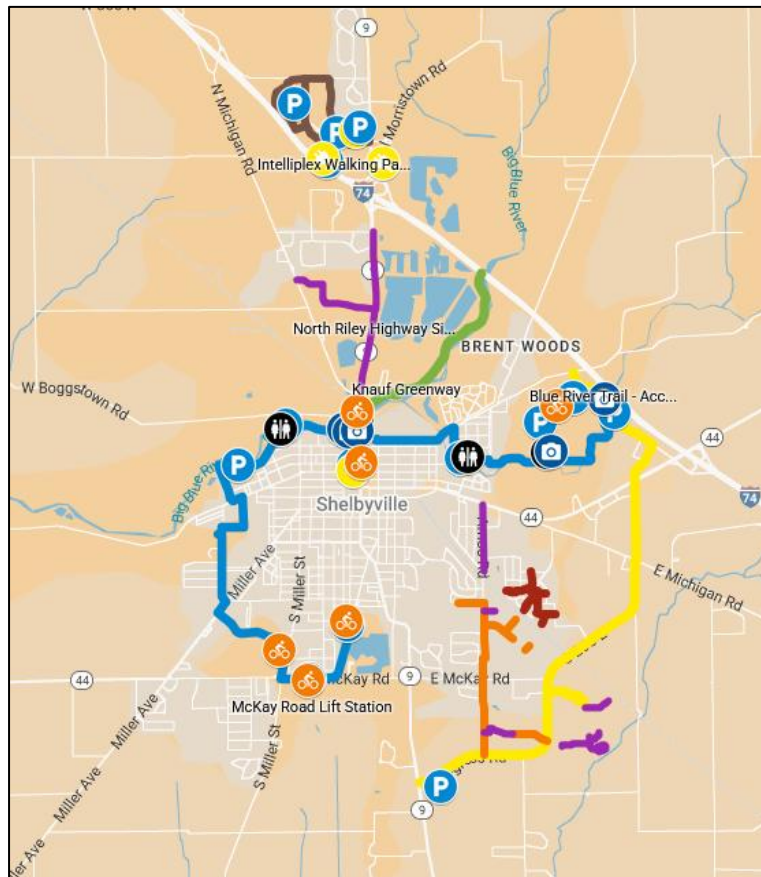


NEIGHBORHOOD & BUILT ENVIRONMENT: Access to Physical Activity Opportunities

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.



Multiple data files in ArcGIS Pro from County Health Rankings



Shelbyville Trails System, Google My Maps

Exercise or physical activity opportunities are defined as parks or recreational facilities.

Living reasonably close to such a facility is defined as

- Living within 1/2 mile of a city park;
- Living within 1 mile of a city recreational facility;
- Living within 3 miles of a recreational facility in a rural area.

PHYSICAL ACTIVITY HIGHLIGHT

Blue River Trail

The ongoing development of The Blue River Trail in Shelbyville puts increasingly more individuals close to a physical activity opportunity.

Trails as well as parks

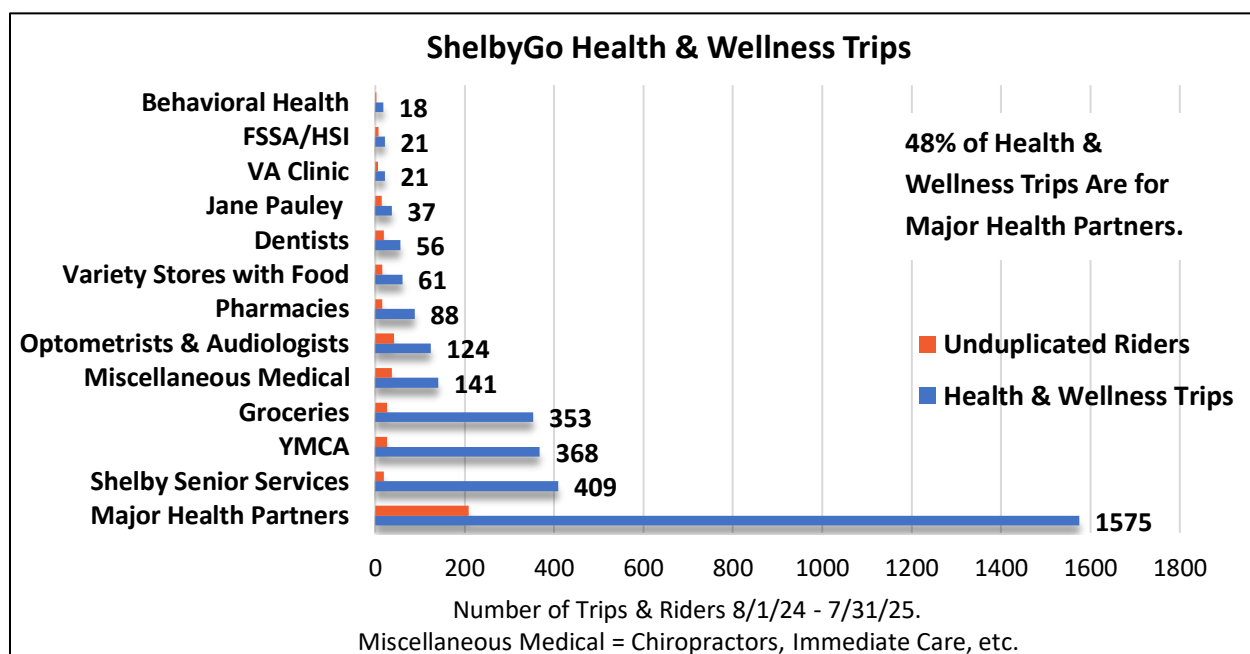
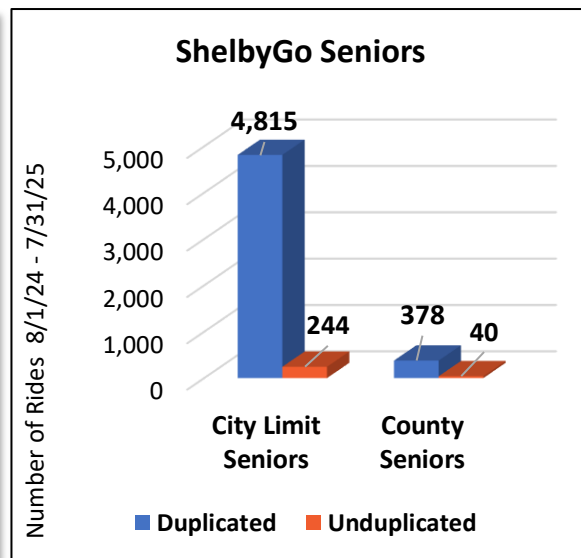
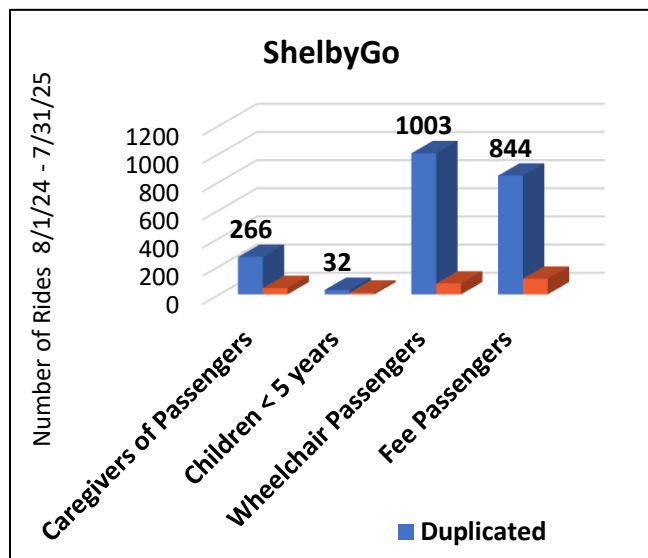
- Promote mental and physical well-being
- Connect people and amenities like parks and community events
- Improve neighborhood appeal

<https://www.indianatrails.com/blue-river-trail-shelbyville>



NEIGHBORHOODS & BUILT ENVIRONMENT: Access to Transportation

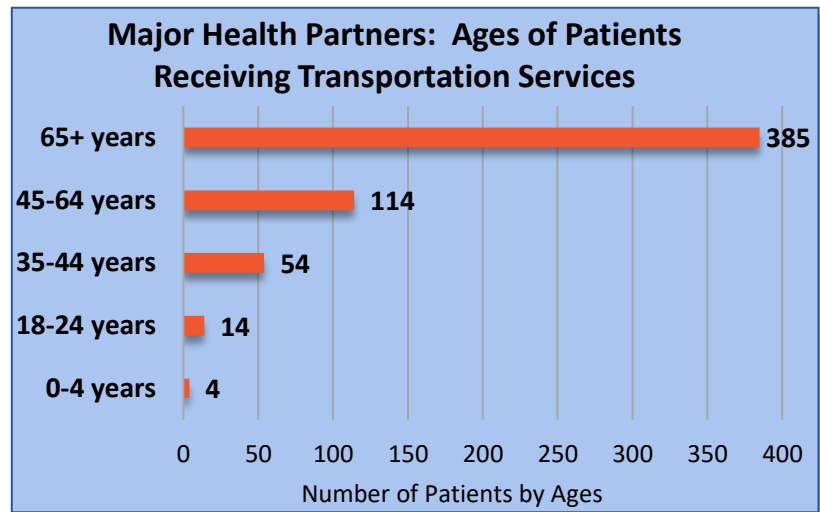
ShelbyGo is operated by Shelby Senior Services. Transportation is by reservation only. Individuals aged 60 and older may ride for free. There is a per-boarding fee for people younger than 60 years and for those living outside the Shelbyville service area.



ShelbyGo data provided by Shelby Senior Services, 8/1/24 – 7/31/25. <https://shelbyseniorservices.org/>



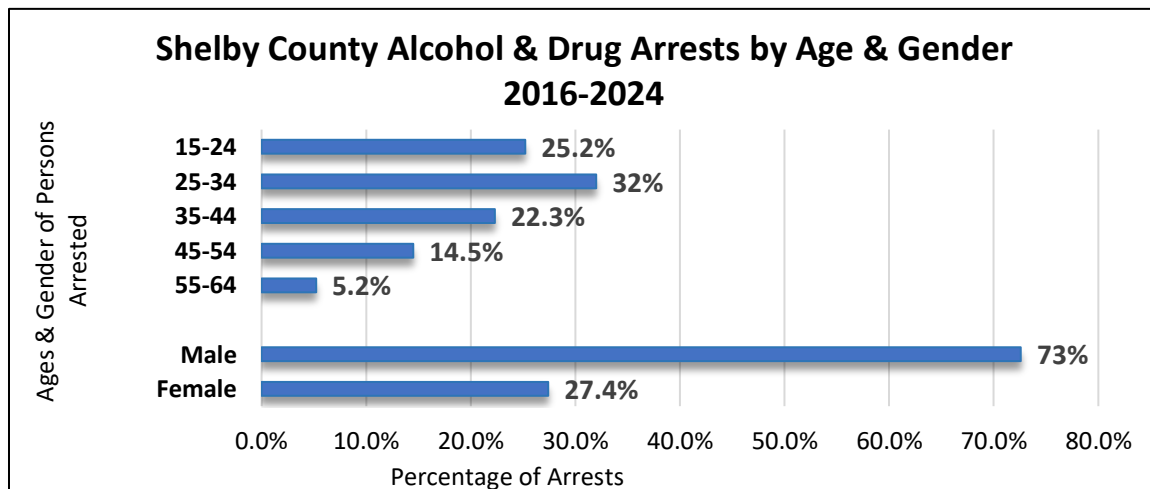
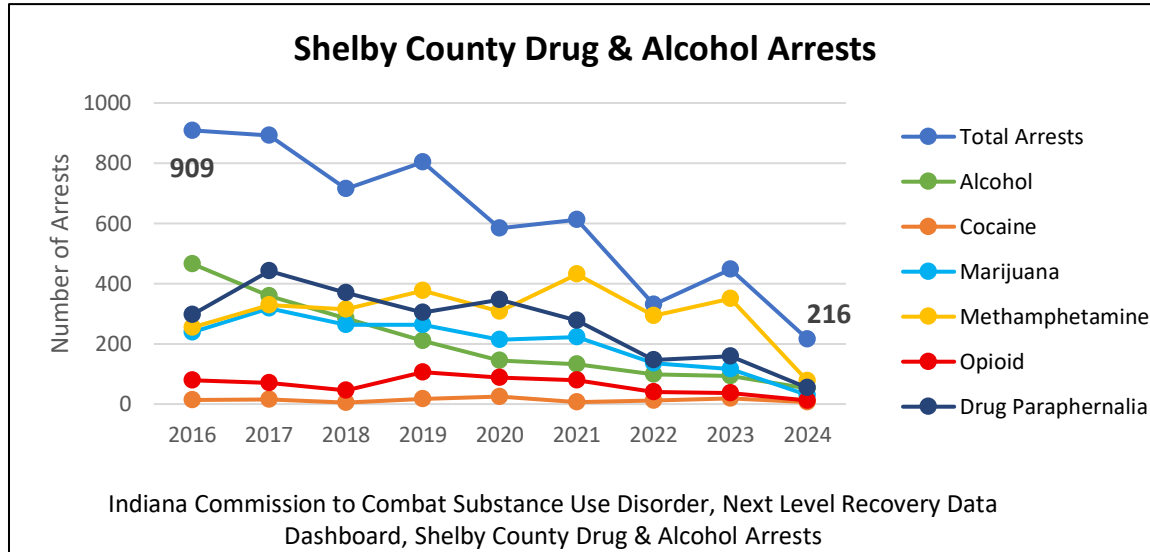
- 10,442 miles
- 154 wheelchair passengers
- 77 nursing home patients



CHINA 2025



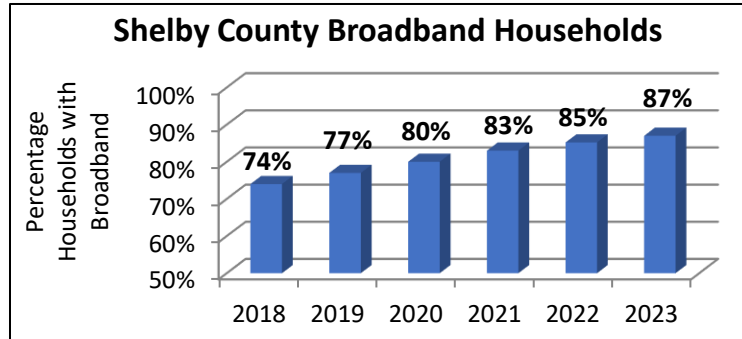
NEIGHBORHOODS & BUILT ENVIRONMENT: Drug – Related Crime



Indiana Commission to Combat Substance Use Disorder, Next Level Recovery Data Dashboard, Shelby County Drug & Alcohol Arrests, 2016-2024.



NEIGHBORHOOD & BUILT ENVIRONMENT: Broadband. Pollution.



U.S. Census Bureau, American Community Survey 5-Year Estimates, Table DP02

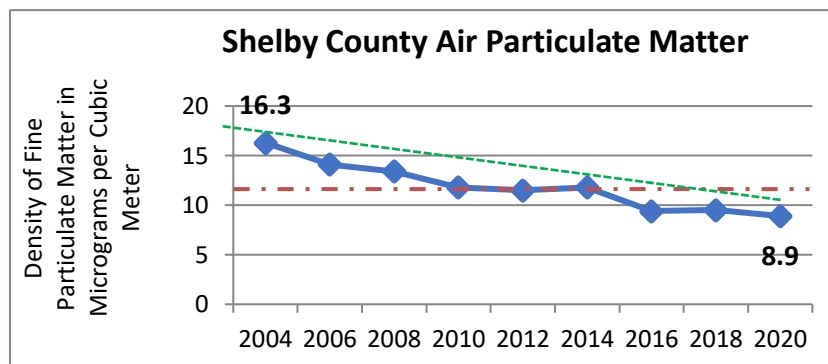
High-speed Broadband Internet

is essential for the economic development of Shelby County.

During the Covid shut down, the need for broadband internet in rural Shelby County was highlighted.

2025 COMMUNITY HEALTH SURVEY

- Nearly 4% of respondents identified health problems related to air or water quality.



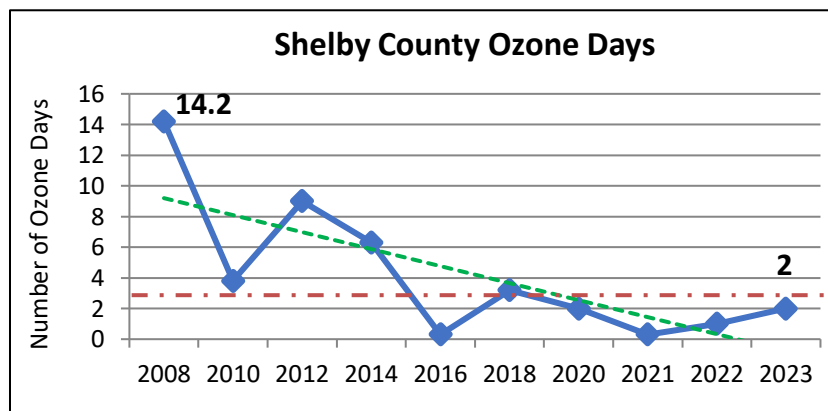
CDC's National Environmental Public Health Tracking Network from County Health Rankings, Shelby County

EPA annual standard for air particulate matter: 12.0 micrograms per cubic

Ozone Days Goal:

3.2 or fewer days

Annual Ozone Air Quality grade for 2021-2023 is 2.



American Lung Association. State of the Air Report Card for Shelby County
<https://www.lung.org/research/sota/city-rankings/states/indiana/shelby>

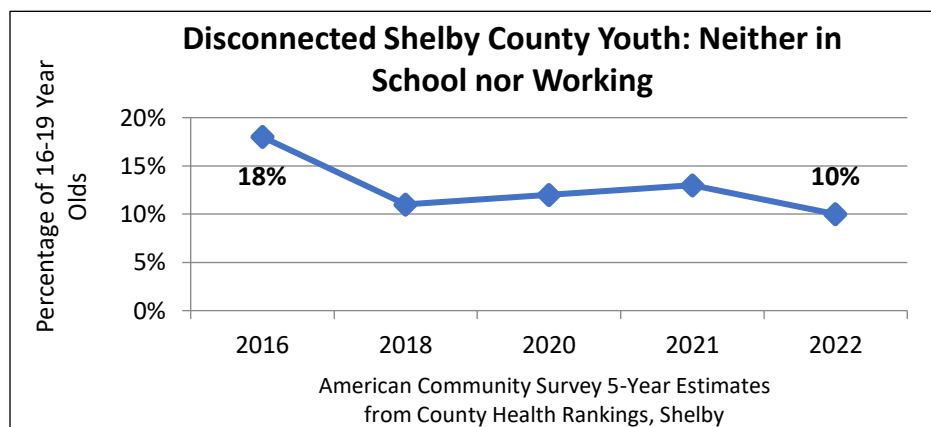
- Ozone: important shield against ultra-violet rays.
- Ozone: a pollutant impacting the respiratory tract, causing breathing difficulties, aggravating existing lung diseases, and inflaming lung tissue.
- Children, people with lung disease, and older adults tend to be more sensitive to ozone.



COMMUNITY CONTEXT: Disconnected Youth

Youth ages 16-19 who are not in school or the workforce are at greater risk for using tobacco, alcohol, and other substances; engaging in violence and criminal behaviors; and developing substance and mental health disorders, and health problems.

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

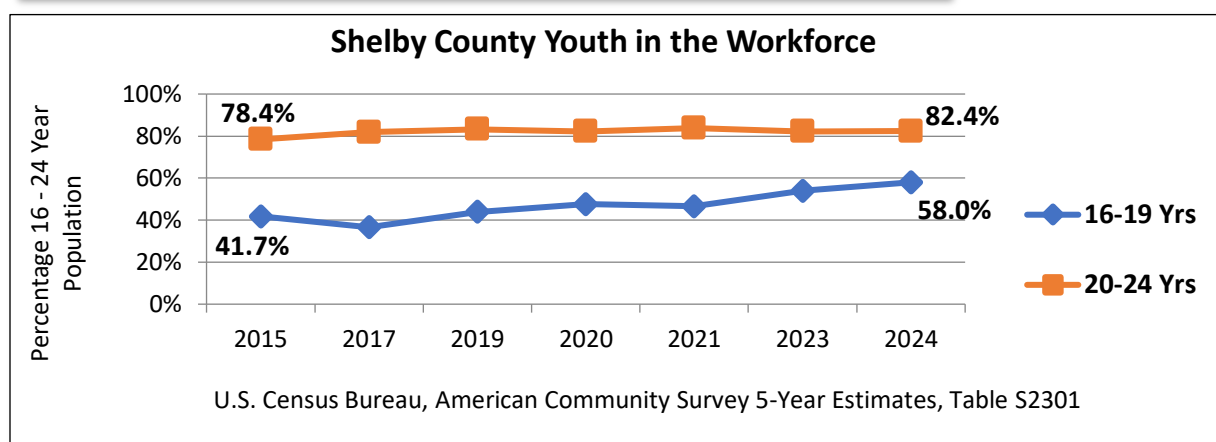
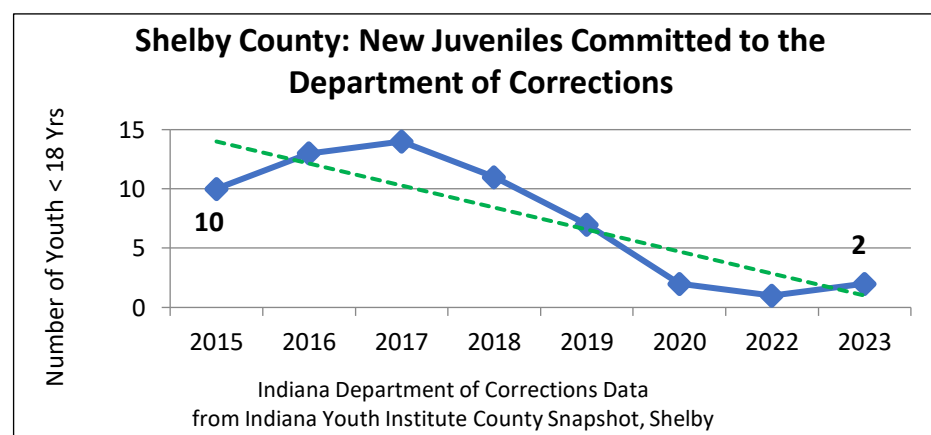


Ages 15-19 Years (2024):

98.1%: 15-17 years enrolled in school

42.4%: 18-19 years enrolled in school

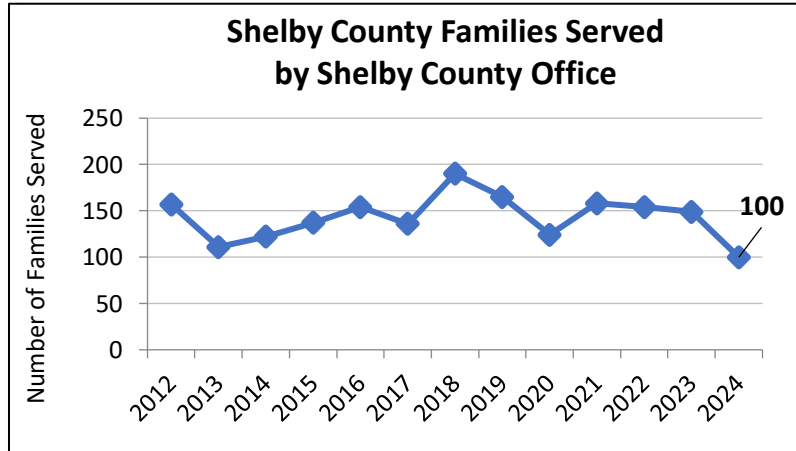
58%: 16-19 years in the workforce





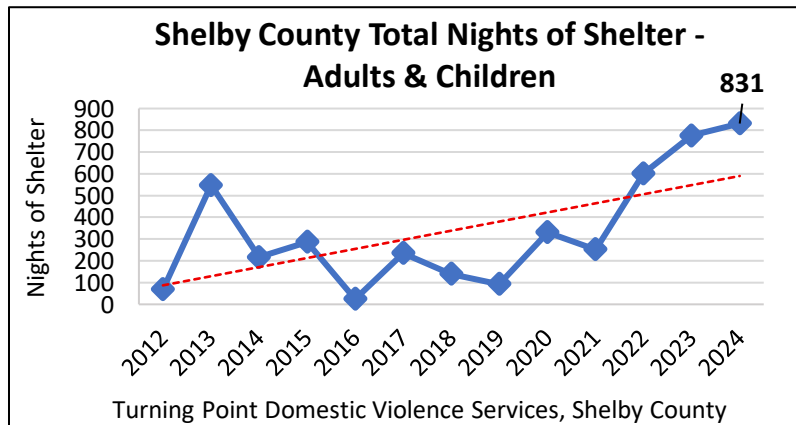
COMMUNITY CONTEXT: Domestic Violence - Intimate Partner Violence.

Turning Point Domestic Violence Services



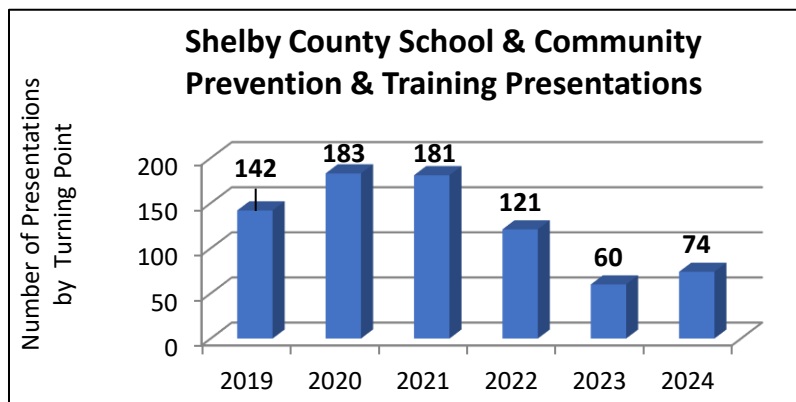
Shelby County Turning Point Office Provides

- Safety Planning
- Support
- Education
- Advocacy
- Help Navigating Legal System



Safe Shelter

- Central location
- Accommodates adults & children
- Individuals & families may need a single night or several weeks of shelter.



High Demand for Shelter

- Limited beds
- Results in survivors having to wait or being referred elsewhere

Data from Turning Point Domestic Violence Services, Shelby County Office.

2026-2028

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

2026-2028

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

COMMUNITY HEALTH IMPROVEMENT PLAN

The 2026-2028 CHIP is informed by

- Primary data from the Community Health Needs Survey and stakeholder conversations
- MHP clinical data and published secondary data
- Analysis of the Community Health Needs Assessment by a team of community leaders who identified focus areas for the 2026-2028 CHIP
- The CHIP was presented to the Major Hospital board and was endorsed on April 21, 2026.

The CHIP builds on the work of previous health improvement plans. Consideration and support will be paid to ongoing challenges and opportunities. These challenges are entwined in the focus areas of this CHIP.

- Affordable Housing
- Behavioral Health
- Food Insecurity and Food Access
- Transportation

Getting close to the problem: Consideration must always be given to how current processes and proposed improvements impact diverse and vulnerable populations such as Latinos, older adults, and individuals with a broad range of disabilities. This requires listening and learning from individuals experiencing the problem, from community stakeholders working with these populations, and from experts in the field.

Collective Impact: Each focus area of the CHIP will have a work group that is charged with studying the context and challenges and engaging a broad range of stakeholders and resources to address processes, tactics, and policies for improved outcomes. Work groups will report to the community or communities.

The Community Health Improvement Plan is a Shelby County plan and not the exclusive domain of Major Health Partners. No single entity can solve Shelby County's challenges. Collaboration and commitment across sectors are essential for improving the health and well-being of all our neighbors.

COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

CHIP Focus Areas

- Removing Barriers to Health
- Women's Health and Well-Being
- Child and Adolescent Obesity

This CHIP defines health as encompassing physical *and* mental well-being.

The overarching goal for these three focus areas is improvement in outcomes. An increase in access and opportunities is in the service of improving outcomes and not the endgame.

The focus areas of the CHIP are not distinct problems. The focus areas intersect. They are complex challenges without a single cause or solution. They require careful understanding, accountable collaboration, meaningful measurement, and strategic steps over time.

Nonprofit Center – Community Link: Collaboration is a fundamental tenet of the new nonprofit center. It will be well-situated to facilitate collaborative work between focus area work groups and with community-based organizations, faith communities, healthcare systems, schools, funders, and other public and private entities in order to improve quality of life.

CHIP FOCUS AREA #1: Removing Barriers to Health

GOAL: Improve health outcomes for residents who experience barriers to health, with particular consideration given to the needs of older adults, low-income households, and rural communities.

Objective: Establish a rural health work group to

- Study the contexts of residents in rural communities and townships in order to understand the risks and barriers to optimal health, with focused attention on older adults and low-income households
- Understand existing initiatives, services, and utilization. Identify assets, gaps, and access challenges
- Determine if a focused sub-work group is needed
- Align with GROW (Growing Rural Opportunities in Wellness) initiatives
- Determine objectives, strategies, and measurements for proposed solutions

CHIP FOCUS AREA #1: Removing Barriers to Health

Why is this a focus?

- The majority of health and wellness programs and resources are located in Shelbyville.
 - Exception: Morristown has urgent care, a pharmacy, and a dentist.
- The three largest rural towns are the focus of the Shelby County Sub-Area Economic Development Plan (February 2025).
- In these three rural towns, around 30% of the population are 65+ years old. Older adults have a higher burden of chronic disease.
- 49.4% of these rural households do not have a survivability income.
- The southwest quadrant of the county does not have a population center but rather several small, unincorporated communities.
- 55.4% of houses in these three rural communities were built before 1950. (35% of houses in the county were built before 1950.)
 - Houses built before 1950 without modern HVAC systems pose a risk for development or exacerbation of respiratory problems.
 - 18% of these houses in Fairland and Morristown are rental properties. (28% of houses built before 1950 are rental properties in the county.)
 - Asthma prevalence for adults: 11.5%; for under age 18: 7.2%

Shelby County Older Adult Demographics (2023 & 2024 Census Data)

- **65+ population:** 8,841 – 29% increase since 2012
 - 5.2% Latino, Hispanic
 - 4.1% Black, African American
 - 3% Asian
 - 6.8% Other Race
 - 6.6% Two or More Races
- **12.8% veterans**
- **Household Characteristics**
 - 33.1% of households have a person 65+ years residing there
 - 13.8% of single resident households are of a person 65+ years
 - 8.9% live below 100% of the FPL
 - 57% of household incomes above 100% of FPL but below threshold for survivability
- **43.9% of ages 60+ receive food stamps**

CHIP FOCUS AREA #1: Removing Barriers to Health

Demographics continued

- **20.5% Grandparents 60+ years are living with grandchildren < 18 years** (1,105 grandparents). Of these grandparents
 - 77.5% raise grandchildren with no parent present
 - 11% are unmarried
 - 8.4% live at or below Federal Poverty Level (FPL)
 - 26% are in the workforce
 - 3.5% of Latino grandparents ages 35-59 are raising grandchildren
- **75% have one or more disability.** Of individuals 65+ years with a disability
 - 22.6% live at or below the FPL
 - Hearing Problems: 15.5%
 - Vision Problems: 6%
 - Cognitive Problems: 6.7%
 - Ambulatory Problems: 21.7%
 - Self-Care Problems: 7%
 - Independent Living Problems: 12.6%

Community Health Needs Survey: Rural Residents - Barriers to Health

- 37.3% - Difficulty affording health care, medications, health insurance
- 26.1% - Difficulty affording healthy food
- 23.9% - Obesity
- 11.9% - Mental health problems
- 9.7% - Chronic disease
- 9.7% - Hearing problems
- 8.2% - Lack of affordable and accessible health screenings
- 8.2% - Vision problems
- 7.5% - Dental problems
- 7.5% - Caregiver burnout
- 5.2% - Lack of transportation
- 5.2% - Difficulty finding health information

CHIP FOCUS AREA #1: Removing Barriers to Health

Disease Prevalence Among Traditional Medicare Beneficiaries

- **Alzheimer's Disease** and Other Dementias
9% Medicare Prevalence
 - 24 Deaths in 2023
 - MHP - 67% decrease in new annual diagnoses from 2021 to 2024
- **Arthritis** – 39% Medicare Prevalence
- **Cardiovascular Diseases**
Medicare Prevalence:
 - 73% Hypertension
 - 28% Coronary Artery Disease
 - 19% Peripheral Vascular Disease
 - 15% Atrial Fibrillation
 - 15% Heart Failure
 - 6% Stroke
 - 1% Heart Attack
- **Cancer** – 10% Medicare Prevalence
- **Chronic Kidney Disease** –
22% Medicare Prevalence
- **COPD** - 20% Medicare Prevalence
- **Dental Problems** –
 - 17.7% of 65+ years have lost all their teeth
 - Community Health Needs Survey: 9.8% of 70+ years reported dental problems
- **Depression** - 27% Medicare Prevalence
 - Community Health Needs Survey 7% of Respondents 65+ years reported depression as a barrier to their health
- **Diabetes** - 28% Medicare Prevalence
- **High Cholesterol** – 71% Medicare Prevalence
- **Hip Fracture** - 1% Medicare Prevalence
 - 61 Hip Fractures treated at MHP in 2024
- **Liver Disease and Cirrhosis** -
8% Medicare Prevalence
- **Nicotine Dependence**
13% Medicare Prevalence
Community Health Needs Survey -
18.8% of respondents ages 65+ reported tobacco use as a barrier to their health
 - MHP Family and Specialty Practices – 11% of 70+ years were nicotine dependent
- **Obesity** – 24% Medicare Prevalence
 - Survey: Among respondents 65+ years - 32% reported obesity as a barrier to their health
- **Osteoporosis** – 17% Medicare Prevalence
- **Parkinson's Disease** –
1% Medicare Prevalence
- **Pneumonia**, all causes –
5% Medicare Prevalence
- **Psychotic Disorders** such as Schizophrenia –
2% Medicare Prevalence

<https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

Major Health Partners Clinical Analytics

CHIP FOCUS AREA #1: Removing Barriers to Health

Morristown

- **Population:** 1,205
- **Median Household Income:** \$53,250
 - Family Household Median Income: \$85,125
 - Non-family Household Median Income: \$40,724
- **Single Parent Households**
 - 15.5% Single Father Households
 - 31.1% Single Mother Households
- **10.7% households without a vehicle** (44 households)
 - 43.2% One person households
 - 29.5% Two person households
 - 27.3% Three person households
- **42.7% Houses built before 1950**
- **27.5% residents 65+ years**
- **7.7% Veterans**
- **227 Children < 20 years old**
 - 2.4% < 5 years
 - 15.1% 6-14 years
 - 6% 15-17 years
- **14.1% Below 100% Federal Poverty Level**
 - 18.1% Children < 18 years
 - 26.1% 65 years and older
- **47% Working households above FPL but with less than a survivability income**
- **Food Stamps: 9.5%**
 - Age 60 and older: 9.5%
 - Single Parent Households with Children < 18 years: 59%
- **4.8% Uninsured**
- **16.3% with a Disability**
- **Race/Ethnicity**
 - 2.4% Latino Population
 - 4.7% Other Races

Hanover, Union and Van Buren Townships

- **Population:** 4,598
- **Median Household Income - Average Median Income:** \$92,245
 - Hanover: \$80,739
 - Union: \$103,750
 - Van Buren: \$97,397
- **Residents age 65 and older:** 19.9%
- **Children Under Age 18:** 19.4%
- **Veterans:** 5.2%
- **Below 100% Federal Poverty Level**
 - Hanover: 10%
 - < 18 years: 12.4%
 - Union: 8.3%
 - 35 – 64 years: 9%
 - Van Buren: 6.2%
 - 18-34 years: 27.9%
- **Uninsured:**
 - Hanover: 4.6%
 - Union: 3.5%
 - Van Buren: 0.7%
- **Food Stamps**
 - Hanover: 5%
 - Age 60 and older: 35.9%
 - Single Parent Households of Children < 18 years: 43.6%
 - Union: 0%
 - Van Buren: 4.6%
 - Age 60 and over: 100%
 - Children < 18 years: 0%
- **Race/Ethnicity**
 - 1.3% Latino
 - 5.3% Other race or multiple races

CHIP FOCUS AREA #1: Removing Barriers to Health

Waldron

- **Population:** 805
- **Median Household Income:** \$80,441
 - Family Household Median Income: \$82,132
- **Single Households**
 - 12.6% Single Father Households
 - 15.2% Single Mother Households
- **5.5% Households without a vehicle** (11 two-person households)
- **50% Houses built before 1950**
- **27.2% Residents 65+ years**
- **13.1% Veterans**
- **153 Children < 20 years old**
 - 3.5% < 5 years
 - 11.2% 6-14 years
 - 3.1% 15-17 years
- **7.2% Below 100% Federal Poverty Level**
 - 12% Children < 18 years
 - 10.3% 65+ years
- **21% Working households above FPL but with less than survivability income** for Shelby County's Cost of Living
- **Food Stamps: 8.1%**
 - 60 years and older: 43.9%
 - < 18 years: 42.1%
 - Single Parent Households of Children < 18 years: 24.6%
- **0% Uninsured**
- **17.8% with a Disability**
- **Race/Ethnicity**
 - 1.1% Latino Population
 - 3.5% Other Races

Liberty, Noble Townships

- **Population:** 3,190
- **Median Household Income - Average Median Income:**
 - Liberty: \$81,250
 - Noble: \$98,194
- **Residents age 65 and older:** 21.6%
- **Children Under 18 years:** 20.7%
- **Veterans:** 13.9%
- **Below 100% Federal Poverty Level**
 - Liberty: 7.1%
 - < 18 years: 15.5%
 - Noble: 2.6%
 - < 18 years: 2.3%
- **Uninsured:**
 - Liberty: 9.7%
 - Noble: 12.5%
- **Food Stamps:**
 - Liberty: 8.5%
 - 60 years and older: 80.4%
 - Households with children under 18: 76.8%
 - Noble: 5.8%
 - 60 years and older: 35.7%
 - Single Mother Households with children < 18: 47.6%
- **Race/Ethnicity**
 - 2.5% Latino
 - 4.1% Other Race, Two or More Races

CHIP FOCUS AREA #1: Removing Barriers to Health

Fairland

- **Population:** 542
- **Median Household Income:** \$42,082
 - Family Household Median Income: \$84,375
 - Non-family Household Median Income: \$26,842
- **Single Parent Households**
 - 21.1% Single Father Households
 - 38.1% Single Mother Households
- **1.5% of One or Two person households without a vehicle**
- **74% Houses built before 1950**
- **30.3% residents 65+ years**
- **6.8% Veterans**
- **143 Children < 20 years old**
 - 5.9% < 5 years
 - 10% 6-14 years
 - 7.7% 15-17 years
- **11.4% Below Federal Poverty Level**
 - 21.7% Children < 18 years
 - 5.0% 65+ years
- **48% Working households are above FPL but with less than a survivability income**
- **10% Uninsured**
- **Food Stamps: 8.1%**
 - 60 years and older: 43.9%
 - Children < 18 years: 42.1%
 - Single Parent Households with children < 18 years: 24.6%
- **13.2% with a Disability**
- **Race/Ethnicity**
 - 11% Latino Population
 - 4.2% Other Races

Brandywine, Moral, Sugar Creek Townships Census Place: London

- **Population:** 7,600
- **Median Household Income**
Average Median Income: \$76,393
 - Brandywine: \$61,563
 - Moral: \$97,759
 - Sugar Creek: \$69,857
- **Residents age 65 and older:** 17.5%
- **Below 18 years:** 25.4%
- **Veterans:** 6.4%
- **Below Federal Poverty Level**
 - Brandywine: 10%
 - < 18 years: 9.6%
 - Moral: 4.4%
 - < 18 years: 4.9%
 - Sugar Creek: 5.5%
 - < 18 years: 0%
- **Uninsured**
 - Brandywine: 8.7%
 - Moral: 5%
 - Sugar Creek: 1.2%
- **Food Stamps**
 - Brandywine: 6.1%
 - 60 years and older: 5.8%
 - Single Mother Households: 34.6%
 - Moral: 2%
 - 60 years and older: 42.9%
 - Single Father Households: 57.1%
 - Sugar Creek: 3.4%
 - 60 years and older: 100%
 - Children: 0%
- **Race/Ethnicity**
 - 2.8% Latino
 - 5.3% Other Race or Multiple Races

CHIP FOCUS AREA #1: Removing Barriers to Health

Hendricks, Jackson, Washington Townships

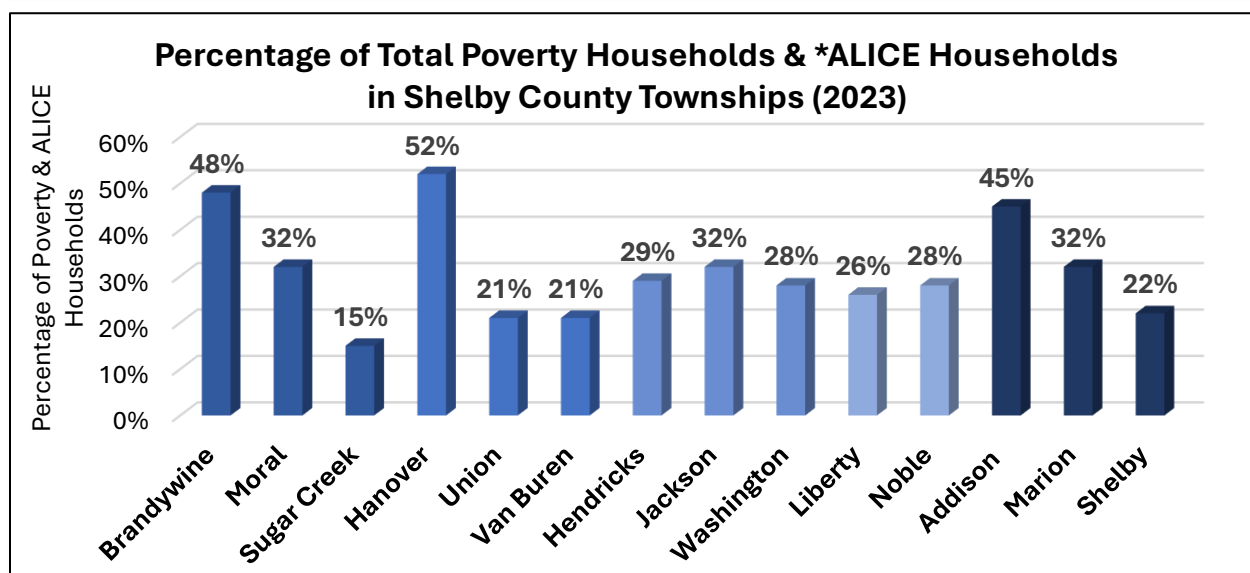
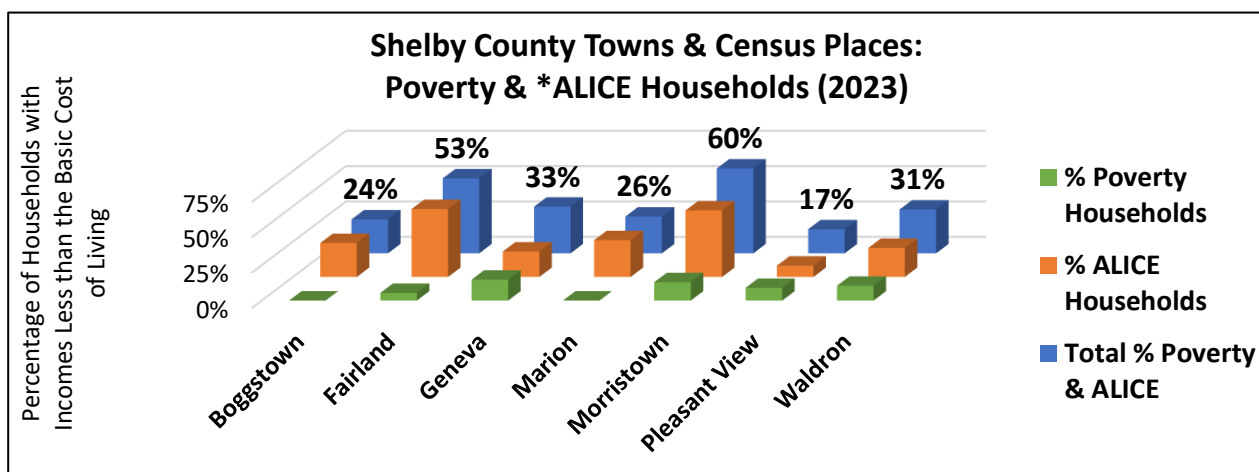
Unincorporated Communities of Marietta,
Bengal, Mt. Auburn, Flat Rock, Smithland,
Lewis Creek, Wilson Corner, and Norristown

- **Population: 4,435**
- **Median Household Income:**
Average \$84,325
 - Hendricks: \$95,387
 - Jackson: \$84,643
 - Washington: \$72,946
- **Single Parent Households**
 - Hendricks:
 - Mother: 9.6%
 - Father: 10%
 - Jackson:
 - Mother: 11.5%
 - Father: 24.5%
 - Washington
 - Mother: 18.3%
 - Father: 13.9%
- **Residents age 65 and older: 20.9%**
- **Children under the age of 18: 21.7%**
- **Veterans: 2.7%**
- **Race/Ethnicity**
 - 3.8% Latino
 - 4.7% Other Race or Multiple Races
- **Below 100% Federal Poverty Level**
 - Hendricks: 7.8%
 - Children < 18 years: 12.3%
 - Ages 18 – 64: 8.8%
 - Jackson: 17.3%
 - Children < 18 years: 30.7%
 - Age 65 and older: 6.5%
 - Washington: Ages 35 – 64: 5.6%
- **Food Stamps**
 - Hendricks: 7.7%
 - Single Mother & Children < 18 years: 74.4%
 - Jackson: 7.5%
 - 60 years and older: 82.7%
 - Single Mother with Children < 18 years: 46.2%
 - Washington: 8.5%
 - 60 years and older: 63.6%
 - Single Mother & Children < 18 years: 36.4%
- **Uninsured**
 - Hendricks: 7.7%
 - Jackson: 3.1%
 - Washington: 4.1%

Demographic Data for Townships and Towns, 2024 - <https://data.census.gov>

CHIP FOCUS AREA #1: Removing Barriers to Health

Household income status of other rural Shelby County census places:



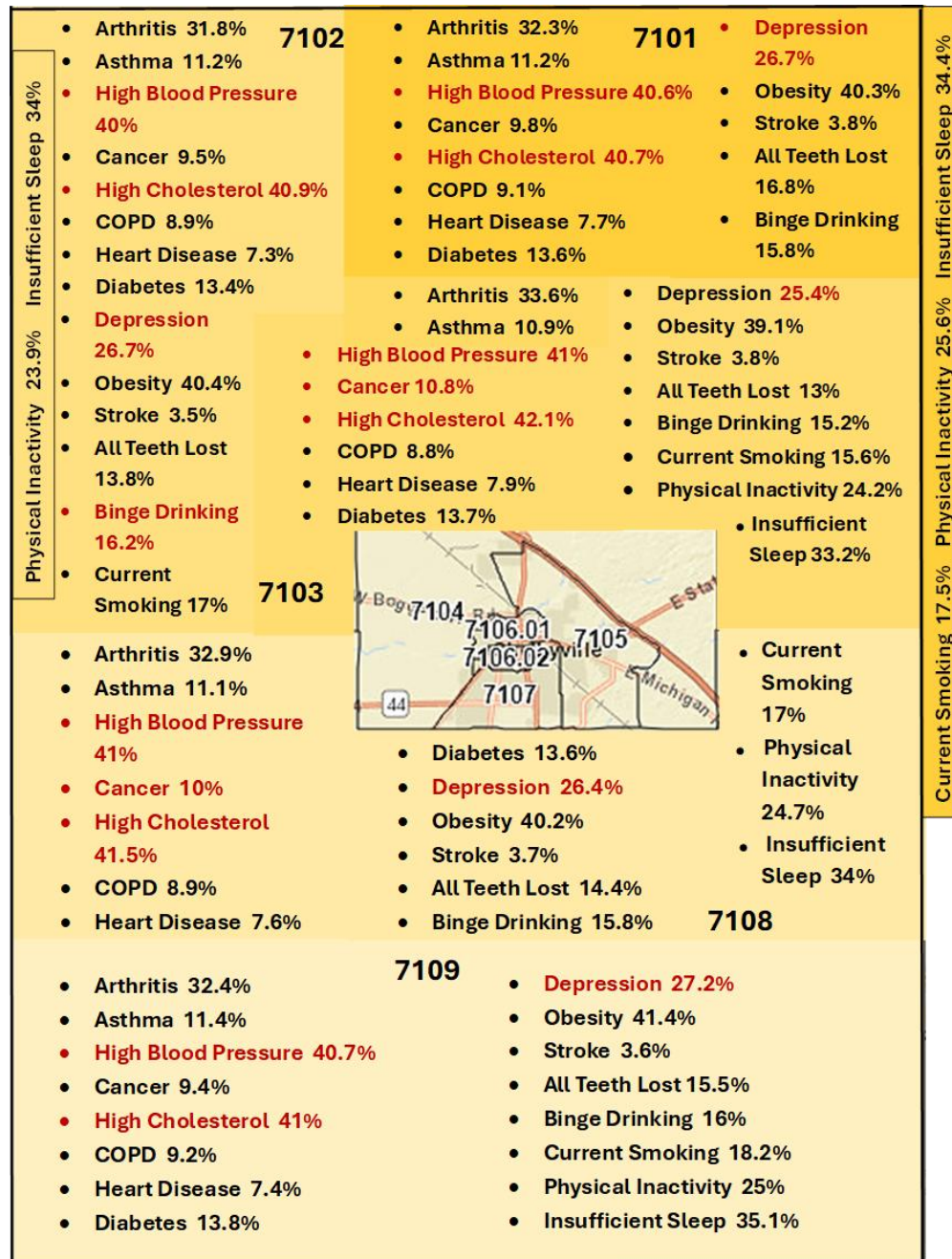
Townships and Rural School Districts

- **Fairland - Triton Schools:** Brandywine, Moral and Sugar Creek Townships
- **Morristown Schools:** Hanover, Union and Van Buren Townships
- **Southwestern Schools:** Hendricks, Jackson and Washington Townships
- **Waldron Schools:** Liberty and Noble Townships

***ALICE = Asset Limited Income Constrained Employed.** These are working households whose income is above 100% of the Federal Poverty Level but below the household income required to afford necessities such as rent, health care, food, transportation, diapers, utilities, childcare, personal hygiene items, etc. Read more about ALICE on pages 97 – 105.

CHIP FOCUS AREA #1: Removing Barriers to Health

Health Outcomes and Health Behaviors are fairly consistent throughout Shelby County. Indicators that are higher than the prevalence data for Shelby County are in **red**.



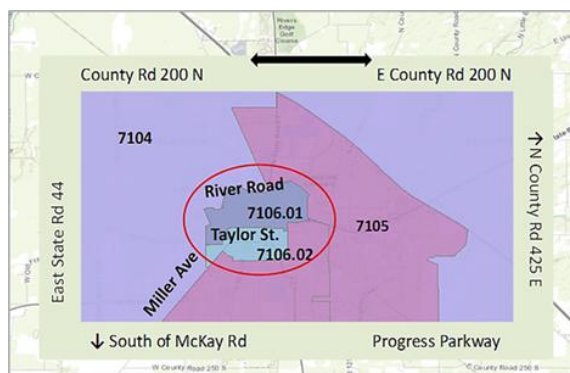
Prevalence Data is for adults ages 18 and older, except for the Loss of All Teeth which is for adults 65+.

Centers for Disease Control and Prevention, National Center for Chronic Disease and Health Promotion, Division of Population Health. Places, Local Data for Better Health. Behavioral Risk Factors Surveillance System, 2023. Shelby County.

CHIP FOCUS AREA #1: Removing Barriers to Health

Shelbyville Census Tract 7104

- Arthritis 27.3%
- Asthma 11.1%
- High Blood Pressure 36.7%
- Cancer 7.4%
- **High Cholesterol 37.6%**
- COPD 8.3%
- Heart Disease 6.5%
- Diabetes 12.9%
- **Depression 26.8%**
- Obesity 41.4%
- Stroke 3.2%
- All Teeth Lost 17.2%
- **Binge Drinking 16.8%**
- Current Smoking 17.8%
- Physical Inactivity 26.5%
- Insufficient Sleep 35.8%



Shelbyville Census Tract 7105

- Arthritis 29.8%
- Asthma 11.3%
- **High Blood Pressure 38.7%**
- Cancer 8.4%
- **High Cholesterol 38.7%**
- COPD 8.9%
- Heart Disease 7.1%

- Diabetes 13.5%
- **Depression 27.2%**
- Obesity 41.7%
- Stroke 3.6%
- **All Teeth Lost 23.6%**
- **Binge Drinking 16.2%**
- Current Smoking 18.2%
- Physical Inactivity 27.1%
- Insufficient Sleep 36.4%

Shelbyville Census Tract 7107

- Arthritis 33.2%
- Asthma 11.7%
- **High Blood Pressure 41.9%**
- Cancer 9.4%
- **High Cholesterol 40.9%**
- COPD 10.4%
- Heart Disease 8.2%
- **Diabetes 14.8%**
- **Depression 27.7%**
- Obesity 42.5%
- Stroke 4.1%
- All Teeth Lost 17.5%
- Binge Drinking 15.2%
- Current Smoking 19.4%
- Physical Inactivity 28.4%
- Insufficient Sleep 35.8%

Census Tract 7106.01

- 28.9%
- 11.8%
- 37.3%
- 7.8%
- 37.7%
- 8.8%
- 6.5%
- 12.8%
- 28.8%
- 42.4%
- 3.3%
- 12.9%
- 17%
- 18.9%
- 25.8%
- 37%

- Arthritis
- **Asthma**
- **High Blood Pressure**
- Cancer
- **High Cholesterol**
- **COPD**
- Heart Disease
- **Diabetes**
- **Depression**
- Obesity
- Stroke
- All Teeth Lost
- Binge Drinking
- Current Smoking
- **Physical Inactivity**
- **Insufficient Sleep**

Census Tract 7106.02

- 29.3%
- 12.5%**
- 39.5%**
- 6.8%
- 37.6%**
- 11.4%**
- 7.4%
- 14.6%**
- 30.6%**
- 46.2%
- 3.9%
- 19.4%**
- 16.6%**
- 25.2%
- 31.9%**
- 37.9%**

CHIP FOCUS AREA #1: Removing Barriers to Health

RURAL COMMUNITY ASSETS:

The following assets are especially true for the Southwest quadrant of the county and the Southwestern School system. There is no population center but rather several small, unincorporated communities.

Elementary and secondary schools – a source of community pride and cohesion, and a possible resource for enhanced wellness opportunities

Shelby Senior Services satellite centers in Morristown, Waldron, and Fairland

Community events which draw people from outside the town, such as Derby Days in Morristown, 4th of July Fireworks in Waldron, or the Marietta Volunteer Fire Department Fish Fry

Churches that serve not only as places of worship and religious instruction, but also as food pantries and civic gathering places, and for community meals and sources of practical assistance

Community Foundations that support local needs and initiatives in each quadrant of the county

CHIP FOCUS AREA #2: Women's Well-Being

GOAL: Develop a more thorough and nuanced understanding of the contexts and challenges of women in Shelby County in order to inform objectives and tactics for improving health and wellness outcomes

GOAL: Increase availability and access to quality childcare, with particular attention to childcare that accommodates second and third shift work, and jobs with inconsistent schedules

Objective: Establish a work group to

- Study the contexts of women whose situations increase the risks to their well-being and to the well-being of their households
- Understand existing initiatives and services, including childcare, in order to identify assets, gaps, and challenges
- Determine if a separate work group is needed to address childcare

CHIP FOCUS AREA #2: Women's Well-Being

Work Group continued

- Where possible, align with GROW (Growing Rural Opportunities in Wellness) initiatives
- Identify target population(s), objectives, strategies, and measurements for improving health and wellness outcomes

Why is this a focus?

- Females are 50.4% of the Shelby County population. In comparison to men, they have higher rates of poverty and food insecurity, of being single parents of children under the age of 18, and of living in households that lack a survivability income.
- Community Health Needs Survey: Women ages 18 - 40 rated their wellbeing as worse in 2025 than it was in 2022.
- Often unreliable, informal, and unaffordable childcare create challenges for women to maintain employment, attend school, seek medical care, and engage in pro-health activities.
- Caregiving responsibilities rest heavily on women's shoulders, be they responsibilities for children, for children with medical or developmental disabilities, for an aging parent, ill spouse.
- Needed and desired community-based services and health care services may be challenging to access outside of work and caregiving responsibilities. Services may be disjointed in their current structures.
- "One more thing": Society often holds competing expectations for women, especially mothers, potentially leading to overwhelm, isolation, and loneliness.

Demographics

- **Race and Ethnicity** (Women 15 years of age and older)
 - 94% Caucasian
 - 4.9% Latina
 - 3.2% Other Race
 - 1% Black, African American
- **Women 21 years of age and older:** 75.4%
 - 29.5% - Women ages 20 – 44 years
 - 20.3% - Women ages 65+ years
- **Grandmothers raising grandchildren with no parent present:** 57.6%
 - 2.3% - Latina grandmothers raising grandchildren

CHIP FOCUS AREA #2: Women's Health & Well-Being

Family and Social Services Administration: Hoosier Health and Wellness Survey – Shelby County Women

- 71.6% - Not enough food in last 12 months because of lack of money
- 70.1% - Utilities shut off in last 12 months because of lack of money
- 69.9% - Went without health care because of no transportation
- 69.2% - Concerned about not having stable housing in the next 2 months
- 69.9% - Needed medical care but could not afford the cost
- 64.8% - Need help reading hospital/medical materials
- 65.2% - Afraid might be hurt in apartment building or house
- 71.9% - No moderate physical exercise three times a week
- 87.6% - Lack of childcare makes it difficult to work or study

Community Health Needs Survey: Women's Barriers to Health

- 36.2% - Cost of medication, health care, and health insurance
- 28.3% - Affordable healthy food
- 25.5% - Obesity
- 16.9% - Chronic disease
- 13.3% - Mental health problems
- 8.8% - Over-use of social media
- 8.6% - Caregiver burnout
- 8.4% - Affordable and accessible health screenings
- 8.4% - Dental problems
- 7.5% - Loneliness
- 6.0% - Not enough support for people with disabilities
- 4.2% - No medical provider seen in the last 12 months

CHIP FOCUS AREA #2: Women's Health & Well-Being

Economic Self-Sufficiency

- Women earn \$.76 on the dollar of what men earn in Shelby County.
- 12.5% of Women and girls live at or below the Federal Poverty Level (2023)
 - Largest demographic living at or below the FPL: Women ages 25 – 34, followed by children ages 5 and under of both genders.
- 19% of Family households are single parent households.
 - 79% of Single parent households are single mother households.
 - 89% of Single mother households do not have a survivability income to afford necessities (housing, childcare, food, transportation, health care, phone and internet, clothing, diapers, personal hygiene, basic household cleaning supplies)
- 38% of Working, married households do not have a survivability income.
- 32% of Women and children live in households with incomes above the eligibility income for WIC and reduced fee school meals (185% of the Federal Poverty Level) but below the survivability income required to afford necessities in Shelby County (around 250% of FPL).

Childcare

- 3,460 children younger than 6 years
- 113 childcare providers for a total of 1,490 childcare slots
 - 27.4% of childcare and early childhood providers are registered or licensed
- 64% of all available parents work and need reliable childcare
- All public-school systems and St. Joseph's offer pre-school
 - 64% of 3- and 4-year-old children are enrolled in pre-school
- Childcare Costs
 - Households with 2 children in childcare: cost 32% of median household income: \$22,800
 - 1 infant in childcare cost \$14,000 – more than a year's tuition and fees at Indiana University
- In 2024, 126 Shelby County children were in childcare or preschool through a CCDF voucher
 - August 2025: 25,000 Indiana children were on the Child Care Development Fund waiting list for vouchers

CHIP FOCUS AREA #3: Child & Adolescent Obesity

Goal: The percentage of children and adolescents with obesity will plateau or begin to decrease as strategic obesity prevention and treatment interventions are implemented.

Objective: Establish a work group led by Major Health Partners to

- Study childhood obesity and its contributing factors (medical, psycho-social-economic, cultural, and behavioral)
- Understand existing practices and services at MHP and throughout the county in order to identify assets, gaps, and challenges
- Explore evidence-based and promising practices that address obesity prevention and intervention
- Where possible, align with GROW (Growing Rural Opportunities in Wellness) initiatives
- Determine objectives, strategies, and measurements

Why is this a focus?

- Shelby County has the highest rate of childhood obesity (ages 2-19) in Central Indiana.
- Diseases and conditions once thought to be the burden of adults, especially older adults, are now the diseases and conditions of childhood and on into adulthood such as Type 2 Diabetes, hypertension, high cholesterol, fatty liver disease, obstructive sleep apnea, and joint pain – let alone the risk for bullying, depression, and anxiety.
- While Shelby County has significantly increased behavioral health resources in the last 3 years, schools continue to be challenged with helping students access timely counseling services.
- 78% of single parent households have less than a survivability income.
- 19% of children < 18 years do not have enough to eat for an average of 7 out of 12 months

Demographics of Children Less than 18 Years Old

- **Population:** 10,062 Youth < 18 years
 - 9.7% - 980 Hispanic youth < 18 years (2023)
 - 4.1% - 415 Other races
 - 1.8% - 185 Black, African American
 - 0.2% - 19 Asian

CHIP FOCUS AREA #3: Child & Adolescent Obesity

Demographics continued

- **13% of Children <18 years live in single parent households** (1,324 children)
 - 79% Single parent households are headed by mothers
 - 89% of single mother households do not have a survivability income to buy necessities
 - 45% of single father households do not have a survivability household income.
 - 4.4% of children < 18 years do not have health insurance
- **14% of Children < 18 years live at or below federal poverty level** (1,409 children)
 - 28.4% of Children < 5 years live at or below federal poverty level
 - 18.9% of Children are food insecure (1,902 children)
 - Of the 1,624 households receiving SNAP benefits, 44% were households with children < 18 years (715 children)
- **53.9% of 16–19-year-olds are in the workforce (2023)**
- **MHP Social Determinants of Health Assessment:** 2.6% of patients younger than age 18 reported difficulty reading and understanding medical materials in order to make health care decisions
- **94% high school graduation rate (2025)**
 - 83.4% of Shelby County 3rd grade students achieved literacy benchmark (2025)
 - 1,129 students received special education services in public schools (2025)

Health

- **Obesity**
 - 25.2% ages 2-19 years – highest rate in Central Indiana (2024)
 - 39.4% increase from 2014
 - Race and Ethnicity:
 - 13.1% of Latino children are obese
 - 2.8% of Black, African American children are obese
 - 6.1% of other or mixed-race children are obese
- **7.2% Childhood Asthma rate (2023)**
 - One risk factor: Houses built before 1950 – 35% of Shelby County houses (2024)
 - 2024 - 29 Emergency Department visits for asthma for children ages 5-17
- **10% have a disability**

CHIP FOCUS AREA #3: Child & Adolescent Obesity

Adverse Childhood Experience (ACE)

Obesity in children and youth is a complex issue. Studies over the last 15 years have found one factor to be adverse childhood experiences. Girls seem to be more vulnerable to obesity associated with ACEs. Particular adverse experiences (physical and sexual abuse) and cumulative ACEs appear to have a greater association with childhood obesity.

Thapa, Shen, Cordero, et al. "Associations Between Adverse Childhood Experiences and Obesity Among Young US Adults." *Annals of Epidemiology*, Volume 111, 2025, Pages 51-57, ISSN 1047-2797. (<https://www.sciencedirect.com/science/article/pii/S1047279725002649>)

Schroeder, Schuler, Kobulsky, Sarwer. "The Association Between Adverse Childhood Experiences and Childhood Obesity: A Systematic Review." *Obesity Reviews*, Volume 22, Issue 7, 2021: e13204. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC8192341>)

- **Adverse Childhood Experiences** Indiana data is followed by Shelby County data. ACEs aside, these are up-stream issues that can contribute to health issues in childhood and on into adulthood.
 - **24.1% of children have experienced parents' divorce**
Shelby County:
 - 15.4% of marriages end in divorce or separation
 - While not all single parent homes are the result of divorce, 26% of children < 18 years live in a single parent household
 - **16.1% live in households that find it hard to cover the basic costs of food and housing**
Shelby County:
 - 38% of households do not have enough household income to cover costs of necessities
 - 89% of single parent mother headed households do not have enough income to cover the basic costs
 - 14% of children < 18 years live at or below the Federal Poverty Level
 - **11% live in a home where someone has a drug or alcohol problem**
Shelby County:
 - 38.1% of children removed from their homes were because of parent drug and alcohol use (2023)
 - Community Health Needs Survey: The number of children in a home is unknown. However, in households with 2 or more residents whose adults are < 45 years, 2.2% reported substance abuse as a barrier to their health.

CHIP FOCUS AREA #3: Child & Adolescent Obesity

Adverse Childhood Experiences continued

- **9.4% live in a home where someone has a mental illness**
Shelby County – Community Health Needs Survey:
 - While the number of children in a home is unknown, in households with 2 or more residents whose adults are < 45 years, 26.5% identified mental health problems as a barrier to their health.
 - 72% of women ages 18-40 reported experiencing poor mental health
- **5.8% have witnessed domestic violence**
Shelby County:
 - Adults and children sought 831 nights of safe shelter with Turning Point Domestic Violence Services (2024)
 - FSSA Hoosier Health and Well-Being Survey: While the number of children in households is unknown, 63.1% of females ages 23 – 42 were afraid of being hurt in their apartment building or house. (August 2018 – January 2025)
 - Community Health Needs Survey: While the number of children in a home is unknown, in households with 3 or more residents whose adults are < 45 years, 2.2% identified as victims of domestic violence/sexual assault/violent crime.
- **152 Substantiated cases of child abuse and neglect in Shelby County from January 2024 – August 2025**
 - Neglect – 86.2%
 - Sexual Abuse – 8%
 - Physical Abuse – 6.6%
- **Major Hospital Emergency Department (2024)**
 - 17% of patients < 21 years had an anxiety diagnosis (down from 20% in 2023)
 - 14% of patients < 21 years had depression diagnosis (down from 18% in 2023)
- **Major Family and Specialty Practices (2024)**
 - 12% of patients < 18 years received a new diagnosis of anxiety
 - 6.2% of patients <18 years received a new diagnosis of depression

CHNA: Written Comments. Contact Information.

There were no written comments on the 2023– 2025 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

Denise N. Holland

Community Liaison

Major Health Partners

2451 Intelliplex Drive

Shelbyville, Indiana 46176

dholland@majorhospital.org

317-398-5240