2017 Home Visiting Needs Assessment County Profile: Shelby

Shelby County State of Indiana **Population** 44,531 6,597,880 Children Under 4 2,617 434,075 \$50,510 Median Income \$54,639 Maternal and Newborn Health **Breastfed** Infant **Smoking** Births to Pregnant Teen Birth Preterm Medicaid Adult 1st time Mortality during Women on at Rate Births Births **Smokers** Pregnancy Mothers WIC Discharge Rates 11.5% 6.9 23.2% 37.5% 39.0 18.9% 70.7% 48.9% 27% Shelby 9.7% 15.1% 38.4% 28 17.3% 79.3% 43.7% 23% 7.1 Indiana Family Economic Self-Sufficiency Children with Families on Children in Children with Unemployment Single Parent **High School** Free/Reduced TANF (Monthly Poverty Food Insecurity Dropouts Households Lunch Average) 5.6% 16.5% 20.3% 45.8% 66 37% 9.8% Shelby 6.0% 21.2% 49.1% 10,680 9.7% 8.3% 21.2% Indiana Child Maltreatment Crime or Domestic Violence Domestic Violence Alcohol **Drug Related** Substantiated Substantiated Substantiated **Related Arrests** Residential/Non-Arrests per Neglect Physical Abuse Sexual Abuse per 1,000 **Residential Slots** 1,000 12.9% 7.5% 16.7% 120 2 4 Shelby 7.9% 16.4% 16.7% 6 9 23,367 Indiana School Readiness and Achievement Children with High School **Head Start** First Steps Early Head Start 4th Graders **Passing** Limited English Diploma or Slots Enrollment Slots **IREAD** Passing ISTEP Proficiency Equivalent 10.6% 83.2% 68 96.3% 3.7% 43.3% Shelby 13,598 6.5% 1,945 90.3% 77.5% 5.3% 35% Indiana

Data based on publicly available 2014 data, compiled by Emerald Consulting, and published in the 2017 Indiana Home Visiting Needs Assessment for the purpose of identifying factors related to the need for home visiting services in Indiana and by County."

This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number X10MC29469 Maternal, Infant and Early Childhood Home visiting Grant Program, total award \$10,518,746.00. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.