FISHERS HEALTH DEPARTMENT

2025 Community Health Assessment

Executive Summary

Overview

The Fishers Health Department's (FHD) Community Health Assessment (CHA) brings together community input and data to describe current health and well-being in Fishers. The assessment identifies where prevention, programs, and partnerships can have the greatest impact as the community continues to grow and change.

This inaugural assessment also reflects the unique context of a rapidly growing city that has evolved from a small farming community into one of Indiana's largest cities. As Fishers grows, health needs continue to shift, creating both opportunities and challenges for supporting residents' well-being.

Overall, Fishers performs well across many health indicators, including high insurance coverage, strong preventive care engagement, and favorable social and economic conditions. However, the data and community feedback also point to emerging needs, particularly in behavioral health, chronic disease prevention and management, healthy living, and support for a growing older adult population.

These findings are based on FHD's review of community data, resident feedback, and stakeholder input, and will help guide future public health planning and decision-making.

Process

FHD developed the Community Health Assessment using both data and community input to better understand the health needs, experiences, and priorities of Fishers residents. The process included reviewing existing health, social, demographic, and economic data; conducting a community survey; and hosting focus groups consisting of community members and medical, behavioral, educational, and social service organizations.

FHD also convened local service providers and community stakeholders to help shape the assessment process, review emerging findings, and identify priority areas. Together, these activities helped identify key health and well-being patterns, community priorities, and opportunities for prevention-focused public health work, partnerships, and future planning.

Summary of CHA Methodology

Three approaches were used to collect and review information for the CHA: secondary data analyses, a community survey, and focus groups. Secondary data sources included the Centers for Disease Control and Prevention, U.S. Census Bureau, emergency and urgent care encounter data, vital records, local emergency medical services data, and other relevant sources.

Nearly 1,500 community members completed the community survey, sharing primary data on the health issues they see as most important for themselves, their families, and the broader community. Survey participants also suggested actions FHD could take to address priority health concerns.

Focus groups included 61 participants representing diverse life stages, lived experiences, and industry sectors such as health care, public service, nonprofits, and social services. Several groups, along with FHD staff and community stakeholders, helped prioritize the needs identified through the assessment.

Quantitative and qualitative methods were used to analyze, interpret, and summarize the findings included in this report.

CHA By The Numbers

1,498
survey responses

61
focus group participants

Results

The assessment identified three Strategic Health Pillars that will guide FHD's public health focus in the coming years: Mental Health Across the Lifespan, Healthy Living, and Aging Well.

These pillars reflect the areas where data, resident feedback, and stakeholder input show the greatest opportunity for prevention, partnership, and long-term impact.

Key Findings

Fishers performs well across many health and well-being measures, but the assessment identified several themes that are important for sustaining community health and addressing emerging needs:

Mental health is the clearest community priority.

Survey responses, focus groups, and stakeholder feedback consistently identified stress, anxiety, depression, barriers to timely care, and uncertainty about how to navigate services as major concerns. These issues were especially noted for youth, young adults, and older adults. Health indicators from primary and secondary data echo these concerns, including rising emergency encounters for behavioral health needs, rates of depression, and social isolation.

Chronic disease prevention and management remain essential.

Even in a healthy community, conditions such as obesity, high blood pressure, high cholesterol, and depression effect many adults, with risk increasing with age. Resident and stakeholder feedback also highlighted the importance of earlier prevention, especially for youth and young adults. Expanding opportunities that improve healthspan (years of life lived in good health) and healthy living will help residents maintain better health throughout their life.

Older adults account for the fastest-growing population segment.

Older adults are the fastest-growing segment of the community, increasing the need for programs and services that support aging well, aging-in-place, fall prevention, mobility, social connection, service navigation, and caregiver needs.

Access to care is strong, but barriers remain.

Fishers has high health insurance coverage (96.5%) and access to a strong regional healthcare network, but insurance does not always equal timely or affordable care. More than 12% of adults report delaying care due to cost and appointment availability, which can lead to missed opportunities for prevention and early intervention.

Fishers continues to grow and change.

Rapid growth has changed the community's size, needs, and demographics. Families continue to move to Fishers, and the city's increasing racial and ethnic diversity, particularly among younger residents, will require thoughtful planning to ensure programs and services meet the needs of all residents.

Small percentages still represent real community need.

Fishers has very favorable economic conditions and lower prevalence of several health-related social needs compared to national benchmarks on poverty (3.3%), housing or food insecurity (2.3% and 2.5%), transportation insecurity (3.6%), and health insurance coverage (96.5%). However, in a city of more than 100,000 people, even low rates represent thousands of residents experiencing instability or financial strain that can effect stress, chronic disease prevention and management, and overall well-being.

By the Numbers:

Percent of Residents Experiencing Economic & Social Needs in Fishers

- **3.3%** Poverty Rate
- **2.3%** Housing Insecurity
- **2.5%** Food Insecurity
- **3.6%** Transportation Insecurity
- **96.5%** Insurance Coverage

Community Strategic Health Pillars

How Pillars were Identified

Priorities were identified by determining patterns across secondary health and well-being data, community survey responses, focus group themes, and prioritization activities. This approach considered both what the data showed and what residents and partners said is most affecting daily life in Fishers. These insights were organized into three strategic pillars to guide the development and expansion of local public health programs, services, and initiatives to improve health and well-being of the community.

Mental Health Across the Lifespan

This pillar focuses on mental well-being at every age, with attention to youth and young adults, substance use prevention, community and social connection.

Healthy Living

This pillar focuses on preventing and managing chronic disease through nutrition, physical activity, health screenings, modifiable lifestyle conditions, improved access to preventive services, and resource navigation.

Aging Well

This pillar focuses on supporting Fishers' rapidly growing older adult population through injury prevention, service navigation, mobility, social connection, health screenings, referrals to care, aging safely at home, and caregiver support.

Mental Health Across the Lifespan

- Youth Mental Well-Being
- Substance Use Prevention & Early Help
- Community & Social Connection
- Adult Screening Access
- Mental Health Navigation Help

Healthy Living

- Social Connection & Belonging
- Preventative Screenings & Coaching
- Physical Activity Options & Wellness Programs
- Navigating Healthy Living Resources
- Healthy Eating & Nutrition Support

Aging Well

- Fall Prevention & Mobility Safety
- Social Connection for Older Adults
- Health Screenings for Older Adults
- Aging-in-Place Navigation
- Caregiver Support & Resources

How this CHA will be Used

The Fishers Health Department will use this assessment to guide community health improvement planning, strengthen partnerships, and prioritize prevention strategies across the three strategic health pillars. The findings will also support continued delivery of core public health services, smart growth, sustainability, and stronger collaboration with residents and stakeholders.

The CHA will also help FHD communicate more clearly about community well-being initiatives and provide a foundation for tracking progress over time as Fishers continues to grow, diversify, and age.

How to Use this Report

This report is organized into two main sections. The first section provides a visual summary with quick, accessible takeaways, brief descriptions, and simple visuals. The second section provides a more detailed narrative report, including additional context, interpretation, and supporting information. This section explains the "why" behind the visual summary, how issues vary across groups, and what the findings suggest for future prevention efforts.

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Visual Summary Assessment

Section

Community Health Assessment

A Data-Driven & Community Informed Process

The Fishers Health Department (FHD) conducted this comprehensive Community Health Assessment (CHA) as the first step for a broader Community Health Improvement Plan (CHIP) and Strategic Plan. Improving community health and well-being requires understanding how residents experience health and well-being in their daily lives. To identify priority health issues for Fishers, this CHA integrated multiple sources of data with community input and practical considerations. The process was designed to identify health issues important to residents, highlight disparities of significance to the community, and identify opportunities for prevention and improvement. The resulting priorities reflect both current health conditions and emerging trends as Fishers continues to grow, diversify, and age.

- Multiple data sources and resident input were analyzed.
- Priorities were scored using a weighted framework.
- Equity and feasibility were explicitly considered.
- Results inform the CHIP and strategic planning processes.

How Priorities were Identified

Health and well-being priorities were identified using a multi-step process that combined:

- Review of secondary data (CDC PLACES [a federal data source with health metrics local to Fishers] Census, state and local health data, health system utilization)
- Results from the 2025 Community Health & Well-Being Survey
- Focus groups and community engagement activities
- Input from Fishers Health Department Staff and community partners, including a multi-disciplinary Community Health Steering Committee representing government, private, and health and social service system partners

Potential health priorities were categorized and evaluated based on criteria such as:

- Magnitude: how many people are affected?
- Seriousness: what are the consequences for health, well-being, and quality of life?
- Equity: are there disparities or populations disproportionately impacted?
- Feasibility: can local public health and community partners support improvement?
- Community priority: level of importance for the community.

Health topics were scored and ranked using a weighted framework that emphasized magnitude and seriousness while also accounting for equity, feasibility, and community priority. Rather than relying on single data sources, the priority process intentionally triangulated findings across datasets, community input, and opportunities for public health action to support change. In many cases, community perception aligned closely with data trends.

Community Health Assessment

Resulting Strategic Health Pillars

Mental Health Across the Lifespan

This pillar encompasses youth and young adults, substance use prevention, community and social connection, and overall mental well-being that is foundational to overall health at every age. Mental health concerns, including anxiety, depression, self-harm, and unmet behavioral health needs, emerged as leading priorities across survey, focus groups, and data analyses.

Healthy Living

Grounded in a preventive approach to chronic disease, this pillar focuses on nutrition, physical activity, lifestyle-related conditions, improved access to preventive services, and resource navigation while recognizing the social and environmental factors that shape health behaviors and lived experience. Chronic conditions such as heart disease, obesity, and depression remain prevalent among Fishers adults and strongly influence quality of life, health care utilization, and long-term outcomes. Residents and stakeholders emphasized sustaining Fishers' health advantages while ensuring prevention and early intervention.

Aging Well

Informed by the rapid growth of older adults in the community and strong prioritization by residents, this pillar focuses on injury prevention, navigation to services, enhancing mobility, social connection, health screenings, referrals to care, caregiver support, and aging in place services. These issues intersect with chronic disease, behavioral health, and social well-being.

Mental Health Across the Lifespan	Healthy Living	Aging Well
+ Youth Mental Well-Being	+ Social Connection & Belonging	+ Fall Prevention & Mobility Safety
+ Substance Use Prevention & Early Help	+ Preventative Screenings & Coaching	+ Social Connection for Older Adults
+ Community & Social Connection	+ Physical Activity Options & Wellness Programs	+ Health Screenings for Older Adults
+ Adult Screening Access	+ Navigating Healthy Living Resources	+ Aging-in-Place Navigation
+ Mental Health Navigation Help	+ Healthy Eating & Nutrition Support	+ Caregiver Support & Resources

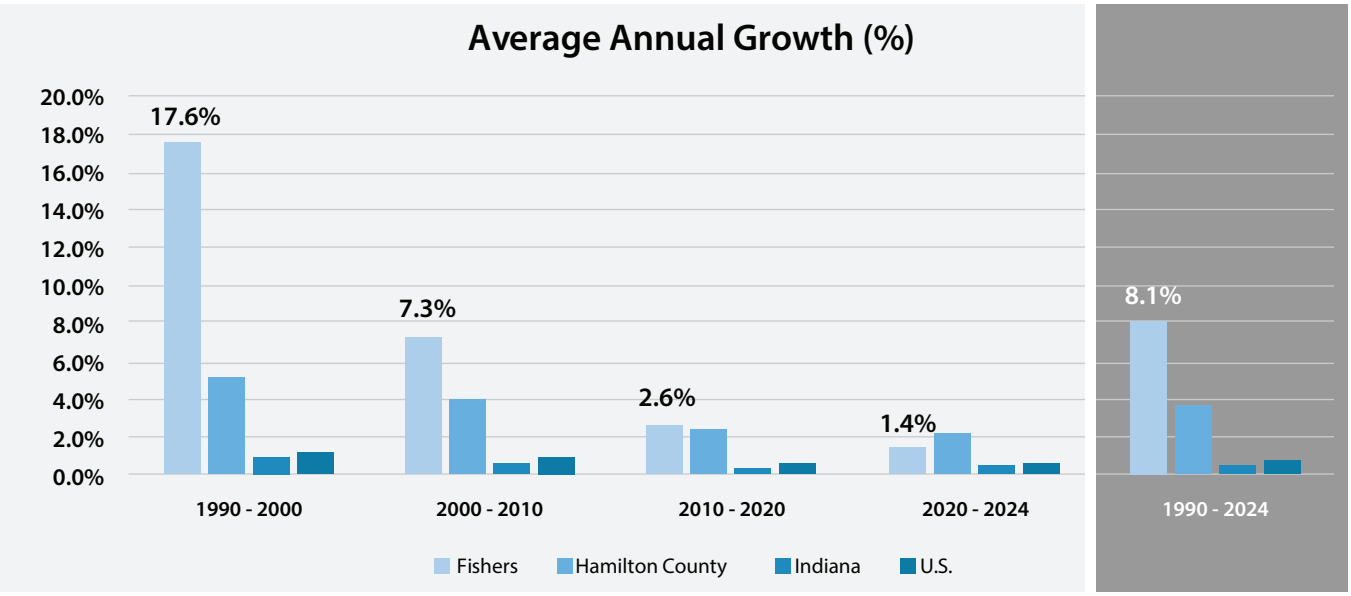
Community Health Assessment

A Rapidly Growing Community

Why Does This Matter?

Fishers has experienced rapid population growth that continues to reshape health needs, service demand, and infrastructure planning. With nearly one-third of the Hamilton County residents now living in Fishers and a population density twice that of Indianapolis, population change is not just a planning issue but also a public health issue. As Fishers continues to grow, it is essential to anticipate increased demand for preventive services, emergency response, mental health supports, aging services, and infrastructure that enables healthy living. Data-driven planning will help FHD keep services aligned with community needs and identify emerging disparities before health outcomes worsen.

Fishers' population growth has largely outpaced county and state trends



Key Takeaways

- Fishers has grown faster than both Hamilton County and Indiana, becoming the fourth-largest city in the state.
- Growth is not evenly distributed by age, income, or neighborhood, creating uneven demand for health and social services.
- Rapid growth places pressure on health care access, transportation, housing, and preventive services, even in a generally healthy community.
- Planning for population growth is essential to maintaining strong health outcomes and preventing disparities.

Community Profile

An Aging, but Youthful City

Why Does This Matter?

Fishers is often seen as a young, family-oriented community, but demographic trends show a growing older adult population. While the city continues to attract families with children, many residents are also aging-in-place, and more older adults are moving to Fishers to be closer to family. This dual dynamic has important implications for public health. As the number of older adults grows, Fishers will continue to face increasing demand for injury prevention, mental and cognitive health supports, accessible transportation, and community-based services that support social connection. Planning for aging is essential to maintaining strong overall health outcomes and support systems that adapt to both a youthful and aging community.

Age Group	Age Group Growth Rate (2010 - 2024)	% Change
0 - 4	-0.9% *Decreasing*	-11.8%
5 - 17	2.0% *Increasing*	32.7%
18 - 24	3.8% *Increasing*	69.5%
25 - 39	0.7% *Increasing*	10.2%
40 - 64	2.0% *Increasing*	32.8%
65 and over	7.9% *Increasing*	188.3%
80 and over	10.2% *Increasing*	291.4%
TOTAL	2.2% *Increasing*	35.0%

Key Takeaways

- The median age in Fishers is increasing.
- Adults ages 65 and older are the fastest-growing age group in the city.
- Growth among older adults is occurring alongside continued growth in children and working-age adults, creating simultaneous demand across the lifespan.
- An aging population increases the need for chronic disease prevention, fall prevention, and aging-in-place supports.

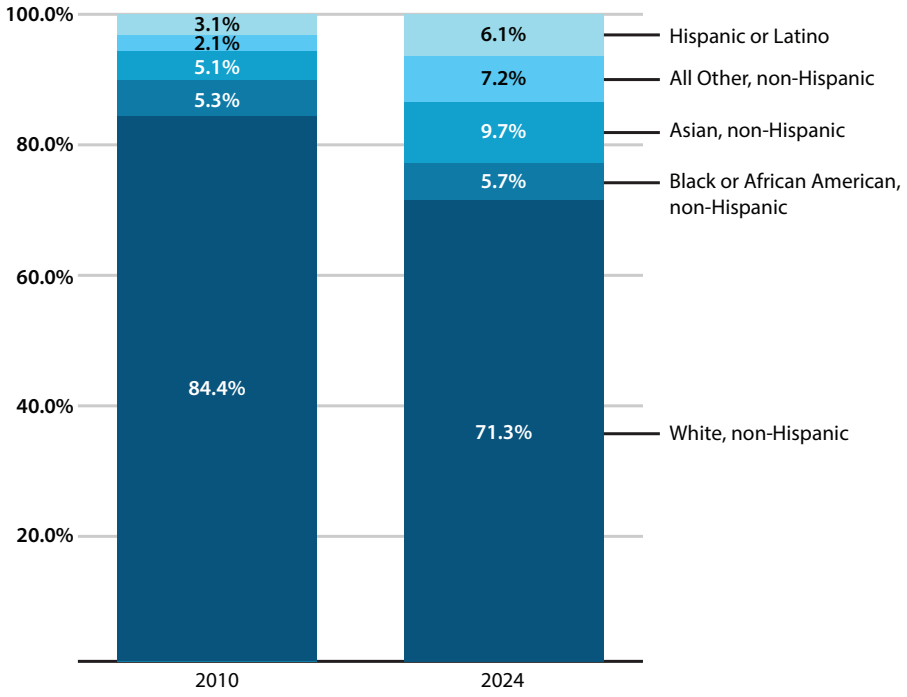
Community Profile

A More Diverse Fishers

Why Does This Matter?

Fishers is becoming increasingly diverse, with rapid growth among racial and ethnic minority populations – particularly Asian and Hispanic/Latino residents. Diversity has increased from 15.6% to 28.7% between 2010 to 2024. These changes are most pronounced among younger age groups, signaling the city's future population will be even more diverse. The city's foreign-born population has grown rapidly and now more closely resembles the national profile than Indiana overall. Understanding these shifts is important for ensuring public health remains equitable, culturally responsive, and prepared for future needs. As the population becomes more diverse, language access, culturally appropriate health communication and care, and trust-building with communities increases in importance. Early attention to equity helps prevent disparities in access to care, maternal and child health outcomes, chronic disease burden, and preventive services as the population continues to change over time.

Racial & Ethnic Population Percent: 2010 - 2024



Key Takeaways

- Racial and ethnic minority populations have nearly doubled in FIshers since 2010.
- Asian and Hispanic/Latino populations represent the fastest-growing racial/ethnic groups in the city.
- Data shows higher diversity growth in children and young adult populations in Fishers.
- The proportion of foreign-born residents in Fishers is higher than Indiana, closely aligning with the U.S.
- International migration now exceeds out-of-state relocation to Fishers (1.2% vs. 0.7%).
- Increasing diversity underscores the importance of equitable access to services, culturally responsive programming, and inclusive community engagement.

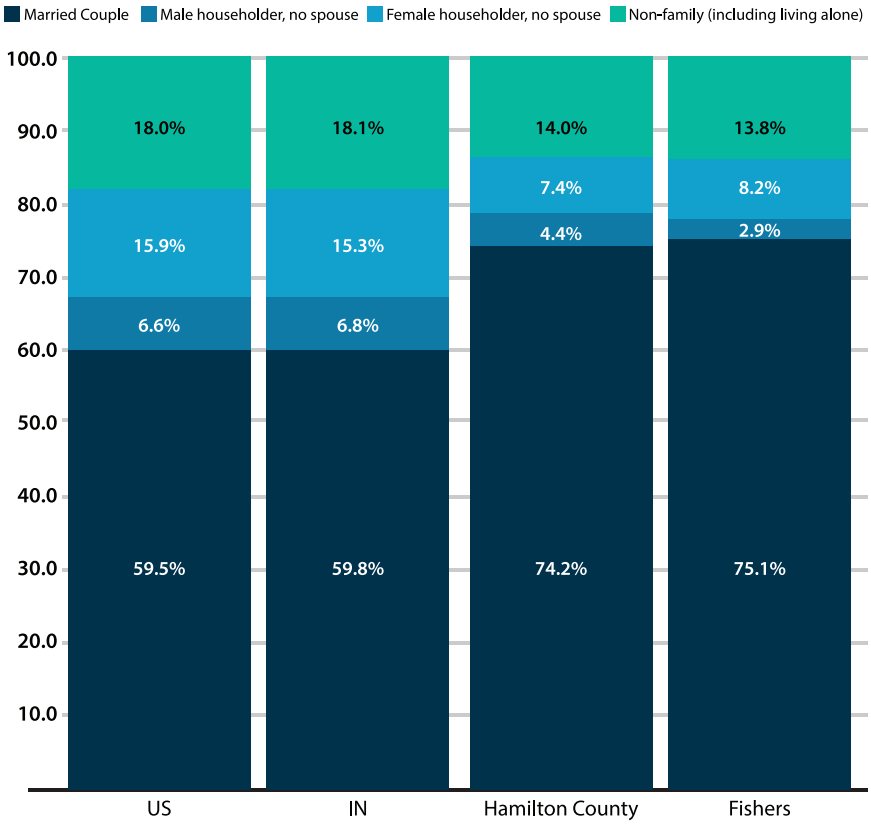
Community Profile

Households in Fishers

Why Does This Matter?

Household composition shapes daily living conditions, economic stability, caregiving responsibilities, and access to social support. High rates of homeownership and married households provide a strong foundation for community stability. However, the concentration of older adults living alone and racial disparities in female-headed family household structure highlight the need for targeted supports around social connection, caregiver assistance, housing stability, and access to services.

Household Structure by Population Size: 2024



Key Takeaways

- Nearly 75% of households in Fishers are owner-occupied, exceeding the national homeownership rate (65.3%).
- Fishers and Hamilton County household are more likely to be married households than those in Indiana or the U.S. (75% vs 60%).
- Older adults in Fishers are significantly more likely to live alone than residents under 65, with 20.9% of adults 65 and older living alone compared to 12.6% of residents under 65. This may increase the risk of social isolation and unmet support needs.
- Racial disparities persist in household structure with Black family households far more likely to be headed by women without a spouse present than White households (30.1% vs 9.9%), mirroring national trends due to an interplay of complex social issues.

Community Profile

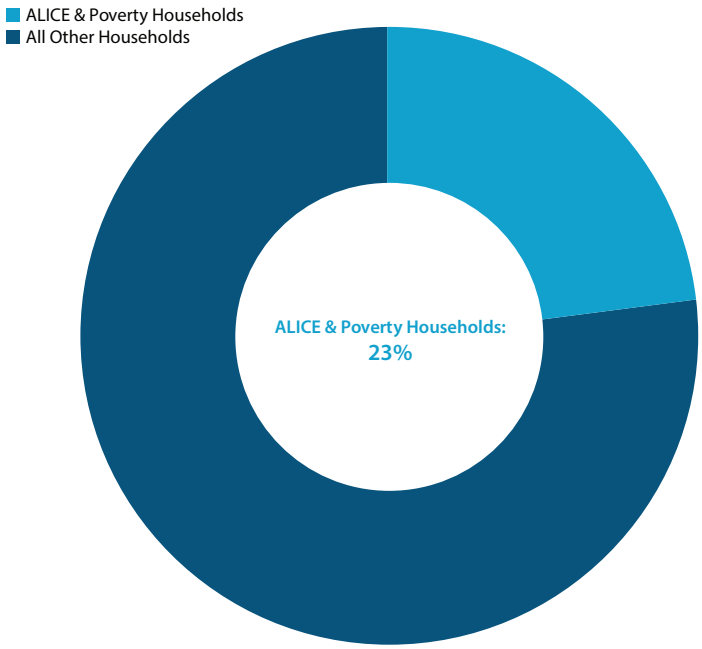
Income & Economic Hardship

Why Does This Matter?

Fishers is a high-income community, but income alone does not fully reflect residents' economic experiences. Income distribution, housing costs, and expanded measures of financial security suggest that up to one-quarter of residents may face economic strain that is not always visible within overall prosperity. This strain is also reflected in local school data. The share of Hamilton Southeastern School District students receiving free or reduced-price meals increased from 15.7% in 2019 to 21.0% in 2026.

Financially strained households may be more likely to experience food insecurity, delay health care, face housing instability, and experience chronic stress. These factors are all linked to worse health outcomes. Identifying and supporting residents who may not qualify for assistance but still struggle with basic needs will be important for improving health and well-being. FHD and community partners can support this work by considering affordability in health promotion strategies and connecting residents to available resources.

ALICE & Poverty Households in Zip Codes 46037 & 46038



The United Way's ALICE (Asset Limited, Income Constrained, and Employed) is a way to understand the number of people who earn too much to qualify for assistance but not enough to have financial security, often experiencing difficulty with meeting basic needs (United Way of Central Indiana, 2025).

Key Takeaways

- Fishers' median household income is significantly higher than Indiana's, at $132,204 compared to $71,959.
- Income levels vary across the community. 25% of Fishers households earn $200,000 or more, while 9.7% earn $40,000 or less.
- Fishers has a low poverty rate of 3.3%, representing approximately 3,500 residents, compared to 12.2% statewide.
- In the 46037 and 46038 ZIP codes, 23% of households fall into the ALICE and poverty categories, compared to 38% in Indiana. ALICE refers to households that earn too much to qualify for many assistance programs but still struggle to afford basic needs.
- Housing affordability is a concern for many renters. Nearly a third of renters, or approximately 8,000 residents, are housing cost-burdened, meaning they spend at least 30% of their income on housing.

Community Profile

Childhood Development & Education

Why Does This Matter?

Educational experiences in early childhood and adolescence are strong predictors of lifelong health, influencing income, chronic disease risk, mental health, and life expectancy. Fishers benefits from exceptional public school performance and many early childhood providers, but gaps in access, affordability, and achievement may contribute to long-term health disparities.

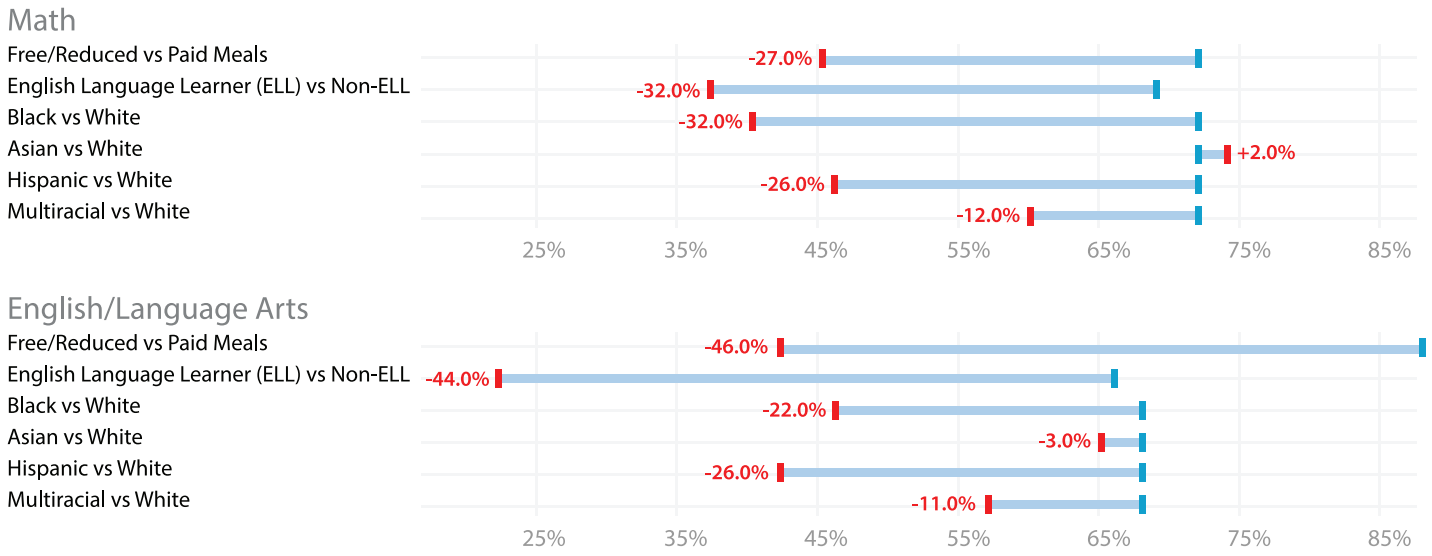
While Fishers students graduate at high rates, not all children have the same access to early learning opportunities or academic success. Addressing early childhood access and school-based disparities is essential to improving population health, reducing future health care and social costs, and supporting opportunity across the lifespan.

Collaboration among public health, early childhood providers, and schools can strengthen mental health promotion, early intervention, resource navigation, advocacy, and access to services that support child and family well-being.

Key Takeaways

- Annual childcare costs in Fishers can range from $10,000 to more than $20,000.
- 17 of 48 childcare programs in Fishers are rated High Quality under Paths to QUALITY™ standards.
- Hamilton Southeastern Schools performs exceptionally well overall, but disparities in student outcomes still exist.
- Graduation rates exceed 98%, compared to less than 90% statewide.

3rd through 8th Grade Math & English/Language Arts Proficiency
(HSE School District 2025)



Red percentages show the gap in proficiency between groups. For example, there is a 27% gap in math proficiency between students on free/reduce meal plans compared to those who pay for meals.

Health & Well-being

Improving Healthspan for Longer Health

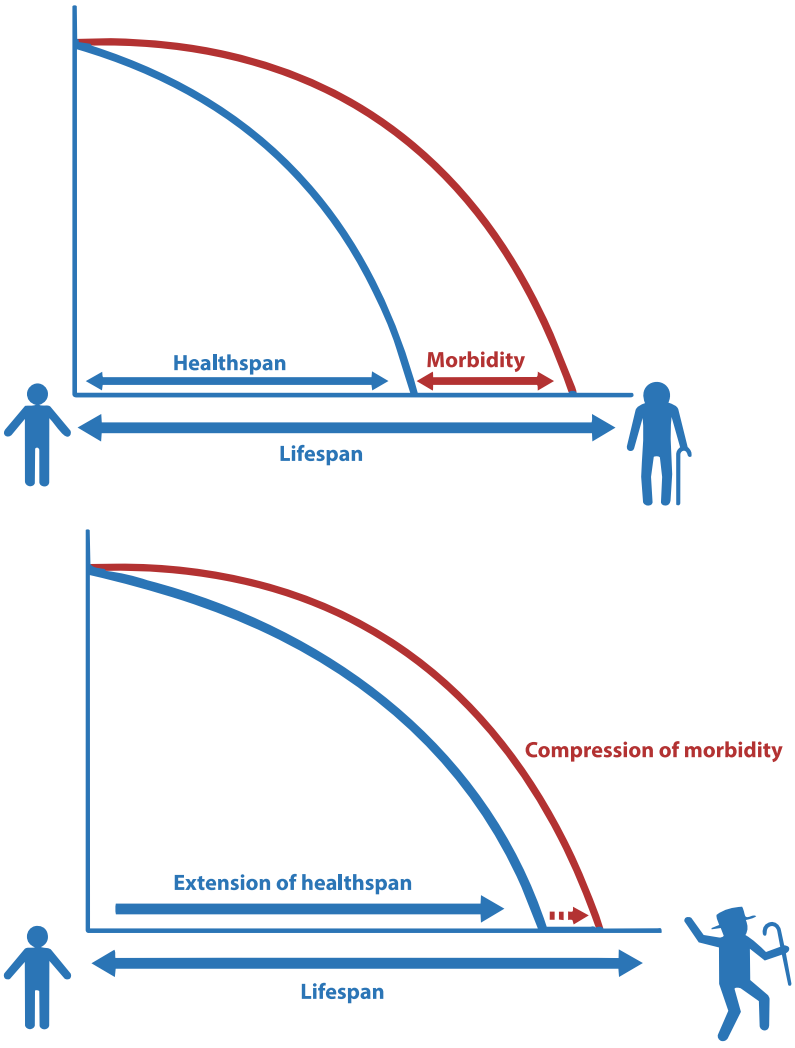
Well-being Requires Improving Healthspans, Not Just Longer Lifespans

Fishers has favorable health outcomes compared to state and national benchmarks, likely supported by advantageous Social Determinants of Health (SDoH) such as high levels of access to health insurance, economic stability, and educational attainment. Weighted data from the 2025 Fishers Community Health & Well-being survey ("Community Survey") show that 96.5% of adults have insurance coverage and 9 in 10 have a regular provider. These findings align with community-level indicators showing consistently high engagement in preventive care.

At the same time, local data show that some residents still face important health challenges. Community survey responses point to high levels of chronic disease, delayed care due to cost or scheduling barriers, and mixed experiences with stress, social isolation, and mental well-being.

Public health focuses not only on helping people live longer (lifespan), but also on helping them live healthier for more years (healthspan). This includes preventing or delaying disease and disability, strengthening protective factors, and improving access to early detection, care, and supportive services. This approach is especially important as Fishers continues to grow and age.

The following section explores these patterns through several topics, including access to care and prevention, chronic disease, injuries and emergency care, infant and maternal health, behavioral health, health behaviors and risk factors, health-related social needs, community connection, leading causes of death, and key takeaways.



Source: Adapted from Healthy Outcomes Through Genomics. Lifespan versus Healthspan. Concept adapted from Fries, J. F. (1980), "Aging, Natural Death, and the Compression of Morbidity," New England Journal of Medicine, 303, 130–135.

Health & Well-being

Access & Prevention

Why Does This Matter?

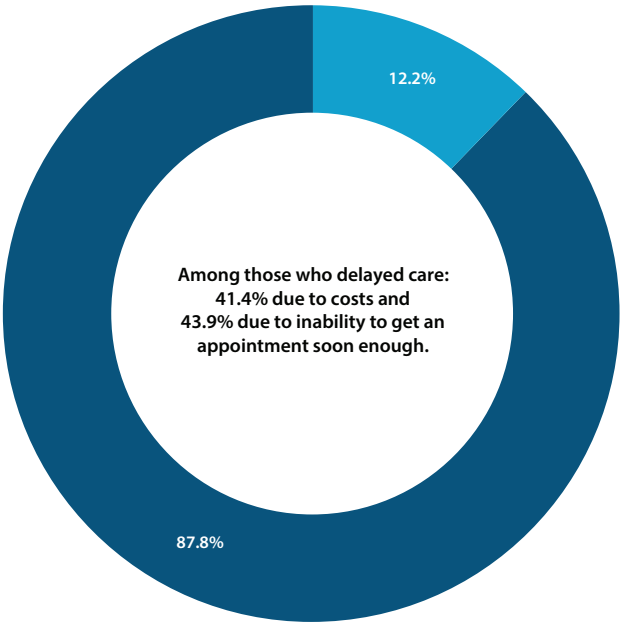
Access to affordable, timely health care and preventive services is essential to individual and community health and well-being. Fishers residents are more likely to have health insurance than residents statewide or nationally, but coverage alone does not guarantee access to care.

Cost, provider availability, transportation, and difficulty navigating the health care system can still delay or prevent care, especially for residents with lower incomes, older adults, and families managing complex needs.

Preventive care, including routine checkups, screenings, and vaccinations, helps reduce avoidable illness, prevent disease progression, and lower long-term health care costs. For a rapidly growing and aging community, strengthening access to prevention and primary care is an important public health strategy. It can support healthy living, help residents age well, reduce emergency care and hospital use, and address inequities earlier.

Key Takeaways

- 96.5% of Fishers adults have health insurance.
- More than 12% of residents delayed care due to external factors despite being insured.
- Preventive care and primary care are key to improving long-term health and managing chronic disease.
- Public health helps connect residents to prevention services, education, and care navigation.



Results from the 2025 Community Health & Well-Being Survey

12.2% of Fishers Adults Delayed Care

Health & Well-being

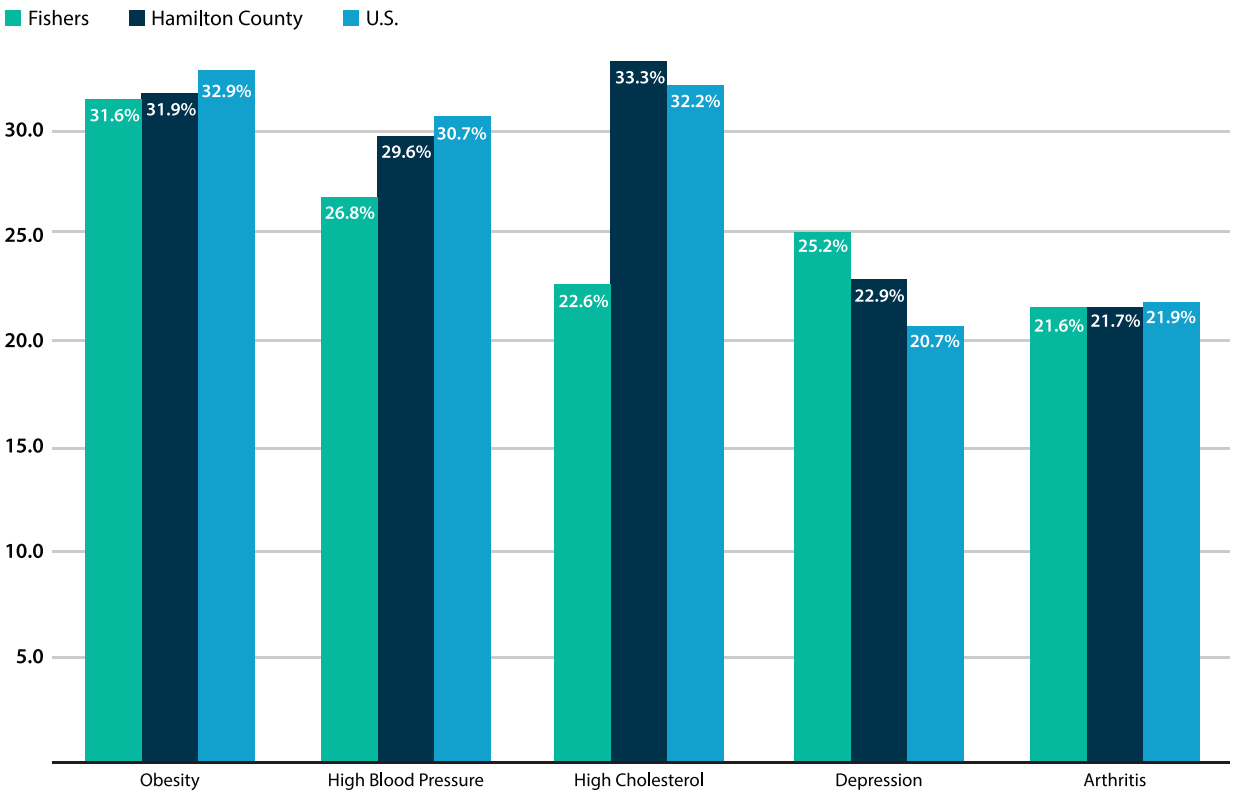
Chronic Disease

Why Does This Matter?

Chronic diseases are the leading drivers of illness, disability, health care use, and premature death across the lifespan. As Fishers' population grows and ages, chronic conditions will increasingly affect residents' quality of life and demand for care.

While Fishers performs as well as or better than national rates for some conditions, obesity, high blood pressure, high cholesterol, and depression remain common and often connected. Because chronic disease risk increases with age, prevention, early detection, effective management, and older adult supports are essential to helping residents live more years in good health.

Top 5 Chronic Conditions Among Adults



Key Takeaways

- Obesity, high blood pressure, high cholesterol, depression, and arthritis are most prevalent.
- Chronic diseases increase with age; depression impacts 1 in 4 adults in Fishers.
- Public health can expand healthy living and early intervention, support self-management, and address chronic disease to improve outcomes.

Health & Well-being

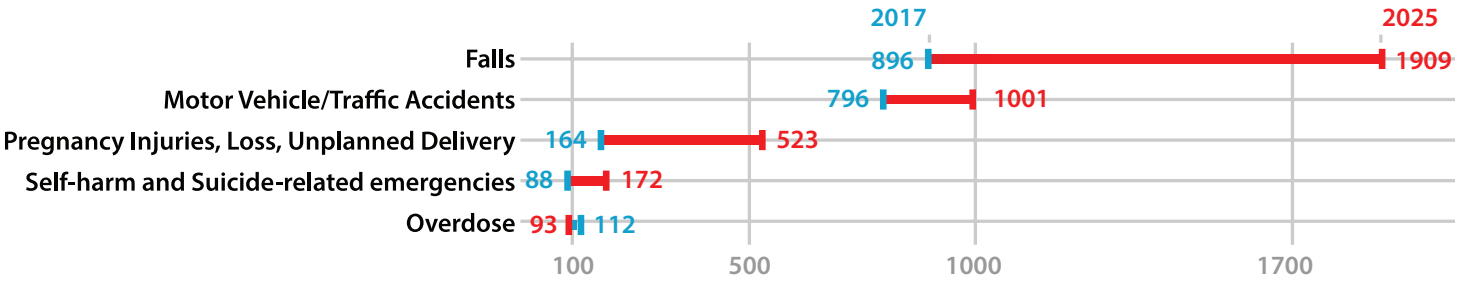
Acute Injuries & Emergency Conditions

Why Does This Matter?

Acute injuries and emergencies are a major source of preventable medical issues and health care use. While these events often happen suddenly, they are influenced by factors such as age, safety practices, mental health, and environment. Understanding injury patterns can help identify where prevention, education, and stronger partnerships can reduce harm. Rising fall-related injuries reflect Fishers' growing older adult population and the need for continued fall prevention and aging well strategies. Pregnancy-related injuries highlight the importance of maternal and child health, early prenatal care, and coordination between public health and clinical providers.

Self-harm and suicide-related injuries emphasize the importance of mental health promotion, screening, and crisis response. Strengthening partnerships with EMS, health care providers, and community organizations can help identify risks earlier, reduce repeat emergencies, and connect residents to support before injuries occur.

Emergency Presentations for Acute Injuries: Fishers 2017 - 2025



Case Rates per 100,000

Key Takeaways

- Fall-related injuries have more than doubled since 2017, reflecting Fishers' aging population and the need for continued aging-in-place supports.
- Pregnancy-related injuries have increased more than threefold, which may point to barriers in prenatal care or other maternal health needs.
- Self-harm and suicide-related emergency visits doubled between 2017 and 2025, underscoring the importance of mental health supports and early identification.
- Public health can help prevent acute injuries and emergencies through education, early intervention, and connection to community supports

Health and Well-being

Mental Well-being, Social & Emotional Support, and Social Isolation & Connectedness

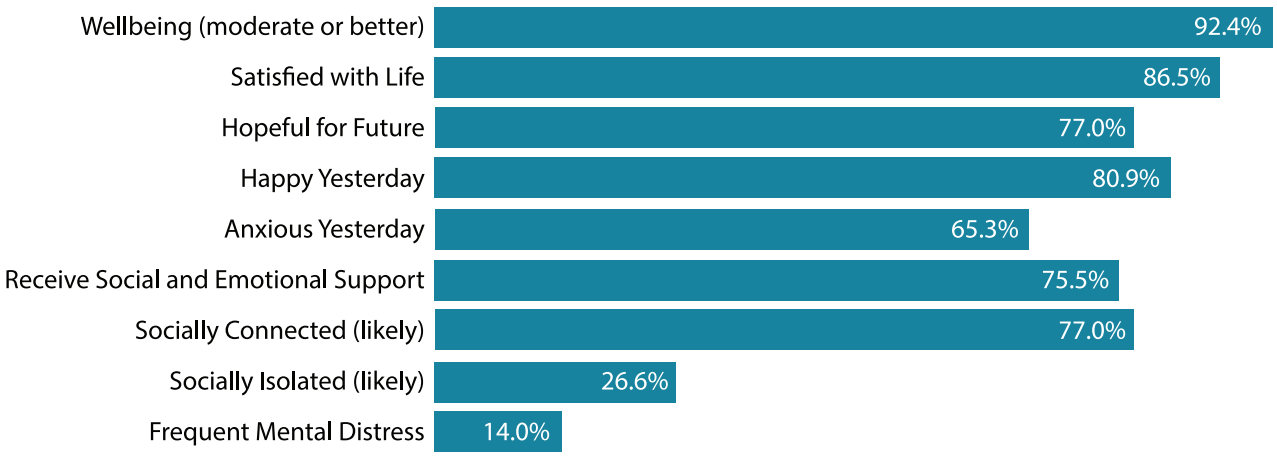
Why Does This Matter?

Behavioral health is central to community well-being, shaping physical health, relationships, quality of life, and local economic stability. While many residents report positive well-being, survey and health data show a substantial number of residents experience depression or anxiety symptoms and unmet mental health needs. Protective factors such as social connection and emotional support reduce stress and can help prevent needs from escalating to crises. Many Fishers residents report strong overall well-being, emotional support, and social connection. However, younger adults report lower levels of connection and belonging, highlighting an important opportunity for prevention and early support.

Overall, behavioral health indicators for Fishers are often similar to Hamilton County and better than national rates, but local data show a continued need for accessible mental health resources, social connection, and support across the lifespan.

Mental Well-being Measures

Reported by Residents via the 2025 Community Survey



Key Takeaways

- Most residents report positive well-being, high life satisfaction, and hope for the future.
- Four in five adults report feeling happy yesterday, while two-thirds experienced some level of anxiety.
- Many residents have consistent emotional support systems and social connection, but younger adults are more likely to experience isolation.
- More than one in eight adult residents experience frequent mental distress.

Health and Well-being

Depression, Anxiety, Mental Health, & Unmet Need

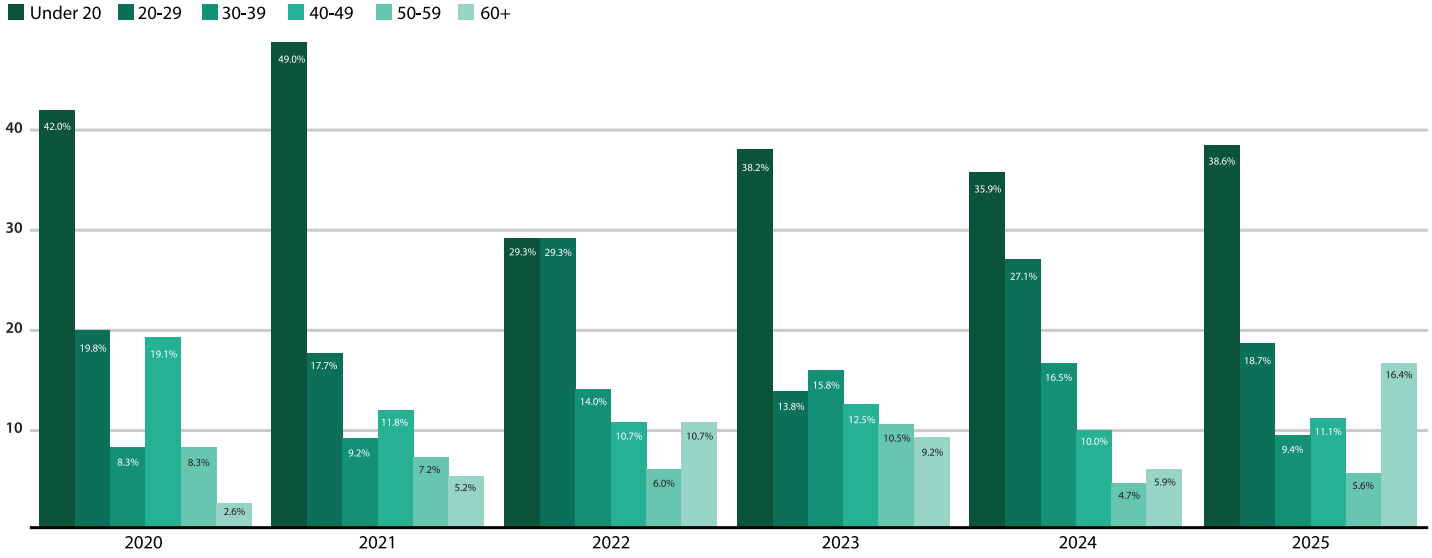
Why Does This Matter?

Depression, anxiety, and general mental health needs are common across the U.S. adult population and can significantly affect daily functioning, physical health, and injury risk. When access to care is delayed or limited, symptoms may worsen and lead to increased emergency care use.

In Fishers, 36.4% of adults report anxiety and 25.2% report depression. Rising mental health-related emergency visits also point to the need for stronger prevention and early intervention, especially for youth and young adults.

Public health strategies should prioritize upstream, early approaches to strengthen youth and young adult protective factors while supporting all adults with responsive mental health services and support.

Proportion of Self-Harm/Suicide Emergency Visits by Select Age Groups: Fishers 2020-2025



Key Takeaways

- Anxiety is prevalent among Fishers' adults and depression rates may be higher than national rates.
- 29.7% of adults screened positive for possible depression (PHQ-2) on the community survey.
- Rising mental health-related emergency encounters suggest unmet needs in services.
- Youth and younger adults have higher rates of mental health-related emergency room visits such as self-harm and suicide-related encounters.

Health and Well-being

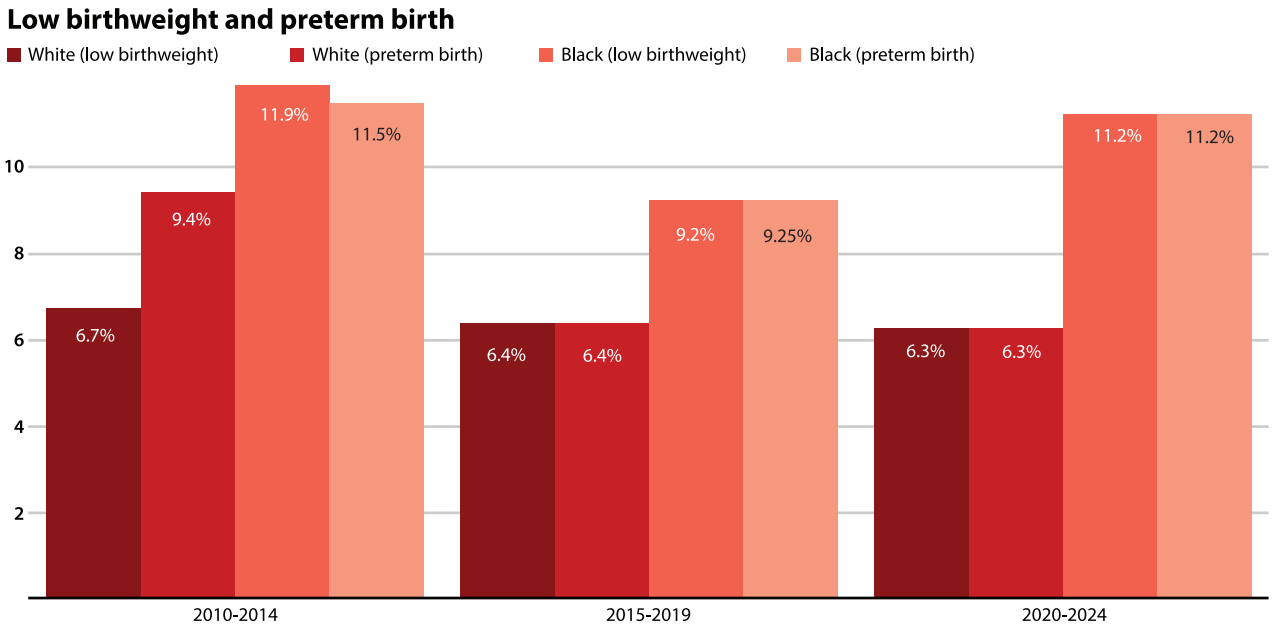
Infant & Maternal Health

Why Does This Matter?

Infant and maternal health outcomes are among the strongest indicators of overall community health because they reflect the conditions before, during, and after pregnancy that influence lifelong well-being. Measures such as low birthweight and preterm birth are closely linked to infant mortality, early childhood development, educational attainment, and chronic disease later in life.

Fishers performs very well compared to state and national benchmarks, likely supported by strong access to care, low maternal smoking rates, and relatively high engagement with prenatal care and breastfeeding. However, inequities remain for some racial and ethnic minority mothers and families facing socioeconomic stress.

Sustaining strong outcomes while closing gaps will require continued focus on early prenatal care access, care navigation, culturally responsive support, and targeted outreach for mothers at higher risk for adverse birth outcomes.



Key Takeaways

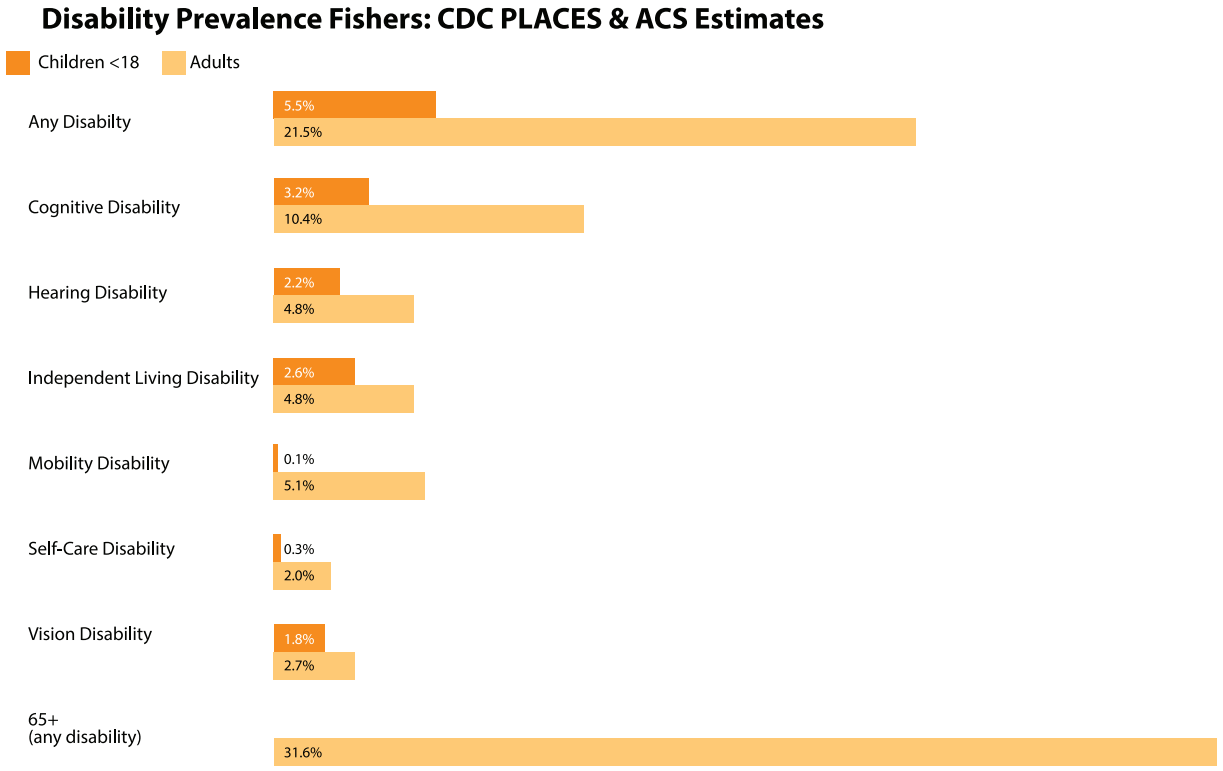
- Fishers has strong infant and maternal health outcomes, including an infant mortality rate well below state and national rates, near-universal breastfeeding at discharge, and very low maternal smoking.
- Black mothers are 2.3 times more likely than White mothers to deliver a low birthweight infant.
- Separately, lower-income mothers engage in evidence-based early prenatal care less often than insured peers.

Health and Well-being

Disability & Functional Limitations

Why Does This Matter?

Accessibility is a top priority to ensure all Fishers residents have an equitable opportunity for health and well-being. Disabilities and functional limitations can affect a person's ability to participate in community life, maintain independence, and manage chronic health conditions. Fishers has historically reported lower disability rates than the U.S. overall, but disability prevalence increases sharply with age. From a public health perspective, disability is both a health issue and a systems issue. Improving accessibility through injury prevention, home safety, transportation supports, social connection, service coordination, and inclusive community opportunities can strengthen health, well-being, and quality of life for residents of all ages and abilities.



Key Takeaways

- Fishers has lower disability rates than the U.S. overall.
- Disability increases with age; 31.6% of residents age 65 and older have a disability, increasing to 42.3% of residents over age 75.
- Accessibility and inclusion strategies can support injury prevention, improve access to services, and strengthen social connection.

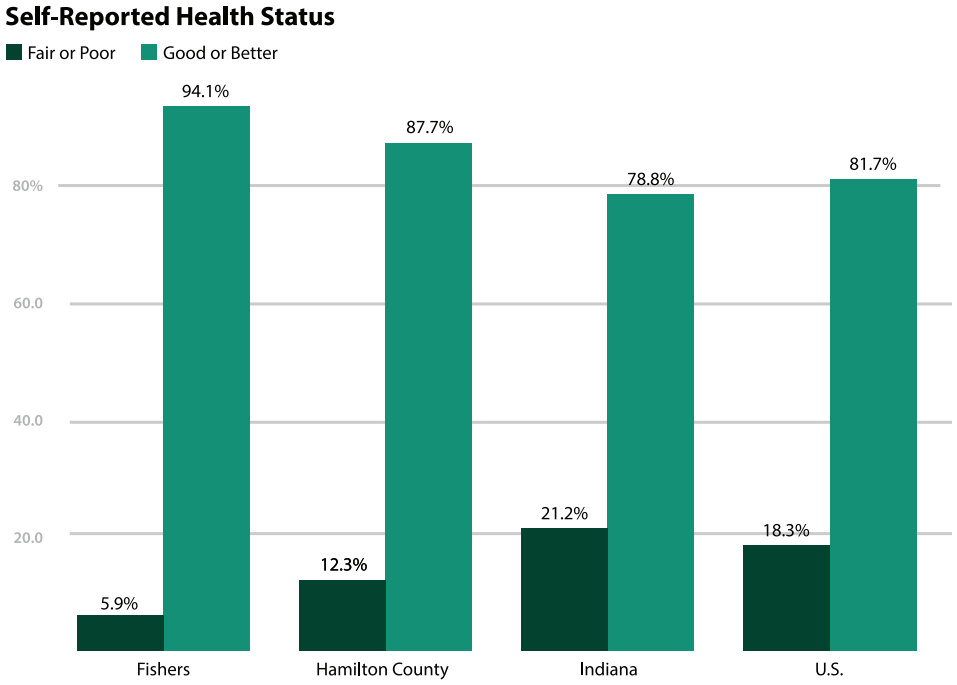
Health and Well-being

Self-Reported Health Status & Health Risk Behaviors

Why Does This Matter?

Self-rated health status is a well-established predictor of future health outcomes, health care use, and mortality. Health behaviors such as nicotine use, alcohol use, physical inactivity, and sleep directly shape chronic disease and injury risk. In Fishers, self-reported health is strong. Only 5.9% of adults report fair or poor health, which is substantially lower than estimates for Hamilton County, Indiana, and the U.S. This aligns with other findings in this assessment, including higher preventive care engagement, lower chronic disease burden, lower frequent mental and physical distress, and high life satisfaction.

Fishers adults also report lower smoking and physical inactivity levels than national averages. However, binge drinking rates are similar to or higher than comparison areas. These patterns point to focused prevention opportunities that can help sustain Fishers' health advantages and reduce future chronic disease and injury risk.



Key Takeaways

- Low rates of perceived fair or poor self-rated health suggest strong overall wellness for many residents.
- Although frequent mental and physical distress are lower than comparison areas, some adults still regularly experience poor mental or physical well-being.
- Prevention opportunities for physical activity, sleep hygiene, alcohol use, and nicotine use can help improve overall health.

Health and Well-being

Health-Related Social Needs

Why Does This Matter?

Health-related social needs, such as housing stability, food access, transportation reliability, and financial strain, can significantly affect health and well-being. These conditions influence whether residents can attend medical appointments, manage chronic disease, cope with stress, stay socially connected, and maintain stable living environments.

Overall, Fishers performs strongly on indicators of housing stability, food security, and transportation access using weighted survey estimates compared to county, CDC, and national estimates. However, even low rates of need can represent several thousand residents experiencing instability or financial strain.

Community survey results add important context by highlighting financial strain not fully captured in CDC PLACES indicators. A notable share of residents reported worsening financial circumstances. Targeted public health and community responses can help support residents facing instability to prevent downstream health impacts.

Measure	U.S. CDC PLACES	Hamilton County CDC PLACES	Fishers CDC PLACES	2025 Community Survey
Food insecurity in the past 12 months	15.6%	7.6%	7.3%	2.5%
Housing insecurity in the past 12 months	12.9%	6.9%	6.7%	2.3%
Lack of reliable transportation in the past 12 months	8.3%	4.8%	4.7%	3.6%
Received food stamps in the past 12 months	11.8%	3.6%	3.4%	Not asked
Utility services threat in the past 12 months	8.1%	4.9%	4.8%	Not asked
Financial situation has worsened compared to a year ago	-	-	-	17.7%

Key Takeaways

- Fishers has high homeownership and low housing insecurity.
- Food insecurity remains low overall, but still affects 2.5% of adults.
- One in five adults reported worse financial circumstances than a year ago. When including residents who reported "just getting by," one in three adults may be experiencing financial strain.

Health and Well-being

Leading Causes of Death

Why Does This Matter?

Leading causes of death reflect the cumulative impact of chronic disease, behavioral health, injury, and social conditions over time. While mortality data does not capture the full burden of illness or quality of life, it helps identify where prevention, early intervention, and long-term health promotion can have the greatest impact.

In Fishers, mortality patterns are similar to national trends, with chronic diseases accounting for most deaths. Cardiovascular disease and cancer are the leading causes, followed by unintentional injury, stroke, chronic lower respiratory disease, Alzheimer's disease, and suicide. These causes reflect the combined influence of aging, long-term health behaviors, access to care, and preventable premature death. They also highlight opportunities to prevent early loss of life and support longer healthspans as Fishers grows and ages.

Causes of Premature Death for Fishers Residents

Years of Potential Life Lost Prior to Age 75, 2014 - 2023

	Cause	Years Lost per Death	Total Years of Potential Life Lost ▼
1	Cancer	14.0	6.4 K
2	Unintentional Injury	37.0	4.6 K
3	Heart Disease	12.6	3.2 K
4	Intentional Self-Harm	32.8	3.1 K
5	Infant Mortality	75.0	2.6 K
6	Stroke	12.3	713
7	Kidney Disease	13.2	592
8	Chronic Lower Respiratory Disease	10.8	584
9	Hypertension / Renal	13.0	583
10	Circulatory	13.0	534

Key Takeaways

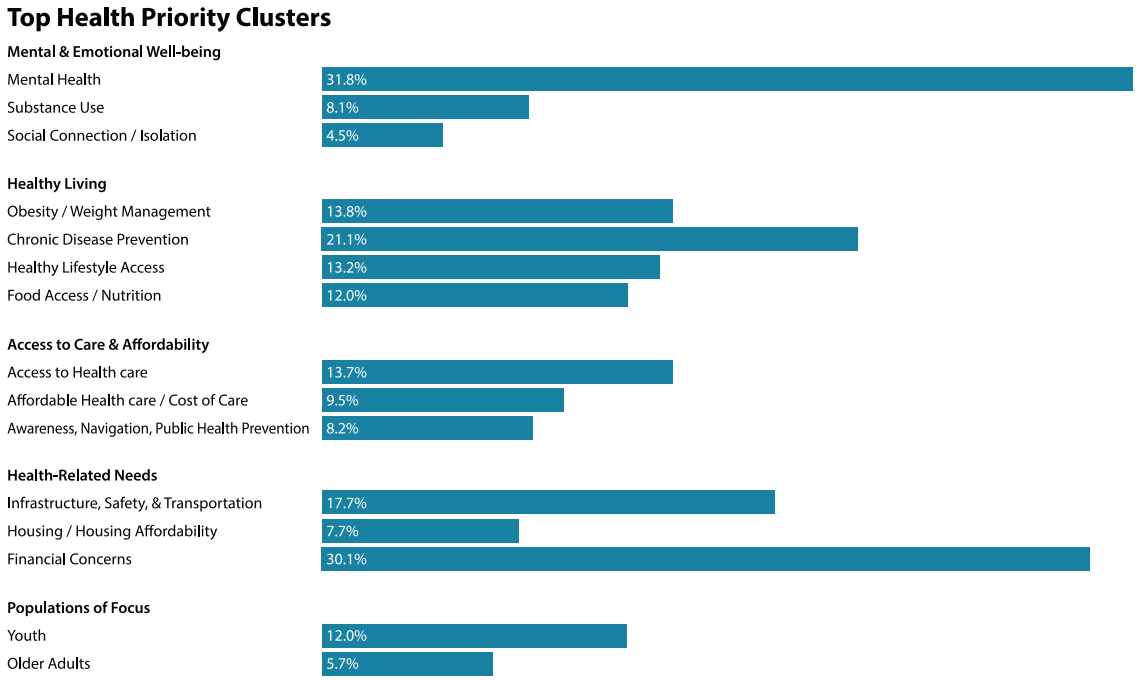
- Heart disease and cancer are leading causes of death in Fishers.
- Death by suicide and unintentional injury contribute to significant loss of life, especially at younger ages.
- Aging-related conditions, such as Alzheimer's disease, reflect the growth of Fishers' older adult population.
- Premature death is influenced by modifiable behaviors, early intervention, and may be improved through system-level access and prevention.

Community Voice & Input

What Residents Prioritized

Why Does This Matter?

Community input adds lived experience to the data and helps ensure Fishers' priorities reflect residents' day-to-day experiences. In the community survey, residents were asked to identify their top three health priorities and suggest what actions FHD could take to improve community health and well-being. Residents shared more than 1,500 priorities, with mental health rising to the top by a wide margin, followed by concerns about chronic disease, infrastructure safety and transportation, healthy lifestyle access, access to care, and the costs of health care, food, and housing. Many residents identified challenges facing youth and older adults, as well as the impact of financial stress on daily life. These themes help focus prevention and partnerships on areas where the community sees the greatest need and opportunity for improvement.



Key Takeaways

- Mental health was the most frequently named top priority, especially for youth and older adults.
- Chronic disease and obesity were common concerns tied to lifestyle access and prevention.
- Residents identified safety, transportation, and walkability as important health issues.
- Cost and affordability, including health care, food, and housing, were common sources of stress.
- Social connection and isolation were repeatedly named as important drivers of well-being.

Community Voice & Input

Resident Desired Actions

Why Does This Matter?

Residents were also asked what FHD should do to improve community health and well-being. Their responses helped clarify not only what concerns residents, but what actions they want to see.

Responses emphasized upstream, prevention-oriented approaches, including greater access to behavioral health supports, more opportunities for healthy living, stronger support for youth and older adults, expanded access to care, and community design that makes healthy choices easier. Together, these action themes provide a community-informed roadmap for FHD strategies and partnerships.

Behavioral Health

Behavioral health was the largest action area identified by residents, representing 22.6% of suggested actions. Residents called for more accessible, affordable, and locally available services, with a focus on youth supports, substance use prevention, and reducing stigma around mental illness and seeking help.

Key Takeaways

- Residents want more accessible and affordable behavioral health services.
- Earlier prevention, easier access to care, and help navigating services were recurring needs.
- Older adults want supports that promote independence, social connection, and mobility.
- Built environment improvements, including trails, sidewalks, and traffic safety, are seen as important to community well-being.
- Social connection and belonging are viewed as protective factors for overall health.

Community Voice & Input

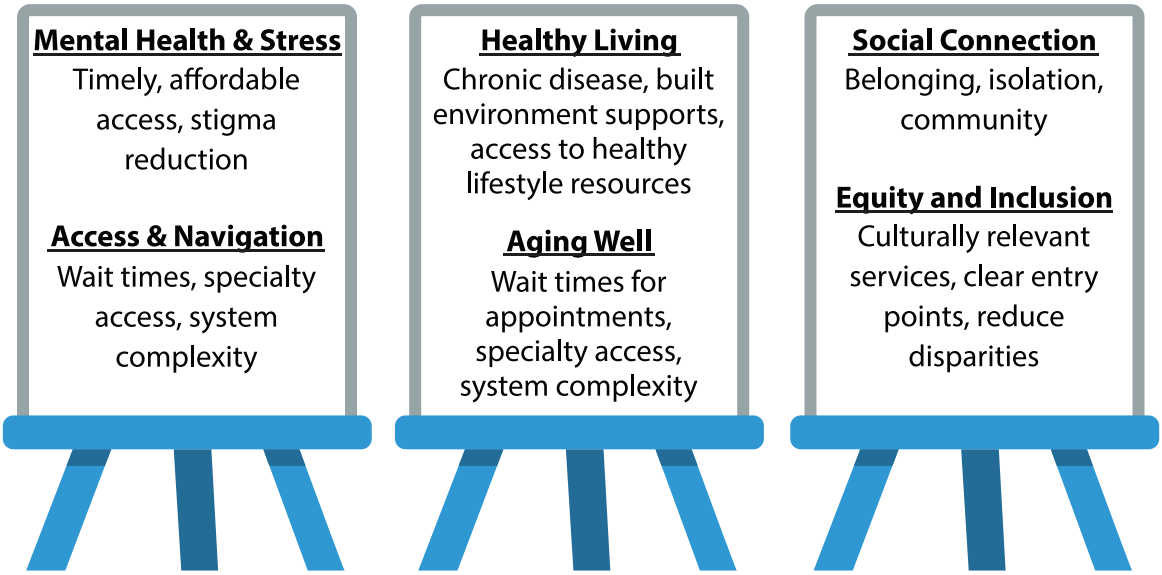
Focus Group Insights: Why It Matters

Why Does This Matter?

To complement the community survey, FHD held seven focus groups with 61 residents and nonprofit and community partners to better understand why health issues matter and how they should be addressed. Participants included youth and young adults, parents and caregivers, older adults, working-age residents, racially and ethnically diverse communities, and key partners.

Discussions explored definitions of well-being, barriers and supports, access to services, and opportunities for improvement. Across groups, participants emphasized mental health across the lifespan and reinforced survey priorities, including access to care, youth well-being, social connection, aging-related needs, and healthy living. Focus groups also added important context about gaps, tradeoffs, and structural barriers that may not be fully captured in survey results.

Brief focus group insights for issues and improvements



Key Takeaways

- Focus groups reinforced survey priorities and helped explained the barriers behind them.
- Access and affordability challenges were identified across physical and behavioral health.
- Youth, parents, and older adults described stress and difficulty navigating challenges.
- Aging well concerns focused on independence, transportation, and social connection.
- Equity and inclusion require clearer, culturally relevant ways to access services and support.

Narrative Report: Community Profile

Narrative Report:

Community Profile

Growth & Population

Fishers has transformed over the past three decades from a small town into one of the fastest growing, and fourth most populous, cities in Indiana. The city's population increased at an average of 8.1% per year between 1990 and 2024 – more than double Hamilton County's growth (3.7%) and far above state and national trends (<1% per year) (Figure 1) (Commerce, 1990) (U.S. Census Bureau ACS B01001, 2024). Population growth in Fishers was particularly rapid from 1990 to 2000, reflecting major development and in-migration. Since 2010, annual growth has slowed steadily, suggesting a transition from a high-growth suburban community toward a more mature city with steady increases. Uniquely, Fishers is more densely populated than the other three most populous cities – Indianapolis, Fort Wayne, and Evansville – with a population density 2.2 times higher than Hamilton County.

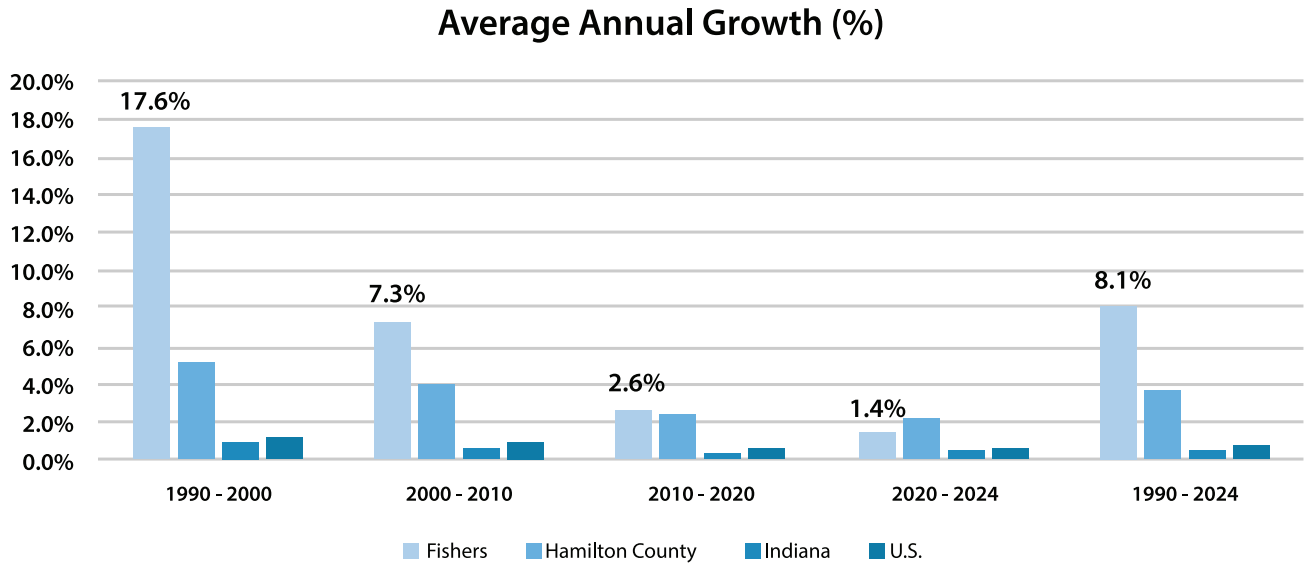


Figure 1: Average Annual Population Growth: Fishers, Hamilton County, Indiana, and U.S. 1990-2024

This rapid expansion likely reflects the city's strong schools, high quality of life, and opportunities for diverse employment within and nearby Fishers, attracting many to relocate and stay in the community. The scale and speed of growth bring benefits and challenges that shape public health priorities. A growing city requires investment in infrastructure to support healthy lifestyles, an area where Fishers leads with thoughtful planning for access to parks, trails, diverse programming, and cultural and community amenities that support well-being. As Fishers continues to grow rapidly, it is important to consider how that growth may obscure disparities and how social determinants of health affect residents' well-being.

An Aging, but Youthful City

As Fishers' population has grown, its age demographics have also shifted. Once known for its concentration of young families, Fishers is now home to residents across a broader range of ages as older adults move to the city and long-time residents grow older. In 2010, residents age 65 and older made up 6.1% of residents but grew 188.3% to represent 13% of residents in 2024 (ACS Table S0101, 2010-2022) (U.S. Census Bureau ACS B01001, 2024). While this has contributed to the median age increasing from 33.2 to 36.4 in 2024, the city continues to attract working-age adults and families with children to maintain a youthful energy even as the overall population ages. (U.S. Census Bureau ACS B01002, 2024). The number of school-age children has increased over 32% since 2010; however, there has been a decline in preschool-age children over the last fifteen years. This shift reflects national aging trends but is especially pronounced in Fishers, where rapid growth continues to attract working professionals, families and retirees seeking community amenities and proximity to children and grandchildren. (Figure 2).

Population and Change by Age Group, 2010 - 2024

Age Group	Age Group Growth Rate (2010-2024)	Age Group Total 2010-2024	% Change
0 - 4	-0.9% Decreasing	6,828 → 6,020	-11.8%
5 - 17	2.0% increasing	18,287 → 24,260	32.7%
18 - 24	3.8% increasing	4,403 → 7,463	69.5%
25 - 39	0.7% increasing	18,530 → 20,415	10.2%
40 - 64	2.0% increasing	24,799 → 32,932	32.8%
65 and over	7.9% increasing	4,732 → 13,640	188.3%
80 and over	10.2% increasing	740 → 2,900	291.4%
Total	2.2% increasing	77,579 → 104,730	35.0%

Figure 2: Changing Age Structure in Fishers 2010-2024

Local public health must plan and respond to changing age demographics. Growing older adult populations place a higher emphasis on aging well and aging-in-place supports including accessible housing, transportation, and preventive and care management programs. The continued presence of families heightens the need to support schools, promote opportunities for healthy lifestyles starting in early years that continue into adulthood, and promote childcare needs. Supporting residents at every stage of life, from early childhood through older adulthood, requires the support of a public health approach that fosters intergenerational connection and well-being.

Racial and Ethnic Groups & Increasing Diversity

Reflecting broader demographic shifts across Indiana and the U.S., Fishers has become more diverse over the past three decades. Fewer than one in twenty residents were a racial or ethnic minority in 1990, which has increased to more than one in four as of 2024 (Commerce, 1990) (ACS Table B03002 (1-Year Est.), 2024). This growing diversity is largely driven by Asian, Black, and Hispanic/Latino populations that have steadily increased since 2010 with Asian and Hispanic/Latino populations nearly doubling. (Figure 3)

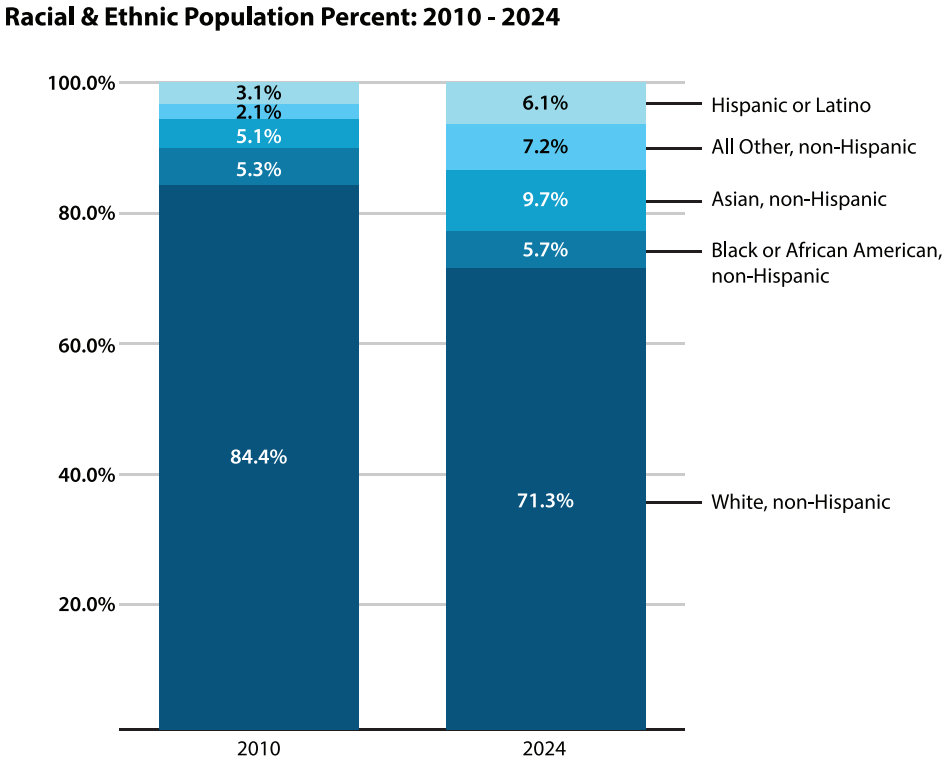


Figure 3: Racial and Ethnic Population Change 2010-2024

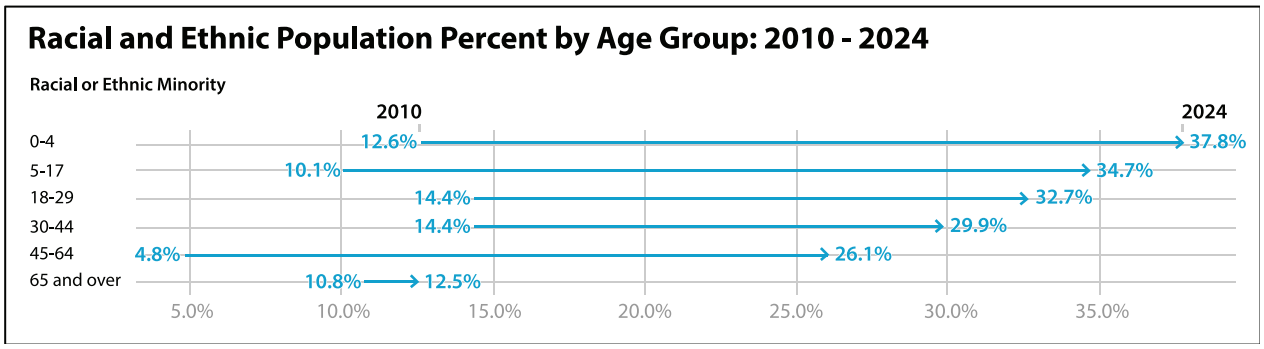
The city's racial and ethnic composition is starting to diverge from the surrounding county with higher levels of diversity. Compared to Hamilton County, Fishers has a statistically lower proportion of non-Hispanic White residents (71.3% compared to 77.2%) and a modestly lower proportion than Indiana (74.3%) (Figure 4). Compared to Indiana, Fishers has a much higher Asian population (9.7% vs. 2.7%) and other/multiple races (7.2% vs 5.0%). Diversity is not evenly distributed across the city with diversity within census tracts ranging from under 10% to over 30% racially or ethnically diverse.

Racial and Ethnic Minorities - Select Categories: 2024

Location	White alone	Black or African American alone	Asian alone	Other alone	Hispanic or Latino
Fishers	71.3%	5.7%	9.7%	7.2%	6.1%
Hamilton County	77.2%	4.8%	7.1%	4.8%	6.1%
Indiana	74.3%	8.9%	2.7%	5.0%	9.0%
United States	56.3%	11.7%	6.2%	5.8%	20.0%

Figure 4: Racial and Ethnic Minorities - Select Categories: 2024
(Source: U.S. Census Bureau, Hispanic or Latino Origin by Race, 2024)

Increasing racial and ethnic composition is higher among younger generations. As of 2024, nearly one in three residents under 45 years of age were a racial or ethnic minority, compared with only one in seven in 2010 (ACS Table B01001H, 2010-2024). This is much lower among residents 65 and older, where just one in eight are a racial or ethnic minority (Figure 5).



Source: 2010 and 2022 ACS Tables S0101 and B01001H • Created with Datawrapper

Figure 5: Racial and Ethnic Population Change by Age Group: 2010 - 2024

These diversity composition shifts signal the city's future will be more multicultural, multilingual, and globally connected. These changes underscore the importance of targeted outreach, inclusive engagement, and culturally responsive public health service delivery to ensure that all residents share in opportunity for well-being as Fishers continues to evolve.

Immigration & Residential Mobility in Fishers

Immigration

Population growth in Fishers has been fueled by in-migration from working professionals, families, and older adults, including the steady arrival of residents from around the world. From 1990 to 2024, the city's foreign-born population has rapidly expanded from fewer than 150 individuals (1990) to nearly 14,000 in 2024 (13.3% of the population) (CP-2-16 U.S. Census Bureau, 1990) (ACS Table B050011 Year Est, 2010-2024). That share is higher than Hamilton County (11.4%) and Indiana (7.0%) and more closely mirrors the composition of the U.S. (14.8%) (ACS Table B050011 Year Est, 2010-2024) (Figure 6).

10 largest populations of foreign-born residents

Indian	Pakistani
Chinese	Syrian
Canadian	Venezuelan
Jordanian	British
Vietnamese	Brazilian

*Source: ACS Table B05006 5-Year Est, 2022

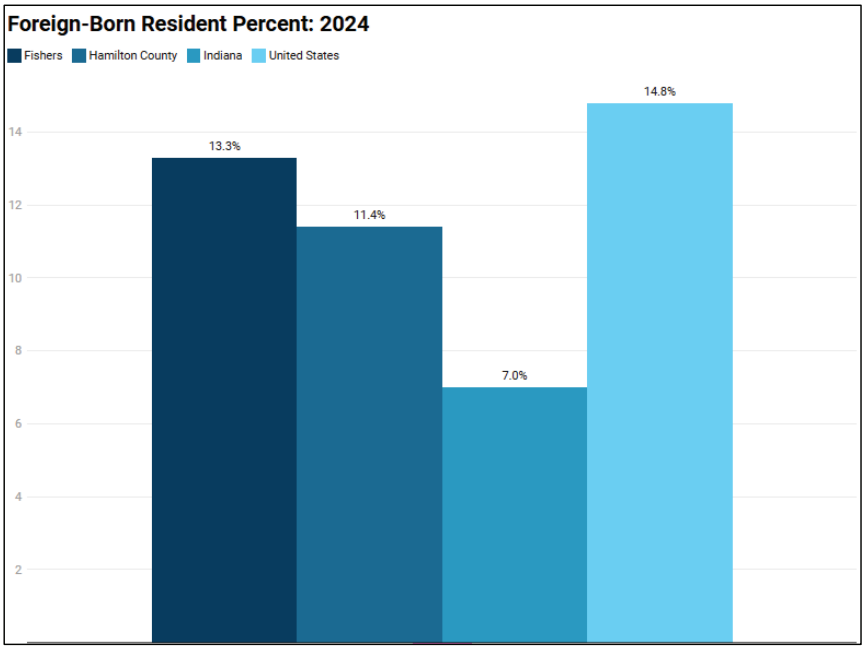


Figure 6: Foreign-Born Resident Percent: 2024

The vast majority of foreign-born residents are of working age (82.6%, range from 52.9

– 97.8%), have nearly identical attainment in bachelors, graduate or professional degrees (24.6% vs 24.2% foreign-born; not statistically different), and participate in the workforce similar rates to U.S. born residents (ACS Table B05001 1 Year Est, 2010-2024) (ACS Table B05013 5-Year Est., 2022) (ACS Table S0501 5 Year Est, 2022).

Nearly 12% of residents speak languages other than English at home including Spanish (2.1%) and Arabic (1.3%) with 2.6% speaking Chinese, French/Haitian/Cajun, Russian/Polish/Other Slovic languages, German or other West Germanic languages, Korean, Vietnamese, or Tagalog (ACS Table C16001 5 Year Est., 2023). Additionally, 3.5% of residents speak Other Indo-European languages at home.

The growth of immigrant populations requires sustained inclusion efforts by public health. These include cultural competency, language support, navigation of health and social services, and accessible resources to

12% of Residents Speaking Languages Other than English at Homes

2.1% Spanish
1.3% Arabic
6.1% Other Languages

*Source: ACS Table C16001 5 Year Est., 2023

Residential Mobility

Each year, thousands of residents relocate to Fishers, some from neighboring communities in the county, and others coming from Indiana, the U.S., or from abroad. Residential mobility provides insight into the changing demography of Fishers to anticipate public health needs of new residents. In 2024, Fishers had a residential mobility rate of 12.9% or approximately 13,360 people that lived in a different home than the year before (ACS Table B07001 5-Year Est, 2010-2022) (U.S. Census Bureau, ACS B07013 , 2024). Most moved from within the county (6.5%) and from within Indiana (4.5%); however, more moved from abroad than from another state (1.2% from abroad vs. 0.7% from another US state) (Figure 7).

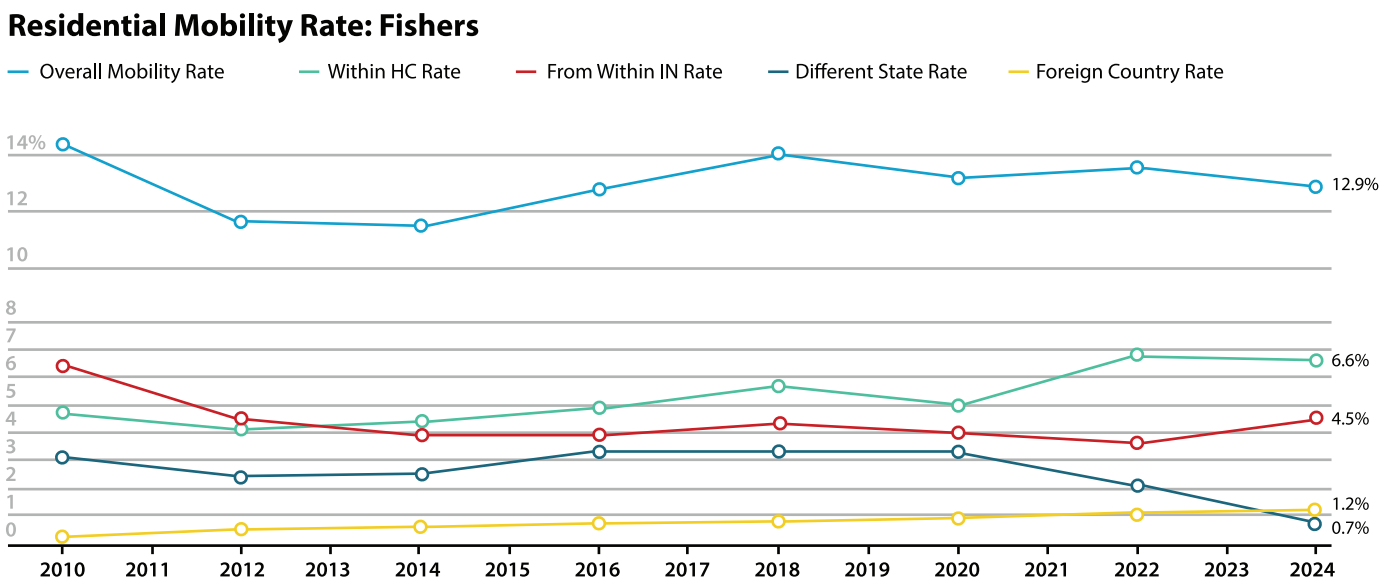


Figure 7: Mobility Rate: Fishers, 2010 - 2024

The overall mobility rate has been relatively stable since 2016 as Fishers attracts families and professionals seeking strong schools and community amenities. The mix of newcomers, particularly from across the world, contributes to vibrancy but also introduces challenges around continuity of care, social connection, and stability, all factors closely tied to mental and physical health. Planning for programs that meet the needs of a mobile, fast-growing city while supporting access, awareness, and continuity will be important for public health programs in the future.

Households in Fishers

Household formation in Fishers reflects both rapid expansion and economic strength that defines much of the surrounding county. As of 2024, Fishers contained 38,355 households, a majority of single-family homes (83.0%) (ACS Table B110011 Year Est, 2024). Over 76% of residents own their homes, with the median household value of $420,300, up 96% from $214,000 in 2010 (ACS Table DP04, 2010) (U.S. Census Bureau, ACS B25003, 2024) (U.S. Census Bureau, ACS B25077, 2024). Like the surrounding county, household value is higher in Fishers compared to the state (median value $243,500) or the U.S. median household value ($360,600) (U.S. Census Bureau, ACS B25077, 2024).

Married couple families continue to make up the backbone of the community at 75.1% of households by population size, unlike broader shifts toward smaller and more diverse household arrangements in the U.S. (Figure 8) (U.S. Census Bureau, ACS B11002, 2024). Despite the change nationally, Fishers remains a family-oriented city: over two in five households include children under 18 compared to one in four in the state and nation (ACS Table B110011 Year Est, 2024). Living arrangements are similar to the surrounding county, with 34% of households married with children compared to 17% in Indiana and the United States (U.S. Census Bureau, ACS B11012, 2024).

These housing patterns intersect with race, gender, age, and income to underscore the need for diverse housing types and neighborhood designs that accommodate residents at different life stages. Growth in single-person and older-adult households is evident, mirroring national trends toward aging in place and longer life expectancy (U.S. Census Bureau, ACS B11012, 2024). While only 12.6% of those age 15 to 64 live alone, seniors are nearly twice as likely to live alone (20.9% of those age 65 and older) with most seniors living alone being women (31.1% of all Fishers women 65 and older compared to 6.3% of Fishers men) (analyses of U.S. Census Bureau, ACS B11012, 2024 and U.S. Census Bureau, ACS B11010, 2024). Census estimates show significant racial differences in female-headed family households in Fishers. Among family households, nearly 30.1% of Black family households are headed by women without a spouse present compared with 9.9% of White family households headed by women without a spouse (analysis of ACS Tables B11001A-I, 2023, 1-year estimates).

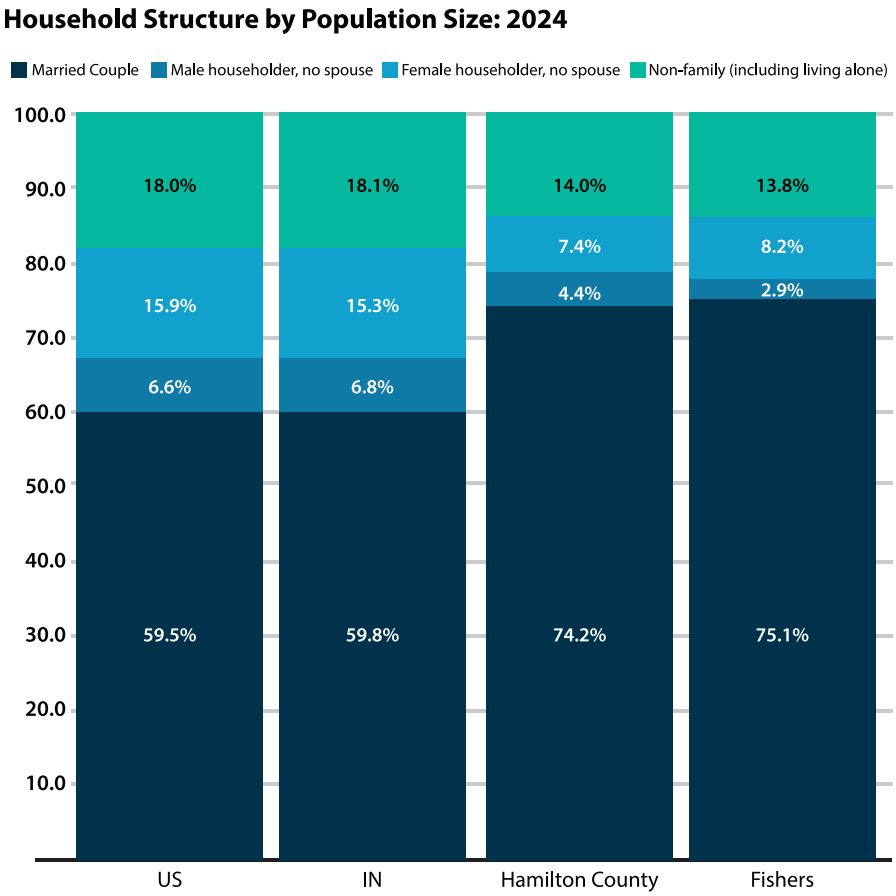


Figure 8: Household Structure 2024

These characteristics of the community have implications ranging from childcare needs, income security, access to health-promoting resources, healthy aging, and aging-in-place. Public health can assist with promoting policies to ensure well-being and access to services as the city continues to evolve.

Income & Economic Hardship

Household Income

Fishers, and Hamilton County in general, is known as one of the most economically prosperous communities in Indiana, but the full lived economic experience occurs within the community. In 2024, the median household income was $132,204, exceeding the county median ($125,509) and 84% higher than the state median of $71,959 (ACS Table B19013, 2024). Roughly 44% of households earn $150,000 or more each year. However, income is not evenly distributed across areas of the city. This uneven income distribution, visible even between adjacent census tracts within the city (see Figure 9), shows how affluence and economic stress can exist side by side even in a highly affluent community. In the north-central part of Fishers, the median household income is less than half that of the adjoining census tract ($71,599 vs. $151,178), indicating pockets of higher financial vulnerability for some within a high-income city. For example, when adjusted for cost of living using United Way's ALICE Calculator, households with two adults and two school-age children in the north-central census tract would likely be deemed an ALICE Household (see below about ALICE).

In Fishers, the top-earning households have significantly more income, with nearly one in four (23.4%) earning $200,000 or more, five times higher than the lowest 10% of households earning $40,000 or less (ACS Table B19013, 2024). Applying a relative-affluence framework shows three census tracts with median household incomes below two-thirds of the citywide median (Figure 10) (see Bischoff & Reardon, 2014, as cited in (Reardon, 2016)).

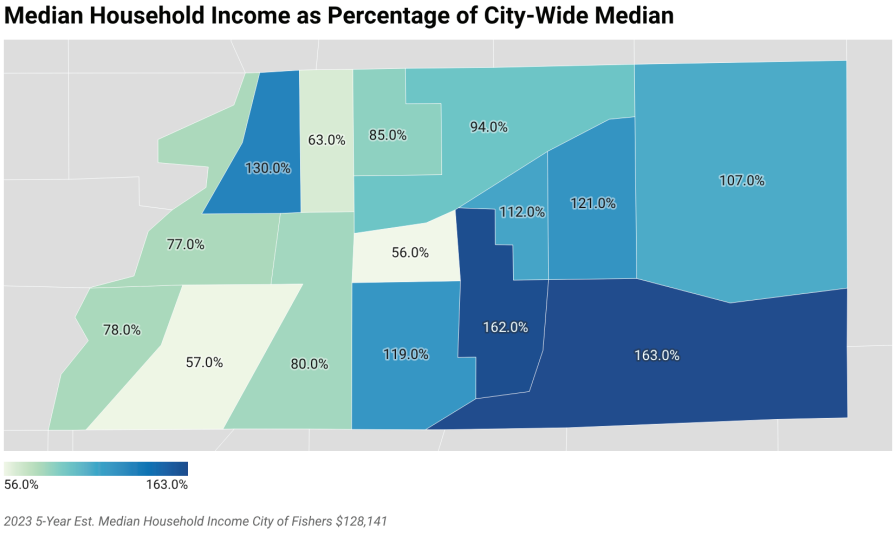


Figure 9: Household Income as percent of City Median Income: Census Tract 2022

Such differences within a geographically small city shape health and well-being through daily realities. Household income determines whether families struggle to meet basic needs such as food, housing, transportation, and impacts financial ability to guard against unexpected hardship.

Poverty & ALICE Households

Fishers' overall poverty rate is low – 3.3% of residents live below the federal poverty line – but this small percentage translates into approximately 3,391 people in a large suburban city of over 104,000 residents (U.S. Census Bureau, B17001, 2024) (2025 Poverty Guidelines). The poverty rate in Fishers is low compared to Indiana (12.2%) and the U.S. (12.1%), but tends to disproportionately affect single-parent households, people of color, and those with disabilities, and impacts health and well-being, educational attainment, and mental health. Poverty rates range from 0% to 7.7% across census tracts in the city. Groups with notably higher poverty rates are those with lower educational attainment and female householders with no spouse present with multiple children (19%).

The United Way's ALICE (Asset-Limited, Income-Constrained, and Employed) measure is a way to understand the number of people who earn too much to qualify for assistance but not enough to have financial security, often experiencing difficulty with meeting basic needs (United Way of Central Indiana, 2025). Beyond official poverty, nearly a quarter of households in Fishers two exclusive ZIP codes (46037 and 46038; approximately 90% of Fishers' population) are ALICE (Figure 10). In 2025, the United Way of Central Indiana estimated that 27% of households in ZIP code 46038 and 19% in 46037 fell into ALICE & Poverty categories, totaling over 6,300 households. The link between poverty and health outcomes is well established, often creating an inability to pay for necessities that impact physical and economic well-being (Bennett, K.J., & Schiller, J.S., 2015) (Srinivasan, S., & Hossain, M., 2018).

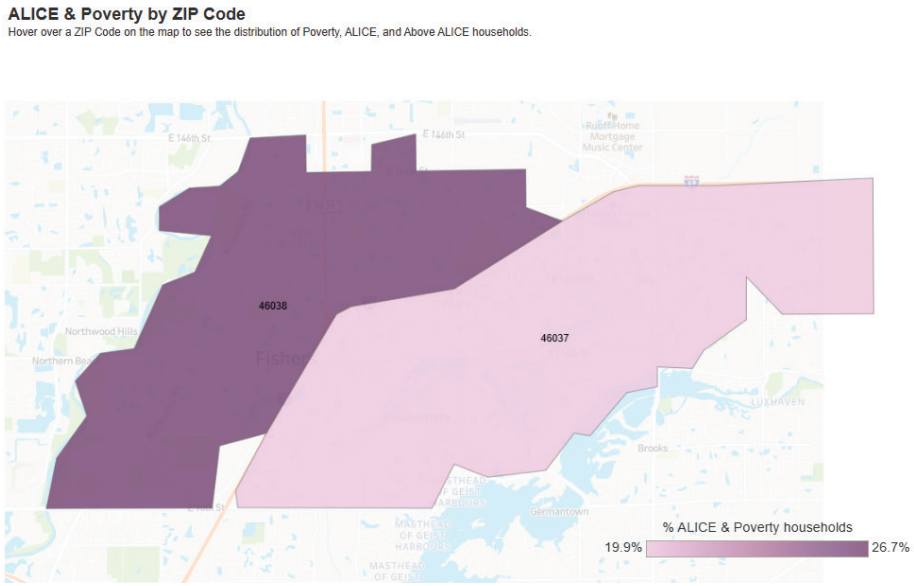


Figure 10: United Way Central Indiana ALICE & Poverty by ZIP Code: 2024.
*the two highlighted outlines are Fishers Zip Codes 46037 and 46038

Housing Affordability

Housing affordability, a major influence on financial security, impacts prosperity and constraints as high housing costs limit money available for necessities. The federally recommended spending of total income on housing costs is 30% (HUD, 2024); those spending 30% or more are cost-burdened and more likely to face difficulty with non-housing costs. Between 2010 and 2024 in Fishers, the divergence between owners and renters on the amount of household income spent toward total housing costs starkly increased (Figure 11) (ACS Table B25091, 2010-2024) (ACS Table B25070, 2010-2024).

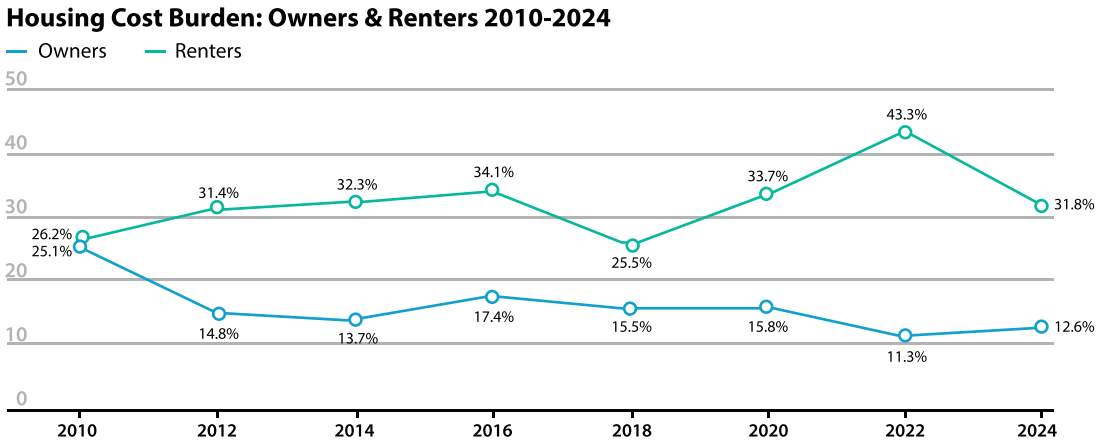


Figure 11: Housing Cost-Burden Renters and Owners: Fishers, 2010-2024

While the overall share of all cost-burdened households declined from 25.5% in 2010 to 19.2% in 2024, the proportion of renters cost-burdened has increased while the share of owners cost-burdened has decreased. These trends in cost burden for renters reflect national trends in increasing housing costs where renters bear the brunt of rising costs (Urban Institute, 2024). High cost burden does not always result in housing insecurity, but it does limit available money for other necessities. Recent data show 11.3% of income is spent on food (Economic Research Service, 2024) and households with high housing cost burdens often make cuts to spending on groceries and food.

Income & Economic Summary

High housing and living costs, and variable experiences in financial security, occur within wealthier cities, showing a shared, and often hidden, experience of strain on well-being. Many households in Fishers are capable of balancing mortgage or rent payments, but for some, higher costs reduce the availability of money for basic needs, may impact access to medical care, or influence mental health and well-being through stress. Financial strain and difficulty were assessed during the community survey and is discussed on page 54. Overall, these conditions highlight the importance of continued strategies that target financially strained residents, programs that connect residents to community resources, and partnerships that help all families thrive.

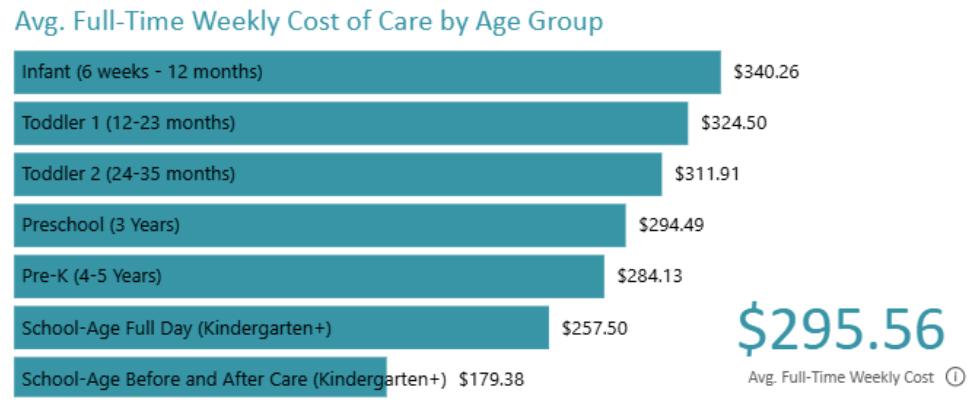
Childhood Development & Education Shape Health Through Adulthood

Education is one of the strongest predictors of health, shaping many dimensions of health and opportunity for well-being throughout adulthood (Zajacova, 2018). Strong foundations for high educational attainment start early in life, shape development, and continue through primary and secondary school to influence cognitive, social, and emotional growth important to health and well-being throughout life (Center on the Developing Child, Harvard University, 2010) (National Institute for Early Education Research, 2020). The interconnectedness of education and health outcomes in life underscores the importance of children receiving quality education as a foundation for healthier lifestyles and reduced health care costs long term.

In Fishers, residents benefit from one of the highest-performing publicschool systems in the nation, with graduation, test, and college degree attainment consistently exceeding state and national averages. In fact, Fishers has one of the highest college degree attainment rates of communities in Indiana with 70% of adults having a bachelor's degree or higher compared to 30% in Indiana and 36% in the U.S.. Even within this high-achieving context, important differences in readiness, achievement, and support persist across groups of youth in Fishers. This section outlines the childhood development and education conditions shaping health and success through postsecondary education and the challenges that accompany local conditions.

Early Childhood

Early learning provides a foundation for future academic and social success. Hamilton Southeastern Schools (HSES) and a large network of private childcare providers support early development for thousands of preschool-age children in Fishers. Overall, 60.2% of 3- and 4-year-old residents are enrolled in public and private providers (U.S. Census Bureau, ACS Table B14003, 2024). While childcare and preschool are not sought after for all children as families choose various arrangements for early childhood learning, access and affordability likely remain a barrier for some families to access high-quality preschool providers (Figure 12). A thorough review of the childcare landscape completed in 2024 indicates the broader county has higher concentrations of quality programs and higher costs than surrounding areas, but a shortfall of childcare capacity remains (Invest Hamilton County, Childcare Action & Investment Plan, 2024).



Average Annual Cost by Type and Age Group

Type	Infants and Toddlers	Preschool	School Age
Center	$20,980	$17,291	$11,540
Home	$12,722	$12,557	$9,828
Ministry	$11,521	$13,499	$10,231

$154,876
Median Household Income

Average Annual Cost by PTQ Level and Age Group

Pathways To Quality Level	Infants and Toddlers	Preschool	School Age
Not on Paths to QUALITY™	$13,699	$13,790	$11,041
PTQ Level 1 or 2	$14,276	$13,464	$8,823
High Quality (PTQ Level 3 or 4)	$20,699	$17,466	$11,908

Figure 12: Brighter Futures Indiana Childcare Costs Estimates Fishers, Indiana

In Fishers, only 17 of 48 programs are rated as High Quality under the Paths to QUALITY™ (PTQ) standards (Brighter Futures Indiana Data Center, 2024) (IN FSSA Scientific Basis for PTQ, n.d.) (IN FSSA Paths to QUALITY Overview, n.d.). An estimated 1,794 children under six may need high-quality childcare (Brighter Futures Indiana Data Center, 2024). To help offset expenses, many families utilize Child Care Development Fund Vouchers, with an estimated 559 children in Fishers benefiting, 72.3% of whom are in high-quality programs. Strengthening the early-childhood systems could ensure every preschool child in Fishers begins formal school ready for success.

K-12 Public Education

Hamilton Southeastern School Corporation (HSES) is widely recognized for academic excellence and is home to nearly 88% of all school-age children in Fishers (NICHE Best Schools, 2024) (ACS Table B14002, 2024). Overall, HSES is consistently ranked in the top 10 school systems in Indiana and the top two percent of school systems nationally. Fishers children make up the vast majority of students within HSES, where 66.9% of the students are White, 9.3% Asian, 8.7% Black, 8.5% Hispanic, and 6.6% other races. The HSES student population includes 21.0% free/reduced price meals (185% Federal Poverty Guidelines), 6.1% English Language Learners (ELL), 11.0% students with disabilities, and 28.9% High Ability learners (free/reduced meals analyzed using Indiana Department of Education data) (Indiana Federal Report Card, 2023). Graduation rates consistently outperform state averages, topping nearly 99%, almost 10 points higher than the state average using the Indiana Graduates Prepared to Success (Indiana GPS) (Indiana Graduates Prepared to Succeed, 2025). Advanced Placement and dual-credit attainment remain above 50% in recent years. However, academic success is not uniform. Analysis of Indiana GPS reveal gaps in literacy and mathematics, whether for race (differences between White and minority students), ELL and socioeconomically disadvantaged students, across third through eighth grade students (Figure 13).

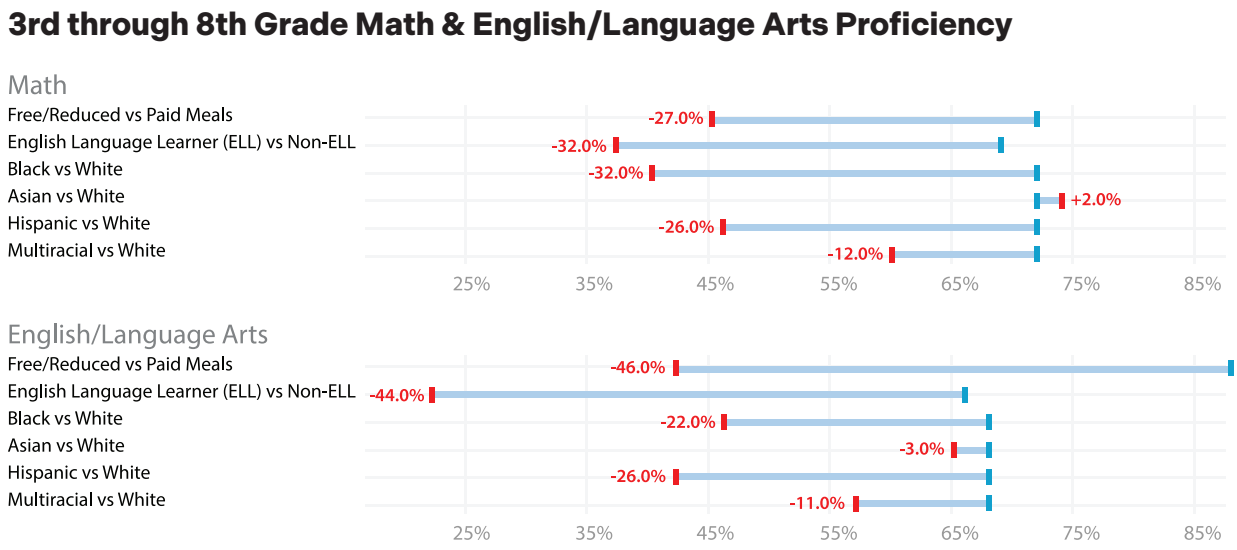


Figure 13: Disparities in Math and Literacy Proficiency

For example, in the 2025 school year, 3rd – 8th grade students on free/reduced price meals scored 27% to 46% lower on proficiency in math and ELA compared to paid meals students – large gaps influenced by socioeconomic conditions (Indiana Graduates Prepared to Succeed, 2025). Similar disparities across math and ELA proficiency are apparent by language spoken and race/ethnicity, where White students are nearly twice as proficient compared to Black students.

Across all groups, proficiency was lowest in 2021 and has since rebounded, but has not yet reached pre-pandemic levels, mirroring national trends. In fact, proficiency stagnated across the U.S. in the years before the pandemic (National Center for Education Statistics, 2024) as learning losses occurred during the pandemic. There have been gains within HSES and elsewhere in recent years that have varied based on student characteristics such as poverty, race, and socioeconomic environment (Center on Reinventing Public Education, 2024).

There are a few measures on the Indiana GPS dashboard to assess achievement entering or during high school for HSES students. The rate of HSES students earning high school credit before entering ninth grade is 78.9% compared to 48.4% across the state. Over half (56.5%) of grade 11 students meet SAT benchmarks versus 24.4% across the state. Finally, 97.6% met the Graduation Pathways requirements in HSES compared to 90.2% across the state. (IN GPS Indicators and Methods of Calculation, 2024). The achievement gap is mixed across these measures for HSE students. Full results are available on the Indiana GPS dashboard but notable differences are 30.2% of Black students and 34.0% of Hispanic students achieve composite proficiency compared to 62.3% of white students; and, 33.4% of free/reduced meal students achieve composite proficiency compared to 61.7% of paid meal students. These and other previously mentioned differences are similar in other high-performing school systems in Indiana.

While the relationship between education and life earnings is influenced by several factors, research has continuously demonstrated a strong correlation between educational attainment and improved socioeconomic outcomes throughout life (for example, see (Carnevale, A. P., Cheah, B., & Wenzinger, E., 2021).

The HSES district graduates very high levels of students on time (97.6% compared to the state average 90.2%), meeting the Graduation Pathways graduation requirements. All the above trends mirror state and national patterns but highlight ongoing need for supports and approaches to ensure students have the best opportunity to influence their health and well-being throughout their lives with a strong educational foundation. Sustaining efforts to improve educational attainment and linking them with broader community health initiatives will help reduce disparities and strengthen education from early years into adulthood.

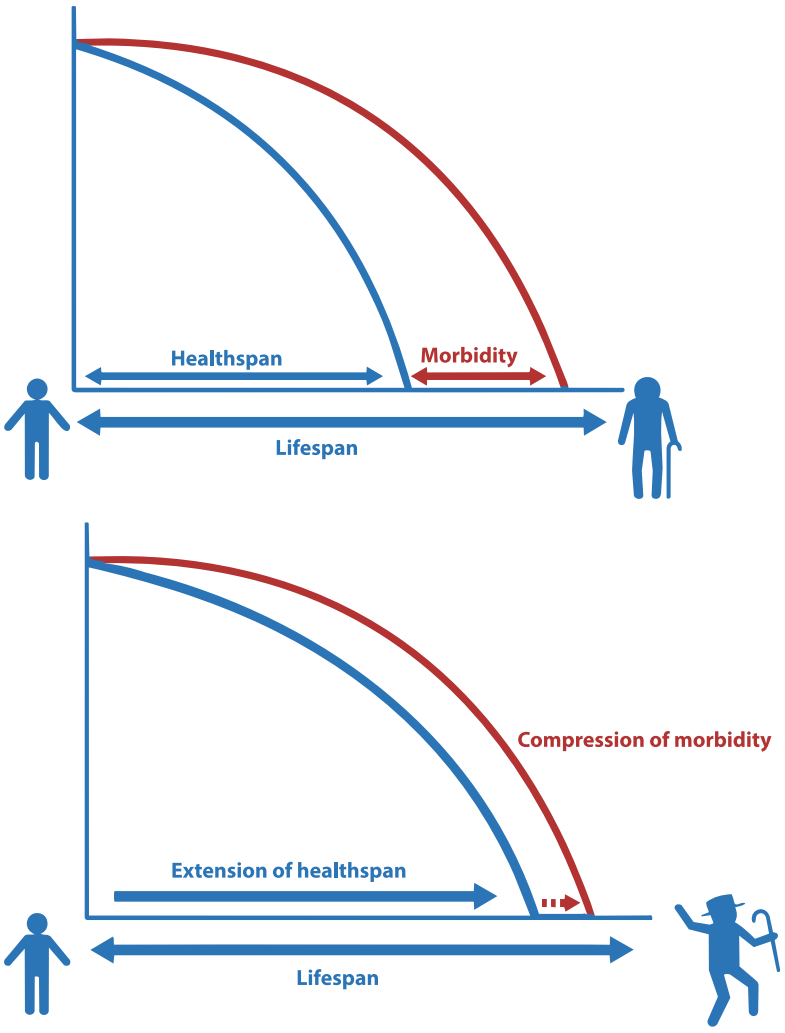
Narrative Report: Health & Well-being

Narrative Report:

Health & Well-being[1]

Fishers exhibits favorable health outcomes compared to state and national benchmarks, largely due to advantageous access from high health insurance coverage, economic stability, and educational attainment. The health of residents reflects a strong foundation of preventative engagement, high rates of health insurance coverage, and strong connections to healthcare providers. Weighted data from the 2025 Fishers Community Health & Well-being survey ("Community Survey") show that 96.5% of adults have insurance coverage and 9 in 10 have a regular provider. These findings align with community-level indicators from CDC PLACES and state immunization data showing consistently high rates of engagement, preventive screenings, and vaccinations.

At the same time, local data reveal nuanced challenges with residents report delaying care due to cost or scheduling barriers, and many describe mixed experiences with stress, social isolation, and mental well-being. This chapter explores these patterns through a combined lens of access and prevention, chronic diseases and acute injuries/ER conditions, infant and maternal health, behavioral health, health behaviors and risk factors, health-related social needs and determinants of well-being, community connection, and leading causes of death.



In public health, it's important to distinguish lifespan (how long people live) from healthspan (how many of those years are lived in good physical, mental, and social well-being) (image above). Communities can see longer lifespans while still experiencing a growing burden of chronic disease, functional limitations, or injuries like falls, leading to more years lived with preventable health challenges. Public health's focus is not only on helping individuals live longer, but on extending healthspan by preventing or delaying disease and disability, strengthening protective factors, and improving access to early detection and supportive services. This framing helps interpret health outcomes more fully and underscores why upstream prevention and age-friendly community strategies matter as Fishers grows and ages.

[1] Survey results were weighted to match Fishers' adult population by age, gender, and race/ethnicity using American Community Survey benchmarks. Due to small sample sizes, race/ethnicity was analyzed as White, non-Hispanic vs. "All Others." See Appendices for weighting details.

Access & Prevention

Access to Care

Fishers residents generally experience better access to health care than many communities, reflecting the high amount of insurance coverage, proximity to many health systems, and broad ability to better afford deductibles given the relatively high household income. Nearly all adults in Fishers (96.5%) report having health insurance coverage, most through employer-sponsored plans (68.3%) (Survey, 2025). This matches community estimates of 97.3% insurance coverage for Fishers and exceeds state (92.5%) and national (91.8%) coverage estimates (U.S. Census Bureau, ACS Table B27001, 2024). About nine in ten (90.7%) adults in Fishers have a regular source of health care, and more than one in three (37.3%) used telehealth in the last year. Despite this strong coverage and connectivity, 12.2% of Fishers adults reported a delay in receiving care, most commonly due to cost (41.4%) and inability to get an appointment soon enough (43.9%).

The relationship between access and health-related measures can be indirectly understood by looking at prevention behaviors and health outcomes. One tool for doing so is the CDC tool Population Level Analysis and Community Estimates (PLACES), which uses complex methodology to combine Behavioral Risk Factor Surveillance System and American Community Survey data to provide age-adjusted prevalence estimates on chronic diseases, health-related measures, and social determinants of health measures (Centers for Disease Control and Prevention, 2024).

Prevention & Screening

Preventive care participation among Fishers adults is consistently high and represents one of the strongest foundational health actions in the community. Residents benefit from broad insurance coverage, widespread connection to healthcare providers, and strong engagement with routine checkups and recommended screenings. Together, these factors contribute to a prevention-oriented culture reflected across multiple data sources, including CDC PLACES estimates (Centers for Disease Control and Prevention, 2024), state immunization records, and results from the Community Survey.

CDC PLACES estimates reinforce this strong preventive-oriented environment. Fishers adults exceed the U.S. adult population on adherence to prevention-related engagement with care on many indicators, including annual check-ups with medical providers, cholesterol screening, colorectal cancer and mammography screenings, and dental care (Figure 14). Some levels of engagement with prevention care far exceed U.S. levels (e.g., colorectal cancer screening) while others modestly exceed but represent statistically higher engagement than U.S. levels (e.g., annual checkup with a healthcare provider among Fishers adults is statistically higher than the U.S. adult estimate). These levels of engagement reflect the community's robust access, socioeconomic stability, and cultural emphasis on health and prevention.

Preventive Measure	Fishers	Hamilton County	U.S.
Annual Checkup	80.1%	79.8%	75.7%
Dental Visit Within Past Year	74.0%	74.6%	63.4%
Blood Pressure Medication	59.9%	59.8%	57.5%
Cholesterol Screening	88.6%	88.3%	85.6%
Mammography Screening	79.0%	77.4%	76.0%
Colorectal Cancer Screening	66.1%	64.3%	54.1%

Figure 14: Prevention-Engagement Measures

Child and adolescent immunization rates further demonstrate a strong public health infrastructure in Fishers. Immunizations play a critical role in preventing or reducing the burden of vaccine-preventable diseases to reduce disease occurrence and improve health outcomes (Rodrigues CMC, Plotkin SA., 2020). Further, adherence to recommended vaccinations lowers healthcare costs by reducing the need for medical treatment associated with preventable diseases (CDC, 5 Reasons It Is Important for Adults to Get Vaccinated, 2024). State immunization data show Fishers children and adolescents meet or exceed state averages for nearly all key childhood and adolescent vaccines, including MMR, Varicella, Hepatitis B, and Tdap. Although Fishers performs slightly better than Indiana overall, completion rates for the HPV vaccine (a vaccine that protects against six types of cancer) remain below 50%, signaling an important opportunity for community outreach to prevent certain forms of cancer.

While overall access is strong and many residents actively adhere to prevention recommendations (e.g., annual checkups, screenings, immunizations), connecting residents who are underinsured or have financial barriers (e.g., high deductibles) to community resources, and focusing on prevention for those with barriers to care are areas FHD can ensure equitable access to improve engagement. Investment in preventive outreach such as health education, behavioral health screening, vaccination promotion, and connection to community resources for affordability will be essential to maintaining and advancing community health outcomes as Fishers continues to grow.

Health Outcomes

Chronic Disease

Chronic disease remains among the most important drivers of morbidity, mortality, and healthcare utilization in communities across the U.S., with six in ten adults living with a chronic condition and four in ten with two or more (CDC, About Chronic Diseases, 2024). These conditions, including heart disease, cancer, chronic lung disease, chronic kidney disease, stroke, and depression, account for nearly 90% of U.S. healthcare spending and over 70% of deaths (CDC, Fast Facts: Health and Economic Costs of Chronic Conditions, 2024). Understanding the burden of chronic diseases in Fishers is essential for guiding prevention strategies, identifying gaps, and developing information strategies to improve health and lower the burden of disease on individual and community well-being.

Age-adjusted prevalence estimates for all adults in Fishers from the Community Survey align closely with CDC PLACES estimates, indicating that chronic disease patterns in Fishers can be compared to modeled estimates from other localities (Table 1). Below is a summary of the five highest prevalent chronic conditions among adults in Fishers with public health implications:

- Obesity affects 31.6% of adults in Fishers and is closely linked to multiple poor health outcomes, including hypertension, cardiovascular disease, and diabetes. Healthy living and opportunities to reduce obesity can positively impact several other conditions.
- Hypertension (high blood pressure) impacts 26.8% of adult residents and is a major cardiovascular risk factor. It remains a significant public health issue as a preventable or manageable condition through focus on nutrition, physical activity, and stress for long-term control.
- High cholesterol is the only condition where 2025 Community Survey results identified a statistically lower rate than modeled CDC PLACES estimates, impacting 22.6% of the local adult population. Early intervention can reduce long-term risk for heart health and cardiovascular disease. Public health can educate and identify lifestyle choices that influence high cholesterol to improve long-term community well-being.
- Depression results from the Community Survey are higher than U.S. rates (25.2% vs 20.7%), which may be due to higher levels of access to care for identification and management of depressive symptoms. The high burden of this condition aligns with community concerns identified from survey comments and focus groups. Community awareness and strategies to improve help-seeking, along with strategies to address the complementary influences of physical and mental health, are high priorities for local public health.
- Arthritis rates among adults in Fishers (21.6%) are similar to U.S. rates. The influence of poorly managed arthritis on individuals' capability to perform daily activities makes managing arthritis a public health priority among chronic conditions. Public health initiatives to promote awareness, access to early diagnosis, and physical therapy or medication management can improve the lived experience.

Overall, adult residents experience similar or lower rates of many chronic diseases than those observed nationally.

Measure	US	Ham. County (IN)	Fishers	2025 Community Survey
Obesity among adults	32.9%	31.9%	31.6%	Not collected
	(32.5% – 33.2%)	(27.8% – 36.5%)	(27.8% – 35.7%)	
High blood pressure among adults	30.7%	29.6%	29.4%	26.8%
	(30.4%– 31.0%)	(26.7% – 32.7%)	(26.8% – 32.1%)	(24.2% – 29.4%)
High cholesterol among adults	32.2%	33.3%	33.2%	22.6%
	(31.9% – 32.6%)	(30.4% – 36.5%)	(30.3% – 36.2%)	(20.0% – 25.3%)
Depression among adults	20.7%	22.9%	22.8%	25.2%
	(20.4% – 21.0%)	(20.1%– 25.9%)	(20.3% – 25.6%)	(22.6% – 27.8%)
Arthritis among adults	21.9%	21.7%	21.6%	Not collected
		(19.5% – 24.2%)	(19.6% – 23.7%)	

Table 1: Select Chronic Conditions Among Adults in Fishers

This likely reflects the city's high rates of access (insurance) and preventive care engagement, healthier behaviors (see Health Risk Behaviors on page 54), and socioeconomic advantages. Chronic disease prevalence in Fishers varies substantially by age (FHD, Community Health & Well-being Survey, 2025). Cardiometabolic conditions – including hypertension, high cholesterol, and diabetes – show clear, expected age-related increases, reflecting natural progression of chronic risks (Oliveros E, 2020) and underscore the importance of prevention efforts, screening, and chronic disease awareness and management starting earlier in life (see Figure 15).

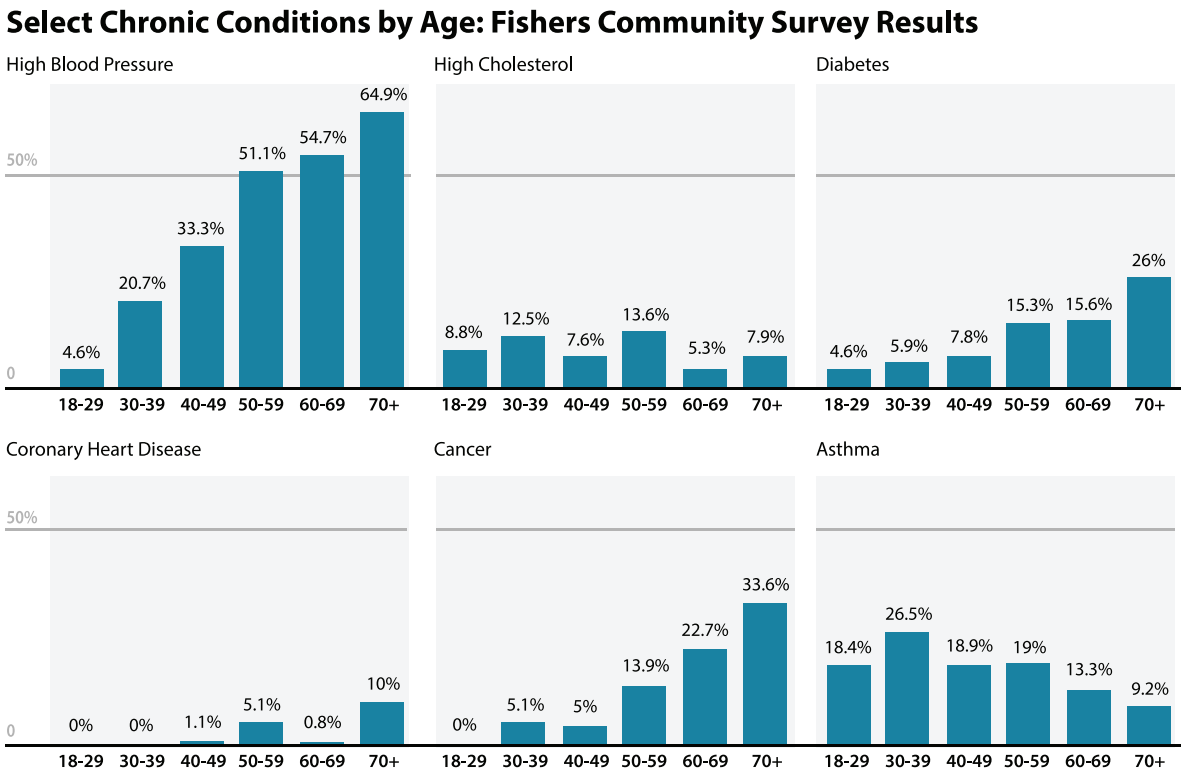


Figure 15: Community Survey Results: Select Chronic Conditions by Age Group

Understanding chronic disease patterns by age supports targeted public health strategies. Older adults in Fishers will benefit from investment in chronic disease self-management programs and efforts to reduce cardiovascular risk. Middle-aged adults represent an opportunity for diabetes, high blood pressure, and cholesterol screening and early intervention. Younger adults, while generally lower risk for chronic physical conditions, will benefit from awareness of healthy lifestyles and healthy nutrition, and strategies to reduce development of certain conditions.

Chronic conditions also result in more healthcare system usage. Encounter data show consistently lower encounter rates for many chronic conditions above and offer insight into the demand on the local healthcare system. For example, multi-year utilization data from one large health system of Fishers residents demonstrates how chronic conditions translate into healthcare utilization, generally pointing toward well-managed conditions. Arthritis, hypertension, heart disease, cancer, and diabetes represent most chronic disease-related encounters, reflecting the public health need to support early screening and supportive services for healthier living and management of conditions. Depression, despite being a relatively high prevalence (25.2% of adults) shows a low encounter rate of 1.7% of the Fishers population. This gap in prevalence and utilization suggests potential unmet need in behavioral health care, possible care access challenges, or reliance on non-health system pathways (e.g., private mental health providers or virtual therapy). Public health can create systems to improve access and promote engagement with mental health to ensure treatment and management of depression.

Acute Injuries & Emergency Conditions

Injuries, including accidental drug overdoses, falls, and suicidal attempts, are leading causes of death in the U.S. for individuals aged one to 44 (CDC, Injuries and Violence Are Leading Causes of Death, 2022). These events affect physical and emotional well-being, increase healthcare utilization, and create substantial financial and social burdens. Understanding local injury patterns in Fishers is essential for identifying preventable harm and guiding community well-being. Indiana's statewide real-time emergency surveillance system, ESSENCE, captures nearly all emergency department and urgent care visits and provides a reliable lens into injury risk and preventable harms in the community. Due to data limitations, it is difficult to accurately categorize acute emergency room visits for chronic conditions. However, patterns over the last eight years show meaningful increases in several injury categories, reflecting shifting community needs.

Falls continue to be the leading cause of preventable injury in Fishers, with emergency rates more than doubling from 896 per 100,000 residents in 2017 to 1,909 per 100,000 in 2025. In fact, falls represent the number one reason for Fishers Fire Department's Emergency Medical Services (EMS), representing nearly 20% of all EMS dispatches (analysis of internal Fire/EMS data). This trend mirrors national patterns and is consistent with the community's aging population, underscoring the importance of fall prevention and aging-well initiatives.

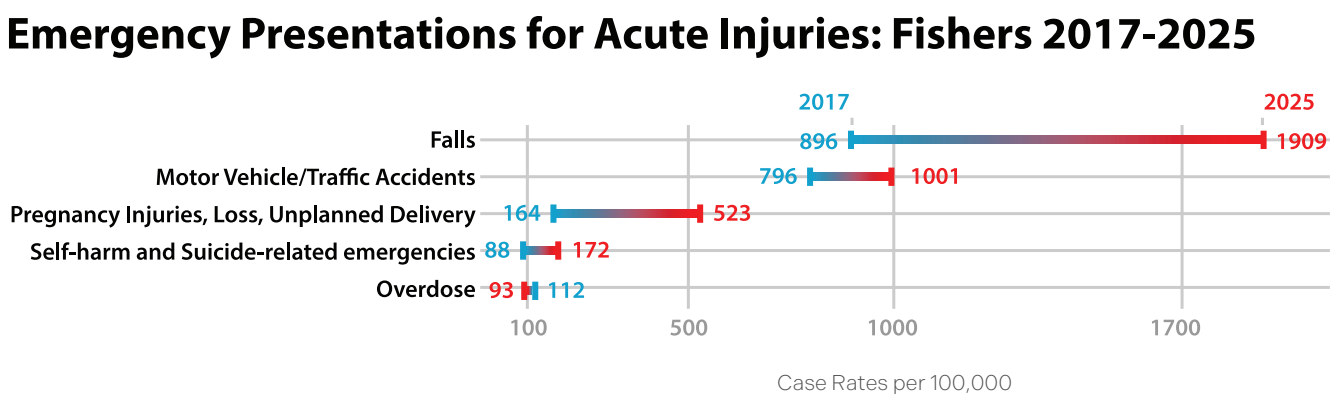


Figure 16: Preventable Injury Rates: Fishers 2017 - 2024

Traffic-related injuries represent another significant perennial cause of emergency care utilization. In Fishers, visits rose from a rate of 796 to 1,001 per 100,000. These consistent and modestly increasing trends mirror those in Hamilton County and point to the continued efforts to ensure safety on roadways, reduce distracted driving, and safe mobility infrastructure.

Emergency visits related to pregnancy – including complications, loss, injury, and unplanned delivery – have sharply increased in Fishers and Hamilton County. In Fishers, rates rose more than three-fold over the same period, from 164 to 523 per 100,000. These increases may reflect growing needs related to maternal health, barriers to prenatal care access, and emphasize the importance of ensuring timely maternal health care and coordinated supports during pregnancy (see Infant and Maternal Health section). This is an area that warrants deeper investigation to fully understand the scope and causes for the rapid increase in order to create preventive programming to reduce these emergency encounters.

While smaller in volume, emergency presentations for behavioral health needs have increased or remained steady. Rates for self-harm and suicide-related presentations rose from 88 to 172 per 100,000. These patterns align with national trends, and 2025 Community Survey findings show elevated anxiety and depression among adults. Overdose-related emergencies have fluctuated but remain persistent at around ~100 per 100,000 each year, reinforcing the need for continued substance use prevention, harm reduction, and recovery-oriented supports.

Behavioral Health

Behavioral health is central to overall community well-being and affects physical health, social functioning, quality of life, and local economies. Across the U.S., mental health conditions, including anxiety, depression, and substance use disorder, are among leading contributors to disability (Johns Hopkins Medicine, n.d.). These concerns intersect with acute injury patterns above and co-occur with many chronic conditions. Having a chronic physical condition and depression, for example, can result in interference with treatment for either depression or the physical chronic disease, contributing to worsening outcomes (Watson KB, 2025).

In Fishers, multiple data sources, including the Community Survey, ESSENCE, local health system utilization, and modeled CDC PLACES estimates, show a local behavioral health landscape shaped by high overall well-being in the community but meaningful levels of anxiety, depressive symptoms, inconsistent social support, and rising behavioral health-related needs. This pattern reinforces a consistent signal throughout the community health assessment process: mental health concerns are a priority for residents, particularly youth, young adults, and the aging population.

Mental Well-being, Social & Emotional Support, & Social Isolation & Connectedness

The Community Survey included questions on social well-being, connectedness, isolation, and others to complement other available behavioral health measures. Weighted estimates show that over nine in ten adults in Fishers (92.4%) report "moderate," "good," or "excellent" well-being, most are satisfied with life (86.5%), and over three-fourths (77.0%) are hopeful about the future (FHD, Community Health & Well-being Survey, 2025). These are strong indicators of general resilience and positive emotional well-being. Daily emotional experiences of Fishers adults present a more nuanced picture. Approximately four in five Fishers adults felt mostly or completely happy "yesterday," whereas nearly two-thirds (65.3%) felt at least some anxiety. Generally, estimates for frequent mental distress among adults in Fishers are low (14.0%) compared to the national prevalence estimate (16.3%). This type of combination of strong overall well-being with notable daily anxiousness reflects a pattern observed in higher-income communities where stress, workload, and family demands coexist with general life satisfaction (Akkiraju K, 2025).

Social isolation, connection, and emotional support can be a protective factor for reducing stress, depression, anxiety, and more. In Fishers, 18.3% of adults are estimated to lack the social and emotional support needed in life compared to 24.1% in the U.S. (Centers for Disease Control and Prevention, 2024). Community Survey estimates show over three-fourths of adults in Fishers receive the emotional support they need, indicating that many adult residents have consistent emotional support systems. The same is true for Fishers adults on social connectedness (77.0%) and not being socially isolated (73.4%), mirroring CDC PLACES estimates showing 71.5% of Fishers adults as not socially isolated (Centers for Disease Control and Prevention, 2024). Based on survey results, younger adults are impacted more by social isolation compared to older adults (60+) (FHD, Community Health & Well-being Survey, 2025). These patterns align with national data showing that younger adults and youth experience the highest levels of loneliness and social disconnection which are risk factors for depression, anxiety, and self-harm.

Depression, Anxiety, Mental Health, & Unmet Need

Community Survey estimates revealed that anxiety and depression are among the most common conditions reported. The age-adjusted prevalence rates for anxiety and depression in Fishers adults from the Community Survey are 36.4% (Confidence Interval 36.7 – 37.0) and 25.2% (Confidence Interval 22.6 – 27.8). Rates were particularly higher for younger adults under 30, although responses to the survey were low for that age group and should be interpreted with caution. The PHQ-2 depression screen in the Community Survey reinforces mental health needs, particularly depression, as a leading health issue with nearly one in three Fishers adults screening positive for possible depressive symptoms (29.7%). Together, these results signal that mental health concerns are a predominant health issue in Fishers, and potentially more so in younger residents.

Results from analyses of ESSENCE data show general mental health-related emergency presentations have increased steadily in Fishers to 1,365 per 100,000 in 2024, but rates are lower compared to the rest of the county (Figure 17). Age-related patterns show that the increase in presentations since 2020 is highest among Fishers adults 20-29 years old (increase of 73.3%) followed by youth under 20 years old (increase of 24.4%). Additionally, overdose-related emergency presentations remained more stable over time. While overall encounters are low, there is a modest increase in younger residents below 40 years of age.

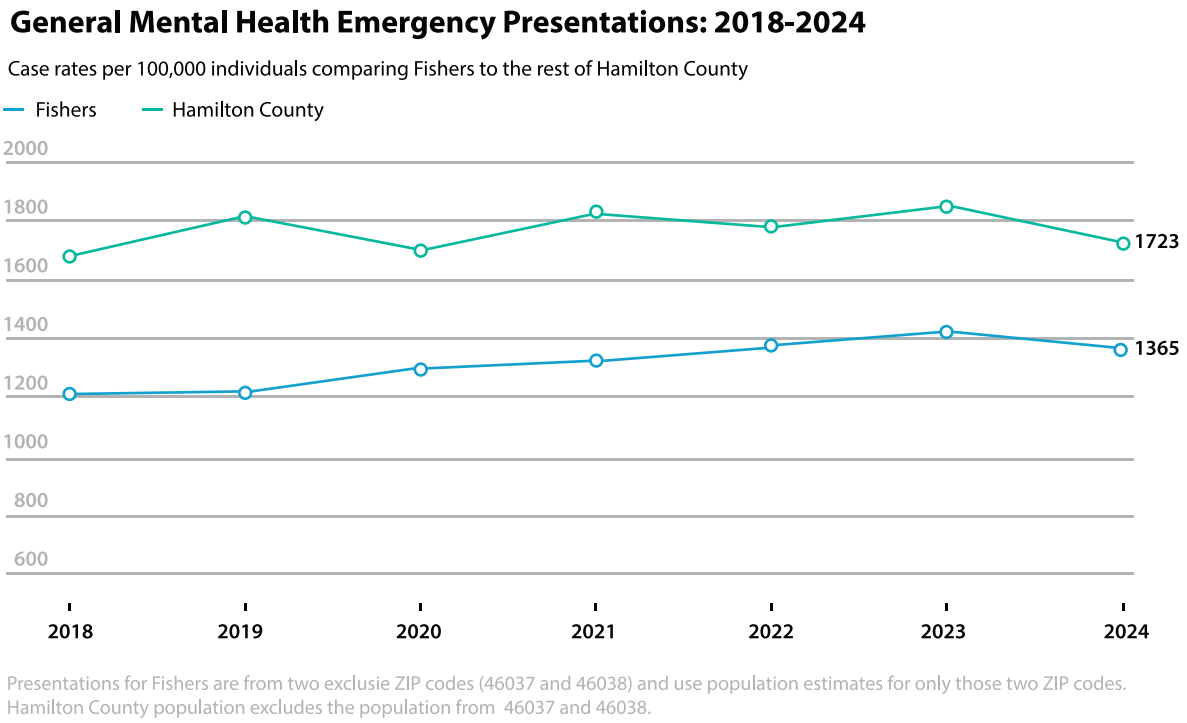


Figure 17: General Mental Health Emergency Presentation Trends 2018-2024: Fishers compared to Hamilton County

Similar trends exist for self-harm and suicide-related visits, with rates nearly doubling from 88 to 172 per 100,000 in 2025 (see Figure 18). Rates in Fishers remain lower than the rest of the county, but age-based trends show that nearly all of these events occur in those under 40 years, with nearly 40% occurring in those under 20 years of age in 2025 (Figure 18).

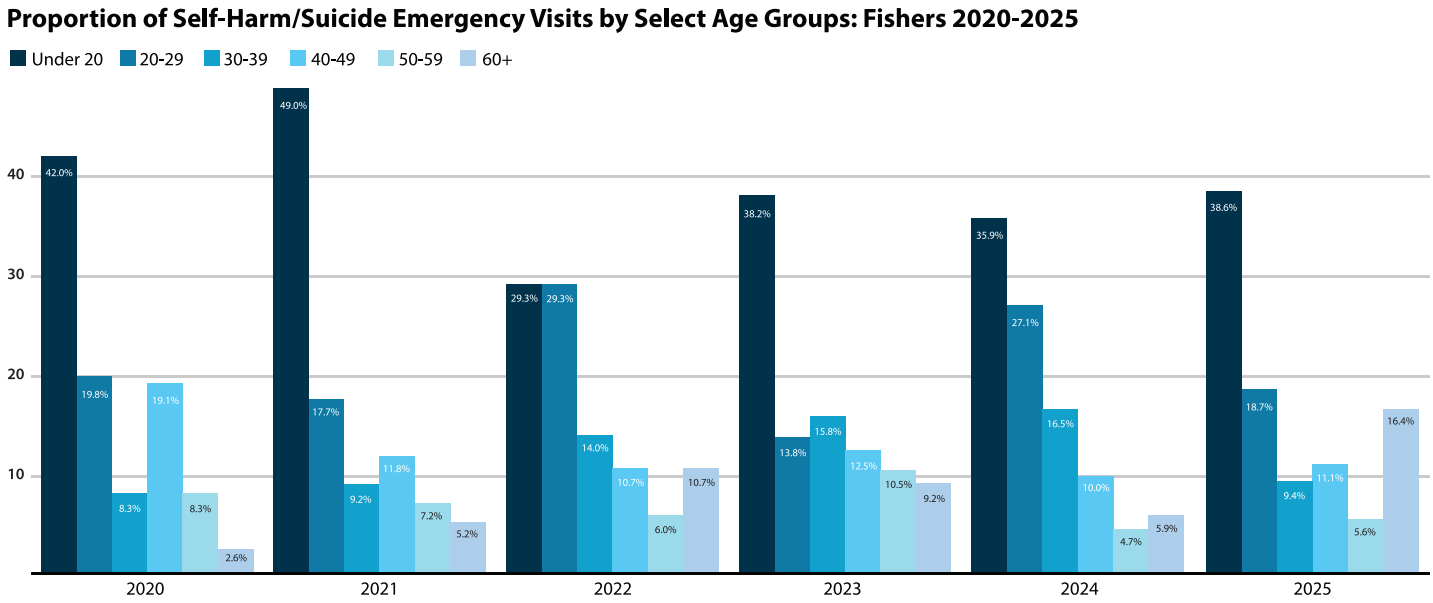


Figure 18: Self-Harm/Suicide Related Emergency Room and Urgent Care Encounters by Age Groups: Fishers 2020-2024

Behavioral health indicators and emergency care encounters point to underlying unmet needs in Fishers, particularly among youth and young adults. Despite generally high levels of well-being, many adults experience inconsistent emotional support, elevated anxiety, and potentially limited engagement with behavioral health services, as evidenced by the high emergency encounters. Low utilization of care and rising mental health emergency encounters suggest ongoing barriers that may be related to stigma, access, affordability, and awareness. Strengthening youth-focused prevention, expanding access to responsive and accessible mental health services, and enhancing community-level supports to reduce these health burdens are important steps for public health. Continued investment in harm reduction, navigating care pathways, and partnerships with schools, healthcare providers, and community organizations will help with more timely interventions and improve long-term community resilience. Integrating behavioral health measures into ongoing public health monitoring will help guide efforts to improve these outcomes.

Infant & Maternal Health

Infant health outcomes are considered the best indicator of overall community health. The health of infants begins before birth with maternal well-being and access to care and services. Early prenatal care defined as care within the first trimester, improves outcomes by enabling screening, counseling, and connection to resources, while access and maternal behaviors such as nutrition, smoking, breastfeeding, strongly influence birth outcomes and health in the first year of life (Sarah J. Kilpatrick, Lu-Ann Papile, & George A. Macones, 2017) (Goldstein, 2017) (Michelle, 2018) (Stulberg, 2017) (Yan, 2017). Further, outcomes such as low birthweight and preterm birth (<37 weeks gestation) are linked to higher infant mortality, short-term complications (e.g., respiratory distress), and long-term risks including developmental delays, poorer educational performance, and chronic conditions in life (Carrie K. Shapiro-Mendoza, et al., 2016).

Overall, infant and maternal health outcomes in Fishers are strong relative to state and national benchmarks. Across 2010-2024, the city's infant mortality rate was consistently below state and U.S. rates. Because annual counts are small and fluctuate year to year, five-year rolling averages were calculated for Fishers to highlight meaningful comparisons between Fishers, Indiana, and the U.S. (Figure 19). The leading contributors to infant mortality in Fishers mirror national patterns: preterm birth and congenital malformations, emphasizing the importance of early prenatal care and healthy maternal behaviors (National Institutes of Health, 2023) (Centers For Disease Control and Prevention, 2024).

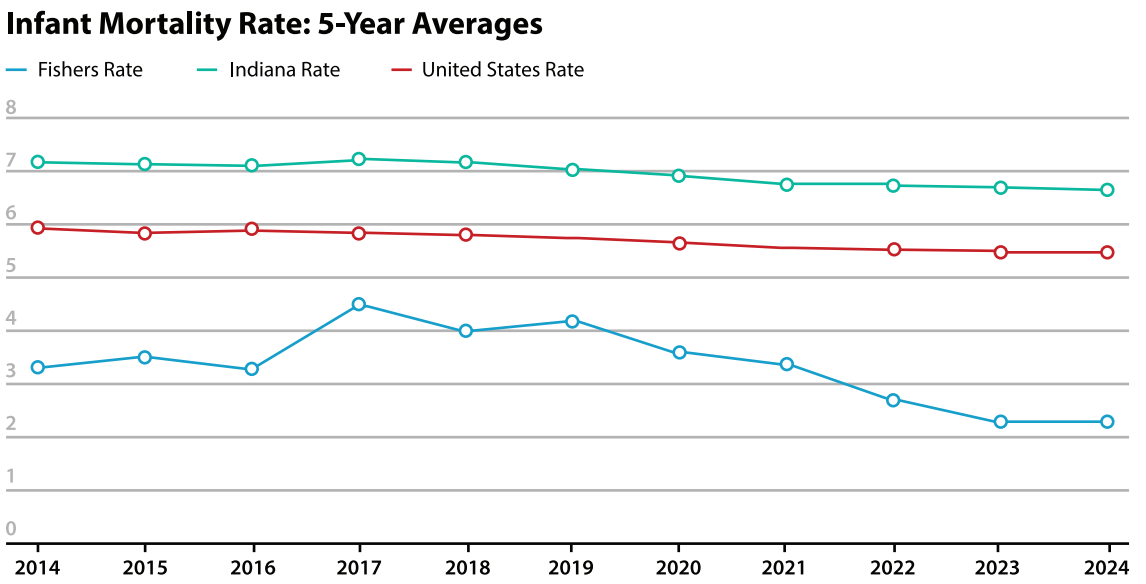


Figure 19: Infant Mortality Rate

Inequities persist beneath these favorable infant mortality rates. In 2024, 6.4% of births were low birthweight, but the burden is higher among Black mothers compared to White mothers (Figure 20). Logistic regression analyses of Fishers birth data link lack of early prenatal care to a 1.4 times higher likelihood of low birthweight, and Black mothers in Fishers were 2.3 times more likely than White mothers to deliver an infant at low birthweight. Preterm births have remained stable year to year but pose short- and long-term health risks ranging from increased mortality risks to chronic diseases later in life (Crump, 2020). While Fishers preterm birth rate (9.1% in 2024) mirrors state and national rates (Dimes, Peristats, 2013-2023), higher rates for minority mothers (e.g., Black mothers 12.5%) and mothers facing socioeconomic stressors (e.g., Mothers receiving WIC benefits 13.2%) reinforce the need for sustained prevention and support.

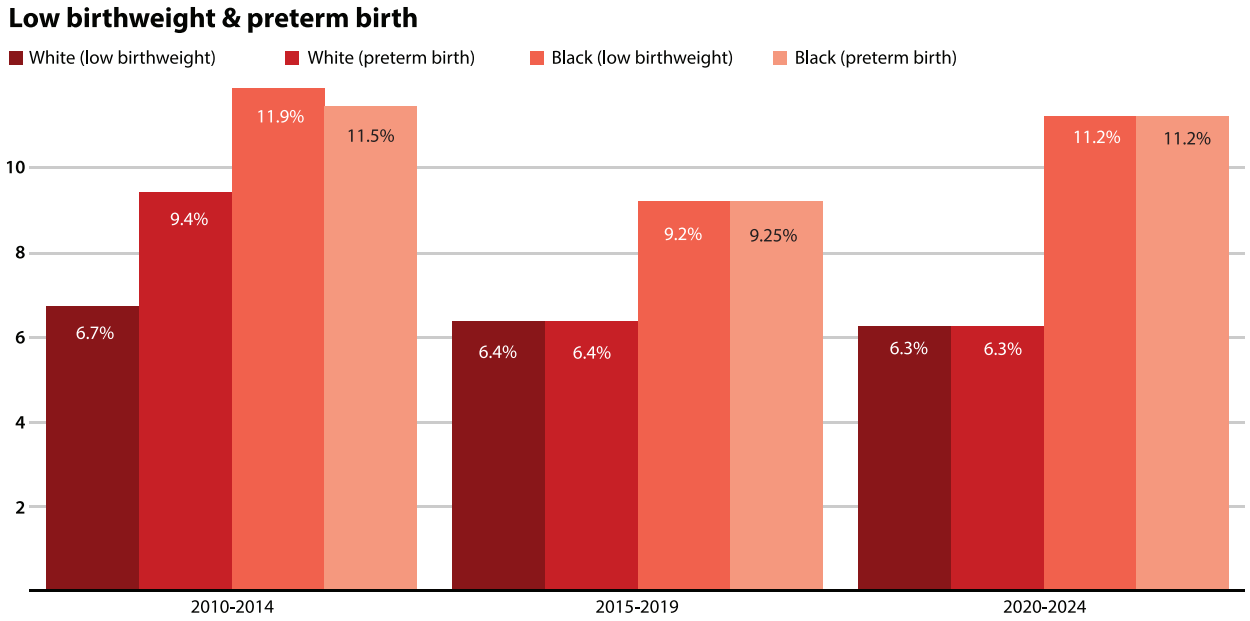


Figure 20: Differences in Low Birthweight and Preterm Birth

Fishers excels in several modifiable factors that support healthy births and the first year of life. Early prenatal care engagement, linked to improved health outcomes, is high (89.8% in 2024) compared to Indiana (74.7%) and the U.S. (76.1%) (Dimes, Peristats, 2013-2023) yet meaningful gaps remain by race/ethnicity and payer: early prenatal care is highest for White mothers and those on private insurance compared to Medicaid or self-pay mothers. Maternal smoking is rare among Fishers mothers (0.4%) compared to IN (14.2%) and the US (4.4%). Breastfeeding at discharge, an indicator of breastfeeding during the first year of life, is high at 97.2%, though lower rates persist among Medicaid and self-pay and some minority groups in Fishers.

Improving Fishers' strong infant and maternal health outcomes will require targeted, equity-focused public health strategies. This may include expanding early prenatal care access through navigation and referral partnerships, strengthening culturally responsive perinatal and postpartum supports, and using local data to guide outreach to mothers at higher risk for low birthweight, preterm birth, and lack of engagement with care. Integrating maternal health promotion across clinical services, limited home-visiting, and community education will help ensure that every mother can access the care and resources needed for a healthy pregnancy and healthy infant.

Disabilities & Functional Limitations

Accessibility remains a top priority to ensure residents have equitable opportunity for health and well-being in the city of Fishers. Disabilities often lead to functional limitations that shape an individual's ability to fully participate in community life, maintain independence, and manage chronic health conditions, for example. Understanding disability prevalence in Fishers is essential for planning accessibility in infrastructure and services, tailoring prevention programs, and supporting aging-well initiatives. Population-level estimates from CDC places show disability prevalence among adults in Fishers like county rates and often statistically lower than U.S. rates.

In Fishers, nearly one in five adult residents have any disability (Figure 21), with prevalence increasing substantially with age, where one in three adults over 65 have a disability (42.3% of adults 75 and older) (Centers for Disease Control and Prevention, 2024) (ACS Table S1810, 2024). The rate of any disability among children is 5.5%, with cognitive disability being the highest singular type among children.

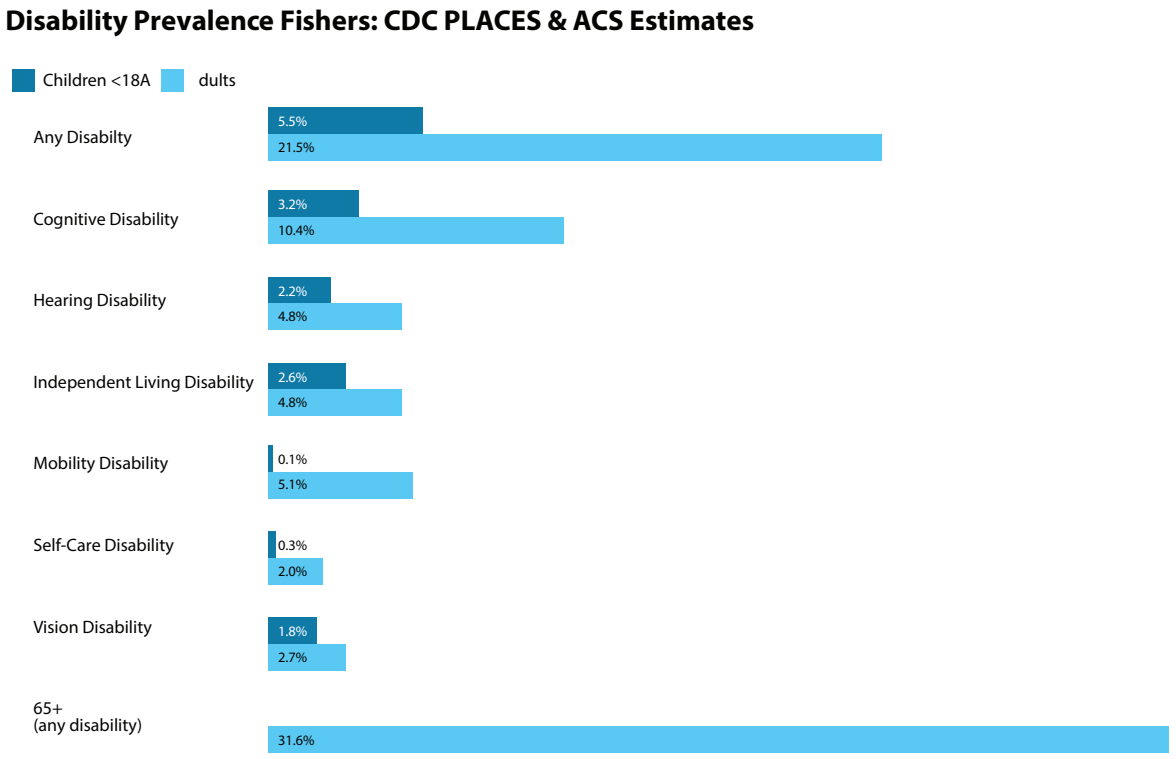


Figure 21: Disability Prevalence in Fishers

Older adults are more likely to experience multiple disabilities, creating difficulty with independent living, reflecting both normal aging processes and potential cumulative impact of chronic diseases (CDC, Disability and Health, 2025). These patterns align with health outcomes described earlier. Mobility limitations, for example, increase fall risk which is the leading cause of preventable injury in Fishers while cognitive, vision, and hearing difficulties, and other disabilities can increase risk for other injuries, medication errors, and influence social connection. As Fishers' population ages, accessibility-inclusive approaches become increasingly important, while continuation of efforts for inclusion remains important across the age span. Public health can address some of these areas through fall-prevention programs, advocating for accessibility in infrastructure design, and strengthening connections to aging and disability resources to support independence, reduce preventable injuries, and enhance overall community well-

Self-Reported Health Status & Health Risk Behaviors

How residents perceive their health and engage in activities that influence long-term disease risk offers insights into modifiable behaviors for health and well-being improvement. Only 5.9% of Fishers' adults reported having fair or poor health in the Community Survey, substantially lower than modeled CDC PLACES estimates for Fishers (11.9%), Hamilton County (12.3%), and the U.S. (18.3%) (Centers for Disease Control and Prevention, 2024). This perception of better overall health status is consistent with other health assessment findings on higher preventive care engagement, lower chronic disease burden, and strong life satisfaction in the community. Fishers adults also have a lower burden of frequent mental (14.0%) or physical distress (9.2%) than U.S. adults.

Several health-risk behaviors show areas where, while Fishers does better than U.S. rates for adults, opportunities exist to modify behaviors for health improvement. Community Survey results revealed approximately 21.1% of adult residents have ever smoked cigarettes, but current smoking estimates are well below modeled estimates for adults in Fishers at 0.8% compared to 8.8% reportd with CDC PLACES estimates. Use of nicotine products such as e-cigarettes or other types (e.g., pouches, chewing tobacco, cigars) is uncommon among adults in Fishers, with 4.9% reporting use. Even though reported use was low, patterns of higher use of alternative nicotine products among younger adults identified in the survey reinforce the importance of ongoing tobacco and nicotine cessation and prevention efforts.

Alcohol use remains prevalent among adults in the U.S., with binge drinking rates at 16.6% of adults, but is higher in Fishers (Centers for Disease Control and Prevention, 2024). The age-adjusted prevalence of binge drinking among Fishers' adults was 21.5% from Community Survey analyses which outpaces modeled estimates of 17.6% for Fishers from CDC PLACES. The higher binge drinking rates identified in survey results warrant continued monitoring and public health programming given the link between alcohol misuse and a range of health concerns, including injury, impaired driving, liver disease, addiction, and mental health challenges.

Additional indicators from CDC PLACES further contextualize health behaviors related to physical activity and sleep. Fishers has a lower prevalence of short sleep duration (32.2%) than the national average of 36.8%. The rate of adults reporting no leisure-time physical activity (15.1%) is comparable to Hamilton County and below the national average (23.7%). These behaviors strongly influence chronic disease risk: insufficient sleep is associated with obesity, diabetes, cardiovascular disease, and depression, while lack of physical activity increases the risk of chronic diseases and contributes to poorer emotional well-being. Public health programs focused on sleep hygiene, improving on the strong physical activity levels already exhibited in the community, and chronic disease prevention can further strengthen community health.

These indicators suggest that Fishers performs comparatively well relative to state and national benchmarks, particularly in smoking and perceptions of health status. However, opportunities remain to lower binge drinking, encourage active lifestyles, and prevent youth nicotine use. Addressing these factors will help lower chronic disease burden and prevent injuries tied to behavioral health. Health promotion strategies, targeted outreach, and strong community partnerships will be important for public health to improve health in Fishers and reduce risks associated with modifiable behaviors.

Health-Related Social Needs

Health-related social needs are conditions such as housing stability, food access, transportation reliability, and financial strain that play a critical role in shaping overall health and access to well-being. These are newer measures to CDC PLACES and were asked similarly in the Community Survey. While Fishers performs strongly on many of these indicators relative to national benchmarks, small but important pockets of vulnerability exist for some residents that can influence health and well-being (Table 2).

Measure	U.S. CDC PLACES	Hamilton County CDC PLACES	Fishers CDC PLACES	2025 Community Survey
Food insecurity in the past 12 months	15.6%	7.6%	7.3%	2.5%
Housing insecurity in the past 12 months	12.9%	6.9%	6.7%	2.3%
Lack of reliable transportation in the past 12 months	8.3%	4.8%	4.7%	3.6%
Received food stamps in the past 12 months	11.8%	3.6%	3.4%	Not asked
Utility services threat in the past 12 months	8.1%	4.9%	4.8%	Not asked

Table 2: Pockets of Vulnerability

Housing stability is strong in Fishers, with only 2.3% experiencing difficulty paying for their home or facing the likelihood of having to leave their home. Food insecurity is estimated at 7.3% for adults in Fishers from CDC PLACES; however, weighted Community Survey results indicate 2.5% of Fishers' adults had trouble buying food in the last 12 months. Lack of reliable transportation is likely lower in Fishers, too, with 3.6% of adults staying home in the past 12 months due to lack of transportation compared to CDC PLACES estimates of 4.7% for Fishers' adults.

The Community Survey included another measure on financial strain that adds nuance to the above needs. While most adults in Fishers reported living comfortably or "doing okay" (80.7%), 13.7% are 'just getting by' and 17.7% of adult residents reported their financial situation has worsened over the past year. Although a high-income city overall, a notable 8.6% of adult residents reported they would be in debt if they sold all assets (Survey, 2025).

These rates of insecurity and financial strain highlight that while the community is generally strong on economic and housing indicators that influence health, several thousand residents experience some type of financial insecurity. These needs impact behavioral health, can influence chronic disease management by limiting accessibility, and influence other factors for health and well-being such as social isolation. Public health can continue efforts to identify and connect residents to supports through referral pathways for food, housing, and transportation, strengthen and promote community partnership collaboration, and increase connection to care through referral to low-cost services.

Leading Causes of Death

Earlier sections on health described how Fishers' residents access care, experience chronic conditions, have behavioral health challenges, and navigate social and economic factors that shape well-being. Leading causes of death reveal the endpoint of those patterns, showing conditions that affect the community by highlighting both long-standing chronic diseases and preventable causes of early death. Mortality data helps identify where prevention efforts can most meaningfully reduce future loss of life.

Analysis of ten years of vital records for Fishers' residents (2014-2023) highlighted that heart disease and cancer remain the two most common causes of death. Together, these two causes represent nearly 40% of all deaths, while other consistently ranked leading causes of death were stroke, chronic lower respiratory disease, accidents and injuries, death by suicide, and Alzheimer's disease. Several of these leading causes reflect the central role of of chronic diseases in overall mortality. Overall, Fishers performs better on age-adjusted causes of death compared to Hamilton County, Indiana, and the U.S.

While counts for many causes of death are relatively small year-to-year, the distribution of Years of Potential Life Lost (YPLL) reveals a unique picture of the burden of disease. Figure 22 shows that cancer, for example, has resulted in nearly 6.5 thousand years of life lost for residents in the community. Unintentional injury, which includes accidents such as motor vehicle fatalities and accidental drug overdoses, accounts for the highest average years lost per death (37 years on average), with death by suicide accounting for an average of nearly 33 years of life lost. These contributors to lost life underscore priorities for prevention and public health upstream support.

Causes of Premature Death

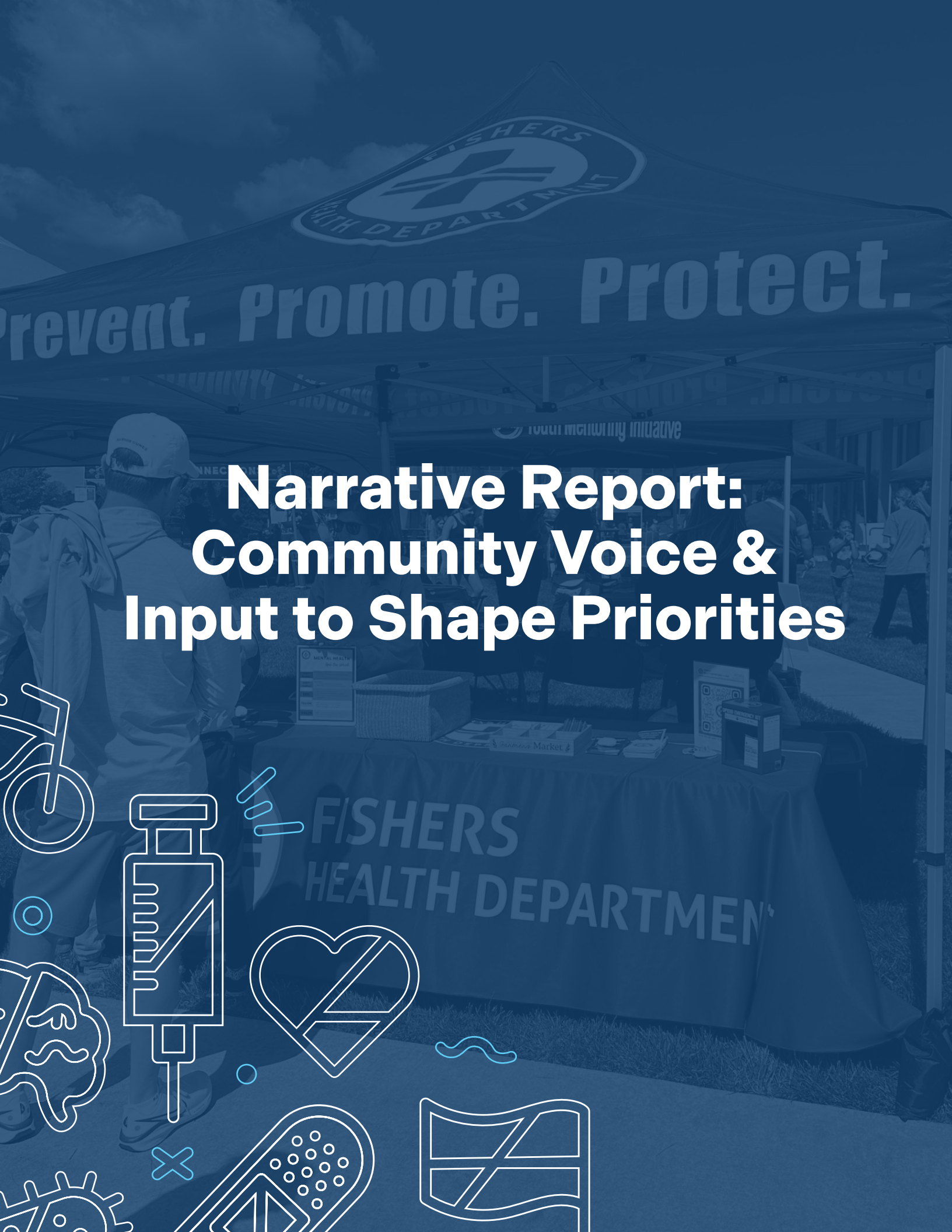
Years of Potential Life Lost Prior to Age 75, 2014 - 2023

	Cause	Years Lost per Death	Total Years of Potential Life Lost ▼
1	Cancer	14.0	6.4 K
2	Unintentional Injury	37.0	4.6 K
3	Heart Disease	12.6	3.2 K
4	Intentional Self-Harm	32.8	3.1 K
5	Infant Mortality	75.0	2.6 K
6	Stroke	12.3	713
7	Kidney Disease	13.2	592
8	Chronic Lower Respiratory Disease	10.8	584
9	HTN / Renal	13.0	583
10	Circulatory	13.0	534

Figure 22: Causes of Premature Death and YPLL: Fishers

Important differences in causes of death occur by age, gender, race, and ethnicity. Among adult residents under 45, chronic diseases account for a fraction of deaths as unintentional injury and death by suicide represent leading causes for that age group, indicating the importance of behavioral health, substance use, and injury prevention in this group. Residents 65 and older experience death from chronic diseases such as heart disease, cancer, Alzheimer's disease, stroke, and others. As the city's aging demographic continues to shift, healthy living and aging well will be important to delaying or preventing chronic conditions and managing those conditions well into later life. Fishers' men experience higher rates of death from heart disease and unintentional injuries, for example, compared to women who have higher rates of death from cancer. These differences align with national trends and reinforce the importance of tailored prevention and screening efforts. Lastly, racial and ethnic death patterns show small but meaningful differences that may be influenced through modifiable risk factors (e.g., diabetes).

Overall, mortality in Fishers is characterized by alignment with national chronic disease trends, combined with a clear cluster of preventable causes of premature death in younger adults. Using YPLL as a complementary lens to view the impact of causes of death helps identify priorities beyond overall death counts. Chronic disease prevention, behavioral health supports, overdose and injury prevention, and equitable access to care are strategies for reducing both total mortality and premature death where public health can impact trends in the years ahead.



Narrative Report: Community Voice & Input to Shape Priorities

Narrative Report:

Community Voice & Input to Shape Priorities

Fishers Community Health & Well-Being Survey & Focus Groups

Residents were asked to identify the top three health priorities and what FHD should do to improve the health and well-being of the community when completing the 2025 Community Survey. Residents shared more than 1,500 health priorities, painting a clear picture of what matters most to the community. Mental health rose to the top by a wide margin, followed by concerns about chronic disease, infrastructure safety and transportation, healthy lifestyle access, access to care, and the costs of healthcare, food, and housing. Many residents identified the challenges facing youth and older adults, and the impact of financial stress on daily life.

Top Health Priorities

Four main areas emerged from identified health priorities on mental and emotional well-being, healthy living, access to care and affordability, and health-related needs. Two priority populations were mentioned across topics on youth and older adults (Figure 23). Overall, residents said they are clearly looking for more accessible, affordable, and timely supports for mental health. Social connection and isolation show up as real health concerns to residents with desires for more community. Residents want easier access to healthy food, more opportunities to be active, and programs that help prevent long-term conditions. There are concerns with access to healthcare that create opportunities to improve navigation, awareness, and strengthen prevention to reduce the need for healthcare in reaction to illness. Many residents see affordability, safety, and daily living conditions as part of health, not separate from them.

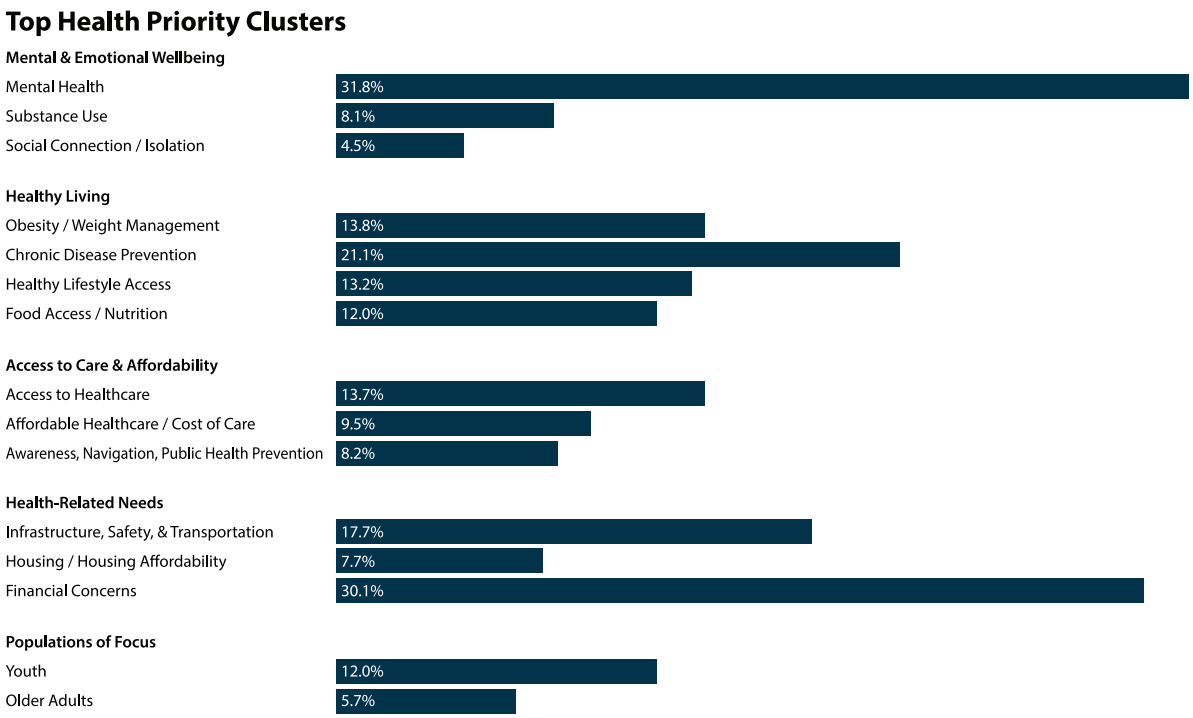


Figure 23: Health Priority Clusters and Frequency

Mental & Emotional Well-being

Mental health was the single most common issue residents named (over 300 mentions). Many shared concerns about stress, depression, anxiety, substance use, social connection/isolation, and unmet behavioral health needs. Residents frequently mentioned youth mental health, noting pressures on children and teens as well as challenges to finding access to behavioral health services. Substance use was often described alongside mental health with concerns about alcohol use, vaping, and drugs. Social isolation was another concern for all age groups and especially for youth and older adults. Residents expressed need for stronger opportunities to connect and feel supported.

Access to Care & Affordability

Healthcare access and cost of care were mentioned in frustration with difficulty finding a provider, getting a timely appointment, and lack of behavioral health providers. Cost of care was a major concern and expressed desires for more affordable options for easier access and coverage, particularly around issues to help prevent illness or worsening of illness (e.g., preventive care, sick appointments) and affordable behavioral healthcare. An important grouping highlighted desire for better awareness, navigation, and public health prevention services (e.g., routine vaccinations, clear information, community education), noting that even when services exist, residents may not know how to find or use them.

Healthy Living

Residents expressed concerns about obesity (139 mentions) and chronic conditions such as diabetes, heart disease, and long-term illnesses (over 200 cross-cutting mentions). Related to chronic disease, people described wanting easier access to healthy foods, more places to be physically active, and community opportunities that support healthy lifestyles. Nutrition and food access (121 mentions) often came up in the context of affordability and access to healthier options.

Health-Related Needs

A large cluster of responses centered around ways community design and basic needs shape everyday opportunities for being healthy. Transportation, particularly a desire for public transportation, walkability, sidewalk/trail connectivity, and traffic safety were common threads. Housing affordability and financial concerns (304 cross-cutting mentions) are major stressors or barriers for many households. These issues center around the ability to make healthy choices, access to engage with healthier options, and stability to be healthy (e.g., financial stress).

Top Actions to Address Health Priorities

Responses to the question "Tell us what you think the Fishers Health Department should do to improve the health and well-being of our community" show several themes that align with broader findings throughout this community health assessment. Residents emphasized traditional public health functions and upstream, community-level determinants of well-being. While suggestions varied widely, the majority centers on improving behavioral health, strengthening support for seniors and youth, expanding access to care, and ensuring a healthy built environment that supports active living.

Together, these community-identified actions reinforce several core themes of this health assessment and provide insights into a community-grounded roadmap for future FHD strategies. Core actions identified include:

- Behavioral health needs, particularly for youth and older adults, are a core community priority.
- Older adults desire more accessible opportunities for connection, activity, staying independent, and transportation to community resources.
- Access to care, affordability, and system navigation are barriers residents want help with to engage in care and preventive care.
- Many want more access to healthy lifestyle opportunities expanding on the existing built environment in Fishers.
- Social connection and well-being are areas that matter deeply to residents.

Behavioral Health

Residents called for more accessible, affordable, and locally available services for behavioral health needs, youth supports, substance use, and general stigma reduction. Overall, this area was the largest action area requested by residents, with over one-fifth of all requested actions focused on improving behavioral health and access. Requests included better access, community-based supports such as groups, programs, and education to improve skills of individuals and caregivers such as parents.

- "Help school age kids develop mental health skills."
- "Access to mental health services. Not only is it extremely expensive to see a provider, but the wait can be months long."
- "Free or low-cost mental health services..."
- "Focus on mental wellness [not just] mental illness."
- "Drug abuse awareness and prevention"
- "Support groups for those struggling with stress, loss, divorce, etc."

Access to Care

Residents called for better access to preventive services and providers, expanded opportunities to get into timely care, easier navigation of existing and new resources, and better information on where to find care. Reducing barriers to preventive and routine care, such as affordability, remains a priority for residents and presents a barrier to healthy living.

- "Patients can't wait months for an appointment"
- "Offer free or low-cost preventive care screenings"
- "Easier access to affordable care."
- "Expand preventive health outreach."

Aging Well & Senior Support

There was interest in aging support for older residents such as requests for more senior-focused programming, low-cost activity opportunities, social programs, safety resources (e.g., fall prevention), and desire for transportation services for seniors.

- "Community support for seniors (e.g., activities, transportation, access to resources & assistance..."
- "Wellness checks more often. Seniors are the most vulnerable and the most expensive to care for."
- "Offer programs for the senior citizens of Fishers. Everything is directed toward young families."
- "Public transportation for seniors."
- "Have regular programming for seniors in a social setting."

Healthy Living & Chronic Disease Prevention

Residents expressed interest in nutrition and healthy food access, more physical activity opportunities, supports for chronic disease prevention, education, and low or no-cost programming options to enable healthy living and address chronic disease concerns such as obesity. This area represented the third largest 'bucket' of actions at 14.9%.

- "Targeted programs about chronic disease prevention and healthy lifestyles."
- "Identify hotspots of chronic disease then respond with hyper-local programming."
- "Activities to get Fishers residents moving and active..."
- "Access to discounted/free wellness resources and classes."
- "Promote active living and healthy eating."

Healthy Living Access & Built Environment

Many responses focused on environmental factors that support access to healthy lifestyles such as physical activity, walkability, trail connectivity, improved infrastructure, and traffic safety to enjoy the built environment around Fishers. The desire for improvements to the built environment that support healthy living represented the second highest bucket of responses at 19.3%, highlighting the desire for more recreational amenities in the community.

- "Increase safety of biking in Fishers and safety on trails."
- "Invest in infrastructure such as parks, walking trails, and bike lanes."
- "Offer free group exercise programs at local parks, start walking groups in local parks."
- "Make this a more walkable city."

Connection & Well-Being

A notable proportion of respondent actions fall into a category that captures the protective factors of social connection and well-being. Respondents identified opportunities to connect, reduce loneliness, participate in social activities, and linked financial stress related to barriers for well-being. These responses reflect an underlying desire to address needs beyond traditional public health services around social, emotional, and financial well-being.

- "More community events designed to foster connection and understanding."
- "Community social get-togethers to address loneliness and community building needs people have."
- "Continued efforts on multicultural outreach and events to ensure all our neighbors feel like they are welcome."
- "It is too expensive to live a healthy life...very few people can afford to be healthy."

Youth Supports

Residents emphasized the need for more youth mental health resources, screen-time and social media harm reduction education, school-based health initiatives, space for social connections, and practical supports ranging from workshops to safe bike paths for students.

- "Offer more mental health services, especially for our teens and young people."
- "Supportive services for our parents and their kids would really help."
- "More opportunities for mental health improvement in schools."
- "Educate on the impact of social media, screen time, etc. on mental health and social connectedness for kids."
- "Expand parenting workshops that combine behavioral health education with practical tools for navigating adolescence."

Expectations for Local Public Health

Nearly 12% of responses centered on the desire for continued core services from local public health such as vaccines and education. Many indicated the need for clearer communication about what FHD does, greater visibility at events, and expressed appreciation for transparency (e.g., restaurant inspection and grading). A smaller subset expressed concerns about duplication with county services or the role of a city-level health department.

Focus Group Insights

To complement insights gathered through the community survey, seven focus groups were held with 61 residents that help explain why health issues matter and how residents believe they should be addressed. While the survey provided health and well-being data and priority areas, the focus groups offered deeper context, lived experience, and nuance—particularly among groups whose perspectives are often underrepresented in survey data.

The series of focus groups held in September and October 2025 included residents and stakeholders representing diverse life stages and community experiences, including youth and young adults, parents and caregivers, older adults, working-age residents, racially/ethnically diverse communities, and key community partners. Discussions centered on definitions of health and well-being, barriers and supports, access to services, and opportunities for improvement. Across groups, participants consistently reinforced health and well-being as more than the absence of disease. Participants frequently emphasized mental health across the lifespan as a top concern and area for action. Many of the same priorities surfaced in the survey, particularly access to care, a focus on youth well-being, social connection, aging-related needs, and healthy living, while also highlighting gaps, tradeoffs, and structural barriers that are not fully captured in the survey. The themes that follow reflect areas of strong convergence between survey and focus group findings and the need for prevention-oriented approaches that improve opportunity for living healthy lives.

Mental Health as a Cross-Cutting Priority

Mental and behavioral health emerged as a central cross-cutting issue across nearly every group. Youth, parents, and older adults described stress, anxiety, and difficulty accessing timely, affordable services. Confusion about how to navigate available services was often discussed. Many called for earlier and more accessible mental health supports, better access to services, reduced stigma, and stronger supports for youth, young adults, and older adults. Social connection, caregiver stress, and socioeconomic pressure were mentioned as contributors to poor mental health. These perspectives are aligned closely with survey results and secondary data analyses, showing strong community interest in mental health programming and the need for integrated behavioral health strategies that combine service access with community-based prevention, early intervention, and social support across the lifespan.

Chronic Disease Prevention & Health Living

Residents described healthy living as more than being well or needing behavior change. Difficulty maintaining preventive routines due to cost, time, and competing demands were often mentioned. Concerns with chronic disease, physical activity, nutrition, and structural and social conditions that enable or are barriers to healthy lives were often discussed. Participants pointed to affordability, transportation, social connection, and social support as key determinants of whether healthy behaviors are attainable and sustainable. Connecting to survey results and secondary analyses, findings related to physical activity, access to preventive services, social connection, and easy access to healthy lifestyle resources suggest that strategies to improve opportunity for healthy living must meet residents where they are and be integrated across everyday settings in the community.

Older Adults

While one focus group was specifically composed of older adults, aging well emerged as a key area of concern across many focus groups. Discussions on aging in place, opportunities to address functional limitations, interests in ease of access to connection and services for well-being, improving caregiver strain, focusing on mental health, and cognitive function were often shared topics of concern for older adults. Participants described challenges for this growing population of the community related to loss of independence, transportation, isolation, and navigating fragmented health and social service systems. The importance of fall prevention, in-home support, resources for older residents and loved ones, and opportunities to remain socially connected and engaged were echoed in focus groups and survey results. These insights indicate that healthy aging in Fishers will require coordinated efforts across public health, government, housing, and community organizations.

Access to Care & Affordability

Amongst nearly all focus groups, including one with health and social service providers, access and affordability to physical and behavioral health care were recurring issues. Discussions mentioned financial barriers (e.g., high-deductible plans, out-of-pocket therapy), perceived limited specialty access, lack of timely and convenient appointments as barriers. Parents and caregivers emphasized family obligations as barriers to engagement in preventive, care while older adults, in both survey and focus group discussions, cited transportation options as barriers to maintaining engagement with health care. Support for navigation of benefits, services, and the health, social, and behavioral health systems were often mentioned as opportunities for improvement. Overall, much of the focus group discussion in this area adds clarity to desires in survey data for better and easier access to preventive services, improving understanding of health across the lifespan, and opportunities for public health to support navigation and connection to the rich health, social, and behavioral health systems around Fishers while intentionally supporting initiatives to improve access through increased services.

Health Equity & Inclusion

Cross-cutting many discussions amongst focus groups were concerns with disparities in health and well-being for racial/ethnic diverse communities, immigrant and newcomer communities, LGBTQ+, accessibility and inclusion in health for residents with different functional and cognitive abilities, gender, and lower socioeconomic status. Suggestions for improvement included creation and support of safe spaces, clearer entry points with culturally relevant services, and understanding the intersection of numerous factors impacting health and well-being that require inclusive and equitable framing to services.

Prioritization of Health Issues to Inform Strategic Pillars

To move from identified needs to actionable strategies, FHD engaged focus group participants, staff, and key community stakeholders in a structured prioritization exercise. More than 60 participants across multiple sessions were asked to rank key health issue areas based on magnitude (size of the problem), seriousness (including morbidity, mortality, and long-term impact), and community priority (the extent to which the issue is perceived as important to residents). Stakeholders and staff also assessed feasibility and equity, recognizing the importance of addressing issues where public health action can reduce disparities and reach populations at greatest risk. Scores from the prioritization exercise were weighted toward magnitude, followed by seriousness and equity, with feasibility and community priority weighted slightly lower. This approach intentionally prioritized issues that affect large numbers of residents, carry significant morbidity and mortality consequences, and present opportunities for equitable approaches to disparities, while still considering practical implementation.

Shown in Figure 24 below, the highest-ranked health areas clustered into three patterns:

- Mental health, including adult mental well-being, youth mental health, substance use, and crises, consistently ranked among the most significant and serious issues facing the community.
- Chronic disease prevention and management emerged as the highest overall priority, reflecting both widespread prevalence of certain conditions (e.g., heart disease, obesity, diabetes) and connections of healthy lifestyles to long-term health outcomes, healthcare utilization, and quality of life.
- Healthy aging and injury prevention ranked high, which was expected, given the rapid growth, national aging patterns, frequent emergency injuries, and increasing demand for supports that enable aging well and independently.

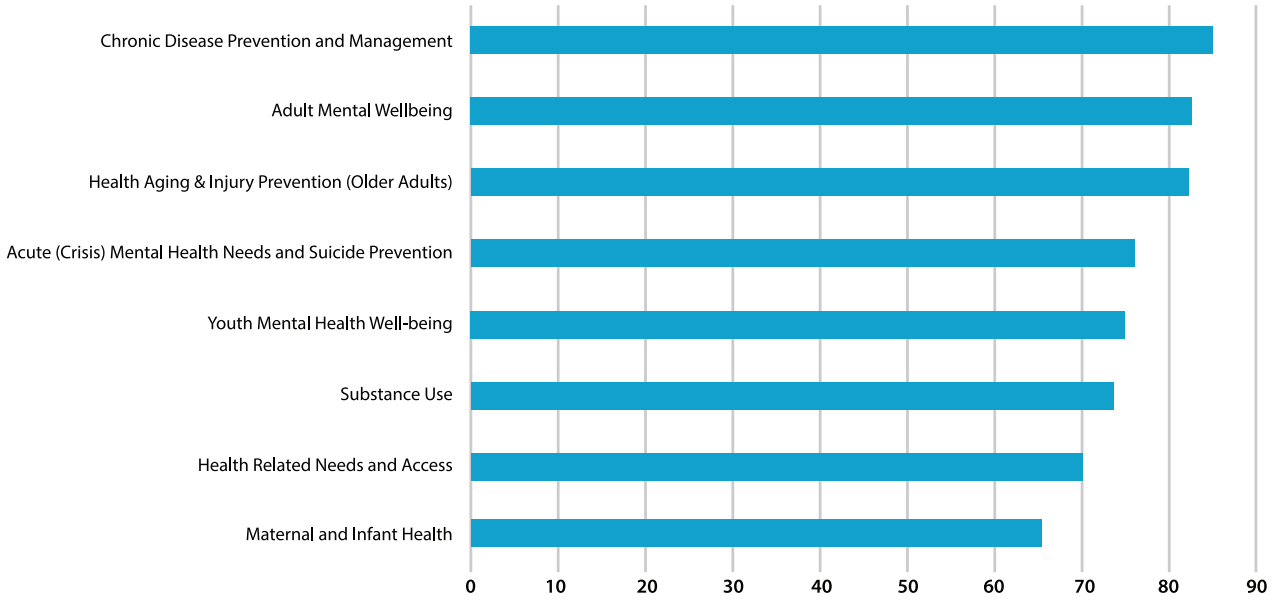


Figure 24: Prioritization Ranking Exercise

Other areas such as health-related needs and access were prioritized by many participants as important, but residents emphasized that those issues are deeply interconnected with the three dominant clusters rather than three stand-alone domains. For example, access to care and navigation challenges were frequently discussed as barriers to effective mental health treatment, chronic disease management, and aging-in-place supports.

FHD's Three Strategic Pillars

Taken together, secondary analyses, survey data, focus group findings, and the prioritization exercises were used to identify three strategic pillars that reflect the highest-impact needs, align with community input, and allow for integrated, cross-cutting strategies:

Mental Health Across the Lifespan

This pillar encompasses youth and young adults, substance use prevention, community and social connection, and overall mental well-being that is foundational to overall health at every age.

Healthy Living

Grounded in a preventive approach to chronic disease and management, this pillar addresses nutrition, physical activity, lifestyle-related conditions, increased access to preventive services, and navigation to resources, while acknowledging the social and environmental factors that shape daily health behaviors and lived experience.

Aging Well

Informed by the rapid growth of older adults in the community and strong prioritization by residents, this pillar focuses on injury prevention, navigation to services, enhancing mobility, social connection, health screenings and referrals to care, caregiver support, and services that allow residents to age safely and with dignity in their community.

These strategic pillars provide a framework for Community Health Improvement Plan strategies that are responsive to community-identified needs, feasible to implement, and capable of producing measurable improvements in health and well-being across Fishers.

Narrative Report: Health & Community Resources

Narrative Report:

Health & Community Resources

As part of the community health assessment, cataloging resources available in and around Fishers is important to understand resources that may contribute to improving health and well-being. Resources may include health facilities (e.g., primary care facilities, hospitals, behavioral health providers, social service organizations, community organizations, and other nonprofit services). Fishers Health Department hosts a wide-ranging and regularly maintained website of over 300 Community Resources (Health.FishersIN.gov/CommunityResources) across 11 areas (Table 3). In addition, resources were identified from Ascension St. Vincent Fishers and IU Health Fishers Hospital community resource inventories and consolidated to remove duplicates (Table 4) (Ascension St. Vincent Fishers, 2024) (IU Health Saxony Hospital, 2024) These lists are not exhaustive, but highlight hospitals, referral sources, federally qualified health centers, and local health and community resources in and around the community.

Resource Category	Link
Abuse	https://bit.ly/4ciTtfK
Addiction and Recovery	https://bit.ly/3WY7YMJ
Aging and Senior Services	https://bit.ly/4057KoW
Animal Assistance	https://bit.ly/40yHL9z
Child and Youth Services	https://bit.ly/401BJht
Churches and Interfaith	https://bit.ly/46xFr6e
Clothing and Household Items	https://bit.ly/479emq3
Dental Services	https://bit.ly/4u07c1e
Disability Services	https://bit.ly/401fb0k
Food and Nutrition Support	https://bit.ly/4a7rjQv
Grief and Bereavement Support	https://bit.ly/4aH4qqg
Housing and Shelter Options	https://bit.ly/479emGz
Immigrant and Minority Support	https://bit.ly/40Awg1k
Legal Services	https://bit.ly/4qWD9Fb
LGBTQ+ Support	https://bit.ly/3MOlvUU
Medical Care and Healthcare	https://bit.ly/46uufas
Mental Health and Counseling	https://bit.ly/4r4NXRn
Pregnancy and Early Childhood	https://bit.ly/4u0CMvT
Social Groups and Clubs	https://bit.ly/4ekoVrY
Transportation	https://bit.ly/3N7GKlJ
Utilities	https://bit.ly/4rGkOgH
Veterans Support	https://bit.ly/3AbDQG6
Recursos en Español	https://bit.ly/40xWul0

Table 3: Community Resources

Scan the QR Code to see the Community Resources webpage and all resources.

Resource Type	Organization	Phone	Website
Hospital	Ascension St. Vincent Carmel	317-582-7000	https://healthcare.ascension.org/locations/indiana/inasc/carmel-ascension-st-vincent-carmel
Hospital	Ascension St. Vincent Fishers	317-415-9000	https://healthcare.ascension.org/locations/indiana/inasc/fishers-ascension-st-vincent-fishers
Hospital	Ascension St. Vincent Heart Center	317-583-5000	https://healthcare.ascension.org/locations/indiana/inasc/carmel-ascension-st-vincent-heart-center
Hospital	Community Fairbanks Recovery Center	800-225-4673	https://www.ecommunity.com/locations/community-fairbanks-recovery-center
Hospital	Community Health Network Rehabilitation Hospital	317-585-5400	https://www.ecommunity.com/locations/community-rehabilitation-hospital-north
Hospital	Community Hospital North	317-621-6262	https://www.ecommunity.com/locations/community-hospital-north
Hospital	Franciscan Health Orthopedic Hospital Carmel	317-528-5400	https://www.franciscanhealth.org/find-a-location/franciscan-health-orthopedic-hospital-carmel-290744
Hospital	Indiana University Health North Hospital	317-688-2000	https://iuhealth.org/find-locations/iu-health-north-hospital
Hospital	IU Health Fishers Hospital	317-678-2000	https://iuhealth.org/find-locations/iu-health-fishers
Hospital	Indianapolis Rehabilitation Hospital, LLC	463-333-9110	https://www.indianapolis-rehabhospital.com/
Hospital	Kindred Hospital Indianapolis North	317-813-8900	https://www.kindredhospitals.com/locations/ltac/kindred-hospital-indianapolis-north
Hospital	Riverview Health / Riverview Hospital	317-773-0760	https://riverview.org/
Information and Referral	Indiana 211	Dial 2-1-1 or 1-866-211-9966	https://in211.communityos.org/
Information and Referral	Neighborhood Resource by Ascension	N/A	https://neighborhoodresource.findhelp.com/
FQHC / Safety Net	IHC Hamilton County WIC	317-576-1335	https://indianahealthonline.org/locations/hamilton-county-wic/
FQHC / Safety Net	Aspire Indiana Health — Noblesville	877-574-1254	https://www.aspireindiana.org/noblesville-office
FQHC / Safety Net	Aspire Carmel Primary Care Health Center	317-574-0055	https://www.aspireindiana.org/carmel-office
Local Health Department	Fishers Health Department	317-567-5045	https://health.fishersin.gov
Local Health Department	Hamilton County Health Department	317-776-8500	https://www.hamiltoncounty.in.gov/1925/Health-Department

Table 4: Additional Resources from Ascension St. Vincent Fishers and IU Health Fishers Hospital

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Appendices

Appendix A:

Health & Well-being Methods & Additional Data

Fishers Community Health & Well-being Survey

Weighting & Response Analyses

A total of 1,498 survey responses were received. After data cleaning to remove ineligible (non-resident) and duplicate responses, 1,433 valid responses remained. Of these, 1,275 respondents provided complete information on age, gender, and race/ethnicity, which allowed statistical weights to be computed. Because there were relatively few responses among certain racial and ethnic minority groups, these categories were combined into a single "All Others" category to maintain statistical reliability and enable the iterative weighting procedure to converge.

Survey weights were generated using an iterative proportional fitting (IPF) procedure, commonly known as raking, to ensure that the marginal distributions of the weighted survey data aligned with population benchmarks for age group, gender, and race/ethnicity. The weighting variables corresponded to six age categories (18–29, 30–39, 40–49, 50–59, 60–69, 70+), two gender categories (male, female), and two race/ethnicity categories (White, non-Hispanic; All Others). Population control totals were derived from the U.S. Census Bureau's 2018–2022 American Community Survey 5-year estimates for adults residing in Fishers, Indiana.

The raking procedure was performed iteratively until convergence was achieved, defined as all weighted marginal differences from the ACS benchmarks being less than 0.1 percentage points. Weights were initialized at 1.0 and iteratively updated (up to 20 iterations), adjusting successively for each demographic dimension until the weighted survey matched the ACS control totals within tolerance. To minimize the impact of extreme weights and reduce sampling variance, the final weights were trimmed at four times the mean weight and rescaled to maintain the total weighted N = 1,275. The effective sample size (n_eff) after trimming was approximately 825, corresponding to a design effect of 1.55. All subsequent analyses, including descriptive statistics, confidence intervals, and multivariate models, used these final trimmed weights to produce estimates representative of the community's adult population.

For selected health indicators (e.g., the PHQ-2 measure of depressive symptoms), results were further age-adjusted using the direct standardization method to allow comparison with external data sources such as CDC PLACES. Age-adjusted prevalence was calculated by applying each age group's weighted prevalence (p_i) to the U.S. 2000 Standard Population weights, summing across all age groups to yield an age-standardized estimate. The associated variance and 95% confidence interval were computed as the sum of squared standard population weights multiplied by each group's variance ($w_i^2 \times \mathrm{Var}(p_i)$), consistent with CDC PLACES methodology. This approach ensures comparability of local estimates to national benchmarks and accounts for differences in population age structure.

All percentages are weighted to reflect the adult population of Fishers. Estimates are calculated among respondents who answered each specific question. Missing responses, including skipped items, 'I don't know,' and 'decline to answer', were excluded from denominators and treated as item non-response.

Appendix B:

2025 Community Health & Well-being Survey Items

The 2025 Community Health and Well-being Survey included items on demographics, household structure, housing and transportation, perceptions of community quality, social connectedness, health status and access to care, mental and, financial well-being, tobacco and alcohol use, and open-ended community health priorities and actions.

Survey domain	Survey item(s)	Response options / format
Eligibility	ZIP code / residency screen	ZIP code entry; survey intended for Fishers residents only
Demographics	Age	Age category dropdown
Demographics	Gender identity	Male; Female; Decline to answer; Other (write-in)
Demographics	Race	White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Two or More Races; Prefer not to answer; Other
Demographics	Two or More Races follow-up	Multi-select race categories; Other (write-in)
Demographics	Ethnicity	Hispanic or Latino; Not Hispanic or Latino; Prefer not to answer
Demographics	Born in the United States	Yes; No; Prefer not to answer
Demographics	Primary language spoken at home	Dropdown; if other, specify
Demographics	Highest level of education completed	Less than high school; High school/GED; Some college/associate's; Bachelor's; Graduate/professional degree; Prefer not to answer
Demographics	Household income	Less than $10,000 through $200,000 or more; Prefer not to answer
Demographics	Marital status	Single; Living with partner; Married; Divorced; Separated; Widowed; Decline to answer
Household structure	Number of adults in household	Numeric entry
Household structure	Number of children in household	Numeric entry
Household structure	Child age categories	Under 3 years; 3-4 years; 5 years; 6-11 years; 12-17 years; repeated for each child based on household size
Housing	Housing status	Own home; Rent; Live with family/friends who own; Live with family/friends who rent; Independent/assisted living; Decline to answer; Other
Housing	Ownership status follow-up	Free and clear; Mortgage/loan; Decline to answer
Housing	Current on mortgage payments	Yes; No; Decline to answer
Housing stability	Likelihood of leaving home/apartment in next 2 months due to eviction/foreclosure	Not likely at all; Somewhat likely; Very likely; I don't know; Decline to answer
Transportation	Access to reliable transportation	Always; Very often; Sometimes; Almost never; Never at all; Decline to answer
Community perceptions	Satisfaction with city, safety, employment, parks, food access, affordable housing, and city events	Matrix scale: Strongly agree to Strongly disagree; I don't know; Decline to answer
Neighborhood perceptions	Walkability, bike safety, safety at night, trust in neighbors, neighborhood improvement	Matrix scale: Strongly agree to Strongly disagree; I don't know; This isn't important to me; Decline to answer
Social connectedness	Feeling close to people, understood, belonging, friendships, satisfaction with relationships, identification with Fishers community	Matrix scale: Strongly agree to Strongly disagree; Decline to answer

Self-rated health	Overall health	Excellent; Very good; Good; Fair; Poor; Decline to answer
Chronic conditions	Ever told by provider of selected conditions	Check all that apply: asthma; hypertension; diabetes; heart attack; angina/coronary heart disease; stroke; cancer; high cholesterol; anxiety; depression; other
Chronic conditions	Cancer type follow-up	Write-in
Insurance / coverage	Health insurance status	Yes; No; I don't know; Decline to answer
Insurance / coverage	Type of insurance	Check all that apply: employer-sponsored; Marketplace; directly purchased; Medicaid; Medicare; TRICARE/military; VA; other government program; other
Access to care	Personal doctor or health care provider	Yes, only one; More than one; No; I don't know; Decline to answer
Access to care	Telehealth use in past 12 months	Yes; No; I don't know; Decline to answer
Access to care	Needed medical care but did not get it in past 12 months	Yes; No; I don't know; Decline to answer
Access barriers	Reason for delayed or forgone care	Check all that apply: cost; provider would not accept insurance; could not get appointment soon enough; too busy; lacked telehealth technology; other
Well-being	Life satisfaction, happiness yesterday, anxiety yesterday, hopefulness about future	Matrix scale: Not at all; Only a little bit; Somewhat; Mostly; Completely; Decline to answer
Social/emotional support	Frequency of getting needed social and emotional support	Always; Usually; Sometimes; Rarely; Never; Decline to answer
PHQ-2 Depression Screen	Little interest/pleasure; feeling down/ depressed/hopeless in past 2 weeks	Matrix scale: Not at all; Several days; More than half the days; Nearly every day; I don't know; Decline to answer
Financial well-being	Overall financial situation	Living comfortably; Doing okay; Just getting by; Finding it difficult to get by; Decline to answer
Financial well-being	Compared with 12 months ago, current financial situation	Much better; Somewhat better; About the same; Somewhat worse; Much worse; Decline to answer
Financial well-being	Net financial position if all assets sold and debts paid	Have money left over; Break even; Be in debt; Decline to answer
Employment	Paid job in last 30 days	Yes; No; Decline to answer
Employment	Job status follow-up	Full-time; Part-time; Decline to answer; Other
Employment	If part-time, whether by choice	By choice; Would rather have full-time work; Decline to answer
Employment	How often leaves home for work	Every workday; A few times a week; Once a week or less; Work from home; Decline to answer
Food insecurity	In past 12 months, not enough money for food needed	Yes; No; Prefer not to answer
Food insecurity	Frequency of food affordability problem	Almost every month; Some months but not every month; Only 1 or 2 months; Prefer not to answer
Housing insecurity	Difficulty paying for housing or lack of stable housing in past 12 months	Yes; No; Prefer not to answer
Transportation insecurity	Stayed home because no reliable transportation in past 12 months	Yes; No; Prefer not to answer
Tobacco use	Smoked at least 100 cigarettes in lifetime	Yes; No; I don't know; Decline to answer
Tobacco / nicotine use	Current cigarette use; vaping/e-cigarette use; other nicotine product use	Every day; Some days; Not at all; Decline to answer
Alcohol use	Current alcohol use	Yes; No; Decline to answer
Alcohol use	Past 30-day binge drinking frequency	0; 1; 2-3; 4-5; 6 or more
Community priorities	Three most important health issues in Fishers	Open-ended
Community priorities	What the Fishers Health Department should do to improve health and well-being	Open-ended