2024

Deaconess Gibson Hospital Community Health Needs Assessment

Prepared by the Indiana Rural Health Association
in conjunction with Deaconess Gibson Hospital &
Tulip Tree Family Health Care

Table of Contents

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide a comprehensive and data-driven understanding of the health needs within Deaconess Gibson Hospital's service area. This assessment is conducted with the primary aim of improving the health and well-being of individuals within the community by identifying and addressing the most pressing health issues.

Specifically, this CHNA has these goals:

1. Identify Health Disparities: To analyze and document the disparities and inequities in access to and outcomes of health services within the community. Factors, such as race, ethnicity, age, gender, socioeconomic status, and geographic location all impact health outcomes and will be considered within the report.
2. Assess Existing Services: Evaluate the scope and effectiveness of the health services currently offered within Gibson County, including the adequacy of resources, staffing, and infrastructure.
3. Engage Stakeholders: Engage with a diverse group of community stakeholders, including patients, families, community organizations, local government, and other healthcare providers to gather their insights, experiences, and perspectives on the health needs and challenges faced by the community.
4. Identify Priorities: Determine the most critical health issues and unmet needs within the community. This includes understanding prevalent health conditions and health challenges that impact the Gibson County population.
5. Develop an Action Plan: Create a clear and evidence-based action plan to address the identified health needs and disparities. This plan will be used to guide the hospital's future strategies, services, and programs to better serve the community.
6. Foster Collaboration: Promote collaboration among local agencies, healthcare providers, community organizations, and policymakers to create a coordinated approach to addressing health issues in the service area.
7. Comply with Regulatory Requirements: Ensure compliance with regulatory requirements and reporting obligations as stipulated by relevant authorities, including federal and state regulations that govern non-profit hospitals.

By conducting this Community Health Needs Assessment, the hospital aims to enhance its ability to deliver high-quality, patient-centered healthcare services that are responsive to the unique needs of our community. This assessment will also facilitate transparency, accountability, and continuous improvement in the efforts to promote health and well-being while reducing health disparities within the hospital's service area.

Process

Deaconess Gibson Hospital (DGH), in conjunction with Tulip Tree Family Health Care (TTFHC), contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by DGH through conversations with hospital staff. Based on a review of patient zip codes, hospital staff defined the community served as all postal codes within the geographic area of Gibson County.

To quantifiably describe the community, census reports were pulled from the United States Census Bureau. Quantifiable statistics and reports for health-related community data were obtained from the U.S. Census Bureau, Indiana Business Research Center, Indiana University, Robert Wood Johnson County Health Rankings & Roadmaps, Indiana Department of Transportation, U.S. Bureau of Economic Analysis, and Indiana Family and Social Services Administration. The data tables and citations for these reports can be viewed in Appendix A. Additional reports on chronic disease were pulled from the Centers for Disease Control and the Indiana State Cancer Registry. Excerpts from these reports can also be found in Appendix A.

Next, an in-person focus group of Gibson County representatives were organized with the help of the Deaconess Gibson Hospital Director of Marketing and Communication, Pam Hight, and Tulip Tree Family Health Care's Executive Director, Kristine Georges. Community leaders, county health department representatives, business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend the meetings to discuss the health-related needs of the county with the intent to identify areas of greatest concern. The list of all meeting attendees, along with the organizations they represent, is in Appendix B.

From the information obtained in the focus groups, a 46-question survey was developed to gain the perspective of the inhabitants of the community (see Appendix C). Questions included queries about the effect of various factors (such as substance use, transportation, housing, and mental health), as well as probes into the perceived need for various services and facilities in the county. The survey was widely disseminated to the residents of Gibson County through inclusion on the Deaconess Gibson Hospital's website, newsletters, and social media where it was made publicly available on REDCap.com. Hard copies of the survey were made available in various waiting rooms around the county, and two IRHA staff members conducted in-person polling at the Gibson County Fair to reach people who were unaware of the survey or did not have Internet access to complete it.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, IRHA contacted DGH and Tulip Tree. The two healthcare entities were able to provide a listing of the facilities and resources, including but not limited to clinics, family practices, and nursing facilities that are currently available within Gibson County. See Appendix D for existing community resources.

The completed CHNA was then publicly posted on both the Deaconess Gibson Hospital and Tulip Tree Family Health Care websites. Hard copies of the report are available upon request.

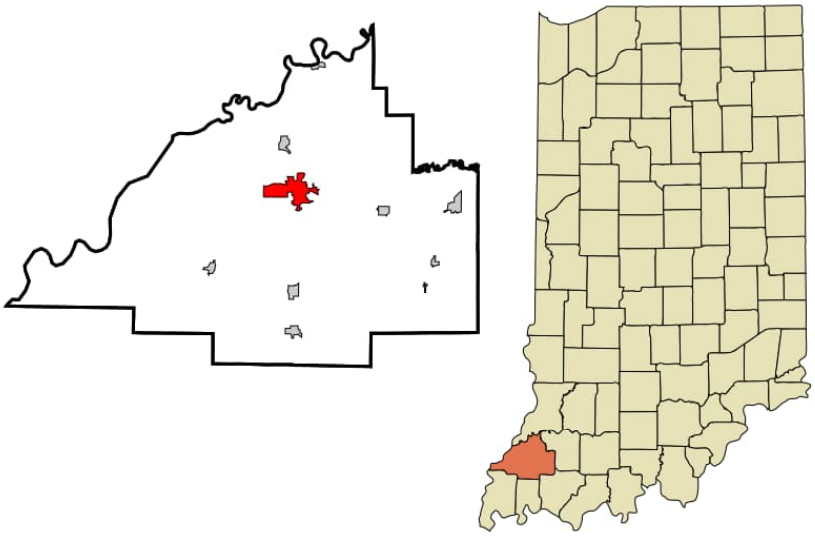
Community Served

The community served by Deaconess Gibson Hospital is defined as follows: All people living within Gibson County, Indiana, at any time during the year. To be determined as living within the service area of Gibson County, a person must reside within one of these postal zip codes: 47613, 47639, 47640, 47647, 47648, 47649, 47654, 47660, 47665, 47666, 47670, or 47683.

Description of Community

Physical

Gibson County is located in the southwestern part of Indiana. Princeton is the largest town and is the county seat. The county is dominantly rural and is the 13th largest county in Indiana by area at approximately 487.4 square miles. Gibson County, Indiana, is bordered by White County and Wabash County in Illinois and by Warrick County, Knox County, Vanderburgh County, Posey County, and Pike County in Indiana (U.S. Census Bureau, 2022). The northwestern edge of the county is defined by the Wabash River. The county is crossed by several major roadways, including Interstates 69 & 64, U.S. Highway 41, and several state highways.



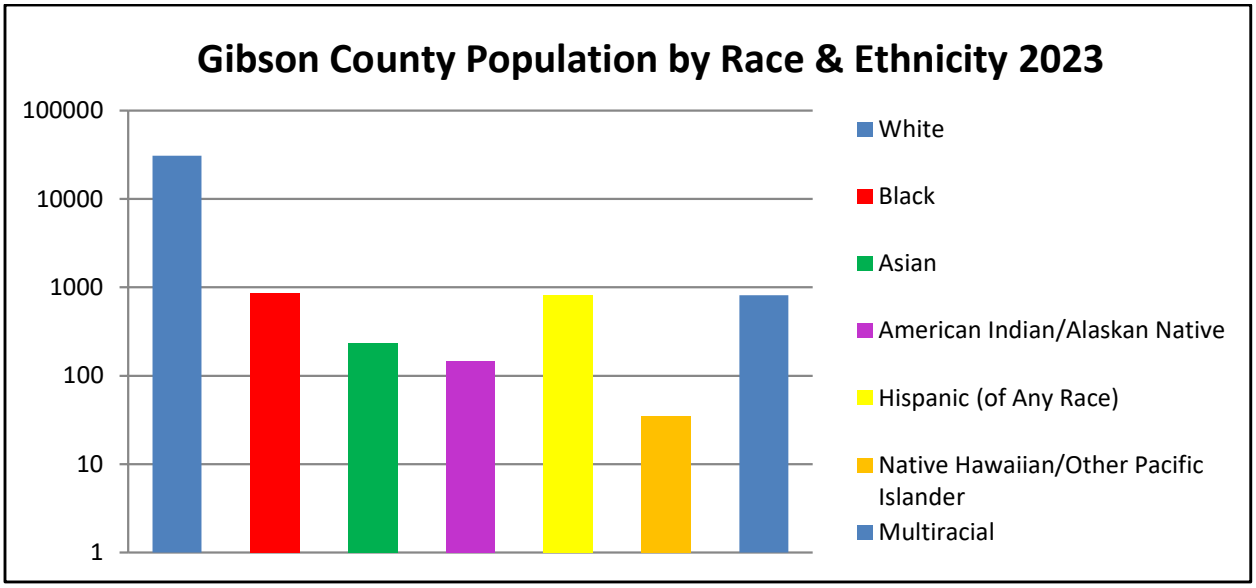
Demographics

The United States Census Bureau estimates the 2023 population of Gibson County at 32,904. Females comprise 49.1% of the population. The median age of the county is 40.3 years old. The median household income for Gibson County is $64,153; and approximately 9.7% of the population is living in poverty. The unemployment rate for Gibson County is 2.5% as of April 2024.

U.S. Census Bureau, 2022 estimates

Underserved Populations

Gibson County has a relatively homogenous racial and ethnic profile. Minority populations make up approximately 6.4% of the total inhabitants of Gibson County according to 2022 census data estimates. The second largest population after White is the Black population, representing approximately only 2.6% of the overall residents. Unfortunately, data regarding languages spoken in the communities was suppressed due to population threshold requirements. However, reports from the Indiana Department of Transportation does show that the percentage of residents for each county who speak English “less than very well” is at only 0.92% in Gibson. While this is a low percentage, it does represent just under 300 people who may need language services to effectively communicate and receive informed care.



Graph based on data from the U.S. Census Bureau 2023

Beyond the ethnic and racial demographics, the Indiana Prevention Resource Center through Indiana University estimates that there are approximately 1,960 veterans in Gibson County. According to the U.S. Department of Veteran Affairs, veteran populations are at higher risk of substance use and mental health issues, such as PTSD.

According to data from the Williams Institute at UCLA, approximately 4.5% of Indiana residents identify as part of the LGBTQ+ community. While county-level and youth population data is not yet available, this percentage can provide a starting point for identifying a proportion within the target PSS service area. The LCBTQ+ youth population is at particular risk of mental health issues, including suicidal ideation and suicide attempts. A 2022 report by the Trevor Project states that 45% of LGBTQ youth seriously considered suicide in the previous year and that 60% of LGBTQ youth who wanted mental healthcare in the past year were unable to get it.

Also, the U.S. Census Bureau reports that approximately 15.7% of Gibson County residents are classified as disabled at any age. The disabled population under the age of 65 is reported at 11.8%. Some of the reported disabilities include hearing difficulty (5.0%), vision difficulty (3.2%), cognitive difficulty (7.5%), ambulatory difficulty (8.1%), self-care difficulty (2.4%), and independent living difficulty (5.6%). These populations have a wide variety of disabilities that must all be considered, along with the appropriate interventions and adaptations to best serve each individual need.

Finally, the January 2024 Point-in-Time count for homeless and unhoused populations includes Gibson County in the Region 12 cohort. The count was taken on January 24, 2024. Unfortunately, the data for Gibson County was either too low to meet population thresholds or not included in the 2024 data for the region. Ideally, this could mean that no unhoused persons

were found to be counted in January. However, this should not serve as proof or indication that unhoused persons do not exist in Gibson County.

Social Determinants of Health

Economic Factors

Gibson County experiences a poverty rate and an unemployment rate below state averages. The poverty rate in Gibson County is only 10.0%, compared to Indiana's rate of 12.6%. Per the Indiana Department of Workforce Development from June 2024, the unemployment rate is only 3.4, compared to Indiana's rate of 4.4. 2022 per capita income is reported at $54,959, which falls only slightly behind Indiana's reported average of $58,323.

Housing

The median value of housing units in Gibson County is $159,700, with a median monthly rent of $580. Only 32.8% of houses are valued at $200,000 or higher; and 27.6% are valued under $100,000, leaving a significant gap for affordable housing. 2020 data from the U.S. Census Bureau showed a total of 14,539 available housing units in the county, with 1,268 unoccupied at the time of the census. Promisingly, there were 163 residential building permits filed in 2023, with 97 being for single-family homes and 66 being for five families or greater.

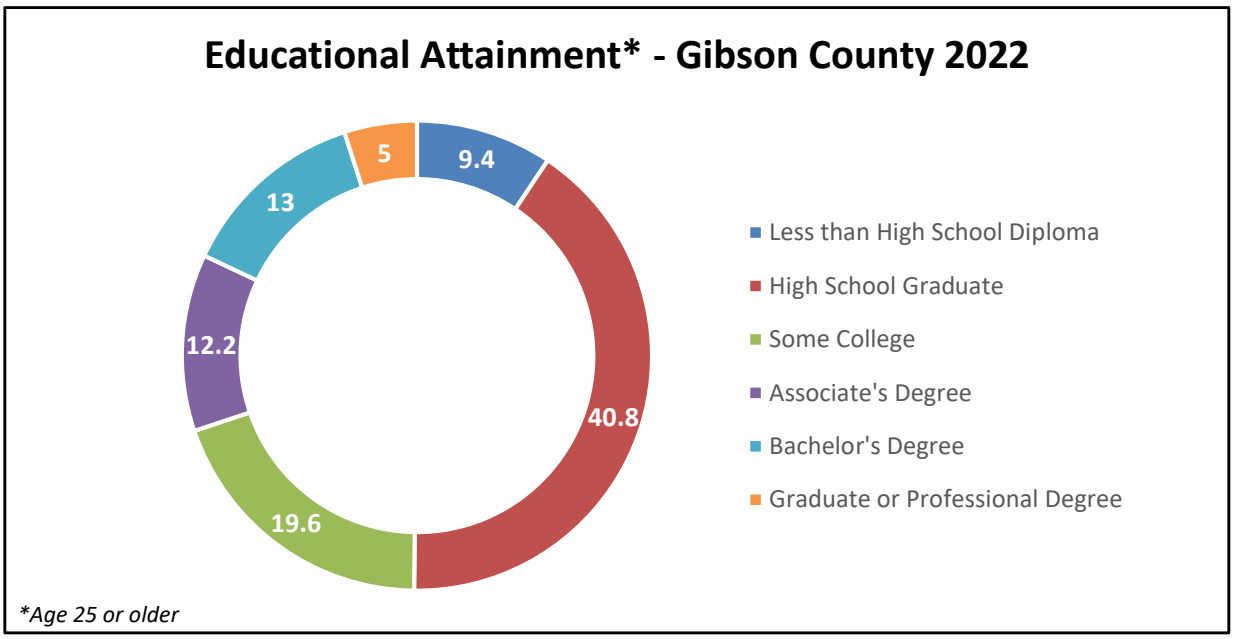
Gibson County Housing Values	
Under $50,000	8.7%
$50,000-99,999	18.9%
$100,000-199,999	39.6%
$200,000-299,999	19.6%
$300,000-499,999	10.5%
$500,000 or higher	2.7%

2023 U.S. Census Bureau

Education

According to 2023 data from the Indiana Family Social Services Administration and Indiana Department of Education aggregated by StatsIndiana, the percent of adults aged 25 or older with a high school diploma or higher was 90.6%, which is only slightly higher than the state percent of 90%. However, adults aged 25 or older with a bachelor's degree or higher in Gibson

County was only 18%, which is significantly lower than the state's percent of 28.2%. Over one-third of students (34.5%) enrolled in Gibson County receive free or reduced lunches, which is considerably lower than the state's rate or 45.5%.



Graph based on data from U.S. Census Bureau

Health Report Summaries

County Health Rankings and Roadmaps

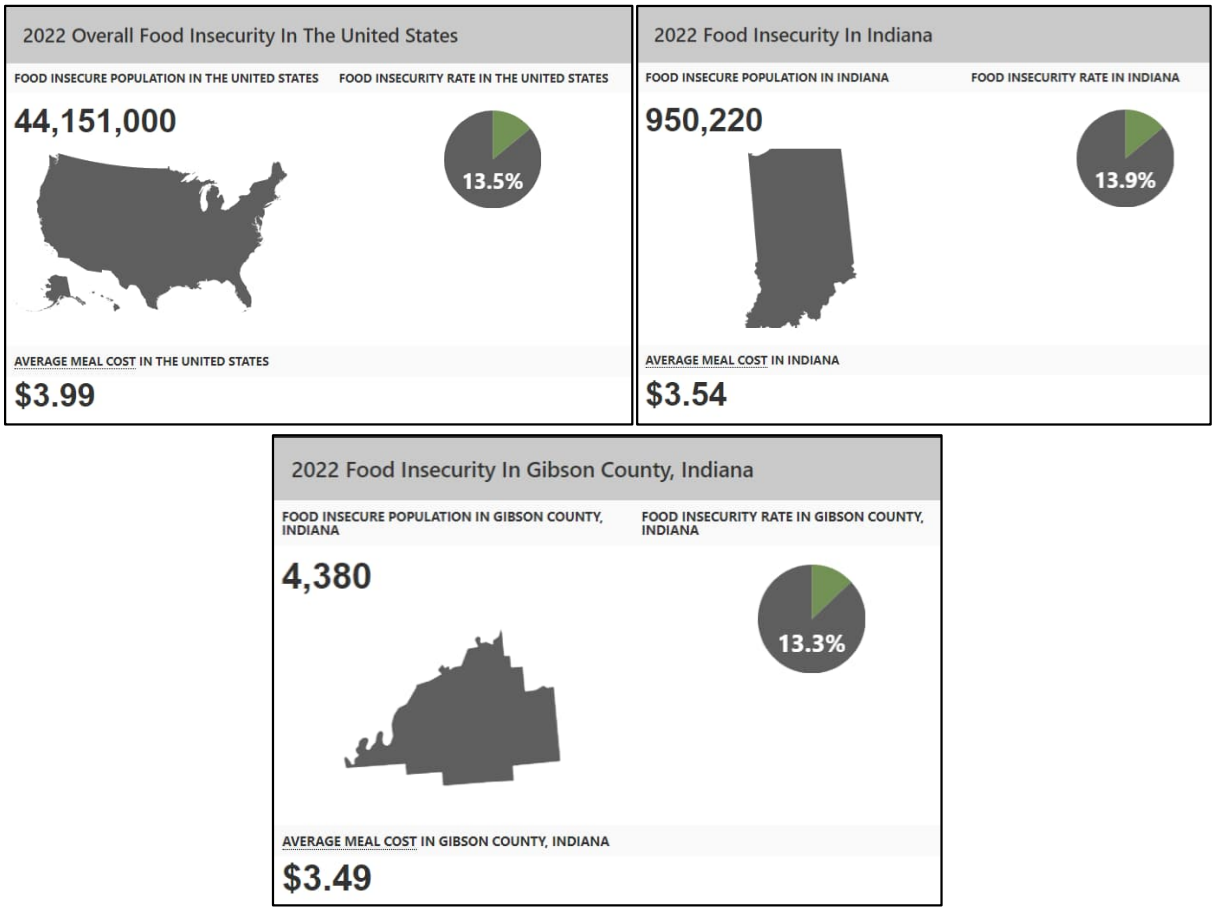
The Robert Wood Johnson Foundation's County Health Rankings and Roadmaps shows Gibson County performing in the top third of the 92 counties in Indiana for Health Outcomes and outperforming both the state and national averages. The county is also outperforming state and national averages in the Health Factors category, as well.

Data visualization from the RWJF 2024 County Health Rankings

As noted, Gibson County's Health Outcomes are better than all state and national averages. Most notably, Gibson County has a low rate of premature deaths, at only 7,400, compared to the statewide rate of 9,300 and national rate of 8,000. A low prevalence of HIV in the county—58, compared to Indiana's 217 and the national rate of 382—also contributed significantly to the high score in Health Outcomes.

The county ranked slightly lower in Health Factors, though still outperforming state and national averages. The data highlights a couple significant issues. Provider-to-patient ratios are substantially higher in Gibson County for primary care physicians and mental health providers than Indiana or the nation as a whole. Additionally, rates of adult smoking and obesity meet or exceed state and national rates. 20% of Gibson County adults smoke, compared to Indiana's 18% and 15% in the United States as a whole. The obesity rate in the county is 37%, which is on par with Indiana but higher than the national rate at 34%. In other categories, Gibson County is performing better than state and national averages. The percent of uninsured individuals is only 7% in the county, compared to 9% in Indiana and 10% in the U.S.

Continuing the positive performance in Health Factors, the county scores well in food environment and access. The Gibson County Food Environment Index is 8.5, compared to Indiana at 6.8 and the nation at 7.7. Only 2% of the Gibson County population report limited access to healthy foods, compared to 11% of Indiana residents and 10% nationally. The average cost of meals in Gibson County is also more affordable—if only slightly—at $3.49 per meal, compared to $3.54 in Indiana and $3.99 across the entire U.S. However, the total estimated annual food budget shortfall in the county is roughly $2,874,000. According to Feeding America, the annual budget shortfall is the additional dollar amount that food-insecure people report needing to purchase just enough food to meet their needs and is adjusted to reflect local prices and taxes.



Data visualization from Feeding America's Map the Meal Gap 2022

Clinical Health Indicators

Clinical Care

As noted above, Gibson County has higher patient-to-provider ratios for primary care, dentists, and mental health providers than does Indiana as a whole per the County Health Rankings & Roadmaps 2024. Gibson County is identified as a Health Professional Shortage Area (HPSA) by the HRSA.gov website in the areas of Primary Care, Dental Health, and Mental Health. This influences access to healthcare and health indicators. The largest disparities come from the Primary Care Providers and the Mental Health Providers. Gibson County has patient to Primary Care Provider ratio of 2530:1, whereas Indiana's ratio is 1520:1 and the U.S. is at 1330:1. The Mental Health Provider ratio is even more stark at 2540:1 in Gibson, 500:1 in Indiana, and 320:1 in the U.S.

On a positive note, Mammography screening is significantly better in the county at 54%, compared to only 45% in Indiana and 43% nationally.

Maternal, Infant, and Child Health

Gibson County is on par with state and national numbers of low-birth-weight infants, uninsured minors, and child mortality rates.

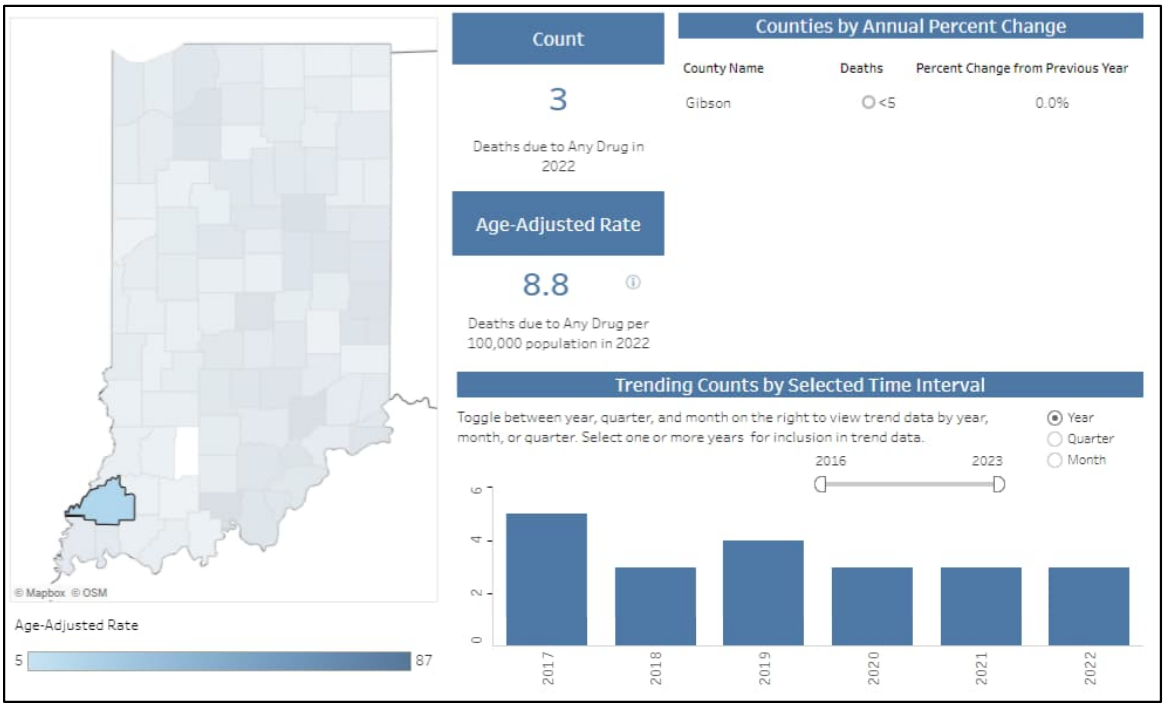
However, teen birth rates for ages 15-19 for Gibson County are currently at 24, compared to 20 in Indiana and only 17 nationally. Additionally, according to the Indiana State Department of Health and the CDC, the rates of smoking while pregnant in Gibson County are currently at 9.8%. This is better than the Indiana rate of 10.9% but considerably worse than the national rate of 6.0%.

Mental and Behavioral Health

Data collected from 2022 Behavioral Risk Factor Surveillance System (BRFSS) at the CDC shows that Gibson County reported 5.5 mentally unhealthy days, compared to 5.2 in Indiana. However, the suicide rate for Gibson County is significantly higher than state or national rates. The county reported 10 deaths due to intentional self-harm in 2022 for a rate of 30.3 per 100,000. This is a stark contrast to Indiana's rate of 16.1 and the national rate of 14.2.

Substance Use

The CDC's National Center for Health Statistics report on drug overdose deaths in the United States shows that there were 2,124 deaths from all drug overdoses in Indiana from February 2023 to February 2024. According to the Drug Overdose Dashboard from the Indiana Department of Health, the 2023 count of overdoses from all drugs in Indiana was 2,089. According to 2022 data, the age-adjusted rate of deaths per 100,000 due to any drug in Gibson County was only 8.8, compared to the statewide rate of 40.8.



Data visualization from Indiana Department of Health's Drug Overdose Dashboard, 2022

Chronic Disease

Gibson County has a significantly higher rate of death from heart disease at 377 per 100,000, compared to Indiana's 357 and 325.7 across the nation. Further, the stroke-related death rate, while tied with Indiana at 81 per 100,000, is considerably higher than the national rate of 75.7.

Regarding diabetes rates in Gibson County, 2022 data from the CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) shows that the county has only 7.7% of adults over 18 years of age that have been diagnosed with diabetes. This is in contrast to the state percentage of 10.4 and the national percentage of 8.4. However, adult obesity is slightly higher in Gibson County at 30.4% than the state (30.3%) and the nation (28.2%).

Cancer

The National Cancer Institute reports that age-adjusted cancer incidence rate in Gibson County for the 5-year period from 2014-2018 is 437.4, which is slightly lower than the state's rate 457.9. Overall, Gibson County comes in 29th out of Indiana's 92 counties in incidences of all cancers across both sexes.

Age-adjusted rates for specific cancers (2014-2018) from the Indiana State Cancer Registry follow. Cancers with higher rates in Gibson, compared to Indiana are marked in red. The most striking disparities come from the colorectal cancer rates, which are 11 points higher than the state average.

	Gibson County	Indiana
Colon and Rectum	**52.7**	41.7
Lung and Bronchus	66.8	69.9
Breast (female)	120.1	124.5
Prostate (male)	**100.7**	96.5

Deaconess Gibson Hospital Discharge and Payer Mix Data

Deaconess Gibson Hospital generated a report of the Most Common Diagnosis for discharges from January 1, 2023, through December 31, 2023. From this report, the top ten most common diagnoses for their service area were identified. A further examination of the payer mix for each diagnosis resulted in an additional report to identify the issues that were most often seen in low-income, disabled, and/or older populations. (*Note: It is important to understand the key characteristics of the Gibson County population. This includes identifying the low-income, disabled, and/or elderly population. The population trends help provide an indication of patterns within the residents of the community and assist in identifying the needs around this populace.)

The following table contains the most common diagnoses and the percentage of Medicare and Medicaid patients for each diagnosis:

	Diagnosis	Cases	Medicare and Medicaid Payer Mix
1	R53.81 - Other malaise	168	92.26%
2	Z47.1 - Aftercare following joint replacement surgery	15	86.67%
3-4	I11.0 - Hypertensive heart disease with heart failure	8	87.5%
	N17.9 - Acute kidney failure unspecified	8	87.5%
5-6	J18.9 - Pneumonia unspecified organism	7	71.43%
	J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation	7	85.71%
7	K76.82 - Hepatic encephalopathy	6	100%
8-11	J15.9 - Unspecified bacterial pneumonia	5	100%
	N39.0 - Urinary tract infection site not specified	5	100%
	U07.1 - COVID-19	5	100%
	E10.10 - Type 1 diabetes mellitus with ketoacidosis without coma	5	60%

See Appendix A for the full discharge diagnoses and payer mix reports for the top twenty diagnoses.

Existing Healthcare Resources

Deaconess Gibson Hospital and Tulip Tree Family Health Care collaborated to provide a complete listing of the currently available healthcare facilities and services in Gibson County. This list includes the Critical Access Hospital, physician's offices and clinics, multiple specialty clinics, the county health department, optometrists, dentists, nursing facilities, and more. DGH will be able to use this listing when creating their action plan to fully incorporate all available resources.

Access Medical Clinic
Addiction Solutions Corporation
Deaconess Clinic - Ft. Branch
CVS Pharmacy
Deaconess Clinic - Gibson Ft. Branch
Deaconess Clinic - Gibson Hospital
Deaconess Clinic - Gibson Main Street
Deaconess Clinic - Oakland City
Deaconess Clinic - Princeton
Deaconess Clinic Pediatrics
Deaconess Clinic Urgent Care
Deaconess COMP Center
Deaconess Gibson Anti-Coagulation Services
Deaconess Gibson Cardiology
Deaconess Gibson Cardiopulmonary Services
Deaconess Gibson Comprehensive Pain Center
Deaconess Gibson ENT
Deaconess Gibson Gastroenterology
Deaconess Gibson Home Health Services
Deaconess Gibson Hospital Surgery / Wound Center
Deaconess Gibson Infusion Therapy Services
Deaconess Gibson Oncology/Hematology Services
Deaconess Gibson Podiatry Services
Deaconess Gibson Radiology Services
Deaconess Gibson Sleep Center
Deaconess Gibson Swing Bed Program
Deaconess Gibson Urology
Deaconess Heart Group
Fast Pace Health Urgent Care

Gibson County EMS
Gibson County Health Department
Good Samaritan Home & Rehabilitation Center
Haubstadt Family Dentistry
Hipp Dentistry
IGA Pharmacy
Ingler Family EyeCare
Kirkwood Family Dentistry
Lawlor Family Dentistry
New Image Family Fitness Center
Owensville Convalescent Center
Princeton Fitness
Progressive Rehab
ProRehab Physical & Occupational Therapy
Rachel S. Harvey, DDS
River Oaks Health Campus
South Gibson Medical Clinic
Southwestern Behavioral Healthcare
St. Vincent Medical Group
Stratton Family Dental
The Eye Center
The Waters of Princeton
Thomas M. Murray, DDS
Touchstone Therapy, LLC
Transcendent Healthcare
Tulip Tree Family Health Care
Walgreen's Pharmacy
Walmart Pharmacy
Williams Bros. Health Care Pharmacy

See Appendix D for a complete listing of the facilities.

Identifying Health & Service Needs

A focus group of Gibson County representatives was organized with the help of the Deaconess Gibson Hospital Director of Marketing and Communication, Pam Hight, and Tulip Tree Family Health Care's Executive Director, Kristine Georges. Community leaders, county health department representatives, business owners, local officials, healthcare providers, minority leaders, clergy, student representatives, and any other interested parties were invited to attend

the meetings to discuss the health-related needs of the county with the intent to identify areas of greatest concern. The list of all meeting attendees, along with the organizations they represent, is in Appendix B.

The focus group was encouraged to brainstorm in three health-focused categories for Gibson County: strengths, challenges/concerns, and values. Once a master list was agreed upon, attendees were asked to list what they perceived to be the greatest strengths and values in their county. Then, they were asked to identify the highest priorities from the master list of challenges/concerns.

By analyzing all three prioritized lists from the three focus groups, IRHA identified the items that appeared most frequently indicating the community's perception of areas of greatest concern. The list follows:

Specialty services
Childcare
Coordination across organizations
Substance use/abuse
Vaping – THC/nicotine/tobacco
Cost of living
Homelessness
Transportation
Mental health

See Appendix B for the master list, each group's priority list, and the list of areas that were determined to be of the greatest need.

The identified areas of greatest need were used to create a 46-question survey, addressing demographics, county issues, and community needs. The survey can be found in Appendix C. The survey was posted on REDCap.com and widely publicized by the local newspaper and inclusion on Deaconess Gibson Hospital's website, newsletters, and social media. Hard copies were placed in waiting rooms and were collected by Deaconess staff. Additionally, two IRHA staff members attended the Gibson County Fair to conduct in-person polling to try to reach populations that may not have had Internet access or had not yet been aware of the survey. At the end of polling, there was a total of 132 responses. The largest number (81%) of respondents are from zip code 47670; 77.3% were female; and nearly all were white (91.6%).

Respondents were first asked to assess the effect of various factors on the health of their community by selecting "very negative impact, some negative impact, no impact, some positive impact, or very positive impact." The second portion of the survey required respondents to

assess the need for various services and facilities in their community by selecting "no need, slight need, no opinion either way, definite need, or extreme need."

When asked "How do the following issues/items impact the health of your community?" the factors that received the most negative rankings by all respondents were (results on a 5-point scale with 1 being a very negative impact and 5 being a very positive impact):

1. Substance Use/Abuse – weighted average of 1.78
2. Availability of public transportation – weighted average of 1.9
3. Vaping – nicotine/tobacco – weighted average of 1.94
4. Cost of Mental Health services – weighted average of 2.00
5. Vaping – THC/marijuana – weighted average of 2.01

It is worth noting that the next three responses were very close, and all three dealt with Mental Health: Availability of Mental Health services (2.02); Mental Health of the population (2.05); and Stigma associated with Mental Health (2.07). The close link between the three, as well as the fact that Substance Use/Abuse—which is related to Mental and Behavioral Health—and another Mental Health question (cost) did make the top five priorities should not be missed.

When asked "do you see a need for the following in your community," the standout responses were (results on a 5-point scale with 1 being no need and 5 being extreme need):

1. Affordable, quality housing – weighted average of 4.22
2-3. Substance Use/Abuse education – weighted average of 4.13
Suicide prevention programs/education – weighted average of 4.13
4. Additional Mental Health services – weighted average of 4.12
5. Affordable/low-cost Mental Health services – weighted average of 4.11

The respondents were then asked whether there were any other specialties needed in the county. The most common responses to this question included transportation, children's services, Mental Health, vision services, women's services, and increased providers of all kinds that accept Medicaid. A sampling of the comments, which have been left unedited except for length in some cases, is below. See Appendix C for the complete results of the survey.

Open comments regarding transportation:

> "Gibson county really needs public transportation options. There is a Medicaid cab that can take people to the Dr but they are not reliable. They might show up to pick you up to your appointment or they might not. This makes it very hard to get the care people need. With the lack of public transportation some people can only get grocery items at the store closest to them."
> "transportation"

"We need everything. It's a long drive both north and south to get services and many people don't have resources to leave the county."

Open comments regarding Mental Health:

"There needs to be more resources for Mental Health. There are only 2 places for people to go locally."

"more mental health and help for meth addicts."

"very few resources for mental health issues"

"adolescent mental health"

Open comments regarding children's services:

"more programs for children"

"childcare"

"Early Learning Intervention for Kids"

"pediatrics"

"A dentist and orthodontist that accepts Medicaid and Hoosier Healthwise which is children's Medicaid."

Open comments regarding vision services:

"Ophthalmology for diabetic retinopathy."

"Affordable vision services would be greatly appreciated."

"…opthalmologists that have openings for Medicaid/ Medicare patients…"

Open comments regarding women's services:

"…more selection of OBGYNs"

"…OBGYN… No access to women's services, such as access pelvic floor rehab, IUD's, ablations, and birth control. No birth control for girls unless parents take them to PCP"

"women's health/peds/ortho"

Open comments regarding Medicaid acceptance:

"…No psychiatrist for Medicaid patients. One year wait for therapist/counselor and most don't take Medicaid/Medicare…"

"…There is very Dental Practices that will take Medicaid…"

"A dentist and orthodontist that accepts Medicaid and Hoosier Healthwise which is children's Medicaid. A better option for counseling services, especially for children/teens that accepts children's Medicaid."

Finally, there was an open comment section which encouraged respondents to share any additional through/comments about the health of Gibson County. The responses to this section

had significant overlap with the previous question regarding needed specialties. The most common topics were transportation, Mental Health, affordability, and availability of local services/providers. A sampling of the comments, which have been left unedited except for length in some cases, is below. See Appendix C for the complete results of the survey.

Open comments regarding transportation:

> "No public transportation makes it impossible to live without a car, but many cannot afford one."
>
> "SWIRCA transports me for medical visits, but this county needs BUSES. Not everyone has a car or license, cars are a privilege…"
>
> "Shelter for homeless, buses/transportation"
>
> "limited transportation in this county, large divide between living conditions, No sidewalks"
>
> "sorely lacking in resources close by for those whom have no transport."

Open comments regarding Mental Health:

> "The foundational concern for young adults to middle age in the area is illicit substance abuse. It is concerning for the future."
>
> "I would love to see more services available for teens, such as drug prevention, mental health assistance, and suicide prevention."
>
> "A lot of problems people have brought on themselves in my opinion due to lack of resources to quality mental healthcare. There has always been a stigma to mental health related issues. The real problem is our current mental health facilities are very short handed and it takes weeks…"

Open comments regarding affordability:

> "Gibson county doesn't want to recognize the homelessness problem that they have. They don't want to recognize the lack of resources for people experiencing a hard time. There is a big population of people that are on Medicaid and have limited access to which Dr office they can be seen at..."
>
> "rural area needs for low income services are substantial"
>
> "Gibson County is still growing in terms of population and employment. However, the rising cost of living is outpacing the general increases in wages. Affordable health care is essential to the well-being of Gibson County and its citizens."
>
> "Healthcare needs to be more available for those without/under insured."
>
> "Without Tulip Tree, I would have no where to go for care. I'm thankful for them and how they care for me and my family."

Open comments regarding availability of local services/providers:

"I do not like that many women have to drive all the way to Evansville/Newburgh to see an OBGYN. These services should be available to our county, other than one OB with St. Vincent…"
"Gibson county is becoming more populated with Toyota increasing jobs, but the amount of HCP's and health services isn't enough to support the population."
"Very few services here."
"There is great need in all aspects for the impoverished in Gibson County. There aren't many places to go for help, other than food banks and trustees. I wouldn't have medical care outside of hospital visits if I couldn't walk to Tulip Tree"

Summary of Findings

Based on the information gathered as part of the Community Health Needs Assessment, the Indiana Rural Health Association has identified the areas of greatest need in Gibson County. Through the collection of health data and community input on the county's strengths, challenges, and values, IRHA has identified four areas as being of the highest importance. While these four areas have been identified as the highest county priorities, it is important to note that the root issue for many of these, and indeed the sentiment of county residents, comes back to cost and affordability.

Identified Priorities

- Transportation – availability and affordability
- Mental Health Services – availability, affordability, suicidality, stigma
- Substance Use/Misuse – services, education, vaping (nicotine and THC)
- Access & Availability – especially specialists and those that accept Medicaid

Opportunities

Based on the findings of this assessment, IRHA presents the following opportunities:

Transportation

- Transportation Services for Seniors & the Disabled: https://www.careindiana.org/a2t_indiana_transportation_services.htm
- CICOA: Aging and In-Home Solutions: https://cicoa.org/services/transportation/
- Utilize IRHAHelp! (https://www.indianaruralhealth.org/resources/irhahelp-connecting-people-and-programs/?back=resources) for transportation resources.
- Collaborate with regional hospital Foundations for shared joint projects.

- Consider local fundraising event to acquire a vehicle for non-emergency transportation.
- Partner with local businesses, offer advertising on the vehicle, let them sponsor rides.
- Collaborate with local clergy or other organizations who serve the elderly.
- Organize neighborhood "Ride Share" programs to organize localized solutions to assist with transportation needs for non-emergency medical appointments.
- Partner with non-profit organizations like LifeLine Pilots who provide cost-free non-emergency transportation for longer distance medical care needs (https://lifelinepilots.org/).

Mental Health

- Collaborate with regional behavioral and mental health providers to enable telehealth treatment options.
- LifeSprings: https://www.lifespringhealthsystems.org/
- Bloomington Meadows: https://www.bloomingtonmeadows.com/
- Mental Health America https://mhanwi.org/
- IN Medicaid: https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/
- Collaborate with IU and its IN Behavioral Health Access Plan for Youth at their website: https://is.gd/behappy_registration.
- Utilize IRHAHelp! (https://www.indianaruralhealth.org/resources/irhahelp-connecting-people-and-programs/?back=resources).
- Organize support groups for peers, including recovering patients, encouraging them to include their families and friends.
- Pursue National Health Service Corp designation, or leverage existing designation, to recruit mental health providers.
- Work with local employers to encourage employee insurance plans coverage for mental health services.
- Evaluate insurance coverage with state programs for the indigent with mental health issues. Contact IHRA for navigation services or ClaimAid at http://claimaid.com, among others.
- Explore use of telehealth options for mental health providers, including Access Telehealth (https://accesstelecare.com).
- Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, etc.). Topics may include:
    - How to identify individuals who are thinking about suicide
    - How to provide support to survivors
- Host events to provide education with parents, educators, clergy, etc. Focus on how to identify signs of possible suicide ideation.

Substance Use/Misuse

- Create extensive education and awareness teams:
    - Educational classes for families
    - Educational classes for people with OUD/SUD
- Coordinate with service groups and faith-based community to publicize, create, and host recovery, support, and family groups such as Narcotics Anonymous, Al-Anon, etc.
- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices.
- Collaborate with other regional rural hospitals to share providers in a network of educational meetings. Create and host educational meetings in various communities to provide education to identify those at risk, treatment options, and other resources.
- Collaborate with local agencies, police, EMS, and other public service organizations to discuss and provide education, prevention, and discussion. Convey the idea that community problems require community response and resources.
- Bring activity-focused organizations together to expand and promote activities for all ages; expand the list of alternative activities.
- Explore online educational services, telehealth, etc. to bring professional counselors to local provider offices, schools, wherever patients and families to an appropriate setting.
- Collaborate with local providers to host mental health and educational events.
- Work with local organizations, such as a YMCA, Boys and Girls Clubs, etc. to expand and promote activities for all ages, expand the list of alternative activities.
- Include hospital providers to present on the impact and effects of Substance Use Disorder, the causes, as well as the long-term impact on health.
- Collaborate with local agencies to explore deeper means of solutions and recovery as a collective team, including, but not limited to: local law enforcement, local judicial system representatives, local employers, EMS providers, local clergy, and healthcare providers.
- Explore strategies to draw users of illegal drugs into recovery and back to an engaged participant in their community.
- Engage recovering patients into presentations--share stories, experiences.
- Work with various organizations, service groups, and faith-based community to market, create, and host recovery, support, and family groups, such as Narcotics Anonymous, Al-Anon, etc.
- Offer specific drug education classes:
    - Methamphetamine
    - Opioids
    - Over-the-counter medications

    - Fentanyl and Xylazine
- Contact successful treatment facilities and recovery houses in similar communities to partner and learn best practices (Ruth House, Sullivan, IN; Mockingbird Hill Recovery Center, Anderson, IN).
- Collaborate with community organizations to create safe activities for all ages and help avoid boredom.

Access & Availability

- Evaluate schedules and availability of Deaconess specialists to rotate into the Princeton campus.
- Consider implementing increased transportation options for Gibson County residents to be taken to specialists in nearby communities.
- Explore any and all public aid options for financial resource including business entities who secure insurance for those not covered, such as ClaimAid https://www.claimaid.com/.
- Utilize organizations with "insurance navigators" who help the uninsured explore options including public assistance such as Connecting Kids to Coverage Indiana, https://www.indianaruralhealth.org/services/connecting-kids-to-coverage-indiana/ (Federal grant funded by HRSA).
- Collaborate with local employers on programs to provide basic healthcare services at acceptable rates.
- Discuss options with the medical staff and financial executives to explore discounted fee models.
- Identify the organizations that employ the underinsured and explore mutually beneficial pricing models that help the patients but do not financially harm any of the parties.
- Host informational sessions on healthcare insurance options for the community. Utilize your PFS & HR teams, as well as local Employee Health Benefit brokers to lead these events to share options and information with community residents.
- Explore relationships with local employers and collaborate on direct contracting options for their employees.

Conclusion

The team from IRHA is pleased to serve Deaconess Gibson Hospitals. IRHA has worked with the team at DGH in various capacities for many years and highly respects its accomplishments that greatly contribute to the health needs of the residents in Gibson County and beyond. Growth and improvement in any area of need begins with education and collaboration. Communities of all sizes must join together and align the resources of their organizations and members to address areas of need and explore opportunities.

Deaconess Gibson Hospital has a unique opportunity to strengthen its commitment to meet the healthcare needs of Gibson County residents by focusing efforts on the data presented in this document. By identifying priorities and focusing community efforts to mitigate barriers and enhance opportunities, Deaconess Gibson Hospital can create strong partnerships through efforts to increase health and physical activity, decrease the prevalence of chronic disease, increase mental health services, and help families and residents increase their quality of life. These efforts can become more successful by directing and marketing to the community DGH is trying to touch and evaluating different methods to reach them.

Deaconess Gibson Hospital has earned the trust and respect of many local residents. Through a focused effort involving collaboration hospital leadership and other community stakeholders to improve health outcomes, lives will be changed. This can be leveraged by providers, local businesses, and community service organizations to explore the suggestions and other ideas to enhance the quality of life for Gibson County residents.

Appendix A

Resources & Reference Materials

United States Census Bureau

QuickFacts

Gibson County, Indiana; Indiana; United States

QuickFacts provides statistics for all states and counties. Also for cities and towns with a ***population of 5,000 or more***.

All Topics	Gibson County, Indiana	Indiana	United States
Population estimates, July 1, 2023, (V2023)	**32,904**	**6,862,199**	**334,914,895**
PEOPLE			
Population			
Population estimates, July 1, 2023, (V2023)	**32,904**	**6,862,199**	**334,914,895**
Population estimates base, April 1, 2020, (V2023)	33,008	6,785,442	331,464,948
Population, percent change - April 1, 2020 (estimates base) to July 1, 2023, (V2023)	-0.3%	1.1%	1.0%
Population, Census, April 1, 2020	33,011	6,785,528	331,449,281
Population, Census, April 1, 2010	33,503	6,483,802	308,745,538
Age and Sex			
Persons under 5 years, percent	5.8%	5.9%	5.5%
Persons under 18 years, percent	23.4%	23.1%	21.7%
Persons 65 years and over, percent	18.7%	17.2%	17.7%
Female persons, percent	49.1%	50.4%	50.5%
Race and Hispanic Origin			
White alone, percent	93.6%	83.7%	75.3%
Black or African American alone, percent (a)	2.6%	10.4%	13.7%
American Indian and Alaska Native alone, percent (a)	0.4%	0.5%	1.3%
Asian alone, percent (a)	0.7%	2.9%	6.4%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%	0.1%	0.3%
Two or More Races, percent	2.5%	2.5%	3.1%
Hispanic or Latino, percent (b)	2.5%	8.8%	19.5%
White alone, not Hispanic or Latino, percent	91.7%	76.0%	58.4%
Population Characteristics			
Veterans, 2018-2022	1,960	352,716	17,038,807
Foreign born persons, percent, 2018-2022	1.6%	5.6%	13.7%
Housing			
Housing Units, July 1, 2023, (V2023)	15,082	3,002,605	145,344,636
Owner-occupied housing unit rate, 2018-2022	76.1%	70.1%	64.8%
Median value of owner-occupied housing units, 2018-2022	$159,700	$183,600	$281,900
Median selected monthly owner costs -with a mortgage, 2018-2022	$1,203	$1,301	$1,828
Median selected monthly owner costs -without a mortgage, 2018-2022	$459	$477	$584
Median gross rent, 2018-2022	$818	$967	$1,268
Building Permits, 2023	163	27,055	1,511,102
Families & Living Arrangements			
Households, 2018-2022	12,978	2,653,596	125,736,353
Persons per household, 2018-2022	2.48	2.49	2.57
Living in same house 1 year ago, percent of persons age 1 year+, 2018-2022	88.6%	86.3%	86.9%
Language other than English spoken at home, percent of persons age 5 years+, 2018-2022	2.4%	9.2%	21.7%
Computer and Internet Use			
Households with a computer, percent, 2018-2022	92.5%	92.7%	94.0%
Households with a broadband Internet subscription, percent, 2018-2022	85.6%	86.7%	88.3%
Education			
High school graduate or higher, percent of persons age 25 years+, 2018-2022	90.6%	90.0%	89.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2018-2022	18.0%	28.2%	34.3%
Health			
With a disability, under age 65 years, percent, 2018-2022	11.8%	9.9%	8.9%
Persons without health insurance, under age 65 years, percent	6.7%	8.3%	9.3%

Economy			
In civilian labor force, total, percent of population age 16 years+, 2018-2022	62.5%	63.8%	63.0%
In civilian labor force, female, percent of population age 16 years+, 2018-2022	54.0%	59.1%	58.5%
Total accommodation and food services sales, 2017 ($1,000) (c)	52,643	15,249,994	938,237,077
Total health care and social assistance receipts/revenue, 2017 ($1,000) (c)	99,932	51,837,274	2,527,903,275
Total transportation and warehousing receipts/revenue, 2017 ($1,000) (c)	143,045	20,385,955	895,225,411
Total retail sales, 2017 ($1,000) (c)	501,698	102,106,020	4,949,601,481
Total retail sales per capita, 2017 (c)	$14,874	$15,326	$15,224
Transportation			
Mean travel time to work (minutes), workers age 16 years+, 2018-2022	20.6	24.0	26.7
Income & Poverty			
Median household income (in 2022 dollars), 2018-2022	$64,153	$67,173	$75,149
Per capita income in past 12 months (in 2022 dollars), 2018-2022	$31,602	$35,578	$41,261
Persons in poverty, percent	⚠ 9.7%	⚠ 12.6%	⚠ 11.5%
BUSINESSES			
Businesses			
Total employer establishments, 2022	706	153,748	8,298,562
Total employment, 2022	20,025	2,875,908	135,748,407
Total annual payroll, 2022 ($1,000)	1,170,938	158,017,872	8,965,035,263
Total employment, percent change, 2021-2022	14.1%	4.4%	5.8%
Total nonemployer establishments, 2021	1,705	460,720	28,477,518
All employer firms, Reference year 2017	547	102,435	5,744,643
Men-owned employer firms, Reference year 2017	355	61,140	3,480,438
Women-owned employer firms, Reference year 2017	S	17,721	1,134,549
Minority-owned employer firms, Reference year 2017	43	7,979	1,014,958
Nonminority-owned employer firms, Reference year 2017	S	85,873	4,371,152
Veteran-owned employer firms, Reference year 2017	63	6,326	351,237
Nonveteran-owned employer firms, Reference year 2017	367	85,314	4,968,606
GEOGRAPHY			
Geography			
Population per square mile, 2020	67.7	189.4	93.8
Population per square mile, 2010	68.7	181.0	87.4
Land area in square miles, 2020	487.38	35,826.03	3,533,038.28
Land area in square miles, 2010	487.49	35,826.11	3,531,905.43
FIPS Code	18051	18	1

About datasets used in this table

Value Notes

⚠ Methodology differences may exist between data sources, and so estimates from different sources are not comparable.

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⓘ icon to the left of each row in TAI learn about sampling error.

The vintage year (e.g., V2023) refers to the final year of the series (2020 thru 2023). Different vintage years of estimates are not comparable.

Users should exercise caution when comparing 2018-2022 ACS 5-year estimates to other ACS estimates. For more information, please visit the 2022 5-year ACS Comparison Guidance page.

Fact Notes

(a)	Includes persons reporting only one race
(b)	Hispanics may be of any race, so also are included in applicable race categories
(c)	Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

D	Suppressed to avoid disclosure of confidential information
F	Fewer than 25 firms
FN	Footnote on this item in place of data
NA	Not available
S	Suppressed; does not meet publication standards
X	Not applicable
Z	Value greater than zero but less than half unit of measure shown
-	Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ende
N	Data for this geographic area cannot be displayed because the number of sample cases is too small.

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, Stat Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

STATSINDIANA

Indiana's Public Data Utility

indiana INDEPTH profile

Choose one of the following geographies and click go to view its profile:

County: Gibson Go

Region: EGR 1 GO

Gibson County, Indiana

Named in 1813 for General John Gibson, second in command to George Rogers Clark

County Seat: Princeton
Largest City: Princeton (2023 population: 8,401)
Population per Square Mile: 67.50
Square Miles: 487.50
Go to county's in.gov site

Population over Time	Number	Rank in State	Percent of State	Indiana
Yesterday (2020)	33,011	51	0.5%	6,484,050
Today (2023)	32,904	51	0.5%	6,862,199
Tomorrow (2030 projection)*	32,505	51	0.5%	7,013,509
Percent Change 2020 to Today	-0.3%	62		1.1%

*Projection based on 2020 Census population estimates.
Sources: U.S. Census Bureau; Indiana Business Research Center

Components of Population Change, 2022-2023	Number	Rank in State	Percent of State	Indiana
Net Domestic Migration	-106	80		4,599

Net International Migration	19	49		17,869
Natural Increase (births minus deaths)	-12	31	-0.2%	7,508

Source: U.S. Census Bureau

Population Estimates by Age, 2023	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
Preschool (0 to 4)	1,901	47	5.8%	5.9%
School Age (5 to 17)	5,806	46	17.6%	17.2%
College Age (18 to 24)	2,755	50	8.4%	9.6%
Young Adult (25 to 44)	7,955	49	24.2%	25.8%
Older Adult (45 to 64)	8,326	50	25.3%	24.2%
Seniors (65 and older)	6,161	50	18.7%	17.2%
Median Age	40.3			Median Age = 38.2

Sources: U.S. Census Bureau; Indiana Business Research Center

Population Estimates by Race and Hispanic Origin, 2023	Number	Rank of	Pct Dist. in County	Pct Dist. in State
American Indian or Alaska Native Alone	147	49	0.4%	0.5%
Asian Alone	234	46	0.7%	2.9%
Black Alone	863	34	2.6%	10.4%
Native Hawaiian and Other Pac. Isl. Alone	35	36	0.1%	0.1%
White	30,808	52	93.6%	83.7%
Two or More Race Groups	817	29	2.5%	2.5%
Hispanic or Latino Origin (can be of any race)				
Non-Hispanic	32,080	47	97.5%	91.2%
Hispanic	824	62	2.5%	8.8%

Source: U.S. Census Bureau

Household Types	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
Households in 2022 (Includes detail not shown below)	12,978	46	100.0%	100.0%
Married With Children	2,444	47	18.8%	18.1%
Married Without Children	4,333	49	33.4%	29.6%
Single Parents	917	54	7.1%	9.0%
Living Alone	3,445	49	26.5%	29.4%

Source: U.S. Census Bureau, American Community Survey 5-year estimates.

Housing	Number	Rank in State	Pct Dist. in County	Pct Dist. in State
Total Housing Units in 2023 (estimate)	15,082	46	100.0%	100.0%
Total Housing Units in 2022 (includes vacant units)	14,658	47	100.0%	100.0%
Owner Occupied (Pct. distribution based on all housing units)	9,871	48	67.3%	63.5%
Median Value (2022)	$159,700	46		
Renter Occupied (Pct. distribution based on all housing units)	3,107	46	21.2%	27.1%
Median Rent (2022)	$580	55		

Source: U.S. Census Bureau, American Community Survey 5-year estimates.

Education	Number	Rank in State	Percent of State	Indiana
School Enrollment (2022/2023 Total Reported)	5,431	47	0.5%	1,124,094
Public	4,731	52	0.5%	1,035,718
Adults (25+ in 2022 ACS)	22,417	49	0.5%	4,532,091
with High School diploma or higher	90.6%	36		90%
with B.A. or higher degree	18%	56		28.2%

Sources: Indiana Department of Education; U.S. Census Bureau, American Community Survey 5-year estimates.

Income and Poverty	Number	Rank in State	Percent of State	Indiana
Per Capita Personal Income (annual) in 2022	$54,959	27	94.2%	58,323
Median Household Income in 2022	66,247	34	99.2%	$66,768
Poverty Rate in 2022	9.7%	67	77.6%	12.5%
Poverty Rate among Children under 18	12.1%	74	78.6%	15.4%
Welfare (TANF) Monthly Average Families in 2022	18	42	0.5%	3,933
Food Stamp Recipients in 2022	2,262	51	0.4%	611,203
Free and Reduced Fee Lunch Recipients in 2022/2023	1,879	62	0.4%	511,735

Sources: U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education

Health and Vital Statistics	Number	Rank of	Percent of State	Indiana
Births, 2021	370	47	0.5%	79,946
Births to Teens, 2021	15	57	0.4%	3,845
Deaths, 2019	334	52	0.5%	66,005

Source: Indiana State Department of Health

Labor Force, 2023	Number	Rank in State	Percent of State	Indiana
Total Resident Labor Force	19,625	40	0.6%	3,401,387
Employed	19,152	40	0.6%	3,288,017
Unemployed	473	49	0.4%	113,370
Annual Unemployment Rate	2.4	91	72.7%	3.3
June 2024 Unemployment Rate	**3.4**	**91**	**77.3%**	**4.4**

Source: STATS Indiana, using data from the Indiana Department of Workforce Development

Employment and Earnings by Industry, 2022	Employment	Pct Dist. in County	Earnings ($000)	Pct Dist. In County	Avg. Earnings Per Job
Total by place of work	25,694	100.0%	$1,822,073	100.0%	$70,914
Wage and Salary	22,437	87.3%	$1,371,406	75.3%	$61,123
Farm Proprietors	469	1.8%	$43,573	2.4%	$92,906
Nonfarm Proprietors	2,788	10.9%	$102,453	5.6%	$36,748
Farm	625	2.4%	$53,112	2.9%	$84,979
Nonfarm	25,069	97.6%	$1,768,961	97.1%	$70,564
Private	23,615	91.9%	$1,687,604	92.6%	$71,463
Accommodation, Food Serv.	1,112	4.3%	$29,241	1.6%	$26,296
Arts, Ent., Recreation	119	0.5%	$932	0.1%	$7,832
Construction	599	2.3%	$33,706	1.8%	$56,270
Health Care, Social Serv.	Data not available due to BEA non-disclosure requirements.				
Information	52	0.2%	$2,388	0.1%	$45,923
Manufacturing	10,657	41.5%	$991,503	54.4%	$93,038
Professional, Tech. Serv.	Data not available due to BEA non-disclosure requirements.				
Retail Trade	1,869	7.3%	$67,128	3.7%	$35,917
Trans., Warehousing	1,363	5.3%	$105,349	5.8%	$77,292
Wholesale Trade	563	2.2%	$40,600	2.2%	$72,114
Other Private (not above)	4,852*	18.9%*	$283,006*	15.5%*	$58,328*
Government	1,454	5.7%	$81,357	4.5%	$55,954

Source: U.S. Bureau of Economic Analysis

* These totals do not include county data that are not available due to BEA non-disclosure requirements.

Residential Building Permits, 2023	Units	Pct Dist. in County	Pct Dist. in State	Cost ($000)	State Cost ($000)

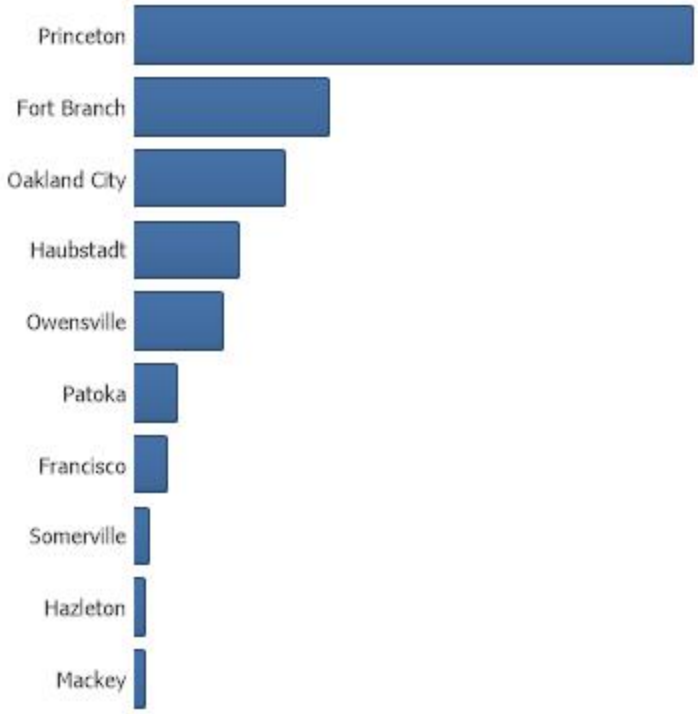
Total Permits Filed	163	100.0%	100.0%	$24,371	$7,695,489
Single-Family	97	59.5%	63.0%	$16,854	$5,961,199
2-Family	0	0.0%	2.0%	0	$99,053
3- and 4-Family	0	0.0%	0.9%	$0	$40,460
5+ Family	66	40.5%	34.2%	$7,517	$1,594,777

Notes: Detail cost may not sum to total due to rounding. Greene County does not currently issue building permits, so it is excluded.
Source: U.S. Census Bureau

Largest Cities and Towns in Gibson County

Name	Population in 2023	Percent of County
Fort Branch	2,931	8.9%
Francisco	534	1.6%
Haubstadt	1,622	4.9%
Hazleton	186	0.6%
Mackey	127	0.4%
Oakland City	2,260	6.9%
Owensville	1,336	4.1%
Patoka	707	2.1%
Princeton	8,401	25.5%
Somerville	249	0.8%

Source: U.S. Census Bureau annual population estimates



STATS Indiana is the statistical data utility for the State of Indiana, developed and maintained since 1985 by the Indiana Business Research Center at Indiana University's Kelley School of Business. Support is or has been provided by the State of Indiana and the Lilly Endowment, the Indiana Department of Workforce Development and Indiana University.

LEP Persons by County

	Estimated Population	Estimated Population that Speaks English Less than Very Well	Percentage Who Speak English Less than Very Well	Languages Spoken in 5%+ Areas
Adams County, Indiana	31,300	2225	7.11%	**German 5.93%,** Spanish 0.67%, Other West Germanic 0.48%
Allen County, Indiana	334,603	14627	4.37%	
Bartholomew County, Indiana	73,427	2676	3.64%	
Benton County, Indiana	8,242	128	1.55%	
Blackford County, Indiana	11,814	41	0.35%	
Boone County, Indiana	55,274	695	1.26%	
Brown County, Indiana	14,446	60	0.42%	
Carroll County, Indiana	18,977	388	2.04%	
Cass County, Indiana	36,193	2809	7.76%	**Spanish 6.84%**, Other 0.92%
Clark County, Indiana	105,004	2028	1.93%	
Clay County, Indiana	25,219	64	0.25%	
Clinton County, Indiana	30,717	2010	6.54%	**Spanish 6.53%**
Crawford County, Indiana	10,034	22	0.22%	

Daviess County, Indiana	29,450	1090	3.70%	
Dearborn County, Indiana	47,014	177	0.38%	
Decatur County, Indiana	24,523	145	0.59%	
DeKalb County, Indiana	39,652	267	0.67%	
Delaware County, Indiana	111,355	1207	1.08%	
Dubois County, Indiana	39,490	1545	3.91%	
Elkhart County, Indiana	183,971	15703	8.54%	**Spanish 6.22%,** Other West Germanic 1.06%, German 0.23%
Fayette County, Indiana	22,694	159	0.70%	
Floyd County, Indiana	70,980	1201	1.69%	
Fountain County, Indiana	15,952	155	0.97%	
Franklin County, Indiana	21,652	89	0.41%	
Fulton County, Indiana	19,353	497	2.57%	
Gibson County, Indiana	31,509	291	0.92%	
Grant County, Indiana	65,453	829	1.27%	
Greene County, Indiana	31,136	96	0.31%	
Hamilton County, Indiana	268,765	7313	2.72%	
Hancock County, Indiana	66,715	470	0.70%	
Harrison County, Indiana	36,915	222	0.60%	

Hendricks County, Indiana	141,270	2589	1.83%	
Henry County, Indiana	46,872	326	0.70%	
Howard County, Indiana	77,861	1403	1.80%	
Huntington County, Indiana	34,838	296	0.85%	
Jackson County, Indiana	40,236	1379	3.43%	
Jasper County, Indiana	31,384	299	0.95%	
Jay County, Indiana	19,775	282	1.43%	
Jefferson County, Indiana	30,612	349	1.14%	
Jennings County, Indiana	26,503	155	0.58%	
Johnson County, Indiana	134,296	1840	1.37%	
Knox County, Indiana	35,958	214	0.60%	
Kosciusko County, Indiana	72,613	2561	3.53%	
LaGrange County, Indiana	34,052	4899	14.39%	**Other West Germanic 9.40%* ,** German 3.32%, Spanish 1.29%, Arabic 0.25% Misc. 0.38%
Lake County, Indiana	461,205	22582	4.90%	Spanish 3.43%, Misc 1.47%
LaPorte County, Indiana	104,738	2184	2.09%	
Lawrence County, Indiana	43,355	463	1.07%	
Madison County, Indiana	122,877	1488	1.21%	

Marion County, Indiana	849,971	51464	6.05%	***Spanish 4.4%,*** Misc 1.65
Marshall County, Indiana	43,947	1804	4.10%	
Martin County, Indiana	9,665	74	0.77%	
Miami County, Indiana	34,329	177	0.52%	
Monroe County, Indiana	134,653	5565	4.13%	
Montgomery County, Indiana	35,838	757	2.11%	
Morgan County, Indiana	65,321	540	0.83%	
Newton County, Indiana	13,386	133	0.99%	
Noble County, Indiana	44,341	2056	4.64%	Spanish 3.9 %, Other West Germanic 0.4%
Ohio County, Indiana	5,792	10	0.17%	
Orange County, Indiana	18,583	169	0.91%	
Owen County, Indiana	20,203	177	0.88%	
Parke County, Indiana	16,196	206	1.27%	
Perry County, Indiana	18,342	53	0.29%	
Pike County, Indiana	12,008	21	0.17%	
Porter County, Indiana	156,422	2751	1.76%	
Posey County, Indiana	24,146	151	0.63%	
Pulaski County, Indiana	12,445	61	0.49%	

Putnam County, Indiana	35,952	454	1.26%	
Randolph County, Indiana	24,461	374	1.53%	
Ripley County, Indiana	26,784	267	1.00%	
Rush County, Indiana	16,223	41	0.25%	
St. Joseph County, Indiana	249,426	8200	3.29%	
Scott County, Indiana	22,531	167	0.74%	
Shelby County, Indiana	41,709	847	2.03%	
Spencer County, Indiana	19,705	301	1.53%	
Starke County, Indiana	21,887	219	1.00%	
Steuben County, Indiana	32,422	458	1.41%	
Sullivan County, Indiana	20,077	241	1.20%	
Switzerland County, Indiana	9,747	246	2.52%	
Tippecanoe County, Indiana	167,053	9882	5.92%	Spanish 2.31% Chinese 1.96 Other 1.65%
Tipton County, Indiana	14,957	161	1.08%	
Union County, Indiana	6,989	16	0.23%	
Vanderburgh County, Indiana	169,262	2108	1.25%	
Vermillion County, Indiana	15,128	19	0.13%	
Vigo County, Indiana	101,975	1745	1.71%	

Wabash County, Indiana	30,661	316	1.03%	
Warren County, Indiana	7,960	0	0.00%	
Warrick County, Indiana	56,793	551	0.97%	
Washington County, Indiana	26,410	85	0.32%	
Wayne County, Indiana	64,153	1307		
Wells County, Indiana	25,922	177	0.68%	
White County, Indiana	22,997	750	3.26%	
Whitley County, Indiana	31,309	137	0.44%	

Top FAQs

- Where do I go to report a concern?
- Where can I check current traffic conditions?
- What district am I in and how can I contact it?
- What are the requirements for state certification as a Disadvantaged Business Enterprise (DBE)?
- How can I apply for a job at INDOT?
- Where can I obtain current Indiana roadway or other maps?

More FAQs

Armed Forces and Veteran Population: Gibson, IN

Year of Data: 2022
Data Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates

Table 1.4 Armed Forces and Veteran Population

	Gibson	Indiana
Number currently employed in Armed Forces	0	4,889
Percentage of population 16 years and over in Armed Forces	0.0	0.1
Number of veterans	1,960	352,716
Percetange of total population 18 years and over who are veterans	7.8	6.8

« Previous page

County Health Rankings & Roadmaps

COUNTY

Gibson, IN

2024

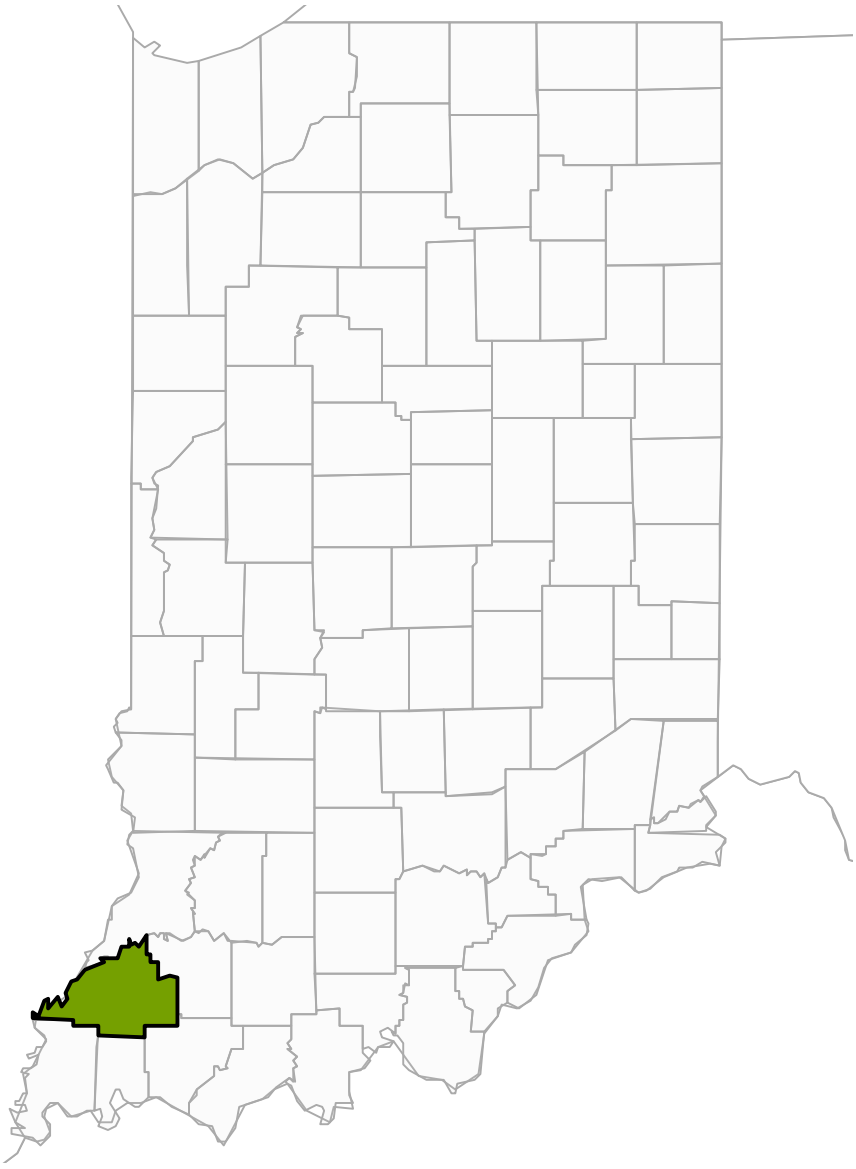
View Indiana Health Data

County Demographics

The health of a place results from past and present policies and practices. The land known as Gibson County, along with the entirety of the U.S., has been home for many thousands of years to hundreds of Indigenous nations. Native Land Digital "strives to create and foster conversations about the history of colonialism, Indigenous ways of knowing, and settler-Indigenous relations."

Gibson County, Indiana is Rural . In Gibson County, 74.7% of the population lives in a low population density area .

Show demographic data



County Snapshot

This county's snapshot covers:

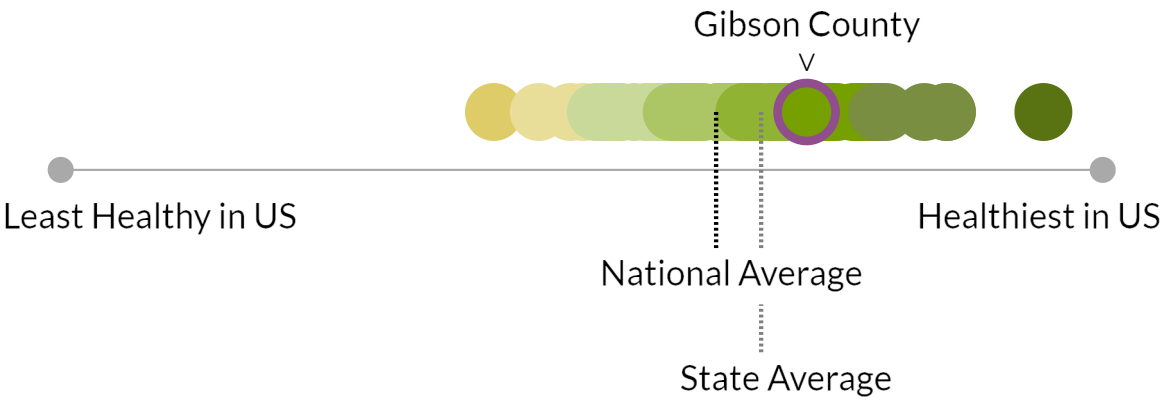
Health Outcomes ↓

Health Factors ↓

Gibson County Health Outcomes

Health Outcomes tell us how long people live on average within a community, and how much physical and mental health people experience in a community while they are alive.

Gibson County is faring better than the average county in Indiana for Health Outcomes, and better than the average county in the nation.



Trends Available

Health Outcomes				
Length of Life		Gibson County	Indiana	United States
Premature Death		7,400	9,300	8,000
Quality of Life		Gibson County	Indiana	United States
Poor or Fair Health		16%	16%	14%
Poor Physical Health Days		3.8	3.5	3.3
Poor Mental Health Days		5.5	5.2	4.8
Low Birthweight		8%	8%	8%
Additional Health Outcomes (not included in summary)		Gibson County	Indiana	United States
Life Expectancy		76.9	75.6	77.6
Premature Age-Adjusted Mortality		390	450	390
Child Mortality		50	60	50
Infant Mortality			7	6
Frequent Physical Distress		12%	11%	10%
Frequent Mental Distress		17%	17%	15%
Diabetes Prevalence		10%	11%	10%

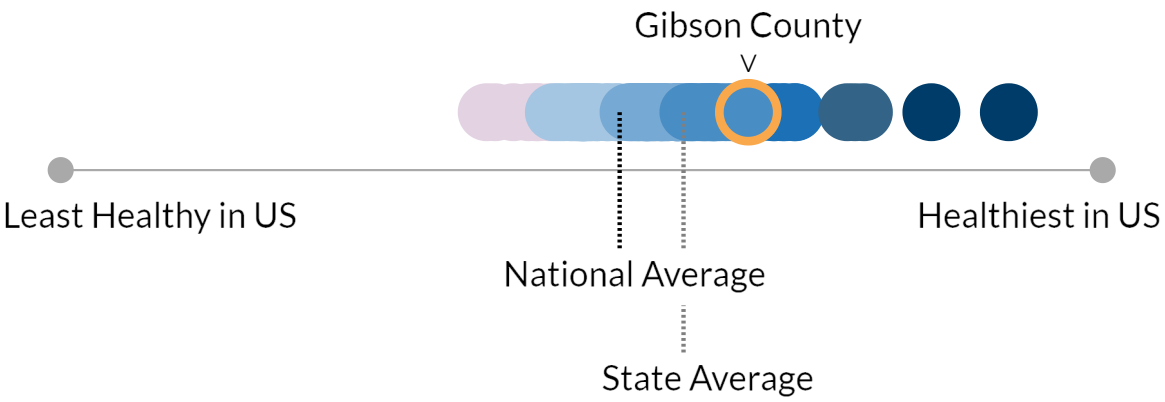
HIV Prevalence		58	217	382

Note: Blank values reflect unreliable or missing data.

Gibson County Health Factors

Many things influence how well and how long we live. Health Factors represent those things we can improve to live longer and healthier lives. They are indicators of the future health of our communities.

Gibson County is faring better than the average county in Indiana for Health Factors, and better than the average county in the nation.



☐ Show areas to explore ☐ Show areas of strength Trends Available

Health Factors				
Health Behaviors		Gibson County	Indiana	United States
Adult Smoking		20%	18%	15%
Adult Obesity		37%	37%	34%

Food Environment Index		8.5	6.8	7.7
Physical Inactivity		26%	25%	23%
Access to Exercise Opportunities		67%	77%	84%
Excessive Drinking		16%	18%	18%
Alcohol-Impaired Driving Deaths		18%	18%	26%
Sexually Transmitted Infections		328.0	510.7	495.5
Teen Births		24	20	17
Additional Health Behaviors (not included in summary)		Gibson County	Indiana	United States
Food Insecurity		10%	11%	10%
Limited Access to Healthy Foods		2%	9%	6%
Drug Overdose Deaths		10	34	27
Insufficient Sleep		32%	36%	33%
Clinical Care		Gibson County	Indiana	United States
Uninsured		7%	9%	10%
Primary Care Physicians		2,530:1	1,520:1	1,330:1
Dentists		1,740:1	1,680:1	1,360:1
Mental Health Providers		2,540:1	500:1	320:1
Preventable Hospital Stays		2,451	3,135	2,681
Mammography Screening		54%	45%	43%
Flu Vaccinations		54%	50%	46%
Additional Clinical Care (not included in summary)		Gibson County	Indiana	United States
Uninsured Adults		8%	10%	12%
Uninsured Children		5%	6%	5%
Other Primary Care Providers		1,220:1	770:1	760:1
Social & Economic Factors		Gibson County	Indiana	United States
High School Completion		91%	90%	89%
Some College		60%	63%	68%
Unemployment		2.2%	3.0%	3.7%

Children in Poverty		12%	15%	16%
Income Inequality		3.7	4.3	4.9
Children in Single-Parent Households		18%	24%	25%
Social Associations		14.9	11.8	9.1
Injury Deaths		85	90	80
Additional Social & Economic Factors (not included in summary)		Gibson County	Indiana	United States
High School Graduation		92%	88%	86%
Disconnected Youth			6%	7%
Reading Scores		3.1	3.1	3.1
Math Scores		3.1	3.2	3.0
School Segregation		0.06	0.25	0.24
School Funding Adequacy		-$2,644	-$1,415	$634
Gender Pay Gap		0.73	0.77	0.81
Median Household Income		$66,200	$66,800	$74,800
Living Wage		$40.34	$44.16	
Children Eligible for Free or Reduced Price Lunch		35%	44%	51%
Residential Segregation - Black/White		70	68	63
Child Care Cost Burden		24%	25%	27%
Child Care Centers		5	4	7
Homicides			7	6
Suicides		19	16	14
Firearm Fatalities		16	16	13
Motor Vehicle Crash Deaths		20	13	12
Juvenile Arrests		13	13	
Voter Turnout		63.8%	61.5%	67.9%
Census Participation		69.3%		65.2%
Physical Environment		Gibson County	Indiana	United States
Air Pollution - Particulate Matter		8.9	8.8	7.4
Drinking Water Violations		No		
Severe Housing Problems		10%	12%	17%
Driving Alone to Work		84%	79%	72%
Long Commute - Driving Alone		29%	32%	36%

Additional Physical Environment (not included in summary)		Gibson County	Indiana	United States
Traffic Volume		39	87	108
Homeownership		76%	70%	65%
Severe Housing Cost Burden		8%	11%	14%
Broadband Access		86%	87%	88%

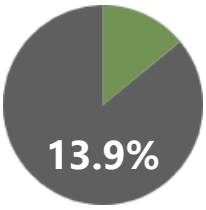
Note: Blank values reflect unreliable or missing data.

Indiana

2022 OVERALL FOOD INSECURITY & FOOD COST IN THE US

STATE FOOD INSECURITY RATE

FOOD INSECURE PEOPLE: 950,220



OF STATE POPULATION

13.5 NATIONAL FOOD INSECURITY RATE

ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE

65% Above SNAP threshold

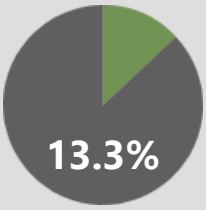
35% Below SNAP threshold of 130%

Average Meal Cost	State	National
	$3.54	$3.99

Gibson County, Indiana

COUNTY FOOD INSECURITY RATE

FOOD INSECURE PEOPLE: 4,380



OF COUNTY POPULATION

ESTIMATED PROGRAM ELIGIBILITY AMONG FOOD INSECURE PEOPLE

58% Above SNAP threshold

42% Below SNAP threshold of 130%

Average Meal Cost	County	National
	$3.49	$3.99

Hunger exists in every corner of the United States, but as Feeding America's Map the Meal Gap study shows, food insecurity looks different from one county to the next. In addition to providing data about the prevalence of food insecurity at the local level, Map the Meal Gap estimates the share of food insecure individuals who are income-eligible for federal antihunger programs and provides local variations in food costs.

The study finds that many food insecure individuals do not qualify for federal nutrition programs and must rely on charitable food assistance, suggesting that complementary programs and strategies are necessary to reach food insecure individuals at different income levels. By providing information about hunger at the local level, Map the Meal Gap can help policymakers and service providers identify strategies to best reach those in need of assistance.

Visit map.feedingamerica.org for more information.

Smoking and Pregnancy

Indiana Department of Health | Tobacco Prevention and Cessation

January 2022

Everyone deserves a fair and just opportunity to be as healthy as possible - free from the harm that commercial tobacco use can cause. Use of commercial tobacco products impacts even the youngest Hoosiers, as smoking during pregnancy can harm the health of both mothers and their children.

Smoking During Pregnancy in Indiana and the United States

- In 2020, 10.9% of Indiana residents smoked during pregnancy.
- Indiana's smoking during pregnancy rate has declined significantly in the last decade from 17.1% in 2010. Despite these declines, Indiana consistently has a higher smoking during pregnancy rate compared to the United States overall.
- Indiana's smoking during pregnancy rate is nearly double the U.S. smoking during pregnancy rate (6.0%*).

Risks of Smoking during Pregnancy

Smoking can impact every phase of reproduction. **When trying to become pregnant,** smoking can cause problems with fertility.

During pregnancy, smoking can increase the risk of several pregnancy complications, including:

- Low Birth Weight/Reduced growth
- Baby born too early/Premature Birth
- Ectopic Pregnancy
- Miscarriage
- Problems with the placenta

After pregnancy, exposure to secondhand smoke can increase the risk for additional complications for the baby including:

- Sudden Infant Death
- Health problems due to

Benefits of Quitting Smoking

- If someone is pregnant and uses tobacco, it is never too late to treat their nicotine dependence!
- Many pregnant people are tempted to cut down the number of cigarettes they smoke, but ending their dependence on tobacco is the best thing to do for their pregnancy.
- The benefits of treating nicotine dependence can be seen immediately. After just one day of not smoking, the baby will get more oxygen. Pregnant people will also have more energy and breathe more easily.
- Seeking nicotine dependence treatment before or during pregnancy reduces many risks including premature birth and low birth weight.

Fast Facts

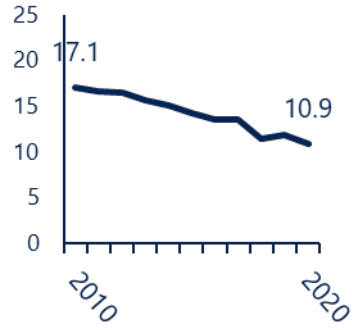
In 2020, **10.9%** of Indiana residents smoked during pregnancy.

Indiana's smoking during pregnancy is nearly **double** the US smoking during pregnancy rate (6.0%).

There were over **8,500 babies** born to Hoosiers who smoked during pregnancy in 2020.

Indiana's smoking during pregnancy rate has declined significantly in the last decade, decreasing from 17.1% in 2010 to 10.9% in 2020.

Percentage of live births to Indiana residents who smoked during pregnancy,



Indiana Tobacco Quitline Services for Pregnancy

The Indiana Tobacco Quitline (1-800-QUIT-NOW) offers free, evidence-based cessation treatment to help those that use tobacco. Those that are pregnant receive even greater level of behavioral support – 10 calls instead of four. The treatment plan is tailored to meet their needs, and the Quitline offers additional postpartum sessions to prevent relapse.

Percentage of live births to mothers who smoked during pregnancy, Indiana Counties, 2020

County	%	County	%	County	%	County	%
Adams	5.7 (L)	Franklin	13.9	Lawrence	22.7 (H)	Rush	22.1 (H)
Allen	8.5 (L)	Fulton	24.3 (H)	Madison	19.3 (H)	Scott	18.7 (H)
Bartholomew	14.8 (H)	Gibson	11.5	Marion	7.8 (L)	Shelby	15.2
Benton	13.4 (U)	Grant	28.2 (H)	Marshall	11.3	Spencer	9.3
Blackford	26.4 (H)	Greene	12.1	Martin	11.7 (U)	St. Joseph	7.7 (L)
Boone	6.2 (L)	Hamilton	1.2 (L)	Miami	19.6 (H)	Starke	21.5 (H)
Brown	10.3 (U)	Hancock	7.1	Monroe	12.2	Steuben	16.8
Carroll	11.9	Harrison	12.5	Montgomery	21.9 (H)	Sullivan	17.8
Cass	15.2	Hendricks	4.4 (L)	Morgan	16.6 (H)	Switzerland	25.4 (H)
Clark	9.0	Henry	23.3 (H)	Newton	17	Tippecanoe	8.5 (L)
Clay	20.6 (H)	Howard	16.2 (H)	Noble	12.5	Tipton	10.1 (U)
Clinton	17.5 (H)	Huntington	17.3 (H)	Ohio	15.1 (U)	Union	14.9 (U)
Crawford	32.3 (H)	Jackson	17.5 (H)	Orange	23.3 (H)	Vanderburgh	10.4
Daviess	9.4	Jasper	16.9 (H)	Owen	18.6 (H)	Vermillion	24.4 (H)
Dearborn	14.1	Jay	16.4	Parke	11.7	Vigo	21.8 (H)
Decatur	17.0	Jefferson	26.1 (H)	Perry	23.4 (H)	Wabash	22.5 (H)
DeKalb	15.5	Jennings	28.9 (H)	Pike	12.2 (U)	Warren	12.8 (U)
Delaware	18.1 (H)	Johnson	10.1	Porter	7.3 (L)	Warrick	5.8 (L)
Dubois	9.2	Knox	18.7 (H)	Posey	10.4	Washington	12.1
Elkhart	8.9 (L)	Kosciusko	12.9	Pulaski	21.7 (H)	Wayne	17.6 (H)
Fayette	20.9 (H)	LaGrange	5.4 (L)	Putnam	17.3 (H)	Wells	15.4
Floyd	9.8	Lake	5.9 (L)	Randolph	18.1 (H)	White	13.7
Fountain	19.4 (H)	LaPorte	16.3 (H)	Ripley	14.5	Whitley	12.8

The percentage of Indiana residents who smoked during pregnancy has historically been considerably higher than the national average.[4] Smoking during pregnancy rates in several Indiana counties, however, exceed both statewide and national rates.

- In 2020, county rates ranged from 1.2% of pregnant people smoked during pregnancy (Hamilton County) to 32.3% (Crawford County).
- Of Indiana's 92 counties, 38 had a smoking during pregnancy rate significantly higher than the statewide rate.

Mental Health: Gibson, IN

Year of Data: 2021
Data Source: Behavioral Risk Factor Surveillance System, 2021, as reported in the 2024 County Health Rankings

Table 8.1 Mental Health

	Gibson	Indiana
Average number of mentally unhealthy days (in the past 30 days)	5.5	5.2

*The BRFSS made changes to the methodology used to create county-level estimates. Comparing these data to previous years may be inappropriate.

« Previous page

Let's start a conversation. Contact us at **previnsights@iu.edu**

Indiana Drug Overdose Dashboard

An important part of drug overdose prevention efforts is understanding the trends and regional and demographic differences that may exist. Access to data from a variety of sources is key to supporting both state and local overdose response and prevention activities.

The Indiana Drug Overdose Dashboard presents information on drug overdose injuries, opioid prescriptions, and prevention efforts in Indiana. Use the topics in the header to view different types of data related to overdoses at the county and state levels. Each topic includes instructions to 'Modify Your View' and view the data from different perspectives. This dashboard represents the most up-to-date data that the Department of Health has available and is updated shortly after new data is made available.

For additional information on data, definitions, and methods, please review the Drug Overdose Dashboard Data Notes (/health/overdose-prevention/files/Overdose-Dashboard-Data-Notes.pdf).

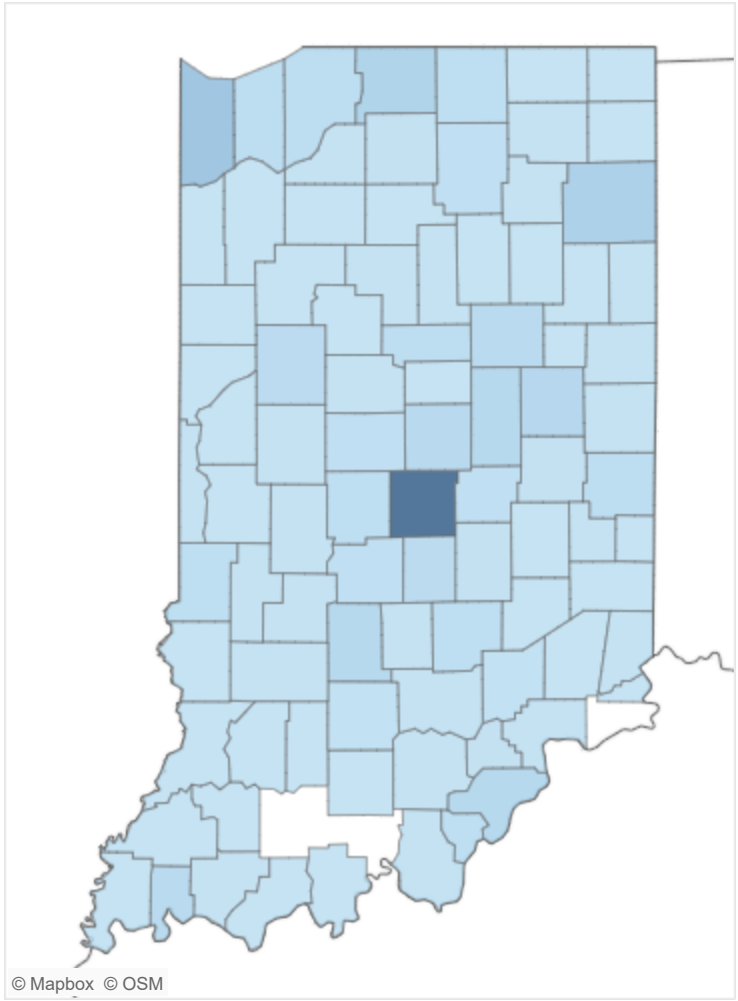
Indiana Drug Overdose Dashboard
Deaths

Select Year: 2023 | Select Drug Type: Any Drug

County Response | Opioid Prescriptions | Hospital Discharges | **Deaths**

This dashboard displays contextual information on deaths involving drug overdoses. Information includes counts and rates, county-specific patient demographics, and trends over time by county of residence, as of 5/2/2024. Please Note: All 2023 data are provisional, and exclude out-of-state deaths of Indiana residents.

Modify Your View: Select year and drug type in the header to refresh the map and indicators below. Select a county on the map to filter dashboard to that county.



Count

1 — 551

Count

2,089

Deaths due to Any Drug in 2023

Age-Adjusted Rate

NA

Deaths due to Any Drug per 100,000 population in 2023

Counties by Annual Percent Change

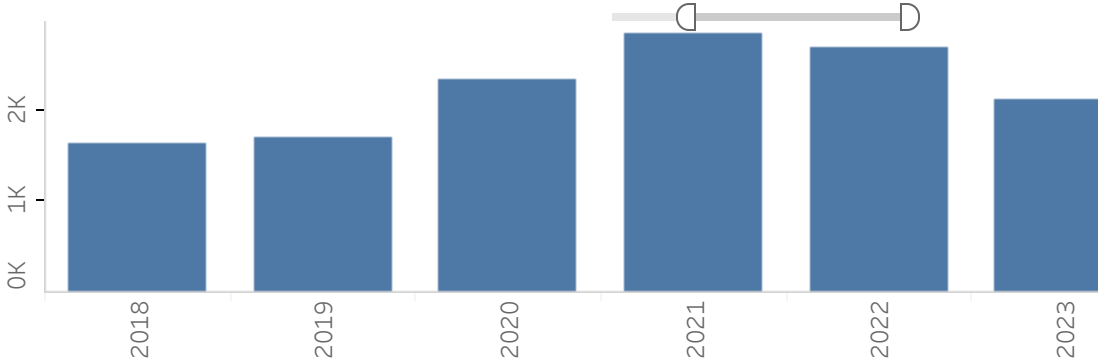
County Name	Deaths	Percent Change from Previous Y
Adams	6	Incalculable
Allen	92	Incalculable
Bartholomew	28	Incalculable
Benton	<5	Incalculable
Blackford	<5	Incalculable
Boone	19	Incalculable
Brown	6	Incalculable
Carroll	5	Incalculable
Cass	9	Incalculable
Clark	58	Incalculable
Clay	8	Incalculable

Trending Counts by Selected Time Interval

Toggle between year, quarter, and month on the right to view trend data by year, month, or quarter. Select one or more years for inclusion in trend data.

Year | Quarte | Month

2018 — 2023



Indiana Drug Overdose Dashboard

An important part of drug overdose prevention efforts is understanding the trends and regional and demographic differences that may exist. Access to data from a variety of sources is key to supporting both state and local overdose response and prevention activities.

The Indiana Drug Overdose Dashboard presents information on drug overdose injuries, opioid prescriptions, and prevention efforts in Indiana. Use the topics in the header to view different types of data related to overdoses at the county and state levels. Each topic includes instructions to 'Modify Your View' and view the data from different perspectives. This dashboard represents the most up-to-date data that the Department of Health has available and is updated shortly after new data is made available.

For additional information on data, definitions, and methods, please review the Drug Overdose Dashboard Data Notes (/health/overdose-prevention/files/Overdose-Dashboard-Data-Notes.pdf).

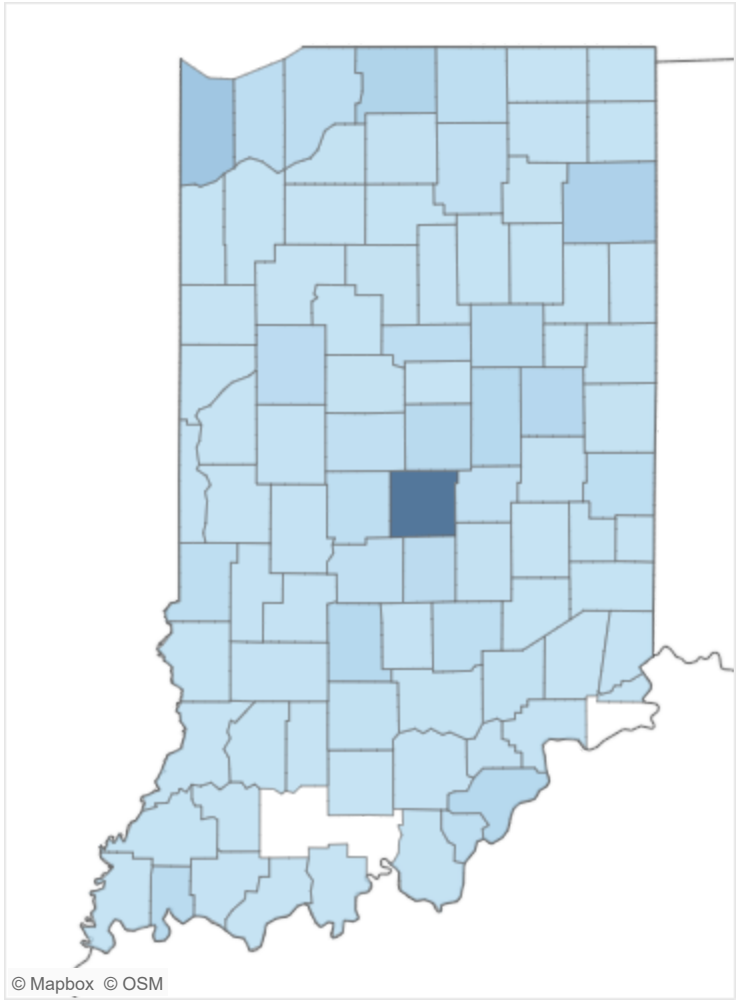
Indiana Drug Overdose Dashboard
Deaths

Select Year: 2023 | Select Drug Type: Any Drug

County Response | Opioid Prescriptions | Hospital Discharges | **Deaths**

This dashboard displays contextual information on deaths involving drug overdoses. Information includes counts and rates, county-specific patient demographics, and trends over time by county of residence, as of 5/2/2024. Please Note: All 2023 data are provisional, and exclude out-of-state deaths of Indiana residents.

Modify Your View: Select year and drug type in the header to refresh the map and indicators below. Select a county on the map to filter dashboard to that county.



Count

1 — 551

Count

2,089

Deaths due to Any Drug in 2023

Age-Adjusted Rate

NA

Deaths due to Any Drug per 100,000 population in 2023

Counties by Annual Percent Change

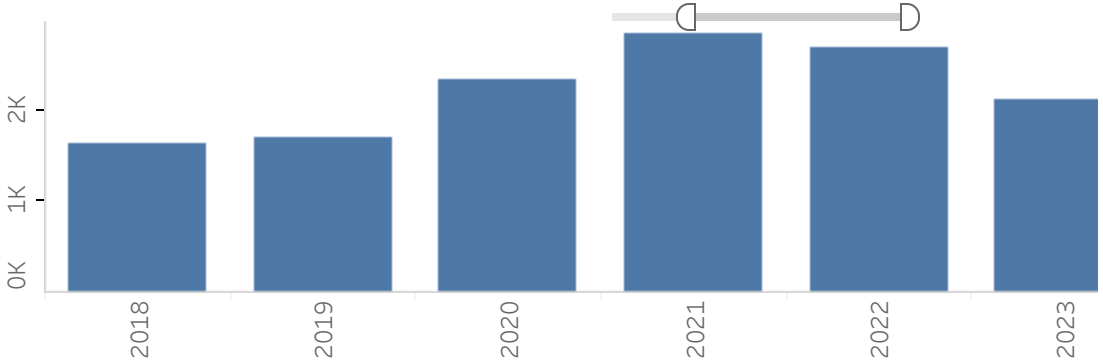
County Name	Deaths	Percent Change from Previous Y
Adams	6	Incalculable
Allen	92	Incalculable
Bartholomew	28	Incalculable
Benton	<5	Incalculable
Blackford	<5	Incalculable
Boone	19	Incalculable
Brown	6	Incalculable
Carroll	5	Incalculable
Cass	9	Incalculable
Clark	58	Incalculable
Clay	8	Incalculable

Trending Counts by Selected Time Interval

Toggle between year, quarter, and month on the right to view trend data by year, month, or quarter. Select one or more years for inclusion in trend data.

Year | Quarte | Month

2018 — 2023



Indiana Drug Overdose Dashboard

An important part of drug overdose prevention efforts is understanding the trends and regional and demographic differences that may exist. Access to data from a variety of sources is key to supporting both state and local overdose response and prevention activities.

The Indiana Drug Overdose Dashboard presents information on drug overdose injuries, opioid prescriptions, and prevention efforts in Indiana. Use the topics in the header to view different types of data related to overdoses at the county and state levels. Each topic includes instructions to 'Modify Your View' and view the data from different perspectives. This dashboard represents the most up-to-date data that the Department of Health has available and is updated shortly after new data is made available.

For additional information on data, definitions, and methods, please review the Drug Overdose Dashboard Data Notes (/health/overdose-prevention/files/Overdose-Dashboard-Data-Notes.pdf).

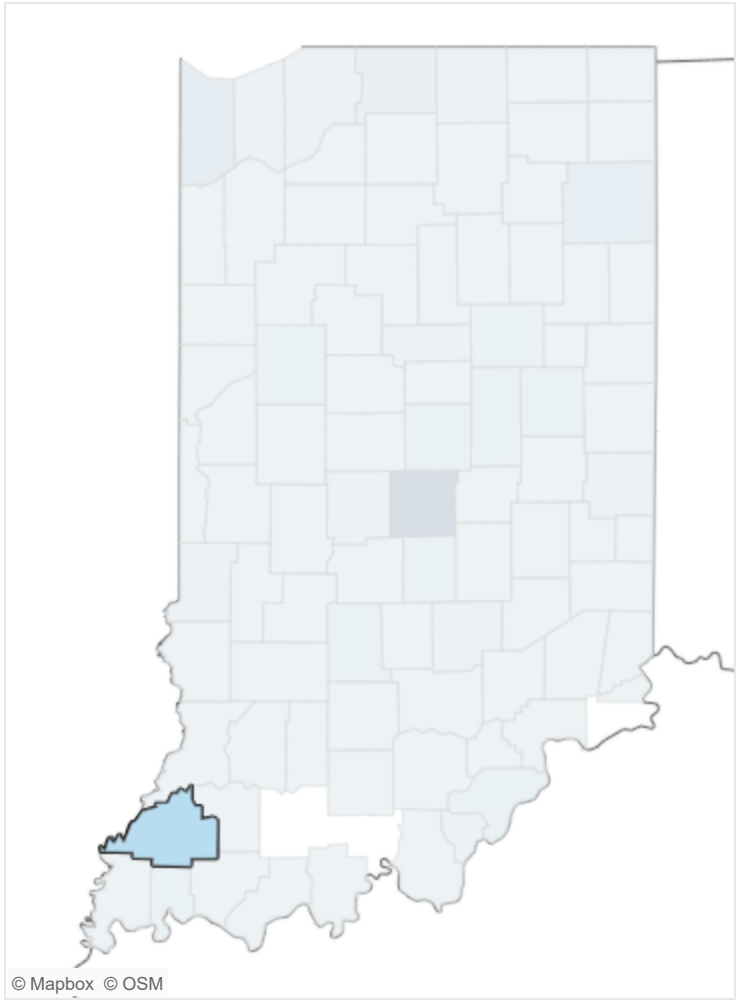
Indiana Drug Overdose Dashboard
Deaths

Select Year: 2023 | Select Drug Type: Any Drug

County Response | Opioid Prescriptions | Hospital Discharges | **Deaths**

This dashboard displays contextual information on deaths involving drug overdoses. Information includes counts and rates, county-specific patient demographics, and trends over time by county of residence, as of 5/2/2024. Please Note: All 2023 data are provisional, and exclude out-of-state deaths of Indiana residents.

Modify Your View: Select year and drug type in the header to refresh the map and indicators below. Select a county on the map to filter dashboard to that county.



Count

1 — 551

Count

4

Deaths due to Any Drug in 2023

Age-Adjusted Rate

NA

Deaths due to Any Drug per 100,000 population in 2023

Counties by Annual Percent Change

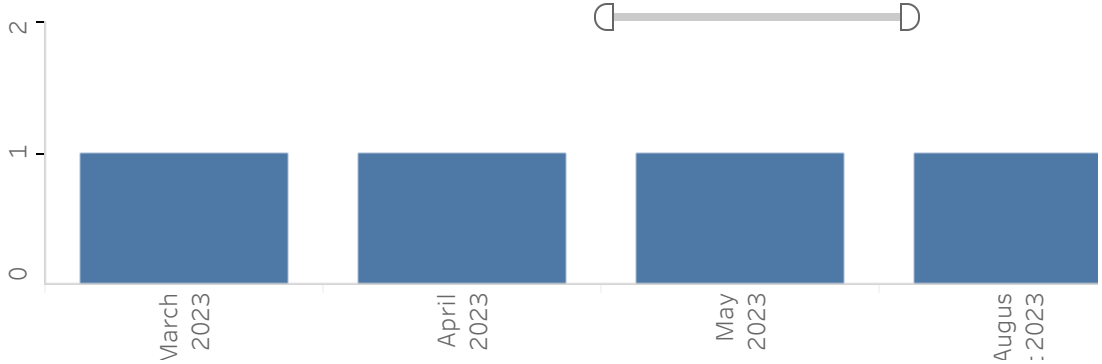
County Name	Deaths	Percent Change from Previous Y
Gibson	<5	Incalculable

Trending Counts by Selected Time Interval

Toggle between year, quarter, and month on the right to view trend data by year, month, or quarter. Select one or more years for inclusion in trend data.

Year / Quarte / Month

2016 — 2023



Indiana Drug Overdose Dashboard

An important part of drug overdose prevention efforts is understanding the trends and regional and demographic differences that may exist. Access to data from a variety of sources is key to supporting both state and local overdose response and prevention activities.

The Indiana Drug Overdose Dashboard presents information on drug overdose injuries, opioid prescriptions, and prevention efforts in Indiana. Use the topics in the header to view different types of data related to overdoses at the county and state levels. Each topic includes instructions to 'Modify Your View' and view the data from different perspectives. This dashboard represents the most up-to-date data that the Department of Health has available and is updated shortly after new data is made available.

For additional information on data, definitions, and methods, please review the Drug Overdose Dashboard Data Notes (/health/overdose-prevention/files/Overdose-Dashboard-Data-Notes.pdf).

Indiana Drug Overdose Dashboard
Deaths

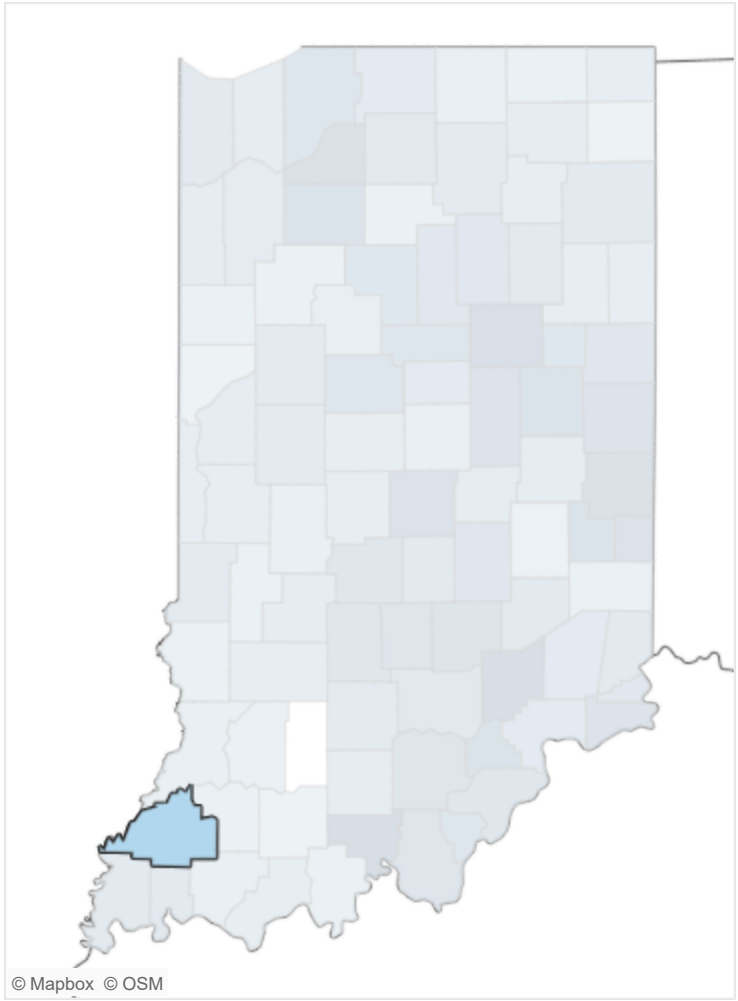
Select Year: 2022

Select Drug Type: Any Drug

County Response | Opioid Prescriptions | Hospital Discharges | **Deaths**

This dashboard displays contextual information on deaths involving drug overdoses. Information includes counts and rates, county-specific patient demographics, and trends over time by county of residence, as of 5/2/2024. Please Note: All 2023 data are provisional, and exclude out-of-state deaths of Indiana residents.

Modify Your View: Select year and drug type in the header to refresh the map and indicators below. Select a county on the map to filter dashboard to that county.



Age-Adjusted Rate

5 — 87

Count

3

Deaths due to Any Drug in 2022

Age-Adjusted Rate

8.8

Deaths due to Any Drug per 100,000 population in 2022

Counties by Annual Percent Change

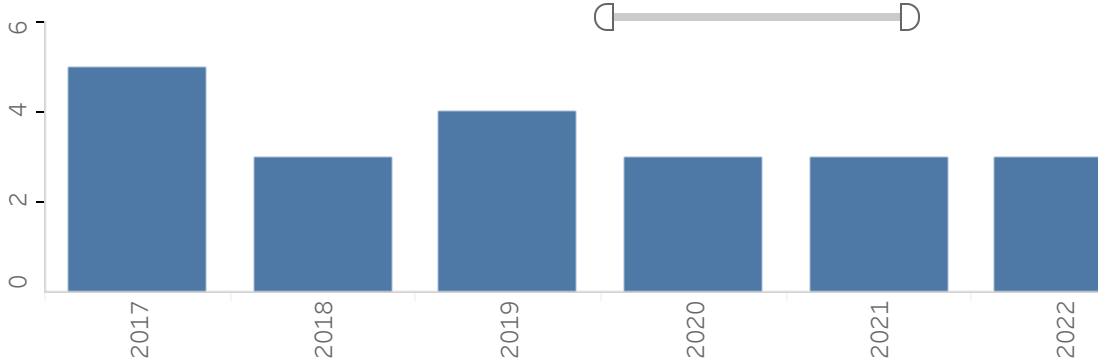
County Name	Deaths	Percent Change from Previous Y
Gibson	<5	0.0%

Trending Counts by Selected Time Interval

Toggle between year, quarter, and month on the right to view trend data by year, month, or quarter. Select one or more years for inclusion in trend data.

Year / Quarte / Month

2016 — 2023



Deaths from Intentional Self-Harm (Suicide): Gibson, IN

Year of Data: 2022
Data Source: Indiana State Department of Health, Division of Trauma and Injury. Overdose and Suicide Fatality Reporting, 2022

Table 8.2 Deaths from Intentional Self-Harm (Suicide)

	Gibson	Indiana
Number of deaths due to suicide in 2022	10	1,092
Rate per 100,000 population*	30.3	16.1

*Note: Rates are provided for counts of 10 or more deaths. Rates based on counts less than 20 are considered unstable/unreliable and should be interpreted with caution.

« Previous page

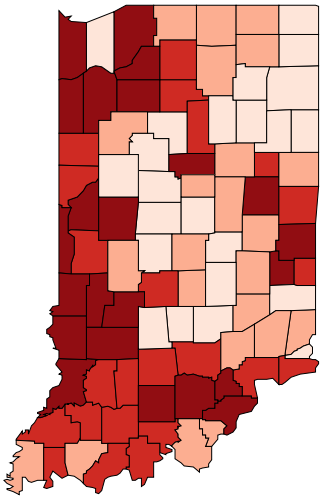
Heart Disease Death Rates*

State: IN Disease: Heart Disease

Race: All Race/Ethnicity Gender: All Gender

Indiana: Heart Disease Death Rates

Select/Hover Over a County to See the Rates



Indiana

Heart Disease
Death Rate per 100,000*

- 246 - 337
- 338 - 361
- 362 - 391
- 392 - 471
- Insufficient Data

Data Table -

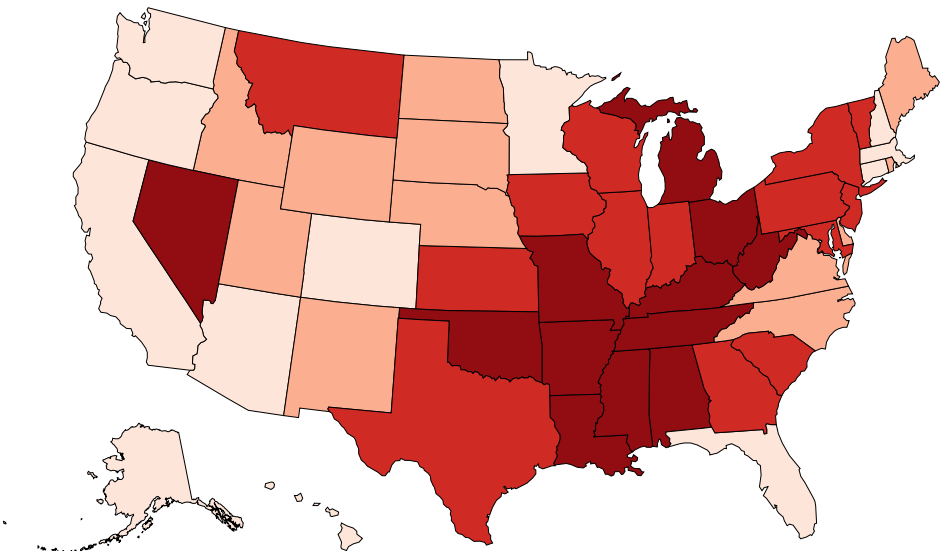
Death rates per 100,000, Ages 35+
Select a County to See it on the Map Above

County	Total
Adams	299
Allen	316
Bartholomew	330
Benton	368
Blackford	375
Boone	326
Brown	322
Carroll	283
Cass	335
Clark	402
Clay	445
Clinton	310
Crawford	384
Daviess	389
DeKalb	331
Dearborn	343

Decatur	344
Delaware	416
Dubois	363
Elkhart	349
Fayette	417
Floyd	361
Fountain	434
Franklin	330
Fulton	362
Gibson	377
Grant	352
Greene	392
Hamilton	246
Hancock	293
Harrison	353
Hendricks	303
Henry	345
Howard	442
Huntington	328
Jackson	380
Jasper	395
Jay	362
Jefferson	375
Jennings	354
Johnson	360
Knox	415
Kosciusko	346
LaGrange	344
LaPorte	410
Lake	403
Lawrence	373
Madison	354
Marion	348
Marshall	377
Martin	380
Miami	386
Monroe	316
Montgomery	446
Morgan	378
Newton	414
Noble	346
Ohio	323
Orange	397
Owen	395
Parke	386
Perry	369
Pike	368

Pike	368
Porter	332
Posey	347
Pulaski	421
Putnam	361
Randolph	376
Ripley	352
Rush	350
Scott	463
Shelby	328
Spencer	392
St. Joseph	351
Starke	449
Steuben	332
Sullivan	445
Switzerland	365
Tippecanoe	301
Tipton	338
Union	367
Vanderburgh	376
Vermillion	471
Vigo	467
Wabash	337
Warren	387
Warrick	355
Washington	432
Wayne	445
Wells	324
White	358
Whitley	309

Select/Hover Over a State to See the Rates



United States by State

Heart Disease
Death Rate per 100,000*

- 181 - 287
- 288 - 311
- 312 - 377
- 378 - 571
- Insufficient Data

National Rate: 325.7

Territories: Guam Puerto Rico Virgin Islands

N. Mariana Islands American Samoa

Data Table -

Heart Disease Death Rates per 100,000, Ages 35+

State	Total
AK	272
AL	452
AR	438
AS	Insufficient Data
AZ	282
CA	277
CO	253
CT	271
DE	307
FL	280
GA	357
GU	571
HI	239
IA	343
ID	303
IL	325
IN	357
KS	329
KY	398
LA	428
MA	251
MD	318
ME	294
MI	393
MN	231
MO	378
MP	291
MS	468
MT	320
NC	311
ND	288
NE	290
NH	287
NJ	312
NM	302
NV	393
NY	332
OH	381
OK	478

OR	267
PA	342
PR	199
RI	303
SC	337
SD	301
TN	411
TX	335
UT	300
VA	302
VI	181
VT	321
WA	270
WI	318
WV	398
WY	303

*Note: Rates are age standardized and spatially smoothed 3 year averages, 2019-2021, ages 35+

Download Data

Source: National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention

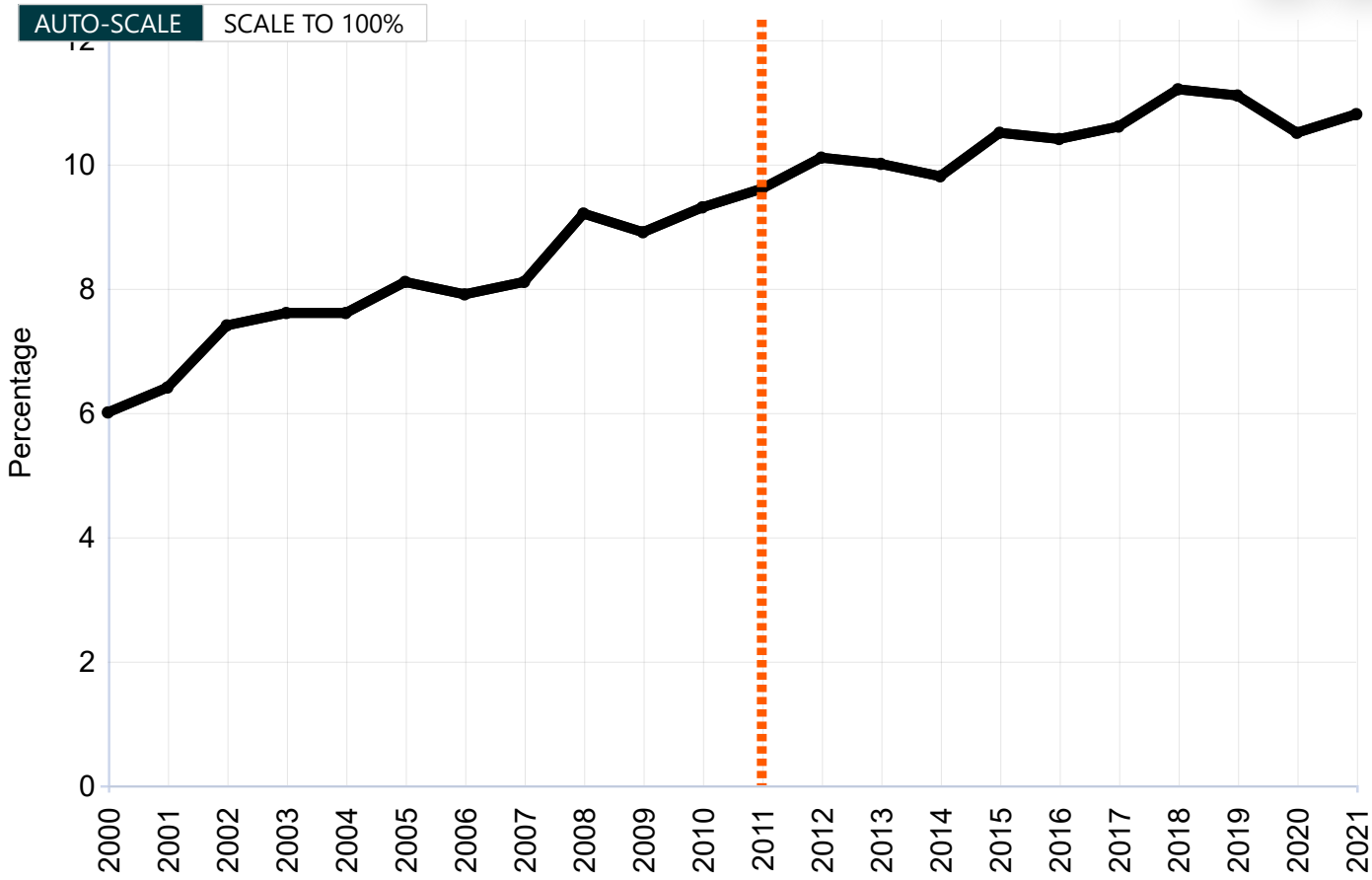
Surveillance

Menu | What's New | ? About

SHOW FILTERS

Diagnosed Diabetes -Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Indiana

Total



Vertical dotted line indicates Major changes to the survey methods in 2011

Horizontal dotted line indicates "No Data", "Suppressed Data" or both.

Year	Total		
	Percentage	95% LL	95% UL
2020	10.5	9.8	11.2
2021	10.8	10.1	11.4

Showing 21 to 22 of 22 entries

Previous 1 2 3 Next

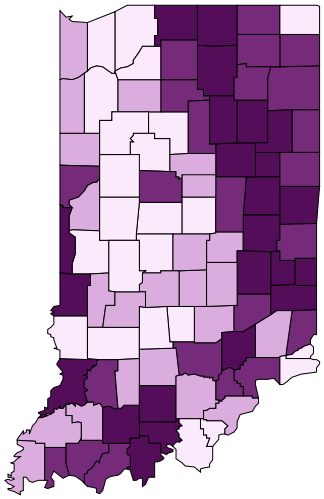
Stroke Death Rates*

State: IN Disease: Stroke

Race: All Race/Ethnicity Gender: All Gender

Indiana: Stroke Death Rates

Select/Hover Over a County to See the Rates



Indiana

Stroke
Death Rate per 100,000*

- 58 - 75
- 76 - 83
- 84 - 89
- 90 - 106
- Insufficient Data

Data Table -

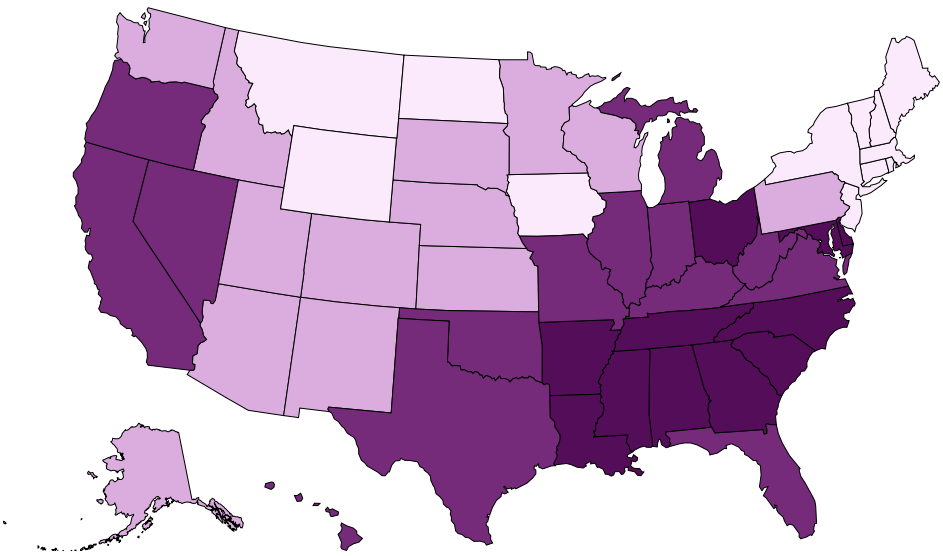
Death rates per 100,000, Ages 35+
Select a County to See it on the Map Above

County	Total
Adams	84
Allen	89
Bartholomew	80
Benton	80
Blackford	100
Boone	67
Brown	72
Carroll	61
Cass	74
Clark	77
Clay	77
Clinton	86
Crawford	92
Daviess	87
DeKalb	88
Dearborn	84

Decatur	88
Delaware	99
Dubois	90
Elkhart	91
Fayette	93
Floyd	74
Fountain	81
Franklin	94
Fulton	89
Gibson	81
Grant	100
Greene	71
Hamilton	71
Hancock	82
Harrison	73
Hendricks	70
Henry	94
Howard	82
Huntington	99
Jackson	88
Jasper	72
Jay	87
Jefferson	84
Jennings	90
Johnson	80
Knox	98
Kosciusko	91
LaGrange	89
LaPorte	74
Lake	79
Lawrence	77
Madison	85
Marion	79
Marshall	89
Martin	83
Miami	85
Monroe	67
Montgomery	58
Morgan	80
Newton	81
Noble	87
Ohio	69
Orange	90
Owen	76
Parke	73
Perry	95
Pike	82

Pike	82
Porter	67
Posey	83
Pulaski	77
Putnam	73
Randolph	96
Ripley	81
Rush	93
Scott	89
Shelby	81
Spencer	87
St. Joseph	90
Starke	76
Steuben	75
Sullivan	72
Switzerland	72
Tippecanoe	63
Tipton	80
Union	101
Vanderburgh	84
Vermillion	106
Vigo	92
Wabash	102
Warren	85
Warrick	84
Washington	81
Wayne	89
Wells	92
White	65
Whitley	87

Select/Hover Over a State to See the Rates



United States by State

Stroke
Death Rate per 100,000*

- 45 - 63
- 64 - 75
- 76 - 84
- 85 - 119
- Insufficient Data

National Rate: 75.7

Territories: Guam Puerto Rico Virgin Islands

N. Mariana Islands American Samoa

Data Table -

Stroke Death Rates per 100,000, Ages 35+

State	Total
AK	72
AL	104
AR	87
AS	Insufficient Data
AZ	64
CA	77
CO	68
CT	55
DE	100
FL	84
GA	86
GU	119
HI	77
IA	63
ID	70
IL	81
IN	81
KS	71
KY	84
LA	92
MA	50
MD	85
ME	63
MI	84
MN	64
MO	77
MP	113
MS	106
MT	59
NC	86
ND	60
NE	67
NH	57
NJ	61
NM	68
NV	77
NY	48
OH	88
OK	79

OR	81
PA	71
PR	45
RI	53
SC	87
SD	67
TN	85
TX	80
UT	66
VA	78
VI	48
VT	58
WA	70
WI	68
WV	76
WY	61

*Note: Rates are age standardized and spatially smoothed 3 year averages, 2019-2021, ages 35+

Download Data

Source: National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention

(https://www.cancer.gov/) (https://www.cdc.gov)

STATE CANCER PROFILES

Incidence Rates Table

Incidence Rate Report for Indiana by County

All Cancer Sites (All Stages^), 2014-2018

All Races (includes Hispanic), Both Sexes, All Ages

Sorted by Rate

County	Met Healthy People Objective of ***?	Age-Adjusted Incidence Rate‡ cases per 100,000 (95% Confidence Interval)	CI*Rank⋔ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend‡ in Incidence Rates (95% Confidence Interval)
Indiana [6]	***	457.9 (455.7, 460.0)	N/A	35,470	stable →	-2.0 (-3.9, 0.0)
US (SEER+NPCR) [1]	***	448.6 (448.3, 448.9)	N/A	1,703,249	falling ↓	-0.9 (-1.1, -0.7)
Morgan County [6]	***	532.7 (510.6, 555.6)	1 (1, 14)	467	stable →	-4.0 (-8.2, 0.4)
Shelby County [6]	***	531.1 (503.8, 559.5)	2 (1, 19)	301	stable →	-3.4 (-10.3, 3.9)
Knox County [6]	***	515.5 (486.0, 546.5)	3 (1, 37)	244	stable →	0.2 (-0.4, 0.9)
Jefferson County [6]	***	513.4 (482.0, 546.5)	4 (1, 40)	212	stable →	0.0 (-1.2, 1.2)
Fountain County [6]	***	509.6 (467.6, 554.7)	5 (1, 61)	117	stable →	0.2 (-0.6, 0.9)
Grant County [6]	***	506.3 (484.7, 528.6)	6 (1, 31)	451	stable →	-0.5 (-1.0, 0.0)
Dearborn County [6]	***	505.2 (480.1, 531.3)	7 (1, 40)	325	stable →	0.4 (-0.6, 1.4)
Putnam County [6]	***	501.4 (472.2, 532.0)	8 (1, 47)	229	stable →	-0.1 (-1.0, 0.8)
Jennings County [6]	***	499.4 (465.1, 535.6)	9 (1, 58)	168	stable →	0.5 (-0.7, 1.6)
Starke County [6]	***	497.5 (461.8, 535.3)	10 (1, 63)	154	stable →	-0.5 (-1.2, 0.2)
Blackford County [6]	***	492.7 (445.7, 543.9)	11 (1, 79)	87	stable →	-0.8 (-2.0, 0.4)
Hancock County [6]	***	490.4 (469.5, 512.0)	12 (2, 46)	436	stable →	-0.3 (-1.0, 0.4)
Tipton County [6]	***	489.6 (446.4, 536.3)	13 (1, 79)	104	stable →	0.4 (-0.9, 1.7)
Howard County [6]	***	487.8 (468.8, 507.4)	14 (3, 48)	535	stable →	-0.1 (-0.7, 0.6)
White County [6]	***	487.8 (453.5, 524.2)	15 (1, 70)	165	stable →	-0.2 (-1.0, 0.7)
Madison County [6]	***	485.2 (469.9, 500.9)	16 (6, 44)	807	stable →	-0.2 (-0.7, 0.2)
Union County [6]	***	483.7 (421.3, 553.5)	17 (1, 90)	47	stable →	0.8 (-0.7, 2.4)
Scott County [6]	***	483.5 (447.8, 521.5)	18 (1, 75)	143	stable →	-1.2 (-2.5, 0.1)
Clay County [6]	***	483.1 (449.7, 518.4)	19 (1, 70)	164	falling ↓	-0.9 (-1.6, -0.2)
Rush County [6]	***	482.3 (441.2, 526.5)	20 (1, 79)	108	stable →	-0.2 (-1.5, 1.2)
Owen County [6]	***	482.2 (445.8, 521.1)	21 (1, 76)	142	stable →	-0.1 (-1.1, 0.9)
Floyd County [6]	***	481.3 (460.9, 502.4)	22 (4, 54)	445	falling ↓	-0.7 (-1.3, -0.1)
Wabash County [6]	***	481.2 (451.3, 512.7)	23 (2, 68)	212	stable →	0.8 (-0.1, 1.7)
Johnson County [6]	***	479.7 (464.8, 495.0)	24 (7, 46)	808	stable →	-0.3 (-0.9, 0.2)
Benton County [6]	***	477.1 (420.1, 540.1)	25 (1, 90)	54	stable →	-0.9 (-2.6, 0.9)
Warren County [6]	***	476.1 (421.3, 536.9)	26 (1, 91)	58	stable →	-0.6 (-1.9, 0.7)
Vermillion County [6]	***	475.2 (433.5, 520.1)	27 (1, 84)	103	stable →	-1.0 (-2.1, 0.1)
Decatur County [6]	***	471.5 (437.9, 507.1)	28 (3, 80)	154	stable →	0.5 (-0.1, 1.1)
Henry County [6]	***	471.4 (447.5, 496.4)	29 (6, 71)	306	stable →	-0.4 (-0.8, 0.0)
Porter County [6]	***	470.8 (457.1, 484.9)	30 (12, 54)	953	falling ↓	-0.7 (-1.1, -0.2)
Lake County [6]	***	470.8 (462.8, 478.9)	31 (18, 48)	2,789	falling ↓	-0.6 (-0.9, -0.2)
Marion County [6]	***	470.5 (464.3, 476.9)	32 (18, 45)	4,523	stable →	-2.2 (-5.3, 1.0)
Delaware County [6]	***	469.3 (452.8, 486.4)	33 (11, 59)	648	stable →	-0.5 (-1.1, 0.0)
Clark County [6]	***	469.0 (452.6, 486.0)	34 (12, 59)	643	falling ↓	-0.9 (-1.5, -0.3)
Vigo County [6]	***	468.4 (451.1, 486.2)	35 (11, 62)	586	falling ↓	-1.3 (-1.8, -0.8)
Carroll County [6]	***	468.1 (430.9, 507.8)	36 (2, 84)	127	stable →	-0.7 (-1.9, 0.6)
Jay County [6]	***	467.7 (430.2, 507.7)	37 (2, 83)	122	stable →	-0.8 (-1.6, 0.1)
LaPorte County [6]	***	465.3 (449.0, 482.0)	38 (14, 65)	658	stable →	-0.3 (-0.7, 0.1)
Lawrence County [6]	***	465.2 (440.8, 490.6)	39 (7, 75)	294	stable →	0.4 (-0.3, 1.0)
Orange County [6]	***	464.0 (426.9, 503.6)	40 (3, 86)	124	stable →	0.0 (-1.3, 1.3)

Kosciusko County [6]	***	462.5 (442.8, 482.9)	41 (13, 70)	435	stable →	0.2 (-0.5, 0.9)
Jackson County [6]	***	461.1 (435.1, 488.4)	42 (8, 78)	243	stable →	-0.9 (-1.9, 0.1)
DeKalb County [6]	***	461.1 (434.7, 488.7)	43 (8, 80)	241	stable →	-0.4 (-1.5, 0.7)
Hendricks County [6]	***	458.1 (443.6, 472.9)	44 (20, 68)	792	falling ↓	-4.4 (-7.1, -1.7)
Jasper County [6]	***	455.2 (425.8, 486.1)	45 (8, 85)	189	stable →	-0.7 (-1.5, 0.2)
Bartholomew County [6]	***	453.8 (434.7, 473.6)	46 (17, 77)	437	stable →	-0.4 (-0.9, 0.2)
Huntington County [6]	***	453.3 (425.5, 482.6)	47 (11, 84)	209	stable →	-0.3 (-1.2, 0.7)
Washington County [6]	***	452.6 (420.8, 486.3)	48 (8, 85)	160	stable →	-0.7 (-1.9, 0.5)
Pulaski County [6]	***	451.4 (405.9, 501.0)	49 (2, 92)	77	stable →	-0.9 (-2.0, 0.1)
Crawford County [6]	***	451.2 (401.8, 505.5)	50 (1, 92)	67	stable →	-0.7 (-2.2, 0.7)
Boone County [6]	***	450.6 (428.1, 474.1)	51 (18, 81)	313	stable →	-0.2 (-1.0, 0.6)
Clinton County [6]	***	450.5 (420.5, 482.1)	52 (10, 88)	177	stable →	-0.5 (-1.3, 0.3)
Vanderburgh County [6]	***	449.5 (436.8, 462.6)	53 (30, 72)	1,002	stable →	-0.1 (-1.0, 0.8)
Wayne County [6]	***	448.0 (427.8, 468.9)	54 (21, 81)	397	stable →	-0.8 (-1.6, 0.0)
Harrison County [6]	***	446.3 (419.6, 474.3)	55 (15, 86)	224	falling ↓	-1.0 (-1.9, -0.1)
Pike County [6]	***	444.6 (400.1, 493.1)	56 (3, 92)	79	stable →	0.5 (-1.2, 2.2)
Ripley County [6]	***	444.3 (413.1, 477.5)	57 (12, 89)	159	stable →	-0.5 (-1.8, 0.7)
Whitley County [6]	***	442.5 (414.0, 472.5)	58 (16, 87)	193	stable →	-0.2 (-1.2, 0.7)
Hamilton County [6]	***	441.6 (430.9, 452.5)	59 (42, 76)	1,371	stable →	-0.3 (-1.0, 0.4)
Brown County [6]	***	439.4 (399.9, 482.3)	60 (7, 92)	107	stable →	-0.8 (-2.5, 0.9)
Allen County [6]	***	439.4 (430.1, 448.9)	61 (46, 77)	1,787	stable →	0.0 (-0.9, 0.8)
Franklin County [6]	***	438.3 (404.2, 474.8)	62 (12, 91)	131	stable →	-0.4 (-1.9, 1.1)
Noble County [6]	***	438.1 (412.9, 464.5)	63 (22, 88)	241	stable →	-0.3 (-1.1, 0.5)
Gibson County [6]	***	437.4 (409.1, 467.2)	64 (18, 90)	188	stable →	0.3 (-0.6, 1.2)
Fayette County [6]	***	437.3 (404.6, 472.2)	65 (14, 91)	141	falling ↓	-0.9 (-1.7, -0.2)
St. Joseph County [6]	***	436.8 (426.2, 447.6)	66 (44, 79)	1,367	falling ↓	-1.3 (-1.8, -0.9)
Elkhart County [6]	***	434.0 (421.7, 446.7)	67 (46, 82)	968	falling ↓	-0.4 (-0.7, -0.1)
Wells County [6]	***	433.5 (402.7, 466.0)	68 (18, 91)	159	falling ↓	-0.9 (-1.5, -0.2)
Daviess County [6]	***	433.4 (403.3, 465.2)	69 (19, 91)	162	stable →	-0.1 (-1.2, 1.1)
Martin County [6]	***	432.8 (384.5, 486.2)	70 (5, 92)	63	stable →	-1.2 (-2.6, 0.3)
Randolph County [6]	***	432.7 (401.5, 465.9)	71 (19, 91)	152	falling ↓	-1.1 (-2.2, -0.1)
Sullivan County [6]	***	432.0 (396.6, 470.0)	72 (16, 92)	115	stable →	-1.4 (-2.7, 0.0)
Warrick County [6]	***	428.7 (407.9, 450.5)	73 (36, 88)	335	stable →	-0.2 (-1.1, 0.8)
Dubois County [6]	***	428.6 (403.4, 455.1)	74 (27, 90)	229	stable →	-6.7 (-14.9, 2.2)
Montgomery County [6]	***	427.6 (401.4, 455.2)	75 (30, 90)	210	falling ↓	-1.0 (-1.7, -0.3)
Adams County [6]	***	426.6 (397.2, 457.8)	76 (22, 92)	165	stable →	-0.2 (-1.3, 1.0)
Tippecanoe County [6]	***	425.1 (410.8, 439.6)	77 (51, 87)	707	falling ↓	-1.3 (-1.8, -0.8)
Greene County [6]	***	424.1 (396.7, 453.0)	78 (28, 92)	190	stable →	-0.3 (-1.3, 0.8)
Monroe County [6]	***	421.9 (406.3, 437.9)	79 (52, 89)	581	falling ↓	-1.3 (-1.9, -0.8)
Posey County [6]	***	418.7 (387.2, 452.4)	80 (28, 92)	142	stable →	-0.2 (-1.5, 1.1)
Fulton County [6]	***	416.4 (381.8, 453.5)	81 (27, 92)	114	falling ↓	-1.8 (-2.7, -0.8)
Newton County [6]	***	415.3 (374.3, 460.0)	82 (16, 92)	81	falling ↓	-1.9 (-2.8, -0.9)
Perry County [6]	***	411.4 (376.0, 449.5)	83 (31, 92)	106	stable →	-0.7 (-1.9, 0.5)
Miami County [6]	***	410.2 (383.9, 438.1)	84 (44, 92)	188	falling ↓	-1.7 (-2.4, -0.9)
Cass County [6]	***	403.2 (377.8, 429.9)	85 (54, 92)	198	falling ↓	-1.7 (-2.5, -0.8)
Marshall County [6]	***	400.1 (376.9, 424.4)	86 (62, 92)	236	falling ↓	-1.4 (-2.2, -0.6)
Spencer County [6]	***	398.8 (365.3, 434.7)	87 (45, 92)	113	stable →	-1.0 (-2.2, 0.2)
LaGrange County [6]	***	398.6 (370.4, 428.2)	88 (53, 92)	155	stable →	-0.6 (-1.5, 0.4)
Steuben County [6]	***	398.2 (371.9, 426.1)	89 (56, 92)	187	falling ↓	-1.3 (-2.2, -0.4)
Ohio County [6]	***	392.7 (334.3, 459.7)	90 (12, 92)	36	stable →	-1.8 (-3.7, 0.2)
Switzerland County [6]	***	387.3 (340.9, 438.7)	91 (27, 92)	53	falling ↓	-2.1 (-3.5, -0.8)
Parke County [6]	***	386.3 (349.8, 425.8)	92 (53, 92)	88	stable →	-0.5 (-1.9, 0.9)

Notes:
Created by statecancerprofiles.cancer.gov on 02/18/2022 10:24 am.

State Cancer Registries may provide more current or more local data.

Trend
Rising when 95% confidence interval of average annual percent change is above 0.
Stable when 95% confidence interval of average annual percent change includes 0.
Falling when 95% confidence interval of average annual percent change is below 0.

⋔ Results presented with the CI*Rank statistics help show the usefulness of ranks. For example, ranks for relatively rare diseases or less populated areas may be essentially meaningless because of their large variability, but ranks for more common diseases in densely populated regions can be very useful. More information about methodology can be found on the CI*Rank website (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/cirank/).

† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/popdata/) File is used for SEER and NPCR incidence rates.
‡ Incidence data come from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are APCs calculated in SEER*Stat. Please refer to the source for each area for additional information.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html (http://statecancerprofiles.cancer.gov/malignant.html).

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/tools/ssm/).
*** No Healthy People 2020 Objective for this cancer.
Healthy People 2020 (http://statecancerprofiles.cancer.govhttps://www.healthypeople.gov/) Objectives provided by the Centers for Disease Control and Prevention (http://statecancerprofiles.cancer.govhttps://www.cdc.gov).

[1] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) and Surveillance, Epidemiology, and End Results (http://seer.cancer.gov) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Based on the 2020 submission.
[6] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
[8] Source: Incidence data provided by the SEER Program. (http://seer.cancer.gov) AAPCs are calculated by the Joinpoint Regression Program (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/joinpoint/) and are based on APCs. Data are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/single_age.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84,85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modifed by NCI. The 1969-2018 US Population Data (http://seer.cancer.gov/popdata/) File is used with SEER November 2020 data.

Interpret Rankings (http://statecancerprofiles.cancer.gov/interpretrankings.html) provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

Return to Top

(https://www.cancer.gov/) (https://www.cdc.gov)

STATE CANCER PROFILES

Incidence Rates Table

Incidence Rate Report for Indiana by County

Breast (All Stages^), 2014-2018

All Races (includes Hispanic), Female, All Ages

Sorted by Rate

County	Met Healthy People Objective of ***?	Age-Adjusted Incidence Rate‡ cases per 100,000 (95% Confidence Interval)	CI*Rankⴖ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend‡ in Incidence Rates (95% Confidence Interval)
Indiana [6]	***	124.5 (122.9, 126.1)	N/A	5,032	rising ↑	0.6 (0.4, 0.8)
US (SEER+NPCR) [1]	***	126.8 (126.6, 127.0)	N/A	249,261	rising ↑	0.3 (0.2, 0.5)
Hamilton County [6]	***	153.9 (145.6, 162.6)	1 (1, 11)	263	rising ↑	1.3 (0.4, 2.1)
Hancock County [6]	***	153.0 (136.9, 170.5)	2 (1, 31)	70	rising ↑	2.0 (0.7, 3.4)
Fountain County [6]	***	145.9 (114.9, 183.4)	3 (1, 78)	17	stable →	1.3 (-1.0, 3.7)
Knox County [6]	***	145.9 (124.9, 169.8)	4 (1, 61)	37	stable →	1.2 (-0.5, 2.9)
Hendricks County [6]	***	143.4 (132.5, 154.9)	5 (1, 32)	133	stable →	0.5 (-0.6, 1.6)
Dearborn County [6]	***	142.8 (124.4, 163.2)	6 (1, 58)	47	stable →	1.9 (-0.1, 3.9)
Shelby County [6]	***	141.6 (122.2, 163.5)	7 (1, 62)	41	rising ↑	2.4 (0.4, 4.3)
Tipton County [6]	***	141.3 (109.4, 180.4)	8 (1, 82)	15	stable →	3.4 (-0.1, 7.0)
Kosciusko County [6]	***	137.7 (122.7, 154.1)	9 (1, 56)	66	rising ↑	2.5 (0.4, 4.7)
Howard County [6]	***	137.6 (123.8, 152.7)	10 (1, 54)	80	stable →	0.3 (-1.6, 2.2)
Morgan County [6]	***	136.6 (121.2, 153.5)	11 (1, 61)	61	stable →	0.0 (-1.9, 2.0)
Madison County [6]	***	135.1 (123.6, 147.4)	12 (2, 52)	113	rising ↑	1.3 (0.2, 2.4)
Rush County [6]	***	134.6 (105.7, 169.7)	13 (1, 86)	16	stable →	1.5 (-1.1, 4.1)
Johnson County [6]	***	133.6 (122.9, 145.1)	14 (3, 52)	119	stable →	1.0 (-0.2, 2.3)
Floyd County [6]	***	132.9 (118.5, 148.6)	15 (1, 65)	66	stable →	0.4 (-1.3, 2.1)
Montgomery County [6]	***	132.2 (111.9, 155.5)	16 (1, 74)	33	stable →	0.7 (-1.5, 2.9)
Orange County [6]	***	130.8 (103.3, 163.8)	17 (1, 85)	17	stable →	2.0 (-0.9, 5.1)
Porter County [6]	***	130.3 (120.5, 140.8)	18 (4, 58)	139	stable →	0.4 (-0.6, 1.3)
Marion County [6]	***	129.0 (124.5, 133.5)	19 (11, 44)	675	stable →	0.3 (-0.4, 1.1)
Franklin County [6]	***	128.7 (103.7, 158.4)	20 (1, 85)	20	stable →	0.9 (-1.5, 3.4)
Warrick County [6]	***	128.6 (113.2, 145.7)	21 (3, 72)	54	stable →	0.4 (-1.6, 2.5)
Whitley County [6]	***	128.4 (107.5, 152.4)	22 (1, 78)	29	stable →	-0.5 (-2.7, 1.7)
Boone County [6]	***	128.3 (112.3, 146.0)	23 (2, 73)	48	stable →	-0.1 (-1.7, 1.5)
Henry County [6]	***	127.0 (109.3, 147.0)	24 (2, 79)	41	stable →	1.1 (-1.0, 3.2)
Spencer County [6]	***	126.7 (100.6, 158.0)	25 (1, 87)	18	stable →	1.1 (-1.7, 3.9)
St. Joseph County [6]	***	126.6 (118.7, 134.9)	26 (9, 57)	207	stable →	0.1 (-0.9, 1.0)
Daviess County [6]	***	126.0 (103.7, 151.9)	27 (1, 85)	24	stable →	1.6 (-1.3, 4.5)
Putnam County [6]	***	125.3 (105.0, 148.7)	28 (2, 82)	29	stable →	-0.8 (-2.4, 0.9)
Bartholomew County [6]	***	125.1 (111.2, 140.3)	29 (4, 71)	62	stable →	0.8 (-0.8, 2.4)
Clark County [6]	***	124.6 (113.2, 136.9)	30 (7, 68)	93	stable →	0.1 (-1.0, 1.1)
Warren County [6]	***	124.6 (86.8, 175.2)	31 (1, 91)	8	stable →	-2.3 (-6.0, 1.4)
Lake County [6]	***	124.0 (118.3, 129.8)	32 (16, 57)	390	stable →	0.5 (-0.3, 1.3)
White County [6]	***	123.5 (100.0, 151.4)	33 (1, 86)	21	stable →	1.9 (-0.6, 4.4)
Elkhart County [6]	***	123.3 (114.2, 132.9)	34 (10, 66)	143	stable →	1.0 (-0.2, 2.2)
Allen County [6]	***	122.8 (116.0, 129.9)	35 (16, 61)	261	stable →	-0.2 (-1.2, 0.7)
Grant County [6]	***	122.5 (107.7, 138.9)	36 (5, 78)	56	stable →	0.7 (-0.9, 2.4)
Huntington County [6]	***	122.4 (102.5, 145.1)	37 (1, 82)	29	stable →	0.7 (-1.7, 3.0)
Wabash County [6]	***	122.3 (100.8, 147.3)	38 (1, 85)	26	stable →	0.7 (-1.4, 2.9)
Vanderburgh County [6]	***	122.1 (112.8, 132.0)	39 (13, 68)	141	stable →	0.0 (-1.4, 1.5)
Noble County [6]	***	121.8 (103.8, 142.2)	40 (3, 80)	35	stable →	0.5 (-1.8, 2.9)

Harrison County [6]	***	121.5 (102.4, 143.4)	41 (3, 82)	31	stable →	0.3 (-1.5, 2.2)
Blackford County [6]	***	121.5 (88.9, 163.1)	42 (1, 90)	10	stable →	-0.3 (-4.5, 4.1)
Tippecanoe County [6]	***	120.9 (110.6, 132.0)	43 (12, 71)	106	stable →	0.1 (-0.8, 1.0)
Gibson County [6]	***	120.1 (99.5, 144.0)	44 (2, 85)	26	stable →	0.3 (-2.1, 2.8)
Owen County [6]	***	119.9 (94.8, 150.2)	45 (1, 89)	18	stable →	1.5 (-1.1, 4.3)
Posey County [6]	***	119.6 (96.2, 147.3)	46 (1, 89)	20	stable →	-0.3 (-2.6, 2.0)
Vigo County [6]	***	119.4 (107.3, 132.5)	47 (8, 74)	78	stable →	-0.7 (-1.7, 0.3)
Jefferson County [6]	***	118.5 (98.4, 141.8)	48 (3, 87)	26	stable →	-1.6 (-3.7, 0.6)
Dubois County [6]	***	118.2 (99.4, 139.7)	49 (4, 87)	31	stable →	0.4 (-1.9, 2.8)
LaGrange County [6]	***	117.8 (96.9, 141.9)	50 (2, 87)	23	stable →	-0.8 (-2.9, 1.3)
Greene County [6]	***	116.6 (97.0, 139.5)	51 (3, 87)	27	stable →	1.8 (-1.0, 4.7)
Adams County [6]	***	116.2 (94.6, 141.3)	52 (2, 89)	22	stable →	0.6 (-1.0, 2.2)
Union County [6]	***	115.8 (77.7, 168.8)	53 (1, 91)	6	*	*
Clay County [6]	***	115.4 (93.3, 141.5)	54 (4, 89)	20	stable →	-0.6 (-3.3, 2.1)
Lawrence County [6]	***	115.3 (98.5, 134.5)	55 (7, 85)	37	rising ↑	1.7 (0.3, 3.1)
Monroe County [6]	***	115.3 (104.0, 127.5)	56 (14, 80)	82	stable →	-0.9 (-2.0, 0.3)
Wayne County [6]	***	114.1 (99.9, 129.8)	57 (10, 84)	52	stable →	0.4 (-1.8, 2.6)
Sullivan County [6]	***	113.5 (88.0, 144.7)	58 (1, 91)	15	stable →	-2.5 (-5.2, 0.2)
Jennings County [6]	***	113.4 (92.0, 138.7)	59 (4, 89)	21	stable →	1.1 (-1.6, 3.8)
Jackson County [6]	***	113.2 (95.3, 133.7)	60 (6, 87)	30	stable →	-0.7 (-2.7, 1.4)
Wells County [6]	***	113.0 (91.4, 138.5)	61 (3, 89)	22	stable →	-0.7 (-2.7, 1.5)
Switzerland County [6]	***	111.8 (77.1, 157.6)	62 (1, 91)	7	stable →	2.3 (-2.1, 6.9)
LaPorte County [6]	***	111.5 (100.1, 124.0)	63 (22, 82)	78	stable →	-0.8 (-2.4, 0.9)
Jasper County [6]	***	110.9 (91.2, 133.9)	64 (6, 89)	24	stable →	0.3 (-2.6, 3.2)
DeKalb County [6]	***	110.7 (93.4, 130.4)	65 (9, 88)	31	stable →	-0.6 (-3.0, 1.9)
Jay County [6]	***	110.5 (85.6, 140.8)	66 (2, 91)	14	stable →	-0.9 (-3.9, 2.3)
Fayette County [6]	***	110.0 (87.4, 137.1)	67 (3, 91)	18	stable →	-0.5 (-3.0, 2.1)
Carroll County [6]	***	109.5 (85.2, 139.2)	68 (3, 91)	15	stable →	-0.4 (-2.8, 2.1)
Washington County [6]	***	109.0 (87.9, 133.9)	69 (6, 90)	20	stable →	1.0 (-2.5, 4.7)
Fulton County [6]	***	106.5 (81.9, 136.5)	70 (5, 91)	14	stable →	-1.5 (-4.2, 1.3)
Delaware County [6]	***	104.1 (93.4, 115.8)	71 (38, 87)	75	stable →	-1.1 (-3.1, 1.1)
Ripley County [6]	***	103.5 (83.3, 127.4)	72 (11, 91)	19	stable →	1.0 (-1.6, 3.6)
Randolph County [6]	***	102.6 (81.5, 127.9)	73 (7, 91)	18	stable →	-1.6 (-3.8, 0.7)
Crawford County [6]	***	102.5 (70.9, 144.8)	74 (1, 91)	7	stable →	-0.4 (-5.1, 4.5)
Benton County [6]	***	101.7 (68.0, 147.8)	75 (1, 91)	6	stable →	2.0 (-3.2, 7.6)
Decatur County [6]	***	101.2 (80.7, 125.6)	76 (13, 91)	18	stable →	1.3 (-1.1, 3.8)
Pulaski County [6]	***	99.8 (71.6, 136.6)	77 (3, 91)	9	stable →	-0.4 (-4.2, 3.6)
Parke County [6]	***	98.7 (73.8, 129.9)	78 (8, 91)	11	stable →	0.4 (-3.1, 3.9)
Vermillion County [6]	***	98.3 (73.2, 130.2)	79 (6, 91)	11	stable →	-2.9 (-6.0, 0.3)
Cass County [6]	***	97.5 (80.1, 117.8)	80 (27, 91)	24	stable →	-1.7 (-3.9, 0.6)
Perry County [6]	***	96.7 (72.8, 126.5)	81 (10, 91)	12	stable →	0.9 (-2.2, 4.1)
Marshall County [6]	***	95.3 (80.3, 112.6)	82 (43, 91)	30	stable →	-1.6 (-3.4, 0.2)
Clinton County [6]	***	93.3 (74.8, 115.1)	83 (30, 91)	19	stable →	-0.6 (-2.9, 1.8)
Brown County [6]	***	92.8 (69.4, 123.2)	84 (12, 91)	12	stable →	-2.0 (-4.7, 0.8)
Starke County [6]	***	92.7 (71.9, 118.3)	85 (23, 91)	14	falling ↓	-3.0 (-5.5, -0.4)
Miami County [6]	***	89.6 (72.7, 109.7)	86 (45, 91)	21	falling ↓	-3.4 (-5.5, -1.2)
Pike County [6]	***	87.4 (61.1, 122.4)	87 (15, 91)	8	stable →	-2.1 (-6.4, 2.5)
Newton County [6]	***	87.3 (62.2, 120.2)	88 (15, 91)	9	stable →	-2.7 (-6.6, 1.4)
Scott County [6]	***	86.7 (66.6, 111.4)	89 (43, 91)	13	falling ↓	-3.4 (-6.3, -0.4)
Steuben County [6]	***	85.0 (67.6, 105.8)	90 (53, 91)	19	stable →	-2.2 (-4.6, 0.1)
Martin County [6]	***	78.1 (50.2, 117.1)	91 (15, 91)	6	stable →	-2.1 (-6.2, 2.1)
Ohio County [6]	***	*	*	3 or fewer	*	*

Notes:
Created by statecancerprofiles.cancer.gov on 02/18/2022 10:33 am.

State Cancer Registries may provide more current or more local data.

Trend
Rising when 95% confidence interval of average annual percent change is above 0.
Stable when 95% confidence interval of average annual percent change includes 0.
Falling when 95% confidence interval of average annual percent change is below 0.

⋔ Results presented with the CI*Rank statistics help show the usefulness of ranks. For example, ranks for relatively rare diseases or less populated areas may be essentially meaningless because of their large variability, but ranks for more common diseases in densely populated regions can be very useful. More information about methodology can be found on the CI*Rank website (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/cirank/).

† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/popdata/) File is used for SEER and NPCR incidence rates.
‡ Incidence data come from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are APCs calculated in SEER*Stat. Please refer to the source for each area for additional information.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html (http://statecancerprofiles.cancer.gov/malignant.html).

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/tools/ssm/).
*** No Healthy People 2020 Objective for this cancer.
Healthy People 2020 (http://statecancerprofiles.cancer.govhttps://www.healthypeople.gov/) Objectives provided by the Centers for Disease Control and Prevention (http://statecancerprofiles.cancer.govhttps://www.cdc.gov).

* Data has been suppressed (http://statecancerprofiles.cancer.gov/suppressed.html) to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

[1] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) and Surveillance, Epidemiology, and End Results (http://seer.cancer.gov) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Based on the 2020 submission.
[6] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
[8] Source: Incidence data provided by the SEER Program. (http://seer.cancer.gov) AAPCs are calculated by the Joinpoint Regression Program (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/joinpoint/) and are based on APCs. Data are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/single_age.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84,85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modifed by NCI. The 1969-2018 US Population Data (http://seer.cancer.gov/popdata/) File is used with SEER November 2020 data.

Interpret Rankings (http://statecancerprofiles.cancer.gov/interpretrankings.html) provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

Return to Top

(https://www.cancer.gov/) (https://www.cdc.gov)

STATE CANCER PROFILES

Incidence Rates Table

Incidence Rate Report for Indiana by County

Colon & Rectum (All Stages^), 2014-2018

All Races (includes Hispanic), Both Sexes, All Ages

Sorted by Rate

County	Met Healthy People Objective of 39.9?	Age-Adjusted Incidence Rate‡ cases per 100,000 (95% Confidence Interval)	CI*Rank⋔ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend‡ in Incidence Rates (95% Confidence Interval)
Indiana [6]	No	41.7 (41.1, 42.4)	N/A	3,207	falling ↓	-2.8 (-4.9, -0.7)
US (SEER+NPCR) [1]	Yes	38.0 (37.9, 38.1)	N/A	143,200	falling ↓	-1.8 (-2.3, -1.2)
Ohio County [6]	No	64.1 (42.6, 94.7)	1 (1, 89)	6	stable →	-0.6 (-4.7, 3.7)
Jefferson County [6]	No	61.3 (50.8, 73.5)	2 (1, 39)	25	stable →	0.1 (-3.1, 3.5)
Benton County [6]	No	60.8 (41.7, 86.2)	3 (1, 87)	7	stable →	0.6 (-3.4, 4.6)
Starke County [6]	No	60.3 (48.5, 74.5)	4 (1, 54)	19	stable →	-1.0 (-3.8, 1.8)
Jay County [6]	No	58.0 (45.2, 73.4)	5 (1, 74)	15	stable →	-1.1 (-3.8, 1.7)
Fountain County [6]	No	55.2 (42.0, 71.7)	6 (1, 83)	12	stable →	-0.6 (-3.7, 2.5)
Knox County [6]	No	55.1 (45.8, 65.9)	7 (1, 63)	26	falling ↓	-2.4 (-4.5, -0.3)
Sullivan County [6]	No	54.3 (42.1, 69.3)	8 (1, 78)	14	stable →	-1.7 (-4.0, 0.7)
Grant County [6]	No	53.2 (46.3, 60.8)	9 (2, 55)	47	stable →	-0.4 (-1.9, 1.1)
Gibson County [6]	No	52.7 (43.1, 63.9)	10 (1, 71)	22	falling ↓	-2.8 (-5.3, -0.2)
Blackford County [6]	No	52.1 (38.0, 70.5)	11 (1, 89)	9	stable →	-2.2 (-5.1, 0.7)
Warren County [6]	No	52.0 (35.1, 75.5)	12 (1, 91)	6	stable →	-0.6 (-4.2, 3.1)
Carroll County [6]	No	51.2 (39.4, 65.8)	13 (1, 85)	14	stable →	-1.2 (-3.8, 1.5)
Wabash County [6]	No	51.1 (41.9, 62.0)	14 (1, 77)	23	stable →	-0.6 (-2.2, 1.0)
Fayette County [6]	No	51.1 (40.3, 64.1)	15 (1, 84)	16	stable →	-0.9 (-3.7, 1.9)
Owen County [6]	No	50.8 (39.5, 64.7)	16 (1, 85)	15	stable →	0.9 (-2.0, 4.0)
Scott County [6]	No	50.8 (39.6, 64.3)	17 (1, 84)	15	falling ↓	-4.8 (-7.8, -1.8)
Putnam County [6]	No	50.0 (40.9, 60.5)	18 (2, 79)	22	stable →	0.1 (-2.7, 3.1)
Shelby County [6]	No	49.8 (41.7, 59.1)	19 (2, 75)	28	stable →	-0.3 (-2.1, 1.5)
Pulaski County [6]	No	49.7 (35.5, 68.2)	20 (1, 90)	9	stable →	-2.1 (-6.0, 1.9)
Huntington County [6]	No	49.7 (40.7, 60.2)	21 (1, 78)	23	falling ↓	-3.1 (-5.5, -0.6)
Martin County [6]	No	49.6 (33.8, 70.8)	22 (1, 91)	7	stable →	9.4 (-4.8, 25.7)
DeKalb County [6]	No	49.4 (41.0, 59.2)	23 (2, 80)	25	falling ↓	-2.2 (-4.0, -0.5)
Crawford County [6]	No	49.0 (33.8, 69.3)	24 (1, 91)	7	stable →	4.5 (-1.6, 11.0)
Rush County [6]	No	47.8 (35.4, 63.4)	25 (1, 90)	11	stable →	-0.3 (-3.1, 2.6)
Jennings County [6]	No	47.7 (37.7, 59.8)	26 (1, 86)	16	stable →	0.0 (-2.4, 2.5)
Lake County [6]	No	47.7 (45.2, 50.3)	27 (13, 47)	284	falling ↓	-1.9 (-2.4, -1.4)
Morgan County [6]	No	47.3 (40.8, 54.6)	28 (5, 72)	40	stable →	-0.9 (-2.9, 1.2)
Decatur County [6]	No	46.8 (36.8, 58.9)	29 (2, 87)	16	stable →	1.0 (-1.2, 3.2)
Harrison County [6]	No	46.1 (37.9, 55.7)	30 (3, 86)	23	falling ↓	-3.0 (-5.9, -0.1)
White County [6]	No	46.0 (35.7, 58.4)	31 (2, 89)	15	stable →	-2.1 (-4.6, 0.5)
Clinton County [6]	No	45.9 (36.7, 56.8)	32 (3, 87)	18	stable →	-1.0 (-2.9, 1.0)
Kosciusko County [6]	No	45.5 (39.5, 52.2)	33 (7, 78)	43	falling ↓	-1.4 (-2.7, -0.1)
Posey County [6]	No	45.3 (35.5, 57.1)	34 (3, 89)	16	falling ↓	-2.7 (-5.0, -0.3)
Jackson County [6]	No	45.2 (37.4, 54.2)	35 (5, 86)	24	stable →	-1.7 (-4.1, 0.8)
Whitley County [6]	No	45.1 (36.2, 55.7)	36 (3, 89)	19	stable →	-1.6 (-3.9, 0.7)
Steuben County [6]	No	44.9 (36.3, 55.0)	37 (4, 88)	21	stable →	-2.2 (-4.8, 0.4)
Daviess County [6]	No	44.9 (35.8, 55.7)	38 (3, 88)	17	stable →	-2.3 (-4.7, 0.0)
LaPorte County [6]	No	44.6 (39.7, 50.1)	39 (12, 76)	63	falling ↓	-2.0 (-2.8, -1.2)
Miami County [6]	No	44.5 (36.1, 54.4)	40 (4, 87)	20	stable →	-1.0 (-3.1, 1.2)

Howard County [6]	No	44.3 (38.7, 50.5)	41 (10, 80)	48	falling ↓	-2.1 (-3.8, -0.3)
Tippecanoe County [6]	No	44.2 (39.7, 49.2)	42 (14, 76)	72	stable →	-0.7 (-2.1, 0.7)
Clark County [6]	No	44.2 (39.2, 49.6)	43 (13, 79)	60	falling ↓	-2.4 (-4.1, -0.6)
Lawrence County [6]	No	44.1 (36.9, 52.4)	44 (7, 86)	28	stable →	-1.9 (-3.7, 0.0)
Vigo County [6]	No	44.1 (38.9, 49.8)	45 (11, 80)	55	falling ↓	-2.1 (-3.7, -0.4)
Jasper County [6]	No	43.9 (35.1, 54.5)	46 (4, 90)	18	stable →	-0.8 (-3.0, 1.5)
Fulton County [6]	No	43.7 (33.0, 57.1)	47 (3, 90)	12	stable →	-2.0 (-5.1, 1.1)
Wells County [6]	No	43.5 (34.3, 54.6)	48 (4, 90)	16	stable →	-11.4 (-24.5, 3.8)
Ripley County [6]	No	43.4 (34.0, 54.8)	49 (5, 90)	15	falling ↓	-2.8 (-4.7, -0.8)
Randolph County [6]	No	43.3 (33.9, 54.8)	50 (3, 90)	15	stable →	-2.7 (-5.3, 0.0)
Floyd County [6]	No	43.0 (37.0, 49.7)	51 (11, 84)	40	stable →	-2.1 (-4.5, 0.3)
Dubois County [6]	No	42.9 (35.4, 51.8)	52 (8, 89)	23	stable →	-0.9 (-3.0, 1.3)
Porter County [6]	No	42.9 (38.8, 47.2)	53 (19, 78)	87	falling ↓	-2.7 (-3.9, -1.4)
Wayne County [6]	No	42.6 (36.5, 49.5)	54 (14, 87)	37	falling ↓	-2.2 (-4.1, -0.3)
Hancock County [6]	No	42.1 (36.0, 48.9)	55 (13, 86)	36	falling ↓	-2.5 (-4.5, -0.5)
Greene County [6]	No	42.0 (33.8, 51.9)	56 (6, 90)	19	stable →	-1.7 (-4.6, 1.3)
Clay County [6]	No	41.8 (32.3, 53.4)	57 (6, 91)	14	falling ↓	-2.8 (-5.2, -0.4)
Brown County [6]	No	41.7 (29.8, 57.5)	58 (2, 91)	10	stable →	0.9 (-3.3, 5.2)
Vermillion County [6]	No	41.4 (30.2, 56.0)	59 (3, 91)	10	falling ↓	-6.4 (-11.3, -1.1)
Cass County [6]	No	41.3 (33.5, 50.6)	60 (9, 90)	20	falling ↓	-3.2 (-5.6, -0.7)
Henry County [6]	No	40.8 (34.1, 48.6)	61 (13, 88)	27	falling ↓	-3.3 (-5.4, -1.2)
Orange County [6]	No	40.8 (30.3, 53.9)	62 (4, 91)	11	falling ↓	-13.1 (-20.1, -5.4)
Franklin County [6]	No	40.5 (30.5, 52.8)	63 (6, 91)	12	stable →	3.4 (-5.0, 12.6)
Madison County [6]	No	40.4 (36.1, 45.1)	64 (25, 85)	68	falling ↓	-1.7 (-3.2, -0.2)
Elkhart County [6]	No	40.4 (36.7, 44.4)	65 (29, 83)	90	falling ↓	-1.8 (-2.9, -0.8)
Dearborn County [6]	No	40.3 (33.5, 48.2)	66 (10, 89)	26	falling ↓	-3.7 (-5.0, -2.3)
Vanderburgh County [6]	Yes	39.1 (35.4, 43.2)	67 (33, 84)	87	falling ↓	-2.1 (-3.5, -0.8)
Boone County [6]	Yes	38.9 (32.5, 46.2)	68 (17, 90)	27	falling ↓	-2.5 (-4.5, -0.5)
Hendricks County [6]	Yes	38.6 (34.4, 43.2)	69 (33, 87)	64	falling ↓	-3.3 (-4.8, -1.7)
Marion County [6]	Yes	38.5 (36.7, 40.4)	70 (50, 81)	365	falling ↓	-2.7 (-3.4, -2.1)
Allen County [6]	Yes	37.9 (35.2, 40.7)	71 (46, 85)	152	falling ↓	-3.2 (-3.8, -2.5)
Adams County [6]	Yes	37.8 (29.7, 47.5)	72 (14, 91)	16	falling ↓	-3.0 (-5.7, -0.2)
Johnson County [6]	Yes	37.7 (33.6, 42.2)	73 (40, 88)	63	stable →	-1.4 (-2.7, 0.0)
Perry County [6]	Yes	37.5 (27.4, 50.4)	74 (7, 91)	10	stable →	-3.1 (-6.2, 0.1)
St. Joseph County [6]	Yes	37.2 (34.1, 40.4)	75 (48, 87)	116	falling ↓	-3.4 (-4.3, -2.5)
Marshall County [6]	Yes	36.7 (30.0, 44.7)	76 (21, 91)	22	falling ↓	-3.9 (-5.2, -2.5)
Delaware County [6]	Yes	36.5 (32.0, 41.4)	77 (38, 90)	51	falling ↓	-3.4 (-4.7, -2.1)
Washington County [6]	Yes	36.3 (27.5, 47.0)	78 (15, 91)	12	falling ↓	-3.5 (-6.2, -0.7)
Newton County [6]	Yes	36.2 (24.6, 51.9)	79 (5, 91)	7	falling ↓	-4.3 (-7.1, -1.4)
Noble County [6]	Yes	36.0 (29.1, 44.0)	80 (27, 91)	20	falling ↓	-4.1 (-5.8, -2.5)
Monroe County [6]	Yes	35.8 (31.3, 40.8)	81 (42, 90)	48	falling ↓	-1.9 (-3.3, -0.5)
Pike County [6]	Yes	35.2 (24.1, 50.5)	82 (6, 91)	7	stable →	-2.3 (-6.0, 1.7)
Warrick County [6]	Yes	35.1 (29.2, 41.9)	83 (34, 91)	26	falling ↓	-4.0 (-5.7, -2.3)
Bartholomew County [6]	Yes	35.1 (29.9, 41.0)	84 (39, 91)	34	stable →	-2.6 (-5.1, 0.0)
Montgomery County [6]	Yes	34.0 (26.9, 42.6)	85 (26, 91)	16	falling ↓	-4.7 (-6.7, -2.6)
Tipton County [6]	Yes	33.9 (24.1, 47.1)	86 (12, 91)	8	stable →	-2.9 (-6.5, 0.8)
LaGrange County [6]	Yes	33.7 (25.9, 43.2)	87 (25, 91)	13	falling ↓	-3.8 (-6.0, -1.5)
Spencer County [6]	Yes	33.2 (24.1, 45.0)	88 (16, 91)	9	falling ↓	-4.6 (-7.7, -1.3)
Hamilton County [6]	Yes	30.4 (27.7, 33.4)	89 (77, 91)	94	falling ↓	-2.7 (-3.8, -1.5)
Switzerland County [6]	Yes	28.9 (17.7, 45.2)	90 (17, 91)	4	stable →	-4.2 (-8.9, 0.9)
Parke County [6]	Yes	28.5 (19.5, 40.7)	91 (35, 91)	7	falling ↓	-15.8 (-24.9, -5.6)
Union County [6]	***	*	*	3 or fewer	*	*

Notes:
Created by statecancerprofiles.cancer.gov on 02/18/2022 10:35 am.

State Cancer Registries (http://statecancerprofiles.cancer.govhttps://nccd.cdc.gov/dcpc_Programs/index.aspx#/3) may provide more current or more local data.

Trend
Rising when 95% confidence interval of average annual percent change is above 0.
Stable when 95% confidence interval of average annual percent change includes 0.
Falling when 95% confidence interval of average annual percent change is below 0.

⋔ Results presented with the CI*Rank statistics help show the usefulness of ranks. For example, ranks for relatively rare diseases or less populated areas may be essentially meaningless because of their large variability, but ranks for more common diseases in densely populated regions can be very useful. More information about methodology can be found on the CI*Rank website (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/cirank/).

† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/popdata/) File is used for SEER and NPCR incidence rates.
‡ Incidence data come from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are APCs calculated in SEER*Stat. Please refer to the source for each area for additional information.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html (http://statecancerprofiles.cancer.gov/malignant.html).

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/tools/ssm/). Healthy People 2020 (http://statecancerprofiles.cancer.govhttps://www.healthypeople.gov/) Objectives provided by the Centers for Disease Control and Prevention (http://statecancerprofiles.cancer.govhttps://www.cdc.gov).

* Data has been suppressed (http://statecancerprofiles.cancer.gov/suppressed.html) to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

[1] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) and Surveillance, Epidemiology, and End Results (http://seer.cancer.gov) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Based on the 2020 submission.
[6] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
[8] Source: Incidence data provided by the SEER Program. (http://seer.cancer.gov) AAPCs are calculated by the Joinpoint Regression Program (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/joinpoint/) and are based on APCs. Data are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/single_age.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84,85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modifed by NCI. The 1969-2018 US Population Data (http://seer.cancer.gov/popdata/) File is used with SEER November 2020 data.

Interpret Rankings (http://statecancerprofiles.cancer.gov/interpretrankings.html) provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

Return to Top

(https://www.cancer.gov/) (https://www.cdc.gov)

STATE CANCER PROFILES

Incidence Rates Table

Incidence Rate Report for Indiana by County

Lung & Bronchus (All Stages^), 2014-2018

All Races (includes Hispanic), Both Sexes, All Ages

Sorted by Rate

County	Met Healthy People Objective of ***?	Age-Adjusted Incidence Rate‡ cases per 100,000 (95% Confidence Interval)	CI*Rankⓗ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend‡ in Incidence Rates (95% Confidence Interval)
Indiana [6]	***	69.9 (69.1, 70.7)	N/A	5,556	falling ↓	-4.8 (-7.6, -2.0)
US (SEER+NPCR) [1]	***	57.3 (57.1, 57.4)	N/A	222,811	falling ↓	-2.6 (-3.4, -1.8)
Starke County [6]	***	99.5 (84.6, 116.5)	1 (1, 36)	33	stable →	0.0 (-1.8, 1.9)
Blackford County [6]	***	93.9 (75.0, 116.9)	2 (1, 78)	18	stable →	-0.6 (-3.3, 2.2)
Putnam County [6]	***	90.9 (78.9, 104.2)	3 (1, 44)	43	stable →	-1.4 (-3.2, 0.6)
Washington County [6]	***	90.8 (77.4, 106.1)	4 (1, 54)	34	stable →	0.2 (-1.9, 2.4)
Clay County [6]	***	90.6 (76.9, 106.1)	5 (1, 58)	32	stable →	0.2 (-1.6, 2.0)
Jefferson County [6]	***	90.2 (77.7, 104.4)	6 (1, 50)	39	stable →	-1.0 (-3.3, 1.4)
Scott County [6]	***	88.4 (73.9, 105.2)	7 (1, 65)	27	falling ↓	-2.6 (-4.7, -0.4)
Harrison County [6]	***	88.0 (76.8, 100.5)	8 (1, 51)	46	stable →	0.2 (-1.4, 1.9)
Vermillion County [6]	***	86.9 (70.5, 106.6)	9 (1, 81)	20	stable →	0.1 (-2.5, 2.7)
Jennings County [6]	***	84.8 (71.4, 100.2)	10 (1, 72)	30	stable →	-0.7 (-3.0, 1.6)
Shelby County [6]	***	84.3 (73.9, 95.9)	11 (1, 58)	49	stable →	0.1 (-1.4, 1.7)
Rush County [6]	***	84.0 (67.9, 103.1)	12 (1, 84)	20	stable →	-1.6 (-3.9, 0.8)
Grant County [6]	***	83.6 (75.3, 92.6)	13 (2, 52)	79	stable →	-0.1 (-1.5, 1.3)
Clark County [6]	***	83.3 (76.6, 90.6)	14 (3, 44)	117	falling ↓	-1.7 (-3.1, -0.2)
Morgan County [6]	***	83.0 (74.7, 92.2)	15 (2, 54)	75	falling ↓	-1.2 (-2.2, -0.1)
DeKalb County [6]	***	82.0 (71.4, 93.8)	16 (1, 69)	45	stable →	1.6 (-0.1, 3.2)
Owen County [6]	***	81.7 (67.8, 98.0)	17 (1, 81)	26	stable →	-1.7 (-3.7, 0.3)
Floyd County [6]	***	80.5 (72.4, 89.4)	18 (3, 62)	75	falling ↓	-1.7 (-2.7, -0.6)
Dearborn County [6]	***	80.2 (70.6, 90.9)	19 (2, 72)	53	stable →	-1.4 (-3.0, 0.3)
Whitley County [6]	***	79.7 (68.3, 92.7)	20 (1, 78)	36	stable →	0.8 (-1.3, 2.9)
Delaware County [6]	***	79.6 (73.1, 86.5)	21 (5, 56)	115	stable →	-0.5 (-2.0, 0.9)
Henry County [6]	***	78.7 (69.4, 89.0)	22 (2, 72)	54	stable →	-0.7 (-1.9, 0.6)
Noble County [6]	***	78.5 (68.2, 90.0)	23 (2, 77)	45	stable →	0.4 (-1.0, 1.8)
Madison County [6]	***	78.0 (72.1, 84.2)	24 (8, 59)	135	stable →	-1.1 (-2.2, 0.1)
Benton County [6]	***	77.7 (56.4, 105.2)	25 (1, 91)	9	falling ↓	-2.7 (-5.1, -0.3)
Cass County [6]	***	77.7 (67.1, 89.7)	26 (3, 81)	40	stable →	0.0 (-2.0, 2.0)
Vigo County [6]	***	77.4 (70.6, 84.6)	27 (7, 65)	100	falling ↓	-1.7 (-2.7, -0.7)
Fayette County [6]	***	77.3 (64.4, 92.3)	28 (2, 85)	26	falling ↓	-1.7 (-3.2, -0.1)
Pike County [6]	***	76.2 (59.5, 96.8)	29 (1, 90)	15	stable →	-0.9 (-3.5, 1.7)
Knox County [6]	***	76.1 (65.4, 88.2)	30 (3, 85)	38	stable →	0.8 (-1.0, 2.6)
LaPorte County [6]	***	75.8 (69.5, 82.5)	31 (10, 67)	112	stable →	-0.7 (-1.7, 0.4)
Crawford County [6]	***	75.3 (57.5, 98.0)	32 (1, 91)	13	stable →	-2.7 (-5.5, 0.2)
Greene County [6]	***	74.8 (63.8, 87.4)	33 (4, 85)	34	stable →	-0.5 (-2.5, 1.5)
Marion County [6]	***	74.6 (72.1, 77.2)	34 (23, 52)	709	falling ↓	-2.0 (-2.6, -1.4)
Martin County [6]	***	74.0 (55.7, 97.3)	35 (1, 91)	11	stable →	1.0 (-2.0, 4.1)
Brown County [6]	***	73.6 (58.6, 92.1)	36 (1, 90)	19	stable →	-0.1 (-2.2, 2.1)
Tipton County [6]	***	73.1 (57.5, 92.0)	37 (1, 90)	16	stable →	0.1 (-2.4, 2.7)
Wayne County [6]	***	72.4 (64.7, 80.8)	38 (11, 81)	67	falling ↓	-2.4 (-3.7, -1.2)
Howard County [6]	***	72.2 (65.4, 79.7)	39 (13, 79)	85	stable →	-1.3 (-2.6, 0.1)
Montgomery County [6]	***	72.1 (62.0, 83.4)	40 (7, 87)	38	stable →	-1.4 (-3.5, 0.8)

Kosciusko County [6]	***	72.0 (64.6, 80.1)	41 (11, 82)	71	stable →	-0.4 (-1.4, 0.5)
Newton County [6]	***	72.0 (56.4, 91.2)	42 (1, 91)	15	falling ↓	-2.3 (-3.7, -1.0)
Sullivan County [6]	***	71.8 (58.3, 87.9)	43 (3, 90)	20	falling ↓	-28.1 (-44.1, -7.5)
Perry County [6]	***	71.7 (57.6, 88.5)	44 (2, 90)	19	stable →	-1.0 (-4.1, 2.1)
Jackson County [6]	***	71.6 (61.8, 82.5)	45 (8, 86)	40	stable →	-1.1 (-3.1, 1.0)
Jay County [6]	***	71.1 (57.3, 87.5)	46 (3, 90)	19	stable →	-2.8 (-5.4, 0.0)
Warren County [6]	***	70.7 (51.4, 96.1)	47 (1, 92)	9	stable →	-2.9 (-6.0, 0.2)
Vanderburgh County [6]	***	70.6 (65.8, 75.8)	48 (23, 76)	163	falling ↓	-1.6 (-2.9, -0.3)
Johnson County [6]	***	70.5 (64.9, 76.5)	49 (22, 79)	120	falling ↓	-1.5 (-2.9, -0.1)
Fountain County [6]	***	70.3 (56.3, 87.3)	50 (3, 91)	18	stable →	-1.8 (-4.2, 0.6)
Fulton County [6]	***	70.2 (57.0, 85.8)	51 (4, 90)	21	stable →	-2.3 (-4.6, 0.1)
Clinton County [6]	***	70.1 (58.9, 83.0)	52 (5, 89)	28	stable →	-0.7 (-3.0, 1.6)
Randolph County [6]	***	69.7 (58.2, 83.3)	53 (6, 89)	26	stable →	-1.7 (-3.9, 0.5)
Parke County [6]	***	69.7 (55.3, 87.0)	54 (2, 91)	17	stable →	-1.7 (-4.6, 1.2)
Orange County [6]	***	69.1 (55.9, 84.7)	55 (4, 90)	20	stable →	-1.1 (-3.9, 1.9)
Carroll County [6]	***	69.1 (55.7, 85.1)	56 (4, 91)	19	stable →	-0.8 (-2.9, 1.4)
Lawrence County [6]	***	68.9 (60.2, 78.7)	57 (13, 88)	47	stable →	-1.1 (-2.9, 0.7)
Wells County [6]	***	68.8 (57.2, 82.2)	58 (7, 90)	26	stable →	0.8 (-1.5, 3.1)
Jasper County [6]	***	68.4 (57.7, 80.7)	59 (10, 90)	30	falling ↓	-1.8 (-3.5, -0.1)
White County [6]	***	68.4 (56.5, 82.2)	60 (7, 90)	25	falling ↓	-2.1 (-3.7, -0.5)
Bartholomew County [6]	***	68.3 (61.2, 76.0)	61 (21, 86)	69	stable →	-0.9 (-1.8, 0.1)
Porter County [6]	***	68.1 (63.0, 73.5)	62 (27, 81)	140	falling ↓	-1.1 (-2.0, -0.2)
Miami County [6]	***	67.6 (57.4, 79.3)	63 (12, 89)	32	falling ↓	-2.5 (-4.1, -0.9)
Ohio County [6]	***	67.3 (46.1, 97.4)	64 (1, 92)	7	stable →	-2.2 (-5.9, 1.8)
Pulaski County [6]	***	66.8 (50.3, 87.5)	65 (2, 92)	12	stable →	0.0 (-2.8, 2.9)
Gibson County [6]	***	66.8 (56.3, 78.7)	66 (10, 90)	30	stable →	-0.1 (-2.5, 2.4)
St. Joseph County [6]	***	66.7 (62.6, 70.9)	67 (38, 81)	213	falling ↓	-1.1 (-1.9, -0.3)
Elkhart County [6]	***	66.2 (61.5, 71.2)	68 (37, 84)	151	stable →	-0.7 (-1.8, 0.4)
Franklin County [6]	***	66.2 (53.6, 81.0)	69 (7, 91)	20	stable →	-1.6 (-3.9, 0.7)
Huntington County [6]	***	66.1 (56.1, 77.5)	70 (15, 90)	32	stable →	-0.2 (-2.2, 1.8)
Lake County [6]	***	65.8 (62.9, 68.8)	71 (45, 80)	399	stable →	-5.2 (-11.5, 1.5)
Allen County [6]	***	65.2 (61.7, 68.9)	72 (43, 83)	269	stable →	-3.9 (-7.9, 0.2)
Warrick County [6]	***	65.1 (57.4, 73.7)	73 (25, 90)	53	stable →	-1.4 (-3.0, 0.3)
Hancock County [6]	***	64.5 (57.2, 72.5)	74 (28, 89)	59	falling ↓	-2.6 (-4.0, -1.2)
Hendricks County [6]	***	64.5 (59.1, 70.3)	75 (39, 87)	109	falling ↓	-2.0 (-2.9, -1.0)
Marshall County [6]	***	64.1 (55.3, 74.0)	76 (24, 90)	39	stable →	0.2 (-1.4, 1.8)
Spencer County [6]	***	62.9 (50.6, 77.7)	77 (11, 91)	19	stable →	-1.5 (-4.4, 1.6)
Decatur County [6]	***	62.9 (51.5, 76.3)	78 (14, 91)	22	falling ↓	-2.0 (-3.7, -0.2)
Steuben County [6]	***	62.7 (53.1, 73.8)	79 (23, 91)	31	stable →	-0.1 (-2.6, 2.5)
LaGrange County [6]	***	62.7 (52.1, 74.9)	80 (17, 91)	25	stable →	0.0 (-2.8, 2.9)
Wabash County [6]	***	62.6 (52.6, 74.3)	81 (20, 91)	29	stable →	0.5 (-1.5, 2.6)
Switzerland County [6]	***	61.9 (44.9, 83.9)	82 (3, 92)	9	falling ↓	-3.8 (-6.9, -0.6)
Ripley County [6]	***	60.3 (49.6, 72.9)	83 (23, 92)	23	falling ↓	-3.4 (-5.0, -1.8)
Adams County [6]	***	59.6 (49.0, 71.8)	84 (25, 91)	23	stable →	0.2 (-1.7, 2.0)
Daviess County [6]	***	59.4 (48.9, 71.4)	85 (30, 91)	23	stable →	-0.6 (-3.1, 1.9)
Posey County [6]	***	58.8 (48.0, 71.7)	86 (21, 92)	21	falling ↓	-2.9 (-5.2, -0.5)
Tippecanoe County [6]	***	58.8 (53.6, 64.4)	87 (58, 90)	97	stable →	-3.8 (-17.9, 12.8)
Monroe County [6]	***	56.9 (51.3, 62.9)	88 (62, 91)	79	falling ↓	-1.7 (-3.1, -0.4)
Boone County [6]	***	53.4 (45.8, 61.9)	89 (58, 92)	37	stable →	-20.0 (-42.5, 11.3)
Union County [6]	***	50.3 (32.6, 75.6)	90 (11, 92)	5	falling ↓	-3.8 (-6.5, -1.0)
Dubois County [6]	***	49.0 (41.1, 58.2)	91 (74, 92)	28	stable →	-0.2 (-2.4, 2.0)
Hamilton County [6]	***	42.1 (38.8, 45.7)	92 (89, 92)	124	falling ↓	-3.3 (-4.3, -2.3)

Notes:
Created by statecancerprofiles.cancer.gov on 02/18/2022 10:30 am.

State Cancer Registries (http://statecancerprofiles.cancer.govhttps://nccd.cdc.gov/dcpc_Programs/index.aspx#/3) may provide more current or more local data.

Trend
Rising when 95% confidence interval of average annual percent change is above 0.
Stable when 95% confidence interval of average annual percent change includes 0.
Falling when 95% confidence interval of average annual percent change is below 0.

⋔ Results presented with the CI*Rank statistics help show the usefulness of ranks. For example, ranks for relatively rare diseases or less populated areas may be essentially meaningless because of their large variability, but ranks for more common diseases in densely populated regions can be very useful. More information about methodology can be found on the CI*Rank website (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/cirank/).

† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/popdata/) File is used for SEER and NPCR incidence rates.
‡ Incidence data come from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are APCs calculated in SEER*Stat. Please refer to the source for each area for additional information.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html (http://statecancerprofiles.cancer.gov/malignant.html).

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/tools/ssm/).
*** No Healthy People 2020 Objective for this cancer.
Healthy People 2020 (http://statecancerprofiles.cancer.govhttps://www.healthypeople.gov/) Objectives provided by the Centers for Disease Control and Prevention (http://statecancerprofiles.cancer.govhttps://www.cdc.gov).

[1] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) and Surveillance, Epidemiology, and End Results (http://seer.cancer.gov) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Based on the 2020 submission.
[6] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
[8] Source: Incidence data provided by the SEER Program. (http://seer.cancer.gov) AAPCs are calculated by the Joinpoint Regression Program (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/joinpoint/) and are based on APCs. Data are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/single_age.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84,85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modifed by NCI. The 1969-2018 US Population Data (http://seer.cancer.gov/popdata/) File is used with SEER November 2020 data.

Interpret Rankings (http://statecancerprofiles.cancer.gov/interpretrankings.html) provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

Return to Top

(https://www.cancer.gov/) (https://www.cdc.gov)

STATE CANCER PROFILES

Incidence Rates Table

Incidence Rate Report for Indiana by County

Prostate (All Stages^), 2014-2018

All Races (includes Hispanic), Male, All Ages

Sorted by Rate

County	Met Healthy People Objective of ***?	Age-Adjusted Incidence Rate‡ cases per 100,000 (95% Confidence Interval)	CI*Rankⓗ (95% Confidence Interval)	Average Annual Count	Recent Trend	Recent 5-Year Trend‡ in Incidence Rates (95% Confidence Interval)
Indiana [6]	***	96.5 (95.1, 98.0)	N/A	3,700	stable →	1.2 (-1.9, 4.4)
US (SEER+NPCR) [1]	***	106.2 (106.0, 106.4)	N/A	200,677	stable →	1.8 (-2.6, 6.3)
Monroe County [6]	***	125.7 (113.6, 138.8)	1 (1, 19)	83	rising ↑	5.8 (2.1, 9.6)
Hamilton County [6]	***	124.9 (116.8, 133.5)	2 (1, 13)	191	stable →	-0.5 (-2.1, 1.1)
Warren County [6]	***	122.1 (86.0, 170.7)	3 (1, 83)	8	stable →	0.7 (-3.2, 4.8)
Tipton County [6]	***	122.0 (94.7, 156.1)	4 (1, 71)	14	stable →	-0.8 (-4.1, 2.7)
Lake County [6]	***	117.0 (111.3, 122.9)	5 (1, 19)	338	stable →	5.3 (-2.6, 13.8)
Morgan County [6]	***	116.2 (102.2, 131.8)	6 (1, 42)	53	falling ↓	-3.7 (-5.5, -1.9)
Hendricks County [6]	***	115.6 (105.3, 126.7)	7 (1, 32)	99	falling ↓	-2.0 (-3.4, -0.5)
Wabash County [6]	***	112.6 (93.3, 135.0)	8 (1, 62)	25	stable →	-1.5 (-4.3, 1.3)
Warrick County [6]	***	109.1 (95.0, 124.9)	9 (1, 56)	45	stable →	0.0 (-1.6, 1.6)
Grant County [6]	***	108.8 (95.4, 123.7)	10 (1, 53)	49	falling ↓	-3.1 (-4.4, -1.7)
Boone County [6]	***	108.5 (93.0, 125.8)	11 (1, 61)	38	stable →	-0.6 (-3.0, 1.8)
Marion County [6]	***	107.5 (103.1, 112.1)	12 (7, 31)	483	stable →	1.3 (-3.0, 5.7)
Ripley County [6]	***	107.2 (86.8, 131.4)	13 (1, 72)	20	stable →	-0.8 (-3.4, 1.8)
Porter County [6]	***	107.2 (98.1, 117.0)	14 (3, 47)	110	falling ↓	-3.3 (-4.8, -1.7)
Owen County [6]	***	106.5 (83.6, 134.6)	15 (1, 80)	16	stable →	-1.5 (-4.4, 1.4)
Hancock County [6]	***	104.3 (91.0, 119.1)	16 (2, 63)	47	rising ↑	5.5 (1.0, 10.2)
Clinton County [6]	***	104.0 (84.1, 127.3)	17 (1, 75)	20	stable →	-1.9 (-3.8, 0.0)
Dearborn County [6]	***	103.6 (88.5, 120.7)	18 (2, 67)	36	falling ↓	-1.8 (-3.6, -0.1)
Lawrence County [6]	***	103.2 (88.2, 120.4)	19 (1, 67)	35	stable →	13.2 (-4.0, 33.5)
Jefferson County [6]	***	103.1 (83.7, 125.9)	20 (1, 77)	21	falling ↓	-3.5 (-5.9, -1.0)
Vanderburgh County [6]	***	102.8 (94.2, 112.1)	21 (6, 52)	111	stable →	-0.5 (-1.7, 0.7)
Fountain County [6]	***	102.5 (78.3, 132.9)	22 (1, 83)	12	falling ↓	-3.6 (-6.6, -0.5)
Gibson County [6]	***	100.7 (82.2, 122.5)	23 (1, 75)	21	stable →	1.1 (-2.0, 4.2)
Dubois County [6]	***	100.6 (84.0, 119.7)	24 (2, 74)	27	stable →	-2.0 (-4.9, 1.1)
Daviess County [6]	***	99.5 (80.1, 122.3)	25 (1, 78)	19	stable →	-1.9 (-4.7, 1.0)
LaPorte County [6]	***	99.4 (89.0, 110.7)	26 (7, 61)	71	falling ↓	-5.7 (-6.9, -4.6)
Union County [6]	***	99.2 (63.2, 150.9)	27 (1, 91)	5	stable →	-0.9 (-5.8, 4.2)
Decatur County [6]	***	99.1 (78.1, 124.2)	28 (1, 81)	16	falling ↓	-3.8 (-7.1, -0.4)
Putnam County [6]	***	98.9 (81.5, 119.1)	29 (1, 76)	23	stable →	-1.8 (-5.1, 1.7)
Posey County [6]	***	98.3 (78.1, 122.6)	30 (1, 80)	18	stable →	0.1 (-3.3, 3.5)
Starke County [6]	***	98.1 (76.8, 124.1)	31 (1, 81)	15	stable →	-2.7 (-5.7, 0.5)
Johnson County [6]	***	98.1 (88.5, 108.4)	32 (9, 62)	81	falling ↓	-3.5 (-6.2, -0.8)
Brown County [6]	***	98.0 (75.1, 127.9)	33 (1, 82)	13	stable →	-2.0 (-5.6, 1.8)
Allen County [6]	***	97.7 (91.4, 104.3)	34 (14, 54)	191	stable →	-0.9 (-3.4, 1.7)
Knox County [6]	***	96.9 (79.3, 117.4)	35 (2, 78)	22	falling ↓	-2.9 (-4.9, -0.8)
White County [6]	***	96.2 (76.8, 119.7)	36 (1, 82)	18	stable →	18.8 (-16.1, 68.3)
Randolph County [6]	***	95.0 (75.5, 118.5)	37 (3, 81)	17	stable →	-2.0 (-4.9, 0.9)
Kosciusko County [6]	***	94.8 (82.7, 108.3)	38 (7, 71)	46	stable →	8.0 (-1.4, 18.4)
Delaware County [6]	***	94.4 (84.2, 105.4)	39 (11, 68)	65	falling ↓	-3.6 (-5.0, -2.2)
Benton County [6]	***	93.6 (61.0, 139.2)	40 (1, 92)	5	falling ↓	-5.1 (-9.6, -0.3)

Jasper County [6]	***	93.0 (75.5, 113.8)	41 (2, 81)	20	stable →	20.4 (-3.5, 50.3)
Wayne County [6]	***	92.6 (80.0, 106.9)	42 (8, 75)	40	stable →	-1.9 (-4.1, 0.4)
Shelby County [6]	***	92.2 (77.1, 109.7)	43 (6, 79)	28	falling ↓	-3.7 (-5.3, -2.1)
Howard County [6]	***	91.4 (80.2, 103.8)	44 (11, 72)	50	falling ↓	-3.1 (-4.8, -1.3)
Carroll County [6]	***	91.1 (70.2, 117.1)	45 (1, 85)	13	falling ↓	-4.8 (-7.1, -2.5)
Tippecanoe County [6]	***	91.1 (81.8, 101.0)	46 (17, 70)	74	stable →	3.1 (-4.4, 11.1)
Perry County [6]	***	90.5 (68.6, 117.8)	47 (2, 86)	12	stable →	1.3 (-3.0, 5.8)
Vigo County [6]	***	90.1 (79.3, 102.0)	48 (14, 75)	53	falling ↓	-4.9 (-6.4, -3.4)
Ohio County [6]	***	89.9 (54.7, 143.9)	49 (1, 92)	4	*	*
Pike County [6]	***	89.7 (64.2, 123.6)	50 (1, 90)	8	stable →	1.1 (-2.1, 4.3)
Orange County [6]	***	89.7 (67.7, 117.1)	51 (1, 87)	12	stable →	-2.9 (-7.1, 1.4)
Bartholomew County [6]	***	89.6 (77.6, 102.9)	52 (11, 78)	42	falling ↓	-2.5 (-4.1, -0.9)
Madison County [6]	***	89.0 (80.1, 98.8)	53 (21, 72)	75	falling ↓	-4.1 (-6.1, -1.9)
St. Joseph County [6]	***	88.7 (81.9, 95.9)	54 (25, 69)	136	stable →	5.1 (-3.7, 14.7)
Blackford County [6]	***	88.7 (63.0, 123.0)	55 (1, 90)	8	falling ↓	-4.2 (-7.1, -1.2)
Spencer County [6]	***	87.5 (67.3, 112.7)	56 (3, 87)	13	stable →	-1.5 (-4.0, 1.0)
Vermillion County [6]	***	87.2 (63.8, 117.4)	57 (1, 88)	10	falling ↓	-6.0 (-8.1, -3.9)
Jackson County [6]	***	86.8 (71.0, 105.2)	58 (9, 83)	22	falling ↓	-4.4 (-6.9, -2.0)
Clay County [6]	***	86.5 (67.6, 109.4)	59 (4, 86)	15	falling ↓	-4.6 (-7.8, -1.3)
Newton County [6]	***	85.9 (62.2, 117.0)	60 (2, 90)	9	stable →	-2.1 (-5.7, 1.6)
Wells County [6]	***	85.3 (67.2, 107.3)	61 (6, 87)	16	falling ↓	-3.3 (-6.2, -0.4)
Henry County [6]	***	85.1 (71.4, 100.9)	62 (12, 82)	28	falling ↓	-4.1 (-6.3, -1.8)
Adams County [6]	***	85.0 (66.9, 106.6)	63 (6, 87)	16	falling ↓	-3.7 (-6.8, -0.5)
Jennings County [6]	***	84.4 (65.3, 107.7)	64 (5, 87)	14	falling ↓	-3.9 (-6.8, -0.9)
Franklin County [6]	***	83.0 (63.9, 106.8)	65 (6, 88)	14	stable →	-4.3 (-8.7, 0.3)
Rush County [6]	***	82.8 (60.0, 112.2)	66 (2, 90)	9	stable →	-3.3 (-7.2, 0.7)
Marshall County [6]	***	78.5 (64.7, 94.6)	67 (22, 87)	24	falling ↓	-4.5 (-6.8, -2.2)
Pulaski County [6]	***	78.0 (54.6, 109.5)	68 (3, 92)	7	falling ↓	-6.2 (-9.2, -3.2)
DeKalb County [6]	***	77.5 (62.8, 94.8)	69 (23, 88)	21	falling ↓	-4.7 (-7.5, -1.8)
Steuben County [6]	***	77.0 (62.1, 94.8)	70 (20, 88)	20	falling ↓	-3.6 (-6.9, -0.2)
Montgomery County [6]	***	76.4 (61.5, 94.2)	71 (23, 88)	19	falling ↓	-4.4 (-6.9, -1.9)
Greene County [6]	***	74.9 (59.9, 93.1)	72 (21, 89)	18	falling ↓	-4.0 (-6.3, -1.6)
Noble County [6]	***	74.5 (60.2, 91.3)	73 (28, 88)	21	falling ↓	-3.1 (-5.7, -0.5)
Miami County [6]	***	74.5 (59.3, 92.7)	74 (22, 89)	17	falling ↓	-4.5 (-6.9, -2.0)
Martin County [6]	***	73.8 (49.0, 108.9)	75 (4, 92)	6	stable →	-3.9 (-8.1, 0.6)
Elkhart County [6]	***	73.6 (66.4, 81.3)	76 (53, 84)	81	falling ↓	-6.3 (-8.5, -4.1)
Cass County [6]	***	73.3 (58.5, 90.9)	77 (27, 89)	18	falling ↓	-4.7 (-7.0, -2.3)
Parke County [6]	***	72.2 (52.5, 98.1)	78 (15, 92)	9	stable →	-2.8 (-6.7, 1.4)
LaGrange County [6]	***	71.2 (54.9, 90.9)	79 (24, 91)	13	stable →	-2.1 (-5.6, 1.6)
Jay County [6]	***	70.5 (51.2, 95.1)	80 (14, 92)	9	falling ↓	-3.2 (-5.8, -0.4)
Huntington County [6]	***	66.8 (52.1, 84.6)	81 (39, 91)	15	falling ↓	-4.9 (-7.4, -2.2)
Whitley County [6]	***	66.1 (51.6, 83.9)	82 (43, 91)	15	falling ↓	-7.0 (-10.6, -3.2)
Fayette County [6]	***	64.6 (48.0, 85.7)	83 (37, 92)	10	falling ↓	-3.8 (-6.2, -1.3)
Floyd County [6]	***	57.6 (47.6, 69.2)	84 (70, 92)	25	stable →	-0.7 (-9.5, 8.9)
Fulton County [6]	***	56.1 (39.4, 78.2)	85 (50, 92)	8	falling ↓	-8.0 (-10.4, -5.5)
Sullivan County [6]	***	54.5 (38.4, 75.7)	86 (53, 92)	8	falling ↓	-6.8 (-9.1, -4.5)
Switzerland County [6]	***	53.9 (31.3, 87.5)	87 (24, 92)	4	falling ↓	-13.4 (-18.1, -8.4)
Washington County [6]	***	52.8 (38.5, 71.0)	88 (62, 92)	10	falling ↓	-8.7 (-11.0, -6.4)
Crawford County [6]	***	51.1 (31.7, 80.5)	89 (50, 92)	4	falling ↓	-6.8 (-10.8, -2.6)
Clark County [6]	***	49.4 (41.8, 58.1)	90 (80, 92)	32	falling ↓	-9.5 (-12.1, -6.7)
Scott County [6]	***	48.7 (33.7, 68.6)	91 (64, 92)	7	falling ↓	-8.7 (-12.9, -4.2)
Harrison County [6]	***	42.3 (31.6, 55.7)	92 (82, 92)	11	falling ↓	-8.7 (-11.4, -5.8)

Notes:
Created by statecancerprofiles.cancer.gov on 02/18/2022 10:28 am.

State Cancer Registries (http://statecancerprofiles.cancer.govhttps://nccd.cdc.gov/dcpc_Programs/index.aspx#/3) may provide more current or more local data.

Trend
Rising when 95% confidence interval of average annual percent change is above 0.
Stable when 95% confidence interval of average annual percent change includes 0.
Falling when 95% confidence interval of average annual percent change is below 0.

⋔ Results presented with the CI*Rank statistics help show the usefulness of ranks. For example, ranks for relatively rare diseases or less populated areas may be essentially meaningless because of their large variability, but ranks for more common diseases in densely populated regions can be very useful. More information about methodology can be found on the CI*Rank website (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/cirank/).

† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/stdpop.19ages.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/popdata/) File is used for SEER and NPCR incidence rates.
‡ Incidence data come from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are APCs calculated in SEER*Stat. Please refer to the source for each area for additional information.

Rates and trends are computed using different standards for malignancy. For more information see malignant.html (http://statecancerprofiles.cancer.gov/malignant.html).

^ All Stages refers to any stage in the Surveillance, Epidemiology, and End Results (SEER) summary stage (http://statecancerprofiles.cancer.govhttps://seer.cancer.gov/tools/ssm/).
*** No Healthy People 2020 Objective for this cancer.
Healthy People 2020 (http://statecancerprofiles.cancer.govhttps://www.healthypeople.gov/) Objectives provided by the Centers for Disease Control and Prevention (http://statecancerprofiles.cancer.govhttps://www.cdc.gov).

* Data has been suppressed (http://statecancerprofiles.cancer.gov/suppressed.html) to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

[1] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) and Surveillance, Epidemiology, and End Results (http://seer.cancer.gov) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute. Based on the 2020 submission.
[6] Source: National Program of Cancer Registries (http://statecancerprofiles.cancer.govhttps://www.cdc.gov/cancer/npcr/index.htm) SEER*Stat Database (2001-2018) - United States Department of Health and Human Services, Centers for Disease Control and Prevention (based on the 2020 submission).
[8] Source: Incidence data provided by the SEER Program. (http://seer.cancer.gov) AAPCs are calculated by the Joinpoint Regression Program (http://statecancerprofiles.cancer.govhttps://surveillance.cancer.gov/joinpoint/) and are based on APCs. Data are age-adjusted to the 2000 US standard population (http://www.seer.cancer.gov/stdpopulations/single_age.html) (19 age groups: <1, 1-4, 5-9, ... , 80-84,85+). Rates are for invasive cancer only (except for bladder cancer which is invasive and in situ) or unless otherwise specified. Population counts for denominators are based on Census populations as modifed by NCI. The 1969-2018 US Population Data (http://seer.cancer.gov/popdata/) File is used with SEER November 2020 data.

Interpret Rankings (http://statecancerprofiles.cancer.gov/interpretrankings.html) provides insight into interpreting cancer incidence statistics. When the population size for a denominator is small, the rates may be unstable. A rate is unstable when a small change in the numerator (e.g., only one or two additional cases) has a dramatic effect on the calculated rate.

Data for United States does not include Puerto Rico.

When displaying county information, the CI*Rank for the state is not shown because it's not comparable. To see the state CI*Rank please view the statistics at the US By State level.

Return to Top

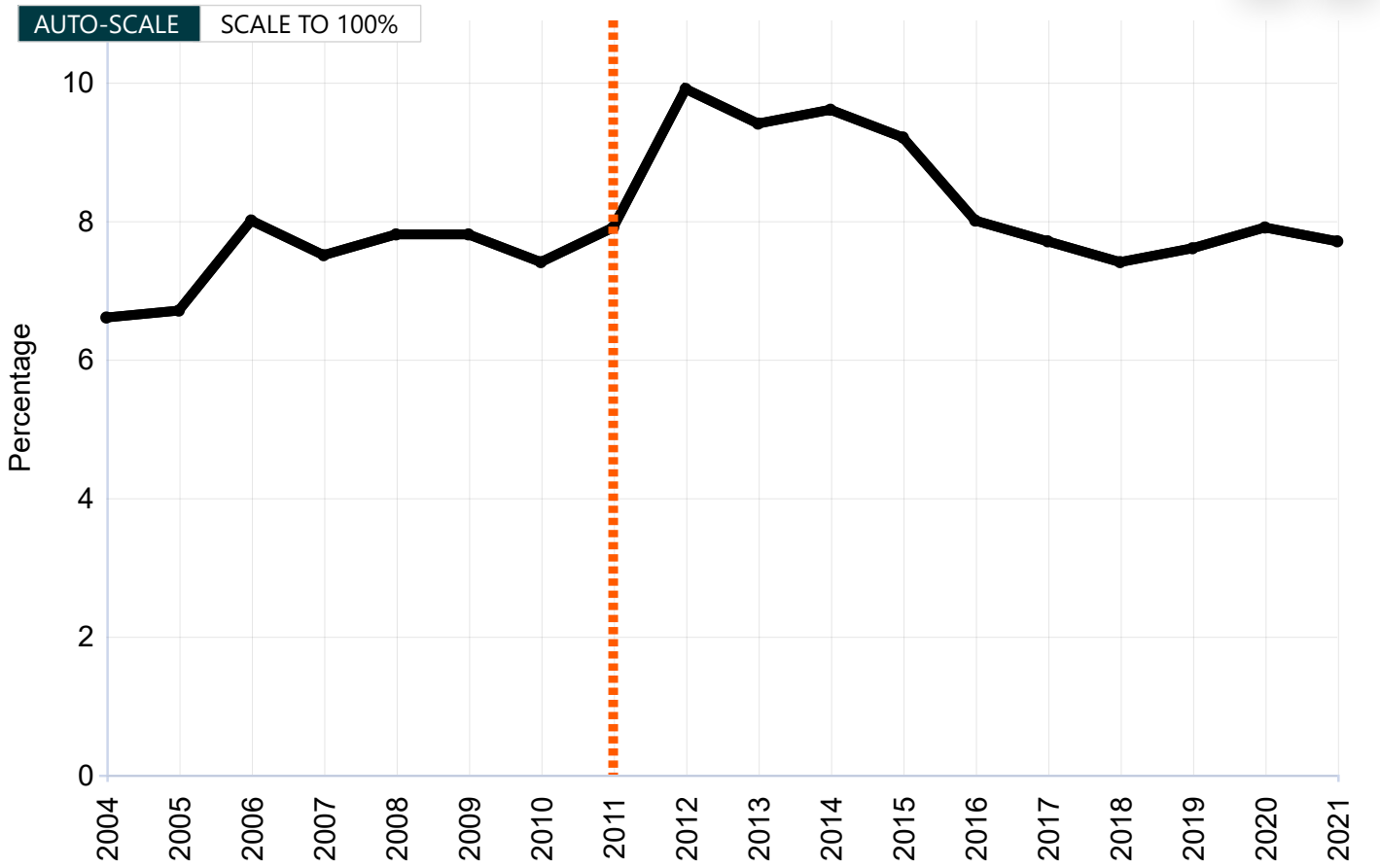
Surveillance

Menu | What's New | About

SHOW FILTERS

Diagnosed Diabetes - Total, Adults Aged 20+ Years, Age-Adjusted Percentage, Gibson County, Indiana

Total



Vertical dotted line indicates Major changes to the survey methods in 2011

Horizontal dotted line indicates "No Data", "Suppressed Data" or both.

Year	Total		
	Percentage	95% LL	95% UL
2021	7.7	5.2	10.9
2020	7.9	5.0	11.4
2019	7.6	5.0	10.7

Deaconess Gibson Hospital - Discharges by Diagnosis, by Payor Group

Discharge Date - Date: Between 01/01/2023 and 12/31/2023
Patient Encounter - Is Greater Than Zero Charge: Yes
Source System: Hospital Billing - Epic
Patient Type - Rollup: Inpatient
Entity: 58 - Deaconess Gibson Hospital

Primary ICD10 Diagnosis	Total Discharges	1 Medicare Managed
R53.81 - Other malaise	**168**	89
Z47.1 - Aftercare following joint replacement surgery	**15**	5
I11.0 - Hypertensive heart disease with heart failure	**8**	4
N17.9 - Acute kidney failure unspecified	**8**	1
J18.9 - Pneumonia unspecified organism	**7**	3
J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation	**7**	2
K76.82 - Hepatic encephalopathy	**6**	1
J15.9 - Unspecified bacterial pneumonia	**5**	2
N39.0 - Urinary tract infection site not specified	**5**	2
U07.1 - COVID-19	**5**	2
E10.10 - Type 1 diabetes mellitus with ketoacidosis without coma	**5**	-
A41.9 - Sepsis unspecified organism	**4**	2
J18.1 - Lobar pneumonia unspecified organism	**4**	2
A41.89 - Other specified sepsis	**3**	1
I13.0 - Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidı	**3**	2
J96.01 - Acute respiratory failure with hypoxia	**3**	2
I21.4 - Non-ST elevation (NSTEMI) myocardial infarction	**3**	-
K92.2 - Gastrointestinal hemorrhage unspecified	**3**	-
A41.51 - Sepsis due to Escherichia coli [E. coli]	**2**	1
E87.6 - Hypokalemia	**2**	2
I50.33 - Acute on chronic diastolic (congestive) heart failure	**2**	1
I63.89 - Other cerebral infarction	**2**	1
J96.21 - Acute and chronic respiratory failure with hypoxia	**2**	1
L76.32 - Postprocedural hematoma of skin and subcutaneous tissue following other procedure	**2**	1
E72.20 - Disorder of urea cycle metabolism unspecified	**2**	-

K72.91 - Hepatic failure unspecified with coma	**2**	-
A08.4 - Viral intestinal infection unspecified	**1**	1
A41.81 - Sepsis due to Enterococcus	**1**	1
C34.90 - Malignant neoplasm of unspecified part of unspecified bronchus or lung	**1**	1
E11.628 - Type 2 diabetes mellitus with other skin complications	**1**	1
G72.3 - Periodic paralysis	**1**	1
I16.0 - Hypertensive urgency	**1**	1
I16.1 - Hypertensive emergency	**1**	1
J80 - Acute respiratory distress syndrome	**1**	1
K56.600 - Partial intestinal obstruction unspecified as to cause	**1**	1
K61.1 - Rectal abscess	**1**	1
K91.870 - Postprocedural hematoma of a digestive system organ or structure following a digestive system proce	**1**	1
L02.411 - Cutaneous abscess of right axilla	**1**	1
S52.501A - Unspecified fracture of the lower end of right radius initial encounter for closed fracture	**1**	1
T79.6XXA - Traumatic ischemia of muscle initial encounter	**1**	1
A04.72 - Enterocolitis due to Clostridium difficile not specified as recurrent	**1**	-
A41.59 - Other Gram-negative sepsis	**1**	-
D64.9 - Anemia unspecified	**1**	-
E11.649 - Type 2 diabetes mellitus with hypoglycemia without coma	**1**	-
G47.33 - Obstructive sleep apnea (adult) (pediatric)	**1**	-
G83.9 - Paralytic syndrome unspecified	**1**	-
I48.92 - Unspecified atrial flutter	**1**	-
I67.89 - Other cerebrovascular disease	**1**	-
J96.02 - Acute respiratory failure with hypercapnia	**1**	-
K51.00 - Ulcerative (chronic) pancolitis without complications	**1**	-
K57.33 - Diverticulitis of large intestine without perforation or abscess with bleeding	**1**	-
K71.6 - Toxic liver disease with hepatitis not elsewhere classified	**1**	-
K80.00 - Calculus of gallbladder with acute cholecystitis without obstruction	**1**	-
M86.8X7 - Other osteomyelitis ankle and foot	**1**	-
N30.91 - Cystitis unspecified with hematuria	**1**	-
N32.1 - Vesicointestinal fistula	**1**	-
R53.83 - Other fatigue	**1**	-
R56.9 - Unspecified convulsions	**1**	-
T83.511A - Infection and inflammatory reaction due to indwelling urethral catheter initial encounter	**1**	-

E11.10 - Type 2 diabetes mellitus with ketoacidosis without coma	**1**	-
F10.139 - Alcohol abuse with withdrawal unspecified	**1**	-
J09.X1 - Influenza due to identified novel influenza A virus with pneumonia	**1**	-
J93.9 - Pneumothorax unspecified	**1**	-
K70.10 - Alcoholic hepatitis without ascites	**1**	-
K85.10 - Biliary acute pancreatitis without necrosis or infection	**1**	-
L03.116 - Cellulitis of left lower limb	**1**	-
T87.44 - Infection of amputation stump left lower extremity	**1**	-
K56.609 - Unspecified intestinal obstruction unspecified as to partial versus complete obstruction	**1**	-
J18.8 - Other pneumonia unspecified organism	**1**	-
J36 - Peritonsillar abscess	**1**	-
L03.115 - Cellulitis of right lower limb	**1**	-
N10 - Acute pyelonephritis	**1**	-
T39.1X1A - Poisoning by 4-Aminophenol derivatives accidental (unintentional) initial encounter	**1**	-
T40.2X4A - Poisoning by other opioids undetermined initial encounter	**1**	-
F10.239 - Alcohol dependence with withdrawal unspecified	**1**	-
K56.690 - Other partial intestinal obstruction	**1**	-

1A Medicare Traditional	2 Indiana Medicaid	2B Illinois Medicaid	3 Managed Care	6 Self Pay	7 Other	
66	-	-	13	-	-	0.922619
8	-	-	2	-	-	0.866667
1	1	1	1	-	-	0.875
6	-	-	-	1	-	0.875
2	-	-	2	-	-	0.714286
2	2	-	1	-	-	0.857143
4	1	-	-	-	-	1
3	-	-	-	-	-	1
3	-	-	-	-	-	1
3	-	-	-	-	-	1
1	2	-	2	-	-	0.6
-	2	-	-	-	-	
1	1	-	-	-	-	
2	-	-	-	-	-	
-	1	-	-	-	-	
-	-	-	1	-	-	
2	-	1	-	-	-	
2	-	-	1	-	-	
1	-	-	-	-	-	
-	-	-	-	-	-	
1	-	-	-	-	-	
1	-	-	-	-	-	
1	-	-	-	-	-	
-	-	-	1	-	-	
2	-	-	-	-	-	

2	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-
1	-	-	-	-	-

-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	1	-	-	-	-
-	-	1	-	-	-
-	-	-	1	-	-
-	-	-	1	-	-
-	-	-	1	-	-
-	-	-	1	-	-
-	-	-	1	-	-
-	-	-	1	-	-
-	-	-	-	1	-
-	-	-	-	-	1

Appendix B

Focus Group Materials

Gibson County Focus Group Attendance – 4/18/2024

Jennifer Brown – YMCA of Southwest Indiana

Kay Johnson – SW Indiana Workforce Board

Carla Jochim – Auxiliary & Foundation

Diane Hornby – Gibson County Health Department

Juli Shade – Gibson County Health Department

Kala Pepper – Deaconess Gibson Hospital

Trina Kolb – Addiction Solutions

Susan Straub – Deaconess Gibson Hospital

Dave Schults – The Isaiah 1:17 Project

Ronda Colbert – GCCDA Senior Center

Kristina Hannel – ASC

Zara Strickland – Deaconess Gibson Hospital

Lori Martin – Foundation

Amanda Dewig – Deaconess Gibson Hospital

Raegan Farig – University of Southern Indiana

Lyndsi Dunn – Deaconess Gibson Hospital

Heath Kohlmeier – Tulip Tree Family Health

Erin Nester – Tulip Tree Family Health

Donnie Moser – Deaconess Gibson Hospital

Kristine Georges – Tulip Tree Family Health

Angela Clayton – Deaconess Gibson Hospital

Marc Hayes – Deaconess Gibson Hospital

Lois Morgan – Deaconess Gibson Hospital

Natalie Teeters – Deaconess Gibson Hospital

Marion Jochim - ??

Kayla Hayes – North Gibson School Corporation

Patty Vanoven – Gibson County Chamber

Warren Fleetwood – County Commissioner

Gibson County Focus Group Comments & Priorities – 4/18/2024

Areas of highest priority are highlighted for each category.

Community Values

Caring

Welcoming/friendly

Diversity

Faith-based

Thriving

Community pride

Resilience

Hardworking

Strengths

Wide variety of local specialists and specialty care – cardiology, podiatry, pediatrics, psychology, etc.

Free exercise classes at libraries

Parks and walking trails

YMCA opening soon

Senior Center

Deaconess Gibson Hospital and clinics

Southwest Behavioral Health

Collaboration between organizations

Pool and parks

Public Health Department

EMTs and other first responders

Library programs for kids

Insurance through many medium and large employers

Tulip Tree Family Health

Many community outreach programs – Family Needs; Isaiah 1:17 Project, etc.

Active and engaged government

Youth sports programs including scholarships for children that can't afford to play

Toyota and other businesses – jobs, programmatic funding

Oakland City University and Vincennes University

Free school breakfasts

Food banks

School Corporations

Purdue Extension

Low unemployment

Youth First – mental health in schools

Camp Carson

Veteran support

Two sober living facilities

Great civic, philanthropic groups and volunteers

Access to groceries; walkable grocery stores – in Princeton only

Growing faith-based groups

Caring Communities – health coalition

Resource officers in schools

Backpack food program in schools

ARC of Southwest Indiana

Chamber of Commerce

Challenges

Need additional specialty services: neurology, women's health, dental (that accepts Medicaid), orthopedics, endocrinology

Childcare – any at all, but especially affordable, quality care; workforce impact

Underinsured populations

Sidewalk infrastructure

Coordination of EMS services

Lack of Peer Recovery Services

Collaboration among organizations; coordinate efforts more effectively

Home Health – need more and more that take insurance

Outdated resource manual

Substance Use/Abuse

Vaping – THC and tobacco

Cost of living

Financial literacy

Domestic violence/battery

Homelessness

Transportation

Food desert outside Princeton

Birth control access and options

Foster parents needed

No 24-hour pharmacy

Medicare complexity/confusion among population

Mental health/suicide – access to services, stigma, cost, insurance doesn't cover

Appendix C

Survey

2024 Gibson County Health Needs Assessment

Please complete the survey below.

Thank you!

1) What is your zip code? _____

2) What is your age? _____

3) What is your gender?
- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Non-binary/non-conforming
- ◯ Prefer not to respond

4) What is your race or origin?
- ◯ White
- ◯ Black or African American
- ◯ Latino or Spanish origin
- ◯ American Indian or Alaska Native
- ◯ Asian
- ◯ Native Hawaiian or Other Pacific Islander
- ◯ Two or more races or origins
- ◯ Some other race or origin
- ◯ Prefer not to respond

How do the following issues impact the health of your county:

		Very Negative Impact	Some Negative Impact	No Impact	Some Positive Impact	Very Positive Impact
5)	Availability of specialty health care (for example cardiology, women's health, pediatrics, etc.)	◯	◯	◯	◯	◯
6)	Availability of childcare services	◯	◯	◯	◯	◯
7)	Cost of childcare services	◯	◯	◯	◯	◯
8)	Substance Use/Abuse	◯	◯	◯	◯	◯
9)	Vaping - nicotine/tobacco	◯	◯	◯	◯	◯
10)	Vaping - THC/marijuana	◯	◯	◯	◯	◯
11)	Cost of living	◯	◯	◯	◯	◯
12)	Homelessness	◯	◯	◯	◯	◯
13)	Cost of housing	◯	◯	◯	◯	◯
14)	Quality of housing	◯	◯	◯	◯	◯
15)	Availability of public transportation	◯	◯	◯	◯	◯
16)	Cost of public transportation	◯	◯	◯	◯	◯
17)	Mental Health of the population	◯	◯	◯	◯	◯
18)						

	Availability of Mental Health services	○	○	○	○	○
19)	Stigma associated with Mental Health	○	○	○	○	○
20)	Cost of Mental Health services	○	○	○	○	○

Do you see a need for the following in your county:

		No need	Some need	No opinion either way	Definite need	Extreme need
21)	Quality, affordable childcare services	○	○	○	○	○
22)	Better collaboration and coordination between existing organizations (such as civic, non-profit, service, and outreach programs)	○	○	○	○	○
23)	Substance Use/Abuse treatment services	○	○	○	○	○
24)	Substance Use/Abuse education	○	○	○	○	○
25)	Resources to quit tobacco/nicotine vaping	○	○	○	○	○
26)	Education on tobacco/nicotine vaping	○	○	○	○	○
27)	Resources to quit THC/marijuana vaping	○	○	○	○	○
28)	Education on THC/marijuana vaping	○	○	○	○	○
29)	Financial assistance for Cost of Living	○	○	○	○	○
30)	Financial education, such as budgeting classes	○	○	○	○	○
31)	Affordable, quality housing	○	○	○	○	○
32)	Resources for people experiencing homelessness	○	○	○	○	○
33)	Housing for people experiencing homelessness	○	○	○	○	○
34)	Additional public transportation options	○	○	○	○	○
35)	Additional Mental Health services	○	○	○	○	○
36)	Education/training on Mental Health stigma	○	○	○	○	○
37)	Affordable/low-cost Mental Health services	○	○	○	○	○
38)						

	Suicide prevention programs/education	◯	◯	◯	◯	◯
39)	Neurology services	◯	◯	◯	◯	◯
40)	Women's health services	◯	◯	◯	◯	◯
41)	Dental health services	◯	◯	◯	◯	◯
42)	Orthopedic services	◯	◯	◯	◯	◯
43)	Endocrinology services	◯	◯	◯	◯	◯

44) Are there any other specialty services needed in Gibson County?

_____

45) Do you have a Primary Care Provider?

◯ Yes
◯ No

46) Please share any additional thoughts/comments about the health of Gibson County:

_____

Data Exports, Reports, and Stats

Number of results returned: 132
Total number of records queried: 132

All data (all records and fields)

What is your zip code? *(zipcode)*

Total Count (N)	Missing*
131	1 (0,8%)

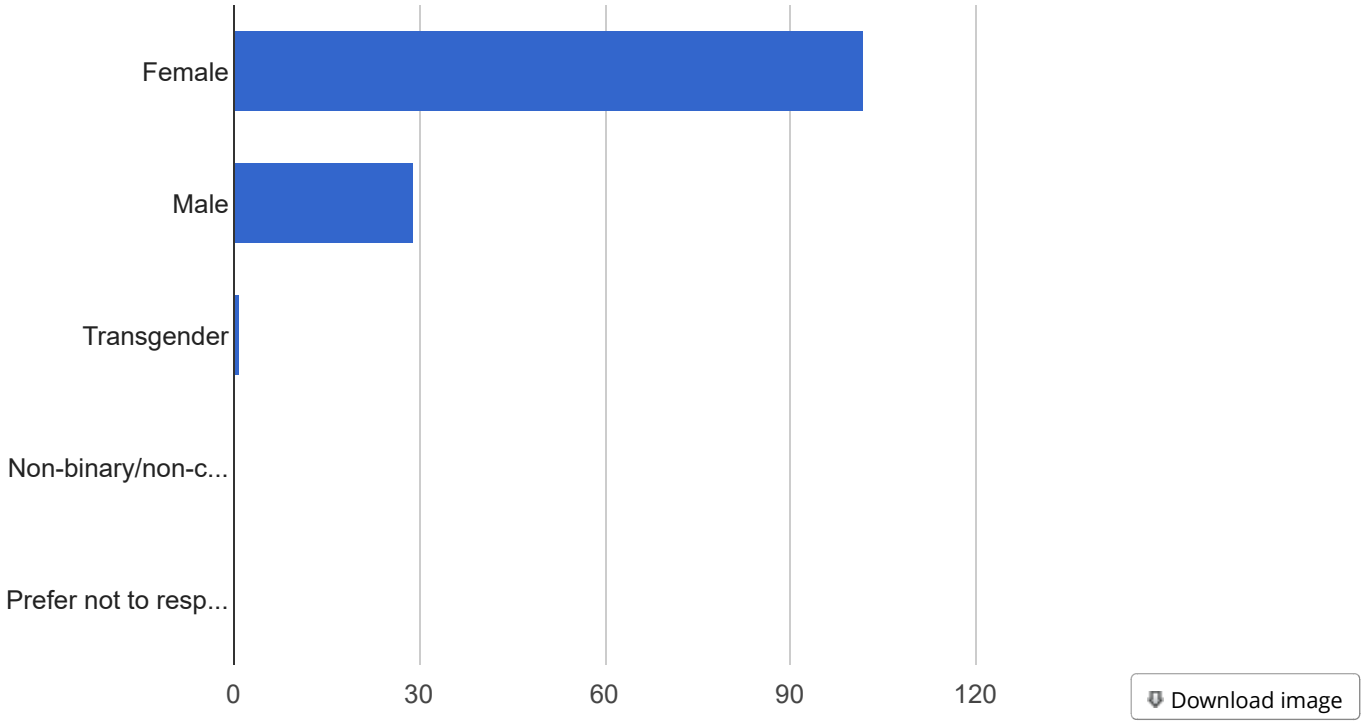
What is your age? *(age)*

Total Count (N)	Missing*
128	4 (3,0%)

What is your gender? *(gender)*

Total Count (N)	Missing*	Unique
132	0 (0,0%)	3

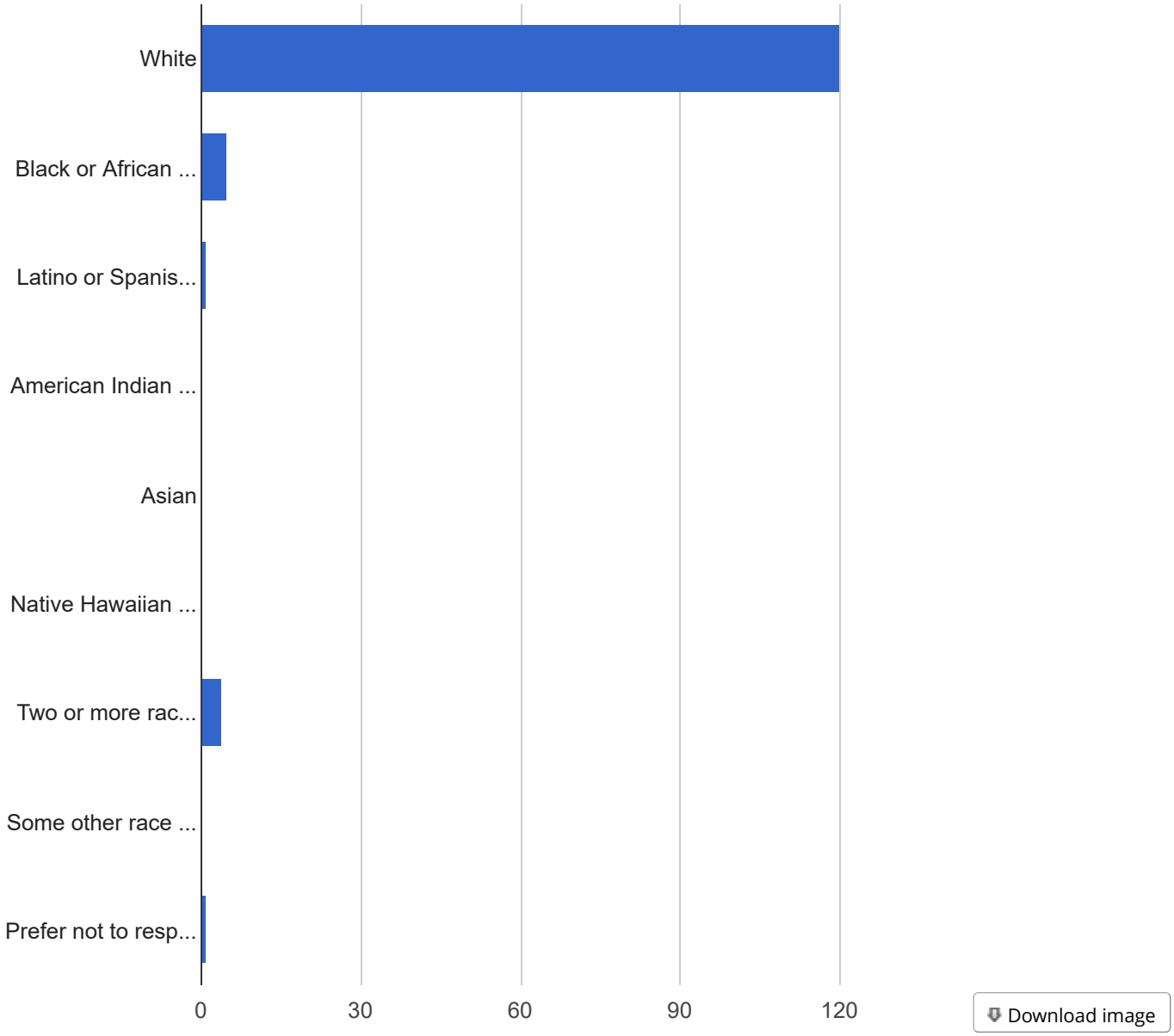
Counts/frequency: Female (102, 77,3%), Male (29, 22,0%), Transgender (1, 0,8%), Non-binary/non-conforming (0, 0,0%), Prefer not to respond (0, 0,0%)



What is your race or origin? *(race)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

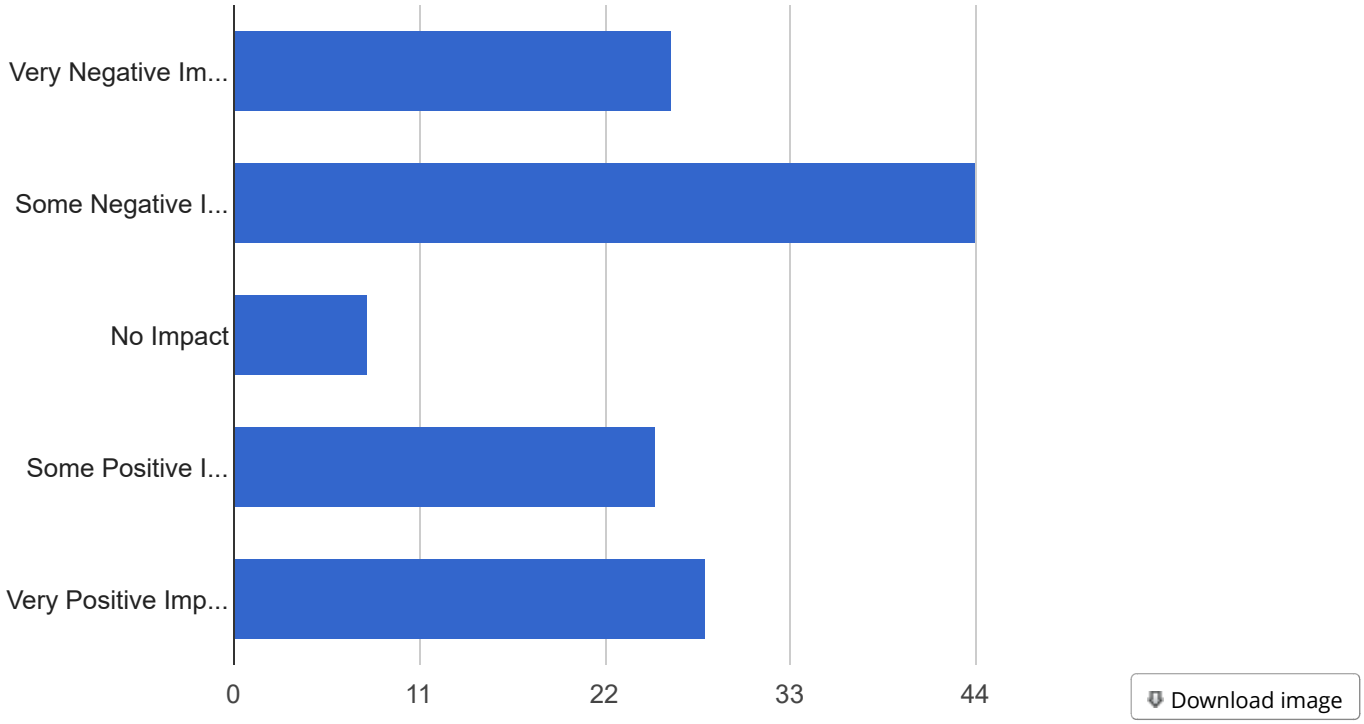
Counts/frequency: White (120, 91,6%), Black or African American (5, 3,8%), Latino or Spanish origin (1, 0,8%), American Indian or Alaska Native (0, 0,0%), Asian (0, 0,0%), Native Hawaiian or Other Pacific Islander (0, 0,0%), Two or more races or origins (4, 3,1%), Some other race or origin (0, 0,0%), Prefer not to respond (1, 0,8%)



Availability of specialty health care (for example cardiology, women's health, pediatrics, etc.) *(speciality)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

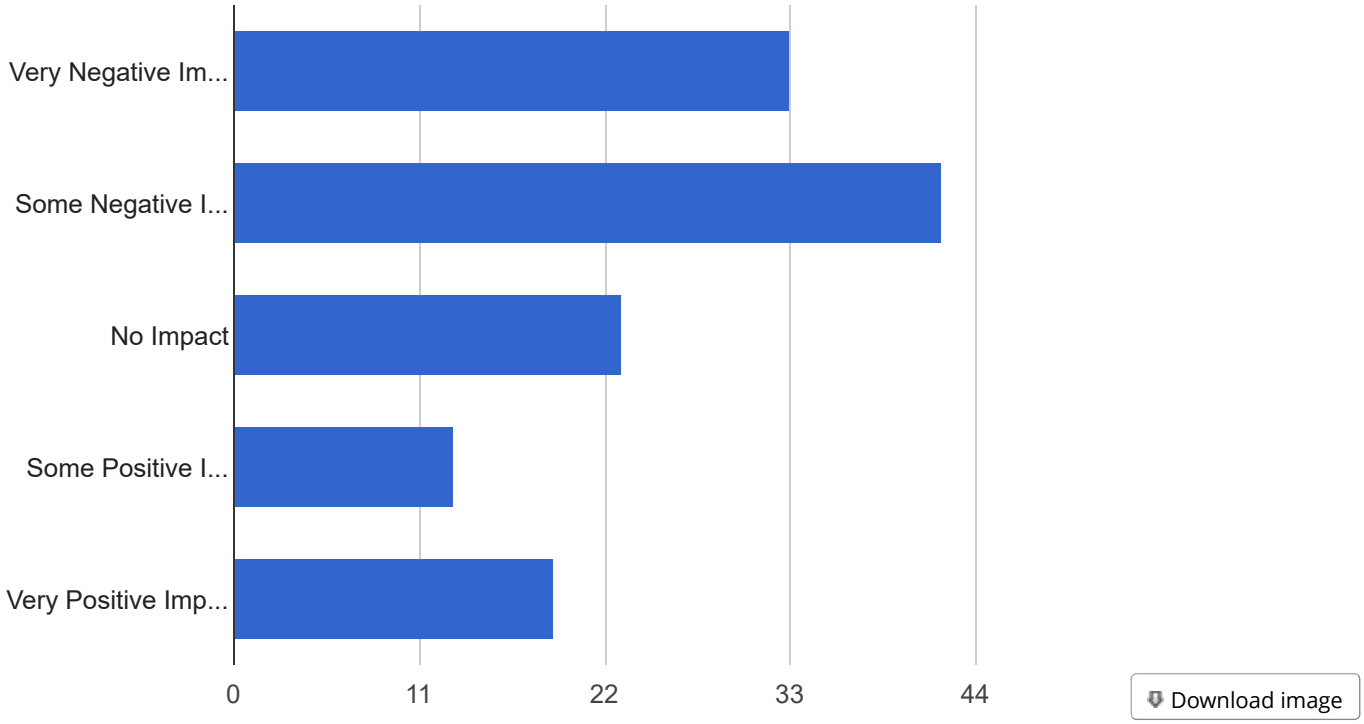
Counts/frequency: Very Negative Impact (26, 19,8%), Some Negative Impact (44, 33,6%), No Impact (8, 6,1%), Some Positive Impact (25, 19,1%), Very Positive Impact (28, 21,4%)



Availability of childcare services *(childcare)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

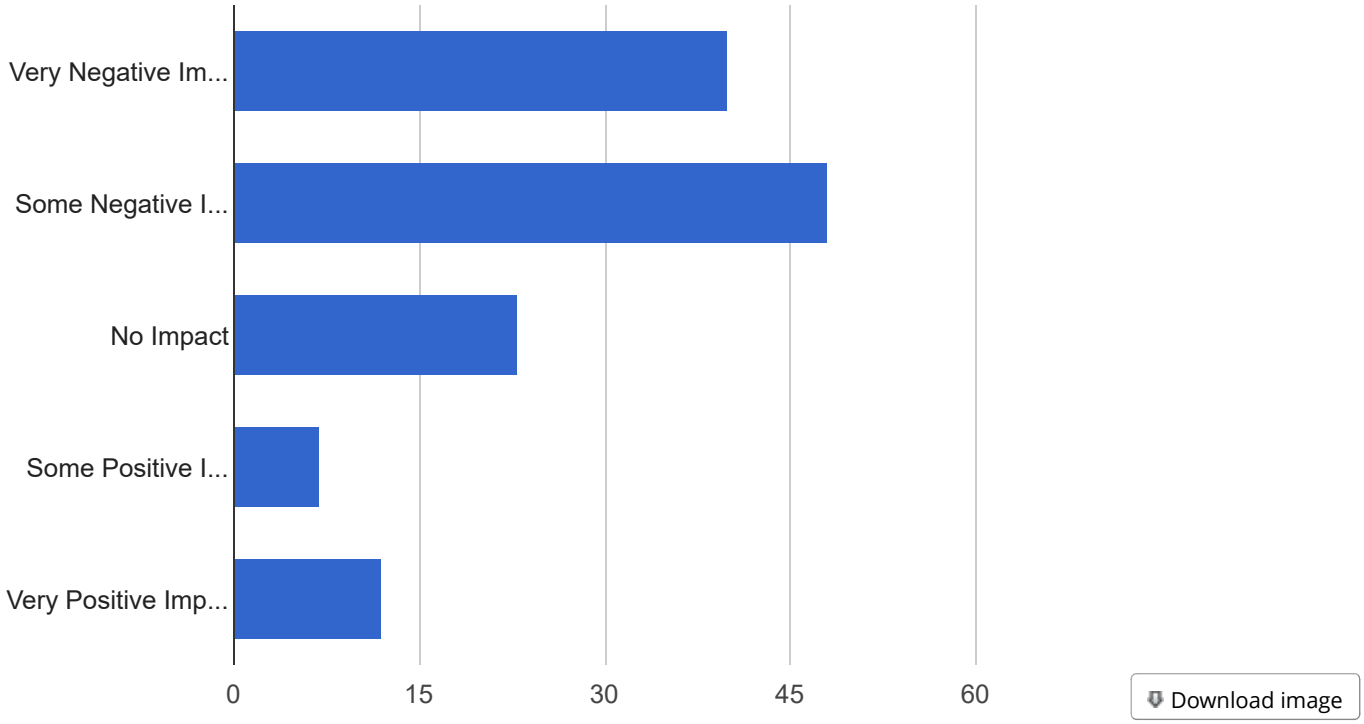
Counts/frequency: Very Negative Impact (33, 25,4%), Some Negative Impact (42, 32,3%), No Impact (23, 17,7%), Some Positive Impact (13, 10,0%), Very Positive Impact (19, 14,6%)



Cost of childcare services *(cost_childcare)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

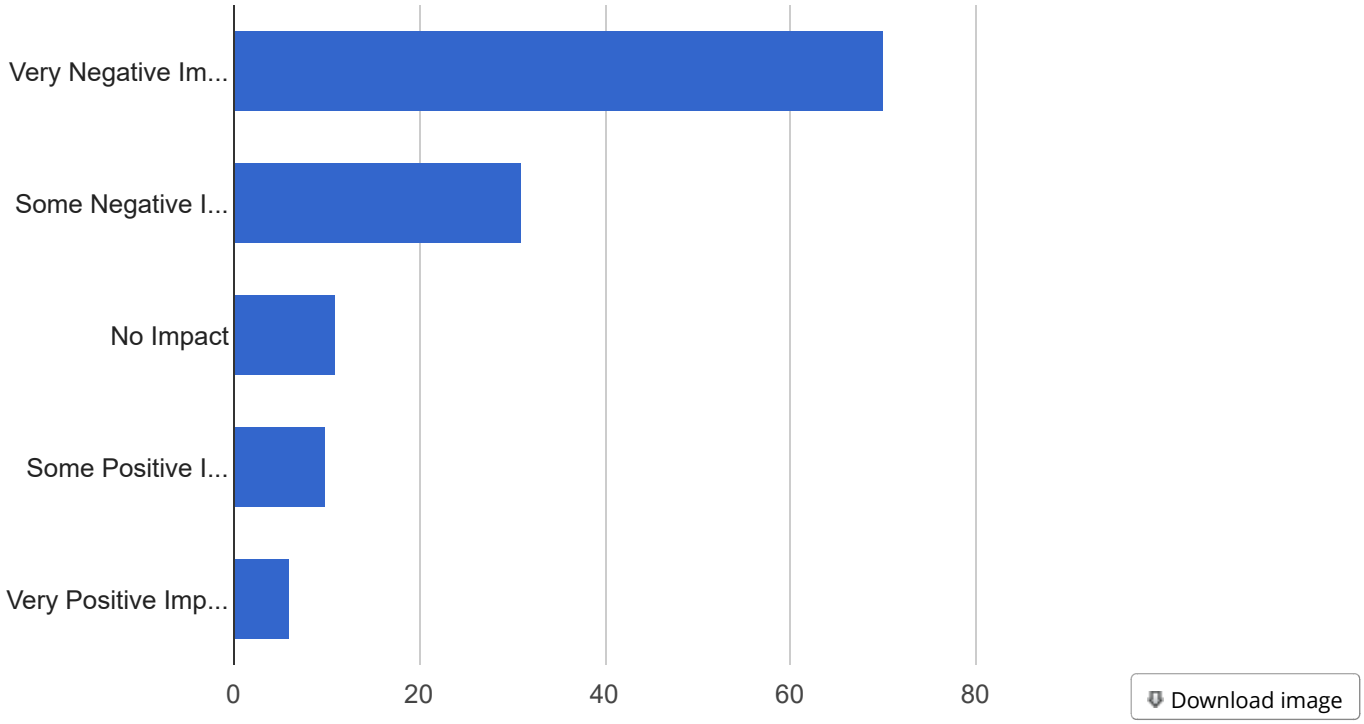
Counts/frequency: Very Negative Impact (40, 30,8%), Some Negative Impact (48, 36,9%), No Impact (23, 17,7%), Some Positive Impact (7, 5,4%), Very Positive Impact (12, 9,2%)



Substance Use/Abuse *(substance_use)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	5

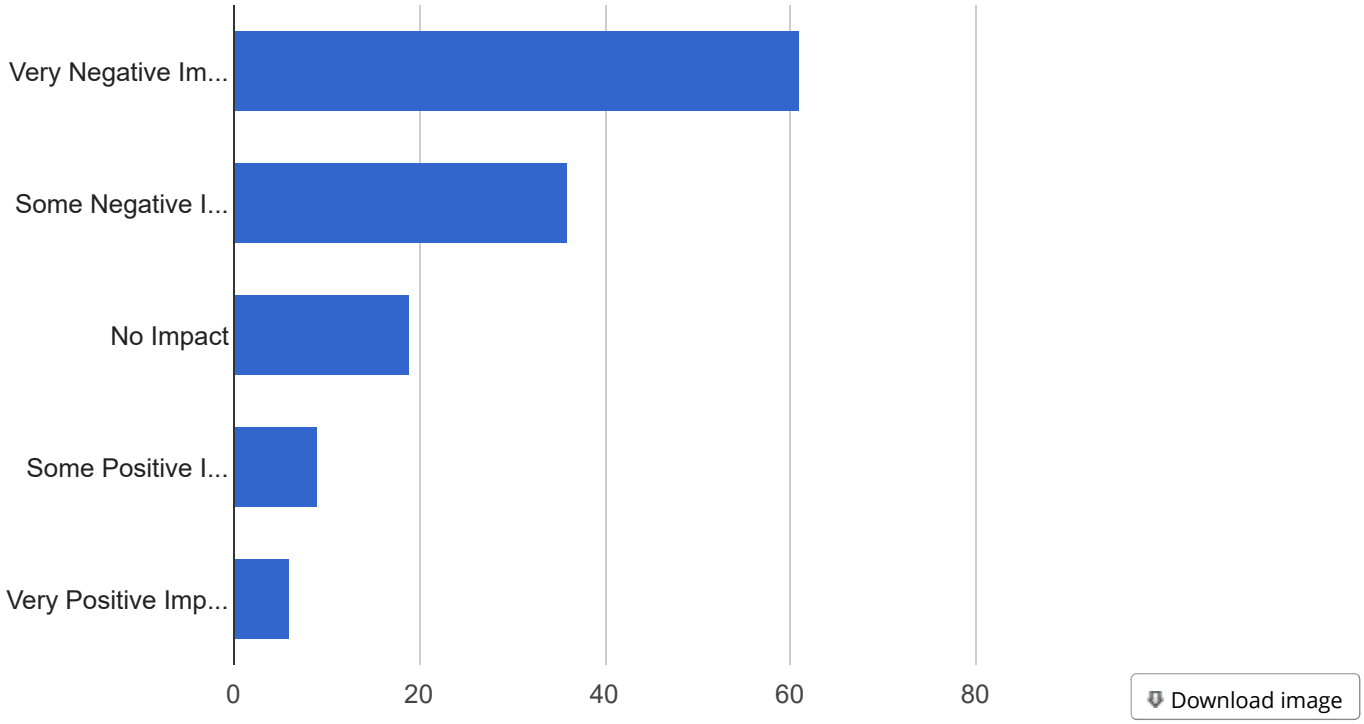
Counts/frequency: Very Negative Impact (70, 54,7%), Some Negative Impact (31, 24,2%), No Impact (11, 8,6%), Some Positive Impact (10, 7,8%), Very Positive Impact (6, 4,7%)



Vaping - nicotine/tobacco *(nicotine)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

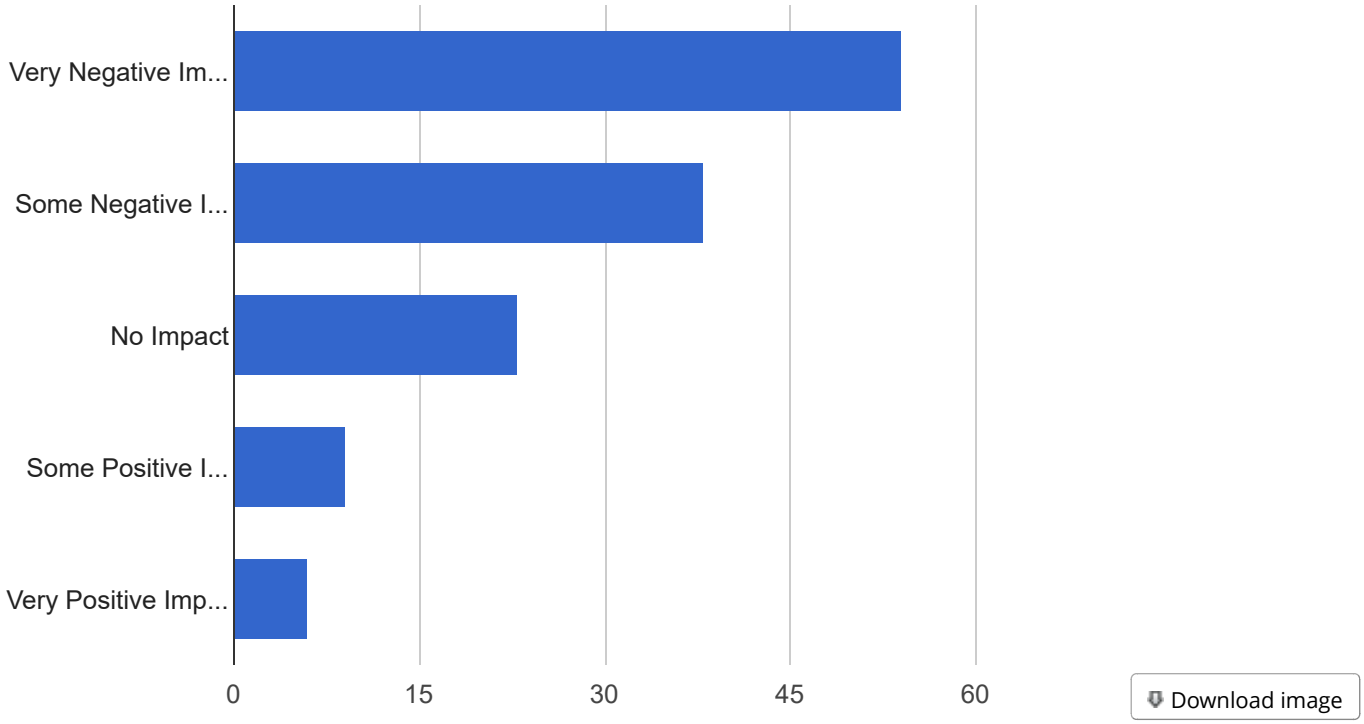
Counts/frequency: Very Negative Impact (61, 46,6%), Some Negative Impact (36, 27,5%), No Impact (19, 14,5%), Some Positive Impact (9, 6,9%), Very Positive Impact (6, 4,6%)



Vaping - THC/marijuana *(thc)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

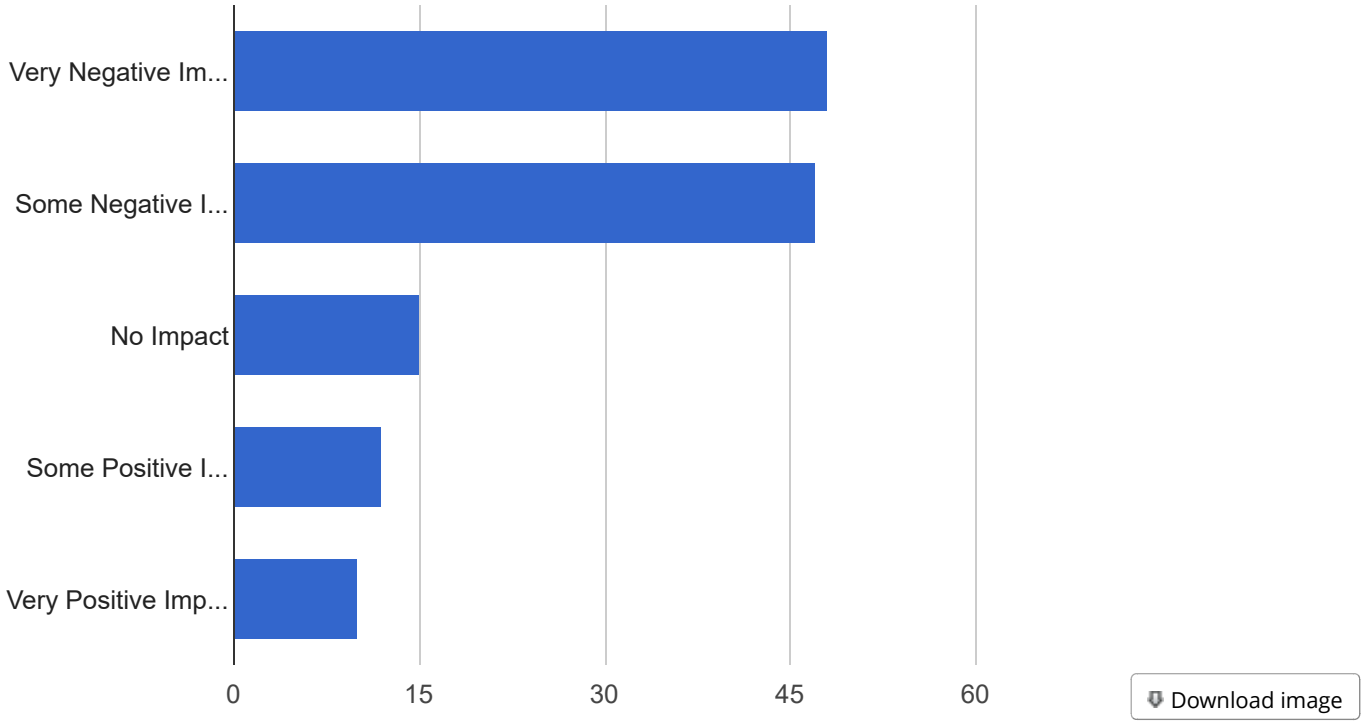
Counts/frequency: Very Negative Impact (54, 41,5%), Some Negative Impact (38, 29,2%), No Impact (23, 17,7%), Some Positive Impact (9, 6,9%), Very Positive Impact (6, 4,6%)



Cost of living *(living)*

Total Count (N)	Missing*	Unique
132	0 (0,0%)	5

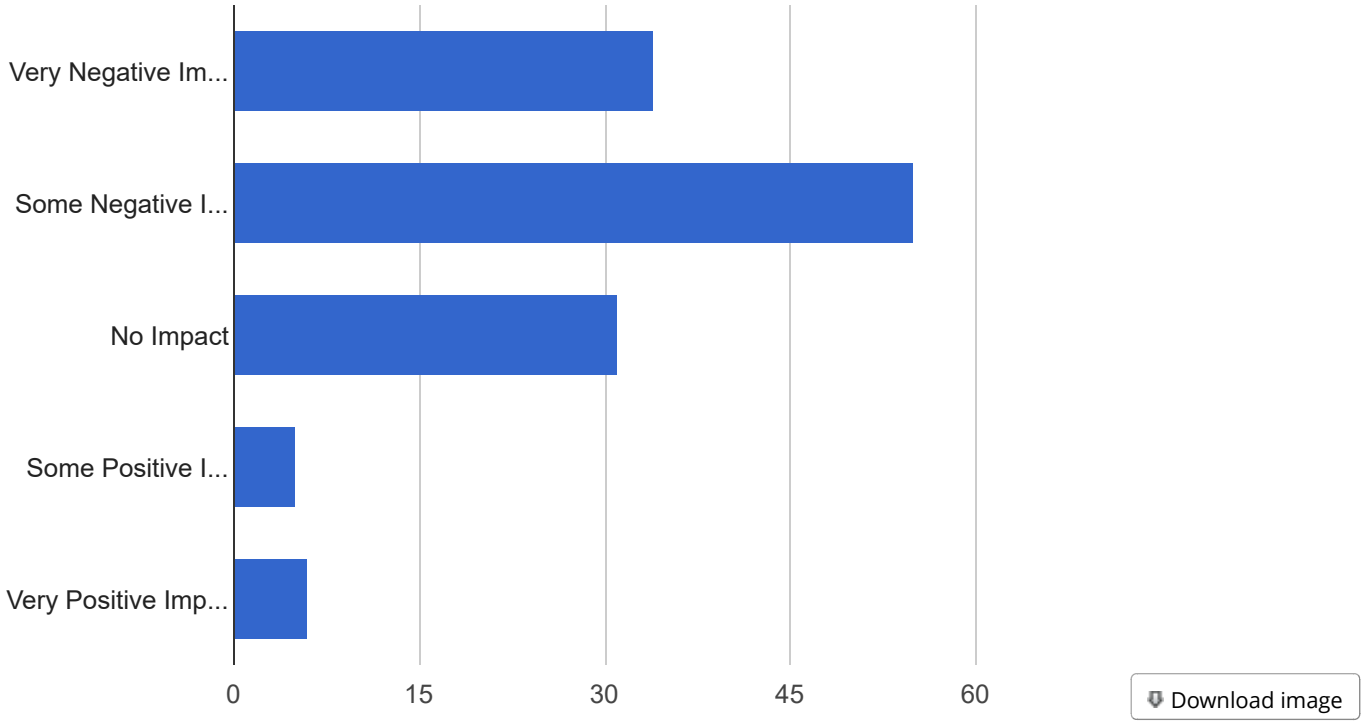
Counts/frequency: Very Negative Impact (48, 36,4%), Some Negative Impact (47, 35,6%), No Impact (15, 11,4%), Some Positive Impact (12, 9,1%), Very Positive Impact (10, 7,6%)



Homelessness *(homelessness)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

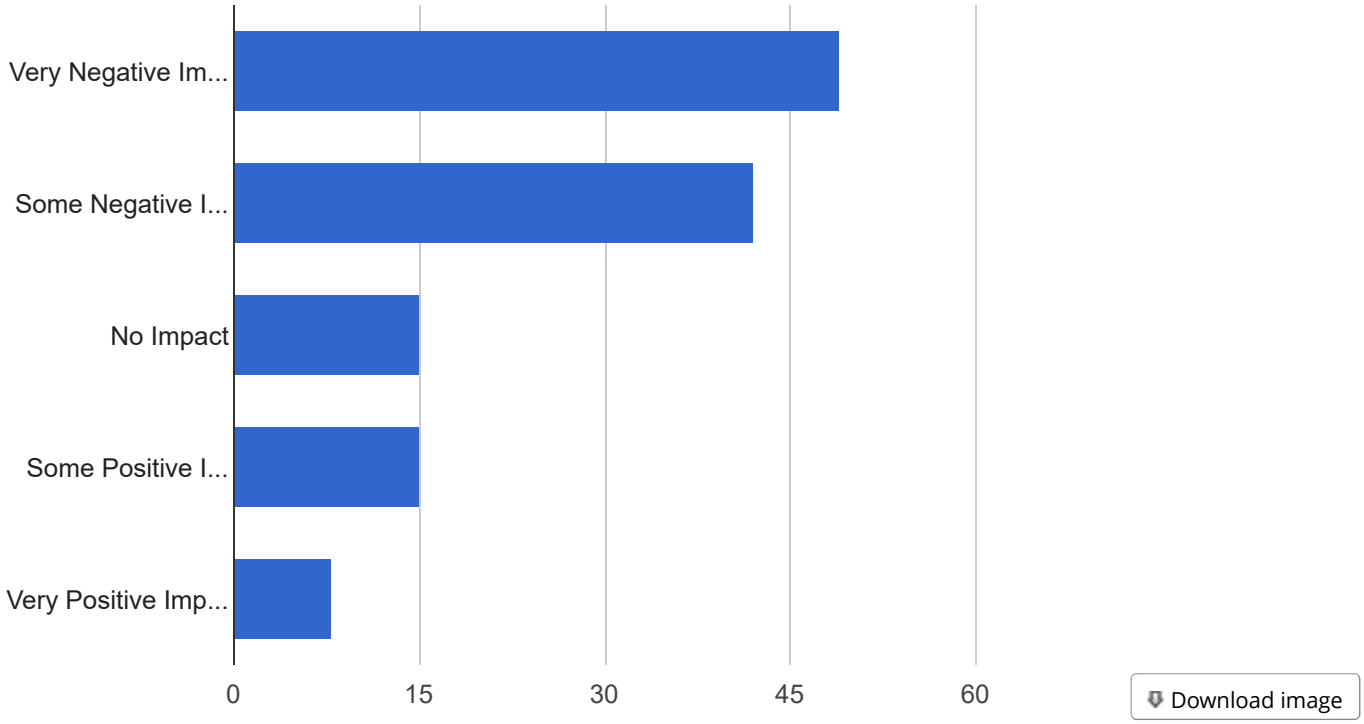
Counts/frequency: Very Negative Impact (34, 26,0%), Some Negative Impact (55, 42,0%), No Impact (31, 23,7%), Some Positive Impact (5, 3,8%), Very Positive Impact (6, 4,6%)



Cost of housing *(housing)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

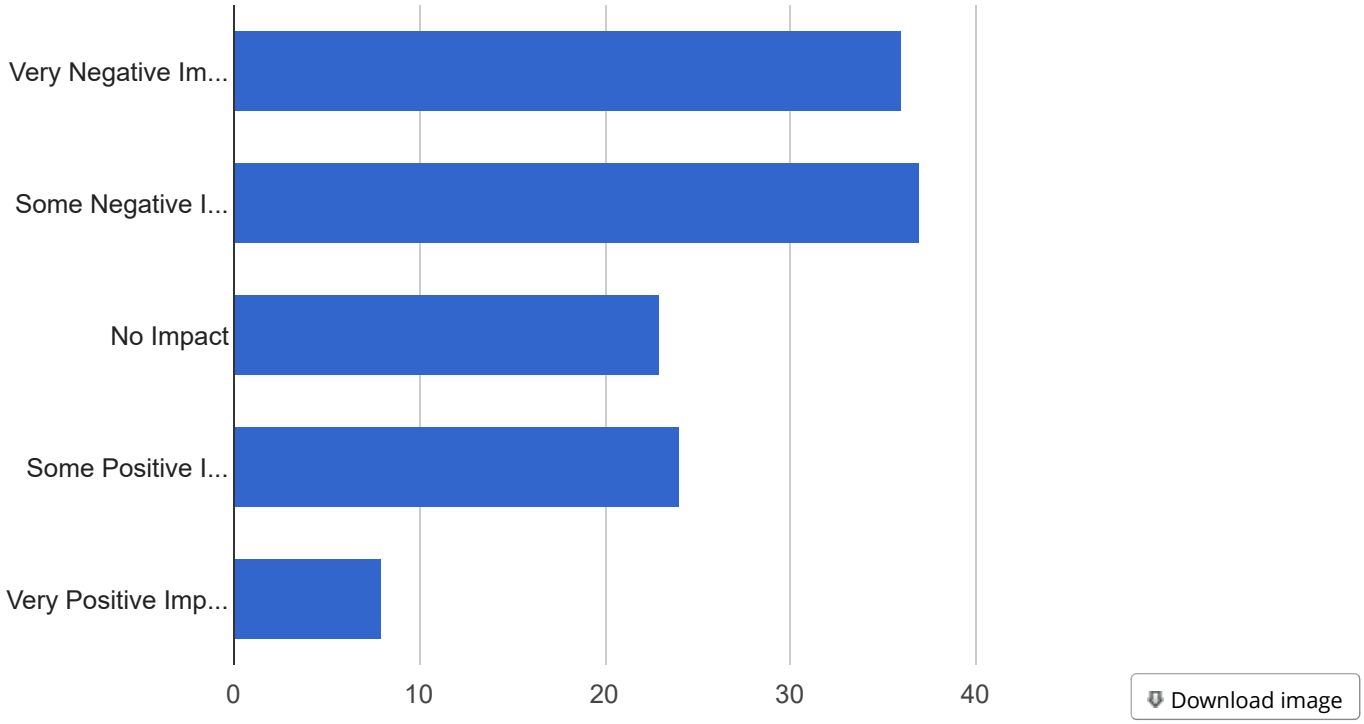
Counts/frequency: Very Negative Impact (49, 38,0%), Some Negative Impact (42, 32,6%), No Impact (15, 11,6%), Some Positive Impact (15, 11,6%), Very Positive Impact (8, 6,2%)



Quality of housing *(quality)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	5

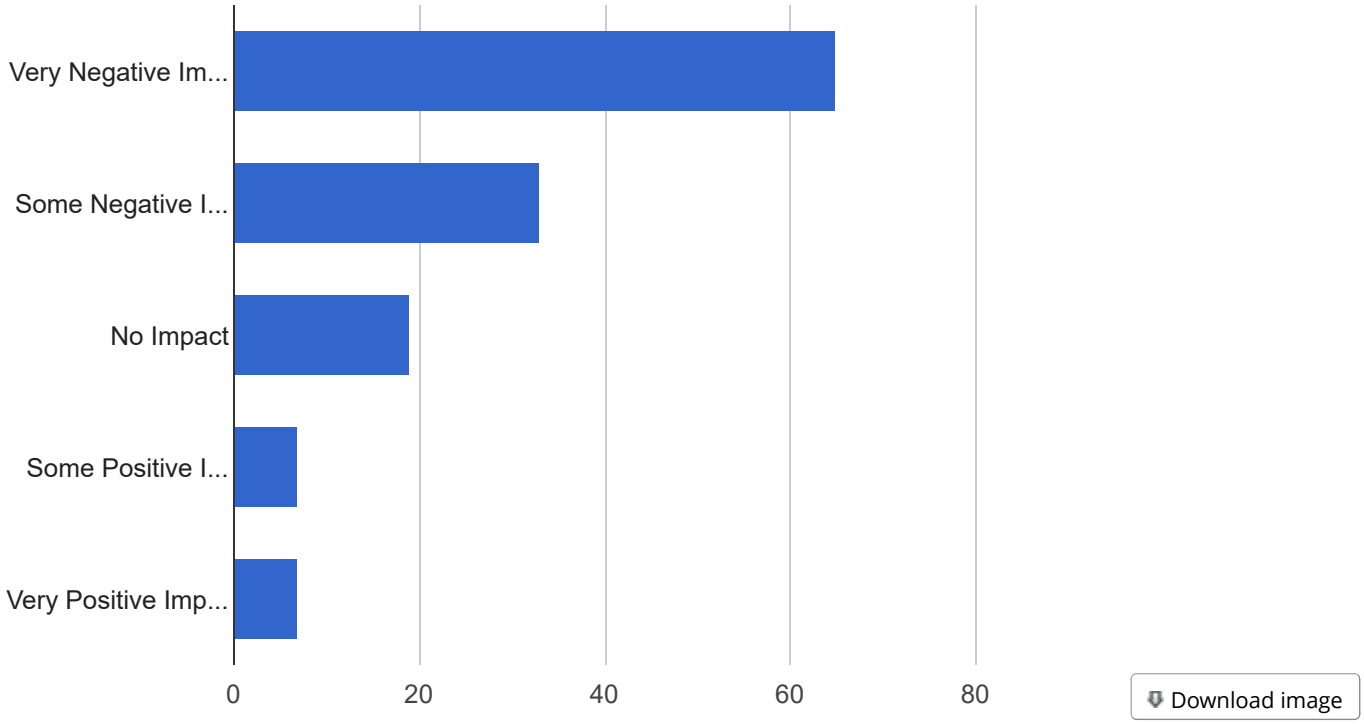
Counts/frequency: Very Negative Impact (36, 28,1%), Some Negative Impact (37, 28,9%), No Impact (23, 18,0%), Some Positive Impact (24, 18,8%), Very Positive Impact (8, 6,3%)



Availability of public transportation *(transportation)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

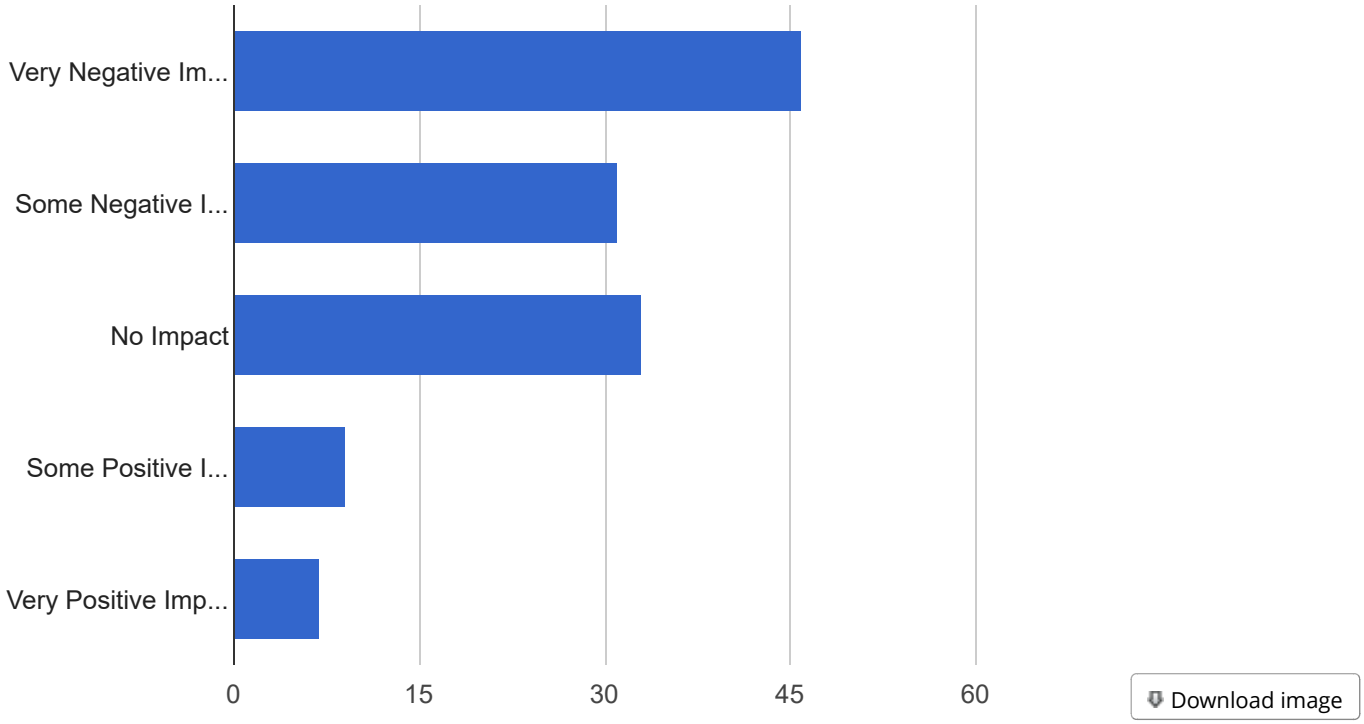
Counts/frequency: Very Negative Impact (65, 49,6%), Some Negative Impact (33, 25,2%), No Impact (19, 14,5%), Some Positive Impact (7, 5,3%), Very Positive Impact (7, 5,3%)



Cost of public transportation *(transportation_cost)*

Total Count (N)	Missing*	Unique
126	6 (4,5%)	5

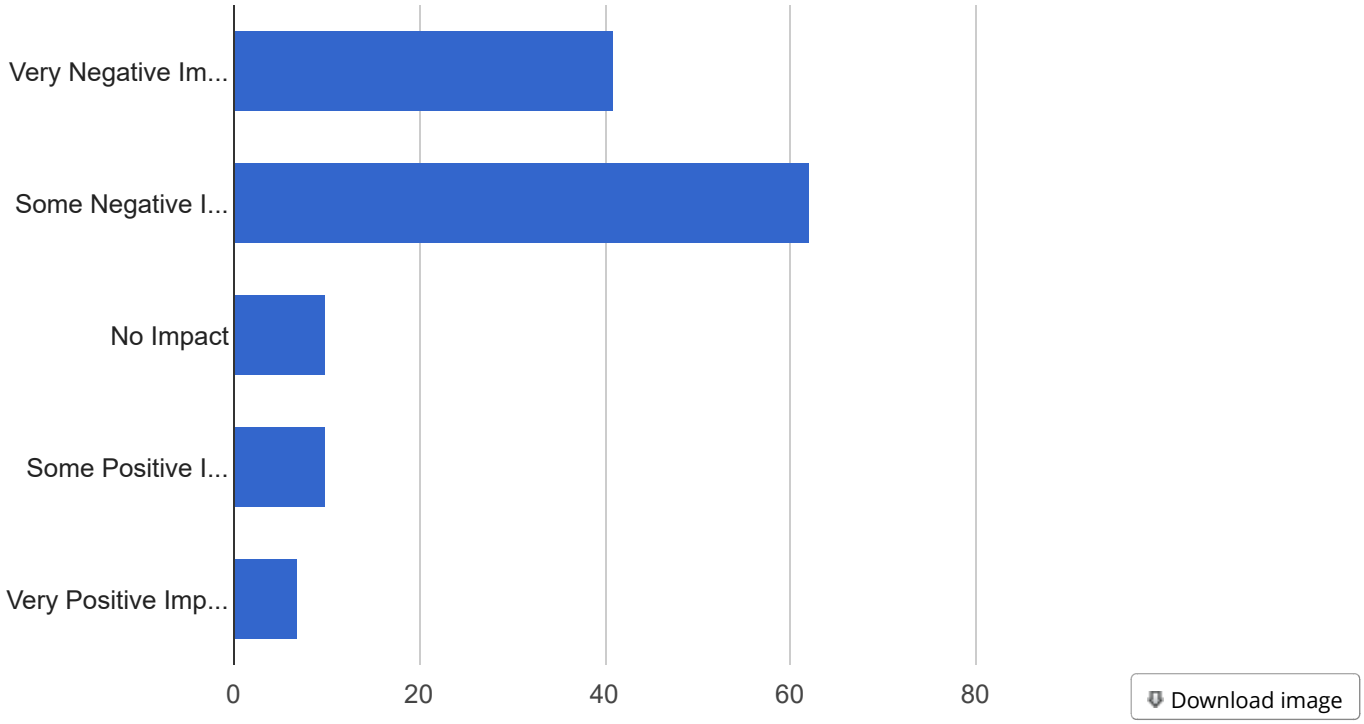
Counts/frequency: Very Negative Impact (46, 36,5%), Some Negative Impact (31, 24,6%), No Impact (33, 26,2%), Some Positive Impact (9, 7,1%), Very Positive Impact (7, 5,6%)



Mental Health of the population *(mental_health)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

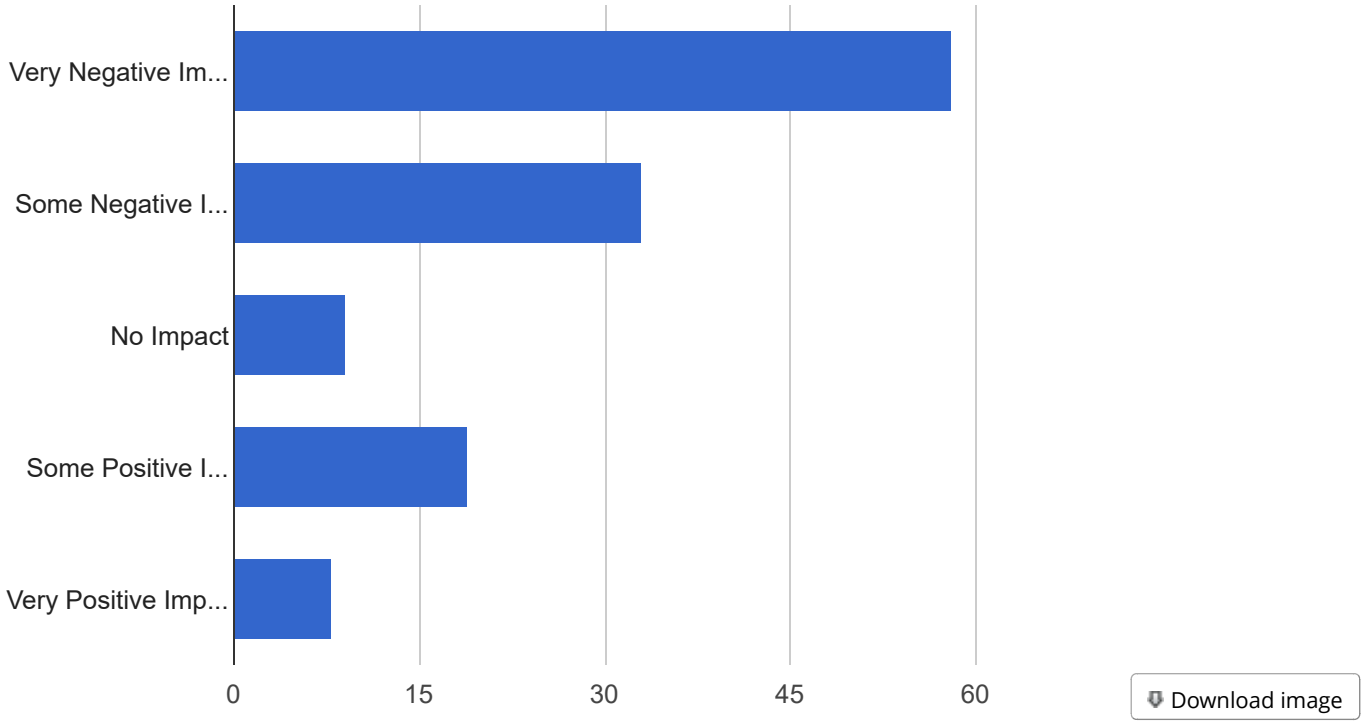
Counts/frequency: Very Negative Impact (41, 31,5%), Some Negative Impact (62, 47,7%), No Impact (10, 7,7%), Some Positive Impact (10, 7,7%), Very Positive Impact (7, 5,4%)



Availability of Mental Health services *(access_mental_health)*

Total Count (N)	Missing*	Unique
127	5 (3,8%)	5

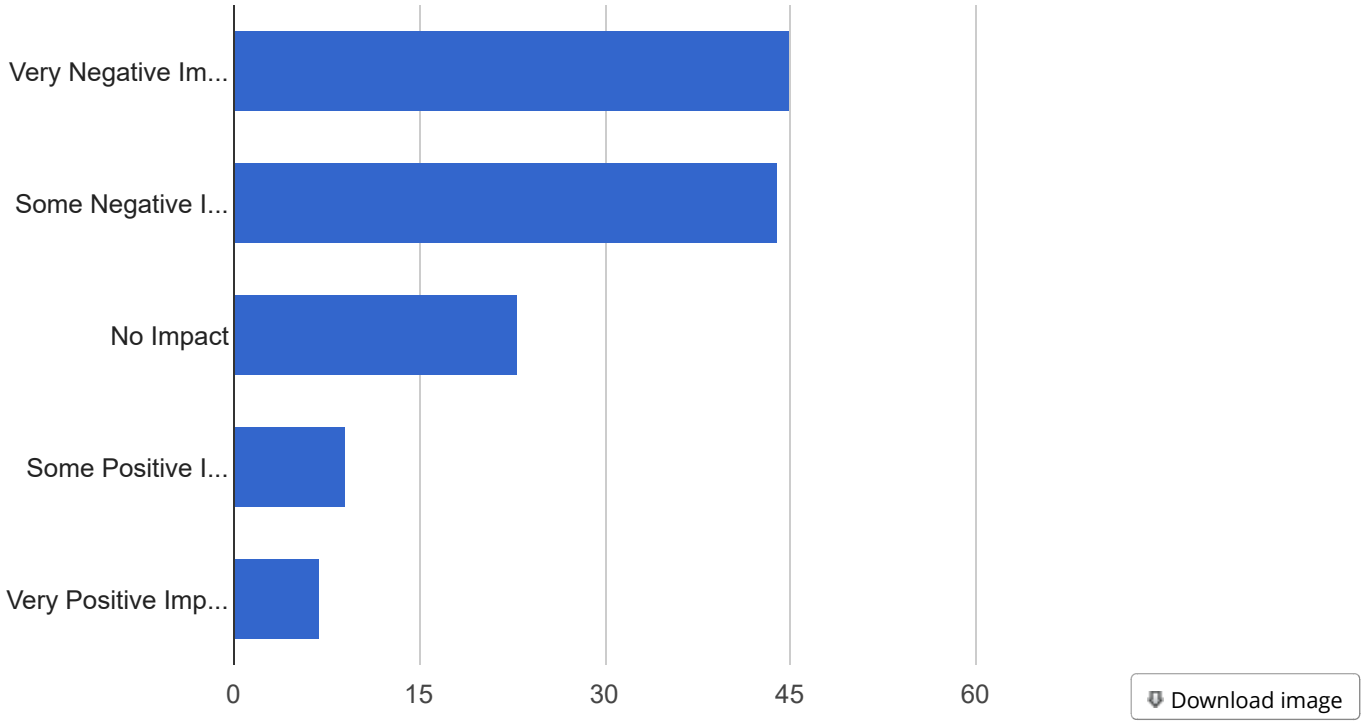
Counts/frequency: Very Negative Impact (58, 45,7%), Some Negative Impact (33, 26,0%), No Impact (9, 7,1%), Some Positive Impact (19, 15,0%), Very Positive Impact (8, 6,3%)



Stigma associated with Mental Health *(stigma)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	5

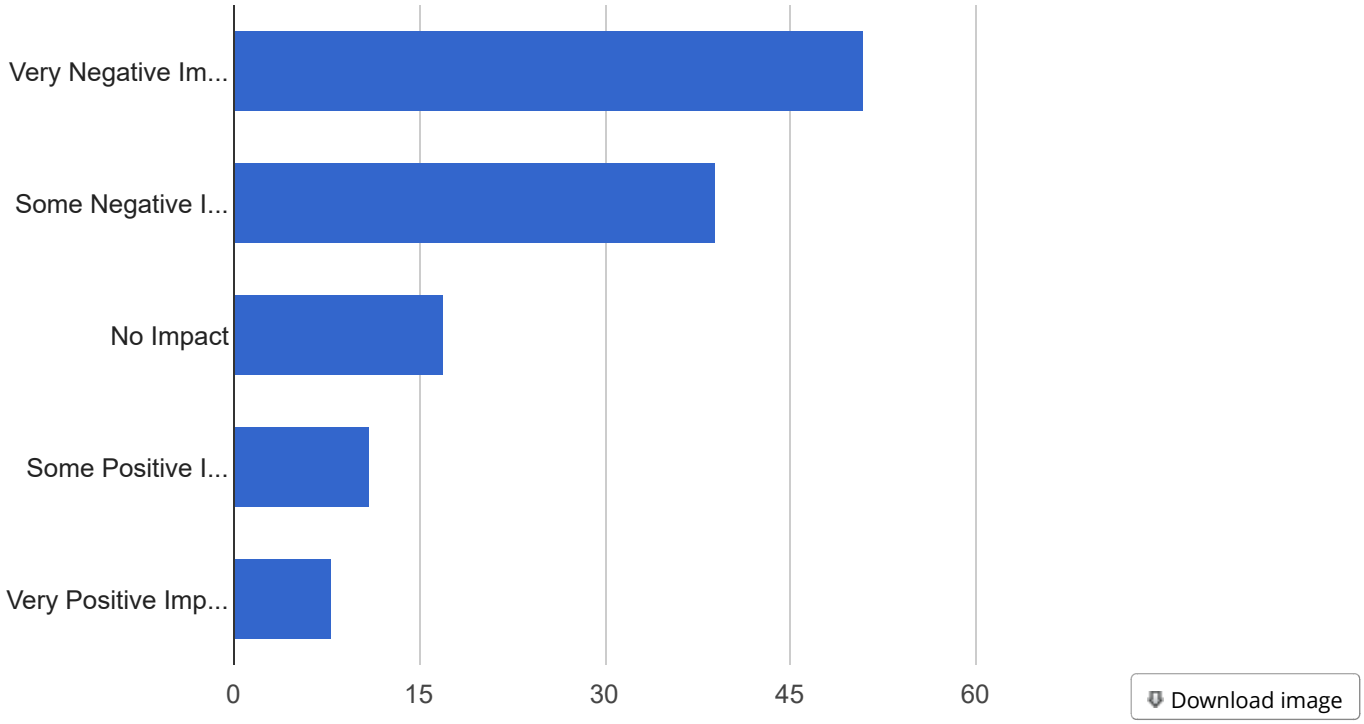
Counts/frequency: Very Negative Impact (45, 35,2%), Some Negative Impact (44, 34,4%), No Impact (23, 18,0%), Some Positive Impact (9, 7,0%), Very Positive Impact (7, 5,5%)



Cost of Mental Health services *(cost_mental_health)*

Total Count (N)	Missing*	Unique
126	6 (4,5%)	5

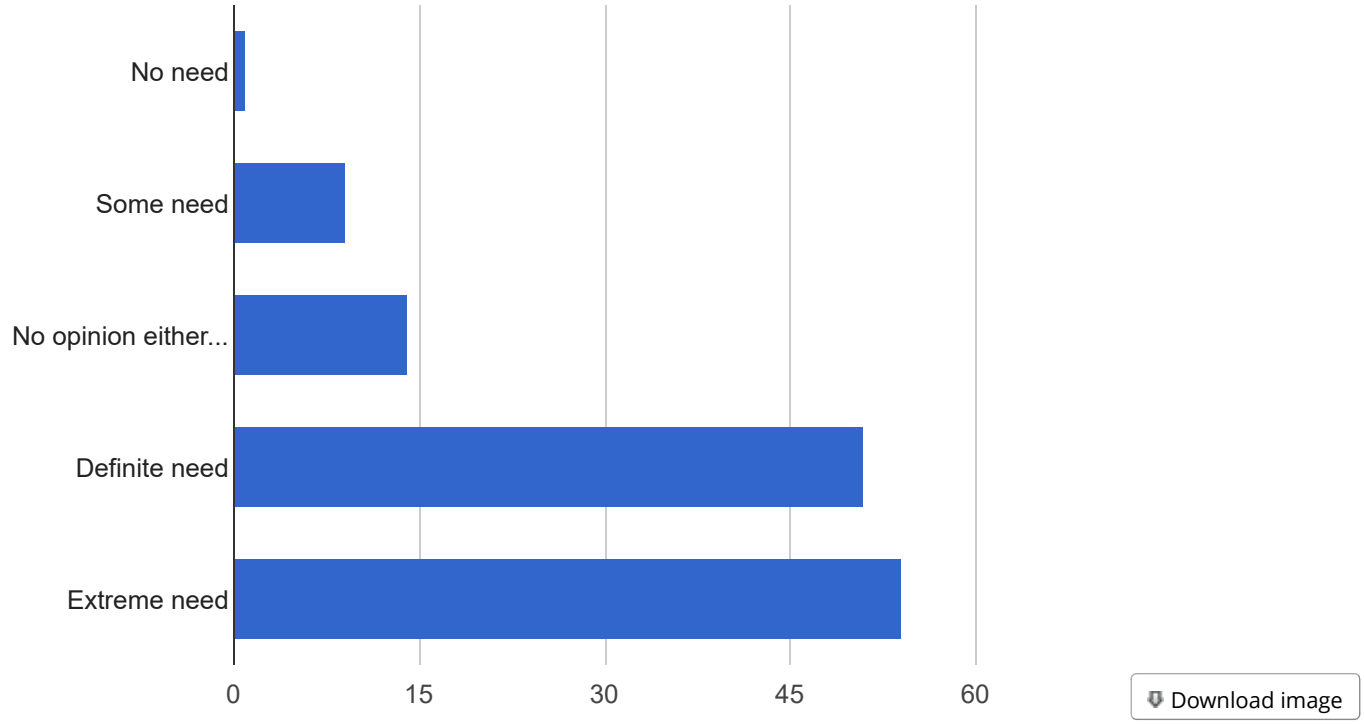
Counts/frequency: Very Negative Impact (51, 40,5%), Some Negative Impact (39, 31,0%), No Impact (17, 13,5%), Some Positive Impact (11, 8,7%), Very Positive Impact (8, 6,3%)



Quality, affordable childcare services *(affordable)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

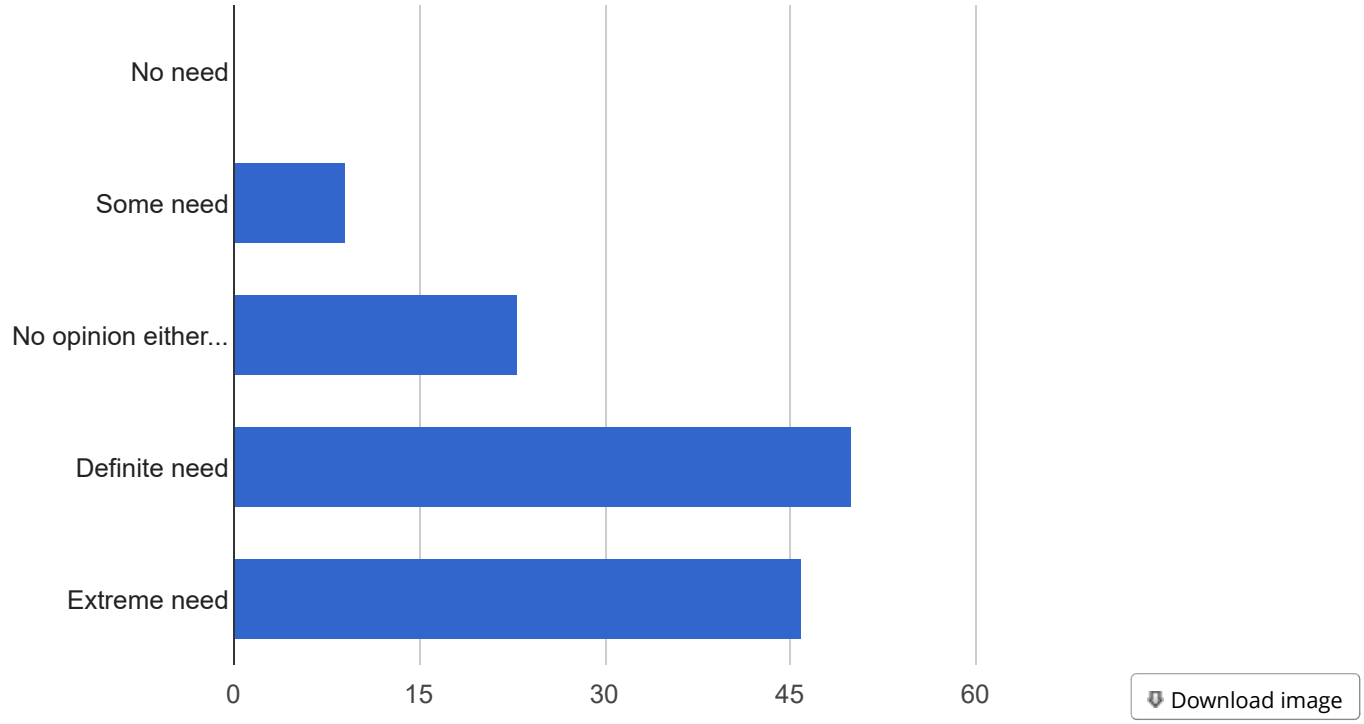
Counts/frequency: No need (1, 0,8%), Some need (9, 7,0%), No opinion either way (14, 10,9%), Definite need (51, 39,5%), Extreme need (54, 41,9%)



Better collaboration and coordination between existing organizations (such as civic, non-profit, service, and outreach programs) *(collaboration)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

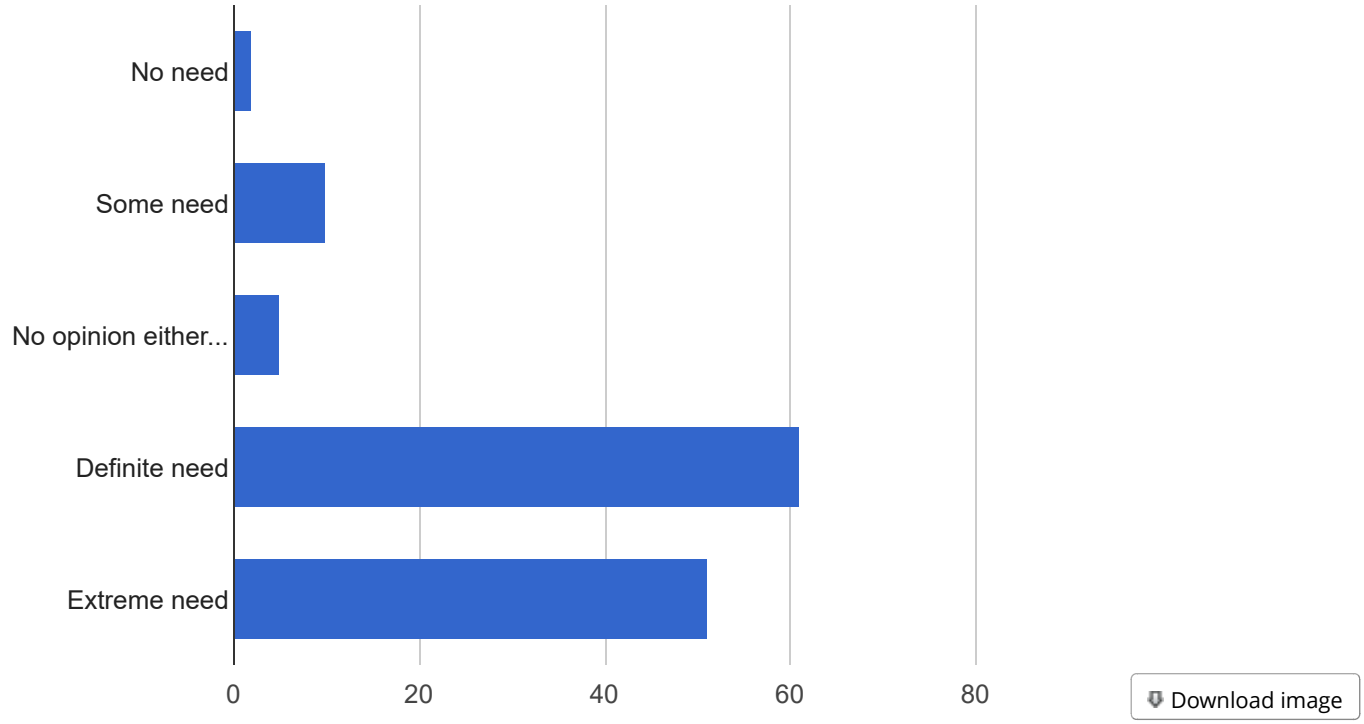
Counts/frequency: No need (0, 0,0%), Some need (9, 7,0%), No opinion either way (23, 18,0%), Definite need (50, 39,1%), Extreme need (46, 35,9%)



Substance Use/Abuse treatment services *(abuse_treatment)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

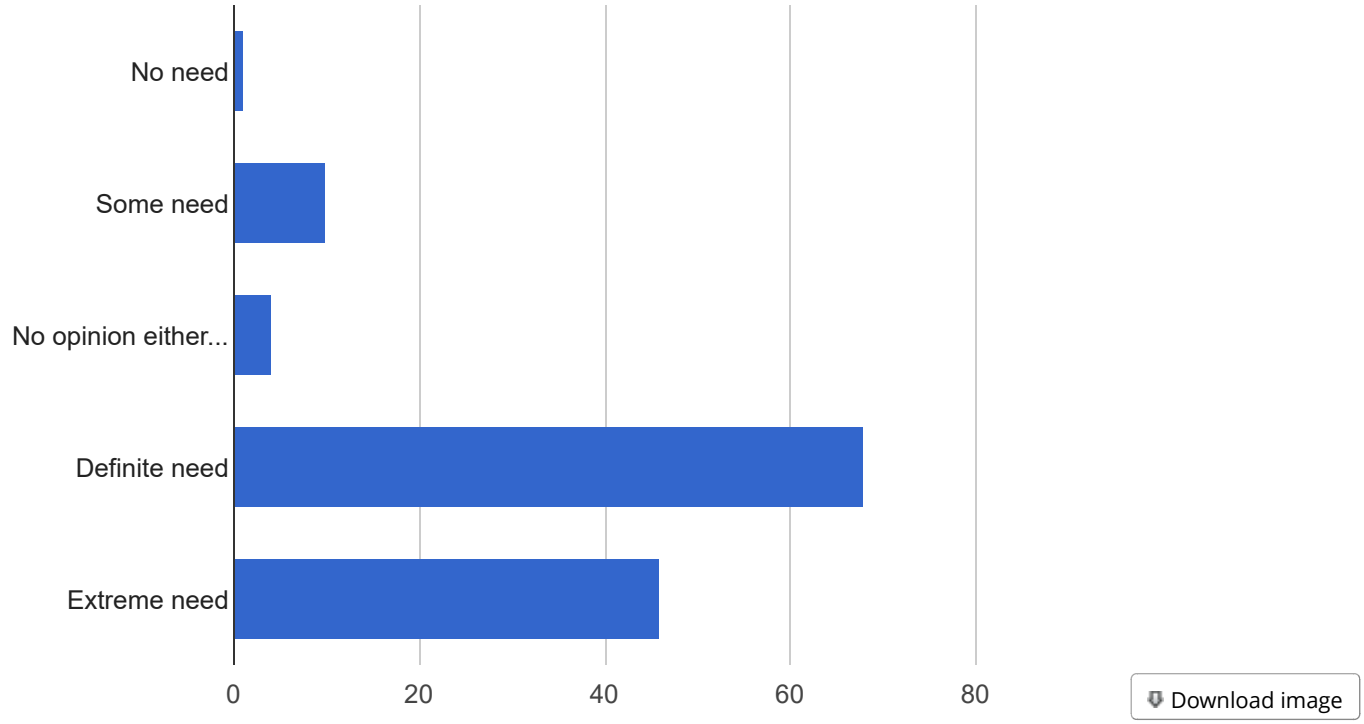
Counts/frequency: No need (2, 1,6%), Some need (10, 7,8%), No opinion either way (5, 3,9%), Definite need (61, 47,3%), Extreme need (51, 39,5%)



Substance Use/Abuse education *(abuse_education)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

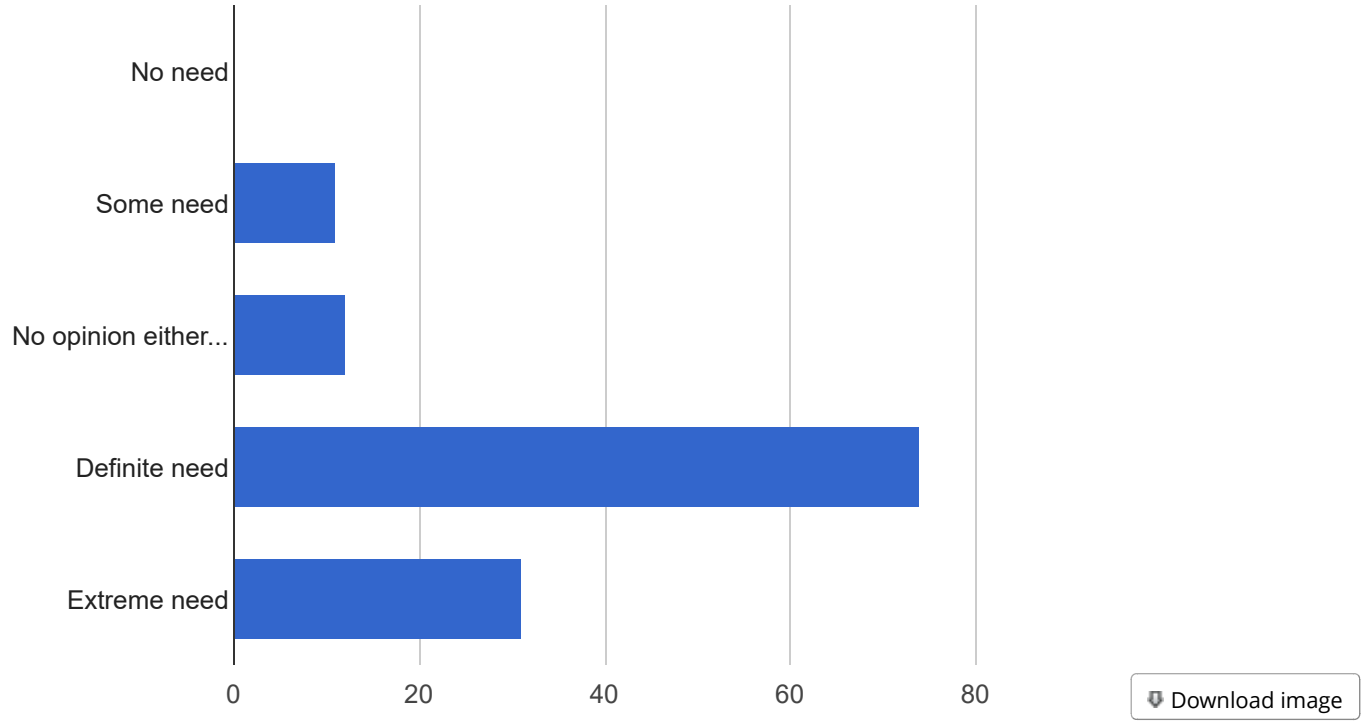
Counts/frequency: No need (1, 0,8%), Some need (10, 7,8%), No opinion either way (4, 3,1%), Definite need (68, 52,7%), Extreme need (46, 35,7%)



Resources to quit tobacco/nicotine vaping *(nicotine_vaping)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

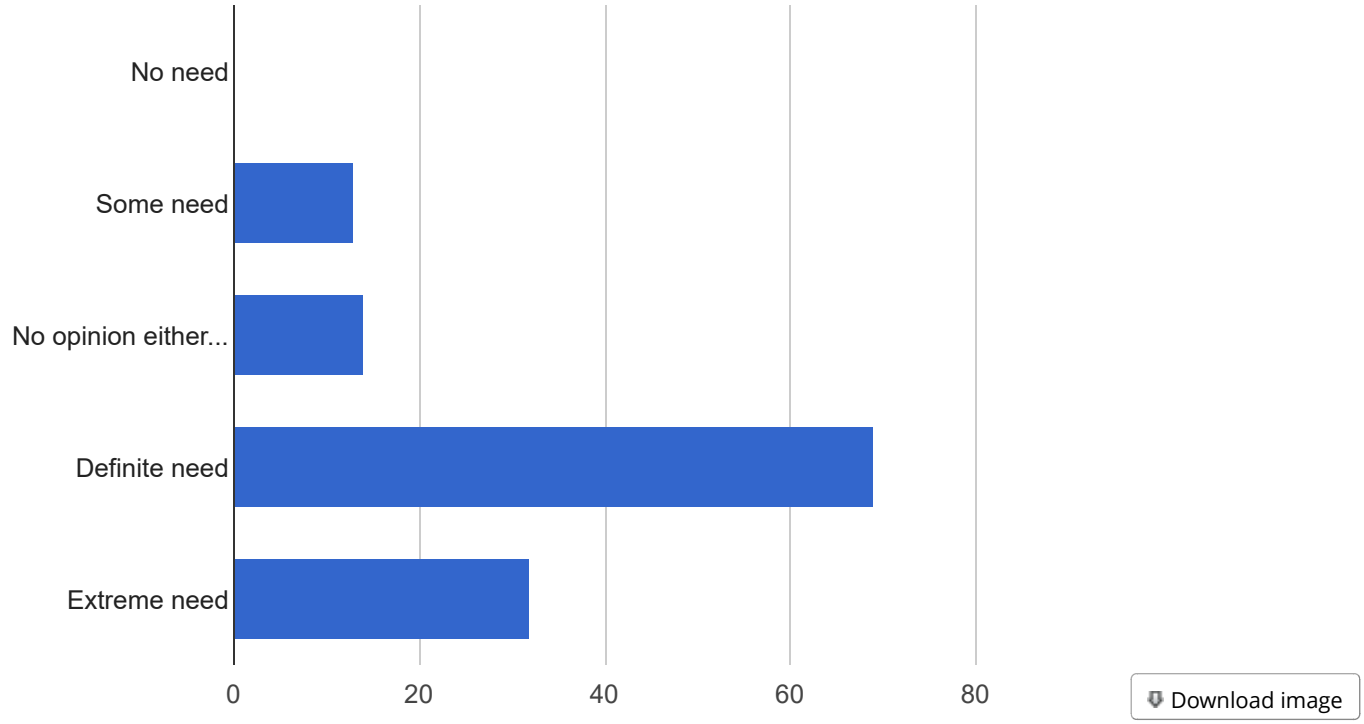
Counts/frequency: No need (0, 0,0%), Some need (11, 8,6%), No opinion either way (12, 9,4%), Definite need (74, 57,8%), Extreme need (31, 24,2%)



Education on tobacco/nicotine vaping *(education_nicotine)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

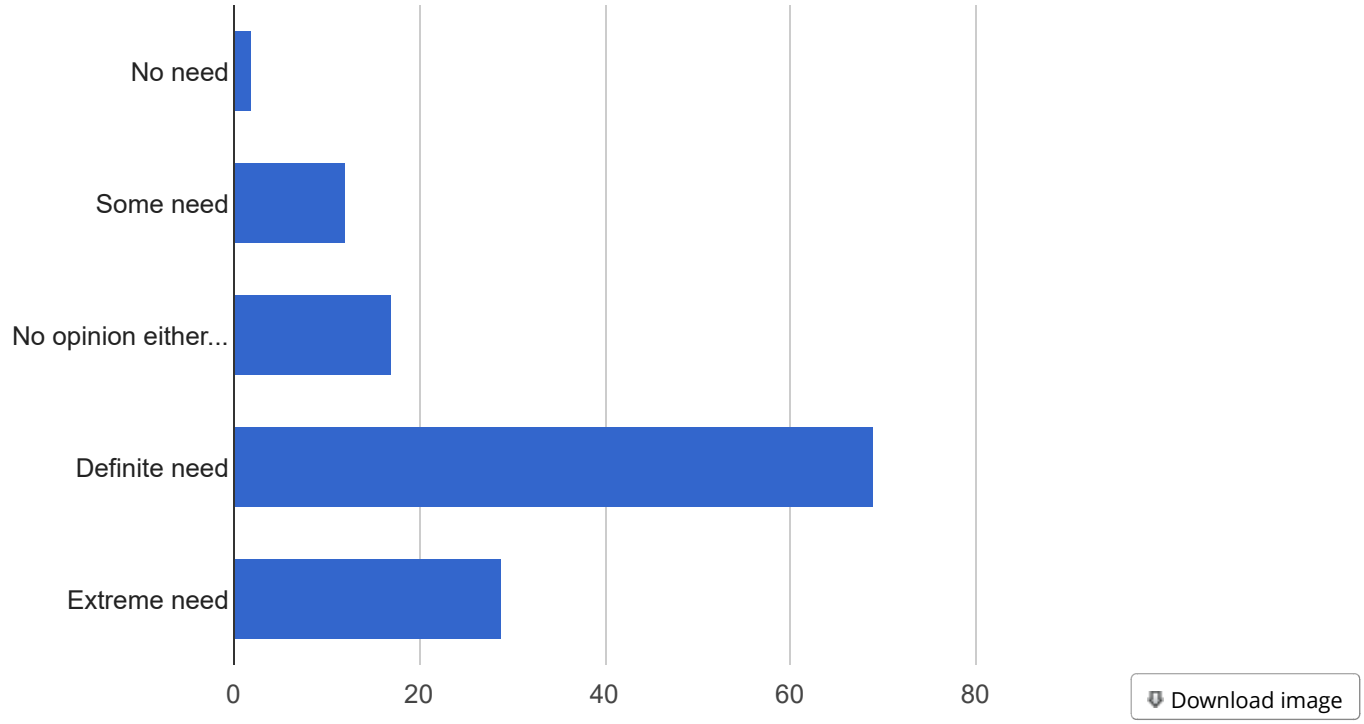
Counts/frequency: No need (0, 0,0%), Some need (13, 10,2%), No opinion either way (14, 10,9%), Definite need (69, 53,9%), Extreme need (32, 25,0%)



Resources to quit THC/marijuana vaping *(thc_resource)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

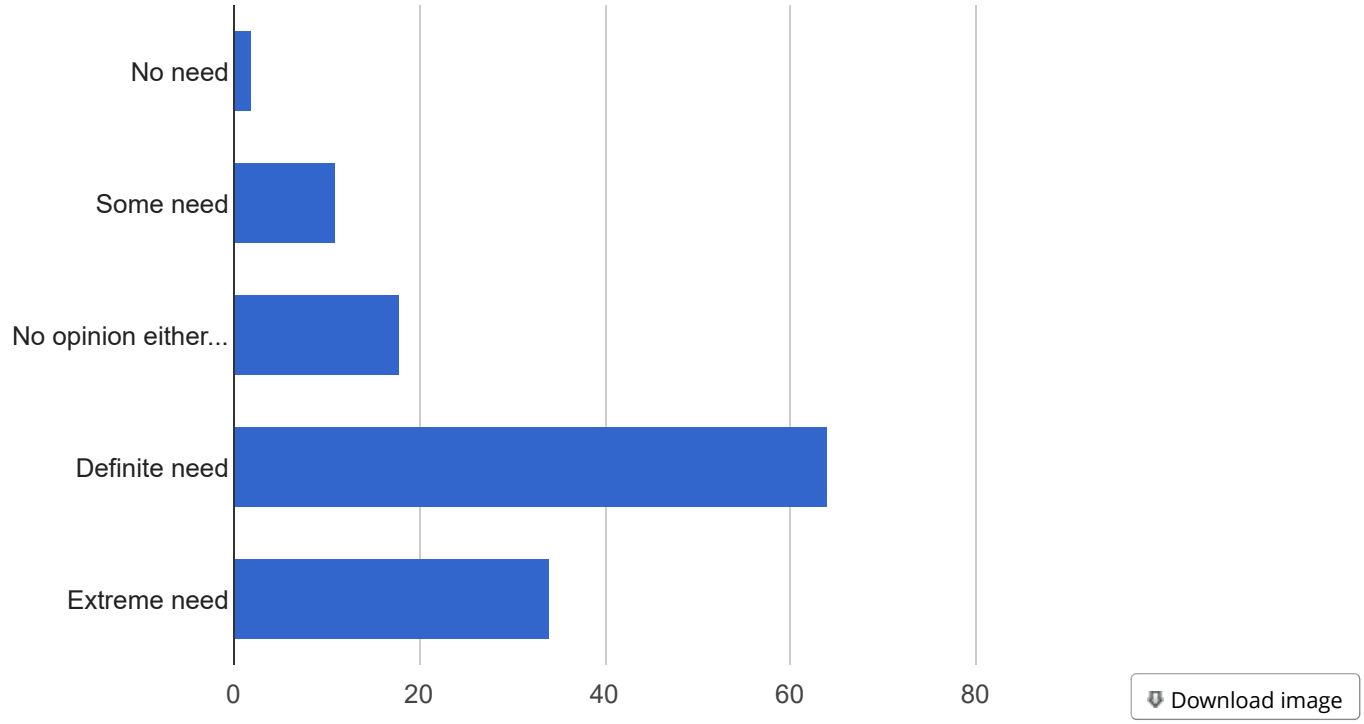
Counts/frequency: No need (2, 1,6%), Some need (12, 9,3%), No opinion either way (17, 13,2%), Definite need (69, 53,5%), Extreme need (29, 22,5%)



Education on THC/marijuana vaping *(thc_education)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

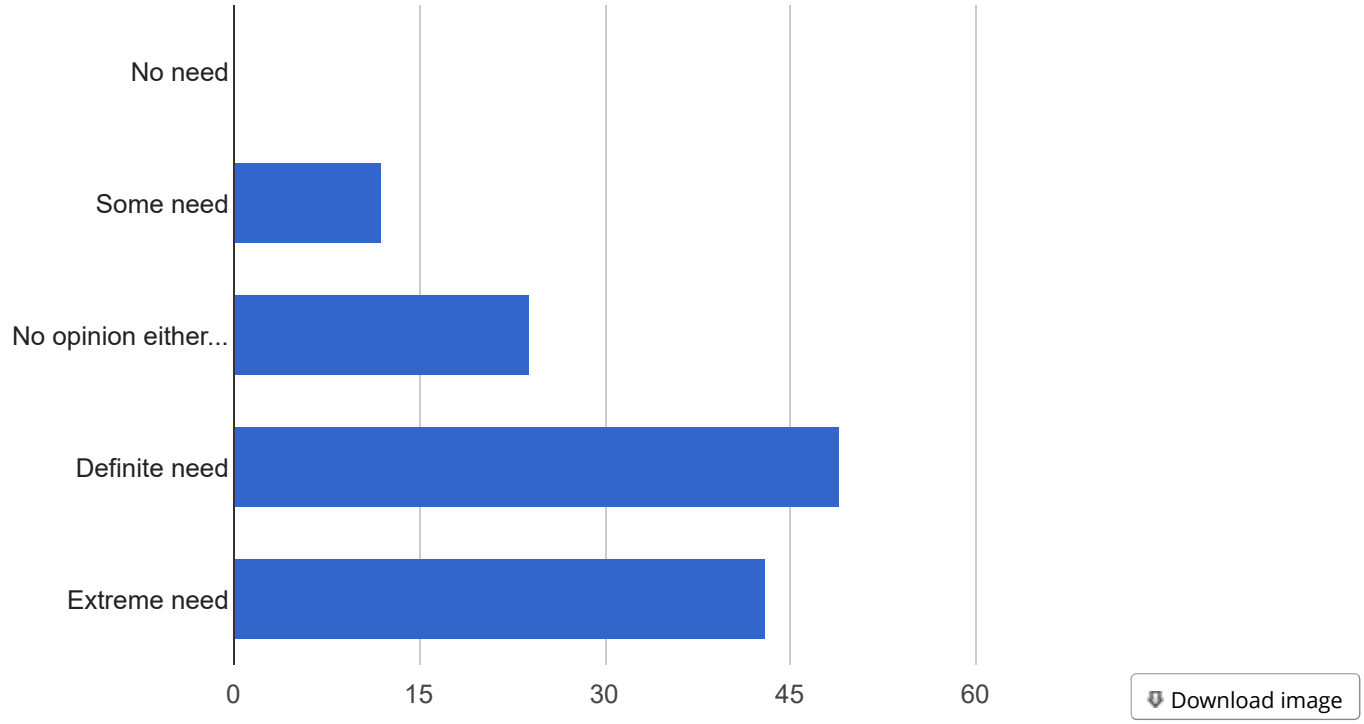
Counts/frequency: No need (2, 1,6%), Some need (11, 8,5%), No opinion either way (18, 14,0%), Definite need (64, 49,6%), Extreme need (34, 26,4%)



Financial assistance for Cost of Living *(financial_assistance)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

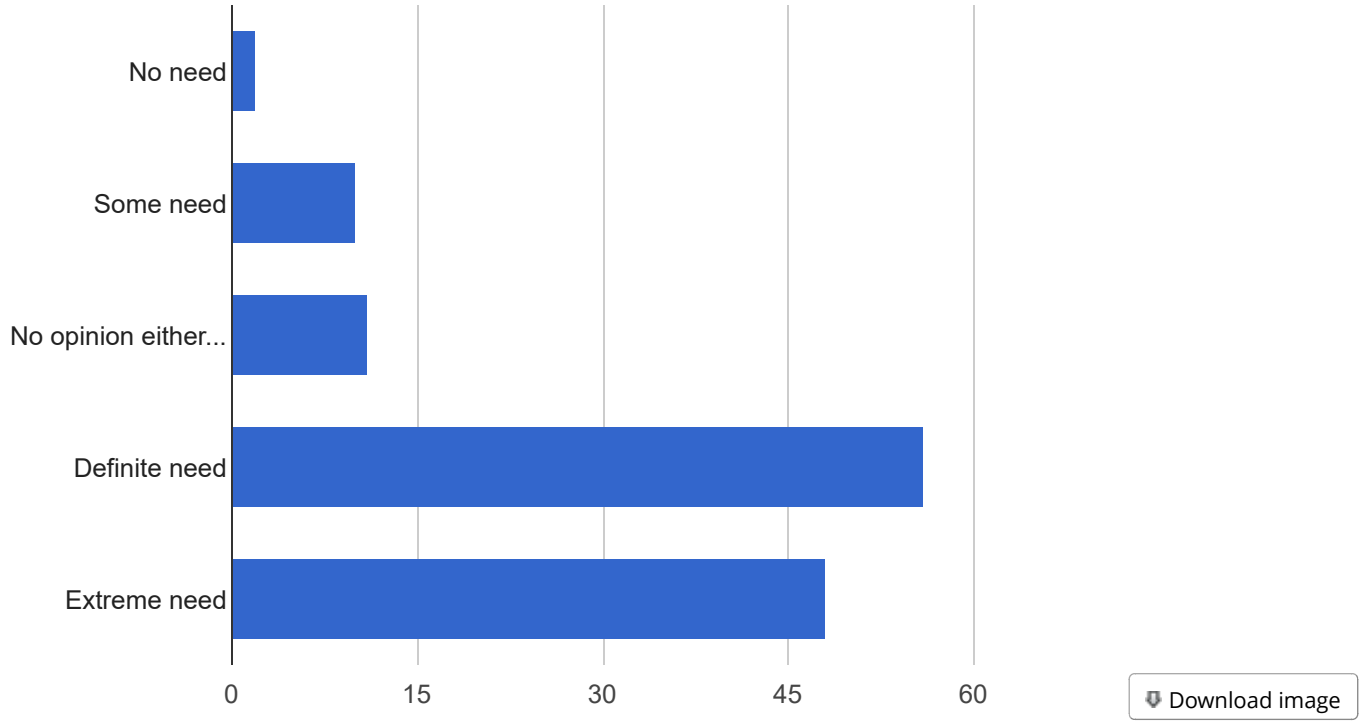
Counts/frequency: No need (0, 0,0%), Some need (12, 9,4%), No opinion either way (24, 18,8%), Definite need (49, 38,3%), Extreme need (43, 33,6%)



Financial education, such as budgeting classes *(financial_education)*

Total Count (N)	Missing*	Unique
127	5 (3,8%)	5

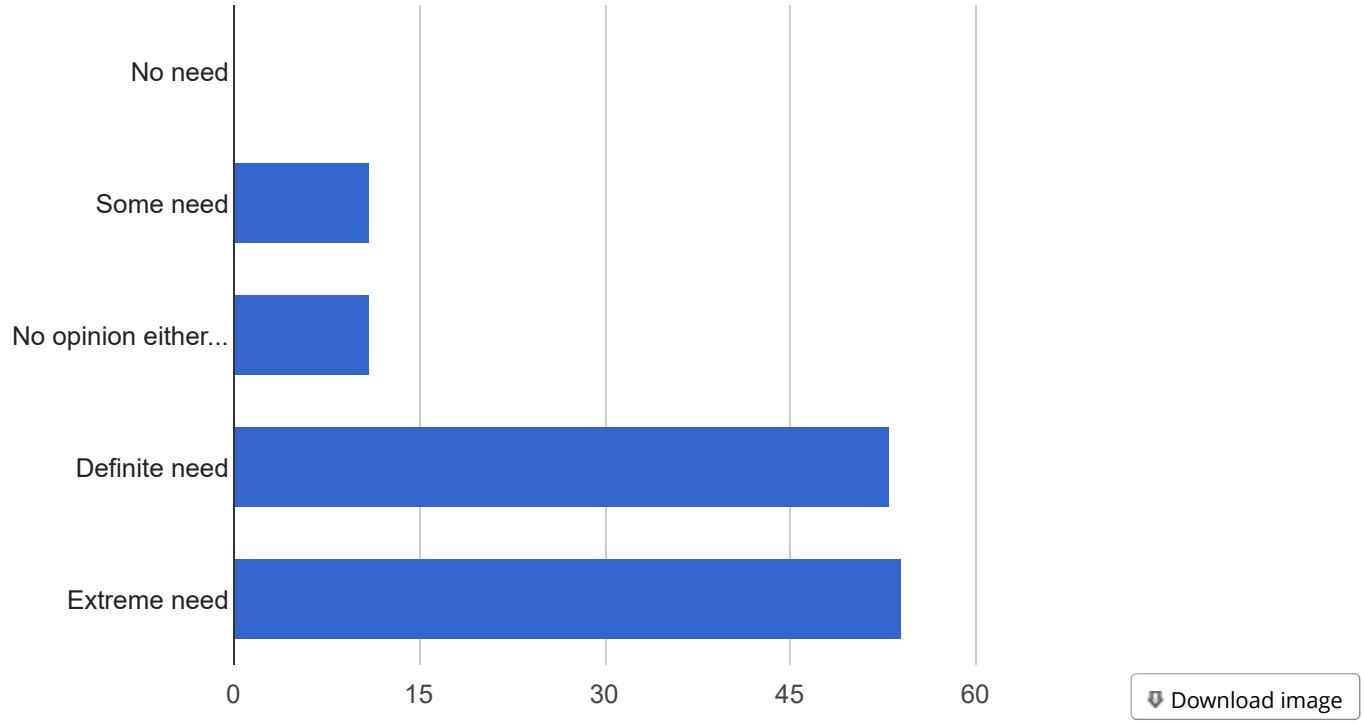
Counts/frequency: No need (2, 1,6%), Some need (10, 7,9%), No opinion either way (11, 8,7%), Definite need (56, 44,1%), Extreme need (48, 37,8%)



Affordable, quality housing *(quality_housing)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	4

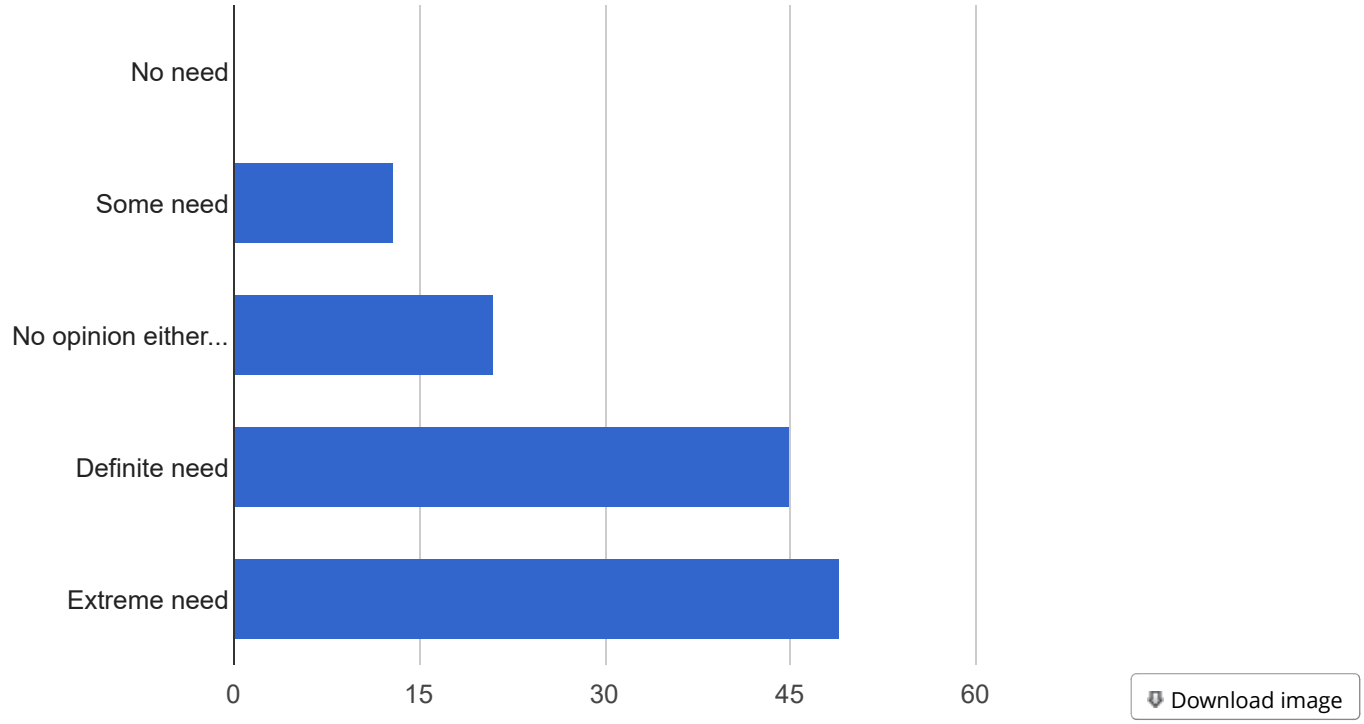
Counts/frequency: No need (0, 0,0%), Some need (11, 8,5%), No opinion either way (11, 8,5%), Definite need (53, 41,1%), Extreme need (54, 41,9%)



Resources for people experiencing homelessness *(homelessness_resources)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

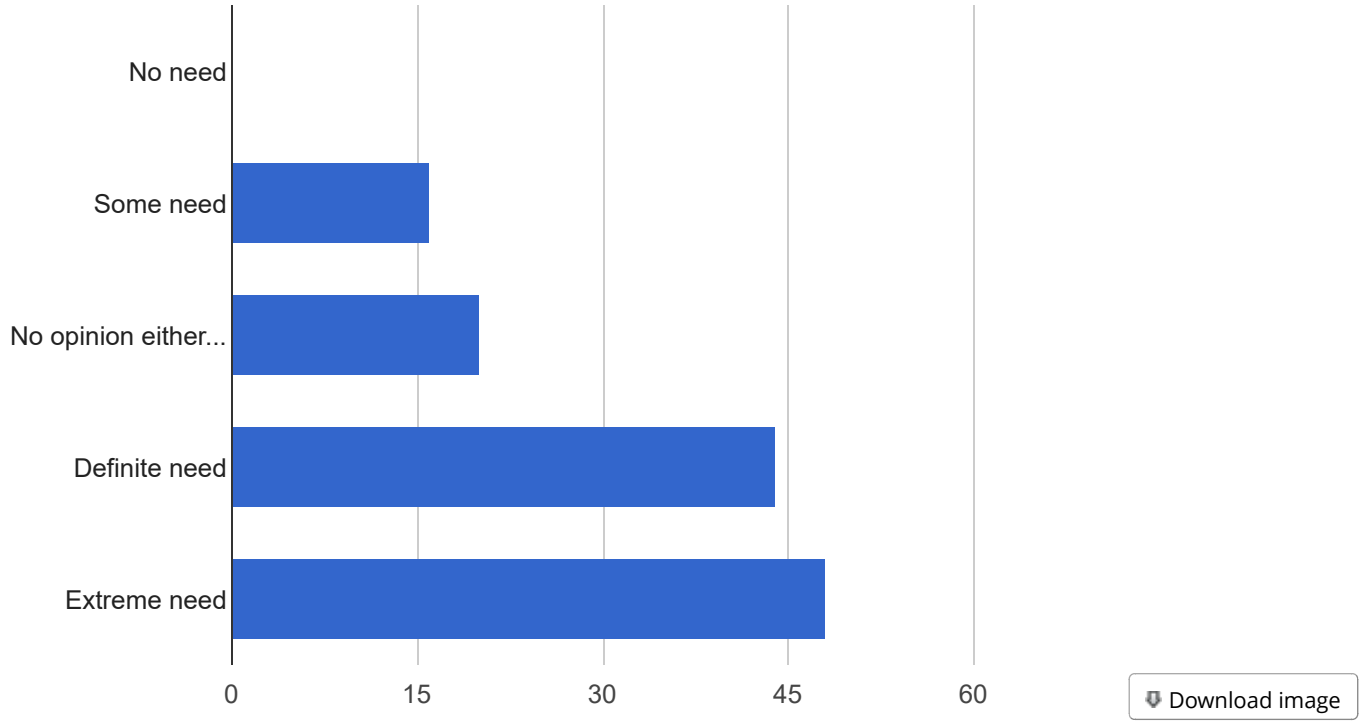
Counts/frequency: No need (0, 0,0%), Some need (13, 10,2%), No opinion either way (21, 16,4%), Definite need (45, 35,2%), Extreme need (49, 38,3%)



Housing for people experiencing homelessness *(housing_homelessness)*

Total Count (N)	Missing*	Unique
128	4 (3,0%)	4

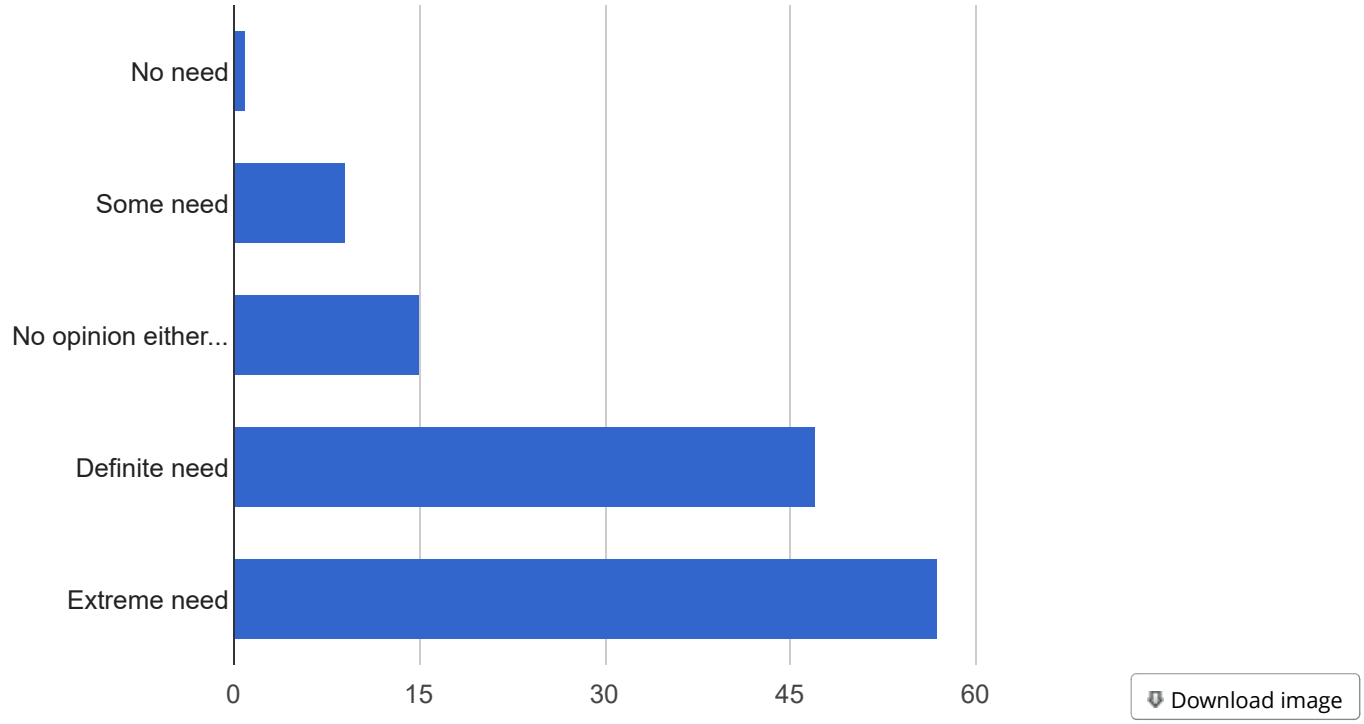
Counts/frequency: No need (0, 0,0%), Some need (16, 12,5%), No opinion either way (20, 15,6%), Definite need (44, 34,4%), Extreme need (48, 37,5%)



Additional public transportation options *(public_transportation)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	5

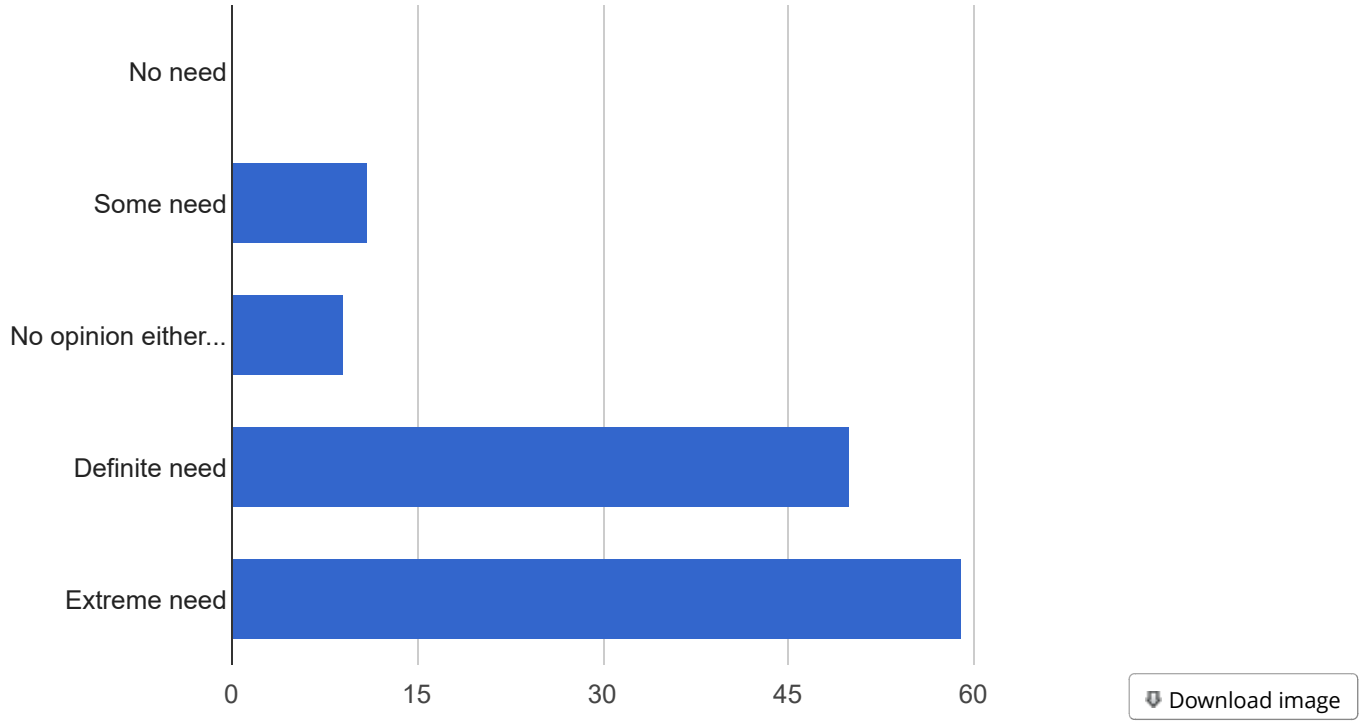
Counts/frequency: No need (1, 0,8%), Some need (9, 7,0%), No opinion either way (15, 11,6%), Definite need (47, 36,4%), Extreme need (57, 44,2%)



Additional Mental Health services *(additional_mental_health)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	4

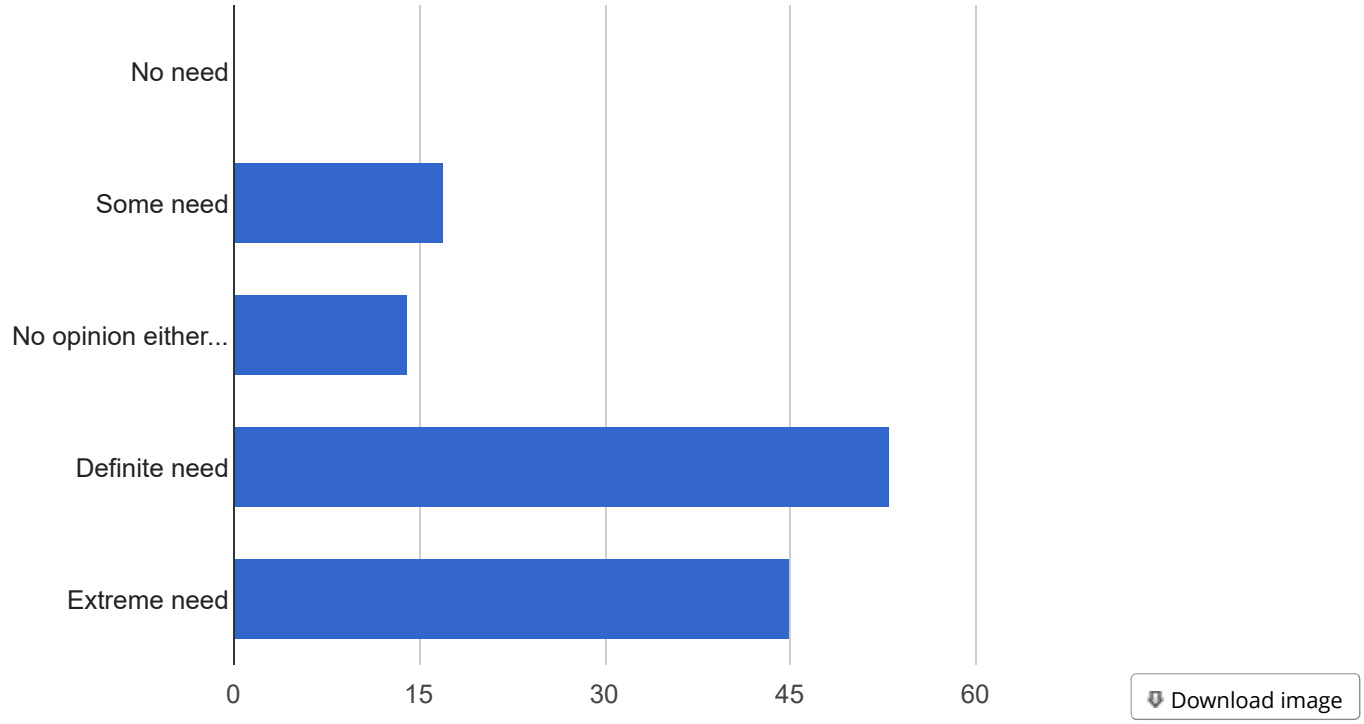
Counts/frequency: No need (0, 0,0%), Some need (11, 8,5%), No opinion either way (9, 7,0%), Definite need (50, 38,8%), Extreme need (59, 45,7%)



Education/training on Mental Health stigma *(mental_stigma)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	4

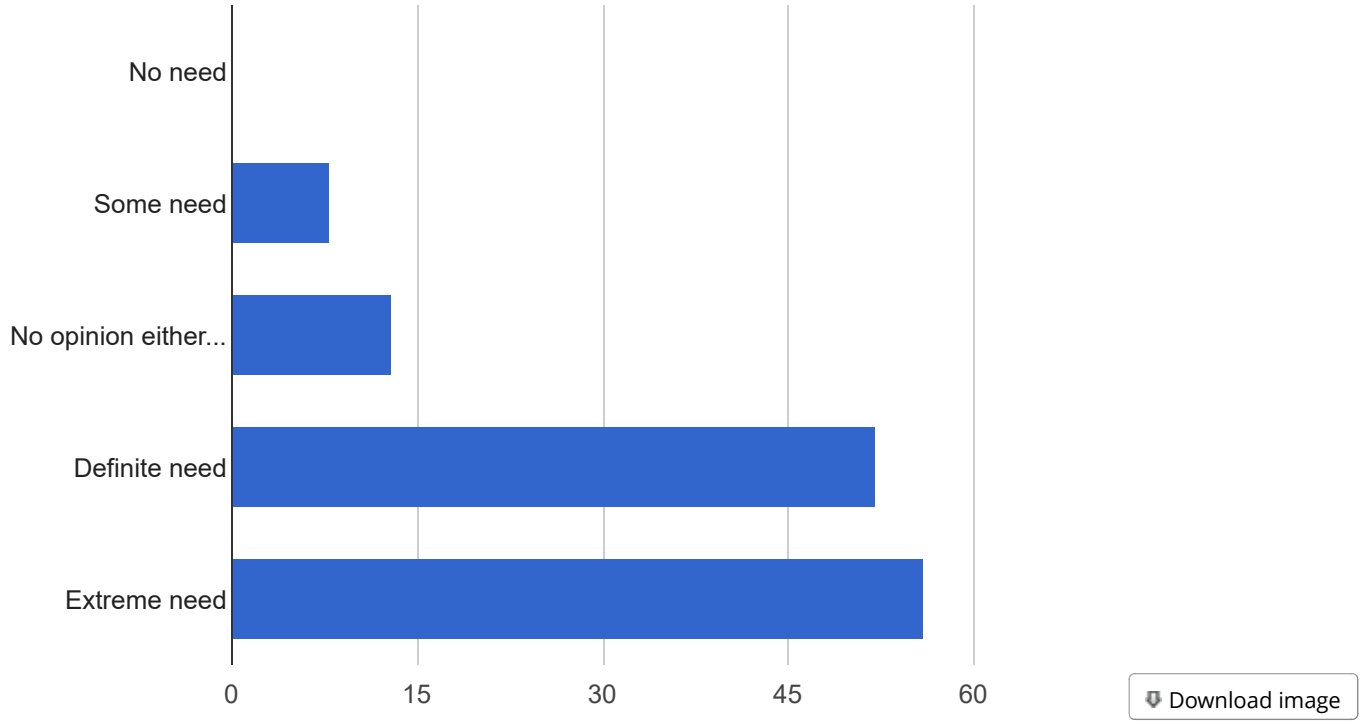
Counts/frequency: No need (0, 0,0%), Some need (17, 13,2%), No opinion either way (14, 10,9%), Definite need (53, 41,1%), Extreme need (45, 34,9%)



Affordable/low-cost Mental Health services *(low_cost_mental)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	4

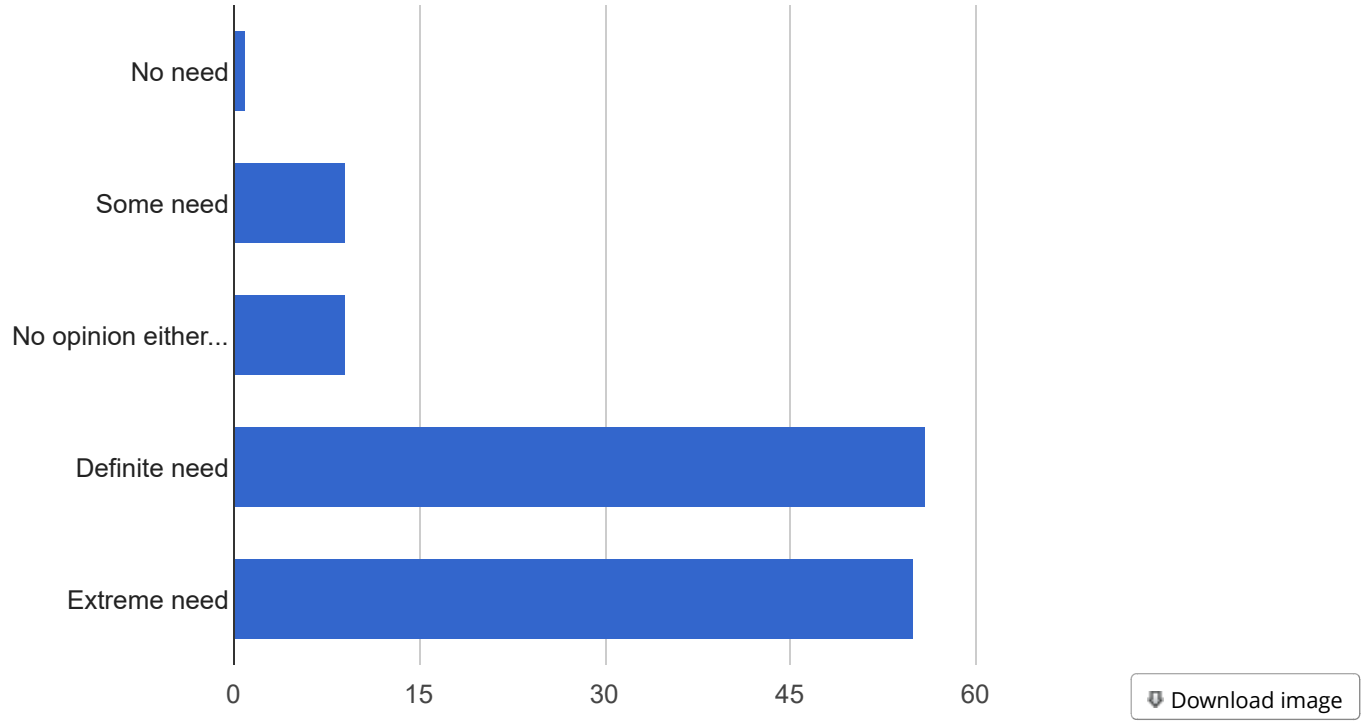
Counts/frequency: No need (0, 0,0%), Some need (8, 6,2%), No opinion either way (13, 10,1%), Definite need (52, 40,3%), Extreme need (56, 43,4%)



Suicide prevention programs/education *(suicide_education)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

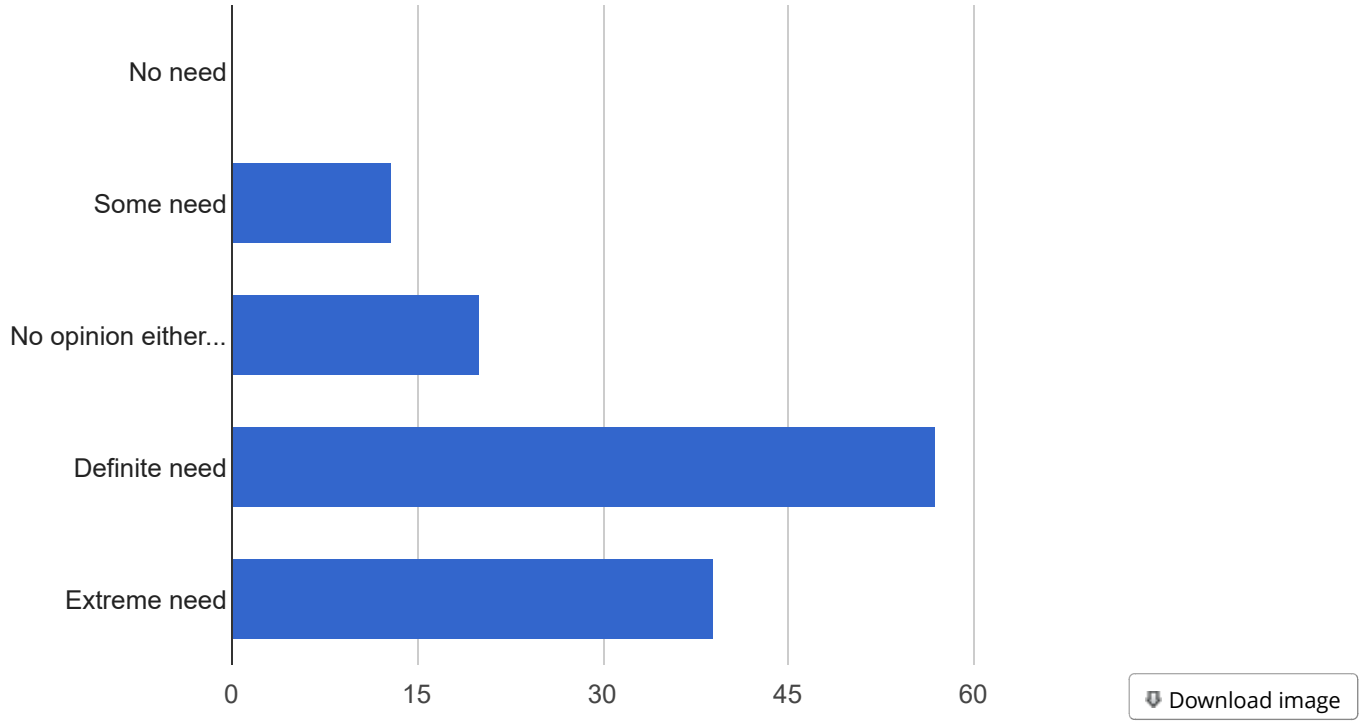
Counts/frequency: No need (1, 0,8%), Some need (9, 6,9%), No opinion either way (9, 6,9%), Definite need (56, 43,1%), Extreme need (55, 42,3%)



Neurology services *(neurology)*

Total Count (N)	Missing*	Unique
129	3 (2,3%)	4

Counts/frequency: No need (0, 0,0%), Some need (13, 10,1%), No opinion either way (20, 15,5%), Definite need (57, 44,2%), Extreme need (39, 30,2%)



Women's health services *(womens_health)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	5

Counts/frequency: No need (1, 0,8%), Some need (10, 7,7%), No opinion either way (9, 6,9%), Definite need (65, 50,0%), Extreme need (45, 34,6%)

Dental health services *(dental_health)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	5

Counts/frequency: No need (1, 0,8%), Some need (11, 8,4%), No opinion either way (20, 15,3%), Definite need (51, 38,9%), Extreme need (48, 36,6%)

Orthopedic services *(orthopedic_service)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	4

Counts/frequency: No need (0, 0,0%), Some need (11, 8,5%), No opinion either way (15, 11,5%), Definite need (61, 46,9%), Extreme need (43, 33,1%)

Endocrinology services *(endocrinology_service)*

Total Count (N)	Missing*	Unique
130	2 (1,5%)	4

Counts/frequency: No need (0, 0,0%), Some need (11, 8,5%), No opinion either way (20, 15,4%), Definite need (55, 42,3%), Extreme need (44, 33,8%)

Are there any other specialty services needed in Gibson County? *(needed)*

Total Count (N)	Missing*
44	88 (66,7%)

Do you have a Primary Care Provider? *(primary_care)*

Total Count (N)	Missing*	Unique
131	1 (0,8%)	2

Counts/frequency: Yes (123, 93,9%), No (8, 6,1%)

Please share any additional thoughts/comments about the health of Gibson County: *(open_comment)*

Total Count (N)	Missing*
41	91 (68,9%)

Complete? *(gibson_county_health_needs_assessment_complete)*

Total Count (N)	Missing*	Unique
132	0 (0,0%)	1

Counts/frequency: Incomplete (0, 0,0%), Unverified (0, 0,0%), Complete (132, 100,0%)

* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

How do the following issues/items impact the health of your community?

Issues	Very Negative Impact	Some Negative Impact	No Impact	Some Positive Impact	Very Positive Impact	Sum of each response times the weight *Weighted Total*	Average of Weighted Total divided by # of responses to each topic *Average Weighted Total*
Substance Use/Abuse	70	31	11	10	6	235	1.78
Availability of public transportation	65	33	19	7	7	251	1.90
Vaping - nicotine/tobacco	61	36	19	9	6	256	1.94
Cost of Mental Health services	51	39	17	11	8	264	2.00
Vaping - THC/marijuana	54	38	23	9	6	265	2.01
Availability of Mental Health services	58	33	9	19	8	267	2.02
Mental Health of the population	41	62	10	10	7	270	2.05
Stigma associated with Mental Health	45	44	23	9	7	273	2.07
Cost of housing	49	42	15	15	8	278	2.11
Cost of public transportation	46	31	33	9	7	278	2.11
Cost of living	48	47	15	12	10	285	2.16
Homelessness	34	55	31	5	6	287	2.17
Cost of childcare services	40	48	23	7	12	293	2.22
Quality of housing	36	37	23	24	8	315	2.39
Availability of childcare services	33	42	23	13	19	333	2.52
Availability of specialty health care (for example cardiology, women's health, pediatrics, etc.)	26	44	8	25	28	378	2.86

Do you see a need for the following in your community?

Topic	Responses					Sum of each response times the weight	Average of Weighted Total divided by # of responses to each topic
	No need	Some Need	No Opinion	Definite Need	Extreme Need	*Weighted Total*	*Average Weighted Total*
Affordable, quality housing	0	11	11	58	54	557	4.22
Substance Use/Abuse education	1	10	4	68	48	545	4.13
Suicide prevention programs/education	1	9	9	56	55	545	4.13
Additional Mental Health services	0	11	9	50	59	544	4.12
Affordable/low-cost Mental Health services		8	13	52	56	543	4.11
Additional public transportation options	1	9	15	47	57	537	4.07
Substance Use/Abuse treatment services	2	10	5	61	51	536	4.06
Quality, affordable childcare services	1	9	14	51	54	535	4.05
Women's health services	1	10	9	65	45	533	4.04
Dental health services	1	11	20	51	48	527	3.99
Orthopedic services	0	11	15	61	43	526	3.98
Endocrinology services	0	11	20	55	44	522	3.95
Financial education, such as budgeting classes	2	10	11	56	48	519	3.93
existing organizations (such as civic, non-profit,	0	9	23	50	46	517	3.92
Resources for people experiencing homelessness	0	13	21	45	49	514	3.89
Education/training on Mental Health stigma	0	17	14	53	45	513	3.89
Resources to quit tobacco/nicotine vaping	0	11	12	74	31	509	3.86
Financial assistance for Cost of Living	0	13	24	49	43	509	3.86
Neurology services		13	20	57	39	509	3.86
Housing for people experiencing homelessness	0	16	20	44	48	508	3.85
Education on tobacco/nicotine vaping	0	13	14	69	32	504	3.82
Education on THC/marijuana vaping	2	11	18	64	34	504	3.82
Resources to quit THC/marijuana vaping	2	12	17	69	29	498	3.77

Comments:

Are there any other specialty services needed in Gibson County?

1. Transportation
2. Early Learning Intervention for Kids
3. A dentist and orthodontist that accepts Medicaid and Hoosier Healthwise which is children's Medicaid. A better option for counseling services, especially for children/teens that accepts children's Medicaid.
4. Ophthalmology for diabetic retinopathy.
5. Gibson county has a homeless population that could benefit from having a safe place to sleep. The homeless population sleeps in the park, baseball dug outs or anywhere else they can find. There isn't a soup kitchen here to get them at least one meal a day. Gibson county really needs public transportation options. There is a Medicaid cab that can take people to the Dr but they are not reliable. They might show up to pick you up to your appointment or they might not. This makes it very hard to get the care people need. With the lack of public transportation some people can only get grocery items at the store closest to them. For most people that is a Dollar General. The local grocery store and Walmart are across town. This in turn limits the grocery options people have for their families. Due to the lack of healthy food options this leads to other health problems. There are a few specialty physicians that come about once a month to the local hospital. The specialists that come to our area are Cardiology, ENT, Urology and GI. If you need any other specialties you have to go to Evansville or Vincennes, which makes transportation very difficult. There needs to be more resources for Mental Health. There are only 2 places for people to go locally. There is very Dental Practices that will take Medicaid. There are very limited resources for people experiencing a hard time. The food panty is very small and has a limited supply of food. They have minimal hours which can make it difficult for people to get there. There is a church that gives out free clothing but that is the only place for people that can't afford to buy clothes to go.
6. transportation
7. Domestic violence services, nutrition programs, utility help in winter
8. more mental health and help for meth addicts.
9. Affordable vision services would be greatly appreciated.
10. cancer treatment
11. Orthopedic Urgent Care, more selection of OBGYNs
12. Rheumatology
13. There are no services for people with severe autism/ADHD. Most are pushed by ARC to work for Toyota, but if the person is unable to do that work, there's nothing for them. All waiver services and disability reviews for applications are in surrounding counties. No Vocational rehab. No psychologist or testing for psychiatric illnesses available. No psychiatrist for Medicaid patients. One year wait for therapist/counselor and most don't take Medicaid/Medicare. There is no remediation education for adults or adults with disabilities, while 75% of the kids at our high school didn't pass the ISTEP, and the average SAT score is below average. There's been a population boom, yet there are only a handful of PCP's. They are full and don't take Medicaid/Medicare because they have patients with better insurance. NP's from Deaconess Health Center aren't taking people with disabilities/Medicaid/Medicare. There are currently no

dentists or opthalmologists that have openings for Medicaid/ Medicare patients. There are no dedicated ER physicians in our hospital, just locums. Our hospital uses a NP for hospital inpatients because there's no hospitalist. We have one surgeon for the entire county. The top floor of our hospital is mostly vacant except for the surgeon's office and a doctor's lounge. No orthodontist. No rheumatologist, and a 1 year wait in surrounding counties. No WOCN, OBGYN, pulmonary, vascular or cardiothoracic services. Stroke services are contracted out to Warrick county. No access to women's services, such as access pelvic floor rehab, IUD's, ablations, and birth control. No birth control for girls unless parents take them to PCP. No Sexual Education in school. One pediatrician for the county is not enough. There is a year wait for childcare vouchers and section 8. Health issues within the jail are dire and inmates have died. There is a consistent shortage of EMS workers. No homeless shelter or help for them. No place for battered women. No Housing Authority in Gibson county.

14. We need everything. It's a long drive both north and south to get services and many people don't have resources to leave the county.
15. Cardiology
16. Education and awareness for physical therapy in correlation with physical health and fitness are extremely important needs in Gibson County.
17. our community is growing more and more. we need more availability in our area. some people can't get to Evansville and Vincennes for their health care needs
18. Cancer Awareness of all types, not just just the pink shirts.
19. Dropping the high rent to no rent for the original EMS base is too late now lol
20. Translators
21. Shelters for homeless
22. BUSES!
23. child/adult training
24. adolescent mental health
25. merialn (?) mental health
26. dermatology
27. Diabetic services/education
28. women's health/peds/ortho
29. not local
30. home health
31. Trauma and pediatrics
32. pediatrics
33. very few resources for mental health issues, and dentists seem to be hard to come by
34. functional medicine
35. childcare
36. more programs for children

Additional Comments

Please share any additional thoughts/comments about the health of Gibson County:

1. I do not like that many women have to drive all the way to Evansville/Newburgh to see an OBGYN. These services should be available to our county, other than one OB with St. Vincent I'm Fort Branch.
2. EMS services including fire and rescue, a pipeline to local healthcare workforce development opportunities for front line healthcare, EMS & skilled position staffing.
3. I feel Toyota and its subsidiaries have been an invaluable asset in providing employment and health care insurance to the area. The foundational concern for young adults to middle age in the area is illicit substance abuse. It is concerning for the future.
4. Gibson county doesn't want to recognize the homelessness problem that they have. They don't want to recognize the lack of resources for people experiencing a hard time. There is a big population of people that are on Medicaid and have limited access to which Dr office they can be seen at. There is an even more limited options for dental. Gibson county desperately needs public transportation. There isn't a Lyft or Uber in Gibson Co. Please take all of this into consideration. Gibson Co population could have so much better health if they had the access they need.
5. rural area needs for low income services are substantia
6. Gibson County is still growing in terms of population and employment. However, the rising cost of living is outpacing the general increases in wages. Affordable health care is essential to the well-being of Gibson County and its citizens.
7. need for cancer treatment facilities
8. Manny people are not aware of affordable healthcare options that might be available for them.
9. I would love to see more services available for teens, such as drug prevention, mental health assistance, and suicide prevention.
10. Toyota has brought jobs, but raised the cost of housing. We are still a poor county with above average drug usage and an undereducated population
11. Gibson county is becoming more populated with Toyota increasing jobs, but the amount of HCP's and health services isn't enough to support the population. Toyota recently shifted 1600 families here, and while jobs are great for our community, our HCP's were overloaded prior to that. And Toyota is expanding again. It's difficult to find providers that accept Medicaid/ Medicare. I've lost 4 pcp's in 6 years. They all left the area. Medicaid is now sending disabled people to PCP's in Warrick or Vanderburgh co due to no availability in Gibson Co. That's not feasible for travel. My immediate family travels to Vanderburgh co, Warrick co, Marion co, Henderson KY and Louisville KY for services. We have food deserts. There are 4 grocery stores for the entire county. The new 138 unit affordable housing complex will have no walking access to health care, grocery, bank, hospital, FSSA office. All of the section 8 housing here is a 1 or 2 on the walking scale. Everything is on the other side of town, which requires crossing multiple highways that don't have sidewalks. There is no public transportation. The homeless population is largely ignored. People live in cars and use friends addresses to access services. No access for young girls to get birth control without parents taking them to a PCP. Women and girls from 15 yrs of age had access to birth control in the '90's with federal aid. Gibson county's healthcare is not meeting the needs of the community, especially the poor and disabled. The doctors don't live here, and they aren't staying here. Something is desperately wrong.
12. Very few services here.

13. Definite need to establish health care professional training programs partnered with county high schools. High school juniors and seniors could train as CNA, CMA, EMT-B as part of high school curriculum. This would drive employment, help solve staffing issues for health systems, and help address student loan debt. Win, win, win!
14. Mobility, self care, agility, fitness and wellness are all important factors in health and are essential to our community. More onsite programs should be readily accessible to the general public. Yes, we have a YMCA in the works, and that is wonderful but currently there are very limited resources for the above mentioned health programs. Thank you.
15. A lot of problems people have brought on themselves in my opinion due to lack of resources to quality mental health care. There has always been a stigma to mental health related issues. The real problem is our current mental health facilities are very short handed and it takes weeks, sometimes months to get in anywhere that isn't inpatient.
16. Often the events, etc do not show up until it is already over. i have no solution. Maybe I should spend more facebook and find some news. ha ha
17. center of excellence for mind, body, spirit would be amazing that accepts hip and medicaid as well as insurance
18. Healthcare needs to be more available for those without/under insured.
19. Your cancer fighting ability is so limited to three insane Federal limitations and your services do the best you can Ivermectin and Fynbenezoyle dewormers are taking fighting stage 4 cancerous tumors to successes far beyond expectations FYI And your cancer services are helpless to offer it because of the old nosey Fed
20. Without Tulip Tree, I would have no where to go for care. I'm thankful for them and how they care for me and my family.
21. No public transportation makes it impossible to live without a car, but many cannot afford one. Also, special populations are stigmatized. I don't know what I would do without Tulip Tree and the providers and staff.
22. There is great need in all aspects for the impoverished in Gibson County. There aren't many places to go for help, other than food banks and trustees. I wouldn't have medical care outside of hospital visits if I couldn't walk to Tulip Tree.
23. SWIRCA transports me for medical visits, but this county needs BUSES. Not everyone has a car or license, cars are a privilege. Also, there are some specialists I can see at the hospital in Princeton, but I have to go to Evansville for appointments every month. I was never more thankful than when Tulip Tree opened their office in town, making it easier for me to see my primary care and counselor.
24. Shelter for homeless, buses/transportation
25. Not enough providers that take Medicaid. Without Tulip Tree, I wouldn't have any care.
26. I enjoy working in Gibson County and would love to move here some day soon.
27. Not too far from Vanderburgh facilities if no additional ability or option
28. allergies are on the rise
29. limited transportation in this county, large divide between living conditions, No sidewalks
30. need more specialty care. Not able to get into specialists for months.
31. People need jobs, Parenting classes. $ management classes.. Life skills taught in schools.
32. needs better mental health and case management services
33. I don't live here

34. Keep the local feeling, but bring in more specialty medical services that are much needed
35. sorely lacking in resources close by for those whom have no transport.
36. Stay with the small home town feeling. Not to turn into Evansville.
37. working in ER I see many mental health issues. We also have many ppl that can't get in to the dentist. There is no public transportation either.
38. childcare/summer camps are a definite need for all of Gibson Co.

Appendix D

Existing Facilities

Access Medical Clinic
Addiction Solutions Corporation
Deaconess Clinic - Ft. Branch
CVS Pharmacy
Deaconess Clinic - Gibson Ft. Branch
Deaconess Clinic - Gibson Hospital
Deaconess Clinic - Gibson Main Street
Deaconess Clinic - Oakland City
Deaconess Clinic - Princeton
Deaconess Clinic Pediatrics
Deaconess Clinic Urgent Care
Deaconess COMP Center
Deaconess Gibson Anti-Coagulation Services
Deaconess Gibson Cardiology
Deaconess Gibson Cardiopulmonary Services
Deaconess Gibson Comprehensive Pain Center
Deaconess Gibson ENT
Deaconess Gibson Gastroenterology
Deaconess Gibson Home Health Services
Deaconess Gibson Hospital Surgery / Wound Center
Deaconess Gibson Infusion Therapy Services
Deaconess Gibson Oncology/Hematology Services
Deaconess Gibson Podiatry Services
Deaconess Gibson Radiology Services
Deaconess Gibson Sleep Center
Deaconess Gibson Swing Bed Program
Deaconess Gibson Urology
Deaconess Heart Group
Fast Pace Health Urgent Care
Gibson County EMS
Gibson County Health Department
Good Samaritan Home & Rehabilitation Center
Haubstadt Family Dentistry
Hipp Dentistry
IGA Pharmacy
Ingler Family EyeCare
Kirkwood Family Dentistry
Lawlor Family Dentistry

New Image Family Fitness Center
Owensville Convalescent Center
Princeton Fitness
Progressive Rehab
ProRehab Physical & Occupational Therapy
Rachel S. Harvey, DDS
River Oaks Health Campus
South Gibson Medical Clinic
Southwestern Behavioral Healthcare
St. Vincent Medical Group
Stratton Family Dental
The Eye Center
The Waters of Princeton
Thomas M. Murray, DDS
Touchstone Therapy, LLC
Transcendent Healthcare
Tulip Tree Family Health Care
Walgreen's Pharmacy
Walmart Pharmacy
Williams Bros. Health Care Pharmacy