2023

Community Health Needs Assessment for Porter & Starke Counties

Prepared by the Indiana Rural Health Association
in conjunction with Porter-Starke Services

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Purpose

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

Specifically, this CHNA has these goals:

1. Identify Behavioral Health Disparities: To analyze and document the disparities and inequities in access to and outcomes of behavioral health services within our community. We seek to understand how factors such as race, ethnicity, age, gender, socioeconomic status, and geographic location impact behavioral health outcomes.

2. Assess Existing Services: Evaluate the scope and effectiveness of the behavioral health services currently offered by our certified community behavioral health clinic, 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 behavioral health needs and challenges faced by our community.

4. Identify Priorities: Determine the most critical behavioral health issues and unmet needs within the community. This includes understanding prevalent mental health conditions, substance use disorders, and other behavioral health challenges that impact the population we serve.

5. Develop an Action Plan: Create a clear and evidence-based action plan to address the identified behavioral health needs and disparities. This plan will be used to guide our clinic's future strategies, services, and programs to better serve our community.

6. Foster Collaboration: Promote collaboration among local agencies, healthcare providers, community organizations, and policymakers to create a coordinated approach to addressing behavioral health issues in our service area.

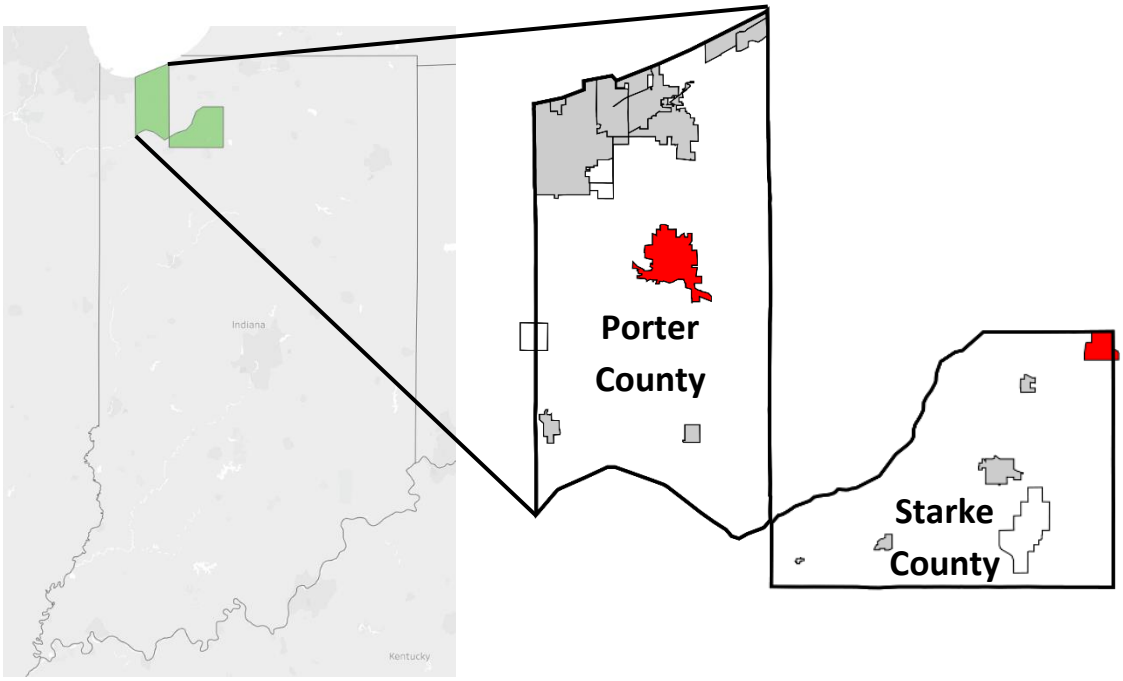
7. Comply with Regulatory Requirements: Ensure compliance with regulatory requirements and reporting obligations as stipulated by relevant authorities, including federal and state regulations that govern certified community behavioral health clinics.

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

Process

Porter-Starke Services (PSS) contracted with the Indiana Rural Health Association (IRHA) to conduct the Community Health Needs Assessment (CHNA).

IRHA first identified the community served by PSS through conversations with Porter-Starke Services. The target population serviced by PSS for this CHNA includes all persons living within the geographic area of Porter & Starke Counties.



To quantifiably describe the community, census reports were pulled from the United States Census Bureau Reports. Quantifiable statistics and reports for health-related community data were obtained from Porter-Starke Services, U.S. Census Bureau, Indiana Business Research Center, Indiana University, Robert Wood Johnson County Health Rankings, Indiana Department of Education, U.S. Bureau of Economic Analysis, Indiana Family and Social Services Administration, Indiana Housing & Development Authority, and Indiana Department of Workforce Development. 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, focus groups of Porter and Starke counties' representatives were organized with the help of Porter-Starke Services Director of Integrated Care, Todd Van Buskirk. Business owners, local officials, healthcare providers, minority leaders, clergy, health departments, and any other interested parties were invited to attend the meetings to discuss the health-related needs of the county and to identify the areas of greatest concern. The list of attendees and the organizations they represent can be found in Appendix B.

From the information obtained in the focus group and conversations with PSS staff, a 46-question survey was developed to gain the perspective of the inhabitants of the community. Questions included queries about the effect of various factors, such as substance use, food availability, and housing, 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 Porter and Starke counties through inclusion on the Porter-Starke Services website, QR codes posted in PSS waiting areas and public places, community newsletters, and PSS listservs. The survey was hosted online from September 20, 2023, through October 16, 2023, on REDCap.com. The survey may be viewed in Appendix C.

To identify all healthcare facilities and resources that are currently responding to the healthcare needs of the community, the IRHA contacted PSS to ascertain the facilities that are currently available to the residents of Porter and Starke counties. Porter-Starke Services was able to provide a listing of the facilities and resources, including, but not limited to, clinics, family practices, and nursing facilities. The list of existing community resources can be found in Appendix D.

At this point, the entirety of the collected data was submitted to Porter-Starke Services to quantify the current state of health in Porter and Starke counties. From this report, PSS could identify areas of need and gaps in current services to inform a plan of action to address those gaps and needs. PSS was also able to identify the information gaps limiting the ability of Porter-Starke Services to address all of the community's health needs.

The completed CHNA was then publicly posted on the Porter-Starke Services website. Hard copies of the full report were made available to the community upon request at Porter-Starke Services, as well.

The specific timeline of this assessment was: contracted on July 5, 2023, conducted data review from August 1, 2023, to September 8, 2023, conducted focus groups on August 30 and 31, 2023, conducted surveys from September 20, 2023, to October 16, 2023, and finalized the report on October 30, 2023, which was posted to the PSS website.

Community Served

The community served by Porter-Starke Services is defined as follows: All people living within the geographic borders of Porter and Starke counties, Indiana, at any time during the year. This is the target population for the assessment of needs and services.

Description of Community

Physical

Porter and Starke counties are in the northwestern region of Indiana. Porter County, Indiana, has 418 square miles of land and is the 29th largest county in Indiana by total area. Starke County, Indiana, has 309.1 square miles of land area and is the 77th largest county in Indiana by total area. Porter is bordered on the north by Lake Michigan and on the south by the Kankakee River. It includes portions of the Indiana Dunes National and State parks and includes two major Interstates and the I-94 Toll Road. Starke includes Bass Lake and is bordered on the northwestern edge by the Kankakee River. Both counties are crisscrossed by various U.S. and State Highways. Porter County is bordered by Lake, LaPorte, Jasper, and Starke counties. Starke County is bordered by Porter, St. Joseph, Marshall, Fulton, LaPorte, Jasper, and Pulaski counties. Starke County is dominantly rural, while Porter County falls just within the Chicago metropolitan area as defined by U.S. Office of Management and Budget.

Population Demographics

According to the U.S. Census Report, the total population of the counties is approximately 198,049 per the 2022 estimates. Females make up 50.4% of the population in Porter and 49.5% in Starke. There are 67,009 households in Porter County and 8,474 households in Starke County.

County	Age (years)	Race/Ethnicity	Gender[1]	Armed Forces and Veterans[2]	Percent of adults with a disability under 65[3]
Porter	0-4: 8,785 (5.0%) 5-17: 28,862 (16.6%) 18-24: 15,530 (8.9%) 25-44: 44,561 (25.6%) 45-64: 46,064 (26.4%) 65+: 30,441 (17.5%)	American Indian/Alaskan Native: 661 (0.4%) Asian: 2,623 (1.5%) Black: 8,425 (4.8%) Native Hawaiian/Other Pacific Islander: 69 (0.0%) White: 159,209 (91.4%) Multiracial: 3,256 (1.9%) Hispanic*: 19,203 (11.0%)	Male: 49.6% Female: 50.4%	Current active: 63 Number of veterans: 9,079	7.7%
Starke	0-4: 1,351 (5.8%) 5-17: 4,033 (17.3%) 18-24: 1,693 (7.2%) 25-44: 5,410 (23.1%) 45-64: 6,323 (27.1%) 65+: 4,562 (19.5%)	American Indian/Alaskan Native: 120 (0.5%) Asian: 65 (0.3%) Black: 75 (0.6%) Native Hawaiian/Other Pacific Islander: 0 White: 22,742 (97.3%) Multiracial: 301 (1.3%) Hispanic*: 1,036 (4.4%)	Male: 50.5% Female: 49.5%	Current active: 0 Number of veterans: 1,322	12.4%

* Hispanic ethnicity includes all racial origins

Underserved Populations

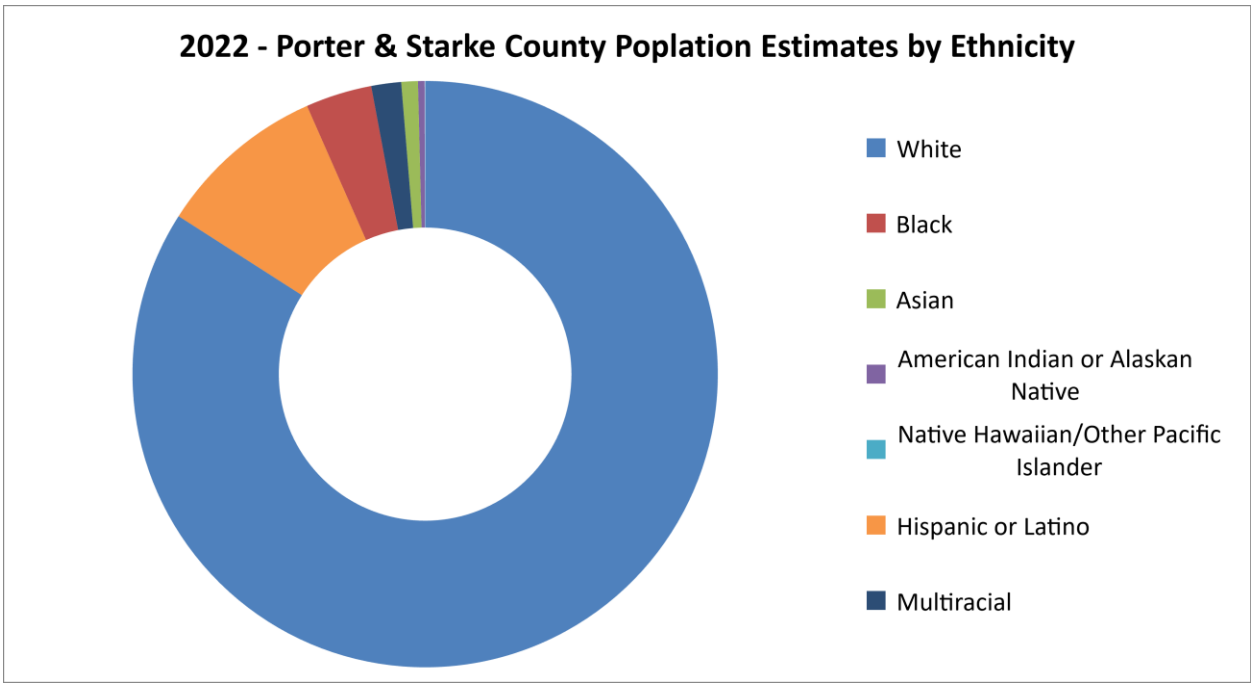
Porter and Starke counties have a relatively homogenous racial and ethnic profile. Minority populations make up approximately 8.6% of the total inhabitants of Porter County and 2.7% of Starke County according to 2022 census data estimates. The second largest population after White is the Hispanic or Latino population representing approximately 10% of the overall residents of Porter and Starke counties. 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

[1] https://www.census.gov/quickfacts/fact/table/portercountyindiana,US/PST045222

[2] https://iprc.iu.edu/epidemiological-data/index.php?&county=98 Indiana Prevention Resource Center (Indiana University) using data from the U.S. Census Bureau

[3] https://www.census.gov/quickfacts/fact/table/portercountyindiana,US/PST045222

the percentage of residents for each county who speak English "less than very well" is at 1.76% in Porter County and 1% in Starke County.[4] While these are relatively low percentages, this does represent just under 3,000 people who may need language services of some sort to effectively communicate and receive informed care.



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

Beyond the ethnic and racial demographics, there are approximately 10,464 veterans currently living within the PSS service area, with 63 of those individuals currently active. 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.[5]

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 that wanted mental health care in the past year were unable to get it.[6]

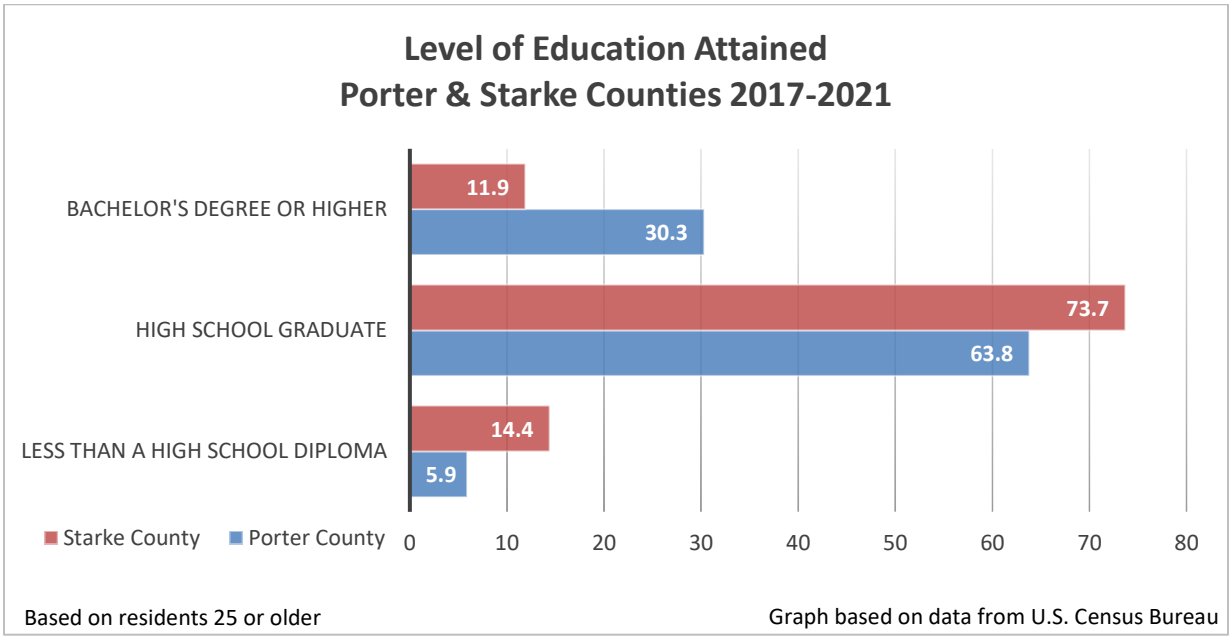
Also, 7.7% of the population under 65 are living with a disability in Porter County. In Starke County, the percentage increases to 12.4%. These populations have a wide variety of disabilities that must all be considered, along with the appropriate interventions and adaptations to best serve each individual need.

[4] https://www.in.gov/indot/accessibility-and-non-discrimination/nondiscrimination-at-indot/lep-persons-by-county/
[5] How Common is PTSD in Veterans? - PTSD: National Center for PTSD (va.gov)
[6] https://www.thetrevorproject.org/survey-2022/#intro

Finally, the January 2023 Point-in-Time count for homeless and unhoused populations includes both Porter and Starke counties in their Region 1 cohort. The count was taken on January 25, 2023. Starke County had zero unhoused individuals counted on this particular day and, therefore, has no data for review. Porter County had a total of 49 unhoused individuals, 30 of which were children under the age of 18, representing 39 households. Of the total 49 individuals, 32 identified as female, 32 were white, and 2 were veterans. The full report for the Point-in-Time count can be found in Appendix A.

Education & Economics

The U.S. Census Bureau and Robert Wood Johnson Foundation report that approximately 94.1% of Porter County residents have high school diplomas or higher compared with a statewide average of 90% and a national average of 89%. However, only 85.6% of Starke County residents have a high school degree or higher. This becomes an even starker comparison when looking at individuals with a bachelor's degree or higher. Only 11.9% of Starke County residents have bachelor's degree or higher, while Porter County has 30.3% of residents with bachelor's degree or higher. It is worth noting that Porter County houses Valparaiso University, whose faculty may contribute to the higher levels of educational attainment.



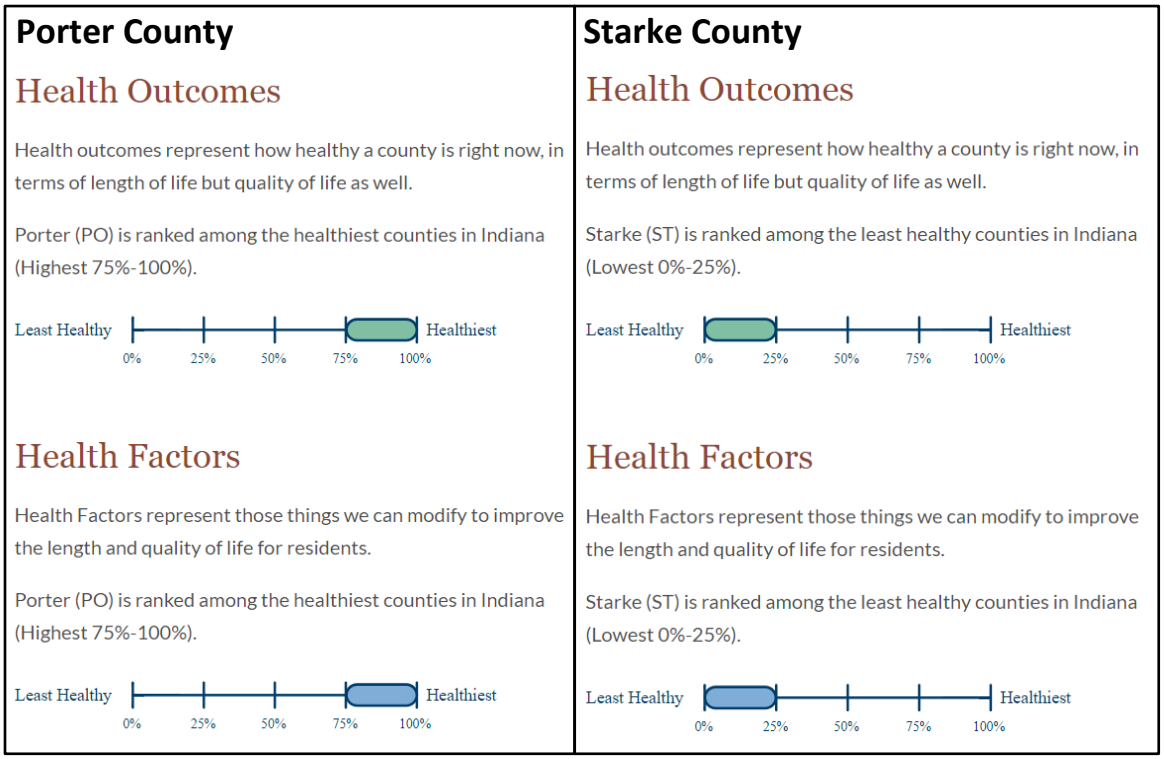
The per capita income of Porter County is $61,250, giving it a rank of 6th in the state. Starke County's per capita income is $42,083, which places it at 90th in the state. The rates of poverty are similarly spread with Porter County showing approximately a rate 9.7% compared to Starke County's rate of 14.2%. Median income for the two counties are also split with Porter at $80,900 and Starke at $58,000 compared to the state median of $62,700 and national median of $69,700.

Regarding youth populations and poverty, Starke County has an especially high percentage of children living in poverty with a reported rate of 20%. Porter County's rate is 12%, Indiana's rate is 16%, and the national rate is 17%. Conversely, the number of children living in a single parent household is significantly lower in Starke County at only 12% compared to Porter County at 21% and both state and national rates at 25%.

The data tables from U.S. Census Bureau and the Robert Wood Johnson Foundation reports can be viewed in Appendix A.

Health Comparison and Summaries

Based on data from the 2023 County Health Rankings & Roadmaps report, Porter and Starke counties have exceptionally different rankings within the state when comparing their health outcomes and factors. Health Outcomes refer to the current state of health and quality of life within the county, whereas Health Factors include actionable categories that can be improved to impact the quality of life. Porter County ranks 8th overall out of all 92 counties in Indiana, while Starke County ranks 83rd.



Source: Robert Wood Johnson Foundation's County Health Rankings & Roadmaps 2023

Porter County's Health Outcomes are better than all state—and most national—averages, earning them a spot as one of the healthiest counties in Indiana. Most notably, Porter County has an exceptionally low rate of premature deaths, at only 6,900 compared to the statewide rate of 8,600 and national rate of 7,300.

Alternately, Starke County has some of the worst Health Outcomes in the state, coming in well below state and national averages on several critical measures. The most glaring statistic is the number of premature deaths in Starke County at 11,100 per 100,000 people versus the state rate of 8,600 and national rate of 7,300.[7] The life expectancy for the county is significantly lower, as well, with an expected age of only 73.8 compared to 76.5 on average for the state and 78.5 on average for the whole country.

[7] https://www.cdc.gov/injury/wisqars/LeadingCauses.html

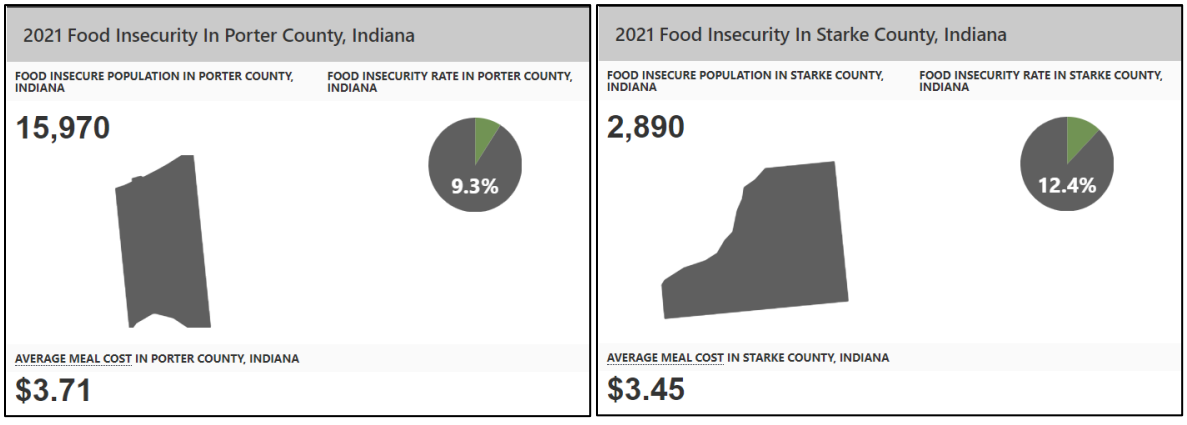
		Porter, IN	Starke, IN	Indiana	United States
Health Outcomes					
Length of Life		Porter, IN	Starke, IN	Indiana	United States
Premature Death		6,900	11,100	8,600	7,300
Quality of Life		Porter, IN	Starke, IN	Indiana	United States
Poor or Fair Health		13%	18%	15%	12%
Poor Physical Health Days		2.9	4.0	3.3	3.0
Poor Mental Health Days		4.6	5.2	4.9	4.4
Low Birthweight		7%	8%	8%	8%

Source: Robert Wood Johnson Foundation's County Health Rankings & Roadmaps 2023

The Health Factors rankings are determined across several categories, including Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. The Health Factors for the two counties continued to show great disparity between Porter and Starke.

Under Health Behaviors, Starke County has higher rates of adult smoking (25%) than the reported state (20%) and national (16%) rates. Starke also has higher rates of adult obesity (41%) compared to Indiana (37%) and the nation (32%). Porter County outperforms both state measures, but not the national averages with an adult smoking rate of 18% and an adult obesity rate of 35%. Alcohol-impaired driving deaths are also significantly higher in Starke County at 27% compared to Porter's 14% and Indiana's 19%.

The food environment index, which includes access to healthy foods and food insecurity, was 7.8 out of a possible 10 for both Porter and Starke counties, compared to only 6.5 in Indiana and 7.0 nationally. However, this higher-than-average performance still leaves 9.3% of the Porter County population and 12.4% of the Starke County population living in a state of food insecurity. Further, the estimated annual food budget shortfall is roughly $10,478,000 in Porter County and $1,763,000 in Starke County.[8]



Data visualization from Feeding America's Map the Meal Gap 2021

[8] https://map.feedingamerica.org/

Teen births are significantly higher in Starke County at a rate of 32 compared to 12 in Porter County, 23 in Indiana, and 19 nationally. However, both Starke and Porter counties well outperformed the state and national rates of Sexually Transmitted Infections: Starke has a rate of only 126.1; Porter has a rate of 235.9; Indiana has a rate of 495.7; and the nation has a rate of 481.3.

Clinical Care factors were once again more positive for Porter County than Starke County. The percentage of underinsured individuals was only 6% in Porter County. Starke County was roughly on average with the state rate of 9% and national rate of 10%. However, the largest detriments to the Clinical Care rank for Starke County were the much higher patient-to-provider ratio for all provider types. Porter County also underperformed in most categories, except for the mental health provider ratio in which it outperformed Indiana as a whole.

The patient-to-primary physician rate for Starke is at 7,680:1 compared with Porter at 1,710:1, the statewide rate of 1,500:1, and national rate of 1,310:1. The Starke County patient-to-dentist rate is 4,670:1 compared to Porter at 1,800:1, 1,700:1 in the state, and 1,380:1 nationally. Finally, the patient-to-mental health provider is 2,340:1. Porter County has a better-than-average rate of 490:1 compared to the state rate of 560:1. The table below breaks down the mental/behavioral health provider rates by licensure, as well.

Porter and Starke Counties' Behavioral Health Workforce[9]

County	HPSA Designation[10]	Psychiatrist (License count/ Population-to-FTE ratio)	Psychologist (License count/Population-to-FTE ratio)	LCSW (License count/Population-to-FTE ratio)	Addiction Counselor (License count/Population-to-FTE ratio)
Porter	Yes	12/20,284.4:1	25/11,284.0	70/3,846.3:1	7/53,246.6:1
Starke	Yes	1/22,995.0:1	1/25,550.0:1	3/9,198.0:1	1/22,995.0:1

Mental and Behavioral Health

Data collected from Behavioral Risk Factor Surveillance System (BRFSS) at the CDC Porter County had only 4.6 Poor Mental Health Days reported compared to 4.9 in Indiana, and, while not included in the overall Health Outcomes ranking, the county also has a slightly lower percentage of people reporting Frequent Mental Distress at 15% opposed to Indiana's 16%. Starke County reports more Poor Mental Health days at 5.2 compared to 4.9 in Indiana and 4.4 in the nation and more Frequent Mental Distress at 18% compared to Indiana's 16% and the national rate of 14%.[11]

Both Porter and Starke counties had higher rates of suicide than the state or nation from 2016-2020. Porter County had a rate of 16 per 100,000 people and Starke County had a rate of 22 per 100,000 people. The rate for Indiana was 15 per 100,000, and the national rate was 14 per 100,000. The actual number of reported suicides for 2020 are shown in the table below.

[9] Indiana Behavioral Workforce County Aggregation spreadsheet prepared by the Bowen Center for Workforce Research and Policy (2021)

[10] https://data.hrsa.gov/tools/shortage-area/hpsa-find

[11] https://www.cdc.gov/brfss/index.html

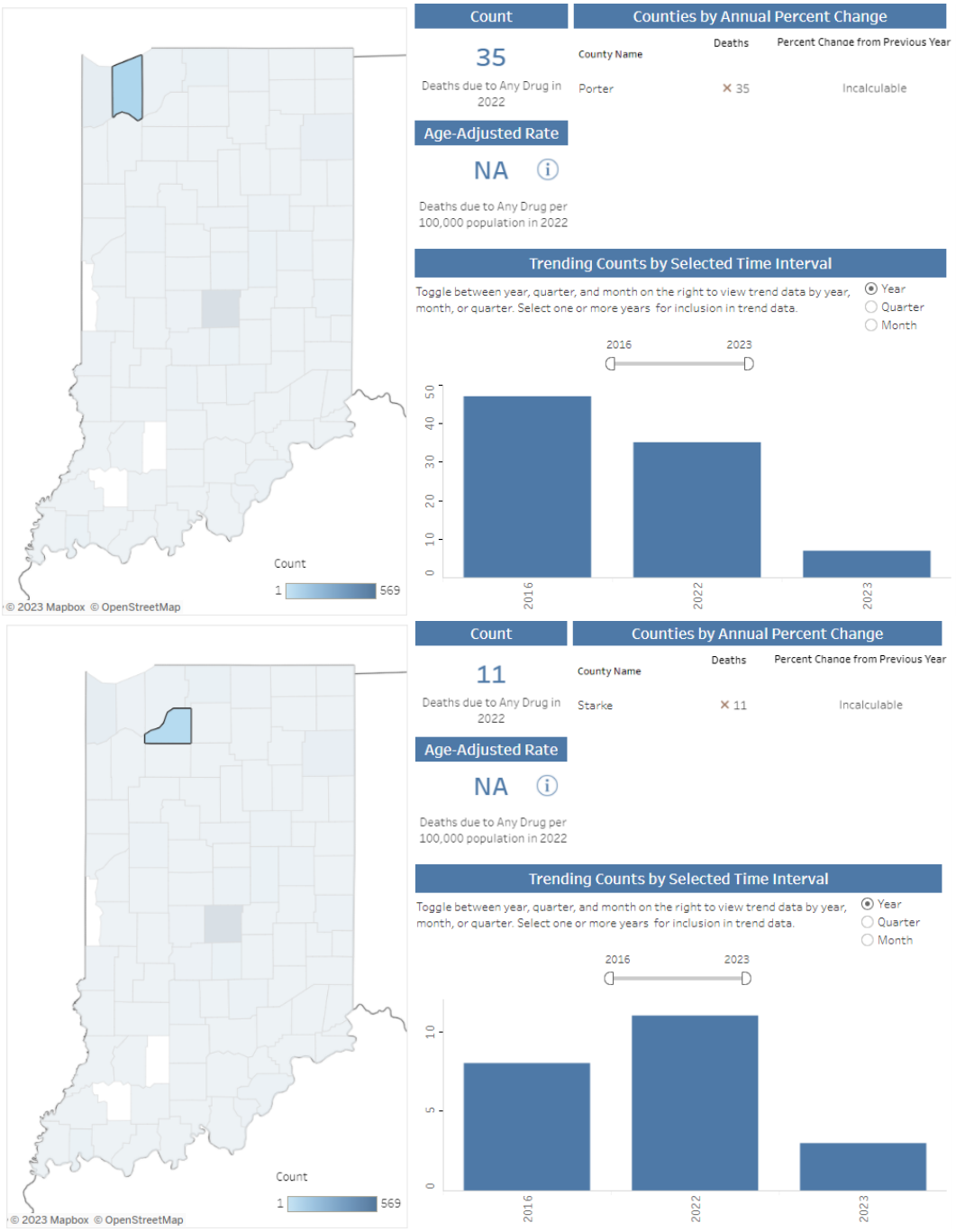
Porter and Starke Counties' Mental and Behavioral Health Data[12]

County	Average number of mentally unhealthy days (monthly)	Suicide Deaths (rate per 100,000 population) (2020)	Substance Use Treatment Episodes (percent of total number of admissions) (2021)	Hospital Discharges (any drug) (2021)[13]	Overdose Deaths (any drug) (2021)[14]
Porter	4.6	27 (15.3)	Alcohol: 41.9% Marijuana: 36.8% Cocaine: 15.8% Heroin: 37.4% Methamphetamine: 16.7% Rx Opioid: 17.0%	358 ED Visits 115 Hospitalizations	52
Starke	5.2	3 (unstable rate)	Alcohol: 22.6% Marijuana: 39.6% Cocaine: 5.0% Heroin: 43.4% Methamphetamine: 35.8% Rx Opioid: 28.3%	88 ED Visits 19 Hospitalizations	14

The CDC's National Center for Health Statistics report on drug overdose deaths in the United States shows that there were 2,250 deaths from all drug overdoses in Indiana in 2022. According to the Drug Overdose Dashboard from the Indiana Department of Health, the 2021 age-adjusted state rate of overdoses from all drugs in Indiana is 43.1. Porter County is well below that state average with an age-adjusted rate of only 32.3 and Starke County is well above it at a rate of 64.7.

[12] https://iprc.iu.edu/epidemiological-data/epi_table.php?table_id=t601&county=64 IPRC using data from the County Health Rankings and the Behavioral Risk Factor Surveillance System.
[13] https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/
[14] Ibid

The graphic below represents the most recent full calendar year of data from 2022.



Data visualization from IDOH Drug Overdose Dashboard, 2022

Primary and Chronic Diseases

According to the Indiana report from the CDC's State Cancer Profiles, the cancer rates for 2014-2018 in Porter and Starke County exceed the state and national rates. The rate of all cancers (per 100,000 people) in Porter County comes in at 470.8—30th highest in the state—and Starke County has a rate of 497.5—the 10th highest in the state—compared to a statewide rate of 457.9 and national rate of 448.6.

Porter County has worse rates of breast cancer (130.3) than the state (124.5) or the nation (126.8). Porter is also worse in colon and rectum cancers at a rate of 42.9 compared to 41.7 in Indiana and 38.0 nationally. Porter County outperforms the state, but not the national rate in lung and bronchus cancers at a county rate of 68.1, a state rate of 69.9, and a national rate of 57.3. Finally, Porter has a worse rate of prostate cancer at 107.2 than Indiana at 96.5 and the nation at 106.2.

Starke County has significantly lower rates of breast cancer (92.7) than the state (124.5) or the nation (126.8). Starke County underperforms the state but outperforms the national rate of prostate cancer at 98.1 compared to Indiana at 96.5 and the nation at 106.2. However, Starke County is considerably worse in colon and rectum cancers at a rate of 60.3—fourth worst in the state—compared to 41.7 in Indiana and 38.0 nationally. Lastly, Starke County has the worst rates of lung and bronchus cancers in the state of Indiana at a county rate of 99.5, compared to a state rate of 69.9 and a national rate of 57.3.

Data from the Centers for Disease Control's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) reports that Porter County comes in below the state average rate of heart disease deaths with a rate of 327 per 100,000 compared to Indiana's 351, but above the U.S. rate of 319.5. Starke County comes in well above both the state and national rate at 460. Porter County also outperforms the state and national rates for stroke deaths at a county rate of 62, a state rate of 78, and a national rate of 73.1. Starke County once again shows worse outcomes with a county rate of 82, well above both the state and national rates.

Regarding diabetes, the CDC's Diabetes Data & Trends 2020 report relates that both Porter and Starke counties come in below the state rate of diagnosed diabetes. Porter County has a rate of 9.1, and Starke County has a rate of 7.9, compared to Indiana's rate of 10.5. Starke County's rate is also lower than the national rate of 8.2.[15]

Porter-Starke Epidemiological Data

County	Infant Mortality Rate (2020)[16]	Diabetes Prevalence (2023)[17]	Stroke (death rate per 100,000)[18]	Heart Disease (death rate per 100,000)[19]	Cancer Incidence (rate per 100,000)[20]
Porter	< 5	9%	62	327	470.8
Starke	< 5	11%	82	460	497.5

Data table summaries and portions of the Center for Disease Control reports can be found in Appendix A.

Existing Healthcare Resources

Porter-Starke Services provided an extensive listing of the currently available healthcare facilities and services that are available to those living in Porter and Starke counties. This list includes, but is not limited to, hospitals, community-based physicians, county health departments, and a variety of specialty

[15] https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html#
[16] https://www.in.gov/health/mch/data/infant-mortality/#2020
[17] https://www.countyhealthrankings.org/explore-health-rankings/indiana?year=2023&tab=1&measure=Diabetes+Prevalence*
[18] https://www.in.gov/health/cdpc/cardiovascular-health/data-and-resources/
[19] Ibid
[20] https://www.usnews.com/news/healthiest-communities/indiana/porter-county

clinics. Other public and population health-focused services include homeless shelters, food pantries, crisis lines, and childcare services. There are additional services that may not be directly located within the two counties but that are available to county residents via referral or direct contact. While the list below may not be exhaustive, PSS will be able to use this listing when creating its action plan to incorporate existing resources.

Adult Probation
Adventure Island Preschool
Alice's House
Aspire Counseling
Beacon Medical Group
Bella Vita
Belstra
Bloomington Meadows
Bonner Senior Center
Boone Township Call-A-Ride
Bowen Center
Boys & Girls Club of Northwest Indiana
Boys Town National Hotline
Bureau for Developmental Disabilities Services
Care Counseling Services (IOP)
Caring Place
Center Township Trustee
Centers for the Deaf & Hard of Hearing
Centerstone
Change Therapy
Childhelp Hotline
Coalition Against Domestic Abuse
Community Services of Starke County
Connecting Kids to Coverage
Court Appointed Special Advocates
Dan Schultz, PhD
Dr. Giselle Thomalia (Spanish speaking therapy services)
Dr. Harrington (Psych testing)
Eskenazi Health
Family & Youth Services Bureau
Family Concern Counseling
Family Focus, Inc.
Family Youth Services Bureau
Foundations Child Care and Preschool
Franciscan Health
Gabriel's Horn Homeless Shelter
Gerald Lewis & Associates
Habitat for Humanity of Porter County

HealthLinc
Hilltop Neighborhood House
HomelessShelterDirectory.org
Hope Restored Recovery Home
Housing Opportunities
Hub Coalition Porter County
Indiana Child Abuse & Neglect Hotline
Indiana Foreclosure Prevention Network
Indiana Hard of Hearing Services
Indiana Hope Center
Indiana Tobacco Quitline
Indiana WIC
Innovative Counseling Solutions
Insource
Juvenile Probation
Keys Counseling
Kids' Closet - NJUMC
Knox-Winamac Community Health Center
Lawrence Pincus & Associates
Lighthouse Autism Center
Little Lambs Preschool
Little Lights Preschool
Love is Respect
MAAC Foundation
Marshall-Starke Development Center
Marshall-Starke Head Start
Mary Kennedy
Meals on Wheels VNA
Medical Supplies Loaning Service
Mental Health America
Mid-America
Midwest Center for Youth & Families
Moraine House
Moving Starke County Forward
National Domestic Violence Hotline
National Parent Helpline
National Sexual Assault Hotline
National Suicide Prevention Lifeline
NeuroDiagnostic Institute
New Creations
NorthShore Health Centers
Northwest Health - Porter
Northwest Health - Starke
Northwest Indiana Community Action

Nurse-Family Partnership
NW Health Starke Hospital
Oaklawn
Opportunity Enterprises
Overdose Lifeline
PACT of Porter County
PCACS
Point 2 Point Counseling
Porter County Aging & Community Services
Porter County Association for Handicapped Children & Adults
Porter County Health Department
Porter County Juvenile Justice
Porter County Juvenile Probation
Porter County Schools
Porter County Triad
Porter Family Counseling
Porter-Starke Services Inpatient Care Center
Purdue Extension Nutrition Education Program
Purdue University Northwest
Respite House (1 & 2)
Samaritan Counseling Center
Shults-Lewis Child and Family Services
Society of St. Vincent de Paul - North Judson
South Shore Academy
St. Joseph's Carmelite Home
St. Jude House
St. Peter Lutheran Preschool
Stan Lelek, PsyD, HSPP
Starke County ABATE
Starke County Chamber of Commerce
Starke County Division of Family Resources
Starke County Health Department
Starke County Recovery Community Organization
Starke County Schools
Starke County Youth Club
Starke/Pulaski Habitat for Humanity
Swanson Center
The Aliveness Project
The Artistic Recovery
The Caring Place / Women's Recovery Home
The Salvation Army of Porter County
Tobacco Education & Prevention Coalition for Porter County
Treatment Advocacy Center
U.S. Department of Veterans Affairs

UMC Food Pantry
United Way of Northwest Indiana
United Way of Porter County
Urban League of NW Indiana
VA Outpatient Clinic
V-Line
VNA Hospice of Northwest Indiana
Wells Counseling
Women's Center of NWI
WorkOne
YWCA of North Central IN

The complete listing of the facilities can also be found in Appendix D.

Identifying Health & Service Needs

A focus group of Porter and Starke counties' representatives was organized with the help of Porter-Starke Services Director of Integrated Care, Todd Van Buskirk. Business owners, local officials, healthcare providers, minority leaders, clergy, health departments, and any other interested parties were invited to attend the meeting to discuss the state of health and healthcare in their county with a view to identifying the strengths, challenges, and shared values.

Specifically, invitees included: health centers, local health departments, inpatient facilities/hospitals, Department of Veterans Affairs, school systems, crisis response partners (e.g., emergency response), persons (and organizations operated by persons) with lived experience of mental and substance use conditions, other mental health and substance use disorder treatment providers in the community (including MAT), residential programs, juvenile justice, criminal justice, child welfare, peer-run service providers, homeless shelters and housing agencies, employment services systems, services for older adults, and other social and human services. Indiana Department of Health (IDOH) IDOH Health Equity Workers for District 1 and 2 were also invited, but were unable to attend the focus groups. However, there was engagement with their offices and agreement to disseminate the survey. Any other invitees who were unable to attend were invited to submit a letter detailing the needs of the community. The list of attendees can be found in Appendix B.

Three focus groups were held consecutively from August 30 through August 31, 2023: one in the afternoon in Hebron (Porter County), one the next morning in Valparaiso (Porter County), and one that afternoon in Knox (Starke County). Attendees were encouraged to brainstorm all areas of need or concern in the health field in Porter and Starke counties. The three sessions generated extensive lists of all strengths, concerns, and values in the community as they related to health and healthcare. Specifically, attendees were asked to think about how the following issues may or may not impact health in their communities: cultural, linguistic, physical health, and behavioral health needs; mental/behavioral health crisis services; access to services; and any potential barriers to care such as geography, transportation, poverty, lack of culturally responsive services, and workforce shortages. Once a master list of all concerns was agreed upon by the full group, attendees were asked to prioritize the greatest strengths and values in

their county. Then, they were asked to identify the highest priorities from the master list of challenges/concerns.

In Porter County, issues of equity or disparity across the county were highlighted as areas of concern, along with addiction/substance use, transportation, childcare, early interventions, long waits times for care, affordable housing, and homelessness. Starke County's areas of concern were EMS staffing, local government cooperation, mental health, services for youth, communication about services, and healthy food access. Both counties highlighted youth programs and collaboration among existing groups, organizations, and coalitions as some of their greatest strengths.

By analyzing the prioritized lists from all three focus groups, the IRHA was able to pull out the items that appeared most frequently and identified the community's areas of greatest concern in no particular order:

Transportation
Housing
Mental health
Homelessness
Government engagement
Awareness of available services
Healthy food access
Stigma associated with seeking care/help
Childcare
Addiction/Substance Use
Activities for seniors
Equity across the community

The master list and the prioritized list can be found in Appendix B.

The identified areas of greatest need and additional conversations with PSS staff were used to create a 46-question survey, addressing demographics, county issues, and community services and amenities, which can be found in Appendix C. The survey was widely disseminated to the residents of Porter and Starke counties via the PSS website and social media, newsletters, direct emails, and community bulletins. QR codes directing people to the survey were also placed in waiting rooms and public places. The online survey was hosted publicly on REDCap.com from September 20, 2023, through October 16, 2023. By providing widespread access to this survey, persons who are underserved and/or marginalized had access to share their perspectives through this survey.

At the end of polling, there was a total of 41 total survey responses. The majority (68.3%) of respondents identified as female, 95.1% of respondents identified as White, and 65.9% were between the ages of 38 and 66.

Respondents were first asked to assess the impact of various factors on 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, some, no opinion either way, definite need, or extreme need."

Additionally, respondents were asked how they heard about the survey and whether they had a primary care provider. If they responded "no" to the primary care provider, they were asked what barriers prevented them from obtaining one. This provided details on potential barriers to care.

There was also a section for open comments at the end of the survey for any additional information the respondents wanted to share.

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. Cost of housing – weighted average of 1.39
2. Unhoused population/homelessness – weighted average of 1.64
3. Availability of housing – weighted average of 1.66
4. Addiction/Substance Use Disorder – weighted average of 1.82
5. Cost of quality childcare – weighted average of 1.85

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 housing – weighted average response of 4.49
2. Mental health care providers/services – weighted average response of 4.22
3. Homeless/unhoused shelters – weighted average response of 4.13
4. Information about stigma and bias in mental health – weighted average response of 4.12

5-7. Addiction/Substance Use Disorder treatment/services – weighted average response of 4.08
Services for homeless/unhoused populations (other than housing) – weighted average response of 4.08
Responsiveness of local government – weighted average response of 4.08

The full summary of the survey results can be found in Appendix C.

A sampling of the comments from the survey is below. The most common responses dealt with homelessness/unhoused people, addiction (including nicotine/vaping), and affordability at all levels. All comments have been left as originally submitted unless they have been edited for length.

Homelessness/Unhoused People:

"The health of the county is stymied by lack of affordable specialty care as well as resources for low income and homeless populations."

"A year ago I was homeless. I came into one program and was put on another and I came on my own. I understand that mistakes happen. But I just needed housing and a therapist. But people in this county care. That's what's great about Porter Starke!"

"homelessness is the largest public health issue we have at this time"

Addiction/Substance Use:

"In Porter County, we need shelter, affordable housing, detox/inpatient treatment for mental health and SUD, more therapists and psychiatrists that are quality and accept Medicaid…."

"Addiction is out of control. This often begins with nicotine addiction. Our youth and young adults are engulfed in the vaping epidemic that is affecting the health of this population, as well as taxing school resources. Schools need to be encouraged to seek out assistance from local resources and allow them to work with the schools regarding substance misuse and tobacco prevention and education."

"Health in the county is not good because of substance abuse, including nicotine and alcohol addictions."

Affordability:

"Food is at an all time high. Farmers markets and grocery stores won't fix the problem. Every single restaurant in downtown Valparaiso is over priced and does not provide for families. Don Quijote provides money and resources, but one restaurant cannot do it all. We need more places to help families and people in need with food and resource scarcity. Government isn't doing enough to help and only individuals are working on this. We need elected officials to actually make this a priority…."

"If you have money its not hard to choose to be healthy. If you dont have money in Porter Co it is very challenging to have access to healthy choices."

"Politicians are spending too much money for things like the new sports complex when people are homeless and can't afford to feed their families"

A complete summary of the survey results can be found in Appendix C.

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 Porter and Starke counties. Through the collection of health data and community input on the county's strengths, values, and challenges within service area of Porter-Starke Services, the following needs were identified as being of the highest importance:

Identified Areas of Need

- Housing – availability; affordability
- Mental health – services; treatment; stigma reduction
- Unhoused people – housing; shelters; services
- Substance Use – treatment; services

Resources & Opportunities

To aid Porter-Starke Services in the creation of an action plan, the IRHA has provided some potential options and resources for addressing the defined areas of need. Please note these are *opportunities* and *recommendations* for further consideration and should not be considered requirements nor complete

solutions. These opportunities are identified, regardless of whether or not PSS is already doing these activities; the response from PSS may provide clarification on which activities are already being pursued.

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

- **Housing – availability; affordability**

  Note: At the time of this writing, a global shortage of supplies and labor has exacerbated the construction market impacting housing; and interest rates have simultaneously increased to double the mortgage rates from the past 12 months. These factors have created significant obstacles at this point in time.

  - Work with local affordable housing providers and seek opportunities for housing-related grants from HUD, IHCDA, and others.
  - Work with partners to help people gain employment and have greater financial access to housing.
  - Provide access to transitional housing for clients to assist them with independent living.
  - Explore options from the National Center for Healthy Housing (https://nchh.org/resources/financing-and-funding/federal-funding-of-healthy-housing/).

- **Mental health – services; treatment; stigma reduction**

  - Collaborate with regional behavioral and mental health providers to enable telehealth treatment options. Examples include:
    - Mental Health of America (IN): https://mhai.net/
    - IU and their IN Behavioral Health Access Plan for Youth: https://medicine.iu.edu/psychiatry/clinical-care/behavioral-health
    - IRHAHELP: https://www.findhelp.org/
    - IN Medicaid: https://www.in.gov/fssa/dmha/apply-for-services/mental-health-services/
  - Collaborate with IU and their IN Behavioral Health Access Plan for Youth at their website: https://is.gd/behappy_registration.
  - 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 IRHA for navigation services or ClaimAid at http://claimaid.com, among others.
  - Collaborate with various suicide prevention organizations (American Federation of Suicide Prevention, Indiana Suicide Prevention Network, etc.). Topics may include:
    - Stigma reduction
    - 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.

- **Unhoused people – housing; shelter; services**

  - Refer to the Resource Roundup (https://www.resourceroundup.com/service/list/?c=90) for Northwest Indiana.
  - Refer to Interfaith Community PADS (https://interfaithcommunitypads.in/ifcpwpr48/contact/).
  - Refer to Housing Opportunities for Porter, Starke, and LaPorte counties (https://hoi.help/).
  - Coordinate with local faith-based organizations who seek similar solutions.

- **Substance Use – treatment; services**

  - 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.
  - 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.
  - 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.
  - 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.
  - Offer drug-specific education classes.

Porter-Starke Services Review

IRHA worked with PSS to understand its perspectives on areas pertinent to this assessment, including staffing, access, and their anticipated strategic use of these findings. That response is as follows.

Access

Access to services and other resources has been identified as a need within the CHNA. PSS will be responsive to community need through access to PSS services. Currently, PSS provides the following access to Certified Community Behavioral Health Clinic (CCBHC) services:

- Valparaiso: Monday – Thursday 8:00am – 8:00pm, Friday 8:00am – 5:00pm
- Portage: Monday – Thursday 8:00am – 8:00pm, Friday 8:00am – 5:00pm
- Knox: Monday – Thursday 8:00am – 8:00pm, Friday 8:00am – 5:00pm
- Recovery Centers: Monday – Friday 5:30am – 10:30am, Saturday/Sunday 5:30am – 9:00am
- Case management and skills training available on weekends
- Crisis services available 24/7

To enhance access, PSS does provide telehealth services, specifically for case management, therapy, and psychiatry services, when appropriate. Telehealth services are particularly appropriate (and offered) when barriers to care are present (e.g., transportation).

The findings from this CHNA noted issues with availability of mental health treatment staff, particularly to address addictions. This availability is likely related more to staffing shortages; however, ensuring community members are aware of existing access to (especially addiction) services is important when services are provided with evening and weekend hours. Recently, the Valparaiso Recovery Center moved down the block and just opened a third dosing window to make access easier for clients dosing quickly, providing that increased access to addictions treatment will benefit the community. Outreach and marketing around clinical services (especially the Recovery Centers) has increased to ensure community members are aware of existing access.

Furthermore, the expansion of the variety of crisis services anticipated in December 2023 will help address the need for assessment and appropriate treatment through crisis center services. PSS is also expanding the 24/7 mobile crisis team, which will operate throughout the entire service area starting in 2024. This will help provide access and, through the crisis center, provide an entrance into further services quickly.

Thus, PSS is addressing the access and availability of CCBHC services, including crisis services, based on feedback from the community.

Staffing

PSS employs the following clinical-related FTEs (as of October 2023): psychiatrists (5.9 FTE directly, 1.5 through contractual agreement), nurse practitioners (5.95 FTE), registered nurses (22.35), licensed clinical social workers (9.35), licensed mental health counselors (7.15), licensed psychologists (3.0), licensed marriage and family therapists (.20), licensed addiction counselors (7.1), case managers (18.0), behavioral health technicians (19.9), peer recovery support specialists (8.0), tobacco treatment specialists

(0.4), medical assistants (6.0), community health workers (2.5), unlicensed bachelor's or master's-trained clinicians (13.93), interns in masters' programs (.05), licensed social workers (9.0), licensed mental health clinicians with provisional licenses (4.0), and school-based staff (specialists, therapists, engagement specialists, 15.0). PSS employs the following administrative FTEs (as of October 2023): CEO (1.0), CMO (1.0), facility/maintenance staff (9.5), finance/billing staff (23.0), human resources staff (4.0), IT staff (3.0), QA/QI staff (9.9), receptionists (14.95), marketing staff (2.9), directors/project directors/coordinators (24.2), OTP medical director (1.0), FQHC staff (47.0), CFO (1.0), executive staff (3.9), and health information management staff (8.9).

Current staff positions which are needed include: department coordinator (1.0), finance/billing staff (1.0), school-based staff (1.0), LSW (1.0), unlicensed bachelor's or master's-trained clinicians (3.0), MAs (2.0), peer recovery support specialists (3.0), behavioral health technicians (4.0), case managers (8.0), LMHCs (1.0), LCSWs (2.0), registered nurses (3.0), nurse practitioners (2.0), and psychiatrists (2.0).

These vacancies, when filled, will help address the findings of the assessment. Specifically, the case management and peer recovery staff help clients seeking housing and work with housing partners in the PSS service area to maintain access to affordable housing. Filling the clinical positions like LCSWs and psychiatrists will help with treatment of addiction and mental illness. Furthermore, vacancies, such as behavioral health technicians, are part of increasing the crisis response through a 24/7 crisis center operated by PSS. The increased crisis response will help meet community members where they are through having somewhere to go in a time of crisis. Mobile crisis staff are part of the vacancies, as well, which is bringing crisis response to the community. In addition to these vacancies, focus will be put on increasing the staff associated with our Projects for Assistance in Transition from Homelessness (PATH) grant, which addresses homelessness in the community. These are ways in which PSS will *use our staffing plan to make strategic use of these findings and address them.*

Strategic Use of the Findings: Ways PSS Addresses Needs

In response to the suggestions from IRHA, PSS is currently able to address the needs of housing/unhoused persons, mental health treatment, and addictions treatment in the following ways.

PSS has several housing initiatives to alleviate the issues of housing and unhoused persons. These include the following.

- Permanent Supportive Housing (PSH) Grant
    - Grant awarded by Indiana Housing and Community Development Authority (IHCDA) since 2010 to provide housing assistance to consumers who are homeless and diagnosed with mental illness.
    - This opportunity is managed with collaboration from Housing Opportunities in Porter and Starke counties.
    - In the current grant year, 22 households (45 individuals) have received assistance.
- Projects for Assistance in Transition from Homelessness (PATH) Provider
    - 1 of 10 PATH Providers in IN. Funded since 2016, PATH Team provides care/interventions and housing supports for consumers diagnosed with serious mental illness and/or substance use disorder.

    - PATH funds support dedicated staff whose mission is to provide outreach and supportive services to connect homeless individuals (or those at risk of homelessness) to primary healthcare services, mental health and substance use treatment, and other services for which they qualify.
    - The PSS PATH Team housed 24 households in the last 1-year grant cycle and is currently serving 135 individuals who qualify for this program.
- Starke County Rural Set-Aside Grant
    - Received a grant and initiated planning for a permanent supportive housing project in Starke County to address homelessness that can arise from mental health and/or substance use challenges.
    - Collaborative effort with IHCDA and Indiana Continuum of Care/Balance of State to fund 10 unsheltered families/individuals.
    - PSS is working to house the chronically homeless and others with housing instability. PSS has assisted in preparing Starke County to participate in the 2024 Point-In-Time count (IHCDA annual assessment of homelessness in IN) to have solid data for future grant opportunities. Our work includes community partnerships with law enforcement, North Judson and Knox Government, area landlords, and other non-profits.
- Porter-Starke Services Transitional Housing: LIFE House
    - 14-Bed (24/7) Supervised Group Living (SGL) Facility designed to provide support for adults diagnosed with mental illness as they transition to lower level of care (i.e., inpatient toward independent living).
    - PSS Staff on premises 24/7 to provide skills training and development and case management to assist residents' daily living skills.
- Porter-Starke Services Transitional Housing: Davies Home
    - 4-Bed facility, which is part of transitioning to more independent living. Consumers diagnosed with serious mental illness step-down to Davies from LIFE House, prior to living independently in the community.
    - Residents have a PSS case manager who supports their continued journey toward independence.

PSS conducts extensive community collaboration to address needs around mental health and substance use treatment. Examples of these key collaborations are as follows. Based on the findings of the CHNA, these collaborations will be built on and expanded with emphasis placed on outreach around access to services and coordination to provide services and/or resources beyond the scope of a CCBHC.

PSS's licensed clinicians serve as mental health liaisons on each of the problem-solving court teams: Adult & Youth Drug Court, Veterans Court, Truancy Court, and Mental Health Restoration Court. In lieu of jail time, program participants agree to engage in treatment or other needed services in order to improve their lives and seek dismissal of charges when completing the phased program. PSS collaborates with the Tobacco Education & Prevention Coalition of Porter County to connect/share information with other local community partners on tobacco cessation efforts on a non-formal, monthly basis. One of these entities includes collaboration with the Indiana Tobacco Quitline, as a referral resource for clients. Mental Health America collaborates with PSS Recovery Centers to assist clients experiencing financial burden/barriers to Medication-Assisted Treatment for opioid addiction. The Aliveness Project supports

the Recovery Centers with HIV/Hepatitis education, prevention, and testing. They also accept nursing referrals and visit PSS's Intensive Outpatient Program Groups for clients in treatment for substance use. PSS collaborates, provides services, and refers clients for sober-living support during recovery with various entities, including: Respite 1 & 2, Hope Restored, Moraine House, Recovery Works, Alice's House, and The Women's Recovery Home/The Caring Place to promote a full spectrum of recovery services. PSS collaborates on mutual child clients receiving residential supportive services at Bloomington Meadows in Bloomington, Indiana, Resource in Indianapolis, and at Schults Lewis Child & Family Services, a local residential facility where we collaborate to provide medication management services and reserve provider time in order to meet the needs of children struggling with mental health disorders. PSS has a partnership with The Center for Workforce Innovation/WorkOne. This opened up a partnership with this organization for our clients to be directly connected with staff at WorkOne. We meet with their staff monthly to connect our clients with resources. PSS case management staff collaborate with the Vocational Rehab team from Opportunity Enterprises to discuss mutual clients and problem-solving best ways to support the clients' needs, goals, and abilities. We provide referrals to Vocational Rehab on a regular basis and encourage client engagement to access supported employment opportunities. PSS serves on the monthly Starke County Recovery Community Organization Board meeting with HealthLinc, a local FQHC, and The Artistic Recovery, a local organization utilizing art, music, fitness, nutrition, and faith, to facilitate recovery from substance use. This committee consists of at least 51% people in active recovery to join hands with our community to offer hope and support to people impacted by substance use disorder and to show recovery works. PSS offers various evidence-based wellness programming for the older adult population, including: WISE (Wellness Initiatives in Senior Education) and Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) for our clients and community members. This quarter, PSS provided this programming to the Community Services of Starke County, Bonner Center, Christ Lutheran Church, VNA Hospice, and collaborated/shared information with the Aliveness Project of NWI, The Caring Place, Center Township Trustee, Community Partners, Mental Health America, Tobacco Education & Prevention Coalition of Porter County, local police department, and Veteran's Affairs.

Strategic Use of the Findings: Barriers to PSS Addressing Needs

PSS faces some barriers to fully addressing the needs listed.

Access to Care impacts provision of mental health and substance use treatment. A general shortage of qualified staff exists to meet the demand for mental health and substance use needs. PSS has vacancies in key positions, such as psychiatrists (prescribers for medication management), licensed clinicians, bachelor's-level direct care staff, and persons with lived experience (i.e., peers). Low reimbursement rates worsen inequities as healthcare organizations compete for qualified staff; due to lower rates, CMHCs historically lose skilled workforce to higher-paying healthcare providers (e.g., hospitals). This results in high turnover and the potential for negative impacts to provision of care. PSS staff also need access to consistent sources of evidence-based practice (EBP) trainings; PSS is reducing this barrier with the workforce recruitment and retention grant recently awarded to PSS by the Division of Mental Health and Addiction (DMHA). This grant provides funding for training and supports access to qualified trainers. Another aspect of access to care is that disparate populations often face challenges accessing care due to lack of transportation, inconsistent enrollment with entitlements (e.g., Social Security), stigma, and other social drivers of health, some of which were mentioned in the findings. The mental health needs of

populations facing these challenges have continued to increase more rapidly than workforce development. At PSS, to meet regulations and requirements set by certifying bodies, the intake processes still involve high administrative burden which can lengthen the intake/assessment process; processes also must be set up to meet the strictest payor requirements to ensure compliance for billing, as well. Finally, there is a lack of recovery homes to assist consumers with the development of daily living skills in a sober environment. For clients to have better access to care, these barriers must be addressed as much as possible.

Housing impacts provision of care because that need underlies most other needs; if a person is unhoused, the ability to access care, comply with the treatment plan, and access benefits is greatly negatively impacted. A lack of affordable housing options in the community puts pressure on the existing grant programs to find landlords willing to participate in such programs. Further, Serious Mental Illness/Substance Use Disorder (SMI/SUD) populations who have any history of legal charges often are disqualified from housing options. The lack of housing stability often exacerbates mental health symptoms and can increase substance use. As described, PSS has many initiatives with local organizations to improve access to affordable housing, but those initiatives face these constraints; and, therefore, the barrier of lack of housing still impacts successful treatment.

Public entitlement programs are intended as a safety net to help populations in need, but high-need populations are often easily overwhelmed and struggle to manage requirements to sustain medical insurance coverage and maintain documentation to support access to other entitlement programs for which they qualify. PSS addresses the barrier of access to these programs through staff specializing in helping clients with the necessary paperwork and follow up. Many clients need access to these entitlement programs to provide necessary resources to support treatment (e.g., housing, medications).

Care coordination is a boon to clients but can be difficult to achieve. To meet the needs identified by the community, and specifically clients, PSS works hard to coordinate care across different healthcare specialties. However, currently, apart from grant funding (which PSS uses for this purpose), there are few reimbursement opportunities for providers to collaborate with providers outside their specific system of care. This lack of support creates difficulties for some systems to secure resources toward efforts to coordinate care with organizations like PSS. Thus, there is a barrier toward providing the kind of care coordination which would benefit provision of mental health and substance use treatment.

Based on these findings and the cited barriers to meeting identified needs, PSS plans to continue and expand on the current work being done with local partners on housing (e.g. Housing Opportunities / NWICA), with the Indiana Council and DMHA to standardize the intake processes (supported by changes to the electronic health record), and with grant funding (e.g. DMHA workforce, CCBHC-IA) to support positions helping clients access entitlements and care coordination.

Future Plans

PSS plans to update the community needs assessment every three years to better track trends, stay in close contact with the community, assess efforts/interventions, and to stay in good standing with CCBHC requirements.

Conclusion

The team from IRHA is pleased to serve Porter-Starke Services and its many locations across the northern part of the state. IRHA has worked with the team at Porter-Starke Services in various capacities for many years and highly respects its accomplishments that greatly contribute to the health needs of the residents in Porter and Starke counties 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.

Porter-Starke Services has a unique opportunity to become more focused on the health and well-being of its constituents. These efforts can become more successful by directing and marketing to the community Porter-Starke Services is trying to touch and evaluating different methods to reach them.

Porter-Starke Services has earned the trust and respect of many local residents. Through a focused effort involving collaboration of Porter-Starke Services leadership and other community leaders to improve health outcomes, lives will be changed. This can be leveraged by providers, local businesses, and community service organizations to explore the suggested and other ideas to enhance the quality of life for Porter and Starke counties' residents.

Appendix A

Resources & Reference Materials

Porter-Starke Population Data Tables[1]

County	Population (Total)
Porter	174,791
Starke	23,258

County	Age (years)	Race/Ethnicity	Gender[2]	Armed Forces and Veterans[3]	Percent of adults with a disability under 65[4]
Porter	0-4: 8,785 (5.0%) 5-17: 28,862 (16.6%) 18-24: 15,530 (8.9%) 25-44: 44,561 (25.6%) 45-64: 46,064 (26.4%) 65+: 30,441 (17.5%)	American Indian/Alaskan Native: 661 (0.4%) Asian: 2,623 (1.5%) Black: 8,425 (4.8%) Native Hawaiian/Other Pacific Islander: 69 (0.0%) White: 159,209 (91.4%) Multiracial: 3,256 (1.9%) Hispanic*: 19,203 (11.0%)	Male: 49.6% Female: 50.4%	Current active: 63 Number of veterans: 9,079	7.7%
Starke	0-4: 1,351 (5.8%) 5-17: 4,033 (17.3%) 18-24: 1,693 (7.2%) 25-44: 5,410 (23.1%) 45-64: 6,323 (27.1%) 65+: 4,562 (19.5%)	American Indian/Alaskan Native: 120 (0.5%) Asian: 65 (0.3%) Black: 75 (0.6%) Native Hawaiian/Other Pacific Islander: 0 White: 22,742 (97.3%) Multiracial: 301 (1.3%) Hispanic*: 1,036 (4.4%)	Male: 50.5% Female: 49.5%	Current active: 0 Number of veterans: 1,322	12.4%

* Hispanic ethnicity includes all racial origins

Porter-Starke Economic Data

[1] https://www.stats.indiana.edu/ STATS Indiana using population estimates from 2022 from data aggregators including the U.S. Census Bureau, Indiana Business Research Center, Indiana Department of Education, U.S. Bureau of Economic Analysis, Indiana Family and Social Services Administration, Indiana Department of Workforce Development

[2] https://www.census.gov/quickfacts/fact/table/portercountyindiana,US/PST045222

[3] https://iprc.iu.edu/epidemiological-data/index.php?&county=98 Indiana Prevention Resource Center (Indiana University) using data from the U.S. Census Bureau

[4] https://www.census.gov/quickfacts/fact/table/portercountyindiana,US/PST045222

County	Per Capita Income (rank in state out of 92)	Poverty Rate (2021)	Annual Unemployment Rate	Educational Attainment	Percent Uninsured[5]
Porter	$61,250 (6)	9.7%	3.3	High School Diploma: 94.1% Bachelor's or Higher: 30.3%	6%
Starke	$42,083 (90)	14.2%	3.8	High School Diploma: 85.6% Bachelor's or Higher: 11.9%	10%

Porter-Starke Community Risk Factors (Substance Use)[6]

County	Alcohol Outlet Density (rate per 10,000 population)	Percent of adults currently reporting excessive drinking*	Tobacco Outlet Density	Percent of adults currently reporting smoking	Opioid Prescriptions per 1,000 residents[7]
Porter	22.7	17.8%	9.2	17.6%	171.7
Starke	26.6	18.3%	13.7	25.3%	233.0

*Excessive drinking was defined as either binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women) or heavy drinking (drinking 15 or more drinks per week for men or 8 or more drinks per week for women).

Porter-Starke Mental and Behavioral Health Data[8]

County	Average number of mentally unhealthy days (monthly)	Suicide Deaths (rate per 100,000 population) (2020)	Substance Use Treatment Episodes (percent of total number of admissions) (2021)	Hospital Discharges (any drug) (2021)[9]	Overdose Deaths (any drug) (2021)[10]
Porter	4.6	27 (15.3)	Alcohol: 41.9% Marijuana: 36.8% Cocaine: 15.8%	358 ED Visits	52

[5] https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care/uninsured

[6] https://iprc.iu.edu/epidemiological-data/epi_table.php?table_id=t601&county=64 IPRC using data from the Indiana Alcohol & Tobacco Commission, County Health Rankings, and the Behavioral Risk Factor Surveillance System.

[7] https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/

[8] https://iprc.iu.edu/epidemiological-data/epi_table.php?table_id=t601&county=64 IPRC using data from the County Health Rankings and the Behavioral Risk Factor Surveillance System.

[9] https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/

[10] Ibid

			Heroin: 37.4% Methamphetamine: 16.7% Rx Opioid: 17.0%	115 Hospitalizations	
Starke	5.2	3 (unstable rate)	Alcohol: 22.6% Marijuana: 39.6% Cocaine: 5.0% Heroin: 43.4% Methamphetamine: 35.8% Rx Opioid: 28.3%	88 ED Visits 19 Hospitalizations	14

Porter-Starke Behavioral Health Workforce[11]

County	HPSA Designation[12]	Psychiatrist (License count/ Population-to-FTE ratio)	Psychologist (License count/Population-to-FTE ratio)	LCSW (License count/Population-to-FTE ratio)	Addiction Counselor (License count/Population-to-FTE ratio)
Porter	Yes	12/20,284.4:1	25/11,284.0	70/3,846.3:1	7/53,246.6:1
Starke	Yes	1/22,995.0:1	1/25,550.0:1	3/9,198.0:1	1/22,995.0:1

Porter-Starke Epidemiological Data

County	Infant Mortality Rate (2020)[13]	Diabetes Prevalence (2023)[14]	Stroke (death rate per 100,000)[15]	Heart Disease (death rate per 100,000)[16]	Cancer Incidence (rate per 100,000)[17]
Porter	< 5	9%	62	327	470.8
Starke	< 5	11%	82	460	497.5

Porter-Starke COVID-19 Data (September 2023)[18]

County	7-day case average (total count)	Primary Series Vaccination (total)	Up-to-date Vaccination (total)
Porter	8 (49,033)	103,172	27,700
Starke	1 (5,775)	9,483	2,213

[11] Indiana Behavioral Workforce County Aggregation spreadsheet prepared by the Bowen Center for Workforce Research and Policy (2021)
[12] https://data.hrsa.gov/tools/shortage-area/hpsa-find
[13] https://www.in.gov/health/mch/data/infant-mortality/#2020
[14] https://www.countyhealthrankings.org/explore-health-rankings/indiana?year=2023&tab=1&measure=Diabetes+Prevalence*
[15] https://www.in.gov/health/cdpc/cardiovascular-health/data-and-resources/
[16] Ibid
[17] https://www.usnews.com/news/healthiest-communities/indiana/porter-county
[18] https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/county-at-a-glance-dashboard/

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: 2023

To add any additional locations, an existing selection will need to be removed.

Ranked | Additional

		Porter, IN	Starke, IN	Indiana	United States
Health Outcomes					
Length of Life		Porter, IN	Starke, IN	Indiana	United States
Premature Death		6,900	11,100	8,600	7,300
Quality of Life		Porter, IN	Starke, IN	Indiana	United States
Poor or Fair Health		13%	18%	15%	12%
Poor Physical Health Days		2.9	4.0	3.3	3.0
Poor Mental Health Days		4.6	5.2	4.9	4.4
Low Birthweight		7%	8%	8%	8%
Health Factors					
Health Behaviors		Porter, IN	Starke, IN	Indiana	United States
Adult Smoking		18%	25%	20%	16%
Adult Obesity		35%	41%	37%	32%
Food Environment Index		7.8	7.8	6.5	7.0
Physical Inactivity		23%	30%	26%	22%
Access to Exercise Opportunities		79%	64%	77%	84%

Excessive Drinking		18%	18%	18%	19%
Alcohol-Impaired Driving Deaths		14%	27%	19%	27%
Sexually Transmitted Infections		235.9	126.1	495.7	481.3
Teen Births		12	32	23	19
Clinical Care		Porter, IN	Starke, IN	Indiana	United States
Uninsured		6%	10%	9%	10%
Primary Care Physicians		1,710:1	7,680:1	1,500:1	1,310:1
Dentists		1,800:1	4,670:1	1,700:1	1,380:1
Mental Health Providers		490:1	2,340:1	530:1	340:1
Preventable Hospital Stays		3,492	3,642	3,174	2,809
Mammography Screening		38%	26%	39%	37%
Flu Vaccinations		53%	38%	54%	51%
Social & Economic Factors		Porter, IN	Starke, IN	Indiana	United States
High School Completion		94%	86%	90%	89%
Some College		68%	52%	63%	67%
Unemployment		3.9%	4.3%	3.6%	5.4%
Children in Poverty		12%	21%	16%	17%
Income Inequality		4.2	4.4	4.3	4.9
Children in Single-Parent Households		21%	12%	25%	25%
Social Associations		9.3	9.5	11.9	9.1
Injury Deaths		75	120	85	76
Physical Environment		Porter, IN	Starke, IN	Indiana	United States
Air Pollution - Particulate Matter		8.3	8.6	8.8	7.4
Drinking Water Violations		No	Yes		
Severe Housing Problems		12%	9%	12%	17%
Driving Alone to Work		83%	83%	80%	73%
Long Commute - Driving Alone		43%	42%	32%	37%

Note: Blank values reflect unreliable or missing data.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

Compare Counties

Select from all counties or choose based on demographic, social and economic indicators.

Select year: 2023

To add any additional locations, an existing selection will need to be removed.

Ranked | Additional

		Porter, IN ☐	Starke, IN ☐	Indiana ☐	United States ☐
Health Outcomes					
Length of Life		Porter, IN	Starke, IN	Indiana	United States —
Life Expectancy		77.9	73.8	76.5	78.5
Premature Age-Adjusted Mortality		360	540	420	360
Child Mortality		40		60	50
Infant Mortality		4		7	6
Quality of Life		Porter, IN	Starke, IN	Indiana	United States —
Frequent Physical Distress		9%	13%	10%	9%
Frequent Mental Distress		15%	18%	16%	14%
Diabetes Prevalence		9%	11%	11%	9%
HIV Prevalence		109	72	211	380
Health Factors					
Health Behaviors		Porter, IN	Starke, IN	Indiana	United States —
Food Insecurity		11%	14%	11%	12%
Limited Access to Healthy Foods		8%	1%	9%	6%

Drug Overdose Deaths		24	46	28	23
Insufficient Sleep		33%	36%	36%	33%
Clinical Care		Porter, IN	Starke, IN	Indiana	United States
Uninsured Adults		7%	11%	10%	12%
Uninsured Children		5%	6%	6%	5%
Other Primary Care Providers		1,210:1	1,800:1	830:1	810:1
Social & Economic Factors		Porter, IN	Starke, IN	Indiana	United States
High School Graduation		92%	94%	91%	87%
Disconnected Youth		6%		6%	7%
Reading Scores		3.5	2.9	3.1	3.1
Math Scores		3.6	3.1	3.2	3.0
School Segregation		0.07	0.02	0.26	0.25
School Funding Adequacy		$1,291	$4	$250	$1,062
Gender Pay Gap		0.64	0.67	0.76	0.81
Median Household Income		$80,900	$58,000	$62,700	$69,700
Living Wage		$42.38	$38.03	$40.18	
Children Eligible for Free or Reduced Price Lunch		36%	55%	47%	53%
Residential Segregation - Black/White		47		68	63
Child Care Cost Burden		20%	20%	20%	27%
Child Care Centers		3	2	4	7
Homicides		3		7	6
Suicides		16	22	15	14
Firearm Fatalities		11	17	15	12
Motor Vehicle Crash Deaths		11	27	12	12
Juvenile Arrests		18	6	19	24
Voter Turnout		66.7%	58.9%	61.5%	67.9%
Census Participation		77.1%	64.4%		65.2%
Physical Environment		Porter, IN	Starke, IN	Indiana	United States
Traffic Volume		287	61	501	505
Homeownership		76%	83%	70%	65%
Severe Housing Cost Burden		11%	9%	11%	14%

Broadband Access		88%	77%	85%	87%
Demographics		Porter, IN	Starke, IN	Indiana	United States
Population		174,243	23,372	6,805,985	331,893,745
% Below 18 Years of Age		21.6%	23.0%	23.3%	22.2%
% 65 and Older		17.5%	19.5%	16.4%	16.8%
% Non-Hispanic Black		4.5%	0.5%	9.8%	12.6%
% American Indian or Alaska Native		0.4%	0.5%	0.4%	1.3%
% Asian		1.5%	0.3%	2.7%	6.1%
% Native Hawaiian or Other Pacific Islander		0.0%	0.0%	0.1%	0.3%
% Hispanic		11.0%	4.4%	7.7%	18.9%
% Non-Hispanic White		81.3%	93.3%	77.5%	59.3%
% Not Proficient in English		1%	0%	1%	4%
% Female		50.3%	49.6%	50.4%	50.5%
% Rural		20.8%	82.4%	27.6%	19.3%

Note: Blank values reflect unreliable or missing data.

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

Region 1 Point-in-Time Homeless Count 01/25/2023

	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH						
Total number of households	43	5		0	48	32	16	0
Total number of persons (adults & children)	133	18	0	0	151	117	49	0
Number of children (under age 18)	83	13		0	96	80	30	0
Number of youth (age 18-24)	8	1		0	9	6	2	0
Number of adults (age 25 to 34)	17	2		0	19		7	0
Number of adults (age 35 to 44)	16	2		0	18		9	0
Number of adults (age 45 to 54)	6	0		0	6	31	1	0
Number of adults (age 55 to 64)	3	0		0	3		0	0
Number of adults (age 65 or older)	0	0		0	0		0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Gender (adults and children)	ES	TH						
Female	91	12		0	103	66	32	0
Male	40	6		0	46	51	16	0
Transgender	1	0		0	1	0	0	0
A gender other than singularly female or male	1	0		0	1	0	1	0
Questioning	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Ethnicity (adults and children)	ES	TH						
Non-Hispanic/Non-Latin(a)(o)(x)	127	18		0	145	93	43	0
Hispanic/Latin(a)(o)(x)	6	0		0	6	19	6	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Race	ES	TH						
White	56	13		0	69	60	32	0
Black, African-American, or African	75	5		0	80	49	15	0
Asian or Asian American	0	0		0	0	0	0	0
American Indian or Alaska Native, or Indigenous	0	0		0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0		0	0	0	0	0
Multiple Races	2	0		0	2	8	2	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Chronically Homeless	ES	TH						

Total Number of households	1	N/A		0	**1**	**0**	**0**	**0**
Total Number of persons	3	N/A		0	**3**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
	ES	**TH**	**SH**					
Total number of households	91	11	0	42	**144**	**113**	**39**	**0**
Total number of persons	93	12	0	46	**151**	**117**	41	0
Number of youth (age 18-24)	7	1	0	3	**11**	**8**	**3**	**0**
Number of adults (age 25 to 34)	17	3	0	11	**31**		**13**	**0**
Number of adults (age 35 to 44)	22	4	0	12	**38**		**9**	**0**
Number of adults (age 45 to 54)	22	3	0	11	**36**	**109**	**12**	**0**
Number of adults (age 55 to 64)	19	1	0	8	**28**		**3**	**0**
Number of adults (age 65 or older)	6	0	0	1	**7**		**1**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Gender	**ES**	**TH**	**SH**					
Female	61	11	0	16	**88**	**59**	**19**	**0**
Male	31	1	0	30	**62**	**54**	**22**	**0**
Transgender	0	0	0	0	**0**	**2**	**0**	**0**
A gender other than singularly female or male	1	0	0	0	**1**	**1**	**0**	**0**
Questioning	0	0	0	0	**0**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Ethnicity	**ES**	**TH**	**SH**					
Non-Hispanic/Non-Latin(a)(o)(x)	84	11	0	39	**134**	**109**	**31**	**0**
Hispanic/Latin(a)(o)(x)	5	1	0	5	**11**	**7**	**6**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Race	**ES**	**TH**	**SH**					
White	53	7	0	37	**97**	**98**	**31**	**0**
Black, African-American, or African	37	5	0	3	**45**	**15**	**7**	**0**
Asian or Asian American	0	0	0	0	**0**	**0**	**0**	**0**
American Indian or Alaska Native, or Indigenous	0	0	0	1	**1**	**1**	**0**	**0**
Native Hawaiian or Other Pacific Islander	1	0	0	0	**1**	**0**	**0**	**0**
Multiple Races	1	0	0	2	**3**	**3**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Chronically Homeless	**ES**	**TH**	**SH**					

Total Number of Persons	18	N/A	0	0	18	9	2	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH						
Total number of households	0	0		0	0	0	0	0
Total number of children (under age 18)	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Gender	ES	TH						
Female	0	0		0	0	0	0	0
Male	0	0		0	0	0	0	0
Transgender	0	0		0	0	0	0	0
A gender other than singularly female or male	0	0		0	0	0	0	0
Questioning	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Ethnicity (adults and children)	ES	TH						
Non-Hispanic/Non-Latin(a)(o)(x)	0	0		0	0	0	0	0
Hispanic/Latin(a)(o)(x)	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Race	ES	TH						
White	0	0		0	0	0	0	0
Black, African-American, or African	0	0		0	0	0	0	0
Asian or Asian American	0	0		0	0	0	0	0
American Indian or Alaska Native, or Indigenous	0	0		0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0		0	0	0	0	0
Multiple Races	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Chronically Homeless	ES	TH						
Total Number of Persons	0	0		0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH						
Total number of households	0	0		0	0	1	0	0
Total number of persons	0	0		0	0	3	0	0
Total number of veterans	0	0		0	0	1	0	0

	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Gender (Veteran only)	**ES**	**TH**						
Female	0	0		0	**0**	**0**	**0**	**0**
Male	0	0		0	**0**	**1**	**0**	**0**
Transgender	0	0		0	**0**	**0**	**0**	**0**
A gender other than singularly female or male	0	0		0	**0**	**0**	**0**	**0**
Questioning	0	0		0	**0**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Ethnicity (Veteran only)	**ES**	**TH**						
Non-Hispanic/Non-Latin(a)(o)(x)	0	0		0	**0**	**1**	**0**	**0**
Hispanic/Latin(a)(o)(x)	0	0		0	**0**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Race (Veteran only)	**ES**	**TH**						
White	0	0		0	**0**	**1**	**0**	**0**
Black, African-American, or African	0	0		0	**0**	**0**	**0**	**0**
Asian or Asian American	0	0		0	**0**	**0**	**0**	**0**
American Indian or Alaska Native, or Indigenous	0	0		0	**0**	**0**	**0**	**0**
Native Hawaiian or Other Pacific Islander	0	0		0	**0**	**0**	**0**	**0**
Multiple Races	0	0		0	**0**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Chronically Homeless	**ES**	**TH**						
Total Number of households	0	0		0	**0**	**0**	**0**	**0**
Total Number of persons	0	0		0	**0**	**0**	**0**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
	ES	**TH**	**SH**					
Total number of households	5	0	0	4	**9**	**6**	**2**	**0**
Total number of persons	5	0	0	6	**11**	**6**	**2**	**0**
Total number of veterans	5	0	0	4	**9**	**6**	**2**	**0**
	Sheltered			**Unsheltered**	**2023 Total**	**2022 Total**	**Porter**	**Starke**
Gender (Veteran only)	**ES**	**TH**	**SH**					
Female	0	0	0	1	**1**	**2**	**0**	**0**
Male	4	0	0	3	**7**	**4**	**2**	**0**
Transgender	0	0	0	0	**0**	**0**	**0**	**0**

A gender other than singularly female or male	1	0	0	0	1	0	0	0
Questioning	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Ethnicity (Veteran only)	ES	TH	SH					
Non-Hispanic/Non-Latin(a)(o)(x)	5	0	0	4	9	6	2	0
Hispanic/Latin(a)(o)(x)	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Race (Veteran only)	ES	TH	SH					
White	4	0	0	3	7	5	2	0
Black, African-American, or African	1	0	0	0	1	0	0	0
Asian or Asian American	0	0	0	0	0	0	0	0
American Indian or Alaska Native, or Indigenous	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0
Multiple Races	0	0	0	1	1	1	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Chronically Homeless	ES	TH	SH					
Total Number of Persons	2	0	0	0	2	1	1	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH	SH					
Total # of unaccompanied youth households	7	0	0	3	10	8	3	0
Total number of unaccompanied youth	7	0	0	3	10	8	3	0
Number of unaccompanied youth (under 18)	0	0	0	0	0	0	0	0
Number of unaccompanied youth (18-24)	7	0	0	3	10	8	3	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Gender (unaccompanied youth)	ES	TH	SH					
Female	5	0	0	2	7	5	2	0
Male	2	0	0	1	3	1	1	0
Transgender	0	0	0	0	0	2	0	0
A gender other than singularly female or male	0	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Ethnicity (unaccompanied youth)	ES	TH	SH					
Non-Hispanic/Non-Latin(a)(o)(x)	6	0	0	3	9	7	2	0

Hispanic/Latin(a)(o)(x)	1	0	0	0	1	1	1	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Race (unaccompanied youth)	ES	TH	SH					
White	6	0	0	2	8	8	2	0
Black, African-American, or African	1	0	0	1	2	0	1	0
Asian or Asian American	0	0	0	0	0	0	0	0
American Indian or Alaska Native, or Indigenous	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0
Multiple Races	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Chronically Homeless	ES	TH	SH					
Total Number of Persons	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH	SH					
Total # parenting youth households	6	1	0	0	7	3	1	0
Total # persons in parenting youth households	14	3	0	0	17	7	2	0
Total Parenting Youth	6	1	0	0	7	3	1	0
Total Children in Parenting Youth Households	8	2	0	0	10	4	1	0
Number of parenting youth under age 18	0	0	0	0	0	0	0	0
Children in households with parenting youth (under 18)	0	0	0	0	0	0	0	0
Number of parenting youth age 18 to 24	6	1	0	0	7	3	1	0
Children in households w/ parenting youth age 18 to 24	8	2	0	0	10	4	1	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Gender(youth parents only)	ES	TH	SH					
Female	6	1	0	0	7	3	1	0
Male	0	0	0	0	0	0	0	0
Transgender	0	0	0	0	0	0	0	0
A gender other than singularly female or male	0	0	0	0	0	0	0	0
Questioning	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Ethnicity (youth parents only)	ES	TH	SH					

Non-Hispanic/Non-Latin(a)(o)(x)	6	1	0	0	7	3	1	0
Hispanic/Latin(a)(o)(x)	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Race (youth parents only)	ES	TH	SH					
White	1	0	0	0	1	1	0	0
Black, African-American, or African	5	1	0	0	6	2	1	0
Asian or Asian American	0	0	0	0	0	0	0	0
American Indian or Alaska Native, or Indigenous	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0
Multiple Races	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
Chronically Homeless	ES	TH	SH					
Total Number of households	0	0	0	0	0	0	0	0
Total Number of persons	0	0	0	0	0	0	0	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH	SH					
Adults with a Serious Mental Illness	44	1	0	28	73	56	35	0
Adults with Substance Use Disorder	24	1	0	20	45	31	18	0
Adults with HIV/AIDS	1	0	0	0	1	0	1	0
Adult Survivors of Domestic Violence (optional)	47	10	0	0	57	45	14	0
	Sheltered			Unsheltered	2023 Total	2022 Total	Porter	Starke
	ES	TH	SH					
Number of Households	134	16	0	42	192	180	55	0
Number of persons	226	30	0	46	302	264	90	0
Number of children (under age 18)	83	13	0	0	96	73	30	0
Number of youth (age 18-24)	15	2	0	3	20	21	5	0
Number of adults (age 25-34)	34	5	0	11	50	170	20	0
Number of adults (age 35-44)	38	6	0	12	56	170	18	0
Number of adults (age 45-54)	28	3	0	11	42	170	13	0
Number of adults (age 55-64)	22	1	0	8	31	170	3	0
Number of adults (age 65 or older)	6	0	0	1	7	170	1	0

(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 (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.

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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*Rankⓗ (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:
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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.

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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:
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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.

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(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:
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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.
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⋔ 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.

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

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† 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.

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Appendix B

Focus Group Materials

Focus Group Attendees & RSVPs

Valparaiso, IN – Porter County

Name	Organization
Barb Regnitz	Porter County Commissioners
Robyn Lane	Porter County Board of Health
Jessica Jepsen	Porter County Board of Health
Erin Hawkins	Valparaiso Community Schools
Alison Cox	Porter County Juvenile Detention Center
Marion Collins	Crisis Center
Denise Koebcke	The Caring Place
Amanda Hicks	Duneland Schools
Tiffany Acevedo	Porter County Adult Probation
Stacey Schmidt	Porter Township Schools
Kelly Richards	Center Township Trustee
Dawn Pelc	Hub Coalition Porter County
Carrie Gschwind	Porter County Health Department
Dr. Boxum	Porter County Health Department
Dr. Stamp	Porter County Health Department
Tammy O'Neill	PACT
Tiffany McCammon	Opportunity Enterprises
Ellis Dumas	Boys & girls Clubs of Great NWI
Janis Rau	Porter-Starke Services
Karli Watkins	PSS Client
Teresa Smith	PSS Client
Megan Clay	Portage Township Schools
Jennifer Gadzala	NWI Forum Foundation, Inc
Michelle Bruss	Duneland School Corporation
Alicia White	Portage Township Schools
Dr. Maria Stamp	Porter County Health Department
Shannon Hough	Community Healthcare System
Carrie Higgins	Tobacco Education & Prevention Coalition for Porter County
Sam Burgett	Porter County Sheriff's Office
Samantha Aguilar	Hub Coalition Porter County

Knox, IN – Starke County

Name	Organization
Irene Szakonyi	SCYC
Leslie Baker	Starke County Prosecutor
Cassandra Hine	Starke County Council
Cathy Benko	Washington Township Trustee
Mark Rippy	Community Services of Starke County

Julie Mayhew	Starke County Sheriff's Office
Cindy Benke	Community Services of Starke County
Angie Garner	HealthLinc
Allyssa Quick	Bowen Center
Tara Andrews	Bowen Center
Deb Mix	Purdue Extension/Moving Starke County Forward
Tiffany Nagai	Davis Township Trustee
Sheri Bartoli	California Township Trustee
Brandon Pettit	Starke County Court Services
Jacque Ryan	Starke County Community Foundation
Shawn Mattraw	Starke County Court Services
Taylor O'Neal Long	Porter-Starke Services

Combined & Prioritized Focus Group Comments for Porter & Starke CCBHC Service Area

Strengths

Collaboration among groups

Community Wellness Coordinator through Purdue Extension

FQHC with many services (dentist, pharmacy, optometrist, etc.)

Community services – transport, food pantry

Youth services

Mobile Integrated Response Team

Community garden

School garden program

Pastors Alliance

Variety of recovery programs – recovery court, sheriff's FARM program

Pregnancy resource center

Emergency room at the hospital

Variety of healthcare providers

Erie Trails

Knox Town Park

Porter-Starke and Bowen Center in schools

Multiple behavioral health-focused meetings

Youth Club

Volunteers

Senior-focused groups

Homeless shelter

Food access – food pantries, mobile market, lots of options

Call A Ride and Community Support Buses

Health Department is starting a Resource Network

United Way

Robust Substance Use Disorder services

Southern part of county has easy access to care

Close to Crown Point and Lafayette

EMTs/Emergency Responders and very responsive and provide good care

Veteran Memorial Trail; other good outdoor areas and parks

Marram has NP Psych, counselors, Medication Assisted Treatment

School partners with Porter-Starke

Student Support Specialists

Public parks and events

Collaboration between non-profits and health agencies

The V-Line and Gary City Bus

Many hospitals nearby

Bike rentals

Many senior centers

Help Me Grow – resources for new/young mothers

HealthLink

Many specialists in the area

Substance Use Disorder, tobacco, and mental health coalitions

School nurses and social workers

Residential sober living facilities

Social workers in the police department

Food access

Churches

Housing for homeless/unhoused males

Domestic violence shelter

Crisis intervention training for police department

MAAC Foundation provides training for first responders

Many non-profits

Kids summer programs – YMCA, YWCA, Girls & Boys Club

Workforce development with universities

Harm reduction efforts, including those in schools

Diversion programs in the court system

YMCA relationship with the schools

DARE in schools

Health Department's mobile unit

Police Department in schools to build trust and relationships

Youth sports and adult leagues

Student advisor program for those with IEPs

Valparaiso University, Ivy Tech, Indiana University, Purdue University

Libraries

Adult Intermediate School

Opportunity Enterprises for individuals with disabilities

Hilltop Community Center – preschool, food pantry, Naloxone, transportation

Neighbors

WVLP Public Radio

Large corporations – employment opportunities, generous donors

United Way

Challenges

No OB/delivery services

Resistance to programs like harm reduction and Baby Box from government

Lack of cardiac services

Housing at all levels

Infrastructure – sidewalks, water, sewer

Staffing and equipment for EMS

Long waits for EMS transport at hospitals

Mental health – lack of crisis services, staffing, new patient access

Emergency housing and shelters

Lack of mental health in-patient facilities for youth

Unfunded, minimal Health Department

Local government cooperation with the community – especially on education and compassion programs

Poor Internet

Communicating to whole county

Services for youth

Transportation afterhours

Over prescription of opiates

Juvenile justice services

Limited WIC – need services, marketing, facility

Lack of interdepartmental cooperation in local government

Healthy, affordable food options

Skilled workforce

Unhoused population

Limited Section 8 housing

Struggle to move people beyond the need/use of support services

Water quality – high-levels of contaminants; expensive

Long waits for primary and specialty care

Marram communicating about services to target population

Cost of care

Hard to gather information from/about target populations

Stigma to seeking care

Transport

Stigma

Communicating available services

Barriers in using gas gift cards for certain programs

No grocery store in town

Labor shortages

Skilled workers

Affordable, quality housing

Lack of diversity

Zoning

Stigma & Bias

Disparity across the various communities

Family navigators

Speech, OT, PT are needed

Lack of services for Medicare and Medicaid

Services after initial intervention are lacking

Need upstream services and early intervention

Underinsured

Continuity of care

Pandemic delayed people seeking care and wellness visits

Vaccinations

Young children's mental health

Unhoused females

Affordable senior living

Affordable, quality childcare

Health education in schools

Vaping

Access to and awareness of resources

Regional access differs across the county

Inpatient mental health for youth

Access to mental health; especially youth, but everyone

Parent education resources

Disabilities in conjunction with mental health diagnoses

Access to transportation

Trying to reach parents—communication

Diagnosis and treatment for Substance Use Disorder; Addiction

Utilization of the emergency room for healthcare services

Siloing between counties

Disparity in education across the counties

Ripple effects from lack of beds/housing for domestic violence, mental health, and Substance Use Disorder

Resource strain

Long waits for Substance Use Disorder/mental health services

Limited recovery services overall

Senior services– mental health, SUD/addiction, housing, transport; services that don't require tech proficiency

Access to services

Police departments and detention centers used for mental health

Inpatient services for those in mental health crisis

Need more Section 8 housing

Unhoused/homeless individuals

Affordable housing at all levels

Services outside of Valparaiso are lacking; equity for rural areas

City government not representative of the community and doesn't listen to constituents

Characteristics/Values

Volunteerism and strong community support

Non-profit network

Faith-based community

Pursues grant dollars

Natural resources

Neighborly

Individuals can make an impact

Community events

Health coalition

Changing from rural to suburban

Illinois residents moving in

Bedroom community

Friendly

Everyone knows one another

Capacity to grow

Family-oriented; community-oriented

Pride of place

Generations of family stay in the area

Culture of compassion can be selective: seniors, people with Substance Use Disorder, lower income

Fast-moving, busy

Altruism; donating

Community siloing

Community events and parks are great

First responders are supported

Volunteerism

Pride of place

Lack of awareness and engagement outside of health care providers and non-profits

Education

Appendix C

Survey

Porter & Starke County Community Health Needs Assessment 2023

Please complete the survey below.

What is your zip code?

_____

What is your age?

_____

Gender

- ◯ Female
- ◯ Male
- ◯ Transgender
- ◯ Non-binary/non-conforming
- ◯ Prefer not to respond

What is your race or origin?

- ◯ White
- ◯ Black or African American
- ◯ Hispanic, 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 say

How did you hear/learn about this survey?

- ◯ Focus group
- ◯ Social media
- ◯ QR code in lobby
- ◯ Hospital Staff
- ◯ Other

If other please mention here

_____

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

	Very negative impact	Some negative impact	No impact	Some positive impact	Very positive impact
Transportation	◯	◯	◯	◯	◯
Availability of housing	◯	◯	◯	◯	◯
Cost of housing	◯	◯	◯	◯	◯
Availability of mental health services for youth	◯	◯	◯	◯	◯
Availability of mental health services for adults	◯	◯	◯	◯	◯
Unhoused population/homelessness	◯	◯	◯	◯	◯

Local government engagement	○	○	○	○	○
Availability of emergency housing/shelters	○	○	○	○	○
Awareness of available services, resources, and events	○	○	○	○	○
Access to healthy food	○	○	○	○	○
Cost of healthy food	○	○	○	○	○
Stigma or bias against seeking mental health care	○	○	○	○	○
Stigma or bias against seeking health care	○	○	○	○	○
Preventative services or programs	○	○	○	○	○
Different areas of the county having different levels of access, service, and care	○	○	○	○	○
Availability of quality childcare	○	○	○	○	○
Cost of quality childcare	○	○	○	○	○
Addiction/Substance Use Disorder	○	○	○	○	○
Services/activities for seniors	○	○	○	○	○

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

	No need	Some need	No opinion either way	Definite need	Extreme need
More transportation options	○	○	○	○	○
More transportation options afterhours	○	○	○	○	○
Services/activities for youth	○	○	○	○	○
Services/activities for seniors	○	○	○	○	○
Affordable housing	○	○	○	○	○
Low-income housing	○	○	○	○	○
Homeless/unhoused shelters	○	○	○	○	○
Services for homeless/unhoused populations other than housing	○	○	○	○	○
Information about stigma and bias in healthcare	○	○	○	○	○
Information about stigma and bias in mental health	○	○	○	○	○
Specialty health care providers/services	○	○	○	○	○
Food pantries	○	○	○	○	○
Grocery stores	○	○	○	○	○
Farmers markets	○	○	○	○	○

Mental health care providers/services	◯	◯	◯	◯	◯
Addiction/Substance Use Disorder treatment/services	◯	◯	◯	◯	◯
More even spread of resources in the county/region	◯	◯	◯	◯	◯
Communication with local government	◯	◯	◯	◯	◯
Responsiveness of local government	◯	◯	◯	◯	◯
Communication about available services, resources, and events	◯	◯	◯	◯	◯

Do you have a primary care provider?

◯ Yes
◯ No

If no, please indicate barriers to obtaining a primary care provider?

_____

Please share any final thoughts about the health of the county.

_____

Data Exports, Reports, and Stats

Number of results returned: 42
Total number of records queried: 42

All data (all records and fields)

What is your zip code? *(zip)*

Total Count (N)	Missing*
42	0 (0,0%)

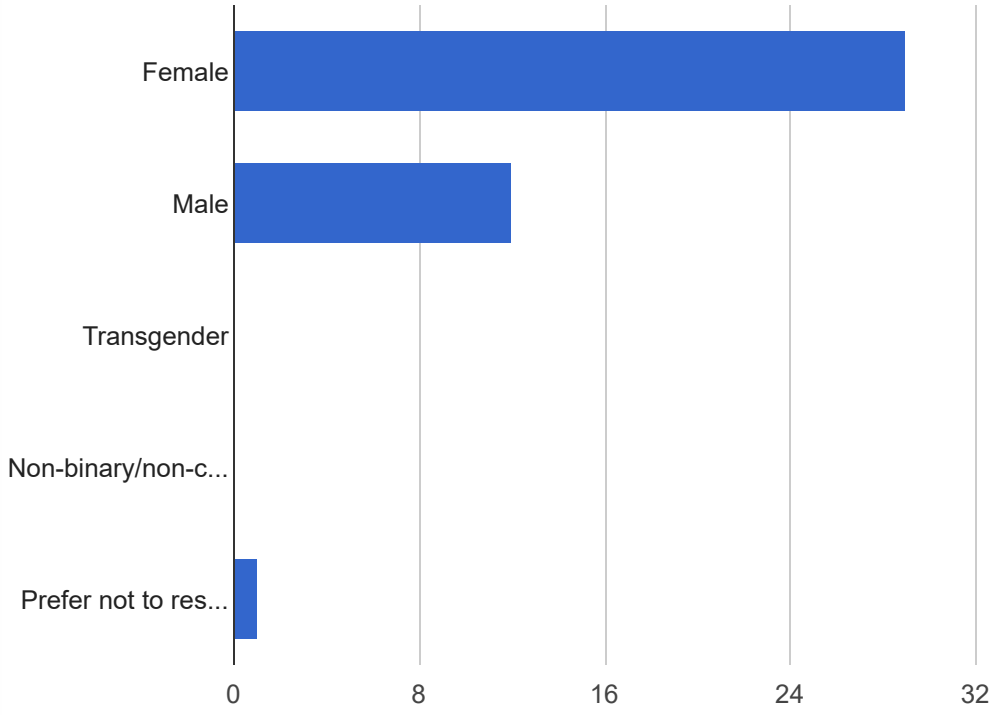
What is your age? *(age)*

Total Count (N)	Missing*
42	0 (0,0%)

Gender *(sex)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	3

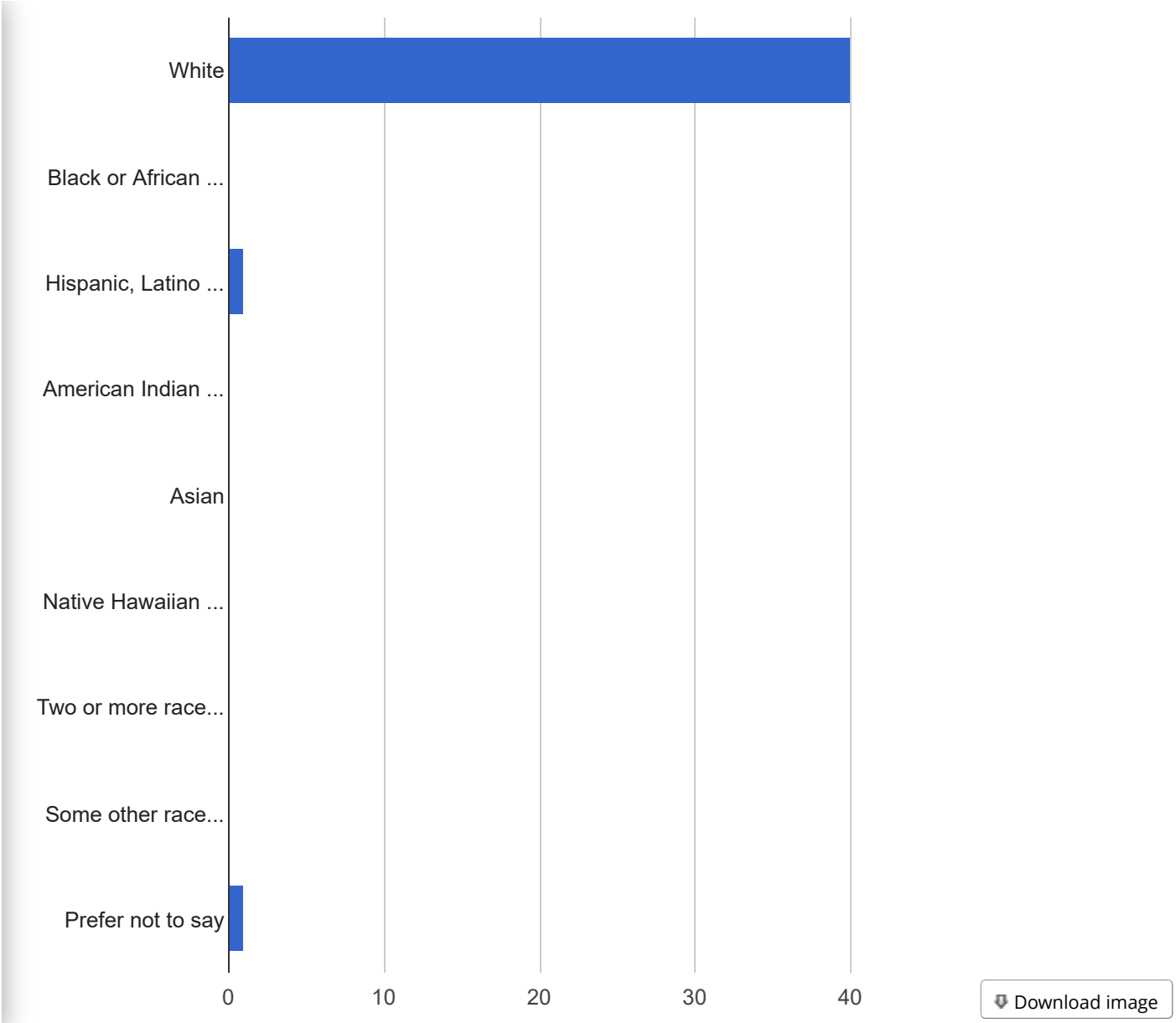
Counts/frequency: Female (29, 69,0%), Male (12, 28,6%), Transgender (0, 0,0%), Non-binary/non-conforming (0, 0,0%), Prefer not to respond (1, 2,4%)



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

Total Count (N)	Missing*	Unique
42	0 (0,0%)	3

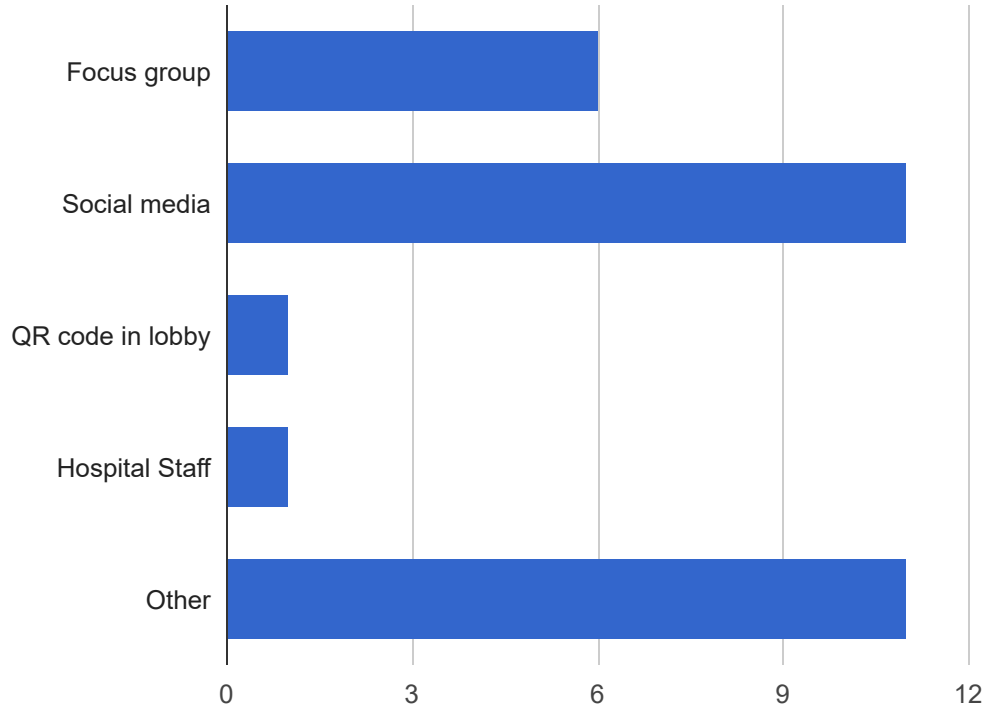
Counts/frequency: White (40, 95,2%), Black or African American (0, 0,0%), Hispanic, Latino or Spanish origin (1, 2,4%), American Indian or Alaska Native (0, 0,0%), Asian (0, 0,0%), Native Hawaiian or Other Pacific Islander (0, 0,0%), Two or more races or origins (0, 0,0%), Some other race or origin (0, 0,0%), Prefer not to say (1, 2,4%)



How did you hear/learn about this survey? *(how_did_you_hear_learn_abo)*

Total Count (N)	Missing*	Unique
30	12 (28,6%)	5

Counts/frequency: Focus group (6, 20,0%), Social media (11, 36,7%), QR code in lobby (1, 3,3%), Hospital Staff (1, 3,3%), Other (11, 36,7%)



Download image

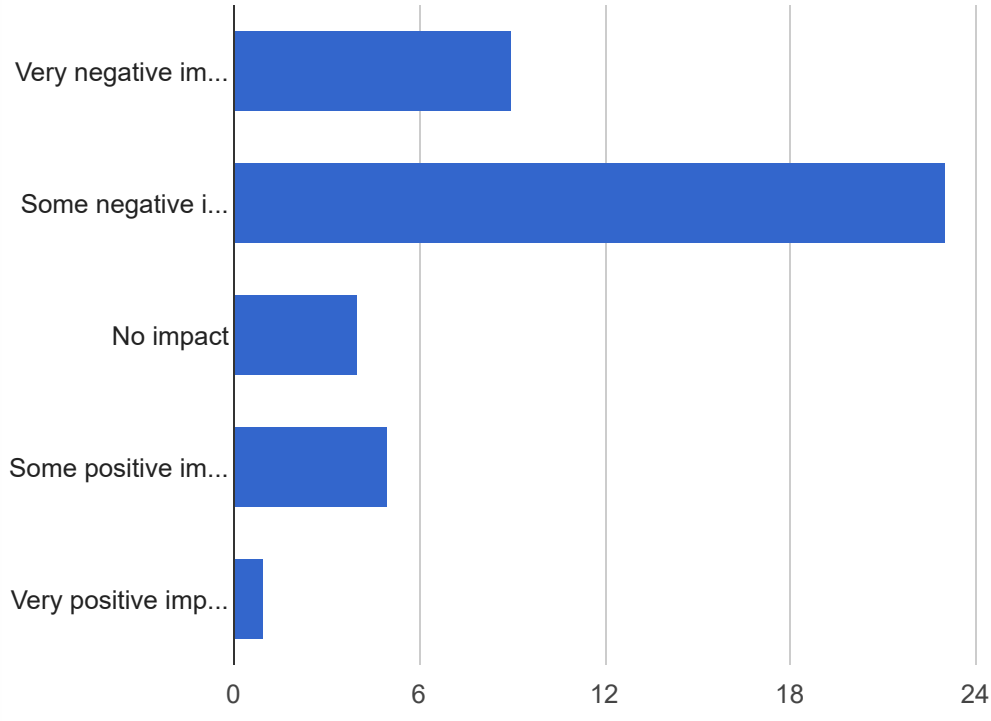
If other please mention here *(if_other_please_mention_he)*

Total Count (N)	Missing*
10	32 (76,2%)

Transportation *(cost_of_health_care_servic)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

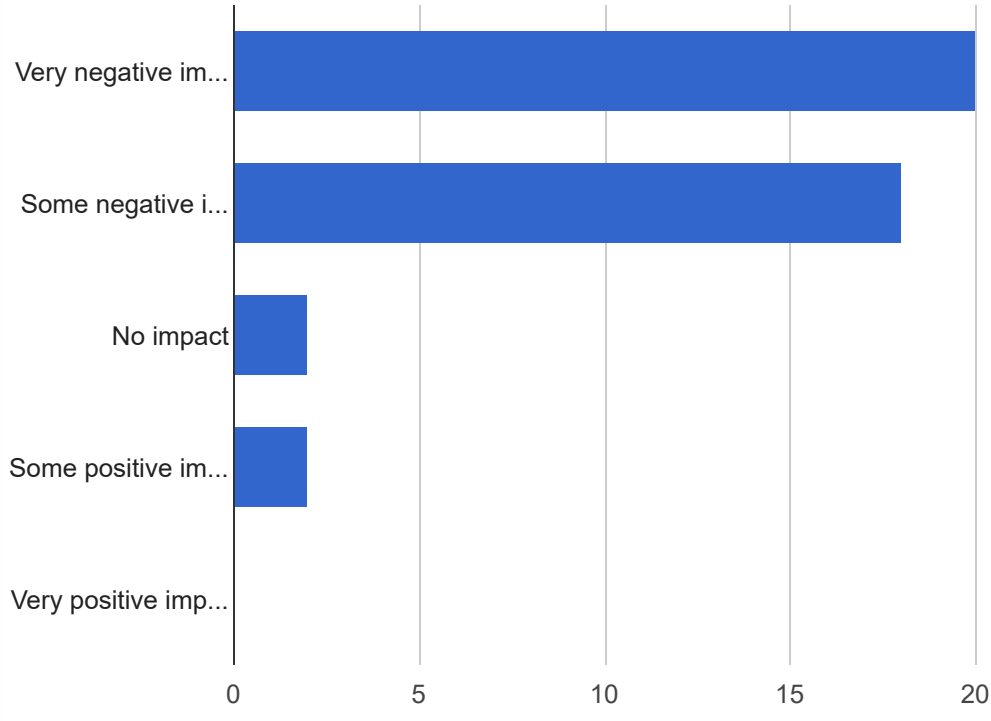
Counts/frequency: Very negative impact (9, 21,4%), Some negative impact (23, 54,8%), No impact (4, 9,5%), Some positive impact (5, 11,9%), Very positive impact (1, 2,4%)



Availability of housing *(access_to_healthcare_servi)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

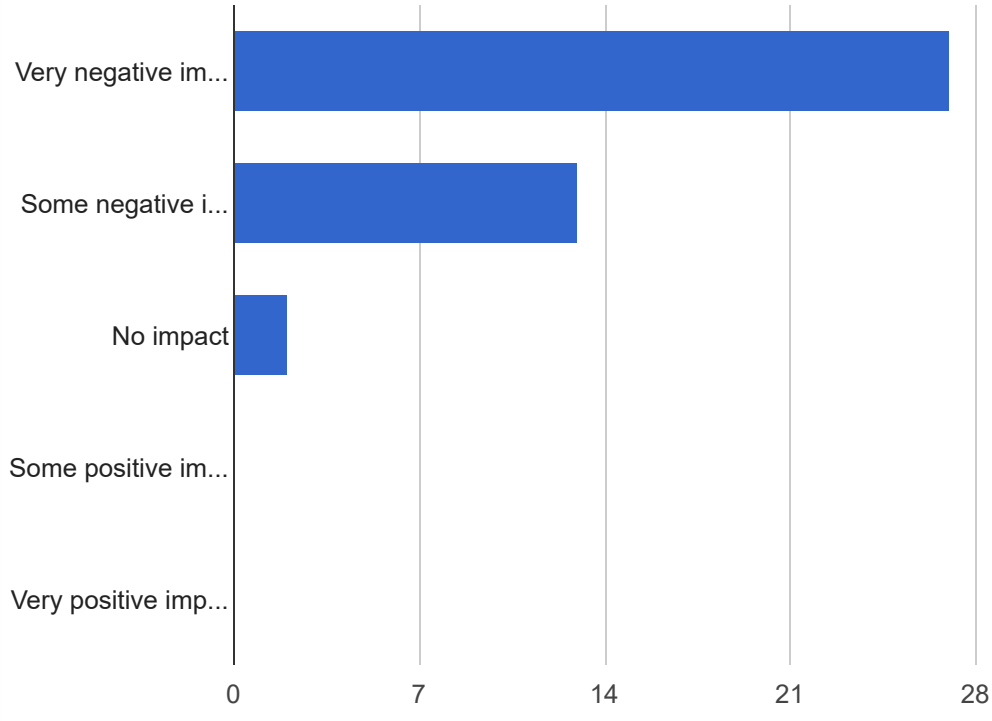
Counts/frequency: Very negative impact (20, 47,6%), Some negative impact (18, 42,9%), No impact (2, 4,8%), Some positive impact (2, 4,8%), Very positive impact (0, 0,0%)



Cost of housing *(cost_of_medications)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	3

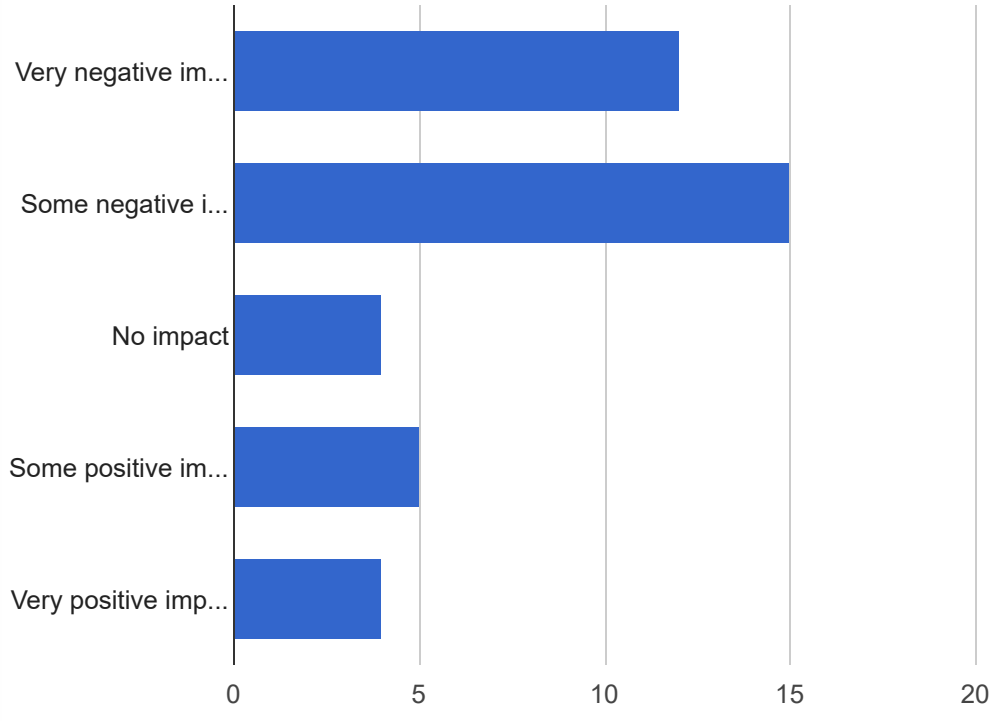
Counts/frequency: Very negative impact (27, 64,3%), Some negative impact (13, 31,0%), No impact (2, 4,8%), Some positive impact (0, 0,0%), Very positive impact (0, 0,0%)



Availability of mental health services for youth *(adult_obesity)*

Total Count (N)	Missing*	Unique
40	2 (4,8%)	5

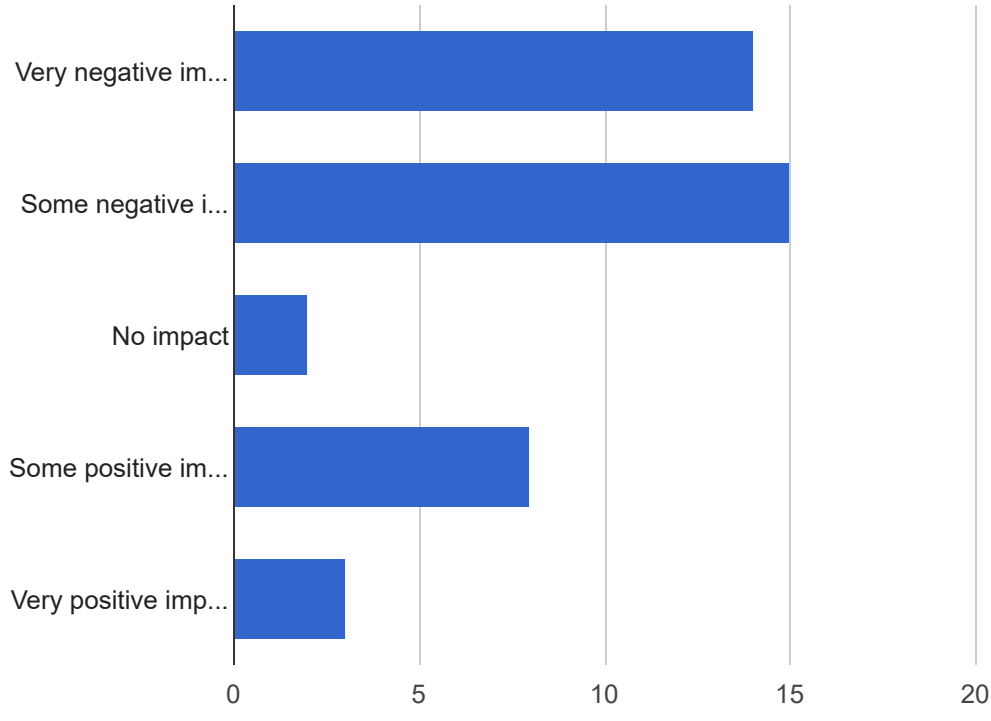
Counts/frequency: Very negative impact (12, 30,0%), Some negative impact (15, 37,5%), No impact (4, 10,0%), Some positive impact (5, 12,5%), Very positive impact (4, 10,0%)



Availability of mental health services for adults *(childhood_obesity)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

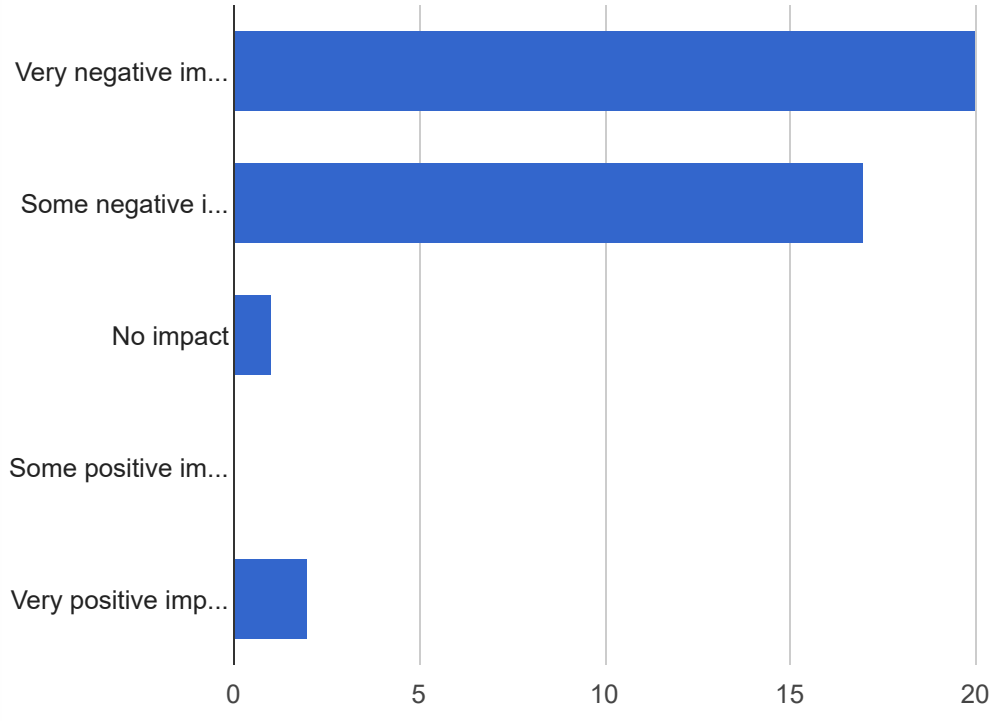
Counts/frequency: Very negative impact (14, 33,3%), Some negative impact (15, 35,7%), No impact (2, 4,8%), Some positive impact (8, 19,0%), Very positive impact (3, 7,1%)



Unhoused population/homelessness *(cost_of_healthy_foods)*

Total Count (N)	Missing*	Unique
40	2 (4,8%)	4

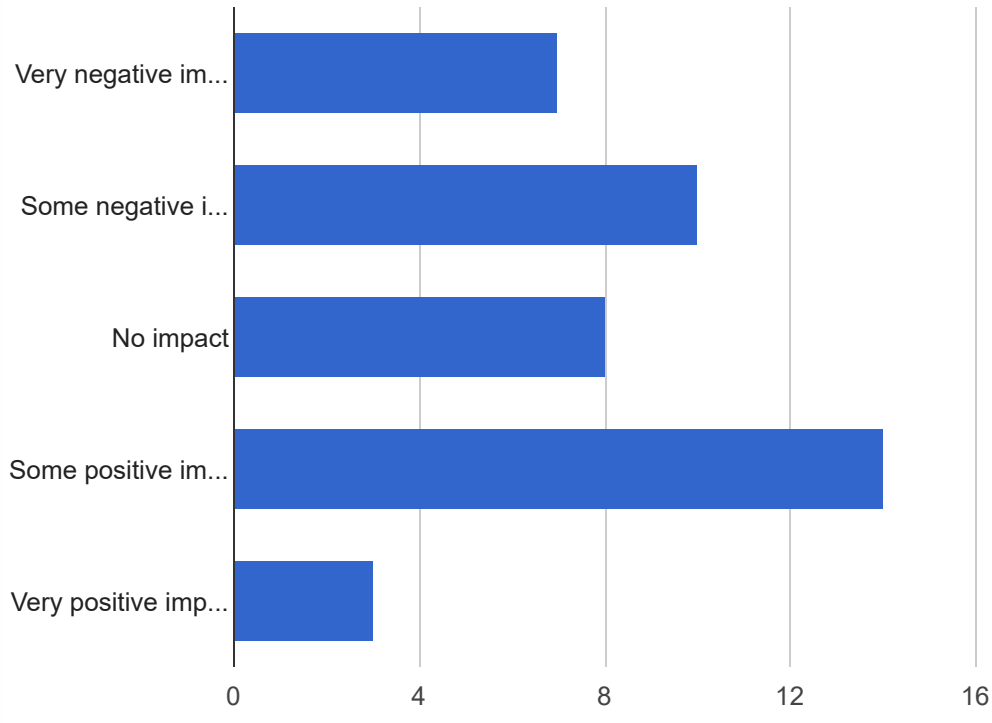
Counts/frequency: Very negative impact (20, 50,0%), Some negative impact (17, 42,5%), No impact (1, 2,5%), Some positive impact (0, 0,0%), Very positive impact (2, 5,0%)



Local government engagement *(diabetes)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

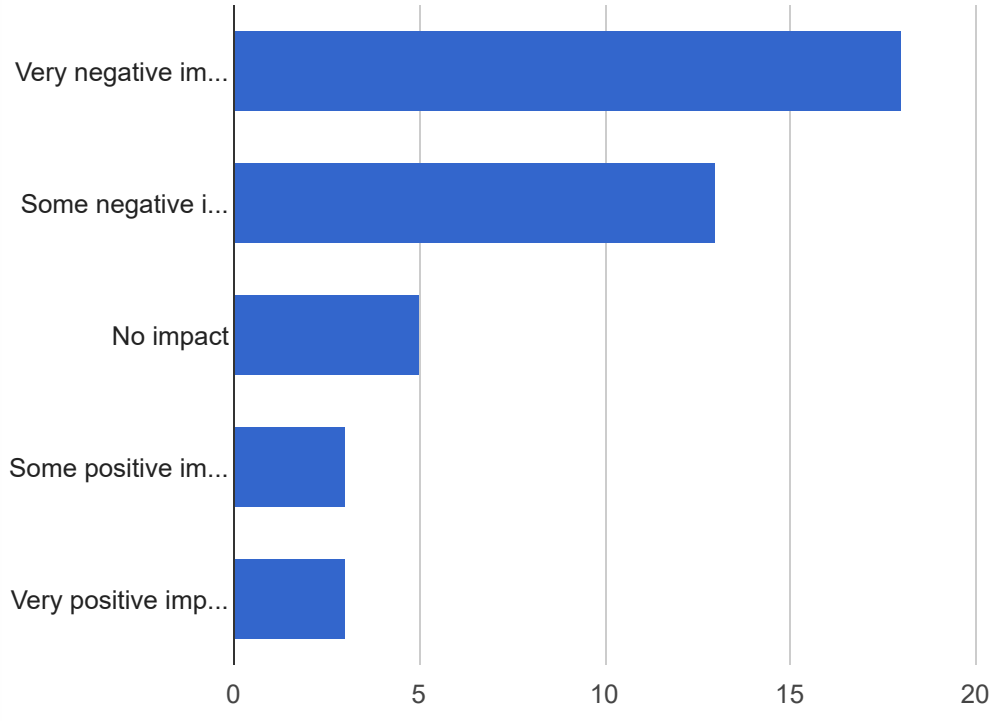
Counts/frequency: Very negative impact (7, 16,7%), Some negative impact (10, 23,8%), No impact (8, 19,0%), Some positive impact (14, 33,3%), Very positive impact (3, 7,1%)



Availability of emergency housing/shelters *(teen_births)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

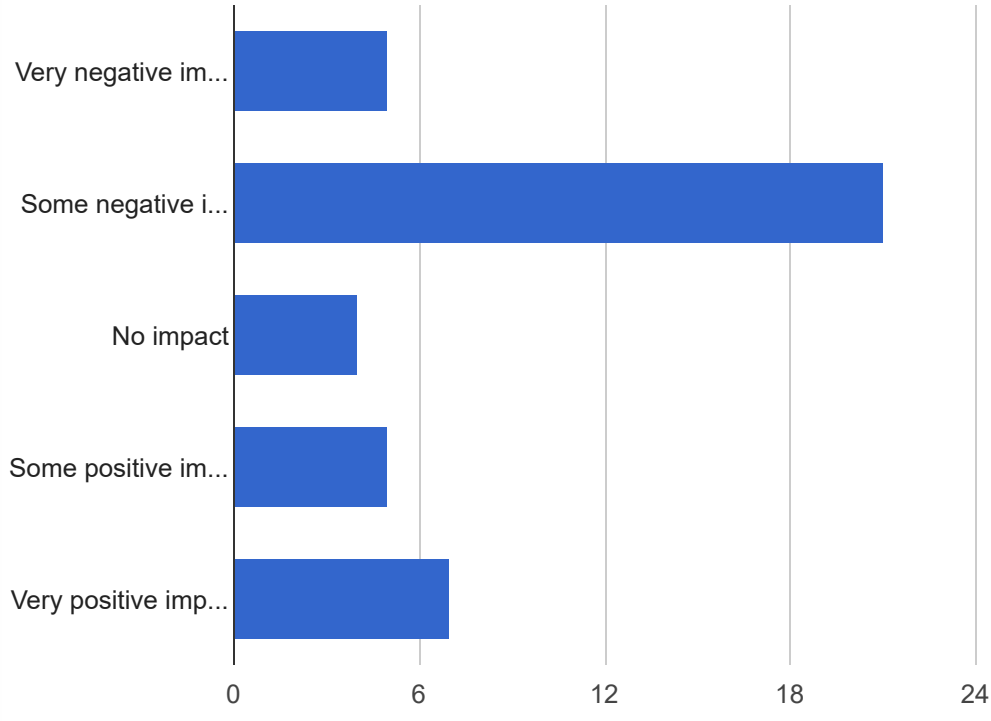
Counts/frequency: Very negative impact (18, 42,9%), Some negative impact (13, 31,0%), No impact (5, 11,9%), Some positive impact (3, 7,1%), Very positive impact (3, 7,1%)



Awareness of available services, resources, and events *(cost_of_healthy_food)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

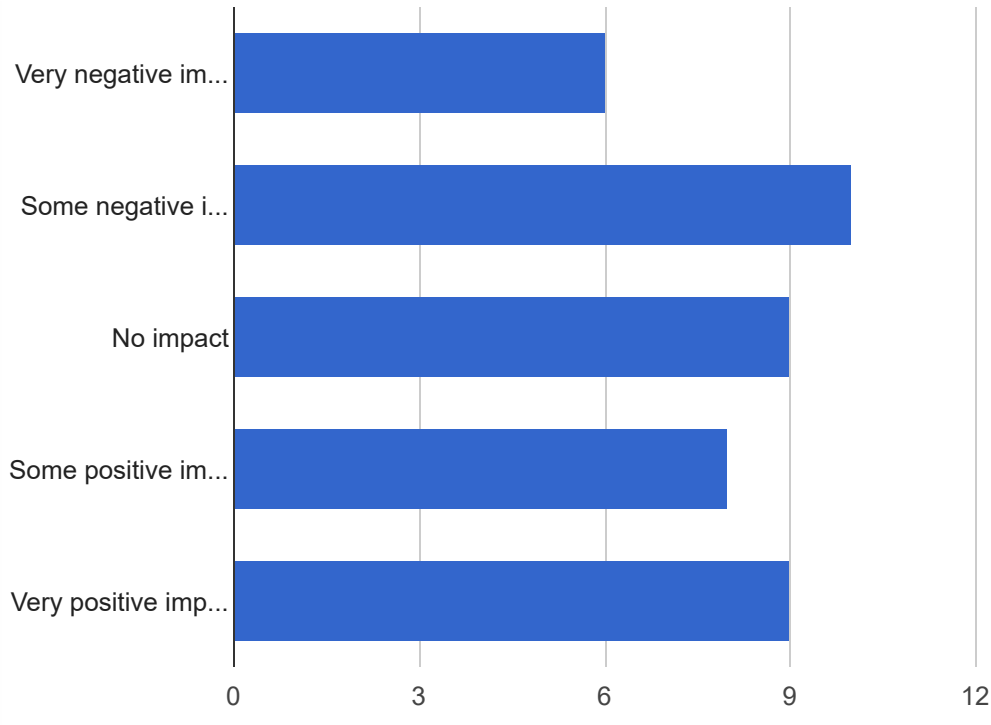
Counts/frequency: Very negative impact (5, 11,9%), Some negative impact (21, 50,0%), No impact (4, 9,5%), Some positive impact (5, 11,9%), Very positive impact (7, 16,7%)



Access to healthy food *(understand_how_to_get_use)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

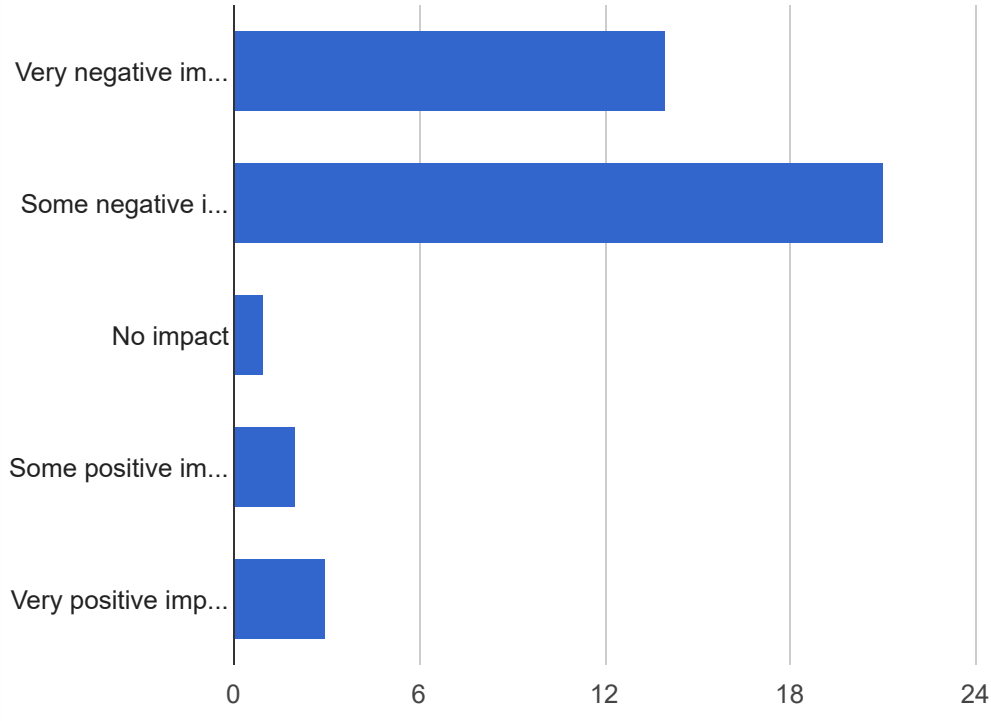
Counts/frequency: Very negative impact (6, 14,3%), Some negative impact (10, 23,8%), No impact (9, 21,4%), Some positive impact (8, 19,0%), Very positive impact (9, 21,4%)



Cost of healthy food *(tobacco_use)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

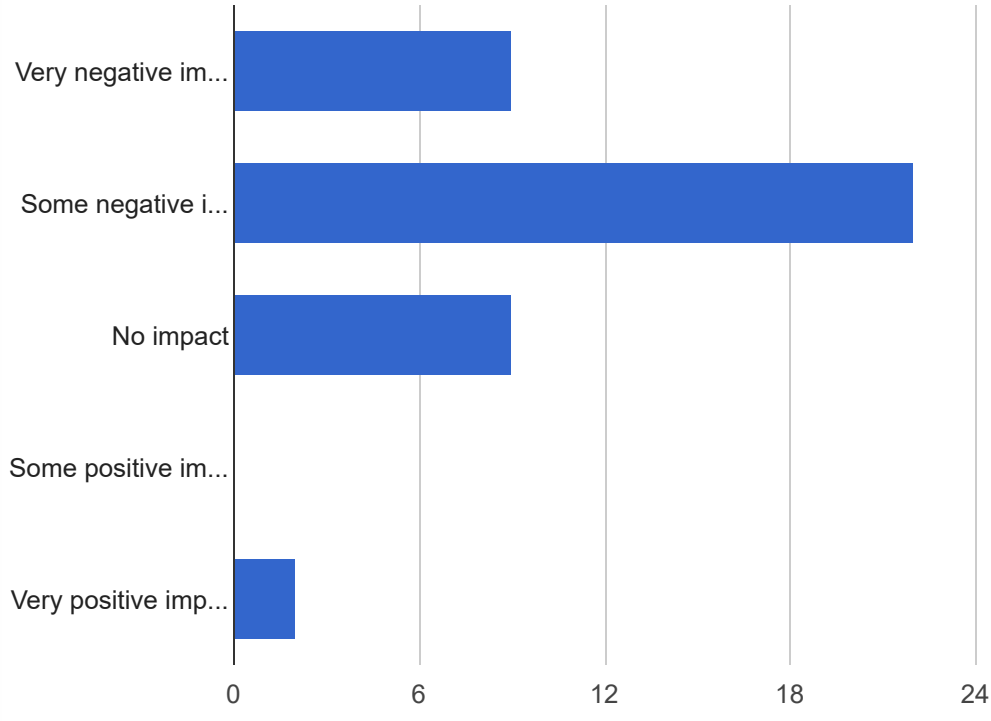
Counts/frequency: Very negative impact (14, 34,1%), Some negative impact (21, 51,2%), No impact (1, 2,4%), Some positive impact (2, 4,9%), Very positive impact (3, 7,3%)



Stigma or bias against seeking mental health care *(electronic_cigarette_vapin)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

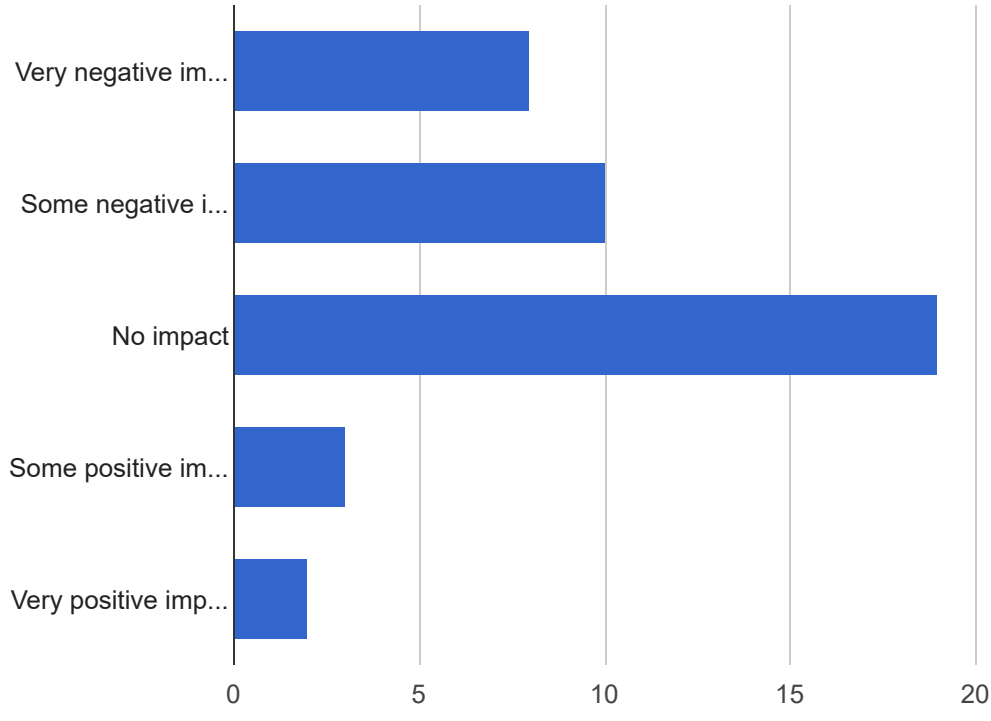
Counts/frequency: Very negative impact (9, 21,4%), Some negative impact (22, 52,4%), No impact (9, 21,4%), Some positive impact (0, 0,0%), Very positive impact (2, 4,8%)



Stigma or bias against seeking health care *(alcohol_use)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

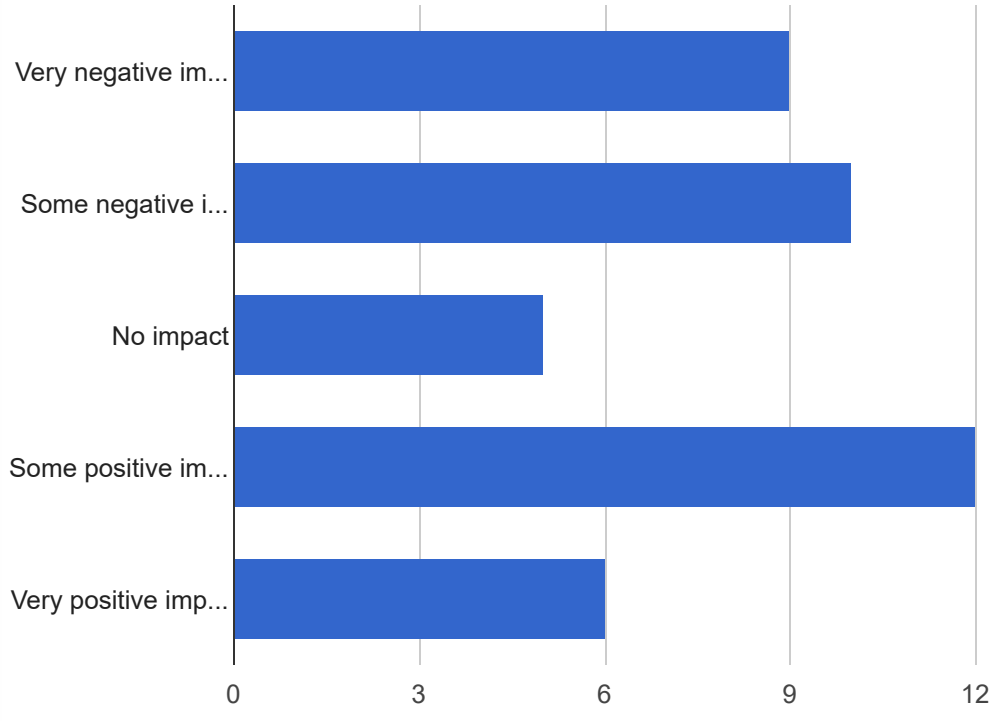
Counts/frequency: Very negative impact (8, 19,0%), Some negative impact (10, 23,8%), No impact (19, 45,2%), Some positive impact (3, 7,1%), Very positive impact (2, 4,8%)



Preventative services or programs *(preventative_services_or_p)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: Very negative impact (9, 21,4%), Some negative impact (10, 23,8%), No impact (5, 11,9%), Some positive impact (12, 28,6%), Very positive impact (6, 14,3%)

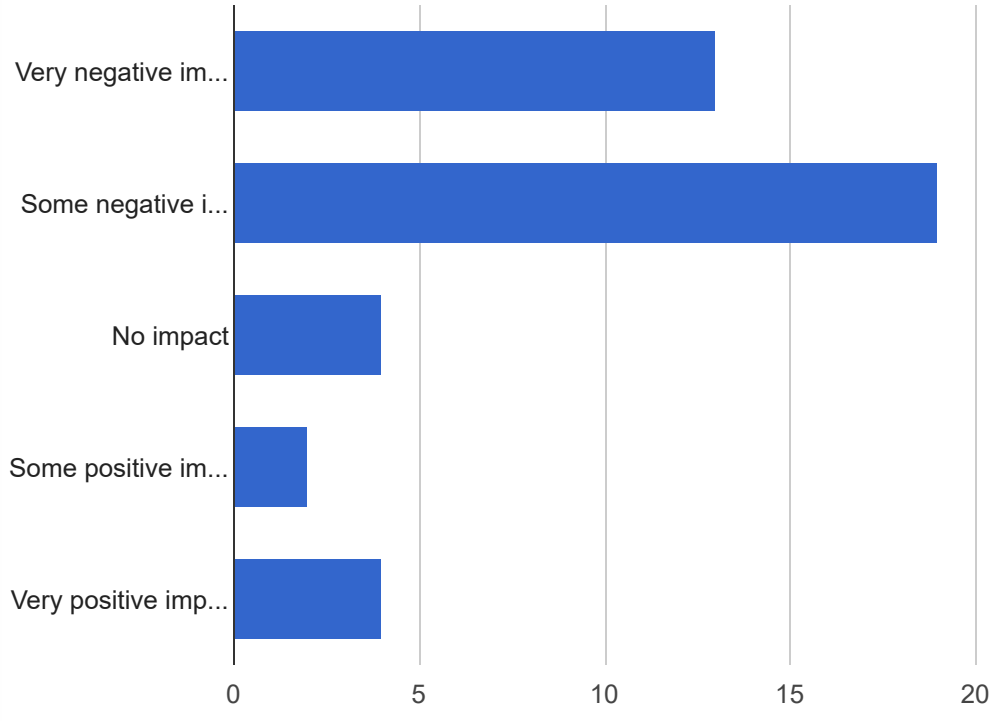


Download image

Different areas of the county having different levels of access, service, and care *(different_areas_of_the_cou)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

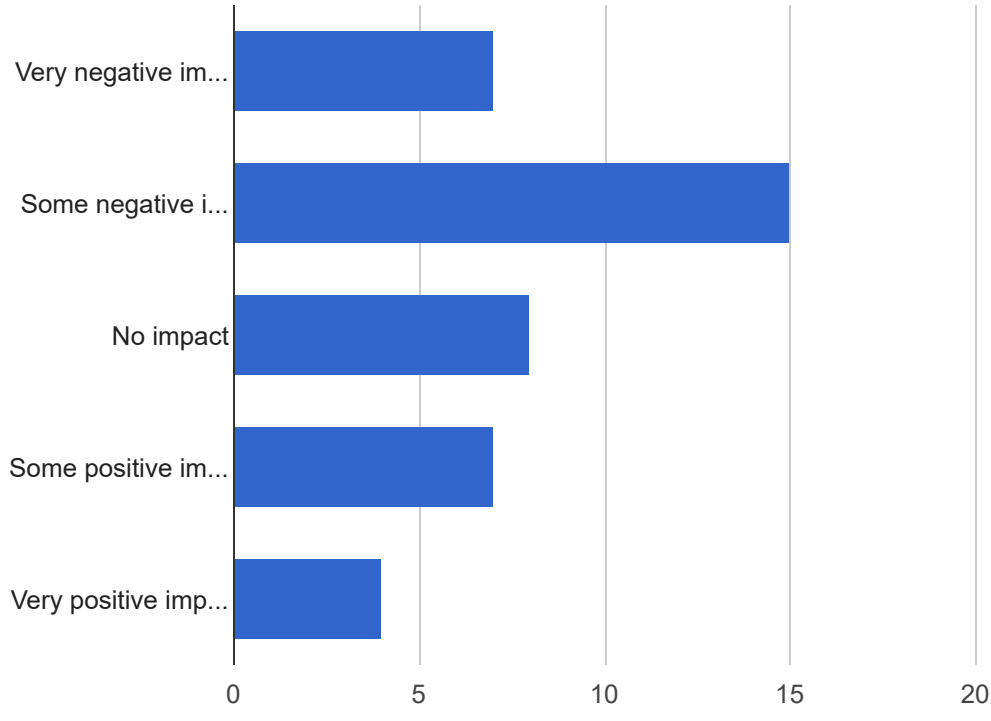
Counts/frequency: Very negative impact (13, 31,0%), Some negative impact (19, 45,2%), No impact (4, 9,5%), Some positive impact (2, 4,8%), Very positive impact (4, 9,5%)



Availability of quality childcare *(availability_of_quality_ch)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

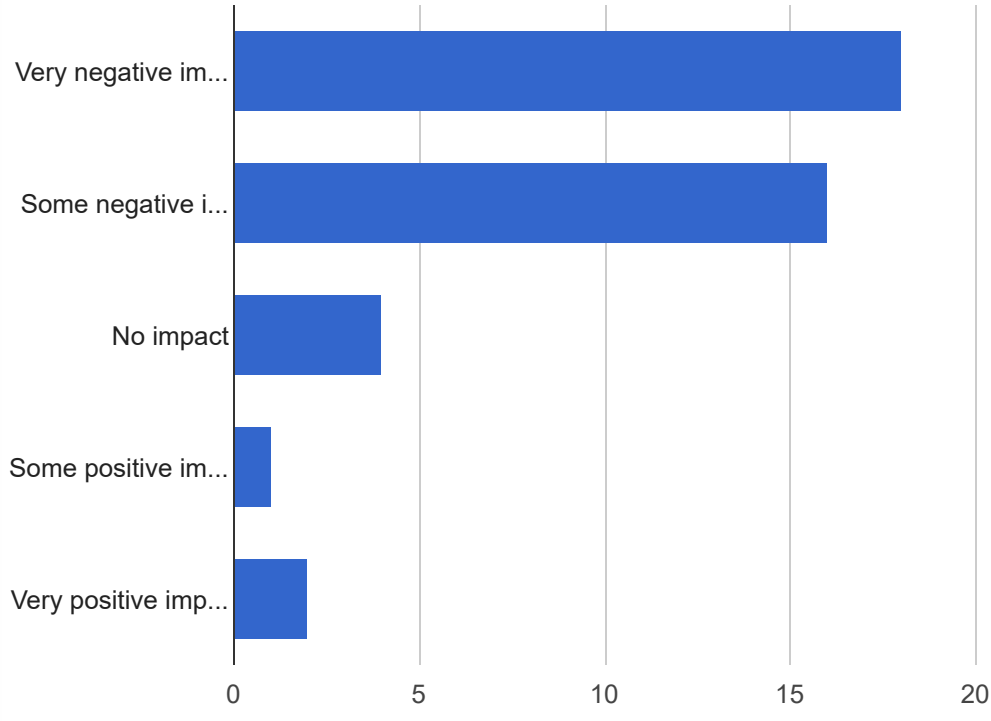
Counts/frequency: Very negative impact (7, 17,1%), Some negative impact (15, 36,6%), No impact (8, 19,5%), Some positive impact (7, 17,1%), Very positive impact (4, 9,8%)



Cost of quality childcare *(cost_of_quality_childcare)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

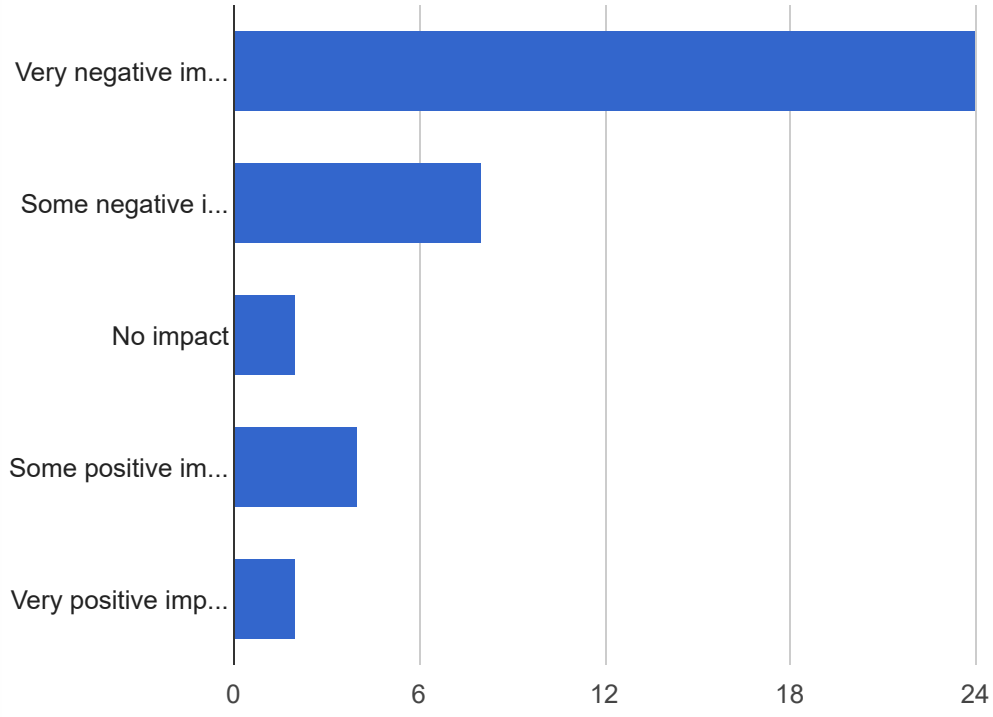
Counts/frequency: Very negative impact (18, 43,9%), Some negative impact (16, 39,0%), No impact (4, 9,8%), Some positive impact (1, 2,4%), Very positive impact (2, 4,9%)



Addiction/Substance Use Disorder *(addiction_substance_use_di)*

Total Count (N)	Missing*	Unique
40	2 (4,8%)	5

Counts/frequency: Very negative impact (24, 60,0%), Some negative impact (8, 20,0%), No impact (2, 5,0%), Some positive impact (4, 10,0%), Very positive impact (2, 5,0%)

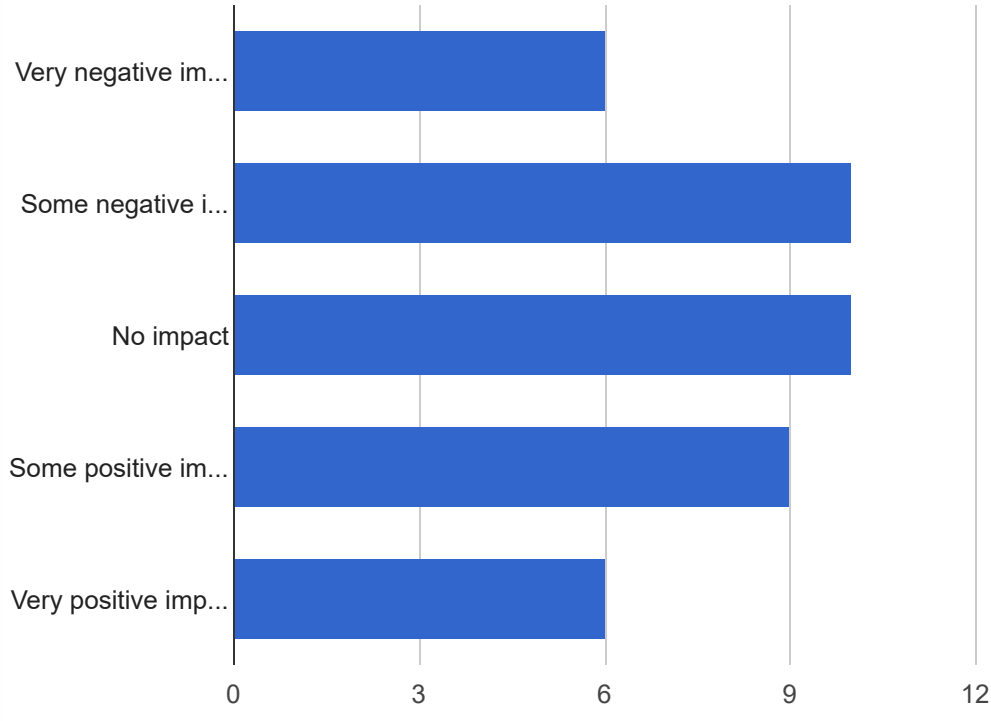


Download image

Services/activities for seniors *(services_activities_for_se)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

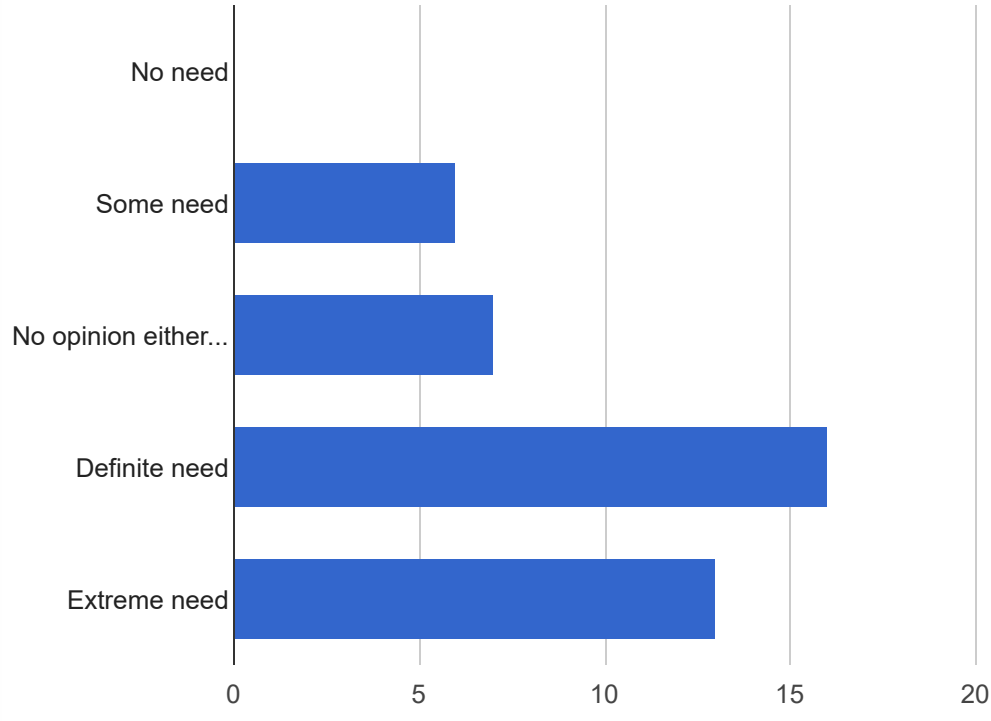
Counts/frequency: Very negative impact (6, 14,6%), Some negative impact (10, 24,4%), No impact (10, 24,4%), Some positive impact (9, 22,0%), Very positive impact (6, 14,6%)



More transportation options *(nutrition_education_health)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

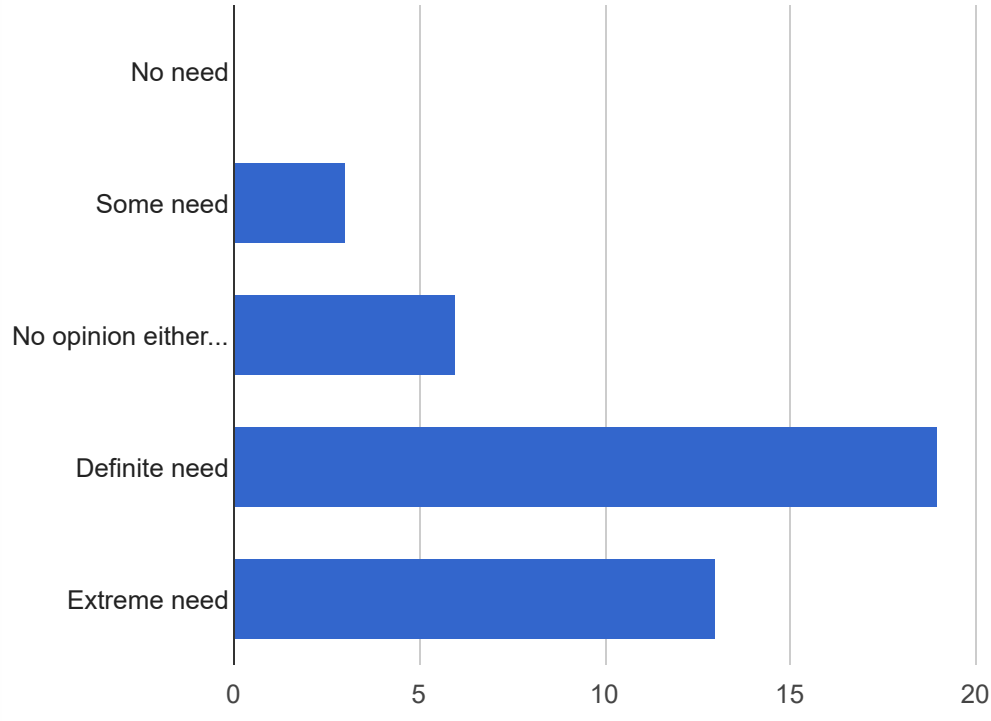
Counts/frequency: No need (0, 0,0%), Some need (6, 14,3%), No opinion either way (7, 16,7%), Definite need (16, 38,1%), Extreme need (13, 31,0%)



More transportation options afterhours *(more_transportation_option)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	4

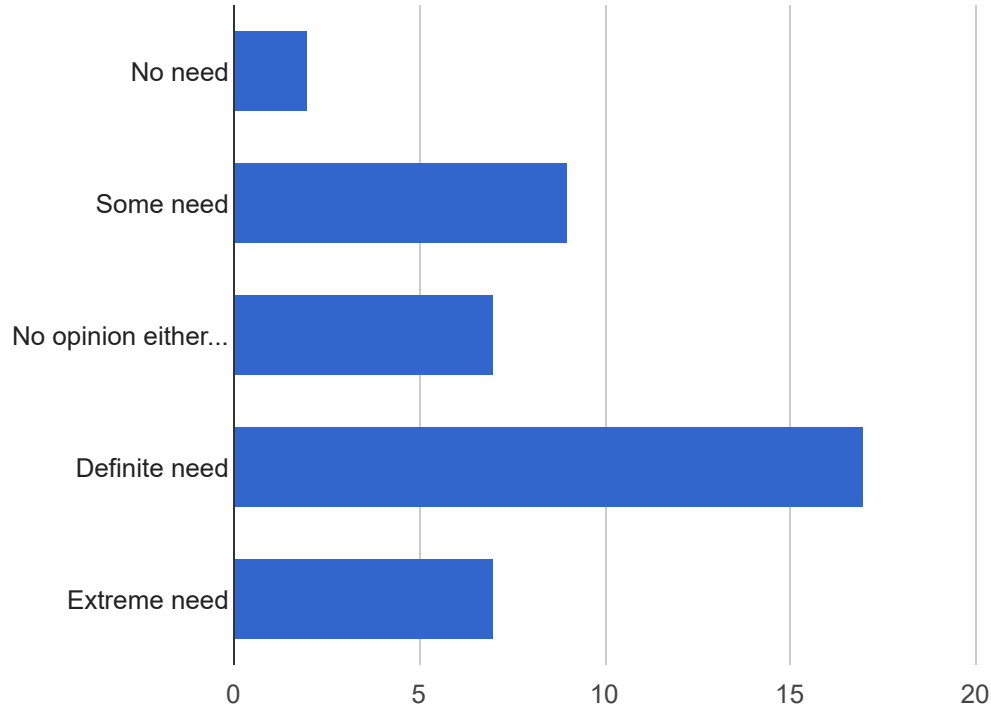
Counts/frequency: No need (0, 0,0%), Some need (3, 7,3%), No opinion either way (6, 14,6%), Definite need (19, 46,3%), Extreme need (13, 31,7%)



Services/activities for youth *(services_activities_for_yo)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

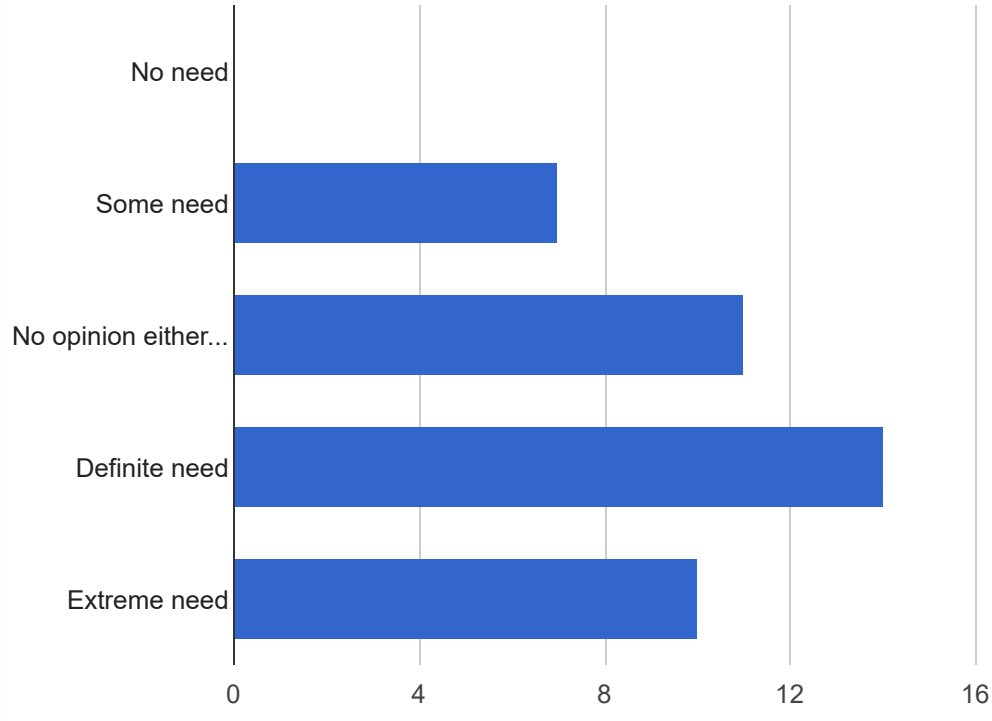
Counts/frequency: No need (2, 4,8%), Some need (9, 21,4%), No opinion either way (7, 16,7%), Definite need (17, 40,5%), Extreme need (7, 16,7%)



Services/activities for seniors *(services_activities)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

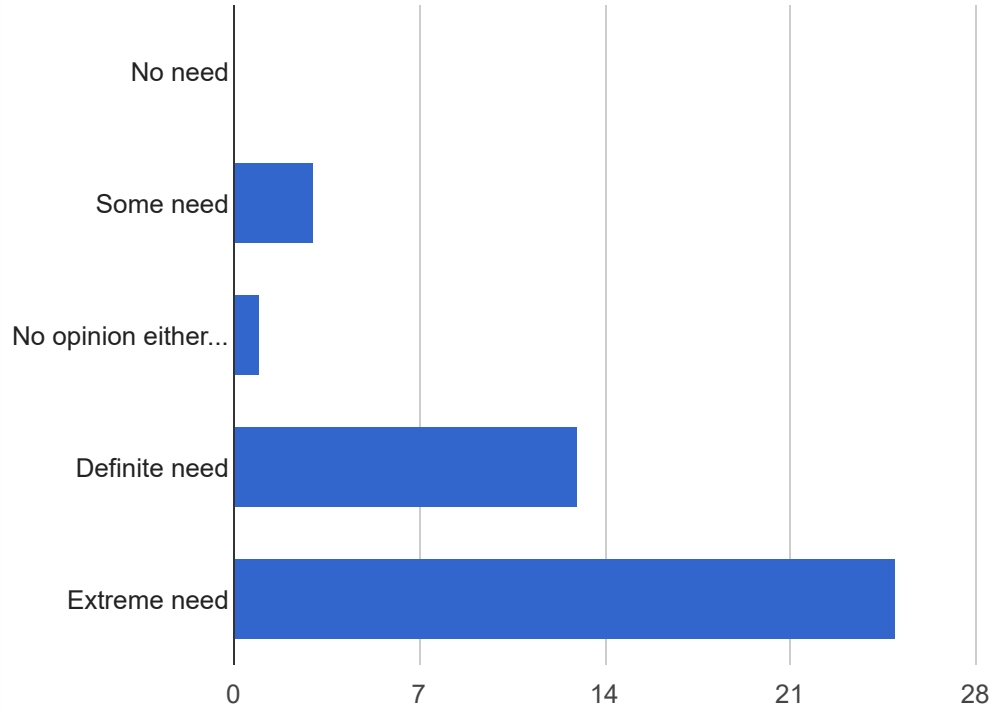
Counts/frequency: No need (0, 0,0%), Some need (7, 16,7%), No opinion either way (11, 26,2%), Definite need (14, 33,3%), Extreme need (10, 23,8%)



Affordable housing *(healthyfood)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

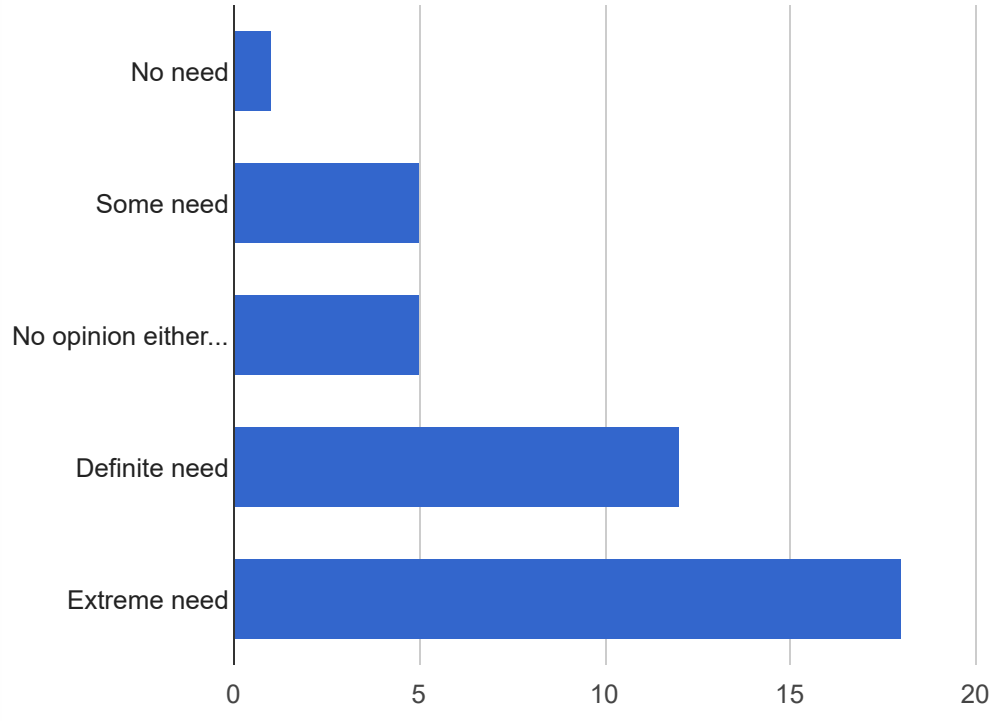
Counts/frequency: No need (0, 0,0%), Some need (3, 7,1%), No opinion either way (1, 2,4%), Definite need (13, 31,0%), Extreme need (25, 59,5%)



Low-income housing *(exercise)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

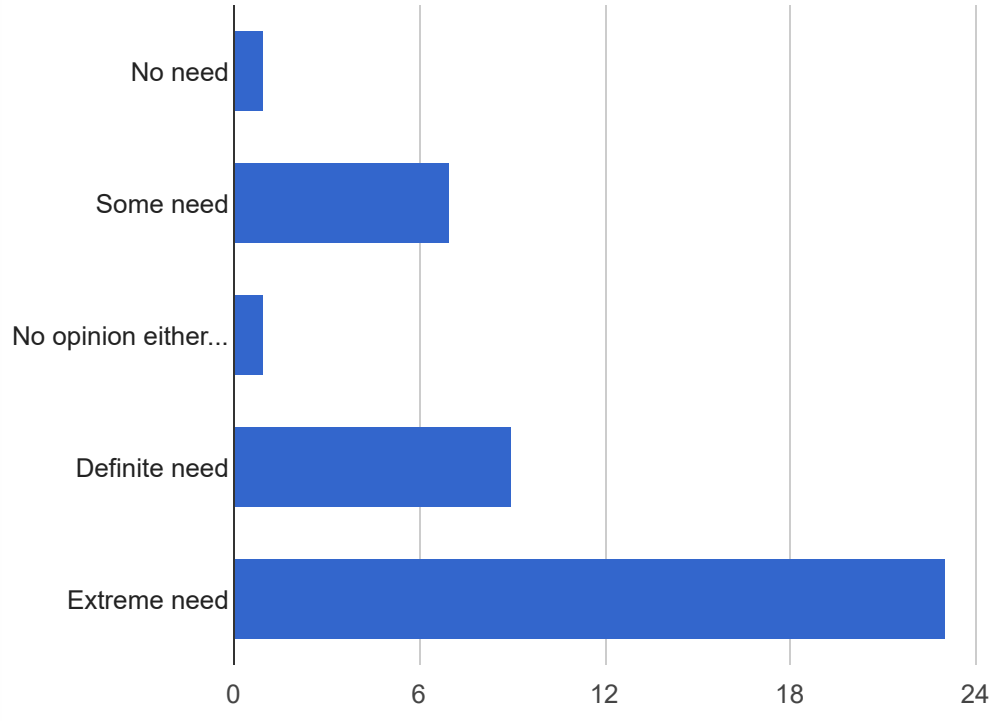
Counts/frequency: No need (1, 2,4%), Some need (5, 12,2%), No opinion either way (5, 12,2%), Definite need (12, 29,3%), Extreme need (18, 43,9%)



Homeless/unhoused shelters *(tobacco_prevention)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

Counts/frequency: No need (1, 2,4%), Some need (7, 17,1%), No opinion either way (1, 2,4%), Definite need (9, 22,0%), Extreme need (23, 56,1%)



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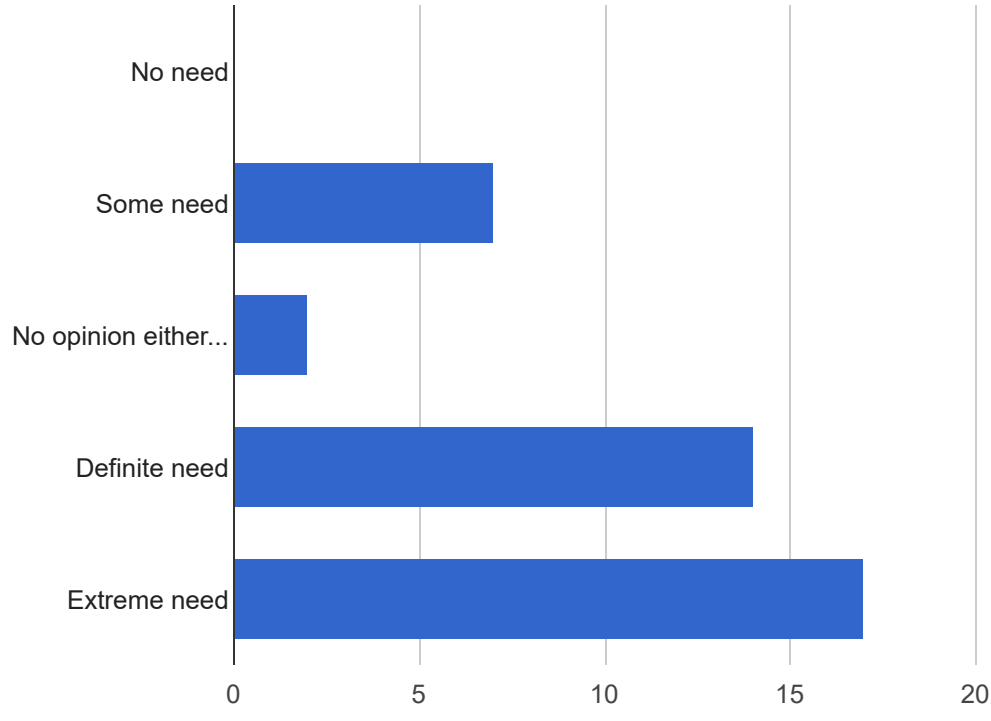
Services for homeless/unhoused populations other than housing

(tobacco_education)

Total Count (N)	Missing*	Unique
40	2 (4,8%)	4

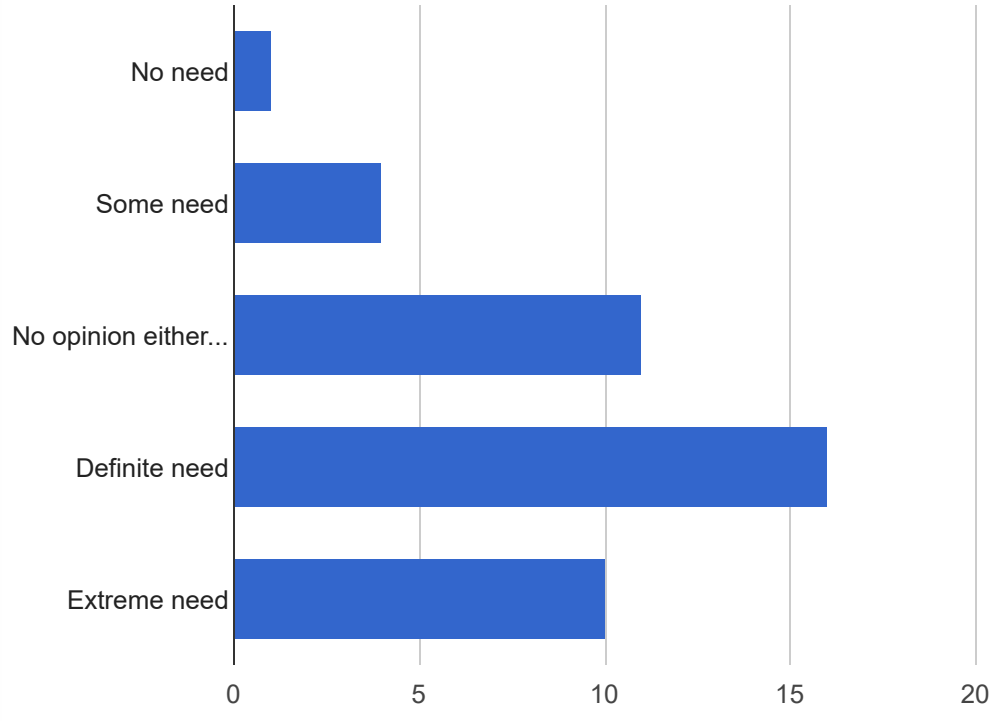
Counts/frequency: No need (0, 0,0%), Some need (7, 17,5%), No opinion either way (2, 5,0%), Definite need (14, 35,0%), Extreme need (17, 42,5%)



Information about stigma and bias in healthcare *(emergency_housing)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (1, 2,4%), Some need (4, 9,5%), No opinion either way (11, 26,2%), Definite need (16, 38,1%), Extreme need (10, 23,8%)



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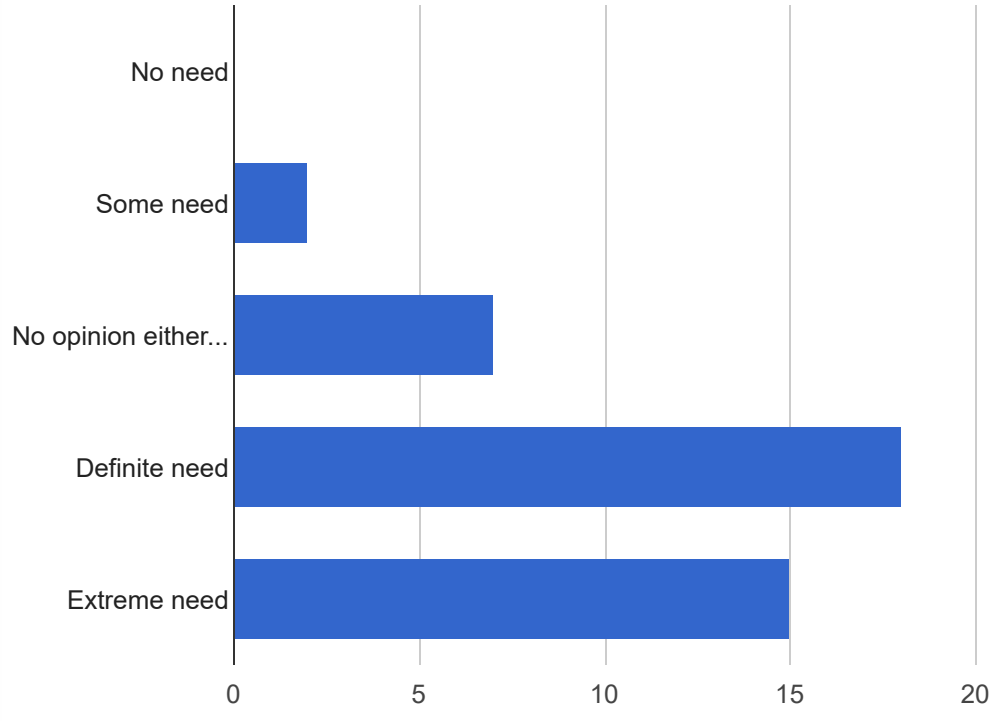
Information about stigma and bias in mental health *(prevention_education)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	4

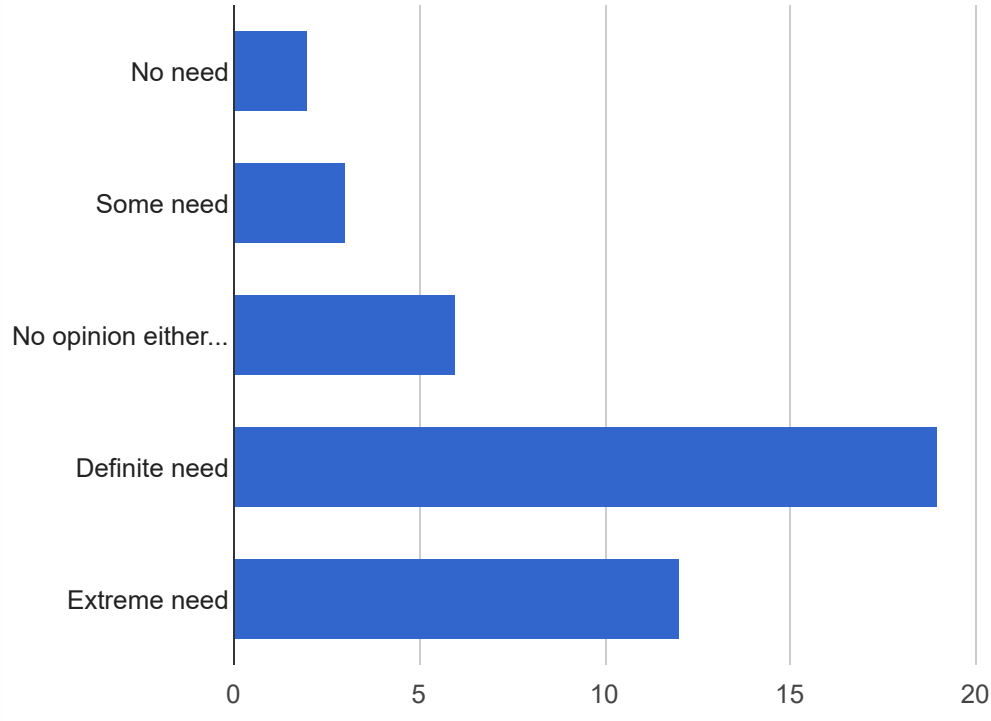
Counts/frequency: No need (0, 0,0%), Some need (2, 4,8%), No opinion either way (7, 16,7%), Definite need (18, 42,9%), Extreme need (15, 35,7%)



Specialty health care providers/services *(rehabilitation_program)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

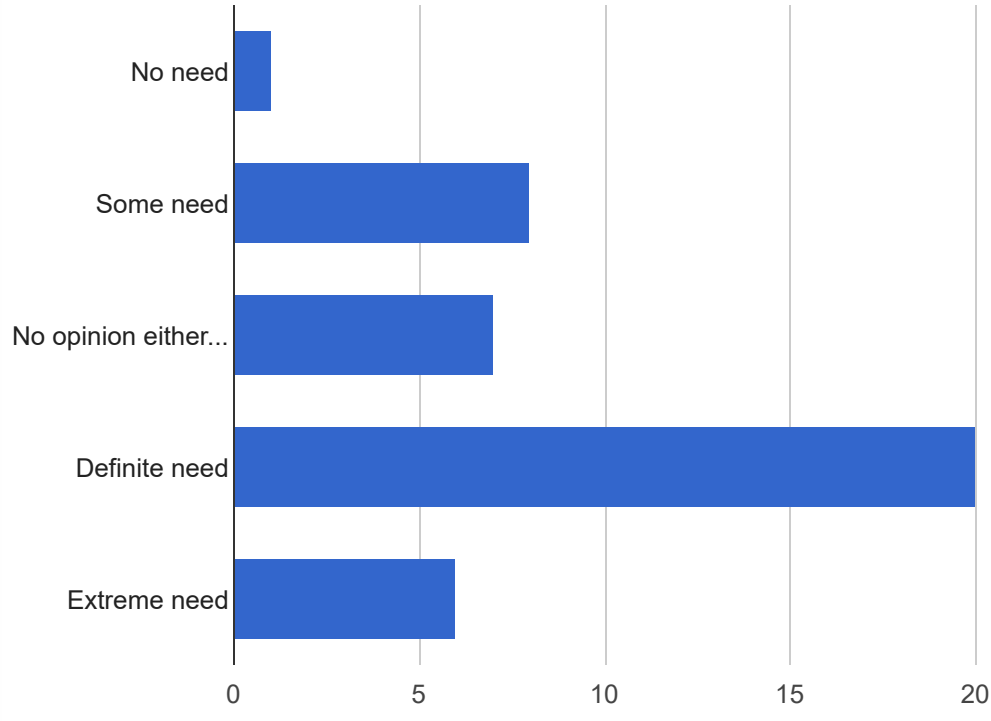
Counts/frequency: No need (2, 4,8%), Some need (3, 7,1%), No opinion either way (6, 14,3%), Definite need (19, 45,2%), Extreme need (12, 28,6%)



Food pantries *(food_pantires)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (1, 2,4%), Some need (8, 19,0%), No opinion either way (7, 16,7%), Definite need (20, 47,6%), Extreme need (6, 14,3%)



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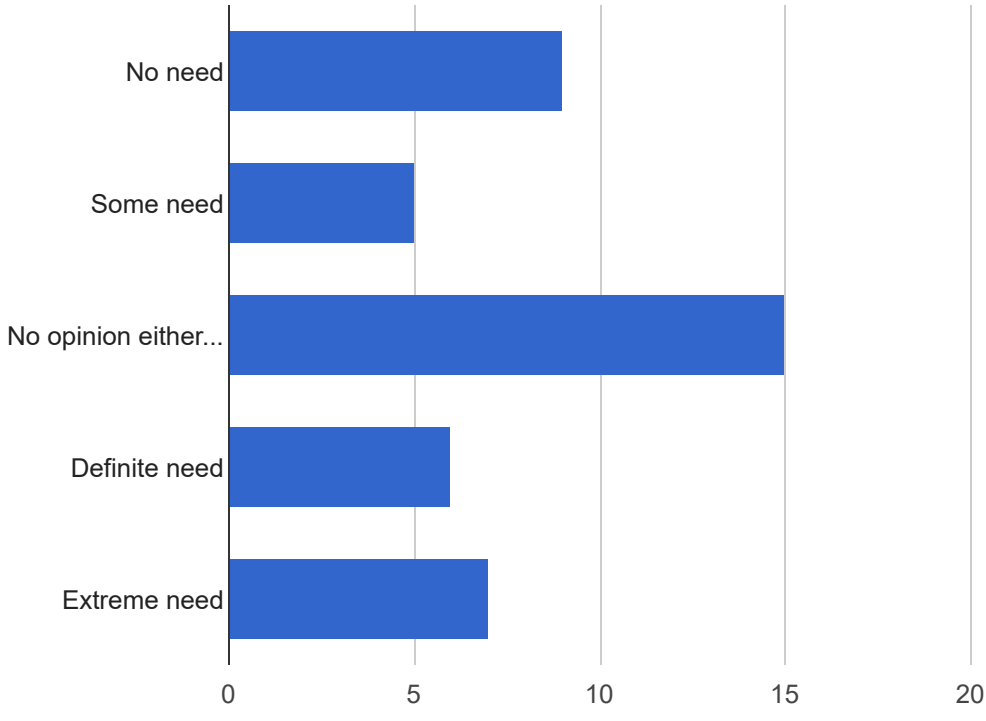
Grocery stores *(mental_or_behavioral_healt)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

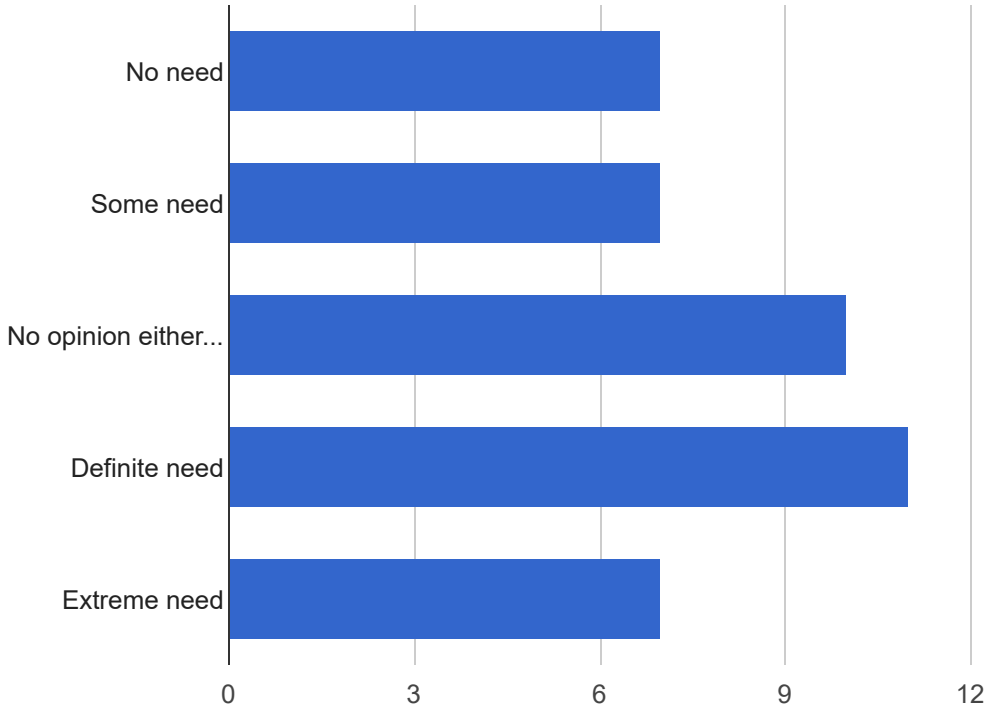
Counts/frequency: No need (9, 21,4%), Some need (5, 11,9%), No opinion either way (15, 35,7%), Definite need (6, 14,3%), Extreme need (7, 16,7%)



Farmers markets *(telehealth_services)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (7, 16,7%), Some need (7, 16,7%), No opinion either way (10, 23,8%), Definite need (11, 26,2%), Extreme need (7, 16,7%)



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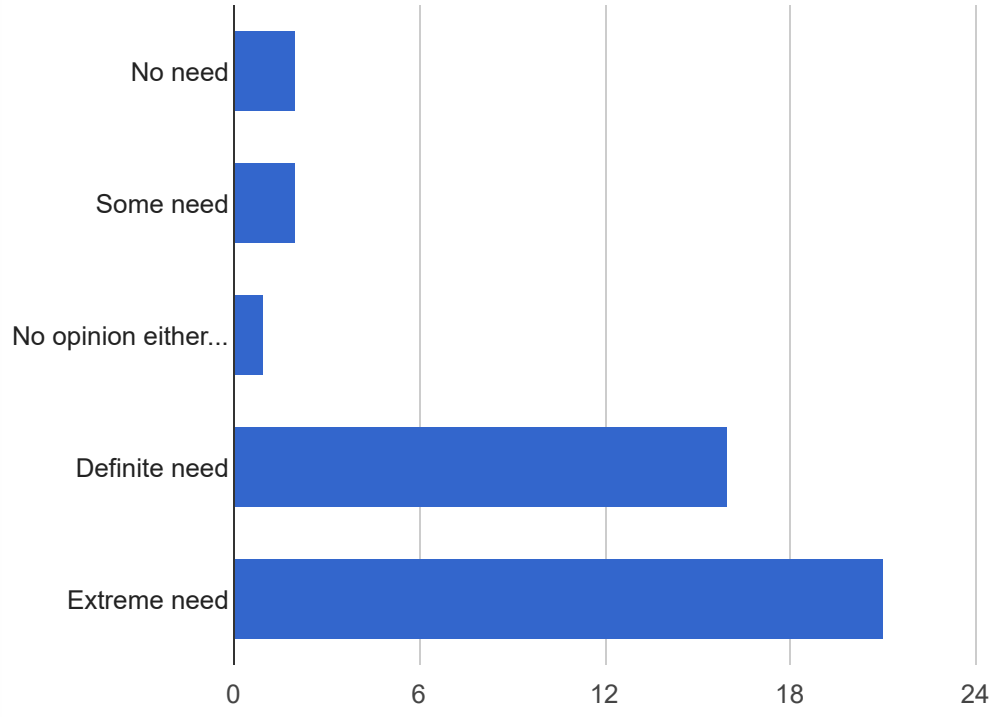
Mental health care providers/services *(substance_resources)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (2, 4,8%), Some need (2, 4,8%), No opinion either way (1, 2,4%), Definite need (16, 38,1%), Extreme need (21, 50,0%)



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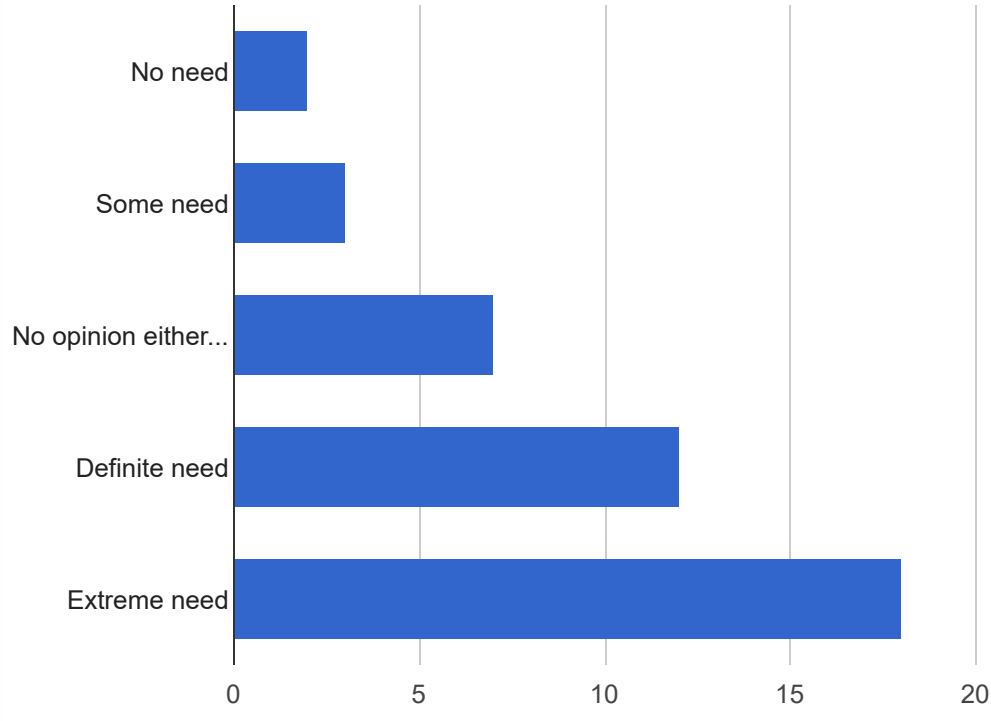
Addiction/Substance Use Disorder treatment/services *(services_substances)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

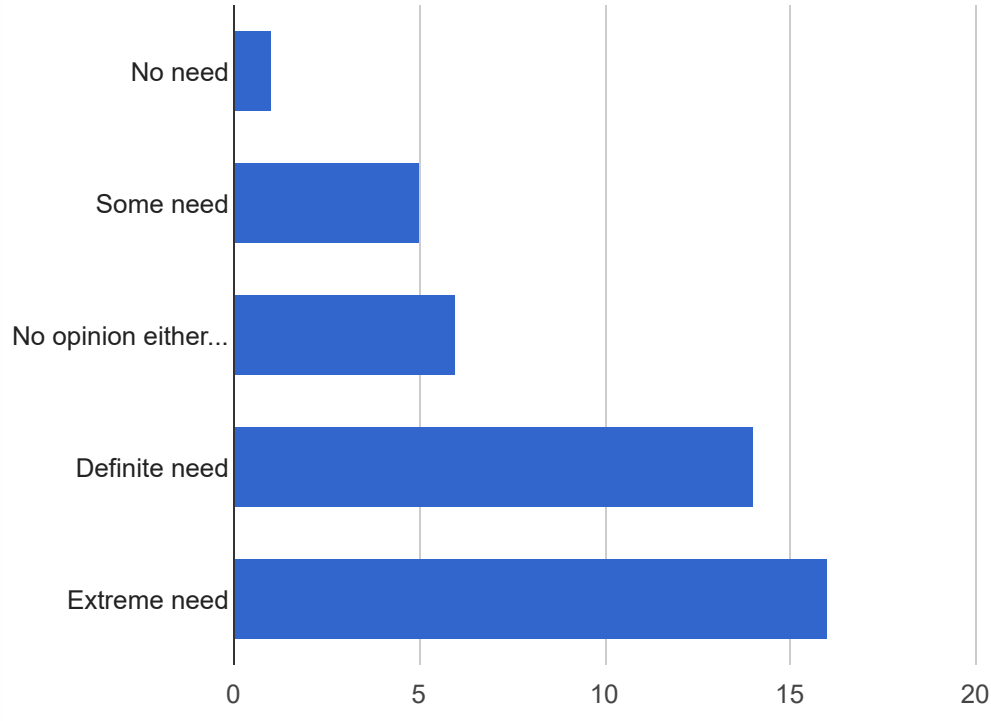
Counts/frequency: No need (2, 4,8%), Some need (3, 7,1%), No opinion either way (7, 16,7%), Definite need (12, 28,6%), Extreme need (18, 42,9%)



More even spread of resources in the county/region *(inpatient_health)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (1, 2,4%), Some need (5, 11,9%), No opinion either way (6, 14,3%), Definite need (14, 33,3%), Extreme need (16, 38,1%)



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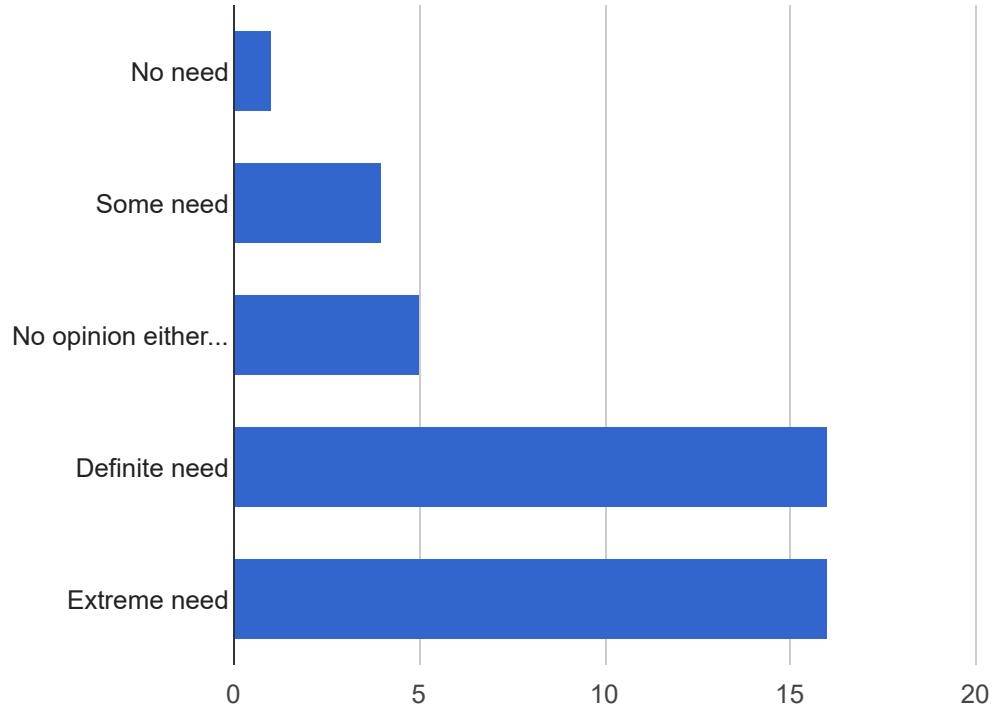
Communication with local government *(coverage)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	5

Counts/frequency: No need (1, 2,4%), Some need (4, 9,5%), No opinion either way (5, 11,9%), Definite need (16, 38,1%), Extreme need (16, 38,1%)

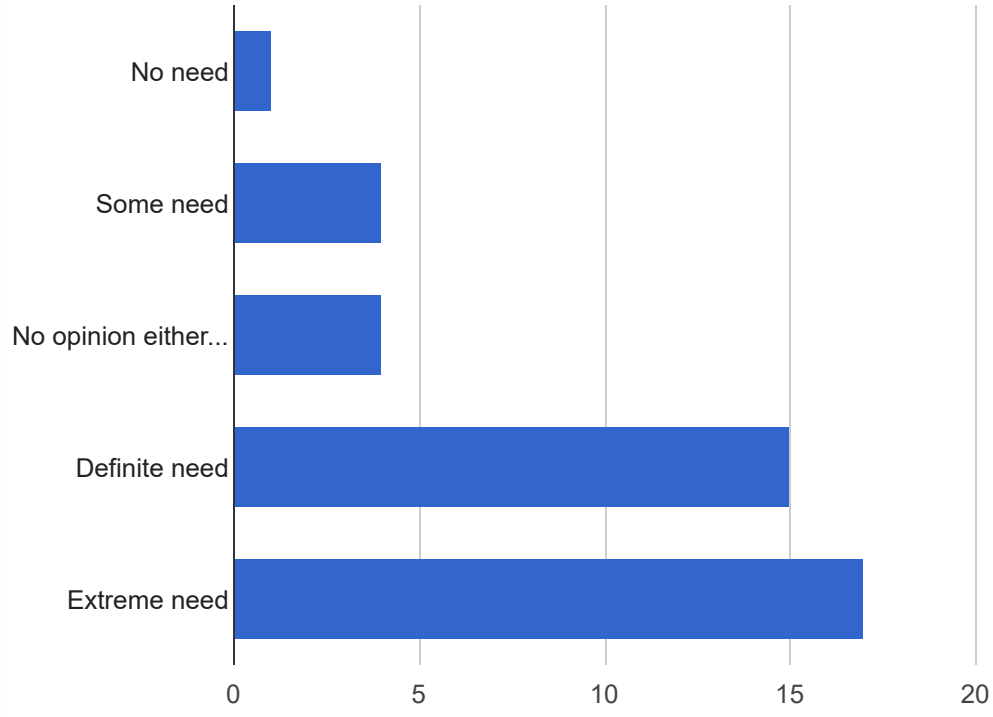


Download image

Responsiveness of local government *(transportation)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	5

Counts/frequency: No need (1, 2,4%), Some need (4, 9,8%), No opinion either way (4, 9,8%), Definite need (15, 36,6%), Extreme need (17, 41,5%)



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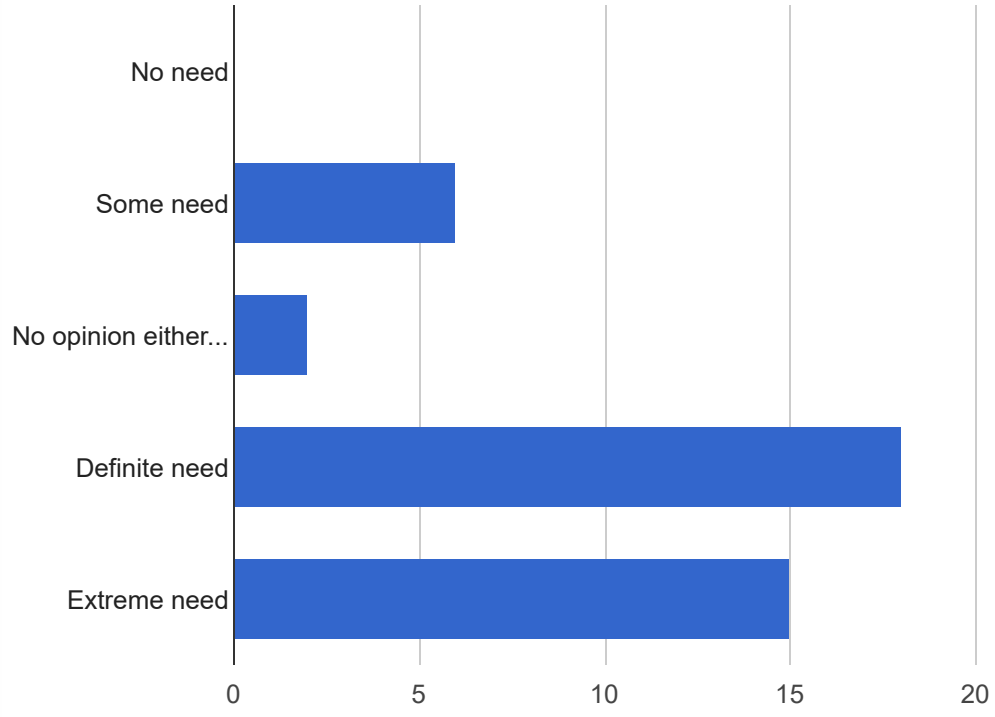
Communication about available services, resources, and events *(medicalcare)*

Total Count (N)	Missing*	Unique
41	1 (2,4%)	4

Counts/frequency: No need (0, 0,0%), Some need (6, 14,6%), No opinion either way (2, 4,9%), Definite need (18, 43,9%), Extreme need (15, 36,6%)

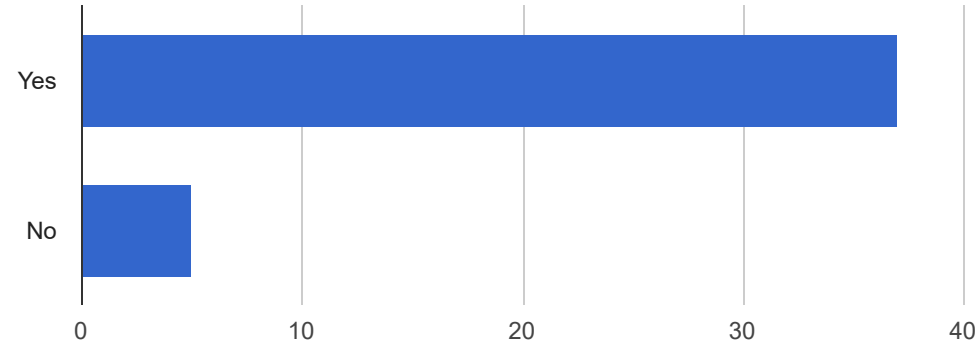


Download image

Do you have a primary care provider? *(primary_care)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	2

Counts/frequency: Yes (37, 88,1%), No (5, 11,9%)



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If no, please indicate barriers to obtaining a primary care provider?

(if_no_please_indicate_barr)

Total Count (N)	Missing*
4	38 (90,5%)

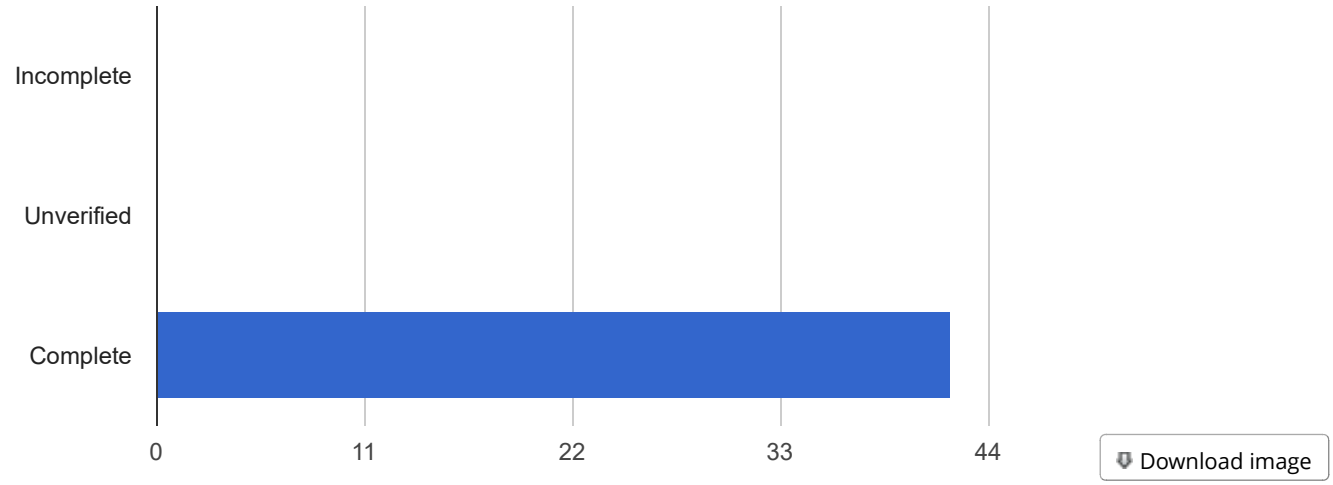
Please share any final thoughts about the health of the county. *(please_share)*

Total Count (N)	Missing*
20	22 (52,4%)

Complete? *(porter_starke_county_community_health_needs_assess_complete)*

Total Count (N)	Missing*	Unique
42	0 (0,0%)	1

Counts/frequency: Incomplete (0, 0,0%), Unverified (0, 0,0%), Complete (42, 100,0%)



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

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

	No need	Some Need	No Opinion	Definite Need	Extreme Need	Total Responses	Weighted total	Average weighted total
Affordable housing	0	2	1	13	25	41	184	4.49
Mental health care providers/services	2	2	1	16	20	41	173	4.22
Homeless/unhoused shelters	1	7	1	8	23	40	165	4.13
Information about stigma and bias in mental health	0	2	6	18	15	41	169	4.12
Addiction/Substance Use Disorder treatment/services	2	3	2	12	17	36	147	4.08
Services for homeless/unhoused populations other than housing	0	6	2	14	17	39	159	4.08
Responsiveness of local government	1	4	3	15	17	40	163	4.08
Low-income housing	1	4	5	12	18	40	162	4.05
Communication about available services, resources, and events	0	6	2	17	15	40	161	4.03
Communication with local government	1	4	4	16	16	41	165	4.02
More transportation options afterhours	0	3	6	19	12	40	160	4.00
More even spread of resources in the county/region	1	5	5	14	16	41	162	3.95
Specialty health care providers/services	2	3	6	18	12	41	158	3.85
More transportation options	0	6	7	16	12	41	157	3.83
Information about stigma and bias in healthcare	1	4	10	16	10	41	153	3.73
Services/activities for seniors	0	6	11	14	10	41	151	3.68
Food pantries	1	8	6	20	6	41	145	3.54
Services/activities for youth	2	8	7	17	7	41	142	3.46
Farmers markets	7	7	9	11	7	41	127	3.10
Grocery stores	9	5	14	6	7	41	120	2.93

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	Total Responses	Weighted total	Average weighted total
Cost of housing	27	12	2	0	0	41	57	1.39
Unhoused population/homelessness	19	17	1	2	0	39	64	1.64
Availability of housing	20	17	2	2	0	41	68	1.66
Addiction/Substance Use Disorder	23	8	2	4	2	39	71	1.82
Cost of quality childcare	18	15	4	1	2	40	74	1.85
Cost of healthy food	13	21	1	2	3	40	81	2.03
Availability of emergency housing/shelter	17	13	5	3	3	41	85	2.07
Stigma or bias against seeking mental health care	9	22	8	0	2	41	87	2.12
Different areas of the county having different levels of access, service, and care	13	19	3	2	4	41	88	2.15
Transportation	9	22	4	5	1	41	90	2.20
Availability of mental health services for youth	13	15	2	8	3	41	96	2.34
Availability of mental health services for youth	11	15	4	5	4	39	93	2.38
Stigma or bias against seeking health care	8	10	18	3	2	41	104	2.54
Availability of quality childcare	7	15	8	6	4	40	105	2.63
Awareness of available services, resources, and events	5	20	4	5	7	41	112	2.73
Local government engagement	7	10	8	13	3	41	118	2.88
Preventative services or programs	9	10	5	11	6	41	118	2.88
Services/activities for seniors	6	9	10	9	6	40	120	3.00
Access to healthy food	6	9	9	8	9	41	128	3.12

Please share any final thoughts about the health of the county.

1. The health of the county is stymied by lack of affordable specialty care as well as resources for low income and homeless populations. Also, mental health services are severely impacted by long wait times for appointments and lack of counselors, nurse practitioners and psychiatrists.
2. Hospital service has regressed into "bandaid" facility as it was referred to in years ago. Health in the county is not good because of substance abuse, including nicotine and alcohol addictions.
3. A year ago I was homeless. I came into one program and was put on another and I came on my own. I understand that mistakes happen. But I just needed housing and a therapist. But people in this county care. That's what's great about Porter Starke!
4. Southern Porter County needs its own Porter Starke office, preferably close to the border to northern Jasper Co. There needs to be greater access and availability of community based services for disadvantaged and high risk youth across the county, regardless of what insurance they have.
5. Extremely long waits to get mental health doctors.
6. Too many people either go without or turn to the emergency room for basic healthcare needs. I know this survey is about our community, but the problem is that employer based health insurance is a failure and the health industry in the United States is a money making scam.
7. If you have money its not hard to choose to be healthy. If you dont have money in Porter Co it is very challenging to have access to healthy choices.
8. the "good ole boy" mentality needs to cease
9. I moved back to NWI Almost 10 years ago and have always used Porter County for my healthcare needs. Primary doctor has always been in Porter County.
10. overall great program needs more transportation, info on resources
11. homelessness is the largest public health issue we have at this time
12. Food is at an all time high. Farmers markets and grocery stores won't fix the problem. Every single restaurant in downtown Valparaiso is over priced and does not provide for families. Don Quijote provides money and resources, but one restaurant cannot do it all. We need more places to help families and people in need with food and resource scarcity. Government isn't doing enough to help and only individuals are working on this. We need elected officials to actually make this a priority, not alkowi g for more overpriced restaurants, clothing stores, and bars
13. Our programs are overloaded and understaffed. Our children suffer getting actual care bc insurance and pharmacies override doctors, services aren't available, or appointments are months out. The poor get services provided to them and those with jobs and insurance are left to our own to seek out the help for our ourselves and our children, all while we try to hold on to our own jobs and sanity.
14. It is going down in a rapid pace
15. Addiction is out of control. This often begins with nicotine addiction. Our youth and young adults are engulfed in the vaping epidemic that is affecting the health of this population, as well as taxing school resources. Schools need to be encouraged to seek out assistance from local resources and allow them to work with the schools regarding substance misuse and tobacco prevention and education.
16. In Porter County, we need shelter, affordable housing, detox/inpatient treatment for mental health and SUD, more therapists and psychiatrists that are quality and accept Medicaid,

transportation that runs more than just within Valpo, mentoring for at-risk, older youth, and improved continuity of care and organized case management to help direct people to services and resources in a comprehensive manner.

17. health care here is horr
18. Politicians are spending too much money for things like the new sports complex when people are homeless and can't afford to feed their families

Appendix D

Existing Facilities

Health-Related Resources in Porter & Starke Counties 2023

Adult Probation
Adventure Island Preschool
Alice's House
Aspire Counseling
Beacon Medical Group
Bella Vita
Belstra
Bloomington Meadows
Bonner Senior Center
Boone Township Call-A-Ride
Bowen Center
Boys & Girls Club of Northwest Indiana
Boys Town National Hotline
Bureau for Developmental Disabilities Services
Care Counseling Services (IOP)
Caring Place
Center Township Trustee
Centers for the Deaf & Hard of Hearing
Centerstone
Change Therapy
Childhelp Hotline
Coalition Against Domestic Abuse
Community Services of Starke County
Connecting Kids to Coverage
Court Appointed Special Advocates
Dan Schultz, PhD
Dr. Giselle Thomalia (Spanish speaking therapy services)
Dr. Harrington (Psych testing)
Eskenazi Health
Family & Youth Services Bureau
Family Concern Counseling
Family Focus, Inc.
Family Youth Services Bureau
Foundations Child Care and Preschool
Franciscan Health
Gabriel's Horn Homeless Shelter
Gerald Lewis & Associates
Habitat for Humanity of Porter County
HealthLinc
Hilltop Neighborhood House
HomelessShelterDirectory.org
Hope Restored Recovery home
Housing Opportunities
Hub Coalition Porter County

Indiana Child Abuse & Neglect Hotline
Indiana Foreclosure Prevention Network
Indiana Hard of Hearing Services
Indiana Hope Center
Indiana Tobacco Quitline
Indiana WIC
Innovative Counseling Solutions
Insource
Juvenile Probation
Keys Counseling
Kids' Closet - NJUMC
Knox-Winamac Community Health Center
Lawrence Pincus & Associates
Lighthouse Autism Center
Little Lambs Preschool
Little Lights Preschool
Love is Respect
MAAC Foundation
Marshall-Starke Development Center
Marshall-Starke Head Start
Mary Kennedy
Meals on Wheels VNA
Medical Supplies Loaning Service
Mental Health America
Mid-America
Midwest Center for Youth & Families
Moraine House
Moving Starke County Forward
National Domestic Violence Hotline
National Parent Helpline
National Sexual Assault Hotline
National Suicide Prevention Lifeline
NeuroDiagnostic Institute
New Creations
NorthShore Health Centers
Northwest Health - Porter
Northwest Health - Starke
Northwest Indiana Community Action
Nurse-Family Partnership
NW Health Starke Hospital
Oaklawn
Opportunity Enterprises
Overdose Lifeline
PACT of Porter County
PCACS
Point 2 Point Counseling
Porter County Aging & Community Services

Porter County Association for Handicapped Children & Adults
Porter County Health Department
Porter County Juvenile Justice
Porter County Juvenile Probation
Porter County Schools
Porter County Triad
Porter Family Counseling
Porter-Starke Services Inpatient Care Center
Purdue Extension Nutrition Education Program
Purdue University Northwest
Respite House (1 & 2)
Samaritan Counseling Center
Shults-Lewis Child and Family Services
Society of St. Vincent de Paul - North Judson
South Shore Academy
St. Joseph's Carmelite Home
St. Jude House
St. Peter Lutheran Preschool
Stan Lelek, PsyD, HSPP
Starke County ABATE
Starke County Chamber of Commerce
Starke County Division of Family Resources
Starke County Health Department
Starke County Recovery Community Organization
Starke County Schools
Starke County Youth Club
Starke/Pulaski Habitat for Humanity
Swanson Center
The Aliveness Project
The Artistic Recovery
The Caring Place / Women's Recovery Home
The Salvation Army of Porter County
Tobacco Education & Prevention Coalition for Porter County
Treatment Advocacy Center
U.S. Department of Veterans Affairs
UMC Food Pantry
United Way of Northwest Indiana
United Way of Porter County
Urban League of NW Indiana
VA Outpatient Clinic
V-Line
VNA Hospice of Northwest Indiana
Wells Counseling
Women's Center of NWI
WorkOne
YWCA of North Central IN