

2020

Childhood Lead Surveillance Report

Lead & Healthy Homes Division



Indiana
Department
of
Health



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Division of
**Lead &
Healthy Homes**

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EXECUTIVE SUMMARY

INTRODUCTION

The Lead and Healthy Homes Division (LHHD) at the Indiana Department of Health (IDOH) is pleased to present the 2020 Childhood Lead Surveillance Report highlighting lead poisoning prevention activities across Indiana. Information contained in this report was compiled by the LHHD in compliance with IC 16-41-39.4-5. This report provides data on the number of children currently being tested for lead, the number with an elevated blood lead level (EBLL), and the number of lead risk assessments performed for children with EBLLs. It also highlights a variety of actions taken by IDOH to increase testing rates, provide education on lead sources and impacts, support affected families, and improve Indiana's ability to manage lead exposure within the residential environment.

In 2020, Indiana and the rest of the nation felt the impact of the COVID-19 pandemic and the challenges that it presented. The adjustments made across the state, such as having provider and Indiana Women, Infants and Children (WIC) offices close or having public health staff redirected full-time to the COVID response, impacted the rates of childhood lead screenings and testing. This also resulted in a reduction in the amount of time local health departments and providers could spend following up with families of children with EBLLs. All of this, in addition to children and families spending significantly more time at home, meant the risk for lead exposure has never been greater.

In response, IDOH refocused existing resources to ensure that state staff were able to help when local resources were stretched thin. This included reaching out to families and physicians of a child with an EBLL when a county or local staff who typically would do this work were reassigned to the COVID-19 response. It also meant ensuring continuation of the Children's Health Insurance Program (CHIP)-funded lead abatement work that provides critical, permanent fixes to known lead issues in the homes of children who receive Medicaid benefits.

Although the number of children tested in Indiana declined for the first time in five years, Indiana's lead testing efforts rebounded more quickly than the rest of the nation. Over the first five months of 2020, there was a 34% national drop in testing. In contrast, Indiana saw a decline of only 17%. This drop, and the subsequent rebound of testing in Indiana, is most evident looking at the April and May figures from 2019 and 2020. In April of 2020, Indiana saw a drop in children tested similar to that seen across the rest of the nation (62% for Indiana, 66% nationally). In May of 2020, that rate improved for Hoosiers, with Indiana seeing 23% fewer children compared to May 2019. Nationally, over the same time May time frame, there was a 51% drop-off.

In 2020, Indiana also realized improvements in both the number of contractors holding lead licenses and the number of lead abatement projects done. Compared to 2019, Indiana saw an 18% increase in the number of active individual professional licenses, with new lead inspector, lead risk assessor, lead project supervisor, and lead worker professionals coming on board. Abatement projects, managed and delivered by those professionals, also reached a five-year high in 2020, with 99 projects completed, a 40% increase over 2019.

BACKGROUND

RECENT HISTORY OF THE DIVISION AND FUNDING

Since 2017, the IDOH lead programs have been housed in the LHHD. From 2012 to 2016, the programs were housed under IDOH's Environmental Public Health Division. The LHHD's primary goals are to track the prevalence of lead exposure in children throughout Indiana and to support local health departments in taking the necessary steps to minimize that exposure and the resulting health risks. This is done through proactive screening, treatment, case management, and remediation of lead hazards.

The LHHD is primarily funded by federal grants from the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA). CDC funding has been used to support maintenance of a case management system and surveillance system, while EPA funding has supported ongoing lead training, licensing, inspection, and enforcement efforts.

In 2020, IDOH also utilized funding provided through the Family and Social Services Administration's Office of Medicaid Policy and Planning for a health services initiative under CHIP, which provided funding to conduct lead abatement in the homes of children receiving Medicaid.

WHY LEAD IS A HEALTH CONCERN

Lead is a heavy metal that has been part of the world economy since the time of the Romans. Data from the U.S. Geological Survey found that the United States' apparent consumption of lead as of 2020 was still 1.50 million¹ metric tons each year. It has been used throughout history for a variety of industrial and residential processes, including paint, plumbing, jewelry, and cosmetics.

Per the CDC, exposure to lead most often results in the lead being stored in the body's blood, bones, and tissues, causing prolonged, consistent exposure. This exposure, especially at high levels, can result in symptoms such as abdominal pain, tiredness, headache, irritability, memory, and appetite loss. Prolonged exposure can result in additional symptoms such as depression, forgetfulness, irritability, and nausea

Exposure in children is of significant concern, as they are more likely to experience toxicity at low levels than adults. The lack of a fully formed blood brain barrier in children under age 2 also allows lead to seriously impact neurological development. There is also evidence that early lead exposure has direct ties to significant health concerns later in life, such as: high blood pressure, heart disease, kidney disease, and fertility issues.

¹ <https://pubs.usgs.gov/periodicals/mcs2021/mcs2021-lead.pdf>

INDIANA STATUTE AND RECOMMENDATIONS

Although people of all ages can be affected by exposure to lead, children under the age of 7 years are especially at risk because they are still growing, and their brains are still developing. Children at higher risk for lead exposure tend to live in households in which residents are:

- Lower income
- Racial or ethnic minority groups
- Recent immigrants (especially those from Central America, South America, North Africa, and the Middle East where lead can be prevalent in spices, cosmetics, jewelry, ceramics, and medicine)
- Residing in properties built before 1978
- Residing in older, poorly maintained properties
- Have parents or household members who work in industries that deal with lead (i.e., battery manufacturing and recycling, auto repair, or construction)

An at-risk child is defined by 410 IAC 29-1-2 as a child who:

- Lives in or regularly visits a house or other structure built before 1978
- Has a sibling or playmate who has been lead poisoned
- Has frequent contact with an adult who
 - works in an industry that uses lead
 - has a hobby that uses lead
- Is an immigrant or refugee or has recently lived abroad
- Is a member of a minority group
- Is a Medicaid recipient
- Uses medicines or cosmetics containing lead; or
- Lives in a geographic area that increases the child's probability of exposure to lead

In Indiana, blood lead testing is most often conducted by family physicians and pediatricians, either in-office or through a referral to a testing laboratory. Testing is also routinely conducted by local health departments through clinical services offered in-office and remotely. Less frequently, testing is also performed by nurses and medical staff through organizations like the Indiana WIC program and Head Start through private funding.

To aid in effective case coordination and surveillance, 410 IAC 29 mandates reporting, monitoring, and prevention of lead poisoning in Indiana, including the reference value levels observed to initiate public health action by the state. As part of this reporting, Indiana requires that accurate and complete data accompany any blood lead sample submitted for analysis. That data must include:

- (1) With respect to the individual whose blood is examined:
 - A. Full name

- B. Date of birth
- C. Gender
- D. Full address, including street address, city, and ZIP code
- E. County of residence
- F. Race and ethnicity
- G. Parent or guardian's name and phone number, where applicable
- H. Any other information that is required to be included to qualify to receive federal funding

(2) With respect to the examination:

- A. Date
- B. Type of blood test performed (venous or capillary)
- C. Normal limits for the test (interpreted as elevated or non-elevated)
- D. Test results
- E. Interpretation of test results by the person who examined the specimen for the presence of lead

All blood samples analyzed for the presence of lead are required to be reported to the IDOH within one week of analysis. The IDOH provides lead screening requirements and medical management recommendations to providers, encouraging screening of all children and testing of those who match any of the identified risk criteria.

Because there is no safe level of lead in blood, the IDOH encourages all parents to get their children tested early and often if they are concerned that their child may have been exposed to lead. A blood lead test is considered confirmed with either a single venous blood test or two capillary blood tests with a blood lead result ≥ 10 $\mu\text{g}/\text{dL}$, which was the recognized recommended threshold for "blood lead level of concern" at the time the rule was written.

Many local health departments across Indiana provide support and case management services to children at levels as low as 5 $\mu\text{g}/\text{dL}$. Resources related to prevention, lead policy, abatement, and the health impacts of lead can be found on the LHHD page of the IDOH website at <https://www.in.gov/isdh/26550.htm>.

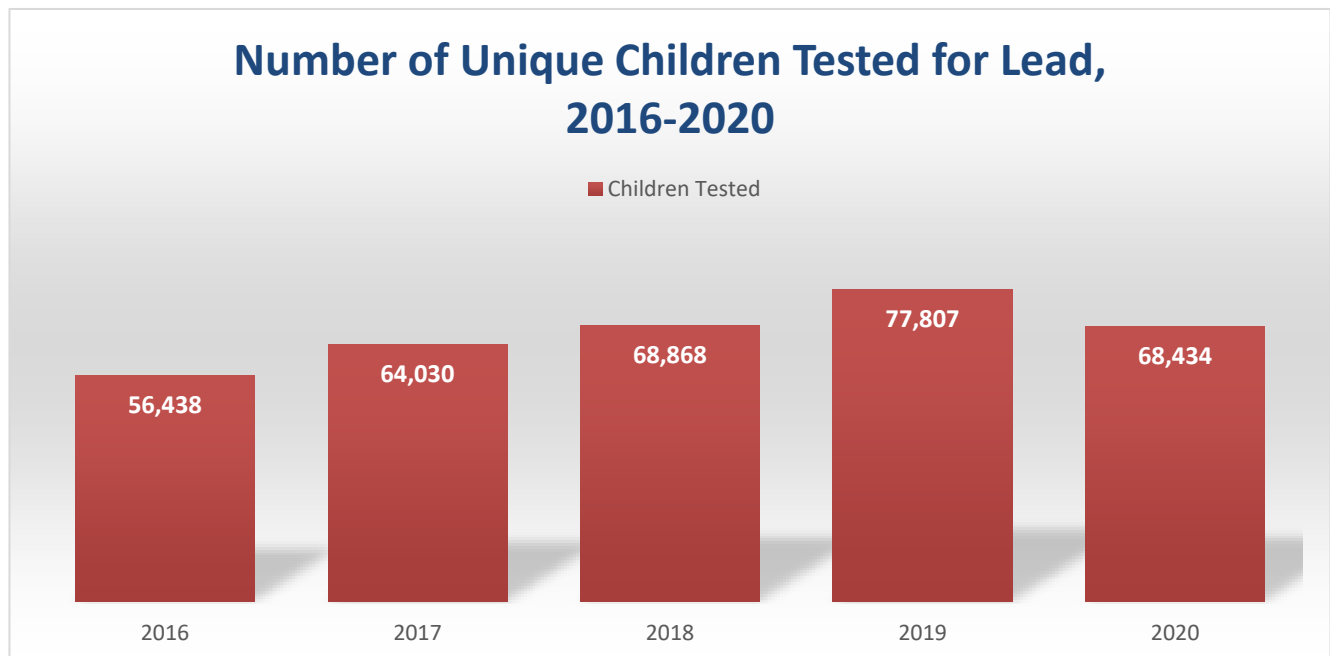
Efforts began in 2019 to convene an Indiana Lead Advisory Council but were paused in the Spring of 2020 due to the COVID-19 pandemic. Determining a route toward effectively lowering Indiana's EBLL threshold from 10 $\mu\text{g}/\text{dL}$ to 5 $\mu\text{g}/\text{dL}$ has remained a top priority of the council and IDOH, and renewed efforts toward that end will be continued as the pandemic response focus shifts in 2021.

For additional information on the full lead result reporting code, please visit the [Indiana Administrative Code](#). Please consult the following link for more information about reporting blood lead results: [https://www.in.gov/isdh/files/\(2.4\)CD%20Reportable%20Diseases%20List%208-12-2016.pdf](https://www.in.gov/isdh/files/(2.4)CD%20Reportable%20Diseases%20List%208-12-2016.pdf).

2020 HIGHLIGHTS

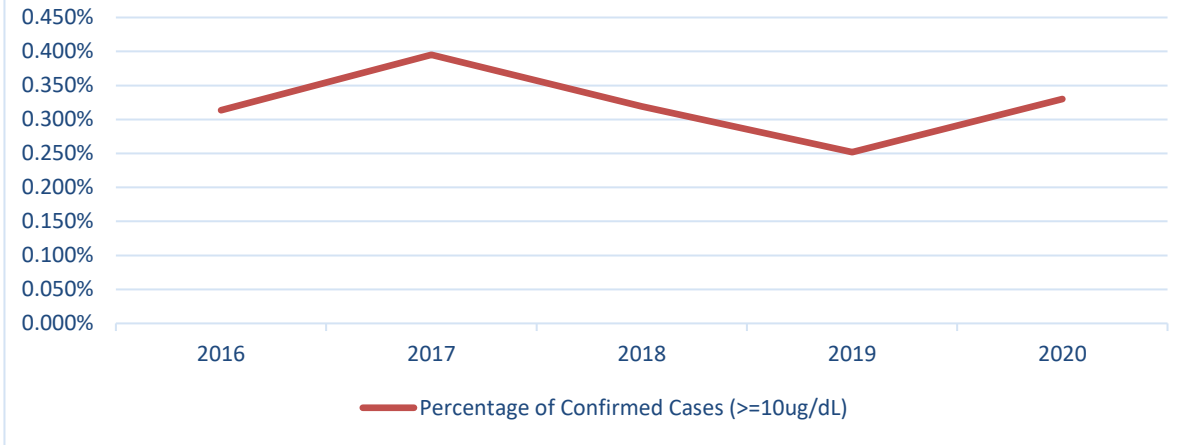
TESTING

In 2020, the IDOH received 74,249 lead test results for children 7 years of age or younger from medical providers, laboratories, and other public health partners. Of these results, 812, or 1.1%, were considered elevated. These results included tests from 68,434 unique children, 7 years of age or younger, who were living in Indiana. Of those children, 525 (0.77%) had at least one elevated result, and 226 (0.33%) had a confirmed elevated result².



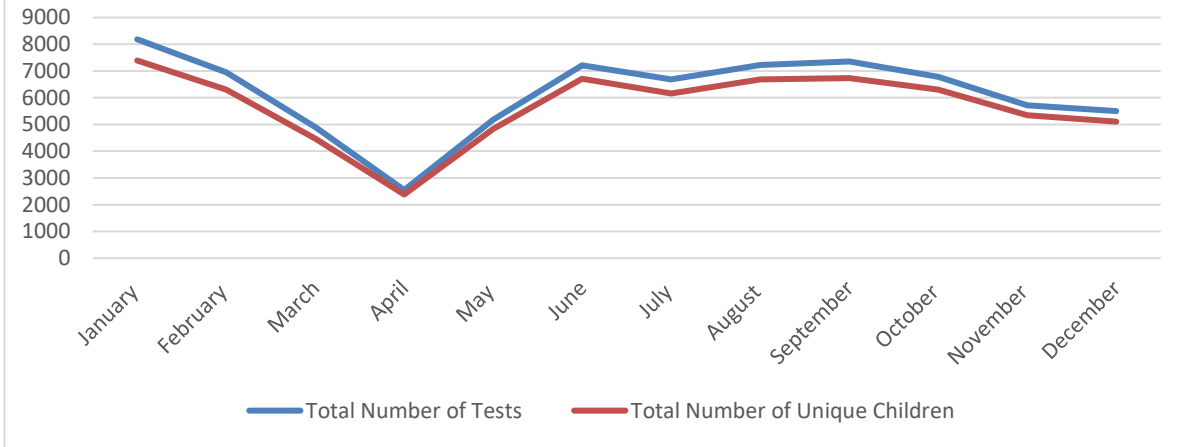
² The total number of tests received includes both venous and capillary tests, and accounts for initial tests and follow-up tests done on children whose blood lead levels were elevated. According to Indiana statute, a child becomes a confirmed case when he or she receives at least one venous blood test or two capillary blood tests within a three-month period, with a blood lead result at or above 10 µg/dL.

Percentage of Confirmed Elevated Cases ($\geq 10\mu\text{g/dL}$) 2016-2020



In 2020, Indiana saw a drop in the number of lead tests performed and the overall number of children tested. Per [CDC's February 5, 2021, Morbidity and Mortality Weekly Report](#), nationally there was a 33.6% drop in the number of U.S. children tested for lead from January to May of 2020. Indiana saw a drop of 17.4% over the same period.

Total Number of Tests Performed and Unique Children Tested in 2020, by Month



The IDOH also collects demographic information on gender, race, and ethnicity with blood lead test results. Samples that contain “unknown” or leave the field blank are accepted by IDOH. Gender is the most complete, with race and ethnicity having 29% and 30% reported as unknown or blank.

Among the 68,434 unique children who received blood lead tests in 2020, 51.7% were male, 48.2% were female, and 0.1% did not have gender reported. Despite the percentage of confirmed EBLLs being slightly higher among males than females, it was not significantly different (Table 1). In terms of a racial breakdown of children tested, 30.1% of the children did not have a race identified. Among those tested with a reported race, the most frequently reported races were White (35.2%) Black (23.4%), Other (5.5%), and American Indian (3.8%) (Table 2). Ethnically, 9.9% of children tested identified as Hispanic, 51.9% identified as non-Hispanic, and 38.2% had an unknown ethnicity. The percentage of confirmed EBLL was not significantly different between Hispanic and non-Hispanic children (Table 3). However, the large number of children with unknown race and ethnicity adds uncertainty to the race and ethnicity statistics.

**Summary of Reported Demographics for Children Aged ≤7 Years
Blood Lead Tested and EBLL Cases Confirmed in 2020**

Gender	Tested (%)	EBLL Cases	Percent EBLL
Male	35,393 (51.7%)	124	0.35%
Female	32,976 (48.2%)	102	0.31%
Unknown	65 (0.1%)	0	0.00%
Total	68,434 (100%)	226	

Table 1: Gender

Race	Tested (%)	EBLL Cases	Percent EBLL
American Indian	2,619 (3.8%)	9	0.34%
Asian/Pacific	723 (1.1%)	1	0.14%
Black	15,985 (23.4%)	68	0.42%
White	24,086 (35.2%)	67	0.28%
Multiracial	678 (0.9%)	0	0.00%
Other	3,757 (5.5%)	22	0.59%
Alaska Native	0 (0.0%)	0	0.00%

Unknown	20,586 (30.1%)	59	0.29%
Total	68,434 (100.0%)	226	

Table 2: Race

Ethnicity	Tested (%)	EBLL Cases	Percent EBLL
Hispanic	6,746 (9.9%)	24	0.36%
Non-Hispanic	35,533 (51.9%)	123	0.35%
Unknown	26,155 (38.2%)	79	0.30%
Total	68,434 (100%)	226	

Table 3: Ethnicity

Early childhood exposure to lead remains a significant, solvable problem for Indiana residents. Lead testing rates do not reflect that all, or even a majority, of Indiana’s children are tested at recommended intervals. Achieving improvements in testing rates requires working with parents to stress the importance of requesting testing, partnering with physicians to emphasize why testing is important, and working with housing partners to identify ways to minimize or eliminate lead hazards.

EDUCATION

In support of the goal to eliminate childhood lead poisoning as a public health problem, effective education and outreach efforts are essential. Despite the demands of the COVID-19 pandemic in 2020, health education staff continued their work to inform and educate healthcare professionals, the public, and community partners about lead hazards.

Throughout 2020, the IDOH augmented its efforts to ensure that every local health department has staff trained to provide effective and thorough lead case management services as mandated in Indiana Administrative Code (410 IAC 29-1-5). This was accomplished through the provision of comprehensive case management training covering information on a variety of points, including lead hazard sources, lead test reference values, medical and case management recommendations, and home visit and environmental investigation requirements. Although such trainings traditionally have been provided in person, they shifted to online platforms during the pandemic. The materials and resources on the existing online case management training platform, Indiana TRAIN (IN-TRAIN), were extensively updated and revised to allow for their use as the primary means for training local health department staff until onsite visits were again appropriate. Throughout 2020, 20 comprehensive lead case management trainings were delivered to a total of 23 nursing personnel and case managers,

representing 19 local health departments. Of the 20 trainings, five were conducted onsite and the remaining 15 were successfully conducted using the newly revised online training system.

In addition to the training on the policies, practices and requirements of lead case management, an extensive training on the use of IDOH's newly launched NEDSS Base System (NBS) was also provided. The NBS Lead Case Management Module is the avenue for receiving and documenting all lead case management activities. Staff were provided with real-time instruction in the use of the module, online resources, and technical assistance as needed. Ongoing education of local health department staff in the use of the module will be needed to ensure that front-line staff who have been involved with the COVID response have familiarity with the module.

The IDOH also continued its digital reach to partners and public health providers through the release of electronic newsletters and the distribution of updates and announcements. Each issue included updates on a variety of lead and healthy homes topics. The same partners who received the newsletters also received announcement emails throughout the year containing important topics, such as the release of new Lead Screening and Medical Management Recommendations, information for National Lead Poisoning Prevention Week, and information concerning the Indiana Finance Authority Lead Sampling Program for Schools & Child Care Facilities. IDOH expanded its social media presence through additional posts on the IDOH Facebook, Twitter, and Instagram pages with messages concerning lead and toy safety, National Lead Poisoning Prevention Week, National Radon Action Month and National Healthy Homes Month. All were distributed to raise awareness of lead hazards and the safety precautions that should be taken in the home. Efforts also continued throughout 2020 to maintain and improve the information presented on the LHHD webpage.

LHHD also expanded its outreach by participating in additional events, including:

- The Family, Career and Community Leaders of America (FCCLA) State Leadership Conference, where LHHD had exhibit space and opportunities for one-on-one conversations. Attendees included high school-age students with an interest in pursuing a future career in early childhood education, as well as their instructors.
- 2020 Refugee Health Forum: A bimonthly meeting of agencies and organizations in Indiana serving the needs of refugee populations. Needs addressed can include such things as discussions concerning assisting refugees in navigating the healthcare system, applying for Medicaid, and announcements of upcoming programs and events. Information about refugee children and their increased risk for lead toxicity was also shared.

CASE SURVEILLANCE

In February of 2020, IDOH began using a lead module built into CDC's NEDSS Base System (NBS) to track case management for children with EBLs throughout the state. The new system replaced the outdated Systematic Tracking of Elevated Lead Levels and Remediation (STELLAR) tool that had been in use for more than two decades. NBS was selected due to its existing use by other IDOH programs

(including HIV and TB), local health department familiarity with the system, and the level of system customization. The new tool now allows for real-time updates by both IDOH and county staff, customized reporting, and the ability to quickly upload documents related to an EBLL investigation into a central location. Further enhancement throughout 2021 and beyond should provide users the ability to quickly review the status of an investigation, including determining whether a child may be overdue for a retest, home visit, or risk assessment.

IDOH staff also spent a substantial amount of time in 2020 directly supporting the case management responsibilities of local health departments. With county front-line staff pulled into the COVID response, many of the day-to-day responsibilities of lead case management in overburdened counties were absorbed by IDOH staff. These tasks included opening new case investigations, reaching out to parents and physicians of children with CE BLLs, and providing direction and support in closing cases. An example of this workload shift can be seen in the movement of documents requiring review in NBS. Typically, counties access, review, and move these records into either new or existing cases. In 2020, IDOH staff reviewed and moved 45% of the documents requiring review on behalf of county health departments.

PARTNERSHIPS

Understanding that IDOH alone cannot accomplish the goals of improving rates of blood lead testing, managing those with EBLs, and addressing lead hazards in all forms, the LHHD partnered with groups from across the state that could help. Below are some examples of the partners who helped support this work in 2020 and continue working to make change possible.

Notre Dame and IUPUI: In 2020, the University of Notre Dame applied for and was successful in receiving an award from the U.S. Department of Housing and Urban Development under its Lead Technical Studies cooperative agreement grant. Their application proposed expanding their prior work on an environmental lead screening toolkit to include a broader geographic pilot and comparison to full lead risk assessments. IDOH supported the application both formally through the support of the state health commissioner and informally through technical resources and training.

Indiana Professional Licensing Agency (IPLA): A longtime partner of the LHHD, the IPLA has issued, tracked, and maintained the lead and licenses granted by IDOH. In 2020, with direction from IDOH staff, IPLA undertook a significant upgrade to its online service offering and application process. The upgrade resulted in the ability to fully complete all license application and renewal paperwork online, the ability to pay via credit card online for licenses, and the auto-generation of email notices for acceptance, renewal, and expiration.

Lead Course Training Providers: With COVID-19 directly affecting training providers' ability to offer in-person courses for much of 2020, IDOH worked with Ivy Tech Community College and others to find a way to offer select courses online. Popular courses like the two-hour Indiana Rules Awareness

course and select refresher courses were modified to fit an online offering. The LHH and training providers will evaluate ongoing online course viability throughout 2021 and beyond.

IDOH Refugee Health Program: Realizing that refugee health is often disproportionately affected by lead exposure, the LHH partnered with the IDOH Refugee Health program to determine whether recent refugee children ages 0-16 had received blood lead testing. Data from January 2017 to September 2019 revealed that while 91.5% of children did receive a lead test, 8.5% did not. These findings, along with data showing that only 61% of children 0-6 years received CDC-recommended follow-up testing, have led both the Refugee Health and LHH programs to look at ways to share data more effectively about testing and messaging to refugee support agencies and associated physicians.

TARGET POPULATION IDENTIFICATION AND INTERVENTION

One of the key components to delivering effective lead education and intervention is knowing which populations are at the highest risk and providing those families resources to help mitigate those risks. To this end, in 2020 the IDOH continued to provide tools and resources, such as a Lead Exposure Resource Guide, as well as build on other interventions, such as the Lead Protection Program that had been launched in prior years.

As referenced in 2018 and 2019 reports, children insured by Medicaid in Indiana are considered high-risk and are viewed as a target population for testing. Children receiving benefits through Medicaid are required to receive a blood lead test at 12 and 24 months of age, or as soon as possible before age 6 years if not tested at 12 and 24 months. A review of data provided in May of 2021 showed that 27% of children with dates of birth in 2019, 2020, and 2021 had a blood lead test billed to Medicaid. When looking at children who were ages zero to 72 months during the same period, the rate of those receiving a blood lead test jumps to 52%. These numbers demonstrate that while children on Medicaid are being tested, it's occurring later and more infrequently than needed to have the most impactful intervention.

IDOH also continued efforts in 2020 to deliver critical lead abatement improvements through CHIP and Indiana's Lead Protection Program. The program was slowed by COVID, which made in-home risk assessments and subsequent improvements a more coordinated and thoughtful process, but the work continued. IDOH leadership, along with program contractors, felt the work to protect children from lead hazards in their homes was important to continue and could be done safely with appropriate precautions and education. The program expanded into Indianapolis in 2020, with a focus on developing a more substantial applicant pool and larger lead contractor base.

One project that was significantly impacted by COVID-19 was a pilot launched in 2019 that provided targeted in-clinic blood lead testing to children receiving benefits through the Women, Infants, and Children (WIC) program. The pilot had ramped up to full production in February and was nearly halfway toward the target of 10,000 children tested when COVID-19 forced the temporary closure of

nearly all WIC clinics and the suspension of in-office visits. This suspension resulted in the termination of the pilot in June with final participation at 4,648 children. A final program analysis is not yet complete.

ENVIRONMENTAL INVESTIGATIONS

In 2020, 537 lead risk assessments were completed in Indiana by IDOH staff, city and county health departments, and private risk assessors. Table 4 represents the number of houses, out of the 537 assessed, with each type of hazard identified: dust, exterior lead-based paint, interior lead-based paint, soil, or other.

Types of Lead Hazards	Number of Houses with Lead Hazards Identified
Dust	265
Exterior Paint	279
Interior Paint	229
Soil	67
Other	45

Table 4: Lead Hazards Identified versus Number of Houses

At the end of 2020, Indiana had 576 (18% increase from 2019) active individual professional licenses, 99 of which are new licenses in the following disciplines: lead inspector, lead risk assessor, lead project supervisor, and lead worker licenses. Licenses can be obtained through completion of training courses offered by Indiana-approved training providers or through reciprocity.

Indiana also requires that any lead abatement work be done by a certified lead contractor. Contractors must employ licensed staff and stand responsible for ensuring that abatement work meets the standards for workmanship, safety, and cleanliness. At the end of 2020, Indiana had 11 new licensed contractors, making a total of 49 active lead abatement contractors. Those contractors completed 99 lead abatement projects throughout the state. This is a 40% increase in the number of abatement projects completed in Indiana year-over-year and represents the largest number of projects done in the last five years. The number of abatement jobs is expected to continue to increase in the coming years as Indiana utilizes all available funding sources for lead remediation and abatement.

2021 GOALS

Success in 2021 to ensure children are screened and tested for lead will depend on families' willingness to bring their children to the offices of their healthcare provider. IDOH will continue to refine and streamline blood lead result collection mechanisms and will continue to work with local health departments to ensure that case management services are provided to families regardless of the pandemic's impact. IDOH will also be looking to make targeted improvements in the following areas:

- Increase funding to the LHHD through new five-year grant applications to CDC and EPA
- Revise and update the childhood blood lead medical management guidelines for providers in Indiana.
- Rebuild and redesign the LHHD website to improve user experience.
- Work directly with providers to address shortfalls in race and ethnicity reporting.
- Launch improvements to the licensing application and renewal process through IPLA which will move the entire application and payment process online.
- Finalize a change in Indiana Administrative Code lowering the lead dust lead hazard thresholds to be in line with new EPA standards.

2020 COUNTY DATA

Data listed in the table below is broken down by county, with the following limitations:

- County results only include children whose test results identified a county.
- Children with and without a county listing are included in the State of Indiana totals.
- A test result is elevated in Indiana at or above 10 µg/dL.
- A child becomes a confirmed case when he or she receives either a single venous blood test or two consecutive capillary blood tests with an EBLL.
- The number of risk assessments and identified hazards is included by county. However, risk assessments can be conducted for children who do not have an EBLL, and the number of hazards identified may be larger than the number of risk assessments done due to homes having multiple lead hazards.
- Clearance exams are only conducted if lead hazards are identified during the risk assessment and if efforts have been made by the property owner to mitigate the issues. If no hazards are reported, Indiana law does not require a clearance exam.
- If fewer than five results for any given county data point were identified, the values were suppressed to maintain confidentiality. Suppressed values are identified with an asterisk (*).

County	Number of Tests	Number of Children Tested	Number of Tests with Result Between 5 and 9.9	Number of Elevated Tests with Result Equal to or Greater than 10	Number of Children with at Least 1 Test with Result Between 5 and 9.9	Number of Children with at least 1 Elevated Test with Result Equal to or Greater than 10	Number of Confirmed Children	Total Risk Assessments Completed in 2020	Risk Assessments for Children Confirmed in 2020
Adams	128	125	11	*	*	*	*	*	*
Allen	4,370	4,124	165	55	127	41	11	38	*
Bartholomew	1,610	1,544	27	8	23	8	*	11	*
Benton	72	67	6	*	*	*	*	*	*
Blackford	113	106	9	*	6	*	*	*	*
Boone	391	373	6	*	6	*	*	*	*
Brown	110	106	5	*	5	*	*	*	*
Carroll	204	198	*	*	*	*	*	*	*
Cass	527	485	38	21	29	13	9	5	*
Clark	1,901	1,778	14	7	9	6	*	5	*
Clay	223	212	12	*	6	*	*	*	*
Clinton	491	441	33	8	26	5	*	5	*
Crawford	120	115	*	*	*	*	*	*	*
Daviess	143	135	6	7	5	*	*	10	*
Dearborn	395	381	9	5	9	*	*	*	*
Decatur	306	284	8	*	6	*	*	*	*
DeKalb	411	385	16	11	12	10	*	5	*
Delaware	800	743	31	27	24	13	8	9	6
Dubois	118	115	*	*	*	*	*	*	*
Elkhart	4,217	3,859	157	64	119	36	13	18	*
Fayette	272	263	8	*	6	*	*	*	*
Floyd	1,174	1,058	24	7	20	6	12	*	*
Fountain	133	119	7	*	6	*	*	*	*

Franklin	268	250	10	5	9	*	*	*	*
Fulton	176	160	*	*	*	*	*	*	*
Gibson	349	324	10	*	7	*	*	*	*
Grant	698	662	26	9	18	8	6	*	*
Greene	447	427	11	*	8	*	*	*	*
Hamilton	2,756	2,627	29	12	28	11	*	*	*
Hancock	507	465	*	*	*	*	*	*	*
Harrison	480	451	*	*	*	*	*	*	*
Hendricks	579	550	7	*	5	*	*	*	*
Henry	202	192	9	*	7	*	*	10	*
Howard	1,017	969	23	11	21	11	*	6	*
Huntington	446	410	22	6	18	*	*	*	*
Jackson	721	637	37	19	31	16	*	*	*
Jasper	181	170	*	*	*	*	*	*	*
Jay	146	136	10	*	9	*	*	*	*
Jefferson	242	232	*	*	*	*	*	*	*
Jennings	341	328	6	*	6	*	*	*	*
Johnson	1,453	1,340	36	10	27	8	*	*	*
Knox	213	197	12	*	8	*	*	8	*
Kosciusko	914	770	22	8	16	*	*	*	*
LaGrange	148	139	9	5	7	5	*	*	*
Lake	3,326	3,159	65	21	56	16	11	73	*
LaPorte	988	954	34	8	31	5	*	9	*
Lawrence	774	741	22	*	11	*	*	*	*
Madison	1,763	1,613	46	12	42	8	*	5	*
Marion	13,879	12,165	360	104	279	66	28	127	10
Marshall	356	333	*	12	*	*	*	*	*
Martin	68	67	*	*	*	*	*	*	*
Miami	275	260	7	*	5	*	*	*	*
Monroe	2,239	2,182	11	*	10	*	*	*	*
Montgomery	364	334	14	5	12	*	*	*	*
Morgan	650	614	20	*	16	*	*	*	*

Newton	88	79	7	5	7	*	*	*	*
Noble	315	296	13	6	11	*	*	*	*
Ohio	32	30	*	*	*	*	*	11	*
Orange	209	189	13	7	6	*	*	*	*
Owen	357	341	5	8	*	*	*	*	*
Parke	92	88	7	*	7	*	*	*	*
Perry	217	207	7	*	6	*	*	*	*
Pike	70	64	*	*	*	*	*	*	*
Porter	843	813	6	*	5	*	*	9	*
Posey	196	180	10	*	6	*	*	*	*
Pulaski	83	82	*	*	*	*	*	*	*
Putnam	209	201	*	*	*	*	*	*	*
Randolph	188	182	*	*	*	*	*	*	*
Ripley	360	338	18	6	14	5	*	11	*
Rush	222	183	17	7	15	*	*	7	*
Scott	325	306	*	*	*	*	*	*	*
Shelby	759	614	40	18	29	14	5	8	5
Spencer	193	187	*	*	*	*	*	*	*
St. Joseph	3,930	3,568	170	89	133	43	27	60	13
Starke	170	164	*	*	*	*	*	*	*
Steuben	224	210	13	*	10	*	*	*	*
Sullivan	128	125	*	*	*	*	*	*	*
Switzerland	51	48	*	*	*	*	*	*	*
Tippecanoe	1,793	1,674	42	21	31	18	*	7	*
Tipton	157	142	13	*	10	*	*	*	*
Union	93	84	*	*	*	*	*	*	*
Vanderburgh	2,400	2,218	73	47	55	22	14	11	5
Vermillion	146	141	5	*	*	*	*	*	*
Vigo	1,191	1,144	48	15	41	8	7	6	5
Wabash	328	311	12	*	12	*	*	*	*
Warren	57	54	*	*	*	*	*	*	*
Warrick	541	527	5	*	*	*	*	*	*

Washington	476	436	9	*	8	*	*	*	*
Wayne	1,063	933	45	26	31	15	7	7	*
Wells	224	212	*	*	*	*	*	*	*
White	266	251	*	8	*	*	*	*	*
Whitley	453	412	13	7	10	5	*	*	*
Unknown	605	526	11	4	5	0	2	2	0
County Total	73,644	67,908	2,091	808	1,646	525	224	549	100
State Total	74,249	68,434	2,102	812	1,651	525	226	551	100

CONTACT INFORMATION

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