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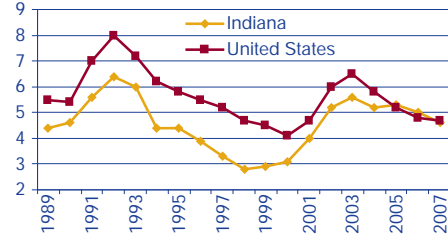
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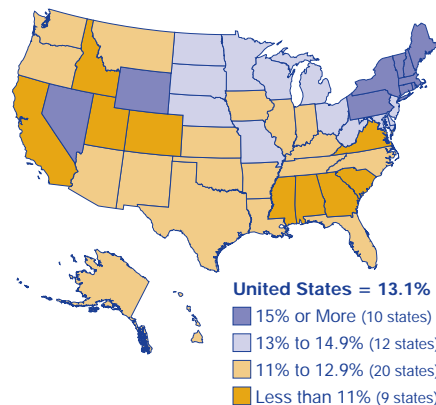
Indiana's 2007 June unemployment rate fell below the national level for the first time since 2004. The state's 4.6 percent was lower than the nation's 4.7 percent.



\*not seasonally adjusted

Education and Health Care

Employment in the education and health care supersector was below average in Indiana, making up 12.8 percent of total nonfarm employment in June.



Source: IBRC, using not seasonally adjusted CES data

## Vital Signs Strong for Vital Industry Health Services in Northwest Indiana

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When one hears or reads about the Gary metro area, or even northwest Indiana as a whole, he or she may think immediately of the steel industry. Major shifts in employment have occurred through industry consolidation, technology changes and global competition. But while headcounts at Indiana's steel mills have declined over time, other industries, including health services, have been quietly undergoing significant growth.

The health care industry is a major contributor to the vitality of northwest Indiana, defined for the purposes of this article by Economic Growth Region (EGR) 1. This includes Jasper, Lake, LaPorte, Newton, Porter, Pulaski and Starke counties. Within this region, health services made up 12.6 percent of all industry employment and 13.6 percent of the region's payroll in 2006. More than half of the area's

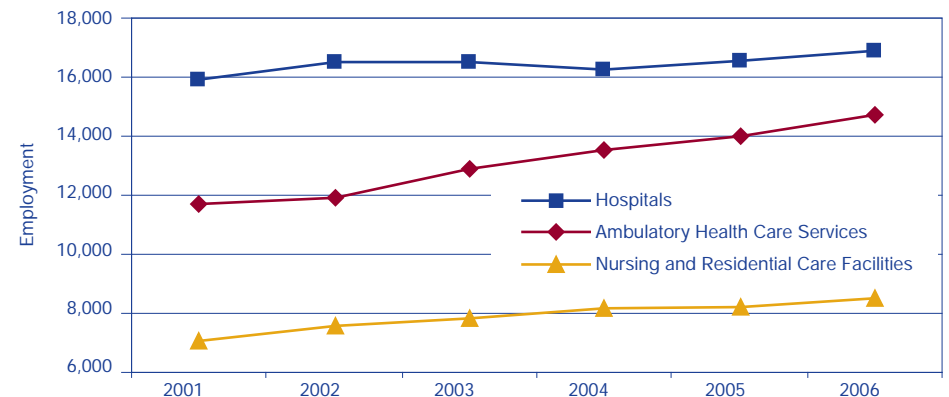
largest employers are in this industry. Of the 16 employers with more than 1,000 employees, nine are hospitals that provide well-paying jobs with benefits. Hospitals make up the largest employment segment within the health care sector (see **Figure 1**).

### Northwest Indiana Industry Trends

While regional manufacturing employment has steadily declined, employment in health care has trended upward. Health care employment in the region has risen every year since at least 2001.

Health care employment rose at a faster rate in northwest Indiana than it did in the state overall. The area's health care employment rose by 15.8 percent through 2006 while the statewide health care workforce went up by 10.4 percent (see **Table 1**). By 2006, EGR 1 health care employers

FIGURE 1: EMPLOYMENT IN SELECTED HEALTH CARE SUBSECTORS IN EGR 1, 2001 TO 2006



Note: Data are based on quarterly reports of employers covered by Indiana unemployment insurance laws  
Source: Indiana Department of Workforce Development

TABLE 1: HEALTH CARE INDUSTRY EMPLOYMENT TRENDS IN EGR 1 AND INDIANA, 2001 TO 2006

		2001	2002	2003	2004	2005	2006	Change	Percent Change
EGR 1	Health Care Industry Employment	34,666	36,033	37,251	37,934	38,783	40,145	5,479	15.8%
	Health Care Employment as a Percent of Total Employment	10.9%	11.6%	11.9%	12.1%	12.2%	12.6%	1.7%	
	Health Care Employment as a Percent of Indiana's Health Care Employment	12.2%	12.4%	12.6%	12.7%	12.7%	12.8%	0.6%	
	<b>Total Employment</b>	<b>318,723</b>	<b>311,432</b>	<b>311,849</b>	<b>313,315</b>	<b>317,133</b>	<b>319,168</b>	<b>445</b>	<b>0.1%</b>
Indiana	Health Care Industry Employment	283,910	289,942	295,762	299,718	306,241	313,434	29,524	10.4%
	Health Care Employment as a Percent of Total Employment	9.9%	10.2%	10.5%	10.5%	10.7%	10.8%	0.9%	
	<b>Total Employment</b>	<b>2,871,216</b>	<b>2,832,563</b>	<b>2,821,665</b>	<b>2,848,803</b>	<b>2,873,769</b>	<b>2,892,146</b>	<b>20,930</b>	<b>0.7%</b>

Note: Data are based on quarterly reports of employers covered by Indiana unemployment insurance laws  
Source: Indiana Department of Workforce Development

added 5,479 jobs to the 2001 average of 34,666. Regional health care also increased as a percent of all industry employment in the region, from 10.9 percent in 2001 to 12.6 percent in 2006. Although the region's total industry employment had a net increase of only 445 jobs, increases in the health care industry alleviated the regional losses in down years and were a large component of the area's incremental increases in the better years.

Payroll in the health care industry has also risen significantly between 2001 and 2006, increasing in the tens of millions of dollars each year. Total health care payroll numbers in EGR 1 jumped by 33 percent over the 2001 to 2006 period. At the same time, the area's total industry payroll went up by just 15.2 percent, in keeping with the statewide average of 15.9 percent. Reasons for the 33 percent jump in health care are likely to include increased hiring of skilled workers at various levels, cost of living adjustments and good profitability.

As health care employment climbed over the period, the number of employing units also rose, going from 1,344 to 1,445—an increase of 101 units. The increase was primarily in the number of ambulatory health care services units. This segment of the industry added 95 units while hospitals added two units and nursing and residential care facilities added four units between 2001 and 2006.

As a percentage of the 2006 health care payroll, ambulatory health care services made up 44.4 percent, hospitals were 43.1 percent, and nursing and residential care facilities were 12.6 percent. Data on wages for the three sectors show annual averages of \$46,513; \$39,410; and \$22,767, respectively.

### Occupational Marketplace

As employment in goods-producing industries has declined in northwest Indiana, area workers continue to seek employment in the higher-paying service-producing industries. Over the years, the health care industry has provided better compensation than a number of other service industries. With regional health care employment growing, job opportunities also grow. Shortages in skilled occupations in the region serve to provide solid employment opportunities for trained and experienced workers in the areas of need.

The Indiana Department of Workforce Development's recent Strategic Skills Initiative (SSI) identified at least three occupations in EGR 1 projected to have shortages through 2007. They include registered nurses (RNs), pharmacists and pharmacist technicians. The greatest shortage, consistent with national trends, is expected to be of registered nurses, with an estimated deficit of 250 workers in the seven-county area.

As a result, SSI is providing funds for additional faculty in the schools of nursing at Indiana University and Purdue University regional campuses. Beyond the SSI findings, other sources have indicated health care worker shortages. In 2006, the Indiana State Department of Health designated parts of Lake and Jasper counties, and all of Newton and Starke counties as "Health Professional Shortage Areas" in the primary care designation. That agency has also listed areas and populations in Lake, Porter, and Starke counties as being "medically underserved" according to criteria established by the federal government ([www.in.gov/isdh/publications/llo/shortages/shortage.htm](http://www.in.gov/isdh/publications/llo/shortages/shortage.htm)).

To illustrate area industry pay levels, a sampling of average wages for selected high volume health care occupations is presented in **Table 2** from the latest wage survey (2006) of the Indiana Department of Workforce Development. The survey divided the occupations into two categories: practitioner/technical jobs and support jobs. Typically, support jobs require fewer skills and pay less—sometimes far less—than practitioner and technical jobs. Twenty-three occupations with wage survey employment estimates of more than 200 each were chosen to represent high-volume jobs, since they are likely to have larger numbers of workers in the region's health care industry. In fact, their total makes up 86

percent of the total workers estimate. **Table 2** lists these occupations with their corresponding average annual wages. The Chicago metro area survey wages are listed for comparison since northwest Indiana borders suburban Chicago. (The same 23 occupations represent 81 percent of the workers in the Chicago total industry estimate, indicating their importance there as well.)

More than 50,000 residents, or about 10 percent, of the northwest Indiana workforce commute to jobs in Illinois. Wage comparisons with the Chicago metro area illustrate one of the problems in attracting and retaining higher skilled health care workers in EGR 1. In addition to Chicago's generally higher wages, employers there can often offer more advanced equipment, more specialization, better education and research facilities, and other qualities that lure workers to jobs in Illinois. For illustration, most of EGR 1's trauma patients are stabilized at local hospitals but transferred to Chicago trauma centers since northwest Indiana does not have a trauma center.

## Northwest Indiana's Competitive Edge

Indiana's northwest corner does offer its own incentives. Health professionals may be attracted by its somewhat slower pace, shorter commutes, lower cost of living, and proximity to Chicago. Health service improvements are also being made. The Indiana University medical education center renamed its regional campus to "IU School of Medicine-Northwest" and is offering area students the first two years of medical school. A mission of this new school is to increase the number of local primary care physicians. In fact, there has been

a 70 percent increase in practicing physicians in EGR 1 during the last 20 years. Ongoing activities to create a regional trauma center in northwest Indiana should serve to attract more health professionals. Also, some area hospitals have recently consolidated to take advantage of economies of scale.

Northwest Indiana's expansion of health services employment mirrors national and statewide trends, as demographic shifts in the population

swell the size of the middle-aged-and-over population. The aging of the Baby Boomers will create ongoing demand for services in this industry sector, signaling long-term growth for the related occupations.

—Bruce F. Bendull, Regional Analyst,  
Research and Analysis, Advanced  
Economic and Market Analysis, Indiana  
Department of Workforce Development

TABLE 2: HEALTH CARE INDUSTRY WAGE TRENDS IN EGR 1 AND INDIANA, 2001 TO 2006

	EGR 1 Worker Estimates	Annual Average Wage	Chicago Metro Annual Average Wage	Chicago Difference from EGR 1	Percent Difference
<b>Health Care Occupational Categories</b>					
Health Care Practitioner and Technical Occupations	16,630	\$58,630	\$60,470	\$1,840	3.1%
Health Care Support Occupations	7,230	\$23,850	\$25,610	\$1,760	7.4%
<b>High Volume Health Care Occupations</b>					
Registered Nurses	6,260	\$54,280	\$60,100	\$5,820	10.7%
Nursing Aides, Orderlies, and Attendants	2,700	\$21,750	\$22,500	\$750	3.4%
Licensed Practical and Licensed Vocational Nurses	1,820	\$36,390	\$40,640	\$4,250	11.7%
Home Health Aides	1,290	\$19,290	\$21,830	\$2,540	13.2%
Medical Assistants	1,040	\$23,900	\$29,930	\$6,030	25.2%
Pharmacy Technicians	840	\$26,310	\$27,960	\$1,650	6.3%
Emergency Medical Technicians and Paramedics	740	\$28,220	\$32,510	\$4,290	15.2%
Dental Assistants	740	\$29,710	\$30,180	\$470	1.6%
Pharmacists	570	\$89,810	\$100,390	\$10,580	11.8%
Radiologic Technologists and Technicians	500	\$46,750	\$51,280	\$4,530	9.7%
Medical Records and Health Information Technicians	500	\$27,070	\$29,490	\$2,420	8.9%
Respiratory Therapists	490	\$48,830	\$46,550	-\$2,280	-4.7%
Physical Therapists	360	\$77,370	\$69,400	-\$7,970	-10.3%
Dental Hygienists	350	\$59,220	\$65,230	\$6,010	10.1%
Health Care Support Workers, All Other	350	\$25,690	\$26,350	\$660	2.6%
Physicians and Surgeons, All Other*	310	\$194,000	\$150,320	-\$43,680	-22.5%**
Occupational Therapists	300	\$49,820	\$68,930	\$19,110	38.4%
Health Diagnosing and Treating Practitioners, All Other	280	\$132,380	\$62,210	-\$70,170	-53.0%**
Medical and Clinical Laboratory Technicians	270	\$35,290	\$38,020	\$2,730	7.7%
Opticians, Dispensing	270	\$24,500	\$32,000	\$7,500	30.6%
Medical and Clinical Laboratory Technologists	240	\$48,650	\$48,620	-\$30	-0.1%
Medical Transcriptionists	220	\$28,630	\$33,730	\$5,100	17.8%
Surgical Technologists	210	\$36,200	\$41,160	\$4,960	13.7%

\*Other physicians and surgeons, listed in the wage survey by their general specialty, taken together are a high volume group with wages exceeding \$100,000 in every case.

\*\*The occupations in this category vary widely, making area comparisons inexact

Sources: Indiana Department of Workforce Development and Bureau of Labor Statistics

# The Bloomington Area Economy

Most Hoosiers know Bloomington and Monroe County as the home of Indiana University. A recent benchmarking study of the Bloomington area economy, however, reveals much more to this southern Indiana community than books and basketballs. This article analyzes the recent employment and income trends of Indiana's 13th largest county. All of the data in this survey is reported at the county level but, for the sake of simplicity, the county's more familiar dominant city will be referred to in the graphics and narrative.

## Employment

The most notable shift in Monroe County's employment picture in recent years is that health care and social service employment has overtaken manufacturing as the largest employment sector. In fact, the county's 2005 manufacturing employment declined by 6 percent over the previous year and 24.6 percent since 1995. Health care and social service employment, meanwhile, has grown more than 40 percent since 1995. While

FIGURE 1: LARGEST EMPLOYMENT GAINS AND LOSSES IN MONROE COUNTY, 1995 TO 2005



Source: IBRC, using Bureau of Labor Statistics data

certainly in decline, manufacturing remains a vital industry in Monroe County with a 12 percent share of total employment.

Communities throughout Indiana and the Midwest are faced with the challenge of diversifying manufacturing dominated economies. **Figure 1** indicates that the Bloomington area economy is effectively making the transition to a more service-based mix of employment. The majority of the area's employment growth over the past 10 years has occurred in mid- to high-wage industries, such as health care and social services, education services,

professional and scientific services, and construction.

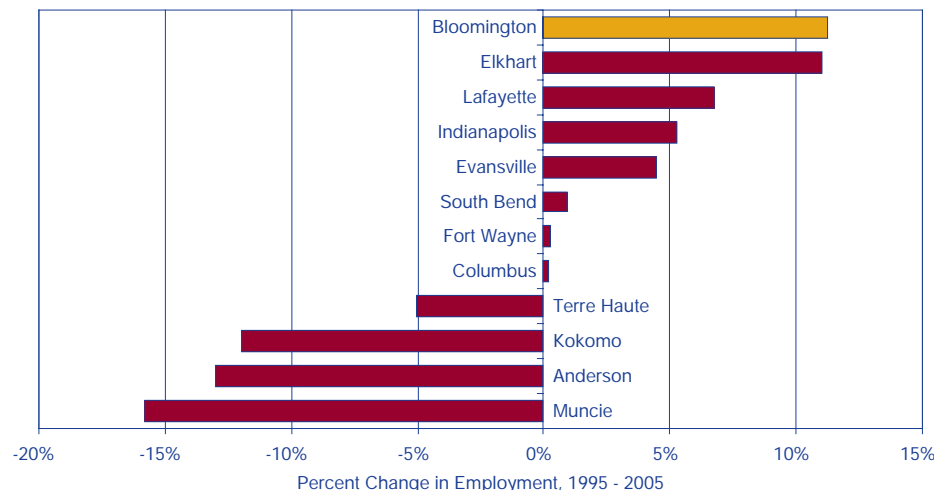
**Figure 2** provides further evidence of the Bloomington area's economic transition. Even while losing nearly 25 percent of its local manufacturing employment, Bloomington's employment growth on a percentage basis was larger than other Indiana metropolitan counties.

## Targeted Industry Clusters

The life science<sup>1</sup> and information technology industries are an economic development focus of communities across the nation, and the Bloomington area is no exception. Recent data shows that Monroe County, as well as the greater Bloomington Metropolitan Statistical Area (MSA), which includes Greene and Owen counties, are seeing tremendous growth in these key clusters.

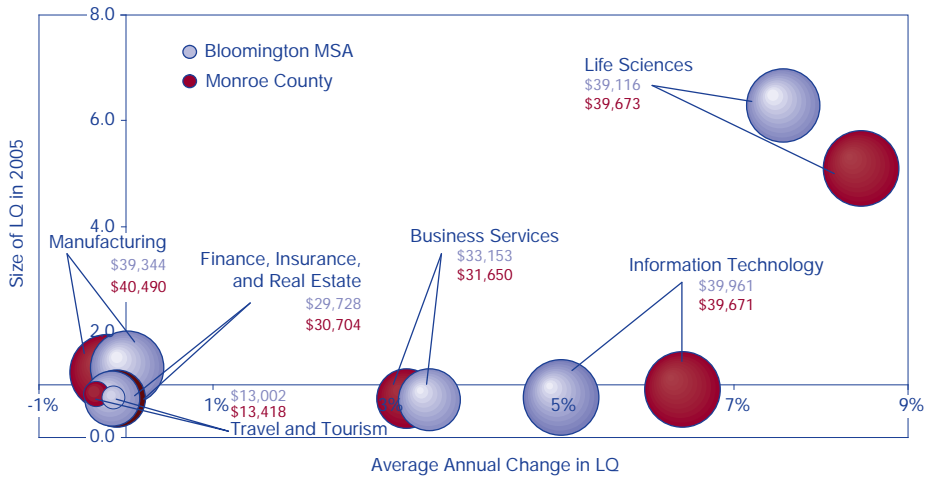
**Figure 3** examines these and other clusters or sectors using location quotients (LQs), an indicator of industry specialization that compares, in this instance, the share of local employment in a particular cluster to the share of employment in that same cluster nationally. In the graphic, the horizontal line (LQ=1.0) represents the national average. Bubbles above

FIGURE 2: PERCENT CHANGE IN EMPLOYMENT FOR SELECTED INDIANA COMMUNITIES, 1995 TO 2005



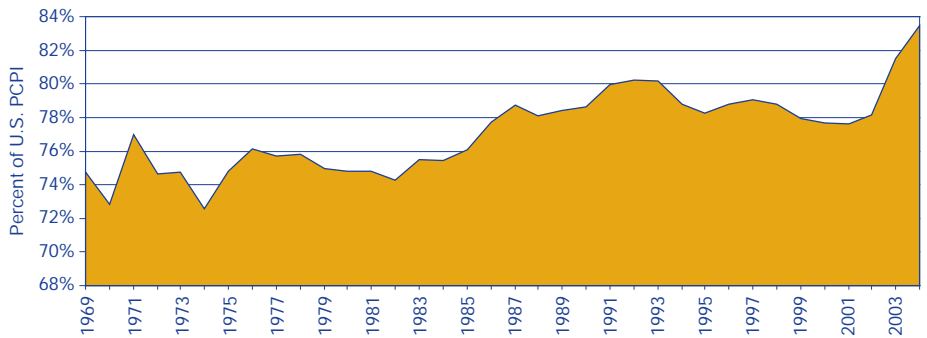
Source: IBRC, using Bureau of Labor Statistics data

**FIGURE 3: MONROE COUNTY AND BLOOMINGTON MSA LOCATION QUOTIENTS AND AVERAGE WAGE PER JOB, 2005**



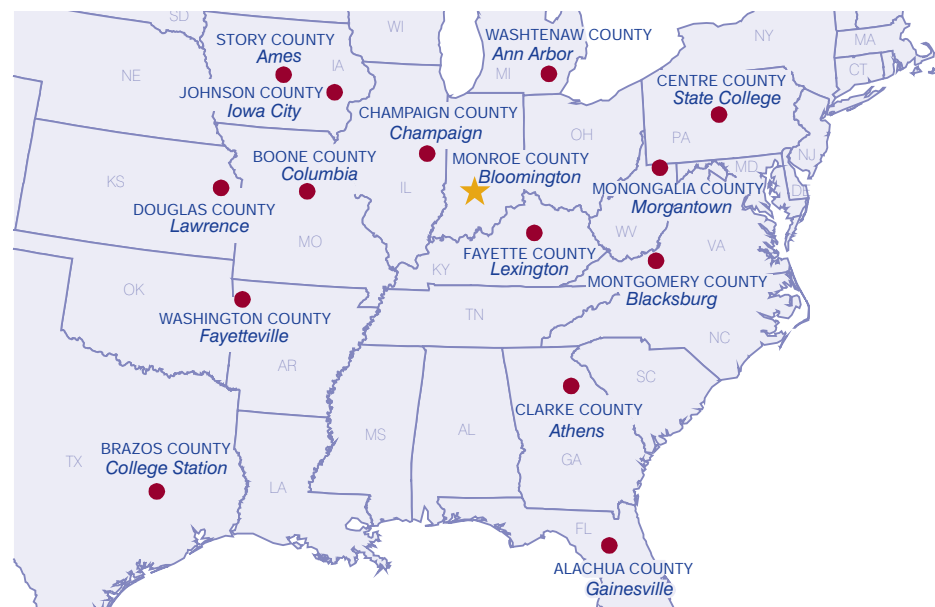
Source: IBRC, using Bureau of Labor Statistics data

**FIGURE 4: MONROE COUNTY PER CAPITA PERSONAL INCOME AS A PERCENT OF THE NATION, 1969 TO 2004**



Source: IBRC, using Bureau of Economic Analysis data

**FIGURE 5: U.S. PEER GROUP**



Source: IBRC

the x-axis represent local industry specialization,<sup>2</sup> while those below it are less specialized locally. Those to the right of the y-axis have LQs that are growing over time—that is, those clusters or sectors are becoming relatively more specialized. The size of each bubble refers to the average wage per job of the cluster or sector.

At first glance, the activity in the life sciences cluster stands out. The shares of the county and MSA employment in this cluster are more than five and six times greater than the national average, respectively. Additionally, Monroe County’s degree of specialization in this cluster has increased by an average of 8.5 percent annually. Also noteworthy is the recent expansion of Bloomington’s IT cluster which, from 2003 to 2005, saw its employment increase 87 percent to its current level of nearly 1,400 jobs. Although the local share of employment in this industry remains slightly below the national average, its concentration is growing at an impressive rate.

The lone sour note would be that the average local wages in both of these targeted clusters are barely half of the national averages. In the case of life sciences, the wage discrepancy reflects the dominance of manufacturing and production employment (97 percent) rather than the higher-wage research and development jobs.

### Income

Figure 4 details the Bloomington area’s per capita personal income (PCPI) as a percent of the U.S. average since 1969. The county’s PCPI has consistently lagged the national average, which is not surprising for a community with a sizable student population. However, there has been an impressive upswing in this indicator since 2001, bringing

the local PCPI to 83.5 percent of the national average—a gain of almost 6 percentage points in just a few years and the highest level in decades.

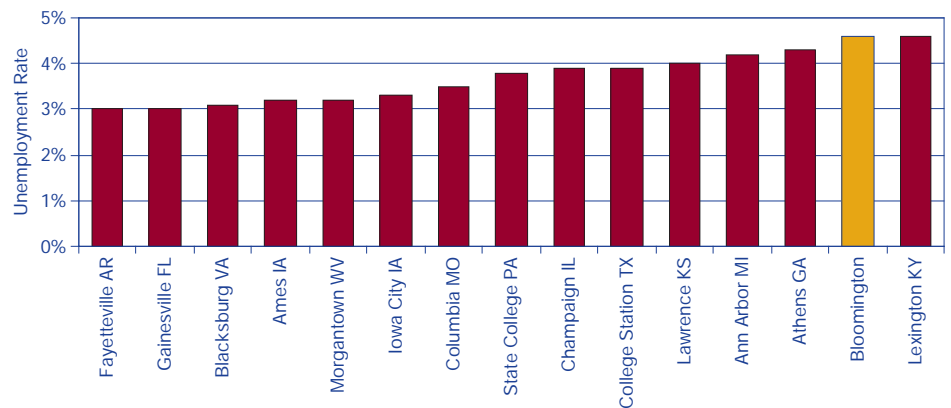
## National Peer Comparison

An important component of the benchmarking study was to compare Bloomington’s performance in a range of indicators against a set of national peers (see **Figure 5**). These peer communities were selected because they shared similar economic and demographic characteristics with Bloomington and were home to a major research university. As the following two examples indicate, Bloomington did not always stack up well relative to these communities.

The national peers generally perform quite well in terms of unemployment, with each community well below the 2005 U.S. unemployment rate of 5.1 percent (see **Figure 6**). With unemployment rates of 3 percent, the southern towns of Fayetteville, Ark., and Gainesville, Fla., tied for the lowest levels of the group.

The Bloomington area, meanwhile, recorded an unemployment rate of 4.6 percent in 2005. This mark ties

FIGURE 6: AVERAGE UNEMPLOYMENT RATES AMONG U.S. PEERS, 2005



Source: IBRC, using Bureau of Labor Statistics data

Bloomington with Lexington, Ky., for the highest unemployment rate among the peer set.

In terms of real PCPI, Bloomington ranked 11th out of the 15 communities. As **Figure 7** illustrates, however, Monroe County’s 18 percent growth in real PCPI over the last 10 years places it in the top half of this group.

## Data-Driven Economic Development

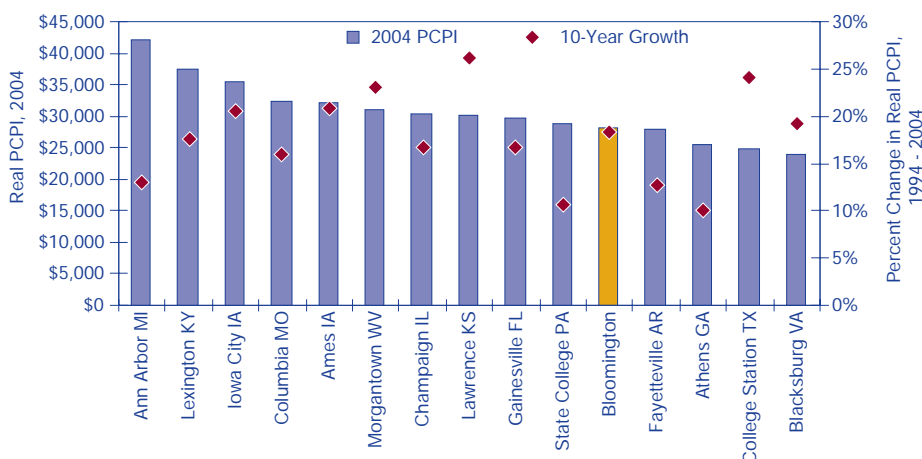
Ron Walker, President of the Bloomington Economic Development Corporation (BEDC), is encouraged by the study’s findings. “Although the results are somewhat mixed,” Walker noted, “we believe our economy is

performing moderately well and poised to get even stronger.”

Furthermore, Walker points out that timely and accurate information will increasingly drive economic development initiatives in Bloomington. “As the BEDC progresses, we will greatly emphasize data in the implementation of our economic development strategy. The benchmarking report provides a basis for us to measure job growth and prosperity in our economy, and over time we will work with our partners to integrate new metrics relating to sustainability, quality of place, income equality and business dynamics.”

To learn more about the Bloomington area economic benchmarking study, visit the BEDC website at [www.comparebloomington.org](http://www.comparebloomington.org).

FIGURE 7: PCPI AND 10-YEAR GROWTH AMONG U.S. PEERS



Source: IBRC, using Bureau of Economic Analysis data

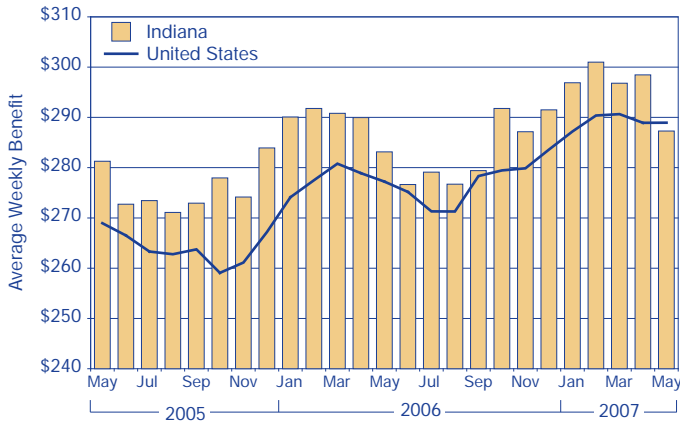
## Notes

1. The life science cluster should not be confused with the health care and social services industry. The life science cluster is concerned primarily with the research, development and manufacturing of medical devices and pharmaceuticals while the health care industry represents health care delivery.
2. For instance, if the manufacturing sector accounted for 12 percent of workers locally but 10 percent nationally, its local LQ would equal 12/10, or 1.2.

—Matt Kinghorn, Economic Research Analyst, Indiana Business Research Center, Kelley School of Business, Indiana University

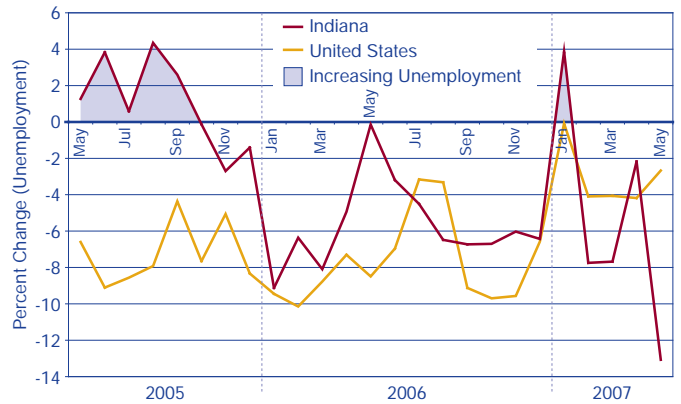
# Monthly Metrics: Indiana's Economic Dashboard

## AVERAGE BENEFITS PAID FOR UNEMPLOYMENT INSURANCE CLAIMS



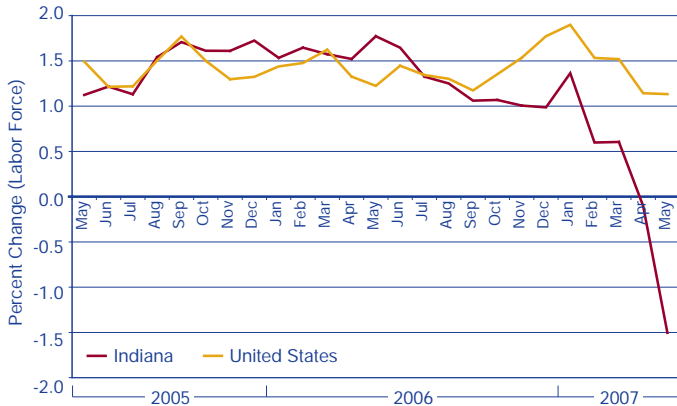
Source: IBRC, using U.S. Department of Labor data

## PERCENT CHANGE IN PERSONS UNEMPLOYED FROM THE PREVIOUS YEAR\*



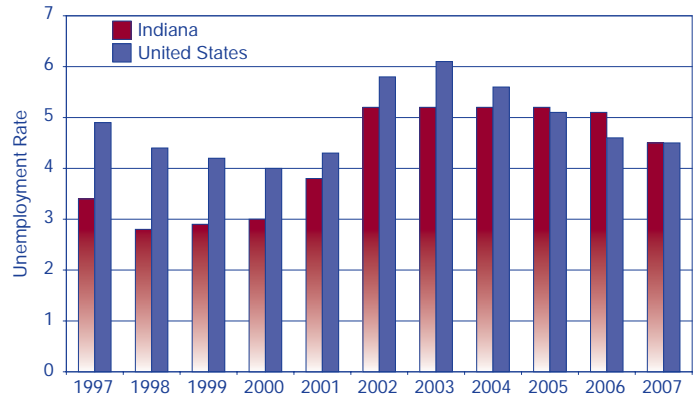
\*seasonally adjusted  
Source: IBRC, using Bureau of Labor Statistics data

## PERCENT CHANGE IN LABOR FORCE FROM PREVIOUS YEAR\*



\*seasonally adjusted  
Source: IBRC, using Bureau of Labor Statistics data

## MAY UNEMPLOYMENT RATES



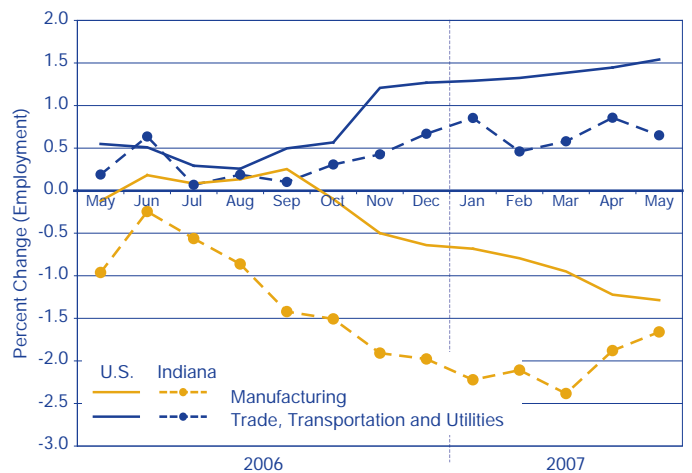
\*seasonally adjusted  
Source: IBRC, using Bureau of Labor Statistics data

## CHANGE IN EMPLOYMENT BY INDUSTRY SUPER-SECTOR, 2006 TO 2007\*

Industry	Indiana		United States
	Change in Jobs	Percent Change	Percent Change
Total Nonfarm	5,200	0.2	2.0
Government	4,000	0.9	1.4
Trade, Transportation and Utilities	3,800	0.6	1.5
Leisure and Hospitality	1,400	0.5	3.8
Information	200	0.5	1.3
Professional and Business Services	900	0.3	3.5
Other Services	300	0.3	1.4
Natural Resources and Mining	0	0.0	6.7
Educational and Health Services	-1,000	-0.3	3.5
Financial Activities	-500	-0.4	1.5
Manufacturing	-9,400	-1.7	-1.3

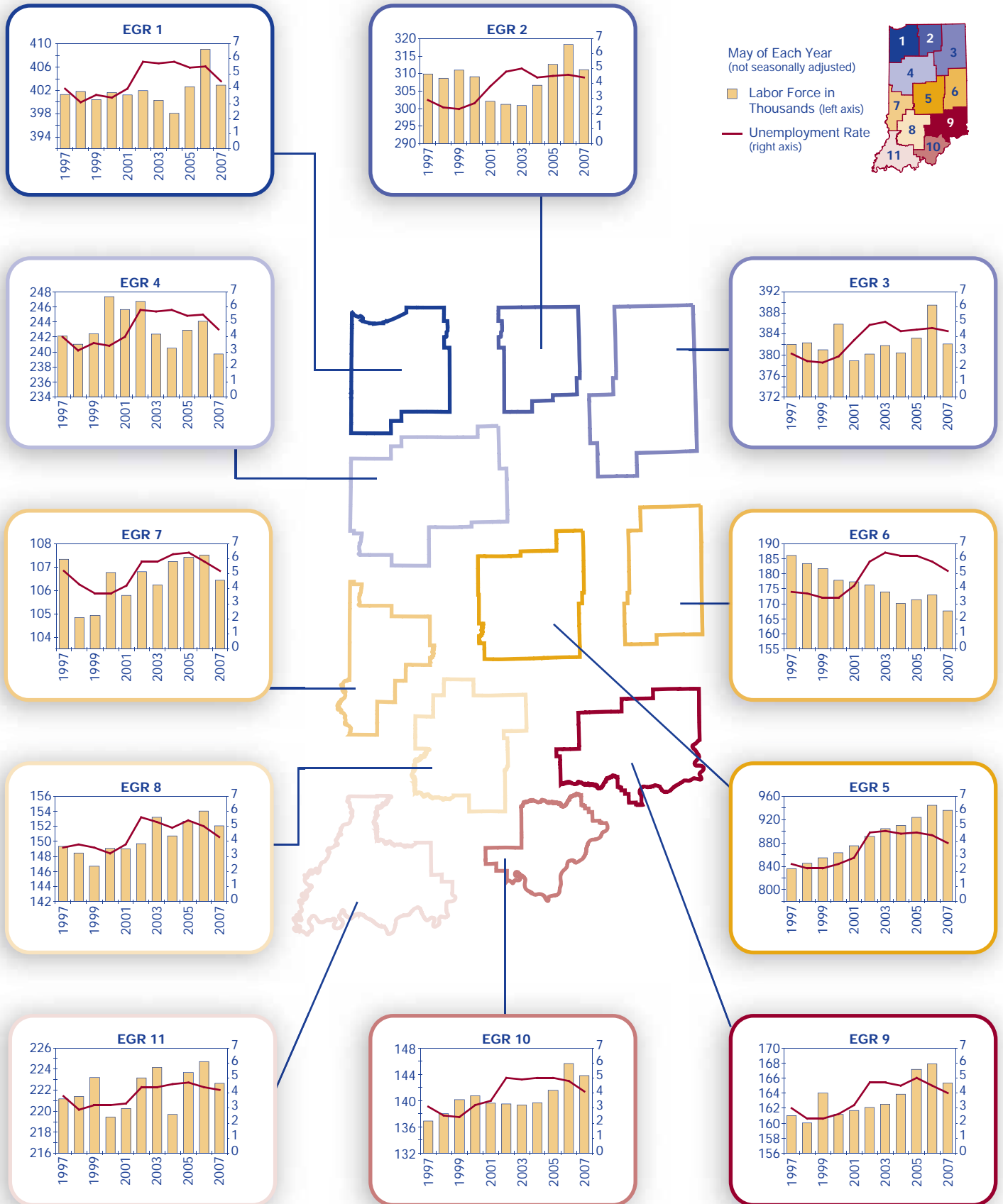
\*May of each year, seasonally adjusted  
Source: IBRC, using Bureau of Labor Statistics data

## OVER-THE-YEAR PERCENT CHANGE IN EMPLOYMENT BY SUPER-SECTOR\*



\*seasonally adjusted  
Source: IBRC, using Bureau of Labor Statistics and Indiana Department of Workforce Development data

# Regional Labor Force and Unemployment Rates





# Population Change in Indiana Cities and Towns, 2000 to 2006

Less than half of Indiana's cities and towns have increased in population since Census 2000, according to the recent 2006 population estimates from the U.S. Census Bureau. However, the growing places added 145,990 new residents while the shrinking places lost 60,720, resulting in a net gain for Indiana's incorporated areas overall. Like many areas around the country, more population growth is occurring in suburbs, not to mention the

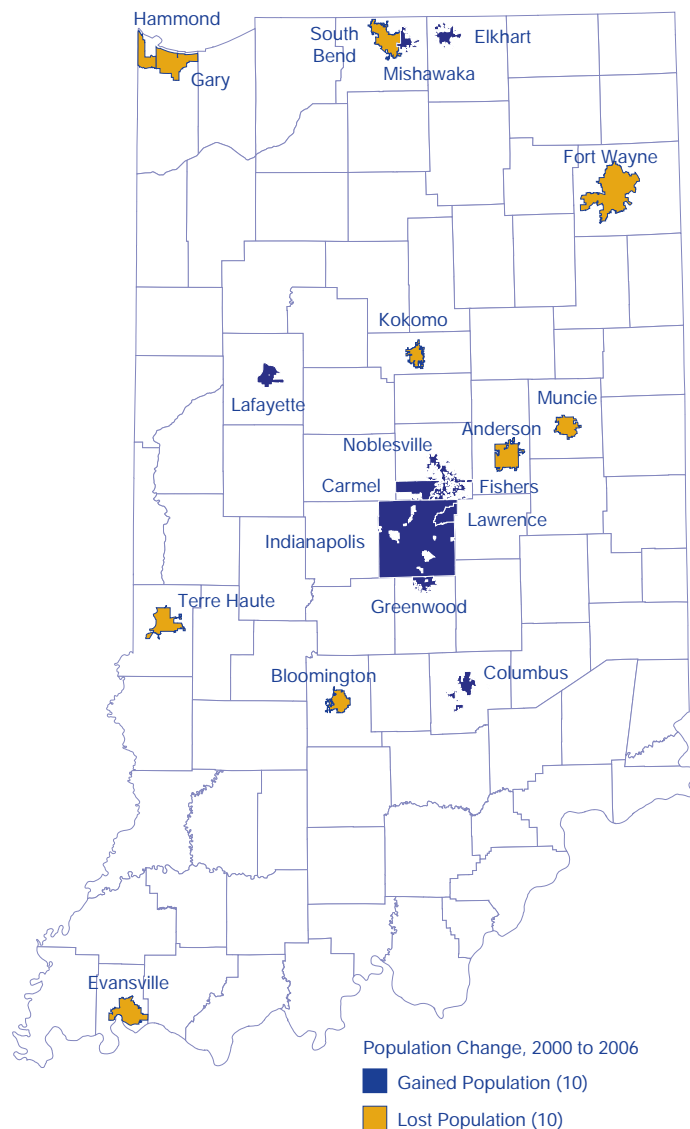
unincorporated areas around cities. It is important to note that these population change statistics are real population growth since annexation and boundary changes are taken into account.

## The Largest

Figure 1 shows Indiana's 20 largest cities in 2006 (Fishers is technically a town, but for simplicity, let's just call them all cities). Half of these cities grew since Census 2000, led by Fishers

with the addition of 23,803 people (that's an increase of 62 percent in just six years). More recently, Fishers jumped three ranks in a single year, going from the state's 12th largest city in 2005 to 9th largest in 2006 (see Table 1). The only other city in the top 20 to jump rank over the past year was Noblesville, which edged out Columbus for the 19th spot.

FIGURE 1: INDIANA'S 20 LARGEST CITIES, 2006



Note: Change is from April 1, 2000 to July 1, 2006, using the estimates base  
Source: IBRC

TABLE 1: POPULATION CHANGE IN INDIANA'S 20 LARGEST CITIES, 2000 TO 2006

2006 Rank	Name	Population, 2006	Change Since 2000	Percent Change, 2000 to 2006	Change Since 2005	Percent Change, 2005 to 2006
1	Indianapolis	785,597	3,733	0.5	2,726	0.3
2	Fort Wayne	248,637	-1,449	-0.6	1,637	0.7
3	Evansville	115,738	-5,844	-4.8	96	0.1
4	South Bend	104,905	-3,469	-3.2	-302	-0.3
5	Gary	97,715	-5,031	-4.9	-678	-0.7
6	Hammond	78,292	-4,756	-5.7	-668	-0.8
7	Bloomington	69,247	-2,423	-3.4	146	0.2
8	Muncie	65,287	-2,728	-4.0	-791	-1.2
9	Fishers	61,840	23,803	62.6	4,619	8.1
10	Lafayette	61,244	31	0.1	722	1.2
11	Carmel	60,570	9,635	18.9	1,634	2.8
12	Anderson	57,496	-2,245	-3.8	17	0.0
13	Terre Haute	57,259	-2,367	-4.0	292	0.5
14	Elkhart	52,748	242	0.5	476	0.9
15	Mishawaka	48,912	2,272	4.9	430	0.9
16	Kokomo	45,923	-664	-1.4	-192	-0.4
17	Greenwood	44,767	8,369	23.0	2,397	5.7
18	Lawrence	41,791	2,876	7.4	899	2.2
19	Noblesville	40,115	11,050	38.0	1,287	3.3
20	Columbus	39,690	623	1.6	271	0.7

Note: Change is from April 1, 2000 to July 1, 2006, using the estimates base  
Source: IBRC

## The Growing

Looking at percent change, 14 of the 20 cities that have grown the most since Census 2000 are located within the nine-county Indianapolis region (see **Figure 2**). Of the remaining six, four (Burns Harbor, De Motte, St. John and Winfield) are found in the Gary metropolitan division, Kempton is in the Kokomo metro and Georgetown is in the Louisville metro. Ranking first on this measure, the small town of Winfield (with a 2006 population of 3,809) came relatively close to doubling its Census 2000 population with 88 percent growth. Ranking first on this measure, the small town of Winfield (with a 2006 population of 3,809) came relatively close to doubling its Census 2000 population with 88 percent growth. Fishers came in second with a 63 percent increase in population.

Numerically, however, Fishers led the state, increasing by 23,803 people in the span of six years. Noblesville added 11,050 residents and was the only other city in the state to grow by more than 10,000 people since the 2000 census.

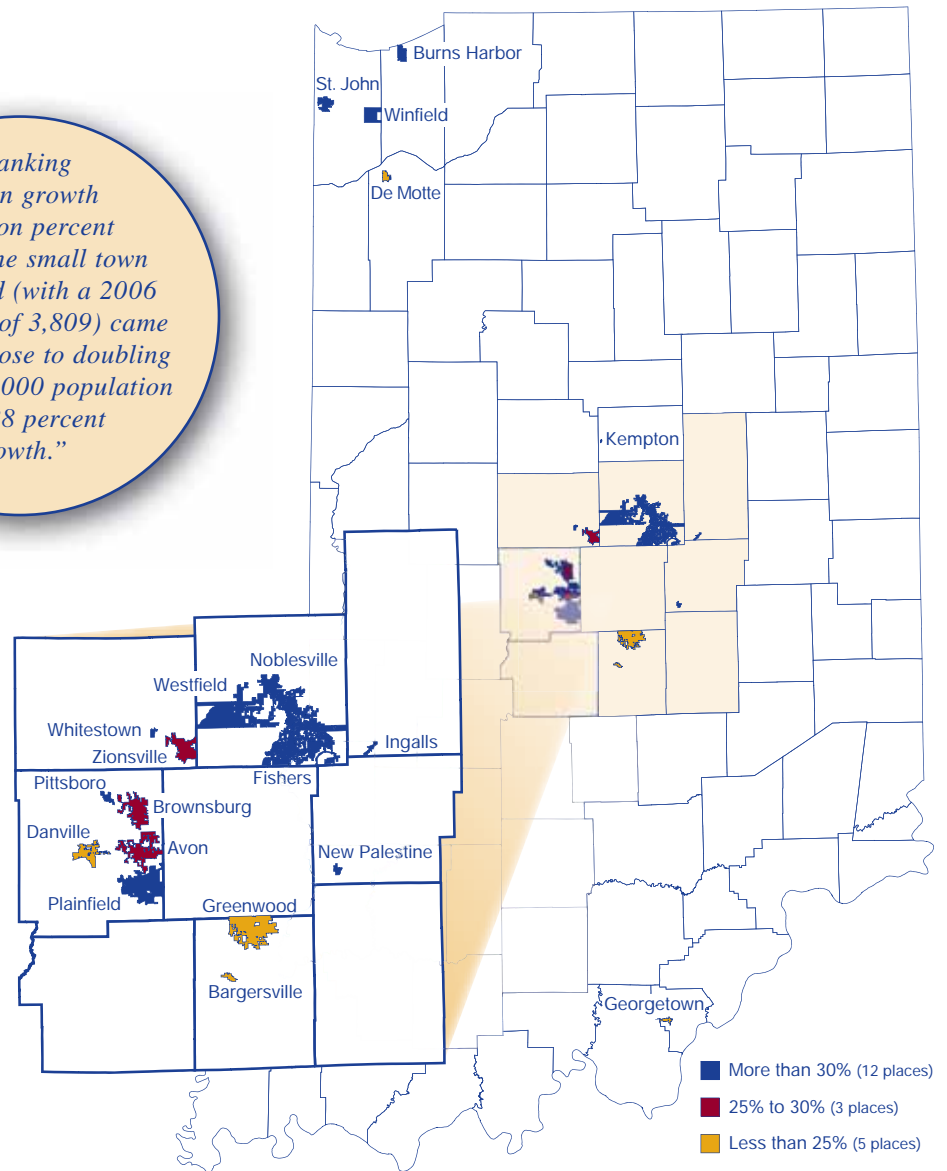
## The Declining

Meanwhile, the largest numeric population losses were felt in Evansville, Gary, Hammond and South Bend, with declines ranging from 3,469 in South Bend to more than 5,844 in Evansville. With the exception of Hammond, those changes amounted to less than 5 percent of the population.

Not surprisingly, the largest declines on a percent basis were felt in the state's smaller towns. The town of Swayzee in Grant County (with a 2006 population of 923) lost just 88 residents, but had the state's largest percent decline at -8.7 percent (see **Figure 3**). In fact, four of the five

FIGURE 2: INDIANA'S 20 FASTEST GROWING CITIES AND TOWNS BASED ON PERCENT CHANGE, 2000 TO 2006

*“Ranking first in growth based on percent change, the small town of Winfield (with a 2006 population of 3,809) came relatively close to doubling its Census 2000 population with 88 percent growth.”*



Note: Change is from April 1, 2000 to July 1, 2006, using the estimates base  
Source: IBRC

largest losses were in Grant County; the four other places with losses exceeding 8 percent include Sweetser, Mount Ayr (Newton County), Van Buren and Jonesboro.

## A Rush toward the Middle

As of 2006, a little over 35 percent of the state's population lived in the six cities with population exceeding

75,000. That percentage is down a little from 2000 because those cities lost a combined 16,816 residents. **Table 2** groups Indiana's cities and towns according to their size at the beginning of the decade to see if cities of a certain size were more likely to experience population growth or decline.

Among the six cities with more than 75,000 residents, only Indianapolis increased its population (0.5 percent)

between 2000 and 2006. This was the only one of the five size groups with a net decline in population. At the other end of the size spectrum, only 39 percent of the 498 cities and towns with population under 10,000 grew between 2000 and 2006, though they did add a net total of 23,101 residents overall (change of 2.7 percent).

As **Table 2** shows, midsize cities with populations between 25,000 and 50,000 added the most residents, both numerically and on a percentage basis of any of the five size groups; it was also the group with the largest percentage of cities growing. However, this group does include Fishers (because its population as of Census 2000 was about 38,000), and its rapid growth makes it uncharacteristic of others in this group. But even after removing Fishers from the calculation, the remaining 18 cities in the size group grew by 29,815 people, or 4.8 percent.<sup>1</sup>

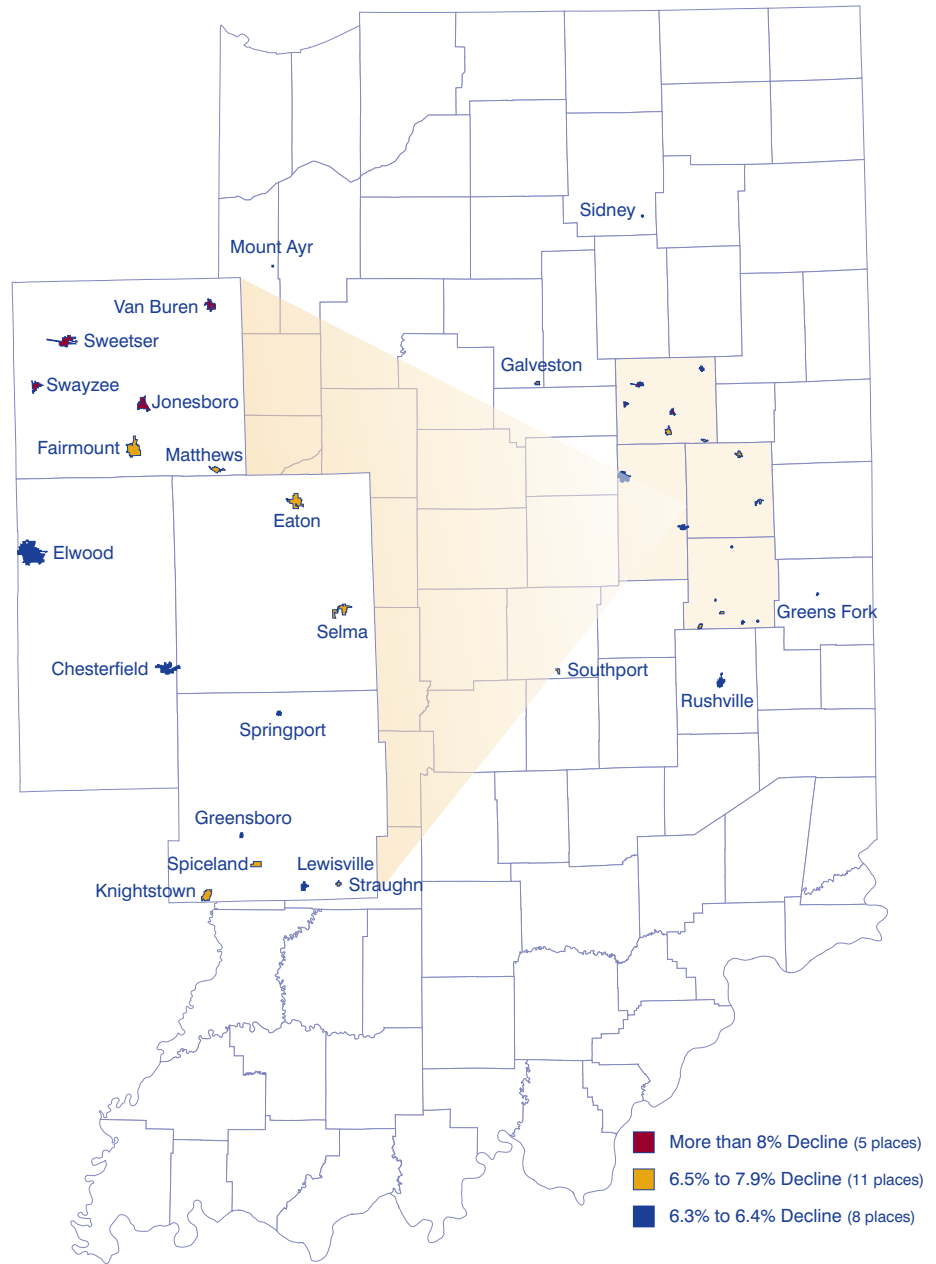
In fact, if we continue to see Hoosiers leaving both the big central cities and the small towns, midsize cities may be the next big thing.

## Notes

1. If one wants to consider Noblesville an outlier in addition to Fishers, the remaining 17 cities in this size group grew by 18,765 residents for a percent change of 3.2 percent.

—Rachel Justis, Managing Editor, Indiana Business Research Center, Kelley School of Business, Indiana University

**FIGURE 3: INDIANA'S FASTEST DECLINING CITIES AND TOWNS BASED ON PERCENT CHANGE, 2000 TO 2006**



Note: Change is from April 1, 2000 to July 1, 2006, using the estimates base  
Source: IBRC

**TABLE 2: POPULATION CHANGE BY CITY/TOWN SIZE GROUP, 2000 TO 2006**

Population	Combined 2000 Population	Combined 2006 Population	Change 2000 to 2006	Percent Change 2000 to 2006	Number of Cities/Towns	Number of Growing Cities/Towns	Percent of Cities/Towns Growing
1: More than 75,000	1,447,700	1,430,884	-16,816	-1.2	6	1	16.7%
2: 50,000–75,000	423,706	423,851	145	0.0	7	3	42.9%
3: 25,000–50,000	652,846	706,464	53,618	8.2	19	13	68.4%
4: 10,000–25,000	591,002	616,224	25,222	4.3	37	20	54.1%
5: Less than 10,000	854,589	877,690	23,101	2.7	498	194	39.0%

Note: Change is from April 1, 2000 to July 1, 2006, using the estimates base.  
\*Cities and towns grouped by population as of April 1, 2000 estimates base.  
Source: IBRC





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percentage points from 2000 to 2005.

In fact, compared to 2000, births to mothers in each age group from 10 to 24 have decreased (see **Figure 4**). Therefore, while the median age at first marriage data might indicate that women are having children at the same

age and just are not married yet, a closer look indicates that fewer women under the age of 25 are having children.

This brings into question whether fewer women are getting pregnant or if more women are terminating pregnancies, in which case they would not be classified under “live births.” From 2000 to 2005, terminated pregnancies for those ages 10 to 24 dropped by 16.6 percent: those 25 and older saw a decline of 7.2 percent. Terminated pregnancies dropped for Indiana overall by 13.1 percent.

## Prenatal Care

According to the Centers for Disease Control and Prevention (CDC), “smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants.” Knowing this could be the reason Indiana mothers who reported smoking during pregnancy has declined since 2000 from 20.2 percent to 17.9 percent. The same trend is seen for use of alcohol during pregnancy (down to 0.5 percent in 2005 from 0.7 percent in 2000). Nevertheless, lowering those statistics even further would give more Hoosier babies a better head start.

Also among the recommended prevention techniques used for pregnant women is prenatal care. Surprisingly, fewer women reported receiving prenatal care in the first trimester in 2005, down about 0.5 percentage points (more than 900 fewer women) since 2000. Unfortunately, the percent of preterm births,<sup>3</sup> low and very low birthweights have all increased over that time (see **Figure 5**).

## Conclusion

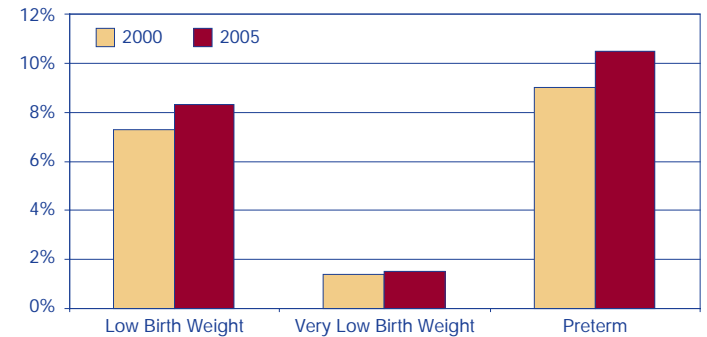
Births and babies are a part of everyday life all over the world. Watching changing demographic and social trends in mothers and babies alike is important, aiding in such things as population and labor force projections that help us benchmark economic growth for the future.

## Notes

1. Data for 2005 were not available at the county level. Therefore, analysis for this section uses 2004 data.
2. For median age estimates from 2000 to 2003, 0.1 years provides the margin of error at the 90-percent confidence interval. For 2005, the margin of error is 0.2 years.
3. Preterm is less than 37 weeks gestation.

—Molly Manns, Associate Editor, Indiana Business Research Center, Kelley School of Business, Indiana University

FIGURE 5: PERCENT OF BIRTHS WITH REPORTED OUTCOMES IN INDIANA, 2000 AND 2005



Note: Preterm is less than 37 weeks gestation.  
Source: IBRC, using Indiana State Department of Health data