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Indy-area communities dominate list of fastest-growing places in Indiana

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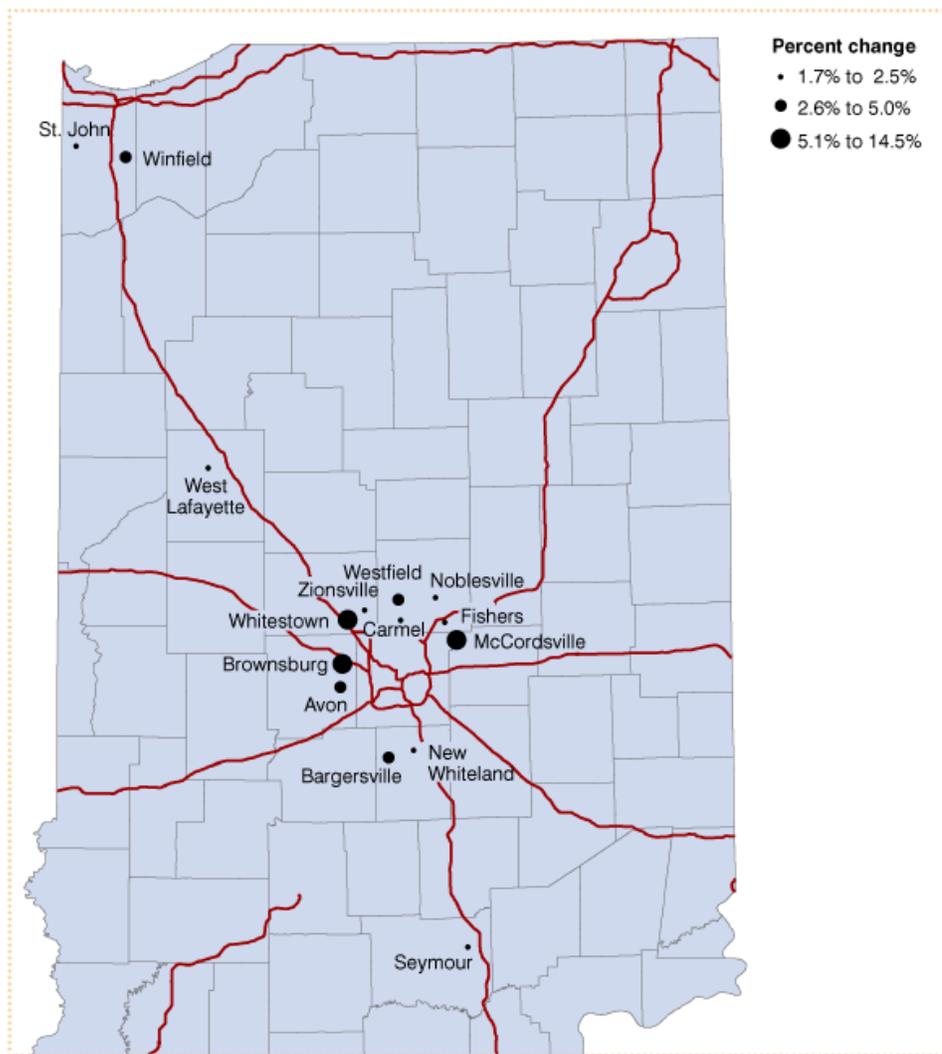
Downtown Indianapolis with view of the Canal Walk.

Ten of the 11 fastest-growing cities and towns in Indiana with a population of at least 5,000 residents are located in the Indianapolis metro area, according to the 2015 population estimates released by the U.S. Census Bureau.¹

Whitestown in Boone County was the state's fastest-growing locale for the fifth consecutive year with a growth rate of 14.5 percent in 2015.  Whitestown's population has nearly doubled in the last five years from 3,158 in 2010 to 6,013 in 2015.

McCordsville in Hancock County was the state's second fastest-growing place in 2015 with a growth rate of 6.1 percent, followed by Hendricks County's Brownsburg (5.5 percent growth), Hamilton County's Westfield (3.9 percent) and Bargersville in Johnson County (3.3 percent). As shown in **Figure 1**, the only communities outside of the Indy metro area to rank among the 15 fastest-growing places in the state were Lake County's Winfield and St. John, as well as West Lafayette (Tippecanoe County) and Seymour (Jackson County).

Figure 1: Indiana's 15 fastest-growing cities and towns, 2014 to 2015*

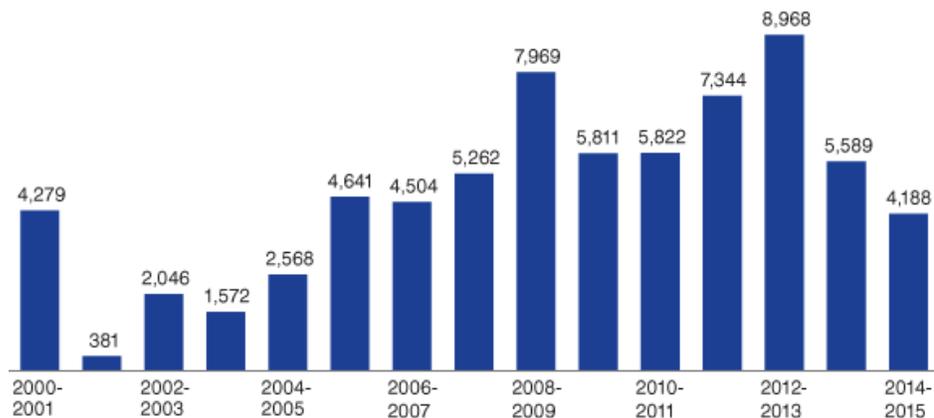


*With a population of at least 5,000 residents
 Source: IBRC, using U.S. Census Bureau data

Indiana's largest cities

Indianapolis had the state's largest numeric gain with 4,188 new residents in 2015. The Circle City had seen a bit of a population surge in recent years, growing by an average of nearly 7,400 residents a year between 2011 and 2013, but the city's growth has slowed over the last two years (see **Figure 2**). Indianapolis grew by an average of roughly 3,800 residents a year between 2000 and 2010.

Figure 2: Annual population growth in Indianapolis, 2000 to 2015



Source: IBRC, using U.S. Census Bureau data

With an estimated 862,781 residents, Indianapolis was the nation's 14th-largest city in 2015, ranking behind San Francisco (864,816) and ahead of Columbus, Ohio (850,106).

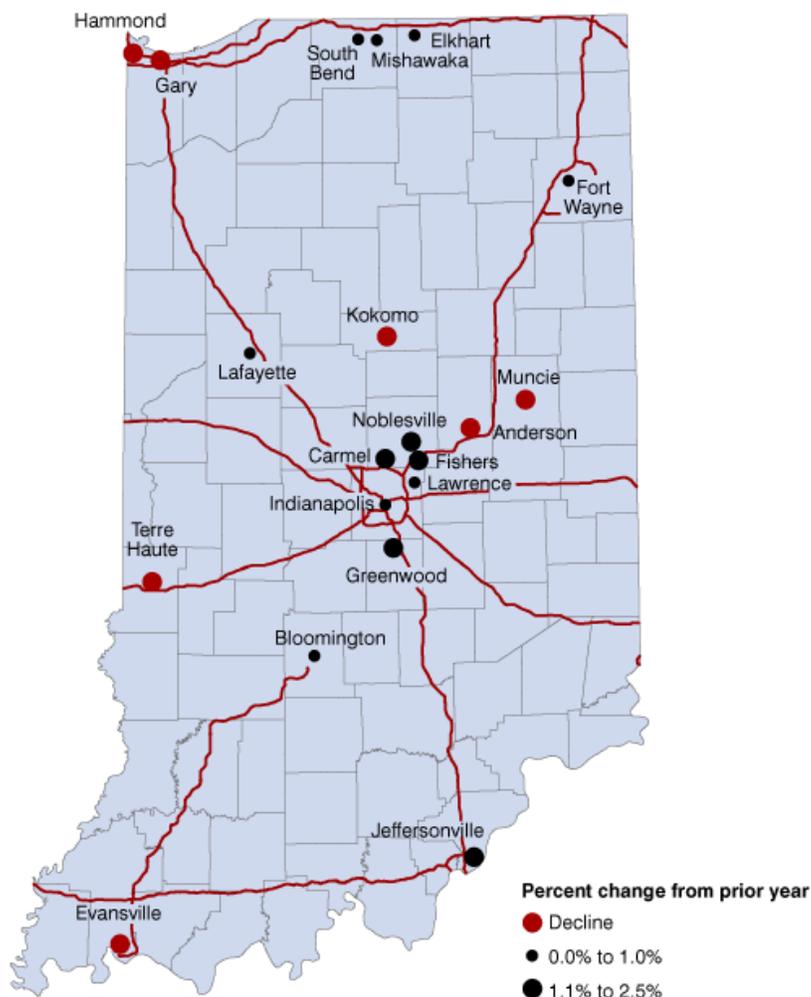
Fort Wayne continued to see stronger than normal growth in 2015 with an increase of 1,956 residents to reach a total population of 260,326. The state's second-largest city had grown by an average of only 79 residents per year between 2000 and 2012, but has added roughly 1,800 residents annually over the last three years.

South Bend is another of Indiana's larger cities to see an uptick in growth in recent years. South Bend grew by 311 residents in 2015 to reach a total population of 101,516, good for a fourth-place ranking on the list of the state's largest cities. South Bend had averaged a decline of more than 600 residents per year between 2000 and 2012, but has reversed course lately by adding an average of 240 people a year since 2013.

Evansville—which had a population decline estimated at 344 residents in 2015—is the only other Indiana city with a population above the 100,000 mark, with a total of 119,943 residents last year. The rest of Indiana's 10 largest cities and towns include Carmel (88,713), Fishers (88,658), Bloomington (84,067), Hammond (77,614), Gary (77,156) and Lafayette (71,111).

In all, 13 of Indiana's 20 largest cities posted a population increase in 2015 (see **Figure 3**). Of this group, the three fastest-growing communities were Hamilton County's Fishers (2.5 percent growth), Noblesville (2.3 percent) and Carmel (2.1 percent). Greenwood (1.7 percent) and Jeffersonville (1.1 percent) rounded out the top five fastest-growing communities among the state's larger cities and towns.

Figure 3: Indiana's 20 largest cities and towns, 2015



Source: IBRC, using U.S. Census Bureau data

At the other end of the spectrum, the neighboring communities of Gary and Hammond in Lake County had the state's largest population declines last year, with each losing more than 800 residents in 2015.

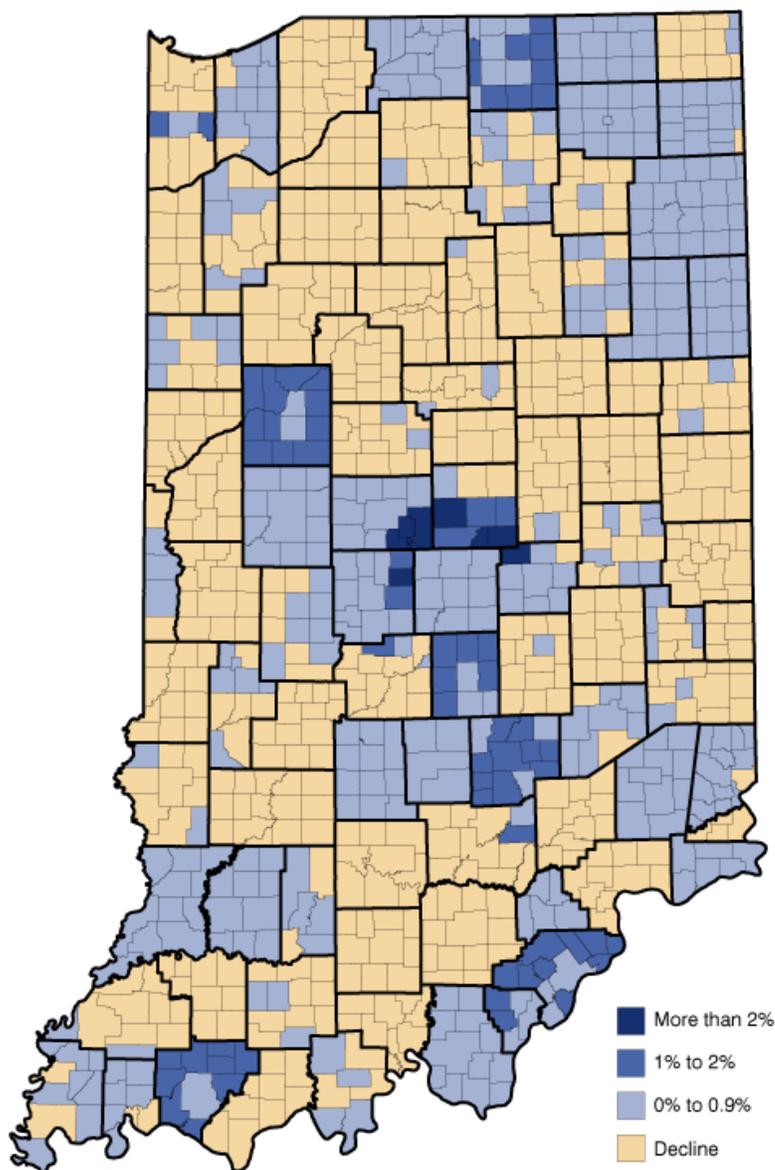
The population losses in Gary continue to mount. According to the Census Bureau, Gary's population has fallen by 25 percent in the last 15 years, from 102,746 at the time of the 2000 census to an estimated 77,156 in 2015. Gary was Indiana's fifth-largest city in 2000 but ranks as the state's ninth-largest community in 2015.

Other larger Indiana cities with losses last year include Muncie (-196), Anderson (-193), Terre Haute (-147) and Kokomo (-87).

Around the state

In 2015, 435 of Indiana's 1,010 townships either held steady or added population.² Of this group, 11 townships—all in Indy-area suburban counties—had a growth rate of 2 percent or higher (see **Figure 4**). Another 69 townships grew at a pace between 1 percent and 2 percent in 2015. More than half of the state's townships registered a loss last year, with 63 of them declining at a rate of 1 percent or more.

Figure 4: Percent change in township population, 2014 to 2015



Source: IBRC, using U.S. Census Bureau data

Looking at differences between urban and rural communities, the data show that most Hoosiers live in cities or towns. Of Indiana's 6.62 million residents in 2015, 66.5 percent live in incorporated places. This share is up slightly from the 66.2 percent mark in 2010. Indiana's cities and towns as a group accounted for 83 percent of the state's total population growth in 2015.

For more information about these estimates, visit the [population topic page](#) at STATS Indiana.

Notes

1. The Census Bureau adjusts its population estimates for sub-county areas each year to account for city and town boundary changes. Therefore, boundary changes do not contribute to any population changes reported in this article.
2. In this article, the term "townships" refers to all county subdivisions as determined by the U.S. Census Bureau. This includes places, such as Zionsville (in Boone County) and Yorktown (in Delaware County), where the towns have assumed the township responsibilities, so there is no separate township government.

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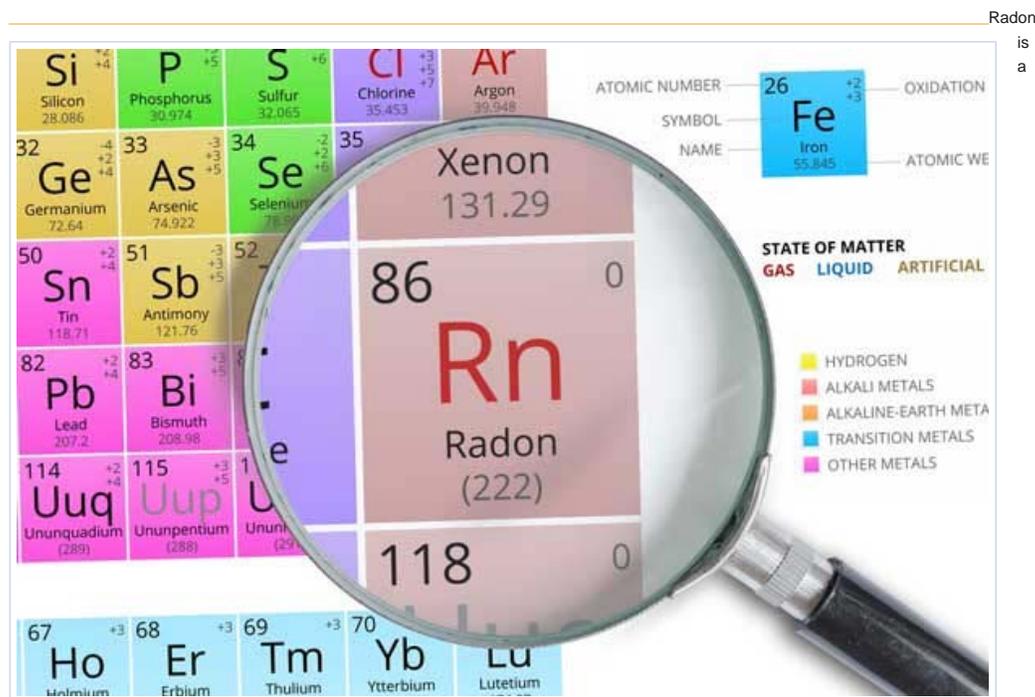
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naturally occurring odorless and tasteless radioactive gas that originates from the decay of uranium within rock, soil and water.

A recent [New York Times](#) article drew attention to new research highlighting health inequality in the United States.¹ While the richest Americans enjoy longer lifespans across the nation, the life expectancy for the poor varies greatly by metro area. The majority of the variation in life expectancy by location is tied to health behaviors, including smoking and exercise.²

Indiana is one of the states where the life expectancy among the poor is significantly lower than the national average. These below-average results may be partially attributed to the fact that Indiana has the seventh-highest rates of both smoking³ and obesity⁴ in the nation, but certainly a person's life expectancy boils down to more than these two simplified factors. In this article, we will take a closer look at an environmental factor that directly affects health but lacks public awareness: radon.

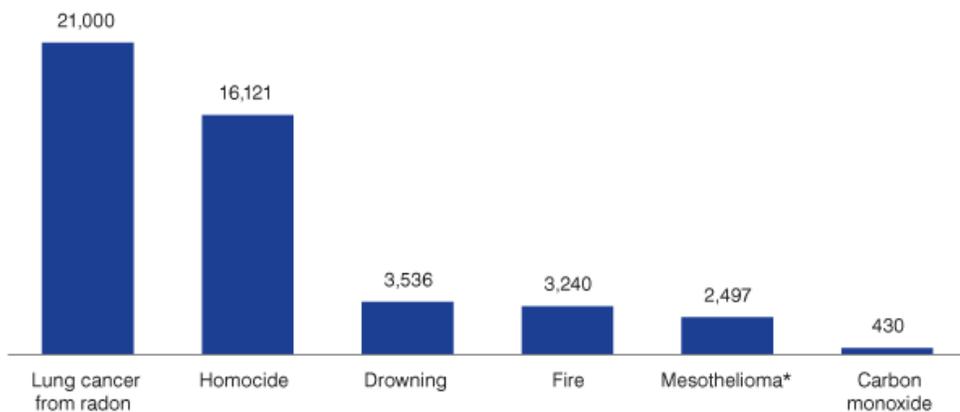
What is radon and why does it matter?

Radon is a naturally occurring odorless and tasteless radioactive gas that originates from the decay of uranium within rock, soil and water. Radon is found all over the world, but certain locations release more radon into the air due to the geological makeup of the land. In places with high releases of radon, it can accumulate to unsafe levels within buildings. Over time, breathing radon can cause lung

cancer—and the risk of cancer grows as radon concentrations increase.

Radon is the leading cause of lung cancer for non-smokers, and the Environmental Protection Agency (EPA) estimates radon causes 21,000 deaths per year from lung cancer.⁵ **Figure 1** compares the estimated annual number of deaths from radon to other selected causes. Even though radon exposure is responsible for more deaths each year than fires, asbestos-related cancer, and carbon monoxide poisoning combined, it lacks the widespread awareness of those home dangers.

Figure 1: Annual number of deaths by cause in the United States



*Mesothelioma is a specific type of cancer caused by prolonged exposure to asbestos

Source: IBRC, using data from the Environmental Protection Agency, the Centers for Disease Control and Prevention, The Mesothelioma Center, and the U.S. Fire Administration

Which levels of radon are unsafe?

Remediation action is recommended for indoor concentrations of radon that equal or exceed 4.0 picocuries per litre (pCi/L). A lifetime of breathing air with a 4.0 pCi/L radon concentration would result in about 62 out of 1,000 smokers developing lung cancer. This risk of lung cancer is equivalent to five times the risk of dying in a car crash.⁵ For non-smokers, a lifetime of exposure to a 4.0 pCi/L radon concentration would result in approximately seven out of 1,000 people developing lung cancer, which is equivalent to the risk of dying in a car crash. As radon concentrations increase, the risk of developing lung cancer for both smokers and non-smokers rises.

How to minimize radon

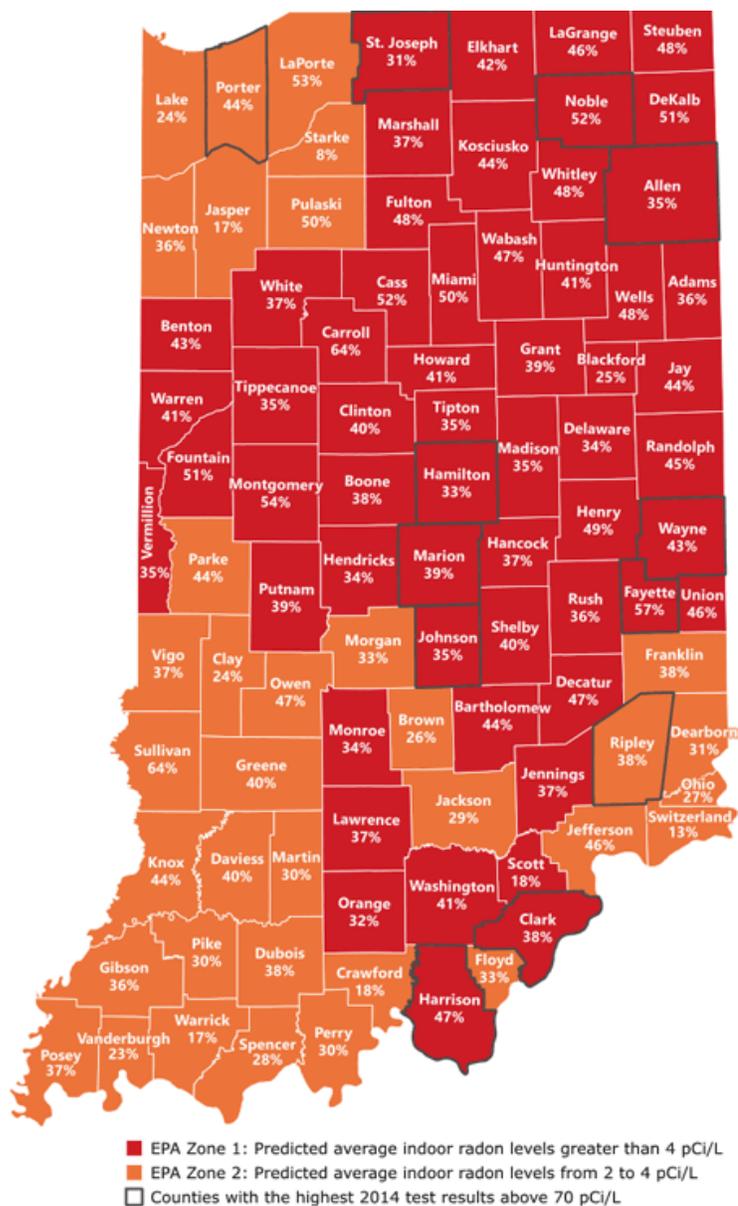
The only way to know whether there are unsafe levels of radon in your home or other building is to conduct a radon test. If the test results are at actionable levels, a radon mitigation system should be installed to reduce the indoor concentration of radon. In Indiana, and in many other states, there are professional licenses for radon testers, mitigators and laboratory testers. Builders and contractors can also become licensed in radon-resistant construction techniques to minimize radon in new buildings.

Radon in Indiana

Due to the geology in Indiana, many buildings contain unsafe levels of radon. To help people understand the risk of radon in their area, the EPA has developed a zonal risk map of all U.S. counties. **Figure 2** displays the EPA zones in Indiana, as well as the percent of homes in each county that had radon test results equal to or greater than 4.0 pCi/L between 2007 and 2014. It also outlines the 12 counties with the highest test results, above 70 pCi/L, in 2014.

Two of the counties with buildings that had over 70 pCi/L test results are in radon zone 2, which the EPA predicts will have average test results between 2 and 4 pCi/L. These high results highlight how important it is for all homes, offices, and schools to conduct radon tests because the actual indoor radon concentrations could be much higher than anticipated.

Figure 2: Percent of homes with radon test results above 4 pCi/L

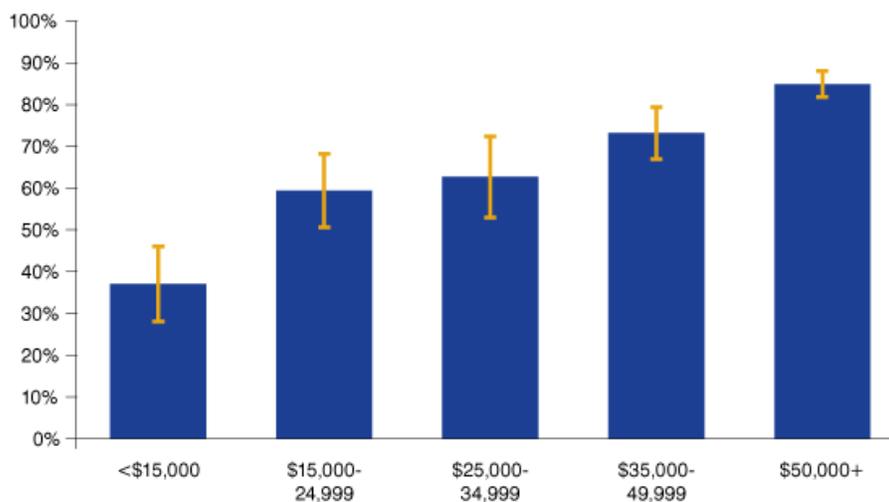


Note: Labels show the percent of homes in each county that had radon test results equal to or greater than 4.0 pCi/L between 2007 and 2014.
 Source: Indiana State Department of Health and the Environmental Protection Agency

How radon disproportionately affects the poor

Public awareness is the first barrier to taking action against radon. A 2015 American Institute for Cancer Research survey found that only 59 percent of Americans are aware that radon causes cancer.⁶ However, knowledge of radon varies by income level. While there is no national survey on radon awareness, some states have conducted their own surveys. The Colorado Department of Health and Environment conducted a survey in 2009 and found that only 37 percent of residents with an income less than \$15,000 were aware of radon, while 85 percent of residents with incomes above \$50,000 had knowledge of radon (see **Figure 3**).⁷

Figure 3: Percent of Colorado residents with knowledge of radon

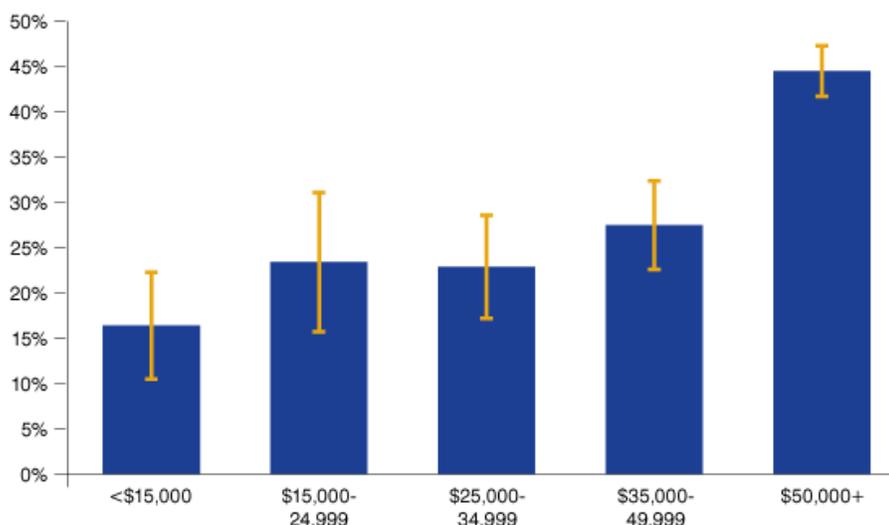


Note: The error bars indicate the survey's margin of error.

Source: IBRC, using Behavioral Risk Factor Surveillance System data from the [Colorado Department of Public Health and Environment](#)

Cost is the second obstacle to reducing radon exposure. Even if a low-income household is aware of the risk of radon, they may not have funds available for radon testing. Licensed radon professionals charge more than \$100 for radon tests, though subsidized home test kits cost \$15 to \$25 through the American Lung Association. The Colorado radon survey results show that low-income households are significantly less likely to test for radon than higher income households (see **Figure 4**).

Figure 4: Percent of Colorado residents who had their homes tested for radon



Note: The error bars indicate the survey's margin of error.

Source: IBRC, using Behavioral Risk Factor Surveillance System data from the [Colorado Department of Public Health and Environment](#)

The third barrier to reducing radon exposure is the cost to install a mitigation system. The Indiana State Department of Health estimates that the average cost of installing a radon mitigation system is between \$800 and \$1,200 depending upon the area and the type of system installed. For households already struggling financially, saving up enough for a radon mitigation system is extremely difficult.

The final, and perhaps most significant, hurdle in minimizing radon exposure is the lack of radon legislation for rental properties. Only a handful of states have specific laws pertaining to radon and rental properties. In states without these specific laws (including Indiana), the only form of recourse is for tenants to claim that high radon levels render the property non-habitable. This may provide a legal means for the renter to break their lease if the landlord refuses to install a radon mitigation system, but the tenant would be forced to bear the cost of moving. The lack of legislation puts an unjust burden on low-income households, as they are more likely to rent than own. In 2014, the median income level for Indiana households that rented was \$29,083, while the median income for the state's

owner-occupied households was \$60,830.⁸

Combined, all of these barriers make it nearly impossible for low-income families to minimize exposure to radon within their homes. Even more damaging is that low-income households have a greater need for radon mitigation because many already face higher risks of lung cancer due to smoking. The CDC estimates that 26.3 percent of people below the poverty level smoke, while only 15.2 percent of people at or above the poverty level smoke.⁹

Conclusion

It's important to remember that while radon is a serious public health issue, it is only one small contributor to the overall health of a person. Total health care must balance improving personal health behaviors, reducing environmental hazards, managing current ailments and preventing future ones.

However, in order to help low-income households overcome the obstacles to radon mitigation, all forms of government should work together to develop targeted programs to raise awareness and subsidize testing and mitigation costs. In addition, more states, Indiana included, need to adopt legislation that provides tenants with legal rights regarding radon testing and mitigation in rental properties.

Notes

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