COVID-19 Response: Community Resiliency in the Hoosier State—Implementing the “Roadmap to Reopen Indiana”

The survey results presented in this brief suggest that local governments were proactive in implementing measures intended to (1) protect the health and safety of staff and the general public, (2) enhance facility cleaning and sanitation, and (3) facilitate social distancing.

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Charles D. Taylor, PhD, Bowen Center for Public Affairs, Ball State University

Introduction

Responses to the COVID-19 pandemic revealed differences in local governments’ abilities to provide services and protect employees in the face of demands placed upon them by the pandemic. In this brief, we focus on the ability of Indiana local governments to implement the guidance and requirements contained in Governor Holcomb’s Roadmap to Reopen Indiana.

The survey results presented in this brief suggest that local governments were proactive in implementing measures intended to (1) protect the health and safety of their staff and the public, (2) enhance facility cleaning and sanitation, and (3) facilitate social distancing. Many of the measures included in the guidance provided by the “Roadmap to Reopen” were implemented in advance of the Executive Order.
General Description of Project and Survey

The goal of this study is to help federal, state and local officials better understand local government responses to the COVID-19 pandemic. We do this through a survey of Indiana local government officials. The survey was administered collaboratively by the Center for Business and Economic Research (CBER), the Bowen Center for Public Affairs, and the Indiana Communities Institute (ICI) at Ball State University in cooperation with Accelerate Indiana Municipalities (AIM) and The Association of Indiana Counties (AIC). The purposes of the survey are to provide local, state, and federal policy makers more comprehensive and in-depth data on budgetary/fiscal stress, technology, administration, public health, and community health as decisions are made regarding resource allocation and policy development moving forward.

The survey was administered May 16 – June 26, 2020 to municipal and county local officials via AIM and AIC mailing lists. A total of 209 city, town, and county officials answered at least part of the survey. The Qualtrics survey included questions about how each community or county responded to and was impacted by the pandemic. The largest share of respondents (140 total) hold elected or appointed positions in cities or towns including the office of Clerk-Treasurer (65 respondents), Mayor (42 respondents), and Town Manager (13 respondents). A total of 58 respondents held various county offices, including County Council (18 respondents), Recorder (9 respondents), Auditor (8 respondents), and Assessor (8 respondents). There were 11 respondents who held unspecified positions. The average respondent had been in office for 7.4 years. The minimum time of service was less than a year for newly elected municipal officials and the maximum was 35 years. Figure 1 shows the city, town or county location of the local government official who responded to the survey. See the Appendix for a list of cities, towns and counties included in the analysis.

Governor Holcomb’s Executive Orders

In response to the COVID-19 pandemic, using authority granted under Indiana’s Emergency Disaster Law, Governor Eric Holcomb issued a number of Executive Orders. Executive Order 20-02, issued on March 6, 2020, declared the existence of a public health emergency in Indiana as a result of COVID-19. Executive Order 20-08, issued on March 23, 2020, required all persons residing in Indiana to stay home, with exceptions for essential travel and activities, participating in the operation of essential businesses or the operation of essential governmental functions. Executive Order 20-09, issued on March 23, 2020, prohibited access to all state government buildings, facilities, and offices by the public, except for services essential to public health.

1. AIM emailed the survey link to 736 recipients and included a link to the survey in its monthly newsletter. Officials from 109 of Indiana’s 567 cities and towns responded to the survey. Eleven cities and towns had more than one official respond to the survey. AIM emailed the survey to the 4,273 people on their e-newsletter list two different times and included a link to the e-newsletter on the organization’s social media accounts. Officials from 47 of Indiana’s 92 counties responded to the survey. Eighteen counties had more than one official respond to the survey.
2. Charles Taylor and Emily Wornell wrote the survey.
3. The text of all Executive Orders can be found at https://www.in.gov/gov/2384.htm.
and safety and which could not otherwise be conducted electronically or delayed. Several other Executive Orders were issued extending or revising earlier orders and restricting or prohibiting in-dining services at restaurants, bars, and similar establishments.

On Friday, May 1, 2020, Governor Holcomb issued Executive Order 20-26, titled “Roadmap to Reopen Indiana for Hoosiers, Businesses and State Government.” The Roadmap to Reopen instituted a “measured and staggered approach to reopening businesses and entities.” It defined five stages of reopening “with each stage being subject to fewer restrictions and limitations than the previous stage.”

The Roadmap to Reopen also provided requirements and guidance for all businesses and entities continuing or being allowed to reopen. The measures listed were intended to ensure a safe environment for employees and the public, prevent exposure and spread of disease, and otherwise facilitate safe reopening. For the purposes of the survey and this discussion, we divided the requirements and guidance provided in the Roadmap into three categories: those related to ensuring the health and safety of workers and the public, those related to facility cleaning and sanitation, and those related to social distancing.

For each specific requirement, we asked respondents whether they had implemented the measures prior to May 4, the first business day after the Executive Order took effect; whether they planned to begin, continue, or expand implementation during the period following May 4; whether they had the necessary expertise and technology or supplies to implement the requirements; and whether implementing the measures imposed a significant financial burden. We also asked questions to learn about local governments’ experience with employees working remotely. The first section presents the survey results related to health and safety of workers and the public.

Health and Safety Measures

The Roadmap to Reopen contained nine specific measures related to health and safety:

- Institute an employee health screening process,
- Reinforce key messages to all employees regularly (including stay home when sick, use cough and sneeze etiquette, and practice hand hygiene),
- Ensure sick leave policies are up to date, flexible, and non-punitive in order to allow sick employees to stay home to care for themselves, children, or family members,
- Actively encourage sick employees to stay home until they are free of fever (without the use of medication) for at least 72 hours and symptoms have improved for at least 72 hours and at least seven days have passed since symptoms first began,
- Suspend any policies that require a healthcare providers note to validate the illness or return to work of employees who are sick with acute respiratory illness,
- Promptly separate employees who appear to have acute respiratory illness symptoms from other employees and send them home immediately,
- Encourage employees to do a self-assessment each day to check if they have any COVID-19 type symptoms (fever, cough or shortness of breath),
- Restrict access to the business (office or operation) for employees with acute respiratory symptoms until they have recovered, and
- Comply with any other IOSHA standards regarding COVID and disease transmission.

A summary of the survey responses related to these measures is presented in Table 1.

The survey responses indicated that three of the measures had been implemented by more than 90% of respondents prior to the Executive Order. Those three policies were reinforcing key safety messages, reviewing and updating sick leave policies, and complying with relevant IOSHA standards. Another four policies were implemented prior to May 4 by 75% to 89% of respondents. Those four policies were encouraging sick employees to stay home, separating employees with acute respiratory symptoms, encouraging employee daily self-assessments, and restricting access to the office by employees with acute respiratory symptoms until they recover. When we asked respondents if they planned to begin, continue, or expand implementation of these measures after May 4, survey responses indicated that each of the seven most widely implemented measures would be implemented by 88% to 96% of respondents.

The two measures least likely to be implemented by respondents were instituting an employee health screening process (45% prior to May 4; 62% after) and suspending policies requiring a health providers note to validate illness (51% prior to May 4; 58% after). In the case of the health screening process, lack of

4. The Executive Order was effective at 11:59pm on Friday, May 1.
access to expertise and technology may explain a large portion of the non-implementation. Only 74% of respondents reported having access to expertise needed to implement the measure; only 66% reported having access to the necessary technology or supplies. For the other eight measures in this category at least 89% of respondents reported having access to the needed expertise and at least 88% reported having access to technology and supplies.

Most respondents reported that implementing these measures would not impose a significant financial burden. Only 38% of respondents reported that instituting a health screening process would be financially burdensome, the most of any policy. Only 29% reported that suspending policies requiring a healthcare provider note would impose a significant financial burden.

Implications: A very large majority of local governments were proactive in implementing many measures needed to ensure the health and safety of their workers and the public, implementing the policies in advance of the Executive Order providing guidance. Even more local governments implemented most of the policies following the Executive Order. Lagging implementation of employee health screening processes may be expanded if the necessary expertise, technology, and supplies can be made available to local government needing them. We can only speculate on the reluctance of local governments to relax requirements for healthcare provider notes. Perhaps they are averse to waiving a policy viewed as instrumental to preventing abuse of sick leave.

Facility Cleaning and Sanitation Measures

The Roadmap to Reopen contained seven specific measures related to facility cleaning and sanitization:

- Perform enhanced environmental cleaning of commonly touched surfaces, such as workstations, countertops, railings, door handles, and doorknobs,
- Use appropriate cleaning agents and follow the direction on the label,
- Provide disposable wipes so commonly used surfaces can be wiped down by employees before each use,
- Be prepared to change business practices as needed to maintain critical operations (e.g. identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations),
- Place posters (CDC, etc.) in areas where they are most likely to be seen,
- Have hand sanitizer and sanitizing products readily available for employees and customers, and
- Provide protection supplies such as soap and water, hand sanitizer, tissues, and no-touch disposal receptacles for use by employees.

A summary of the survey responses related to these measures is presented in Table 2.

Survey responses indicate that large majorities (78% to 98%) of responding organizations had implemented these measures.

### Table 1. Local government implementation of health and safety measures

Source: Author calculations

Note: Table sorted by Implement prior to May 4 (column in red).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Begin/ Continue/ Expand after May 4</th>
<th>Have access to expertise to implement measure</th>
<th>Have access to technology and supplies</th>
<th>Significant financial burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reinforce key messages to all employees regularly …</td>
<td>94%</td>
<td>96%</td>
<td>96%</td>
<td>94%</td>
</tr>
<tr>
<td>Ensure sick leave policies are up to date, flexible, and non-punitive …</td>
<td>91%</td>
<td>95%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Comply with any other IOSHA standards regarding COVID and disease transmission</td>
<td>91%</td>
<td>95%</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Actively encourage sick employees to stay home until they are free of fever …</td>
<td>89%</td>
<td>93%</td>
<td>96%</td>
<td>94%</td>
</tr>
<tr>
<td>Promptly separate employees who appear to have acute respiratory illness …</td>
<td>87%</td>
<td>92%</td>
<td>96%</td>
<td>93%</td>
</tr>
<tr>
<td>Whatever Restrict access to the business (office or operation) …</td>
<td>87%</td>
<td>91%</td>
<td>95%</td>
<td>90%</td>
</tr>
<tr>
<td>Encourage employees to do a self-assessment each day …</td>
<td>75%</td>
<td>88%</td>
<td>91%</td>
<td>90%</td>
</tr>
<tr>
<td>Suspend any policies that require a healthcare provider note …</td>
<td>51%</td>
<td>58%</td>
<td>89%</td>
<td>88%</td>
</tr>
<tr>
<td>Institute an employee health screening process</td>
<td>45%</td>
<td>62%</td>
<td>74%</td>
<td>66%</td>
</tr>
</tbody>
</table>
prior to the Executive Order. When we asked respondents if they planned to begin, continue, or expand implementation of these measures after May 4, survey responses indicated that implementation of each of the measures would be expanded further, with implementation by 80% to 98% of respondents.

Local governments appear to have widespread access to the expertise for enhanced sanitation and cleaning, with at least 90% of respondents reporting they have access to necessary expertise for each measure. Survey responses indicate that there is nearly as widespread access to supplies, with at least 93% reporting access to the technology and supplies needed for two of the measures. For the remaining of measures, involving enhanced environmental cleaning, disposable wipes, changing business practices, providing hand sanitizer, and having protection supplies available, lower proportions of respondents (82% to 89%) reported having access to needed supplies or technology. These slightly lower percentages reflect the disruption to supply chains that limited availability of high-demand sanitation supplies, especially during the early stages of the pandemic. The state’s PPE directory[5] likely helped to resolve problems with sourcing these materials.

Nearly half of respondents (44% to 46%) reported that enhanced environmental cleaning, disposable wipes, having hand sanitizer available, and providing protection supplies imposed a significant financial burden.[6] Using appropriate cleaning agents and preparing to change business practices were each reported as financially burdensome by roughly a third of respondents. Fewer than one in five reported that placing health and safety posters imposed a financial burden.

**Implications:** Again, we note that local governments were largely proactive, implementing these measures in advance of the Executive Order. The use of these practices is likely to be similar in many ways to local governments’ routine cleaning operations, meaning they possess the expertise needed for implementation. With the exception of some difficult to obtain specialized cleaning and sanitation supplies, local governments mostly have access to needed supplies. The purchase of specialized supplies, as noted in our brief on fiscal impacts of COVID-19, imposes a significant financial burden on many local governments.

### Social Distancing Measures

The Roadmap to Reopen contained six specific measures related to social distancing:

- Allow as many employees as possible to work from home by implementing policies regarding teleworking and video conferencing,
- Enhance the ability of employees, customers, and clients to wash hands or take other personal hygiene measures such as use of hand sanitizer,
- Comply with social distancing requirements established by the CDC, including maintaining six-foot social distancing

[6] The budgetary impact of purchasing these supplies was noted in the Fiscal Impacts brief available at https://projects.cberdata.org/178/covid-19-fiscal-impacts

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Table 2. Local government implementation of facility cleaning and sanitation measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Implement prior to May 4</th>
<th>Begin/Continue/Expand after May 4</th>
<th>Have access to expertise to implement measure</th>
<th>Have access to technology and supplies</th>
<th>Significant financial burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use appropriate cleaning agents ...</td>
<td>98%</td>
<td>98%</td>
<td>99%</td>
<td>94%</td>
<td>36%</td>
</tr>
<tr>
<td>Have hand sanitizer and sanitizing products readily ...</td>
<td>92%</td>
<td>93%</td>
<td>96%</td>
<td>89%</td>
<td>44%</td>
</tr>
<tr>
<td>Provide protection supplies such as soap and water ...</td>
<td>90%</td>
<td>98%</td>
<td>97%</td>
<td>88%</td>
<td>44%</td>
</tr>
<tr>
<td>Perform enhanced environmental cleaning ...</td>
<td>89%</td>
<td>95%</td>
<td>95%</td>
<td>88%</td>
<td>45%</td>
</tr>
<tr>
<td>Provide disposable wipes ...</td>
<td>85%</td>
<td>92%</td>
<td>96%</td>
<td>82%</td>
<td>46%</td>
</tr>
<tr>
<td>Place posters (CDC, etc.) in areas ...</td>
<td>79%</td>
<td>88%</td>
<td>93%</td>
<td>93%</td>
<td>19%</td>
</tr>
<tr>
<td>Be prepared to change business practices as needed ...</td>
<td>78%</td>
<td>80%</td>
<td>90%</td>
<td>87%</td>
<td>32%</td>
</tr>
</tbody>
</table>

Source: Author calculations

Note: Table sorted by Implement prior to May 4 (column in red).
for both employees and members of the general public when possible, and/or employing other separation measures such as wearing face coverings or using barriers,

- Designate six feet of spacing for employees, customers, clients, or members with signage, tape, or by other means to maintain proper distance,

- Implement separate operating hours for the elderly and vulnerable customers, and

- Post online whether a facility is open and how best to reach the facility, or continue services by phone or remotely.

A summary of the survey responses related to these measures is presented in Table 3.

Survey responses indicate that three of these measures were very widely implemented by responding organizations prior to the Executive Order. Each of these three measures, enhancing access to handwashing and other hygiene measures, complying with CDC social distancing requirements, and posting information about access to facilities and services online were implemented by 90% to 92% of respondents. When we asked respondents if they planned to begin, continue, or expand implementation of these measures after May 4, survey responses indicated that implementation of each of the measures would be expanded further, with implementation by 94% to 98% of respondents.

Only about three quarters of respondents (76%) implemented work from home arrangements for their employees prior to May 4. When we asked respondents if they planned to begin, continue, or expand implementation of these measures after May 4, even fewer (61%) reported plans for implementation. We asked respondents some questions related to their work from home experiences, which are reported later in this brief.

Only 60% of respondents reported designating six feet spacing for social distancing with tape or other means prior to May 4. When asked about plans after May 4, implementation had expanded to 84%. Only 5% of respondents indicated that their organizations had implemented separate operating hours for the elderly and vulnerable prior to May 4. After May 4, less than a quarter (23%) had plans to begin, continue, or expand implementation of separate hours. The typically lower foot traffic in many government offices, compared to retail establishments, may have precluded the need to establish separate hours.

Access to the expertise, technology, and supplies to implement these measures is fairly widespread. Reports of access to the needed expertise ranged from 82% to 98% across the six measures. Access to required technology and supplies ranged from 72% to 95%. The lowest percentages for each measure were reported for employee work from home implementation, reflecting the need for appropriate software and hardware to facilitate work from home in many cases.

Nearly half of respondents (46%) reported that work from home implementation imposed a significant financial burden, again reflecting the need to purchase software and hardware. No more than 41% of respondents reported that any of the other measures imposed a significant burden.

**Implications:** Once again, we note that local governments were largely proactive, implementing most of these measures in advance of the Executive Order. There were, however, a couple of notable exceptions. Few local governments reported implementation of separate operating hours for the elderly and vulnerable, even after May 4, perhaps because they didn’t deem that measure necessary to effectively provide service. Work from home policies were not as widely implemented as most other measures prior to the Executive Order and appear to have been scaled back after May 4. Additional survey results related to local governments’ work from home experiences are reported in the next section.

### Table 3. Local Government Implementation of Social Distancing Measures

Source: Author calculations

Note: Table sorted by Implement prior to May 4 (column in red).

<table>
<thead>
<tr>
<th>Measure</th>
<th>Implement prior to May 4</th>
<th>Begin/Continue/Expand after May 4</th>
<th>Have access to expertise to implement measure</th>
<th>Have access to technology and supplies</th>
<th>Significant financial burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance the ability of employees, customers, and clients to wash hands …</td>
<td>92%</td>
<td>98%</td>
<td>98%</td>
<td>90%</td>
<td>38%</td>
</tr>
<tr>
<td>Post online whether a facility is open and how best …</td>
<td>92%</td>
<td>94%</td>
<td>97%</td>
<td>95%</td>
<td>28%</td>
</tr>
<tr>
<td>Comply with social distancing requirements …</td>
<td>90%</td>
<td>94%</td>
<td>97%</td>
<td>91%</td>
<td>41%</td>
</tr>
<tr>
<td>Allow as many employees as possible to work from home…</td>
<td>76%</td>
<td>61%</td>
<td>82%</td>
<td>72%</td>
<td>46%</td>
</tr>
<tr>
<td>Designate six feet of spacing for employees, …</td>
<td>60%</td>
<td>83%</td>
<td>95%</td>
<td>92%</td>
<td>38%</td>
</tr>
<tr>
<td>Implement separate operating hours for the elderly …</td>
<td>5%</td>
<td>23%</td>
<td>86%</td>
<td>84%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Local Government Experience with Work from Home

The survey included a number of questions aimed at learning about local government experiences and challenges in implementing work from home policies. In the first question, we asked respondents if their organization had an “existing policy that allowed employees to work from home prior to March 23.” A total of 182 respondents answered this question. The vast majority (82%) indicated that their organization did not have an existing policy allowing employees to work from home prior to initial order to shelter in place. We also asked respondents about the percentage of employees who had routinely worked from home since March 23. Responses covered the entire range of possibilities from almost no employees working from home up to 100%.

We also asked if the respondents or their employees encountered any obstacles that prevented the effective completion of duties while working from home. More than one third of respondents (38%) reported obstacles that prevented employees from effectively working from home. In a follow up question about the nature of these obstacles, technology problems (with computer hardware, software and internet access) were the most commonly mentioned category. Other obstacles included the nature of the work (public safety, etc.) and distractions, such as childcare responsibilities. Despite these obstacles, in another follow up question, fewer than a quarter of respondents (23%) reported bringing employees back into the office because working from home wasn’t effective.

Implications: Relatively few local governments had work from home policies prior to having the necessity of allowing work from home thrust upon them by the pandemic. As local governments implemented work from home they faced technological challenges related to internet access and having appropriate hardware and software to allow employees to work from home effectively. They also faced challenges in that the nature of some jobs was not suited to working from home. Furthermore, with elementary and secondary schools in remote learning, many employees working from home were also distracted by childcare and education responsibilities.

Locally Imposed Restrictions

We also asked respondents if their county or municipality had imposed any restrictions more stringent than those imposed by Gov. Holcomb’s Executive Orders. Only about one in five respondents (21%) reported that their county or municipality had imposed such restrictions. In a follow up question about the nature of the additional restrictions, the most common additional restrictions reported were those that restricted or limited public access to government offices or other facilities.

Conclusion

The survey results presented in this brief suggest that Indiana local governments were proactive in implementing measures intended to protect the health and safety of their staff and the public, enhance facility cleaning and sanitation, and facilitate social distancing. Many of the measures included in the guidance provided by the “Roadmap to Reopen” were implemented in advance of the Executive Order. In most cases, implementation of these measures was expanded during the period following the Executive Order.

In most cases, Indiana local governments possessed the technical expertise and materials to implement the orders. One notable exception is in the case of implementing work from home policies. Many local governments faced challenges related to hardware, software, and internet access. In the cases of measures that required PPE, disposable wipes, or other specialized materials and supplies, some local governments faced challenges obtaining those supplies. Work from home implementation and the measures requiring specialized supplies were also the ones most likely to be reported as presenting a significant financial burden.
Credits

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### Appendix Table A1
**Participating Cities and Towns**

- Albion, Noble Co. (2)
- Alexandria, Madison Co.
- Angola, Steuben Co.
- Avilla, Noble Co.
- Avon, Hendricks Co.
- Bargersville, Johnson Co.
- Batesville, Franklin Co.
- Bedford, Lawrence Co.
- Beech Grove, Marion Co.
- Bloomington, Monroe Co.
- Bristol, Elkhart Co.
- Brooklyn, Morgan Co.
- Brookville, Franklin Co.
- Burlington, Carroll Co.
- Butler, DeKalb Co.
- Cedar Lake, Lake Co.
- Center Point, Clay Co.
- Chandler, Warrick Co.
- Chesterfield, Madison Co.
- Chesterton, Porter Co.
- Cicero, Hamilton Co.
- Clinton, Vermillion Co.
- Columbia City, Whitley Co.
- Columbus, Bartholomew Co.
- Converse, Miami Co.
- Crothersville, Jackson Co.
- Crown Point, Lake Co.
- Culver, Marshall Co.
- Cumberland, Hancock Co.
- Daleville, Delaware Co.
- Decatur, Adams Co.
- Dillsboro, Dearborn Co.
- Dyer, Lake Co. (2)
- Fowler, Benton Co.
- Franklin, Johnson Co.
- Frankton, Madison Co.
- Galveston, Cass Co.
- Gas City, Grant Co.
- Goshen, Elkhart Co.
- Greencastle, Putnam Co.
- Greendale, Dearborn Co. (2)
- Greensburg, Decatur Co. (2)
- Greenwood, Johnson Co.
- Hagerstown, Wayne Co.
- Hamilton, Steuben Co. (2)
- Highland, Lake Co.
- Huntington, Dubois Co.
- Huntington, Huntington Co.
- Jasonville, Greene Co.
- Jasper, Dubois Co.
- Jonesboro, Grant Co.
- Kendallville, Noble Co.
- Kirtklin, Clinton Co.
- Kouts, Porter Co.
- LaGrange, Lagrange Co.
- LaPorte, Laporte Co.
- Lawrence, Marion Co.
- Leo-Cedarsville, Allen Co.
- Madison, Jefferson Co.
- Martinsville, Morgan Co.
- Muncie, Delaware Co.
- Milltown, Crawford Co.
- Milton, Wayne Co.
- Mishawaka, St. Joseph Co.
- Monticello, Carroll Co.
- Muncie, Delaware Co.
- Munster, Lake Co.
- Noblesville, Hamilton Co.
- North Judson, Starke Co.
- North Liberty, St. Joseph Co.
- North Manchester, Wabash Co.
- Oakland City, Gibson Co.
- Orleans, Orange Co.
- Pittsboro, Hendricks Co.
- Plainfield, Hendricks Co. (2)
- Plymouth, Marshall Co.
- Porter, Porter Co. (2)
- Portland, Jay Co. (2)
- Redkey, Jay Co.
- Remington, Jasper Co. (2)
- Rensselaer, Jasper Co.
- Richmond, Wayne Co.
- Rising Sun, Ohio Co.
- Rosedale, Parke Co.
- Schererville, Lake Co.
- Scottsburg, Scott Co. (2)
- Seelyville, Vigo Co.
- Selma, Delaware Co.
- Shelbyville, Shelby Co.
- Shirley, Hancock Co. and Henry Co.
- Shoals, Martin Co.
- Spencer, Owen Co.
- Straughn, Henry Co.
- Sullivan, Sullivan Co. (2)
- Syracuse, Kosciusko Co.
- Tennyson, Warrick Co.
- Terre Haute, Vigo Co.
- Upland, Grant Co.
- Van Buren, Grant Co.
- Veedersburg, Fountain Co.
- Vincennes, Knox Co.
- Wabash, Wabash Co.
- Wanatah, Laporte Co.
- Warren, Huntington Co.
- Whiteland, Johnson Co.
- Winamac, Pulaski Co.
- Winchester, Randolph Co.
- Yorktown, Delaware Co.

### Appendix Table A2
**Participating Counties**

- Adams (2)
- Allen
- Bartholomew
- Benton
- Brown
- Carroll
- Clay (2)
- Clinton
- Daviess
- DeKalb (2)
- Delaware
- Dubois
- Elkhart
- Fayette
- Fountain (2)
- Franklin (2)
- Hancock (4)
- Henry (3)
- Jackson
- Jasper
- Jefferson (2)
- Jennings (2)
- Johnson
- Kosciusko (5)
- Lagrange (2)
- Lake (2)
- Laporte
- Madison
- Marshall
- Miami (2)
- Monroe (2)
- Montgomery (2)
- Noble
- Ohio
- Owen (2)
- Pike (2)
- Pulaski
- Randolph (3)
- Spencer
- Starke
- Sullivan
- Vanderburgh
- Vermillion
- Vigo
- Warrick
- Wayne
- Whitley

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