



2022

INDIANA PHARMACIST HEALTH WORKFORCE DATA REPORT



ACKNOWLEDGEMENTS

The Bowen Center for Health Workforce Research and Policy would like to recognize the many individuals and organizations that contributed to making this report possible. The survey tool used to collect the data presented in this report was developed in collaboration with an expert advisory group and approved by the Governor's Health Workforce Council. The Indiana Professional Licensing Agency administered the survey questions in conjunction with the 2022 pharmacist license renewal process. The Office of the Dean, Division of Applications Development provided collaborative and technical support for data management.

May 2024

COPYRIGHT

© 2024 Bowen Center for Health Workforce Research and Policy
Department of Family Medicine
Indiana University School of Medicine
Lockefield Village
980 Indiana Ave.
Indianapolis, IN 46202

TABLE OF CONTENTS

Contents

ACKNOWLEDGEMENTS.....	2
TABLE OF CONTENTS	3
EXECUTIVE SUMMARY	4
INTRODUCTION.....	5
METHODOLOGY.....	5
DATA COLLECTION	5
DATA MANAGEMENT PROCEDURES.....	5
SECTION I: TOTAL LICENSES.....	7
TOTAL RENEWALS.....	7
EMPLOYMENT STATUS AND PRACTICE LOCATION	7
SECTION II: ACTIVELY PRACTICING PHARMACISTS	8
REPORTING SAMPLE.....	8
DEMOGRAPHICS.....	9
EDUCATION	10
PRACTICE CHARACTERISTICS	11
PRACTICE SETTING AND HOURS IN PATIENT CARE.....	11
PATIENT PANEL	13
SECTION III: GEOGRAPHIC DISTRIBUTION	15
DISTRIBUTION OF INDIANA PHARMACISTS	15

EXECUTIVE SUMMARY

Licensed pharmacists are essential health care workers. They dispense prescription medications, administer vaccines, and advise on medication treatments. They also work with other health care providers to ensure that drug regimens are safe and effective. Pharmacists work in a wide variety of settings, including retail outlets, clinics, and hospitals. The 2022 Indiana Pharmacist Data Report offers a snapshot of the demographic, education, and practice characteristics of pharmacists who are practicing in Indiana.

In 2022, there were 6,029 pharmacists actively practicing in Indiana. They were predominantly female, White, and non-Hispanic. Male pharmacists had slightly greater racial diversity than female pharmacists. Though the average age for Indiana pharmacists was in the early 40s, the largest proportion of Indiana pharmacists was under the age of 35. Most received their qualifying education in Indiana, while others completed their qualifications in a contiguous state. Regardless of where they received their qualifying education, it was most likely a doctorate degree, with few completing a fellowship.

Professionally, 61% of pharmacists named medication dispensing as their primary field of work, and another 25% reported having a primary field as patient care services. More than half of Indiana pharmacists reported working in a community pharmacy setting or inpatient non-governmental hospital/health system. Approximately 31.9% of pharmacists reported spending 0-10% of their time providing patient care at their primary practice, though 67.7% reported spending at least 37 hours at their practice location. Nearly all indicated they plan to keep their employment the same.

As for services provided, the top reported services were medication dispensing, followed by patient care services. No pharmacist reported providing remote dispensing. The most common answers to population served were adults, then geriatric patients. The majority of Indiana counties have population-to-full-time-equivalent ratios of 2,574.35:1 or less. However, there are some that have limited pharmacist workforce capacity, including Wabash and Warren.

This report is a look at the pharmacist workforce in Indiana. It can serve as a tool for policymakers engaging with workforce development issues. Please contact the Bowen Center for Health Workforce Research and Policy for more information at bowenctr@iu.edu.

INTRODUCTION

Pharmacists are an important part of the provision of health care. In concert with physicians and other health care providers, they use their expertise to ensure the safety and efficacy of medication regimens.¹ They also dispense medications to patients, administer vaccines, and perform a variety of other duties based on their practice setting and specialization.² Knowing the characteristics of the pharmacist workforce is crucial to making health care workforce policy and identifying shortages.

The Bowen Center for Health Workforce Research and Policy works with the state of Indiana to collect and manage health workforce data and report on the findings. The 2022 Pharmacist Data Report summarizes key supply, demographic, educational, and professional characteristics of Indiana's pharmacist workforce.

METHODOLOGY

DATA COLLECTION

The supplemental survey questions administered to pharmacists during the 2022 license renewal cycle can be found on IUPUI ScholarWorks at <https://hdl.handle.net/1805/26908>. Supplemental survey data collected during the renewal period and basic licensure data (name, license number, etc.) were extracted and exported into separate text files by the Indiana Professional Licensing Agency (PLA) after the close of the license renewal period.

DATA MANAGEMENT PROCEDURES

Supplemental survey data were cleaned and coded per processes outlined in the Bowen Center data management procedures document (available at: <http://hdl.handle.net/1805/16704>). After completing these procedures, the survey data file is merged to the licensure data file by unique license number to create a 2022 Pharmacist Workforce Master File. These Master Files are then uploaded to the Indiana Health Professions Database. Verification and geocoding of license address and self-reported practice address(es) are provided by Melissa Data, Inc.

Additional variables are generated through data management processes. A full-time equivalency (FTE) is generated based on self-reported hours in direct patient care, as outlined in Table 1. FTE assignment strategy is implemented for all reported practice locations. Address cleaning and geocoding procedures also resulted in additional variables related to geographic location and rurality based on criteria outlined by the United States Department of Agriculture (more information can be found here: <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/documentation/>).

¹ Pharmacist. Cleveland Clinic. <https://my.clevelandclinic.org/health/articles/24786-pharmacist>

² Pharmacist. Mayo Clinic College of Medicine and Science. <https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/pharmacist/>

Table 1. FTE conversion based for reported hours in direct patient care

Reported hours in patient care	Conversion
0 hours in patient care/Not applicable	0.0 FTE
1 - 4 hours in patient care	0.1 FTE
5 - 8 hours in patient care	0.2 FTE
9 - 12 hours in patient care	0.3 FTE
13 - 16 hours in patient care	0.4 FTE
17 - 20 hours in patient care	0.5 FTE
21 - 24 hours in patient care	0.6 FTE
25 - 28 hours in patient care	0.7 FTE
29 - 32 hours in patient care	0.8 FTE
33 - 36 hours in patient care	0.9 FTE
37 - 40 hours in patient care	1.0 FTE
41 or more hours in patient care	1.0 FTE

LIMITATIONS

There are some limitations to this report that should be noted. First, the data presented is largely based on self-report, which introduces the potential for some level of response bias. This bias, however, is likely diminished through the statutory requirement for pharmacists to provide specified information during online renewal, and their attestation that all information provided is accurate. Additionally, changes to the survey tools over the last several biennial renewal cycles limit longitudinal analysis. Care is being taken to minimize the future changes to supplemental survey questions in order to ensure confidence in future longitudinal analyses.

REPORT STRUCTURE

This report includes three sections of summary data:

Section I: Overall License Renewals

Section II: Total Actively Practicing Pharmacists

Section III: Geographic Distribution

This data report provides key information on Indiana’s pharmacists. Additional data can be viewed or requested online at [Bowen Health Workforce – Information Portal \(bowenportal.org\)](http://Bowen Health Workforce – Information Portal (bowenportal.org)).

SECTION I: TOTAL LICENSES

TOTAL RENEWALS

A total of 12,642 pharmacists renewed their license in 2022. Of those, 11,326 renewed online and answered supplemental survey questions. Nearly all (97.8%) of those who renewed their license had an active license. Table 1.1 presents more information on pharmacist license renewal status in 2022.

Table 1.1 Survey Status of Indiana Pharmacists, Based on License Status

	Online Renewals		Offline Renewals		Total	
	N	%	N	%	N	%
Total	11,326	100	1,316	100	12,642	100
Active	11,056	97.6	1,311	99.6	12,367	97.8
Valid to practice while reviewed	0	0	0	0	0	0
Probation	16	0.1	5	0.4	21	0.2
Inactive or expired licenses	254	2.2	0	0	254	2

Source: 2022 Pharmacist License and Survey Data

EMPLOYMENT STATUS AND PRACTICE LOCATION

The majority (82.2%) of pharmacists who renewed their license online said they were actively working in a position that requires a pharmacist license. Another 6.2% responded that they were actively working in a pharmacy-related field that does not require a pharmacist license. Table 1.2 offers more insights into pharmacists' employment status.

Table 1.2 Reported employment status of Indiana pharmacists.

	N	%
Total	11,326	100
Actively working in a position that requires a pharmacist license	9,305	82.2
Actively working in a pharmacy related field that does not require a pharmacist license	705	6.2
Actively working in a non-pharmacy related field that does not require a pharmacist license	231	2
Not currently working	507	4.5
Student	17	0.2
Leave of absence or Sabbatical	31	0.3
Retired	530	4.7

Source: 2022 Pharmacist License and Survey Data

SECTION II: ACTIVELY PRACTICING PHARMACISTS

REPORTING SAMPLE

The strategy depicted in Figure 2.1 was employed to accurately identify a reporting sample of pharmacists actively practicing in Indiana. The criteria included the following: active license status, online renewals, and reported in the supplemental survey that they were actively practicing in Indiana or providing telepharmacy services. That left 47.7% (N = 6,029) of the total license renewals for the reporting sample.

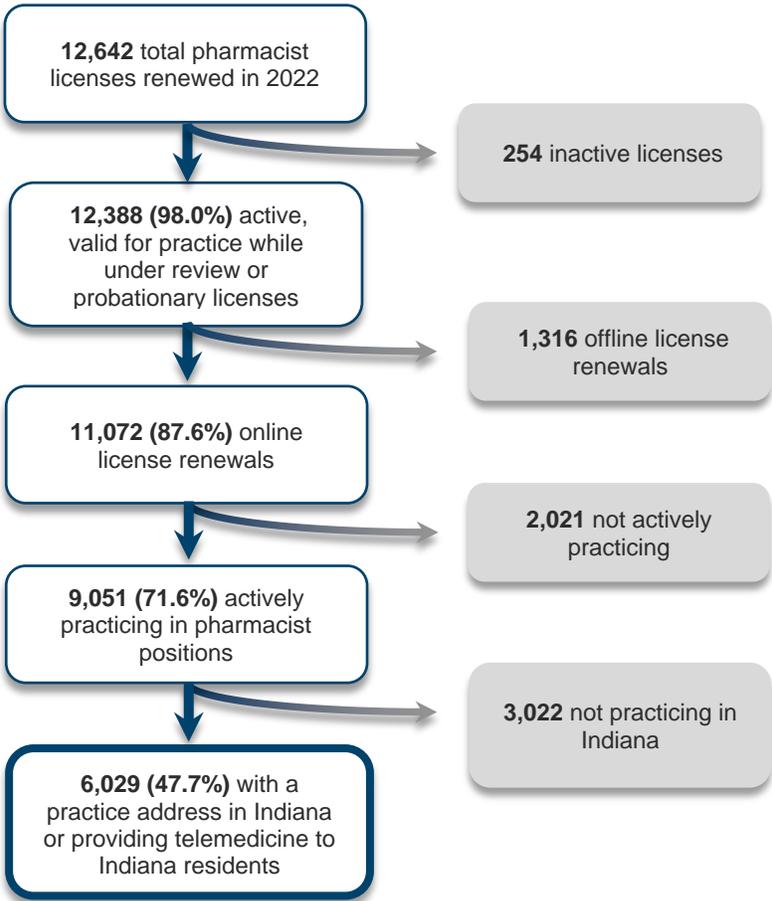


Figure 2.1 Results of sample selection criteria for Indiana Pharmacists

DEMOGRAPHICS

Indiana's pharmacist workforce is largely female (N = 3,767, 62.5%), White (87.1%), non-Hispanic (98.2%) and under the age 45 (58.2%). Overall, female pharmacists were younger than male pharmacists, with average ages of 42.5 and 44.7, respectively. However, there was more racial diversity among male pharmacists (13.5%) than among female pharmacists (12.5%). Ethnic diversity was near identical, with 1.9% of female pharmacists and 1.8% of male pharmacists being Hispanic or Latino. See Table 2.1 for more information on Indiana pharmacists' demographics.

Table 2.1 Pharmacists' demographic information

	Female		Male		Total	
	N	%	N	%	N	%
Total	3,767		2,262		6,029	
Mean Age	42.5		44.7		43.3	
Age Category						
Under 35	1,161	30.8	635	28.1	1,796	29.8
35 - 44	1,113	29.6	600	26.5	1,713	28.4
45 - 54	907	24.1	491	21.7	1,398	23.2
55 - 64	486	12.9	359	15.9	845	14
65 and older	89	2.4	167	7.4	256	4.2
Age unavailable	11	0.3	10	0.4	21	0.3
Race						
White	3,298	87.5	1,955	86.4	5,253	87.1
American Indian or Alaska Native	1	0	1	0	2	0
Native Hawaiian/Pacific Islander	2	0.1	3	0.1	5	0.1
Black or African American	138	3.7	100	4.4	238	3.9
Asian	240	6.4	132	5.8	372	6.2
Some other race	45	1.2	40	1.8	85	1.4
Multiracial	43	1.1	31	1.4	74	1.2
Ethnicity						
Hispanic or Latino	70	1.9	40	1.8	110	1.8
Not Hispanic or Latino	3,697	98.1	2,222	98.2	5,919	98.2

Source: 2022 Pharmacist License and Supplemental Survey Data

Notes: Age was calculated by measuring the difference between the respondent's date of birth and the date of survey completion.

EDUCATION

The majority of Indiana’s pharmacists (65.1%) earned a doctoral degree as their qualifying education, while the remaining 34.5% qualified with a bachelor’s degree. Overall, 72.3% (N = 4,359) received their qualifying education in Indiana, while 14.5% received it in a contiguous state and another 11.1% obtained their qualification in another state. Table 2.2 has more data about Indiana pharmacists’ qualifying education.

Nearly all (97.9%) pharmacists reported that they did not complete a fellowship. Additionally, 85.9% indicated that they did not do a residency. For those who did, pharmacotherapy, internal medicine, and ambulatory care were most reported. More information on residencies is included in Table 2.3.

Table 2.2 Pharmacists’ qualifying education

Qualifying Education	Indiana		Contiguous States		Another State (not listed)		Another Country (not U.S.)		Total	
	N	%	N	%	N	%	N	%	N	%
Certificate	2	0	0	0	0	0	2	1.6	4	0.1
Associate degree	1	0	0	0	0	0	0	0	1	0
Bachelor's degree	1,585	36.4	206	23.5	186	27.8	100	80	2,077	34.5
Master's degree	8	0.2	3	0.3	0	0	10	8	21	0.3
Doctor of Pharmacy	2,763	63.4	666	76.1	484	72.2	13	10.4	3,926	65.1
Total	4,359	100	875	100	670	100	125	100	6,029	100

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.3 Pharmacists’ residency training

	N	%
Total	6,029	
Completed Fellowship		
Yes	122	2.0
No	5,907	97.9
Residency Specialty of Pharmacists who Have Completed a Residency (n=122)		
Ambulatory care	11	9.0
Cardiology	1	0.8
Critical care	4	3.3
Drug information	0	0.0
Emergency medicine	8	6.6
Geriatric	0	0.0
Infectious diseases	3	2.5
Informatics	2	1.6
Internal medicine	9	7.4
Managed care pharmacy systems	3	2.5
Medication use safety	2	1.6
Nuclear	0	0.0
Nutrition support	1	0.8
Oncology	2	1.6
Pediatric	2	1.6
Pharmacotherapy	17	13.9
Health system pharmacy administration	3	2.5
Psychiatric	2	1.6
Solid organ transplant	0	0
Community	4	3.3
Not applicable	48	39.3

Source: 2022 Pharmacist License and Supplemental Survey Data

PRACTICE CHARACTERISTICS

PRACTICE SETTING AND HOURS IN PATIENT CARE

Most Indiana pharmacists (90.1%) had no plans to change their current employment status (Table 2.4). Among those who did, 5% said they intended to increase hours, while 4.2% intended to decrease them. The majority of pharmacists (61%) practiced medication dispensing, while 24.9% reported their primary field as patient care services

As shown in Table 2.5, pharmacists most often indicated that they worked in a community pharmacy setting (29.8%), followed by an inpatient non-governmental hospital/health system (24.5%). Approximately 31.9% reported that they spent 0-10% of their time in patient care, while 12.9% reported that they spent 100% of their time in patient care. At the same time, 41.9% said they spent 37-40 hours per week at their practice location, and another 25.8% spent more than 41 hours at their practice location. More information on how pharmacists reported spending their time is provided in Table 2.6.

Table 2.4 Pharmacists' employment plans

	N	%
Total	6,029	
Employment Plans		
No planned change	5,430	90.1
Increase hours in the pharmacy field	304	5.0
Decrease hours in the pharmacy field	254	4.2
Leave employment in the field of pharmacy	41	0.7
Primary Field		
Medication dispensing	3,676	61.0
Patient care services	1,499	24.9
Business/organization management	398	6.6
Research	33	0.5
Education	58	1.0
Other	280	4.6
Not applicable	85	1.4

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.5 Pharmacists' practice setting

	Primary Practice		Secondary Practice	
	N	%	N	%
Total	6,029	100	6,029	100
Practice Setting				
Community pharmacy	1,798	29.8	256	4.2
Mass merchandiser (i.e., big box store)	246	4.1	30	0.5
Supermarket pharmacy	387	6.4	47	0.8
Clinic-based pharmacy	131	2.2	25	0.4
te	442	7.3	25	0.4
Health center (CHC/FQHC/FQHC look-alike)	94	1.6	9	0.1
Federal government hospital/health system - inpatient	99	1.6	15	0.2
Federal government hospital/health system - outpatient clinic	98	1.6	12	0.2
Non-governmental hospital/health system - inpatient	1,475	24.5	172	2.8
Non-governmental hospital/health system - outpatient clinic	184	3.1	16	0.3

Table 2.5 Pharmacists' practice setting

	Primary Practice		Secondary Practice	
	N	%	N	%
Non-governmental hospital/health system - other	100	1.7	10	0.2
Nursing home/long-term care	251	4.2	34	0.6
Home health/infusion	57	0.9	8	0.1
Pharmacy benefit administration (e.g., PBM, managed care)	63	1.0	3	0.0
School-based health service	4	0.1	0	0.0
Academic institution	96	1.6	23	0.4
Occupational health	1	0.0	0	0.0
Telepharmacy	15	0.2	8	0.1
Ambulatory care - office-based practice	177	2.9	29	0.5
Ambulatory care - community-based practice	31	0.5	4	0.1
Regulatory practice	5	0.1	6	0.1
Other	226	3.7	37	0.6
Not applicable	49	0.8	5,260	87.3

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.6 Pharmacists' workforce capacity

	Primary Practice		Primary Practice	
	N	%	N	%
Total	6,029		6,029	
Percentage of Time Spent Providing Patient Care				
0% - 10%	1,923	31.9	339	5.6
20% - 30%	1,326	22.0	120	2.0
40% - 50%	804	13.3	90	1.5
60% - 70%	467	7.7	34	0.6
80% - 90%	729	12.1	75	1.2
100%	780	12.9	124	2.1
Not applicable	0	0.0	5,247	87.0
Total Hours Spent Per Week at Practice Location				
0 hours per week	43	0.7	199	3.3
1-4 hours per week	82	1.4	191	3.2
5-8 hours per week	105	1.7	156	2.6
9-12 hours per week	109	1.8	83	1.4
13-16 hours per week	110	1.8	51	0.9
17-20 hours per week	156	2.6	45	0.8
21-24 hours per week	228	3.8	17	0.3
25-28 hours per week	130	2.2	8	0.1
29-32 hours per week	355	5.9	9	0.2
33-36 hours per week	494	8.2	6	0.1
37-40 hours per week	2,527	41.9	19	0.3
41 or more hours per week	1,556	25.8	11	0.2
Not applicable	134	2.2	5,234	86.8

Source: 2022 Pharmacist License and Supplemental Survey Data

PATIENT PANEL

The population pharmacists most often reported serving was adults (N = 5,652), followed closely by geriatric patients (N = 5,411) (Tables 2.8a and 2.8b). However, adolescents aged 11 to 19 (N = 4,617), children aged 2-10 (N = 4,335), and pregnant women (N = 4,311) also made up large proportions of the populations they served (Tables 2.8a and 2.8b). In 68.5% of cases, pharmacists engaged in medication dispensing with their patients. The next most frequently named field was patient care services at 21.7% (Tables 2.8a and 2.8b). Drug evaluation, utilization, and review was the top service provided (N = 4,771), with obtain/maintain patient drug history (N = 3,986) coming second (Tables 2.9a and 2.9b). Tobacco cessation programs were least offered (N = 371) (Tables 2.9a and 2.9b).

Table 2.8a Pharmacists' populations served

Primary Field	Newborns		Children (ages 2 - 10)		Adolescents (ages 11 - 19)		Adults		Geriatric Patients		Unique Count	
	N	%	N	%	N	%	N	%	N	%	N	%
Medication dispensing	2,521	70.1	3,050	70.4	3,217	69.7	3,545	62.7	3,454	63.8	3,622	62.3
Patient care services	687	19.1	817	18.8	898	19.4	1,444	25.5	1,329	24.6	1,492	25.7
Business/organization management	194	5.4	230	5.3	250	5.4	311	5.5	302	5.6	327	5.6
Research	9	0.3	12	0.3	14	0.3	27	0.5	21	0.4	27	0.5
Education	7	0.2	9	0.2	12	0.3	39	0.7	28	0.5	40	0.7
Other	128	3.6	159	3.7	164	3.6	212	3.8	208	3.8	229	3.9
Total	3,594	100	4,335	100	4,617	100	5,652	100	5,411	100	5,813	100

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.8b Pharmacists' populations served

Primary Field	Pregnant Women		Incarcerated Persons		Persons with Disabilities		Individuals in Recovery		Total	
	N	%	N	%	N	%	N	%	N	%
Medication dispensing	2,973	69	873	62	2,497	69	1,916	74	3,173	67.3
Patient care services	884	20.5	382	27	747	21	435	17	1,025	21.7
Business/organization management	227	5.3	84	6	197	5.4	125	4.8	262	5.6
Research	13	0.3	1	0.1	10	0.3	5	0.2	14	0.3
Education	15	0.3	1	0.1	6	0.2	4	0.2	15	0.3
Other	142	3.3	46	3.3	123	3.4	81	3.1	165	3.5
Total	4,311	100	1,411	100	3,623	100	2,605	100	4,714	100

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.9a Pharmacists' services provided

Primary Field	Administer Immunizations		Drug Evaluation, Utilization & Review		Drug or Drug-Related Research		Obtain/Maintain Patient Drug History		Prescribe Permitted Devices or Supplies		Utilize Prescription Drug Monitoring		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Medication dispensing	2,326	83.5	2,991	62.7	883	53.7	2,525	63.3	661	66.5	1,614	73.4	3,424	62.9
Patient care services	293	10.5	1292	27.1	534	32.5	1121	28.1	266	26.8	432	19.6	1,427	26.2
Business/organization management	69	2.5	216	4.5	96	5.8	144	3.6	25	2.5	80	3.6	265	133
Research	9	0.3	19	0.4	25	1.5	14	0.4	0	0	7	0.3	31	0.6
Education	14	0.5	29	0.6	14	0.9	19	0.5	14	1.4	2	0.1	38	0.7
Other	40	1.4	164	3.4	66	4	110	2.8	18	1.8	39	1.8	191	3.51
Total	2,787	100	4,771	100	1,645	100	3,986	100	994	100	2,199	100	5,446	100.0

Source: 2022 Pharmacist License and Supplemental Survey Data

Table 2.9b Pharmacists' services provided

Primary Field	Remote Dispensing		Selection, Storage and Distribution of Drugs, Supplements and Devices		Supervise Pharmacy Interns, Technicians or Technicians in training		Supervise a Pharmacy Technician Employed at a Remote Dispensing Facility		Tobacco Cessation Services		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Medication dispensing	0	0	1,256	65.6	2,280	68.9	235	66.6	277	74.7	2,504	67.6
Patient care services	0	0	446	23.3	697	21.1	73	20.7	67	18.1	813	22.0
Business/organization management	0	0	128	6.7	196	5.9	29	8.2	8	2.2	219	5.9
Research	0	0	9	0.5	12	0.4	1	0.3	4	1.1	18	0.5
Education	0	0	3	0.2	10	0.3	1	0.3	2	0.5	13	0.4
Other	0	0	55	2.9	79	2.4	10	2.8	7	1.9	93	2.5
Total	0	0	1,915	100	3,308	100	353	100	371	100	3,702	100

Source: 2022 Pharmacist License and Supplemental Survey Data

SECTION III: GEOGRAPHIC DISTRIBUTION

DISTRIBUTION OF INDIANA PHARMACISTS

Indiana's pharmacists are well distributed across the state, with 56 counties having at least a population-to-FTE ratio of 2,574.35:1 (Figure 3.1). However, Wabash, Warren, and Spencer counties stand out for their exceptionally high population-to-FTE ratios. The highest of which is Wabash County at 103,320:1 (Table 3.1). Similarly, Wabash and Warren counties each have less than 1 FTE. Identifying pain points, like the ones reported here, is crucial to guiding policy for Indiana's pharmacist workforce and the populations they serve.

Table 3.1 Pharmacists' geographic distribution

County	Population	Total Practices	Total Pharmacy FTE	Population per Pharmacist FTE
Adams	35,777	19	12.3	2,908.7
Allen	379,299	61	383.5	989.0
Bartholomew	83,779	72	59.2	1,415.2
Benton	8,748	1	1	8,748.0
Blackford	11,758	9	6.3	1,866.4
Boone	67,843	203	162.7	417.0
Brown	15,092	4	2	7,546.0
Carroll	20,257	2	1.5	13,504.7
Cass	37,689	24	18.5	2,037.2
Clark	118,302	138	111.5	1,061.0
Clay	26,225	16	11.1	2,362.6
Clinton	32,399	14	11	2,945.4
Crawford	10,577	4	3.2	3,305.3
Daviess	33,351	36	26.4	1,263.3
Dearborn	49,458	32	27.2	1,818.3
Decatur	26,559	17	14.7	1,806.7
DeKalb	43,475	18	12.5	3,478.0
Delaware	114,135	98	84.4	1,352.3
Dubois	42,736	38	29.3	1,458.6
Elkhart	206,341	127	99.2	2,080.1
Fayette	23,102	13	9.5	2,431.8
Floyd	78,522	88	72.2	1,087.6
Fountain	16,346	7	7	2,335.1
Franklin	22,758	14	12.3	1,850.2
Fulton	19,974	17	11.9	1,678.5
Gibson	33,659	17	12.7	2,650.3
Grant	65,769	53	44.9	1,464.8
Greene	31,922	14	12.4	2,574.4
Hamilton	338,011	499	382.8	883.0
Hancock	78,168	51	45.7	1,710.5
Harrison	40,515	21	13.6	2,979.0
Hendricks	170,311	176	146.4	1,163.3
Henry	47,972	24	20.8	2,306.4
Howard	82,544	70	63.8	1,293.8

Table 3.1 Pharmacists' geographic distribution

County	Population	Total Practices	Total Pharmacy FTE	Population per Pharmacist FTE
Huntington	36,520	16	12.4	2,945.2
Jackson	44,231	27	24.6	1,798.0
Jasper	33,562	18	15.3	2,193.6
Jay	20,436	9	8.4	2,432.9
Jefferson	32,308	23	19.7	1,640.0
Jennings	27,735	11	7.8	3,555.8
Johnson	158,167	105	78.9	2,004.7
Knox	36,594	45	36.7	997.1
Kosciusko	79,456	27	21.8	3,644.8
LaGrange	39,614	15	9.8	4,042.2
Lake	485,493	416	336.7	1,441.9
LaPorte	109,888	77	62.6	1,755.4
Lawrence	45,370	35	22.1	2,052.9
Madison	129,569	75	63.7	2,034.1
Marion	964,582	1,680	1,387	695.4
Marshall	46,258	27	17.1	2,705.2
Martin	10,255	5	3.6	2,848.6
Miami	35,516	5	4.8	7,399.2
Monroe	148,431	107	89.6	1,656.6
Montgomery	38,338	18	15.3	2,505.8
Morgan	70,489	33	29.4	2,397.6
Newton	13,984	2	1.9	7,360.0
Noble	47,744	16	12.8	3,730.0
Ohio	5,875	2	1.5	3,916.7
Orange	19,646	13	9.9	1,984.4
Owen	20,799	6	4.4	4,727.1
Parke	16,937	6	3.8	4,457.1
Perry	19,169	11	8.5	2,255.2
Pike	12,389	3	3	4,129.7
Porter	170,389	150	115.2	1,479.1
Posey	25,427	6	5.3	4,797.6
Pulaski	12,353	4	3.5	3,529.4
Putnam	37,576	15	12.6	2,982.2
Randolph	24,665	10	5.7	4,327.2
Ripley	28,324	21	15.4	1,839.2
Rush	16,581	13	10.4	1,594.3
Scott	23,873	263	209.3	114.1
Shelby	44,729	13	9	4,969.9
Spencer	20,277	26	20.8	974.9
St. Joseph	271,826	7	5	54,365.2
Starke	22,995	8	6.7	3,432.1
Steuben	34,594	23	16.1	2,148.7
Sullivan	20,669	11	8.4	2,460.6
Switzerland	10,751	1	1	10,751.0

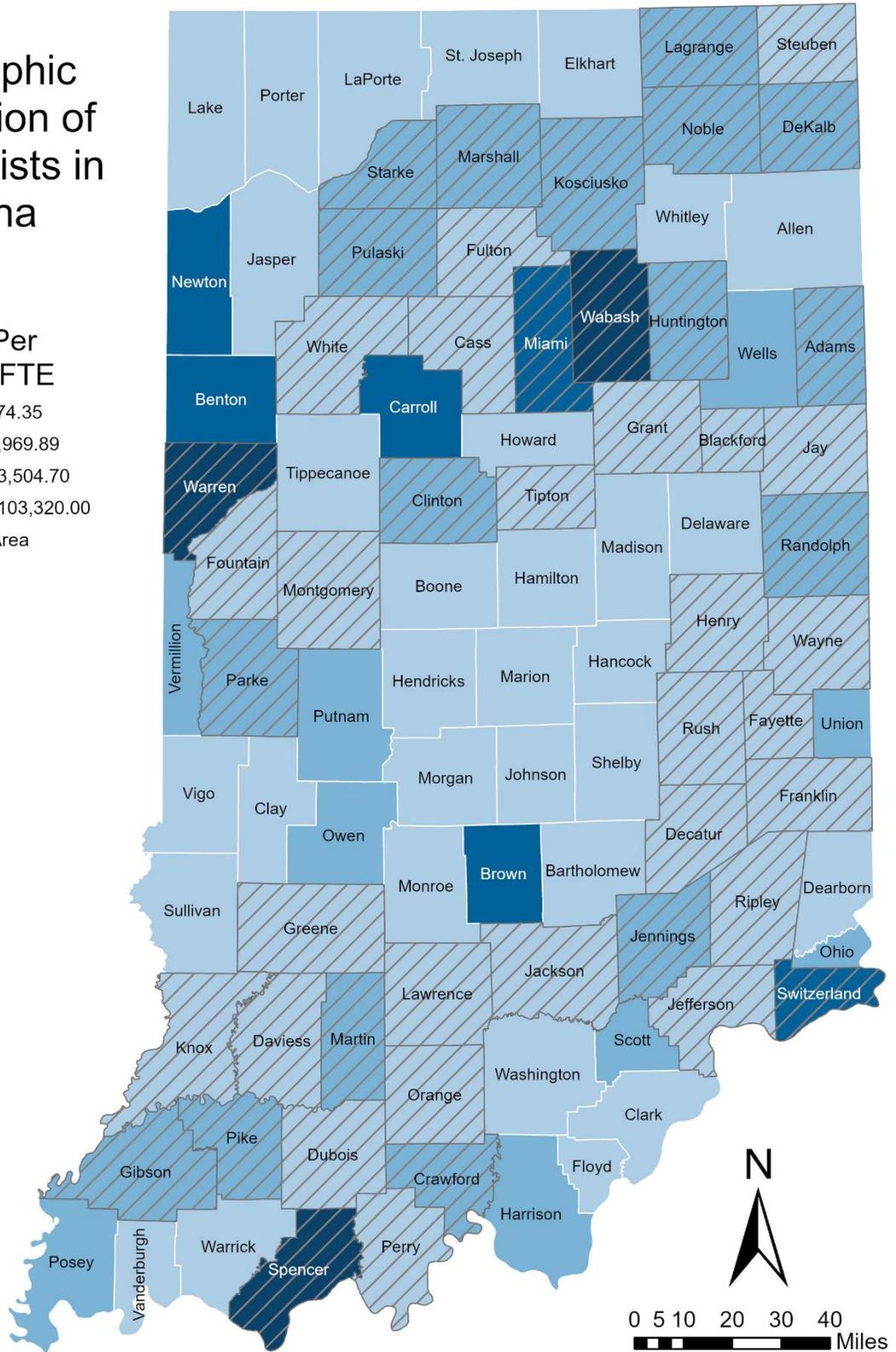
Table 3.1 Pharmacists' geographic distribution

County	Population	Total Practices	Total Pharmacy FTE	Population per Pharmacist FTE
Tippecanoe	195,732	200	164.3	1,191.3
Tipton	15,148	12	8.7	1,741.2
Union	7,054	2	2	3,527.0
Vanderburgh	181,451	243	189.5	957.5
Vermillion	15,498	7	4.8	3,228.8
Vigo	107,038	119	97.9	1,093.3
Wabash	30,996	2	0.3	103,320.0
Warren	8,265	1	0.1	82,650.0
Warrick	62,998	102	73.1	861.8
Washington	28,036	15	11.9	2,356.0
Wayne	65,884	59	48.5	1,358.4
Wells	28,296	10	8.4	3,368.6
White	24,102	18	13.7	1,759.3
Whitley	33,964	19	14.4	2,358.6

Source: 2022 Pharmacist License and Supplemental Survey Data

Geographic Distribution of Pharmacists in Indiana

Population Per Pharmacist FTE



Source: 2022 Pharmacists License and Supplemental Survey Data. US Department of Agriculture, Rural-Urban Continuum Codes, 2019.

AUTHORED BY:

Cleveland Dietz, State Project Coordinator

CONTRIBUTIONS BY:

Yan Ge, Research Coordinator

Sierra Vaughn, Assistant Director

Brittany Daulton, Faculty Fellow

RECOMMENDED CITATION:

Data Report: Indiana Pharmacist Workforce (2024). Bowen Center for Health Workforce Research and Policy. Indiana University School of Medicine

CORRESPONDENCE:

Please address any correspondence regarding this report to the Bowen Center via email at bowenctr@iu.edu or by phone at 317.278.0316.