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Our statewide and local data helps you design programs and make decisions to improve the lives of youth.

We empower our partners and peers.

We provide access to critical data and resources that can be used in planning, reporting, grants, and evaluation.

We create change.

Our team develops innovative data solutions to address today’s youth development issues and encourages others to join us in our effort.

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We use data and research to amplify the voice of others to inspire action for measurable and positive change.

We work together.

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317-396-2700 | www.iyi.org

2020 Indiana KIDS COUNT® Data Book

a profile of Hoosier youth
The Indiana Youth Institute exists to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on children and youth.

Our vision is to be a catalyst for healthy youth development and for achieving statewide child success. We strive to create best practices models, provide critical resources, and advocate for policies that result in positive youth outcomes.

We appreciate the generous support of our sponsors:

Lilly Endowment, Inc.

The Annie E. Casey Foundation

PACERS

The annual Indiana KIDS COUNT® Data Book is one of fifty state-level projects designed to provide a detailed picture of child well-being. A national Data Book with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

Additional copies of the 2020 Indiana KIDS COUNT® Data Book are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Data Book, please contact:

Indiana Youth Institute
603 E. Washington Street
Indianapolis, IN 46204
317-396-2700
info@iyi.org

Visit our website at www.iyi.org

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Message from the President and CEO:

Welcome to the Indiana Youth Institute’s 2020 KIDS COUNT® Data Book.

The start of a new decade is an opportunity for renewal and optimism. It’s also a time for recommitment to our shared goal of improving the lives of all Indiana children.

We hope this resource advances your work with youth into the next year and beyond. Whether you’re a policymaker, community leader, or youth development professional, having access to the latest data on the health and well-being of Hoosier youth is critical. We can all help ensure every child will have a champion and every youth worker will benefit from the collective wisdom of our communities by welcoming diverse perspectives and embracing collaborative problem-solving.

The good news arising out of this year’s Data Book includes an economic boost for families. Median income for Indiana families continues to rise, now surpassing pre-recession levels. Our state’s child population is also becoming more diverse in race and ethnicity. However, many challenges persist. Nicotine use—especially vaping—is on the rise and threatens the health of our teens. Also, Indiana’s rate of child maltreatment is unacceptably high, second only to Kentucky when compared to our neighboring other states.

We recognize that the changing issues faced by children and youth cannot be tackled in silos. Through sharing expertise and connecting dedicated partners, we aim to expand our state’s capacity to respond to youth needs and amplify the impact of positive interventions occurring throughout our state.

Thank you for your dedication to providing every Indiana child with the skills, resources, and support he or she needs to thrive.

Here’s to a decade of statewide child success.

Tami S. Silverman
President & CEO
IYI’s 2020 Indiana KIDS COUNT® Data Book is the premier data resource on Hoosier youth. To improve the lives of all Indiana children, we provide access to reliable data and resources to empower, educate, and equip those who impact youth. Our Data Book, published annually, provides the best and most recent information on child well-being, so that leaders, policymakers, youth workers, and advocates have a go-to source for critical data to create positive change for youth.

This year’s Data Book is designed with you in mind. To better advance and support your work, enhancements include new and expanded indicators, additional disaggregated data by race and ethnicity, improved visualizations with analysis, and streamlined content. As a complement to the Data Book, county snapshots and the KIDS COUNT® Data Center are available to dive deeper into local data, spark conversations, or inform solutions. All additional data products and services can be found at www.iyi.org.

Acknowledgments

IYI’s 2020 Indiana KIDS COUNT® Data Book could not have been produced without the help of many people and organizations who provided information and support.

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Indiana Department of Child Services
Indiana Department of Correction
Indiana Department of Education
Indiana Family and Social Services Administration
Indiana State Department of Health
Indiana Prevention Resource Center
Indiana Commission for Higher Education
Indiana KIDS COUNT® Data Advisory Council

And the numerous other research agencies that work on the behalf of Indiana’s children

Indiana Youth Institute Team
Tami Silverman, President & CEO
Sarah Mihich, Data and Research Director
Charlie Geier, Impact, Data Solutions, and Statewide Advocacy Vice President
Kristin Johnson-Waggoner, Marketing, Communications and Public Relations Director

Other Contributors
Transform Consulting
Dr. Brooke Kandel-Cisco, Butler University
Dr. Zachary Adams, Indiana University
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Pacers Sports & Entertainment and the Pacers Foundation Also Believe Kids Count ... Every One of Them.

PACERS SPORTS & ENTERTAINMENT

Proud supporter of the Indiana Youth Institute.
Strong personal connections and higher academic achievement occurs when children live in nurturing families and supportive communities. Families and children are more likely to thrive when they live in communities that are safe and have strong, equitable systems, quality supports, and good schools. Challenges such as financial insecurity, substance abuse, and family instability affect children’s well-being.

**Indiana’s National Rankings***

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>32nd</td>
<td>National KIDS COUNT® Family and Community</td>
</tr>
<tr>
<td>28th</td>
<td>Children in Single-Parent Families</td>
</tr>
<tr>
<td>26th</td>
<td>Children Living in High Poverty Areas</td>
</tr>
<tr>
<td>48th</td>
<td>Child Maltreatment</td>
</tr>
<tr>
<td>43rd</td>
<td>Youth in Juvenile Detention</td>
</tr>
<tr>
<td>47th</td>
<td>Children in Foster Care</td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) represent better outcomes for youth.*
Supportive foundations are crucial to children’s well-being and long-term success. Many children in our state still lack the supports necessary for a safe and productive childhood. There is a growing recognition of child maltreatment as a public health issue, and over the last several years prevention efforts have grown as communities aim to tackle the issue.\(^1\)

What is child maltreatment?
Through the Child Abuse Prevention and Treatment Act (CAPTA), child abuse and neglect are defined as “any recent act or failure to act on the part of a parent or caregiver that results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act that presents an imminent risk of serious harm.”\(^3\)

Common examples of child maltreatment include:
- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional Abuse\(^4\)

As a mandatory reporting state, anyone in Indiana who suspects a child has been abused or neglected is required by state law to make a report.\(^5\)

What is the impact of child maltreatment?
According to the Centers for Disease Control and Prevention, at least one in seven children across the nation have experienced abuse or neglect in the past year.\(^6\) Child maltreatment has been linked to long-term physical health, psychological, and behavioral consequences for victims.\(^7\) The economic impact of substantiated child maltreatment incidents is estimated to be $428 billion, representing lifetime costs incurred annually.\(^8\)

According to the Children’s Bureau’s Child Maltreatment report, the rate of children experiencing maltreatment in Indiana in 2017 was 18.6 victims per 1,000 children, compared to a national average of 9.1. **Indiana has the second highest rate in the nation, after Kentucky (22.2 victims per 1,000 children).**\(^9\)

*Indiana’s rate has steadily increased since 2013.*
Child Maltreatment Rate per 1,000 Children, Indiana: 2013–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate per 1,000 Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13.7</td>
</tr>
<tr>
<td>2014</td>
<td>14.8</td>
</tr>
<tr>
<td>2015</td>
<td>16.7</td>
</tr>
<tr>
<td>2016</td>
<td>18.1</td>
</tr>
<tr>
<td>2017</td>
<td>18.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Indiana</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8.8</td>
<td>9.1</td>
</tr>
<tr>
<td>2014</td>
<td>9.1</td>
<td>9.2</td>
</tr>
<tr>
<td>2015</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>2016</td>
<td>9.1</td>
<td>9.1</td>
</tr>
<tr>
<td>2017</td>
<td>9.1</td>
<td>9.1</td>
</tr>
</tbody>
</table>

Source: Children’s Bureau

The prevalence of children in Indiana experiencing abuse and neglect is **twice the national average.**

*Source: Children’s Bureau*

Children of low socio-economic status are estimated to experience abuse and neglect at a rate approximately **five times greater** than their peers of higher socio-economic status.\(^10\)
Young children in Indiana are also disproportionately affected by child maltreatment. In 2018, over half (53%) of children experiencing maltreatment were under the age of six.\textsuperscript{11}

\textbf{The majority of substantiated incidents of child maltreatment in Indiana included an instance of neglect.}

Substantiated Assessments by Maltreatment Type, Indiana: 2018

<table>
<thead>
<tr>
<th>Maltreatment Type</th>
<th>5 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>15.2%</td>
<td>Neglect</td>
</tr>
<tr>
<td></td>
<td>81.2%</td>
<td>81.2%</td>
</tr>
<tr>
<td></td>
<td>9.6%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

Who is perpetrating child maltreatment?

In Indiana, just over half of perpetrators (56.6%) of child maltreatment are female.\textsuperscript{12}

Almost half of perpetrators (43.4%) are between the ages of 25-34. Three-fourths (75.8%) of perpetrators in Indiana are a parent to their victim. Parental risk factors for perpetrating child maltreatment include: young age, low education, single parenthood, and low income.\textsuperscript{13}

How is child maltreatment related to parental substance use?

Parental substance use has also been identified as a risk factor for child maltreatment.\textsuperscript{14} Based on data from the National Survey on Drug Use and Health, 12.3% of children under 17 resided with at least one parent who had a substance use disorder.\textsuperscript{15}

During 2018, almost two-thirds (64%) of removals by the Indiana Department of Child Services were due, at least in part, to parental substance use.\textsuperscript{16}

**What resources are available?**

\textbf{Child Welfare Information Gateway} provides comprehensive data and resources on child maltreatment and how to best protect children and strengthen families. [https://www.childwelfare.gov](https://www.childwelfare.gov)

\textbf{Prevent Child Abuse America} includes research on how to prevent all types of child abuse and parenting tips to help promote the development of children. [https://preventchildabuse.org/](https://preventchildabuse.org/)

**What solutions are possible?**

**Individuals**

✓ Call the Indiana Child Abuse and Neglect Hotline at 1-800-800-5556 if you suspect child maltreatment.

✓ Volunteer to be a CASA or foster parent.

**Organizations and Communities**

✓ Support the families you serve and intervene early to provide resources to struggling families.

✓ Establish reporting procedures for staff to follow if child maltreatment is witnessed or suspected.

**Leaders and Policy Makers**

✓ Invest in prevention programs and strategies.

✓ Assess gaps in services and supports for families at risk.

✓ Encourage cross-sector collaboration to address child maltreatment and support local families.
Child Population

Indiana is home to the 15th largest population of children nationally. In 2018, more than 1.5 million children younger than 18 resided in Indiana. The child population has been declining slightly in Indiana since the peak of 1.6 million children in 2008. Over the past five years, 74 counties have seen a decrease in child population and 19 have seen an increase.17

- In 2018, 51.2% of Indiana’s child population was male and 48.8% was female.
- In 2018, 26.7% of Indiana’s kids were under the age of five, 27.4% were ages 5–9, 28.6% were ages 10–14, and 17.3% were ages 15–17.18

Race and Ethnicity

For all Hoosier children to reach their full potential, they must have opportunities to grow, develop, and thrive. Indiana’s child population has increased in racial and ethnic diversity over the past ten years and is more diverse than the adult population (27.4% of children compared to 18.0% of adults 18 and over are a race or ethnicity other than white, non-Hispanic). Children of color includes children who are black, Hispanic, Asian, and American Indian.19

- In 2018, 27.4% of Hoosier youth were a race or ethnicity other than white, non-Hispanic. This percentage has increased from 2008 when 23.2% of Hoosier kids were a race or ethnicity other than white, non-Hispanic.
- The Asian child population saw the largest increase of 56.8% among all other races/ethnicities from 2008 (27,399) to 2018 (42,952).
- The Hispanic population grew from 8.8% (142,116) in 2008 to 11.3% (176,634) in 2018, an increase of 24.3%. The Hispanic youth population has increased between 2,000 to 3,000 children each year since 2014.
- The black child population has stayed consistent between 12% and 13% since 2008, while the white child population has decreased by 8.0% since 2008.20
Place of Birth

The majority of our state’s children were born in Indiana (83.6%), and another 14.0% were born in other states.21

- 1.8% of Indiana children are foreign born, and, of them, 31.2% are naturalized American citizens.22
- Indiana children in immigrant families, meaning they live with at least one foreign-born parent or are themselves foreign-born, has steadily increased from 2008 (8%) to 2017 (12%).23
- In 2019, approximately 450 refugees younger than 25 moved to Indiana. More than half of those arrivals (331) were younger than age 15.
- Of the refugee youth who moved to Indiana, 77.0% settled in Marion County, and 17.5% in Allen County.
- Among refugee youth, 62.2% are from Burma/Myanmar, 20.8% from the Democratic Republic of the Congo, 3.0% from Eritrea, and 13.9% are from other countries.24

Language

More than 1 in 10 (10.4%) Hoosier children ages 5–17 speak a language other than English at home.25 Students who have limitations in proficiency in speaking, listening, reading, and writing academic English are identified as English Learners. The majority of English Learners were born in the United States. Research shows that English Learners who have fluent English proficiency achieve higher educational outcomes than their native speaking peers.26

- Over half of Hoosier children who speak a language other than English speak Spanish (62.3%), followed by Indo-European languages such as German, French, and Hindi (21.4%), and Asian or Pacific Island languages (12.1%).
- 93.6% of children who speak a language other than English at home also speak English "well" or "very well."27
- In Indiana, 26,733 children ages 5–17 live in households considered to be limited English speaking. This means that they speak a language other than English at home and no one older than age 14 in the household speaks English only or speaks English "very well."28
Households and Families

Family structure influences child development, the home environment, and the levels of economic resources available. As a family structure changes, family resources and caregiving environments are also likely to change.29

The distinction between family and household as used in United States Census Bureau data is an important one. A household includes all people who live together, and there are both family and nonfamily households. Nonfamily households may be one person living alone or with others who are unrelated. Two or more people either related by birth, marriage, or adoption, and residing together are considered members of one family.

Households

Indiana has more than 2.5 million households.

- 709,918 of Indiana’s households include children younger than 18 (27.3%).30
- The vast majority of Indiana’s children live in households with a biological parent (81.7%) followed by a grandparent (7.4%) as the householder.31

Families

Over forty percent (42.2%) of Indiana’s families have children younger than 18.32

- Among families with children, 76.6% have one or two children, 20.9% have three or four children, and 2.5% have five or more children.33
- More than half of Indiana families with children have only school-age children, while others only have younger children or have both school-age children and younger children.
  - Families with children only younger than 6: 21.3%
  - Families with children only ages 6–17: 57.0%
  - Families with both children younger than 6 and ages 6–17: 21.7%34

Indiana children live in many different types of families. Compared to children living in two-parent families, kids living with a single parent or experiencing family structure transitions fare worse in developmental outcomes.35 Both single mothers and single fathers tend to face greater barriers to providing economic stability for their children. Four in ten children living with a single mother live in poverty (36.5%), compared with 17.8% of children living with a single father, and 6.5% of children living in a married couple family.30
• Nearly 2 in 3 Indiana children live in married couple families, 1 in 4 live with a single mother, and nearly 1 in 10 live with a single father. 

• An unmarried partner is present in 48.1% of male-headed and 18.1% of female-headed single parent households.

Young Families
Young parents, those who become parents between the ages of 18 to 24, face obstacles in their ability to earn, learn, and raise a family. Targeting support and promoting opportunities in education and employment can help young families find pathways to success. Research has shown that both young parents and their children are still in developmental periods. This presents an opportunity to invest in young parents’ education as these individuals may be receptive to supportive services.

Young families are more likely to live in poverty due to financial instability, lack of employment, education, and experience. Most young parents work; however, their income is barely above the poverty threshold. These parents also often lack access to benefits that would increase their income. Public systems and programs can be designed to meet the needs of young parents, reduce barriers, and create a better future for them and their children.

• Among young Hoosier parents, 65.8% are white, 14.8% are black, 14.7% are Hispanic, 5.2% are multiracial, and 1.2% are Asian and Pacific Islander.

• Among young Hoosier parents, 1 in 5 have less than a high school degree, 7 in 10 have a high school degree or GED, and 1 in 10 have attained an associate’s degree or higher.

• Among neighboring states, Indiana has the second lowest percentage of children with young parents living in low-income families: 66.9% in Illinois, 67.0% in Indiana, 72.8% in Ohio, 73.1% in Michigan, and 81.0% in Kentucky.

Adoptive Families
An estimated 37,778 Hoosier children live in adoptive families. Foster care adoptions, international adoptions, and private domestic adoptions are the three main avenues for adopting a child in the United States.

• 2,105 children were adopted through the Indiana Department of Child Services (DCS) in 2018.

• Indiana had 124 inter-country adoptions involving immigration to the United States finalized in 2018.
**Foster Families**

Children in foster care are vulnerable youth who have often been impacted by abuse, parental neglect, inadequate housing, the state’s ongoing drug crisis, or other factors. According to national research, young people who experienced foster care report challenges in educational and employment opportunities.\(^4^5\)

For youth, being separated from family and familiar surroundings can be traumatizing. Separations that are sudden, unexpected, or prolonged can interfere with a child’s ability to adjust to their new everyday life and develop healthy coping strategies.\(^4^6\)

- According to the Indiana Department of Child Services, 34,690 Hoosier children were in foster care at some point during 2018. At any given time, the number of children in foster care is significantly lower than this; on September 30, 2018, there were 20,875 children in care.

- 16.2% of all children removed in 2018 were below the age of one, and 41.2% were younger than five.

- Once removed, older children can struggle to reach permanency. 15.8% of children removed in 2018 were 15 and older; this same age group made up 18.8% of children in foster care on September 30, 2018.\(^4^7\)

**Compared to neighboring states, Indiana has the highest number of children who are in the foster care system.**

Number of Children in Foster Care System, Indiana and Neighboring States: 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHIGAN</td>
<td>30,693</td>
</tr>
<tr>
<td>OHIO</td>
<td>26,744</td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>21,118</td>
</tr>
<tr>
<td>INDIANA</td>
<td>18,105</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>15,348</td>
</tr>
</tbody>
</table>

Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

A child may experience multiple moves while in foster care because of many scenarios. A child may be placed in an emergency placement at the time of their removal and are then moved to another placement. A child may also be moved to a more or less restrictive placement setting based on his or her needs. The length of time in foster care ranges for children; it may be less than one day or up to 16 years.
• The average length of stay for children who exited care in 2018 was 526 days.
• Nearly half of children who exited care in 2018 (45.9%) experienced at least three placements throughout their entire stay.
• 15,221 children exited care in 2018. Of these children, 65.4% were reunified with their parents and 13.8% were adopted.\footnote{48}

**Multigenerational Households: Grandparent Householders**

A small portion (2.9%) of Indiana’s households are multigenerational, meaning at least three generations of family members are living in the same household.\footnote{49} Not all Indiana children who live with their grandparents live in multigenerational families because the parent of the grandchild is not always present.

• In 2018, 126,806 grandparents lived in Indiana with their grandchildren who were younger than age 18, a 5.9% increase from 2017.
• Grandparents who are directly responsible for the grandchild (47.5%) increased by 4.1 percentage points from 2017 (43.4%).\footnote{50}

**Grandparent Kinship Caregivers**

Kinship care involves a relative or someone with significant emotional connection to a child, such as a grandparent, providing care when parents are not able to raise their child. Kinship care reduces trauma, helps children maintain family bonds, and increases a sense of belonging.\footnote{51}

Although grandparents often are willing to care for the children in their families, they may face additional emotional and financial challenges. Because many grandparents are not licensed in the foster care system, they may not be eligible for the same services and financial support as licensed foster parents.\footnote{52}

• Of grandparents who are responsible for their grandchildren, 2 in 5 are older than age 60 (39.6%).\footnote{53}

• In households where the grandparent is responsible for the grandchild, 41.7% receive Supplemental Social Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits.

• 25.9% of children whose grandparents are responsible for them live in poverty.\footnote{54}

The number of grandparents who are responsible for children with no parent present has increased from a low in 2014.

Percentage of Children Living with a Grandparent Householder, Grandparent Responsible, No Parent Present, Indiana: 2014–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>19.0%</td>
</tr>
<tr>
<td>2015</td>
<td>22.8%</td>
</tr>
<tr>
<td>2016</td>
<td>20.9%</td>
</tr>
<tr>
<td>2017</td>
<td>23.9%</td>
</tr>
<tr>
<td>2018</td>
<td>29.9%</td>
</tr>
</tbody>
</table>

*Source: American Community Survey, Table S1001*
Parental Educational Attainment

A parent’s level of education is associated with several measures of children’s well-being. Research has indicated that children who live in a household with a parent lacking a high school diploma are associated with poor educational outcomes, low achievement scores, a higher likelihood of repeating a grade, and a higher likelihood of dropping out of high school.56

- In Indiana, adults with less than a high school diploma earned a median income of $25,560 in the past year, significantly less than adults with a bachelor’s degree ($49,851) or higher ($62,726).58
- A quarter of Hoosier adults (27.1%) have a bachelor’s degree or higher. Females are more likely to have a bachelor’s degree or higher (27.8%) compared to males (26.4%).57
- In Indiana, males with a bachelor’s degree earn more ($62,140) than females with a bachelor’s degree ($41,206).58

A bachelor’s degree or higher accounts for a quarter of Hoosier educational attainment.

Family Stability

Children thrive in stable and nurturing environments. Although some change in children’s lives is normal, abrupt or involuntary disruptions can affect children’s feeling of security. Instability is often associated with family stress and can negatively impact children’s physical, emotional, and cognitive development. Abrupt or involuntary changes in income, family composition, parental employment, and food insecurity are additional areas of family instability that are associated with poor short-term and long-term child outcomes.59

Family Stress

Feeling stress while parenting is normal, but high levels of stress that continue for long periods of time can negatively affect a child. Comforting and emotionally stable adult relationships in the early years have a significant impact on the child’s overall mental and health outcomes as adults.60

- 63.7% of Hoosier parents report handling the day-to-day demands of raising children “very well.”61
- 5.4% of Hoosier parents report they “usually/always” felt aggravation from parenting during the past month.62
- Nearly half of Indiana high school students live in a family that argues repetitively (48.6%), 38.9% live in a family that has serious arguments, and 37.4% live in a family that often insults each other.63
Family stressors vary by race and ethnicity.

Family Stressors for Grade 9–12 Students by Race/Ethnicity, Indiana: 2018

Military Parents

Children living in military families often face challenges such as moving frequently and extended separation from parents. Children of deployed parents are more likely to experience anxiety, depression, aggression, and problems with attention in school.64

- In 2018, 45.4% of all U.S. military personnel were single with no children, 32.9% are married with children, and 5.9% are single with children.
- Of the 1.6 million U.S. military children, the majority are ages between birth and 5 years old (37.8%).
- Indiana is home to 18,826 reserve members (including National Guard) and 947 active duty military members. Indiana has the 13th highest number of reserve members of all states in the U.S.65

Incarcerated Parents

When a parent or other family member is incarcerated, a family’s stability is affected by lost income, higher mobility, social stigma, and unstable environments. Overwhelmingly, incarcerated parents are fathers. Compared with their white peers, black and Hispanic youth are more likely to have a parent incarcerated.66 Parental incarceration can lead to children experiencing anxiety and depressive symptoms, aggressive behavior, delinquency, involvement in criminal activities, and poor academic performance.67

- 10.1% of Indiana children have a parent who has served time in jail, compared to 7.4% nationally.

Black Hoosier youth experience parental incarceration nearly two times more often than their white peers.

Percentage of High School Students with a Parent Who Served Time in Jail by Race/Ethnicity, Indiana: 2018
• Children who live in a household with income 100%–199% Federal Poverty Level (FPL) are more likely to experience parental incarceration (18.9%) compared to their peers:
  - 16.9% of householder income 0–99% FPL
  - 5.1% of householder income 200%–399% FPL
  - 3.1% of householder income of 400% FPL or greater.

• As of July 1, 2019, 27,106 adults were incarcerated in Indiana’s institutions. More than a quarter (29.2%) of incarcerated adults have one or more drug offenses.

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health. The cumulative effect of ACEs has a lifelong impact on children. As the number of ACEs increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life. ACEs can be prevented for all children and families by creating nurturing, safe, and stable relationships and environments.

• 16.6% of Hoosier children have experienced two or more ACEs.

• Hoosier youth have a higher prevalence than their peers nationally in 6 out of 8 ACEs as measured by the National Survey of Children’s Health.

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences, Indiana and United States: 2017–2018</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent divorce</td>
<td>25.0%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Parent or guardian died</td>
<td>4.7%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>10.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Lived with anyone who was mentally ill, suicidal, or severely depressed</td>
<td>9.5%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Lived with anyone who had a problem with alcohol or drugs</td>
<td>10.3%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Treated unfairly because of race/ethnicity</td>
<td>2.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Witnessed domestic violence</td>
<td>6.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>3.9%</td>
<td>4.0%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health

Parents with Mental Health Illnesses

Living with someone with mental illness can have an impact on the entire family. A child, specifically preschool age (3–5 years), who lives with a parent experiencing mental health can be at higher risk for poor behavioral and psychosocial outcomes. Services that are provided to the parent and also focus on the child can decrease feelings of anxiety and isolation.

• 1 in 5 Indiana adults (20.9%) experienced any mental illness in the past year, 17.6% received mental health services, 8.0% had a major depressive episode, 5.2% had a serious mental illness, and 5.0% had serious thoughts of suicide.

• Nearly 1 in 10 Hoosier children (9.5%) have lived with someone who was mentally ill, suicidal, or severely depressed, compared to 7.3% nationally.

• In Indiana, of parents who live with their children, 6.7% of mothers report “fair” or “poor” mental health and 4.8% of fathers report “fair” or “poor” mental health.
Parents with Substance Use Disorders

Parents’ substance use disorders can affect their ability to function effectively in a parental role. Substance abuse can impair parents’ awareness of and sensitivity to their child’s emotions, interfering with healthy parent-child attachment.\textsuperscript{78} Substance abuse interferes with mental functioning, judgement, self-control, and regulating anger and impulsivity, all factors which increase the risk for engaging in abusive behavior. This behavior may include child abuse and neglect, which may result in physical and psychological detriments. If unaddressed, maltreatment can contribute to later problems such as substance abuse, depression, and domestic violence.\textsuperscript{79} Removals occur when a child has been assessed as unsafe in the home. The decision to remove must be justified by specific threats to the child’s safety, including whether the child’s immediate needs, such as supervision or food, are met, or whether a child’s parent is impaired by current substance use.\textsuperscript{80}

- 14.5% of Indiana adults used marijuana in the past year, 2.1% used cocaine, and 0.7% used heroin.
- Nearly 1 in 3 Indiana adults (29.0%) used tobacco products in the past month, compared to 24.8% nationally.
- 5.6% of Indiana adults had an alcohol use disorder in the past year, compared to 5.8% nationally.\textsuperscript{81}
- 10.3% of Indiana children have lived with someone who had a problem with alcohol or drugs, compared to 8.0% nationally.\textsuperscript{82}
- Of the 35,122 total removers conducted in 2018, 57.1% (20,039) included parent drug and/or alcohol abuse as a contributing reason for removal.\textsuperscript{83}

---

**Hoosier mothers show a higher prevalence of fair or poor mental health days than fathers.**

Parents’ Reported Mental Health, Indiana: 2017-2018

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent or very good</td>
<td>73.1%</td>
<td>78.7%</td>
</tr>
<tr>
<td>Good mental health</td>
<td>20.3%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Fair or poor mental health</td>
<td>6.7%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Family Engagement

Family engagement serves an important role in supporting children’s health and learning. Engaged guardians help guide and advocate for their students while helping shape a healthy school environment. Youth who experienced strong connections with both school and family are 48%–66% less likely to have mental health issues, experience violence, engage in risky sexual behavior, and use substances. Youth benefit when caregivers and schools work together. Children are more likely to earn higher grades, adapt better to school, and develop positive social skills when there is collaboration between adults who are important to a child’s life.

- 54% of parents nationally reported they were “very satisfied” with the way school staff interacts with parents.
- Nationally, 78% of parents reported attending regularly scheduled parent-teacher conferences. Participation decreased as children grew older; 92% of parents attended a parent-teacher conference in K–2nd grades and 58% attended in 9th–12th grades.
- 92.7% of Indiana high school students say their parents know where they are and who they are with and 92.5% of Indiana high school students report that the rules in their family are clear.
- 89.5% of Indiana high school students say their parents would catch them if they skipped school and 87.7% of Indiana high school students say their parents know if they come home late.
- 78.0% of Indiana high school students say their parents ask about homework.

More than half of removals (57.1%) included parent drug and/or alcohol abuse in 2018.*

Source: Indiana Department of Child Services

*Parent substance abuse can be one of several reasons for the removal of a child.

Of Children Removed From the Home, Percentage Due to Parent Drug and/or Alcohol Abuse, Indiana: 2018*

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blackford</td>
<td>Marion</td>
</tr>
<tr>
<td>90.4%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Union</td>
<td>Dekalb</td>
</tr>
<tr>
<td>85.7%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Vermillion</td>
<td>Lake</td>
</tr>
<tr>
<td>84.1%</td>
<td>35.2%</td>
</tr>
<tr>
<td>Franklin</td>
<td>Spencer</td>
</tr>
<tr>
<td>83.3%</td>
<td>40.6%</td>
</tr>
<tr>
<td>Martin</td>
<td>Pike</td>
</tr>
<tr>
<td>81.3%</td>
<td>43.6%</td>
</tr>
<tr>
<td>Gibson</td>
<td>Whitley</td>
</tr>
<tr>
<td>80.2%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Posey</td>
<td>Laporte</td>
</tr>
<tr>
<td>79.8%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Warrick</td>
<td>Allen</td>
</tr>
<tr>
<td>79.6%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Lawrence</td>
<td>Tipton</td>
</tr>
<tr>
<td>79.3%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Howard</td>
</tr>
<tr>
<td>79.1%</td>
<td>48.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

*Parent substance abuse can be one of several reasons for the removal of a child.
Family rituals facilitate an increase in a child’s and a family’s sense of social connectedness, and such connectedness may serve to protect kids and teens from the development of anxiety or depression. Teens who regularly share meals with their families tend to eat more fruits and vegetables, are less likely to be overweight, enjoy improved relationships with their parents, and are less likely to abuse drugs, experience depression, or consider suicide.

- In Indiana, 40.4% of families eat a meal together every day, compared to 43.7% nationally.
- 3 in 10 Indiana families (29.2%) share a meal fewer than four days in an average week.

Families are more likely to eat a meal together every day when a child is younger.

Percentage of Families Who Eat a Meal Together by Age, Indiana: 2017–2018

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1–3 days</th>
<th>4–6 days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5 years old</td>
<td>13.2%</td>
<td>26.5%</td>
<td>58.5%</td>
</tr>
<tr>
<td>6–11 years old</td>
<td>24.2%</td>
<td>28.8%</td>
<td>44.5%</td>
</tr>
<tr>
<td>12–17 years old</td>
<td>41.5%</td>
<td>35.5%</td>
<td>20.3%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health

Family time can also include activities such as reading and singing together. When children are able to explore and learn about their curiosities in any environment, they are more likely to thrive. Reading is a skill built over time and is essential as students move through school. High school graduation can be predicted with reasonable accuracy by fourth-grade reading scores. Reading is a tool for further learning and reading achievement is critical for future educational success.

- 35.8% of Indiana families read every day to their children younger than six years old.
- Hoosier families read to boys (54.2%) and girls (54.1%) four or more days a week at the same amount.
- 44.0% of Indiana families tell stories or sing songs every day to children younger than six years old.
Child Abuse and Neglect

Children who are abused or neglected often suffer from both temporary and long-term physical and emotional harm. Child maltreatment is associated with physical injuries, delayed physical growth, and neurological damage, as well as depression, suicide, alcoholism, criminal behavior, and future abuse as an adult. Research suggests that official reports often underestimate the true frequency of abuse and neglect.96

Reporting

The Indiana Child Abuse and Neglect Hotline serves as the central reporting center for child maltreatment allegations in Indiana. The most common sources of a report for alleged child abuse or neglect come from individuals who have contact with children as part of their jobs (teachers, police officers, lawyers, and social services staff), followed by friends, parents, relatives, and neighbors.97

- In 2018, the Indiana Child Abuse and Neglect Hotline received 242,994 reports, or an average of more than one report every two minutes.
- The hotline handled an average of 703 calls per business day and 237 per weekend day. The average caller spent 12 minutes and 22 seconds speaking with an intake specialist.98
- The number of reports made to the Indiana Child Abuse and Neglect Hotline has increased by 22.3% since 2014.99100
- A child protective service response is an investigation which determines whether an intervention is needed and is conducted for all reports of child maltreatment. In 2017, Hoosier children received more child protective service responses for child maltreatment (10.4%) than their peers nationally (5.0%).101102
- Assessments are completed within 45 days by a family case manager. This changed in 2018, where previously assessments were completed within 30 days.103

Prevalence

Allegations of maltreatment are considered “substantiated” if evidence from an assessment reveals them to be true. The three primary types of child maltreatment are physical abuse, sexual abuse, and neglect. Neglect is the most prevalent form of maltreatment and occurs when a child’s physical or mental condition is seriously impaired or endangered because of a caregiver neglecting to provide necessary food, clothing, shelter, medical care, or education.104

- According to the Children’s Bureau’s Child Maltreatment report, the rate of children experiencing maltreatment in Indiana in 2017 was 18.6 victims per 1,000 children, compared to a national average of 9.1.105
- In 2018, 16,324 assessments had at least one substantiated allegation.
- The most common form of substantiated assessments is neglect (81.2%), followed by sexual abuse (15.2%), and physical abuse (9.6%).106

You are a Mandated Reporter

Every adult in the state of Indiana is a mandatory reporter of child abuse and neglect. Any adult who has reason to believe that a child has been abused or neglected is required to immediately call the Department of Child Services (DCS) or law enforcement.94 DCS operates a 24-hour, 7-days-a-week hotline for reporting suspected child abuse or neglect: 1-800-800-5556.
Indiana’s rate has steadily increased since 2013.
Child Maltreatment Rate per 1,000 Children, Indiana: 2013–2017

![Graph showing child maltreatment rate per 1,000 children in Indiana from 2013 to 2017. The rate has increased from 13.7 in 2013 to 18.6 in 2017.]

Source: Children’s Bureau

Victim Characteristics
Indiana’s youngest children are the most vulnerable to maltreatment.

- In 2017, Hoosier infants, younger than age one, experienced abuse or neglect two times more (61.7 cases per 1,000 children) than children of any other age.

- In 2017, nearly half of all confirmed victims of child abuse and neglect (49.0%) were infants and children ages 0–5.

- Indiana girls experienced abuse or neglect at a higher rate (19.6 cases per 1,000 children) than boys (17.6 per 1,000) in 2017.107

Child Maltreatment Fatalities
The death of a child is a tragedy for family, friends, and the community. Child fatalities due to neglect and abuse can be difficult to track and may be underreported. Child fatalities may involve repeated abuse over a period of time or be caused by a single incident. Fatal child neglect involves a caregiver’s failure to act, which may be chronic or acute negligence.108

- In 2017, 65 Hoosier children died from child abuse and neglect, an increase from 59 substantiated neglect and abuse child deaths from the previous year.

- Fatalities due to child abuse and neglect disproportionately affect young children. 69% of fatalities were victims 3 years old or younger (45 out of the 65 fatalities).

- In 2017, 46% of the fatalities (30) were determined to be homicides, 42% (27) were accidental, 11% (7) could not be determined, and 2% (1) were recorded as death by suicide.

- Of abuse-related fatalities, 64% were caused by the victim’s biological parent and 85% of neglect fatalities were caused by biological parents.109
Perpetrator Characteristics

Risk factors for child maltreatment include a combination of individual, relational, community, and societal elements. Individuals may lack understanding of child development and have a history of child maltreatment, substance abuse, and mental illness. Family risk factors include family instability, intimate partner violence, parenting stress, and social isolation. Community risk factors include violence, poor social connections, high poverty, high unemployment rates, and a high concentration of alcohol outlets. When sectors work together collaboratively to change practices and policies that serve families, child maltreatment can be prevented.

- In Indiana, the vast majority of perpetrators of child maltreatment were parents (75.8%) or other relatives (5.2%) in 2017.
- In 2017, nationally, individuals ages 25–34 had the highest rate of being a perpetrator (4.9 per 1,000 adults) compared to other age groups. In Indiana, individuals ages 25–34 had a higher rate of being a perpetrator (11.3 per 1,000 adults) compared to the national rate.
- In Indiana, the majority of perpetrators were white (75.6%) followed by black (16.1%), and Hispanic (5.2%) in 2017.

CHINS

In Indiana, children are declared by the courts to be a Child in Need of Services (CHINS) if they are seriously impaired or endangered by abuse or neglect and the parents of a child are unable or unwilling to make changes on their own to improve the safety of the child.

- In 2018, DCS opened 25,177 total cases.* The majority of the cases were CHINS (12,702) followed by Juvenile Delinquency and/or Juvenile Status cases (9,106).
- As of December 2018, 1,693 Hoosier children were designated as Children in Need of Services with terminated parental rights, meaning they are eligible for adoption.
- Of the Children in Need of Services with terminated parental rights in December 2018, 30.7% of children had been waiting for adoption for 180 days or less.

*Some of the cases are double counted among the categories of case type because case types can change throughout the life of the case.
Placements
When child maltreatment occurs, the Indiana Department of Child Services aims to place children in a safe environment that is as unrestrictive and as homelike as possible. For many children, separation from family and disruption of their usual routine and familiar surroundings can be traumatizing. Children in out-of-home care need strong relationships with caring adults and a network of social support to cope with the challenges associated with home removal.115

• In August 2019, 74.3% were placed in various forms of out-of-home care because they could not safely stay in their homes.116,117

• In cases where sibling groups were placed in out-of-home care, 7 in 10 (67.9%) had all siblings placed together in August 2019.118

• Less than 2 in 3 children (60.6%) were placed locally in the same county as their home in August 2019.119

Guardians Ad Litem and Court Appointed Special Advocates (GAL/CASA)
Each child designated as a CHINS is entitled to an advocate representing his or her best interests in the courts. These advocates help ensure children’s needs are met while they are in foster care and that they find a safe and permanent home as quickly as possible. Special advocates for children include legal professionals called guardians ad litem (GAL) or trained volunteers called court appointed special advocates (CASA).120

• In 2018, Indiana had certified GAL/CASA volunteer programs in 84 of 92 counties. Blackford, Huntington, Jay, Martin, Posey, White, Adams, and Wells Counties do not have GAL/CASA volunteer programs.

• In 2018, 4,718 volunteers spoke for abused and neglected Hoosier children in 26,431 CHINS cases. In the same year, 1,128 new volunteers were trained.

• 3,602 children were waiting to be assigned a GAL/CASA volunteer at the end of 2018. The number of children on the waitlist in Indiana’s counties ranges from 0 children waiting in several counties to 388 children waiting in Vanderburgh County.121

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vanderburgh</td>
<td>388</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>343</td>
</tr>
<tr>
<td>Madison</td>
<td>318</td>
</tr>
<tr>
<td>Delaware</td>
<td>274</td>
</tr>
<tr>
<td>Floyd</td>
<td>207</td>
</tr>
<tr>
<td>Dearborn</td>
<td>145</td>
</tr>
<tr>
<td>Lawrence</td>
<td>139</td>
</tr>
<tr>
<td>Vigo</td>
<td>98</td>
</tr>
<tr>
<td>Wayne</td>
<td>98</td>
</tr>
<tr>
<td>Scott</td>
<td>95</td>
</tr>
</tbody>
</table>

Source: Indiana Supreme Court, Office of Judicial Administration
Victimization

Children are more likely to be exposed to violence in their homes, schools, and communities than adults. Child victimization can involve abuse and neglect, physical and sexual assault, bullying, and property crime, as well as indirect exposure to crime. Exposure to violence can lead to lasting physical, mental, and emotional harm, whether the child is a direct victim or witness.\textsuperscript{122}

Exposure to Domestic Violence

Domestic violence includes a wide range of behaviors from verbal abuse to physical violence. Children who witness violence between adults in their home face greater risk for a variety of negative outcomes. Children may feel socially isolated, have difficulty making friends, and feel social discomfort or confusion about what is acceptable behavior.\textsuperscript{123}

- 6.3% of Indiana parents report that their children have ever witnessed domestic violence (defined as seeing or hearing parents or adults slap, hit, kick, or punch one another in the home) compared to 5.3% nationally.
- Children with special health care needs are about three times more likely to witness domestic violence (13.9%) than their peers (4.5%).\textsuperscript{124}

Children Served in Domestic Violence Facilities

- In 2018, 6,393 Hoosier children younger than 18, and 2,700 youth ages 18 to 24 were served in domestic violence residential and non-residential facilities.
- In 2018, 654 Hoosier youth received individual therapeutic counseling, 1,773 received group therapeutic counseling, 23,087 children participated in fun activities, and 12,704 children received case management. Case management includes referrals to meet housing needs, enrollment in school, and other tasks to meet the basic needs of a child.\textsuperscript{125}

Intimate Partner Violence

Intimate partner violence includes physical, sexual, psychological, or emotional violence from a current or former dating partner. Intimate partner violence can have a significant negative impact on victims’ physical, reproductive, and mental health, academic achievement, and their ability to have healthy relationships outside of their abusive intimate relationship.\textsuperscript{126}

- Indiana high school students who identify as gay, lesbian, or bisexual experience greater sexual dating violence (25.9%) than their LGB peers nationally (22.7%).
- Indiana high school students who identify as gay, lesbian, or bisexual were more than three times as likely to experience physical dating violence, defined as being physically hurt on purpose by someone they were dating, in the past year (26.5%) as heterosexual students (7.3%).\textsuperscript{127}
Sexual Violence

Sexual violence and intimate partner violence are public health problems that have long-term physical and mental health impact on victims. Research has shown that sexual violence often happens at an early age and prevention efforts should start young. Sexual violence also most affects women and racial and ethnic minorities. Public health, education, justice, and social service partners can work together to implement prevention efforts and address the aftermath of the violence with appropriate services and resources for victims.128

- Nationally, nearly half of women (43.6%) experience some form of sexual violence during their lifetime, compared to 1 in 4 men (24.8%).129
- 1 in 10 Indiana high school students (10.0%) have ever been physically forced to have sexual intercourse when they did not want to.130
- Indiana high school students who identify as gay, lesbian, or bisexual are nearly four times more likely to have been forced to have sexual intercourse (26.7%) as heterosexual students (7.5%).131

Juvenile Delinquency and Justice

Children are processed through the juvenile justice system when they are under the age of 18 and have been accused of committing a delinquent or criminal act. The process that is followed in the criminal justice system for a juvenile is similar to the process for an adult: arrest, detainment, petitions, hearings, adjudications, dispositions, placement, probation, and reentry; however, youth are treated differently through the level of responsibility and potential for rehabilitation. A variety of risk factors such as maltreatment, abuse, poverty, low commitment to school, and high-crime neighborhoods can contribute to a child’s involvement with the juvenile justice system. A child is more at risk when experiencing more than one factor. Although a child may face one or more risk factors, it is important that individuals, organizations, and policy leaders see the strengths and the capability of resiliency within the child.132

Weapons and Firearms

For youth, carrying a weapon is associated with an increased risk of injuries requiring medical treatment, repeat injuries, and injuries requiring hospitalization.133 According to Indiana’s Student Safety Reporting law, data related to arrests need to be reported to the Indiana Department of Education each year from school corporations.134 During the 2018–2019 school year, there were 252 arrests on school property.135

- In Indiana, 1 in 5 high school students (19.6%) carried a weapon such as a gun, knife, or club in the past month. This is higher than the national figure, where 16.2% of all students carried a weapon in the past month.136

About a quarter of offenses on school property were battery.

Percentage of Arrests on School Property by Offense, Indiana: 2019

<table>
<thead>
<tr>
<th>Offense</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battery</td>
<td>24.9%</td>
</tr>
<tr>
<td>Possession of marijuana</td>
<td>17.5%</td>
</tr>
<tr>
<td>Disorderly conduct</td>
<td>16.0%</td>
</tr>
<tr>
<td>Illegal possession of tobacco</td>
<td>8.2%</td>
</tr>
<tr>
<td>Intimidation</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
• Indiana high school students who identify as gay, lesbian, or bisexual are more than four times as likely to have been threatened or injured with a weapon on school property in the past month (20.5%) as heterosexual students (4.6%).

• 6.2% of Indiana high school students carried a gun in the past month. Students who identify as gay, lesbian, or bisexual are more likely to carry a gun (8.0%) as heterosexual students (5.8%).

• Of the 8,493 firearms traced and recovered in Indiana in 2018, 217 were possessed by someone younger than age 18, and 974 were possessed by youth 18–21 years old.

• In 2018, 54 youth were admitted to the Department of Correction for the possession of a firearm, firearm on school property, or the unlawful carrying of a handgun.

• 86.6% of Indiana high school students say their parents would catch them if they carried a gun.

• 57.1% of Indiana high school students say that if a kid carried a handgun in their neighborhood, they would be caught by police.

Case Filings
Juvenile offenses are divided into two primary categories: status offenses and delinquency offenses. Status offenses would not be considered a crime if committed by an adult, such as running away, habitual truancy, or buying alcohol. Delinquency offenses involve a child who has violated state or federal law or a municipal ordinance, such as shoplifting or battery. The number of cases filed is the number of new cases filed and does not represent the number of children committing delinquent acts.

![Percentage Change in Juvenile Offense Case Filings, Indiana: 2009–2018](source: Indiana Office of Court Services, Office of Judicial Administration)

- In 2018, there were 11,936 juvenile delinquency cases and 3,639 status offense cases in Indiana.

- Between 2014 and 2018, the number of juvenile delinquency case filings has fallen 22.2%, and the number of status case filings has fallen 7.0%.

Probation
Following an allegation of juvenile misconduct, after a case is filed, a youth can go before a judge. A judge decides what should happen to a child in juvenile justice and probation is the most common disposition. Additionally, a child can be referred to juvenile court by other institutions, where that child can decide to do an informal plan with probation.

Probation can reduce juvenile delinquency while ensuring the safety of the community. However, probation can also become a gateway for unnecessary confinement for youth who have noncompliant behavior but pose minimal risk to public safety. An overreliance on confinement disproportionately affects youth of color. Research has shown that creating opportunities for youth to develop skills and collaboration with families and community organizations is more effective than threats of punishment.
• 28,516 juveniles were referred to probation in 2017.
• Of the juveniles referred to probation, 68.2% of referrals were non-status delinquent and 31.7% were status delinquent.
• Of the 12,007 cases that were disposed in 2017, 84% were due to completion of probation.\textsuperscript{146}

**Number of youth referrals in probation has decreased annually.**

Juvenile Probation Referrals by Type of Offense, Indiana: 2013–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Status offense</th>
<th>Delinquency offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>26,678</td>
<td>10,966</td>
</tr>
<tr>
<td>2014</td>
<td>23,373</td>
<td>10,588</td>
</tr>
<tr>
<td>2015</td>
<td>21,866</td>
<td>9,560</td>
</tr>
<tr>
<td>2016</td>
<td>20,898</td>
<td>9,306</td>
</tr>
<tr>
<td>2017</td>
<td>19,435</td>
<td>9,030</td>
</tr>
</tbody>
</table>

Source: Indiana Supreme Court, Office of Judicial Administration

**Committed to the Department of Correction**

While awaiting a court hearing or placement in a long-term facility or program, juveniles may be confined in juvenile detention centers. The Indiana Department of Correction (IDOC) oversees three state juvenile facilities. These juvenile correctional facilities include LaPorte Juvenile, Logansport Juvenile, and Pendleton Juvenile.\textsuperscript{148}

The number of youth committed has fallen over the past decade; however, young people of color are disproportionately impacted. In many cases, this racial disparity exists because of higher rates of poverty and unemployment, lack of access to health care, barriers in seeing cases resolved by disposition to a community-based program, and different levels of law enforcement contact than white youth.\textsuperscript{147}

• 483 youth younger than age 18 were committed to IDOC in 2018.
• Males are more than five times as likely to be committed to IDOC (399) than females (84).
• Among Hoosier youth committed to IDOC, 50.5% are white, 33.1% are black, 4.8% are multiracial, and 10.8% are all other Hoosier youth.\textsuperscript{148}

• 389 youth were housed in Indiana juvenile correctional facilities as of July 2019, and another 60 youth were on parole.
• The average age at intake into a juvenile facility is slightly older than age 16, and the average length of stay is eight months.\textsuperscript{149}

**Average Daily Population in Juvenile Correctional Facilities, Indiana: 2018**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Youth in DOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaPorte Juvenile Correctional Facility</td>
<td>40</td>
</tr>
<tr>
<td>Logansport Juvenile Correctional Facility</td>
<td>160</td>
</tr>
<tr>
<td>Pendleton Juvenile Correctional Facility</td>
<td>216</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction
• In 2018, 68% of the youth in the juvenile correctional facilities received treatment for mental health illnesses. Treatment plans are individualized for each youth and can include individual counseling, cognitive behavior programming, and medication.

• 60.3% of youth committed to the Department of Correction were in thirteen counties. The top five are Marion (14.2%), St. Joseph (10.0%), Vanderburgh (7.7%), Allen (5.4%), and Elkhart (3.5%).

Among juveniles committed to the Indiana Department of Correction, the most common offense is against a person, which includes direct physical harm or force. The next most common offense is property crime, which includes burglary, theft, shoplifting, and vandalism.

• 11.8% of Indiana’s DOC juvenile population has one or more drug offenses.

• It costs an estimated $232.13 each day to house a youth in confinement.

• More than half of confined juveniles (66.3%) were committed for one of the two most serious offense levels (Level 1: violent or Level 2: serious).

Recidivism

Recidivism measures how frequently youth who have been confined relapse to criminal behavior that results in rearrests. The Indiana Department of Correction defines recidivism as returning to incarceration within three years of the offender’s release. The goal for any juvenile who has been released from a juvenile correctional facility is for them to remain crime free and not be incarcerated as an adult.

• Indiana’s juvenile recidivism rate was 33.3% in 2018. Of the 688 juveniles released in 2015, 229 returned to confinement in 2017.

• Of the 229 juveniles who recidivated, 145 returned as juveniles and 84 returned as adults.

• 96% of juveniles who recidivated returned to IDOC for the commission of a new crime, and 4% returned for a technical violation of post-release supervision.

• Recidivism rates are highest for black juvenile offenders (37.0%), followed by white (33.1%), and Hispanic juvenile offenders (25.9%).

• Recidivism rates are higher for male juvenile offenders (34.3%) than females (27.9%).
**Juvenile Detention Alternatives Initiative (JDAI)**

The Indiana Juvenile Detention Alternatives Initiative (JDAI) is a juvenile justice system improvement process that aims to eliminate unnecessary detention of youth, reduce racial disparities, and improve welfare of youth.\textsuperscript{155} The JDAI model is dependent on interagency collaboration, use of accurate data, alternatives to detention, reducing secure confinement, and reducing racial disparities. The following indicators include data between each county’s baseline year, the year before each sites’ participation, and 2018.\textsuperscript{156}

- In Indiana, 32 counties are participating in JDAI and 70% of Indiana youth ages 10–17 live in a JDAI community.

- In 2018, the total secure detention admissions in Indiana JDAI was 5,247; this is a 63% decrease when comparing to the sites’ baseline years.

- The average length of stay for youth in secure detention was 20.0 days, an increase of 33% compared to the sites’ baseline years. Additionally, the average length of stay for youth of color in secure detention was 20.7 days in 2018 compared to the sites’ baseline years of 14.0 days.*

- In 2018, there were a total of 2,707 felony petitions filed, and this includes any petition to adjudge delinquency with at least one felony allegation. The number of petitions filed has decreased by 50% when compared to the sites’ baseline years.\textsuperscript{157}

*Other offenses include resisting law enforcement, driving intoxicated/suspended, non-support child, conspiracy, aiding an offense, attempt to commit a felony, and missing data.

**Recidivism Rates by Offense Category, Indiana: 2018**

![Graph showing recidivism rates by offense category.]

**Source:** Indiana Department of Correction

*Recidivism rates are highest for other offense, property offense, and offense against a person.*

**Recidivism Rates by Offense Category, Indiana: 2018**

<table>
<thead>
<tr>
<th>Offense Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>14.3%</td>
</tr>
<tr>
<td>Weapon</td>
<td>21.7%</td>
</tr>
<tr>
<td>Controlled substances</td>
<td>28.8%</td>
</tr>
<tr>
<td>Sex offenses</td>
<td>31.3%</td>
</tr>
<tr>
<td>Person</td>
<td>32.1%</td>
</tr>
<tr>
<td>Property</td>
<td>34.9%</td>
</tr>
<tr>
<td>Other*</td>
<td>38.6%</td>
</tr>
</tbody>
</table>

*Other offenses include resisting law enforcement, driving intoxicated/suspended, non-support child, conspiracy, aiding an offense, attempt to commit a felony, and missing data.*

**Juvenile Detention Alternatives Initiative Sites and Juvenile Detention Centers, Indiana: 2018**

Source: Indiana Office of Court Services, Indiana Judicial Branch

*Increases in average length of stay are expected when sites implement JDAI. Often this is the result of not securely detaining youth for short periods of time, instead releasing them with supervision requirements. When the “right” youth are detained, they stay longer which increases the average.*
Neighborhoods and Communities
A child’s place of residence plays an important part in well-being. Neighborhood amenities such as parks, playgrounds, and recreation centers are associated with increased physical activity. Neighborhood locations vary in quality of schools, social capital, segregation, and family structure. Neighborhoods have an impact on a child’s long-term outcomes, including children’s earnings into adulthood. Research shows that conditions in the places where people live, learn, work, and play also have a significant impact on health. These conditions are known as social determinants of health.

- Over half of Hoosier children live in neighborhoods with a library or bookmobile (63.4%), or park or playground (63.3%).
- 4 in 10 Hoosier children live in a neighborhood with a recreation or community center (39.6%).
- 9.0% of children live in a neighborhood where there is vandalism, such as broken windows or graffiti.
- 17.5% of children live in a neighborhood where there is litter or garbage on the street.

Access to Technology
Having access to a computer with internet is increasingly important for both adults and children. Studies have shown differences exist in internet and technology access among students who are racial or ethnic minorities, students with low levels of parental educational attainment, and low income.

- 3.6% of Indiana children younger than 18 do not have a computer at home, and another 6.5% of children have a computer, but no internet access.
- Less than half of Indiana school districts (48%) have a 1:1 technology program for all grade levels, where students at all grade levels are paired with a device such as a laptop or tablet.
- iPad is the most common device used for 1:1 device programs for grades K–2 (178 districts).
- The most common device for 1:1 programs for grades 3–5 is Chromebook (189 districts) as well as for grades 6–8 (201 districts).
- The majority of 1:1 device programs for high school students use Chromebooks (189 districts).
- Predominantly, social media access is only available for teachers except for YouTube; 297 school districts have open access to YouTube for students.

School districts with 1:1 device programs for all grades have been increasing since 2016.

Number of Districts with 1:1 Device Programs, Indiana: 2016–2019

<table>
<thead>
<tr>
<th>Year</th>
<th>All grades</th>
<th>Most grades</th>
<th>Some grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>94</td>
<td>74</td>
<td>71</td>
</tr>
<tr>
<td>2017</td>
<td>99</td>
<td>99</td>
<td>34</td>
</tr>
<tr>
<td>2018</td>
<td>182</td>
<td>182</td>
<td>182</td>
</tr>
<tr>
<td>2019</td>
<td>182</td>
<td>182</td>
<td>182</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
A significantly higher number of districts provided access to social media platforms for teachers.

Number of Districts with Social Media Access, Indiana: 2019

<table>
<thead>
<tr>
<th>Social Media Platform</th>
<th>Open</th>
<th>Teachers only</th>
<th>Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>YouTube</td>
<td>297</td>
<td>76</td>
<td>4</td>
</tr>
<tr>
<td>Blogger</td>
<td>189</td>
<td>128</td>
<td>60</td>
</tr>
<tr>
<td>Google+</td>
<td>223</td>
<td>111</td>
<td>43</td>
</tr>
<tr>
<td>Skype</td>
<td>241</td>
<td>90</td>
<td>46</td>
</tr>
<tr>
<td>Twitter</td>
<td>238</td>
<td>83</td>
<td>56</td>
</tr>
<tr>
<td>Facebook</td>
<td>257</td>
<td>49</td>
<td>71</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Urban/Rural

Hoosiers living in rural areas tend to have higher food insecurity, lower levels of educational attainment, and more difficulty accessing services than those who live in urban areas. Work-support services, such as flexible and affordable child care and public transportation, are less available in rural areas.¹⁶⁵

- Most of Indiana’s population growth has been in urban areas. Since 2010, Indiana’s rural population declined 1.3% while the urban population increased 4.5%.
- In 2017, the earnings per job was higher in urban areas ($57,001) than in rural areas ($46,263).
- The unemployment rate is slightly higher in urban areas (3.5%) than in rural areas (3.3%).
- The overall poverty rate in rural counties in Indiana was 13.6% and in urban counties it was 13.4% in 2017.
- Between 2013–2017, the amount of people who completed college was 12 percentage points higher in urban areas (28.0%) than rural areas (16.1%).¹⁶⁶
Communities
Living in a supportive community helps improve children’s developmental outcomes and overall well-being. Studies have suggested that neighborhoods with lower levels of safety and trust, fewer role models, greater violence, poor quality schools, and few enrichment activities negatively affect children. Communities and neighborhoods vary in the public resources available and poorer neighborhoods may be at a disadvantage because there may be more needs than existing resources.¹⁶⁷

- 6 in 10 Hoosier parents “definitely agree” that their children live in a supportive neighborhood (61.4%).¹⁶⁸

Among high school students, Hispanic youth report the least amount of neighborhood support.
Percentage of High School Students Reporting Neighborhood Support, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbors notice when I do a good job and let me know</td>
<td>22.2%</td>
<td>22.6%</td>
<td>23.4%</td>
<td>18.8%</td>
</tr>
<tr>
<td>There are people in my neighborhood who are proud of me</td>
<td>30.4%</td>
<td>31.6%</td>
<td>29.4%</td>
<td>23.7%</td>
</tr>
<tr>
<td>There are people in my neighborhood who encourage me to do my best</td>
<td>34.3%</td>
<td>35.3%</td>
<td>32.7%</td>
<td>28.0%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey

Neighborhood Safety
When youth are connected, feel safe, and are supported by their neighborhood, they are more likely to thrive. Connection to an individual’s neighborhood can be a protective factor against engagement in nonviolent delinquent or criminal behavior for adolescents.¹⁶⁹

- Most Hoosier parents (69.6%) say they “definitely agree” that their child lives in a safe neighborhood, 1 in 4 (26.1%) “somewhat agree,” and 4.3% of parents “somewhat and definitely disagree” that their child lives in a safe neighborhood.

- More Hoosier parents (69.6%) say they “definitely agree” that their child lives in a safe neighborhood compared to our neighboring states: Kentucky (68.7%), Michigan (68.5%), Illinois (67.2%), and Ohio (65.2%).¹⁷⁰
Surrounding Environment
The physical surroundings of where kids and families live have an impact on their overall well-being. The physical surroundings include food, air, cleanliness of the water, and the natural environment. Access to high-quality physical conditions can explain why some thrive while others do not. Vulnerable populations and economically disadvantaged communities are more likely to experience hazards related to the physical environment than others.171

Air
The quality of air can affect health outcomes. It has been connected to decreased lung function, asthma, chronic bronchitis, irregular heartbeat, heart attack, and early death. Air quality and air pollution have been directly connected to asthma. In the United States, there have been an estimated 200,000 premature deaths from combustion emissions alone. Children, older adults, individuals with chronic conditions, and infants are more likely to have health risks related to air pollution.172

- Indiana is ranked 43rd for the most polluted air.
- Air pollution in Indiana, as measured by micrograms of fine particles per cubic meter, has decreased from 11.3 in 2015 to 8.4 in 2019.
- Indiana is ranked as the third lowest for air pollution compared to our neighboring states: Illinois (48th), Ohio (45th), Kentucky (36th), and Michigan (34th).173
- Fewer Hoosier kids currently have asthma (6.8%) than kids nationwide (7.6%).174

Physical Environment
Reported housing problems can consist of overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

- 14% of Indiana households reported having at least 1 of 4 housing problems.
- Indiana counties reporting households having at least 1 of 4 housing problems ranges between 7%–22%. Monroe (22%), Marion (19%), and Tippecanoe (19%) had the highest percentage of reporting a housing problem.175
- 16.7% of Hoosier kids live in a neighborhood with poorly kept or rundown housing compared to 12.5% of kids nationwide.176

Indiana households reporting at least 1 of 4 housing problems ranges between 7% and 22%.

Percentage of Households With At Least 1 of 4 Housing Problems, Indiana: 2011–2015

Source: County Health Rankings
Quality Mentoring
Children thrive when they are surrounded by stable, consistent, and meaningful relationships with caring adults. Research shows that a quality mentoring relationship can have a resoundingly positive impact on a young person’s life. Mentors can be formed through formal programs that strive to create trusting relationships between young people and non-parental adults. However, not all mentoring is created equal.

The “Elements of Effective Practice for Mentoring” is a research-informed and practitioner-approved publication including standards for creating and sustaining quality mentoring. The standards ensure mentoring is offered in a responsible way that meets the needs of both youth and volunteers while placing participants’ safety, program effectiveness, and positive outcomes at the forefront. When aligned with the Elements of Effective Practice, mentoring is an evidence-based tool that can help children develop self-esteem, increase prosocial behaviors, and resist risky behaviors. Youth mentoring programs that meet quality standards are added to The Mentoring Connector, a free, publicly-searchable referral database.

- Currently, 62 programs in Indiana meet the Elements of Effective Practice for Mentoring, an increase of 18 programs since 2016.

- 92.6% of Indiana parents report that their child ages 6–17 has a caring adult in their school, neighborhood, or community, compared to 89.3% nationally; however, this does not constitute a quality mentoring experience.

- Indiana is ranked second for youth that have a caring adult (92.6%) compared to our neighboring states: Illinois (90.1%), Michigan (93.1%), Kentucky (93.3%) and Ohio (93.6%).

- Nationally, 79% of youth mentoring agencies are nonprofits, 9% are K–12 schools, 3% are higher education institutions, 3% are government institutions, and 6% are faith institutions, for-profits, and others.

- Nationally, 35% of youth are served by a group model, 34% by a one-to-one model, 12% blend one-to-one and group, 9% by other models, 7% by cross-age peer model, and 3% by e-mentoring programs.

### Elements of Effective Practice for Mentoring

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment</td>
<td>When recruiting mentors, communicate clearly the program objectives and outcomes.</td>
</tr>
<tr>
<td>Screening</td>
<td>Ensure the volunteer has the time, commitment, and personal qualities to ensure the relationship will be consistent.</td>
</tr>
<tr>
<td>Training</td>
<td>To ensure the relationship is safe and effective, training should provide the knowledge, skills and attitude needed.</td>
</tr>
<tr>
<td>Matching and Initiating</td>
<td>Matching should ensure that all characteristics of the mentee and mentor are considered and aligned.</td>
</tr>
<tr>
<td>Monitoring and Support</td>
<td>Monitoring and supporting matches address changes that might need to occur during the relationship. This may include ongoing advice, problem-solving, training, and access to resources.</td>
</tr>
<tr>
<td>Closure</td>
<td>Mentors and mentees should be able to share their personal experiences with each other to ensure positive outcomes when ending the relationship.</td>
</tr>
</tbody>
</table>

Source: MENTOR: The National Mentoring Partnership

Nationally, 1 in 3 young people will grow up without a mentor.
Out-of-school Time Activities

Out-of-school time opportunities are an essential part of the communities in which youth live. In addition to keeping children safe before and after school, participation in out-of-school time programs is associated with improved academic performance, physical fitness, healthy eating, and better behavior in school.\textsuperscript{162}

Despite these benefits, parents cite cost, location, and accessibility as barriers to utilizing these programs for their children. Children and teenagers in low-income households have lower rates of participation. Low-income youth are more likely to spend significant time watching TV or playing video games on weeknights, while their peers from more affluent families are more likely to participate in organized activities or volunteer when they are not in school.\textsuperscript{183}

- 78.1% of Indiana children ages 6–17 participated in organized activities or lessons after school or on weekends in the past year.\textsuperscript{184}
- As of December 2019, Indiana had 762 out-of-school time programs registered with the Indiana Afterschool Network.
- 62% of Indiana’s registered programs are in schools, 22% are in community-based organizations, and 7% are in faith-based organizations.
- 59% of programs offer both before and after school programs, 28% offer after school only, and 2% offer before school only, with the remaining 11% unknown.
- 52% are school year only, 42% of programs are full year, and 6% are summer only.
- One-third of programs have 21 to 50 students (30%), nearly another third have 51 to 100 students (29%), 18% have more than 100 students, and 7% have 1 to 20 students, with 15% of programs being of unknown size.
- 22% of quality out-of-school time programs indicated staffing, hiring, and retention as the greatest challenge facing their program followed by funding (21%).
- The top three out-of-school time activities offered are tutoring and homework (82%), sports and recreation (61%), and academic enrichment (53%).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{chart.png}
\caption{Participation in Community and School Activities Ages 6–17, Indiana: 2017–2018}
\end{figure}

\begin{table}[h]
\centering
\begin{tabular}{|l|c|}
\hline
Activity & Percentage \\
\hline
Tutoring & 62\% \\
Sports & 61\% \\
Academic & 53\% \\
Character & 51\% \\
Health & 50\% \\
Literacy & 49\% \\
Science & 44\% \\
Cultural & 38\% \\
Civic & 37\% \\
Mentoring & 35\% \\
\hline
\end{tabular}
\caption{Top Ten Activities Offered by Out-of-school Time Programs, Indiana: As of December 2019}
\end{table}

Source: Indiana Afterschool Network
*Programs may choose more than one activity offered.
Sources

34. U.S. Census Bureau, 2018 American Community Survey (2019). Table B11003, Family Type by Presence and Age of Own Children Under 18 Years. Retrieved from https://data.census.gov/cedsci/
Sources continued

42 U.S. Census Bureau, 2018 American Community Survey (2019). Table B09018, Relationship to Householder for Children Under 18 Years in Households. Retrieved from https://data.census.gov/cedsci/

43 Indiana Department of Child Services (2019). Data Request.


47 Indiana Department of Child Services (2019). Data Request.

48 Indiana Department of Child Services (2019). Data Request.


80 Indiana Department of Child Services (2019). Data Request.


83 Indiana Department of Child Services (2016). Data Request.

Sources continued

36. Indiana Department of Child Services (2016). Data Request.
47. Indiana Department of Child Services (2019). Data Request.
54. Indiana Supreme Court, Office of Judicial Administration (2019). Data Request.
Sources continued


For children to thrive and grow into productive adults, parents need secure employment, jobs with family-sustaining pay, access to resources, and affordable housing. When parents are unemployed or earn low wages, their ability to access resources to invest in their child’s development is limited. The experiences of economic insecurity during childhood can extend into adulthood and have lasting effects on a child’s overall well-being.

### Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Indicator</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>24th</td>
<td>Child Poverty</td>
<td>28th</td>
</tr>
<tr>
<td>17th</td>
<td>Secure Parental Employment</td>
<td></td>
</tr>
<tr>
<td>11th</td>
<td>High Housing Burdens</td>
<td></td>
</tr>
<tr>
<td>38th</td>
<td>Child Food Insecurity</td>
<td></td>
</tr>
<tr>
<td>15th</td>
<td>Teens Not in School and Not Working</td>
<td></td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) represent better outcomes for youth.*
In many ways, conditions for working parents in Indiana have improved over the last several years. Indiana’s unemployment rate has stayed below 4% since December 2016. Prior to 2016, the last time it was below 4% was 2001. The median income for a family with children under 18 continues to rise, surpassing pre-recession levels in 2018 for the first time since 2014. However, many working parents still face challenges.

Where does Indiana rank for working parents?
Indiana is tied for 17th (26% of children) in the nation for children whose parents lack secure employment. Iowa was ranked first with only 19% of children in families without stable parental employment, and West Virginia was ranked worst at 37%.

What are the challenges working parents face?
Basic household expenses in Indiana were estimated to cost a family of four (two adults with one infant and one preschooler) $52,836 in 2016.

The median income for a family in Indiana is $67,800 and has increased steadily over the last several years.

While the state trend is encouraging, median income varies by nearly $80,000 depending on the county in which the family lives.

<table>
<thead>
<tr>
<th>Top 5 Counties</th>
<th>Bottom 5 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>Grant</td>
</tr>
<tr>
<td>Boone</td>
<td>Marion</td>
</tr>
<tr>
<td>Hendricks</td>
<td>Blackford</td>
</tr>
<tr>
<td>Warrick</td>
<td>Madison</td>
</tr>
<tr>
<td>Hancock</td>
<td>Vigo</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table B19025

Family structure can negatively or positively impact a family’s potential income. A married couple with children makes two to three times what single parents make annually.

<table>
<thead>
<tr>
<th>Median Income by Family Structure, Indiana: 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family with children under 18</td>
</tr>
<tr>
<td>Married couple with children under 18</td>
</tr>
<tr>
<td>Female householder with children under 18</td>
</tr>
<tr>
<td>Male householder with children under 18</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table S1903

One in four Hoosier children is being raised by a single mother. An additional 9% are being raised by a single father. Indiana mirrors closely the national statistics, but the family structure varies greatly by county.

According to research conducted by the Brookings Institution, 51% of Central Indiana jobs do not provide family-sustaining pay and benefits and have no clear pathway to obtain such a job. In 2016, 1 in 5 Central Indiana workers struggled to meet the needs of their families, and the majority of these individuals were parents.
In Indiana, 14% of families live in poverty. An additional 25% of families fall within the ALICE (Asset Limited, Income Constrained, Employed) population of families that do not earn enough to afford basic necessities. That means that even with Indiana’s low unemployment rate, 39% of families are still struggling financially.

What is the impact on children? Child poverty continues to decrease in Indiana but nearly 1 in 5 Hoosier children live in poverty (18.0%). Childhood poverty is associated with poor outcomes related to health, academics, and child maltreatment.

Research has shown that the federal poverty level is often an insufficient income to meet basic needs. The National Center for Children in Poverty defines “low-income families” as those with an income twice the poverty level (200% Federal Poverty Levels). Family structure and a child’s race/ethnicity can impact a child’s likelihood that they live in a low-income family.

- In Indiana, 72% of black children live in low-income families.
- 66% of Hispanic children live in low-income families.
- 54% of children in low-income families live with a single parent (versus 18% of children in families above low-income).
- 37% of white children live in low-income families.

What resources are available? The Indiana Department of Workforce Development provides a list of assistance programs that could help children and families as parents look for work. https://www.in.gov/dwd/2408.htm

The Aspen Family Prosperity Innovation Community Index is a compilation of research and recommendations on policies and practices to best support working families. https://ascend.aspeninstitute.org/resources/family-prosperity-innovation-community-index/

Boston College’s Center for Work & Family combines academic research and corporate practice to address working families by helping to improve the employee experience, including work-life measures. https://www.bc.edu/content/bc-web/schools/carroll-school/sites/center-for-work-family/about-us.html#par_bc_text_1

What solutions are possible?

**Individuals**

- Increase awareness of public assistance programs and community resources.
- Call 2-1-1 to see what resources are available in your area.
- Contact your local United Way to see what programs or support they offer for working families.

**Organizations and Communities**

- Identify strategies to support ALICE and low-income families and populations that disproportionately face financial challenges.
- Implement family-friendly policies such as flexible schedules, paid family leave, and child care assistance.
- Advocate for public policies that will improve conditions for working families.

**Leaders and Policy Makers**

- Assess the labor market in your area and the jobs available for working parents.
- Encourage cross-sector collaboration to address the deficit of well-paying jobs.
Labor Force
Secure attachment to the labor force is a major contributor to financial stability and well-being for families. The labor force includes all people age 16 and older who are classified as either employed or unemployed. Individuals not in the labor force are those who are not actively working or looking for work for reasons such as school or family responsibilities, ill health, or transportation challenges.

- More than three quarters (78.3%) of Indiana adults ages 25–64 are in the labor force, meaning they are currently working or looking for work.
- 94.5% of Indiana’s families with children younger than 18 have at least one parent in the labor force.

Parental Employment
Young children with a full-time, year-round employed parent are less likely to live in a low-income family, compared to young children with parents who work part time/part year or who are not employed. Parental unemployment during childhood can have long-term consequences for psychological well-being later in life.

- In 2018, 80.8% of families nationally had at least one employed family member, a slight increase from 80.5% in the prior year.
- From 2017 to 2018 in the United States, the likelihood of having an employed family member increased among white (80.1% to 80.4%), black (78.7% to 79.3%), and Hispanic (86.9% to 87.5%) families. The percentage of Asian families having at least one family member employed decreased (88.6% to 88.3%) from the prior year.
- Both parents are employed in 66.5% of Indiana’s married-couple families with children.

<table>
<thead>
<tr>
<th>Top Ten Occupations in Indiana: 2018</th>
<th>Number of Employees</th>
<th>Median Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and administrative support occupations</td>
<td>420,780</td>
<td>$16.14</td>
</tr>
<tr>
<td>Production occupations</td>
<td>388,180</td>
<td>$17.03</td>
</tr>
<tr>
<td>Sales and related occupations</td>
<td>286,330</td>
<td>$12.44</td>
</tr>
<tr>
<td>Food preparation and serving related occupations</td>
<td>280,950</td>
<td>$9.55</td>
</tr>
<tr>
<td>Transportation and material moving occupations</td>
<td>269,730</td>
<td>$15.37</td>
</tr>
<tr>
<td>Healthcare practitioners and technical occupations</td>
<td>195,120</td>
<td>$28.52</td>
</tr>
<tr>
<td>Education, training, and library occupations</td>
<td>164,670</td>
<td>$20.22</td>
</tr>
<tr>
<td>Management occupations</td>
<td>143,700</td>
<td>$40.52</td>
</tr>
<tr>
<td>Installation, maintenance, and repair occupations</td>
<td>131,960</td>
<td>$20.67</td>
</tr>
<tr>
<td>Construction and extraction occupations</td>
<td>121,940</td>
<td>$22.42</td>
</tr>
</tbody>
</table>

Source: Bureau of Labor Statistics

Unemployment
When a parent loses a job, there is an increased risk of family tension and family disruption. These disruptions can cause family conflict, diminish children’s self-confidence, cause hostile behavior, and lower educational attainment for children. A parent must be actively looking for a job to be considered “unemployed” by the United States Census Bureau. Job loss, debt, and financial difficulties are associated with an increased risk of mental illness, self-harm, and suicide. During periods of economic recession, the number of people affected by these and other problems rise and levels of depression, self-harm, and suicide increase.
- 3.5% of Indiana’s labor force is unemployed.\(^28\)

- Black adults are more likely to be unemployed (6.1%) than Hispanic adults (3.2%) and nearly twice as likely as white adults (3.1%).\(^29\)

- 0.9% of Indiana’s labor force has been unemployed for 15 weeks or longer.\(^30\)

- If marginally attached (people not actively pursuing work) and involuntarily part-time workers (individuals only able to find part-time work) are included, Indiana’s unemployment rate rises to 6.8%.\(^31\)

**Black adults are nearly twice as likely to be unemployed compared to white adults.**

Annual Average Unemployment by Race/Ethnicity, Indiana: 2013–2018

![Unemployment by Race/Ethnicity](chart.png)

Source: Bureau of Labor Statistics

**Unemployment Insurance**

To provide temporary financial assistance for unemployed workers, the Federal-State Unemployment Insurance Program provides benefits to workers that meet eligibility requirements under state law.\(^32\) After an involuntary job loss, unemployed individuals suffer large and persistent negative impacts on their earnings. The unemployment insurance (UI) program offsets a significant proportion of income losses and helps to facilitate consumption smoothing after these negative shocks. Benefits can be collected for up to 52 weeks and be as high as $390 per week.\(^33\)

- In 2018, there were 143,151 initial claims for unemployment insurance in Indiana. This is a decrease from 155,919 initial claims in 2017.

- Hoosier beneficiaries collected benefits for an average of 12.5 weeks and received an average of $3,640 of unemployment during the fourth quarter of 2018.\(^34\)
Teens in the Labor Force

Employment can be a valuable opportunity for youth. Employment teaches responsibility, organization, time management skills, and good work habits. Youth who are employed while in high school are less likely to drop out, more likely to be employed in the future, and tend to have higher earnings in adulthood. However, students who work more than 20 hours a week may have lower grade point averages and are more likely to drop out of school than those who work fewer hours.36

- Of Indiana teens ages 16–19 enrolled in school, 34.5% are also employed.36
- Indiana ties for the lowest percentage of teens ages 16–19 not enrolled in school and not working (6%) among neighboring states: Ohio (6%), Illinois (6%), Michigan (7%) and Kentucky (8%).37

Income

Wages and Impact

Economic conditions in the home have far-reaching implications for academic achievement, health, and economic success for children as they progress to adulthood.38 In the United States, the federal minimum wage is $7.25 per hour.39 Though 35 states have increased the minimum wage above the federal rate, Indiana has not increased its minimum wage since 2009.40,41 Increases in minimum wage may boost family income and reduce poverty. This could lead to benefits across various domains of child well-being including child development and long-term intergenerational mobility.42

More than 1 in 3 Hoosier families earn $49,999 or less per year.

Families with Children by Income Level, Indiana: 2018

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,000–$99,999</td>
<td>33.4%</td>
</tr>
<tr>
<td>$100,000–$199,999</td>
<td>24.5%</td>
</tr>
<tr>
<td>$25,000–$49,999</td>
<td>19.8%</td>
</tr>
<tr>
<td>$15,000–$24,999</td>
<td>7.6%</td>
</tr>
<tr>
<td>$200,000 or more</td>
<td>5.4%</td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table C19131
- Indiana’s cost of living was the 11th least expensive nationally in the third quarter of 2019.
- In 2018, Indiana’s median hourly wage was $17.18, compared to $18.58 nationally.
- Of families with children, married couples have a higher median income ($90,520) than single fathers ($41,846) and more than three times as much as single mothers ($27,941).
- The median household income in Indiana’s counties ranges from $43,096 in Delaware County to $104,740 in Hamilton County.

**Female and black Hoosier households have the lowest median household income.**

Median Household Income by Householder by Race/Ethnicity and Gender, Indiana: 2018

![Median Household Income by Householder by Race/Ethnicity and Gender, Indiana: 2018](chart)

- 13.0% of Hoosier children live in working-poor households.
- Nationally, 4.5% of the labor force is working poor. Women are more likely to be working poor (5.3%) compared to men (3.8%).
- Nationally, black (7.9%) and Hispanic (7.9%) individuals are more than twice as likely to be among the working poor as white (3.9%) and Asian (2.9%) individuals.
- In Indiana, there are 58,011 full-time workers in poverty, and 207,158 part-time or part-year workers living in poverty.
Poverty
Children who experience poverty, especially during early life or for an extended period of time, are at risk for adverse health and developmental outcomes. Poverty contributes to health disparities and is associated with negative outcomes in birth weight, infant mortality, language development, chronic illness, nutrition, and environmental exposure. Children who experience poverty are disproportionately exposed to risks that may impair brain development and affect cognitive, social, and emotional functioning. These risks include environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma, and abuse. Poverty is most harmful when it is persistent or experienced in early childhood.

- Nationally, Indiana ranks 28th for the percentage of children living in poverty. Indiana ranks second best among our neighboring states: Illinois (22nd), Michigan (32nd), Ohio (35th) and Kentucky (43rd).
- 1 in 5 Hoosier children (18.0%) live in poverty.
- Black Hoosier children are nearly three times more likely to live in poverty (37.8%) than their white peers (13.7%) and more likely than their Hispanic peers (27.2%).

**Child Poverty Rates, Indiana: 2018**

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant</td>
<td>Hamilton</td>
</tr>
<tr>
<td>31.0%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Boone</td>
</tr>
<tr>
<td>29.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Delaware</td>
<td>Hancock</td>
</tr>
<tr>
<td>27.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Crawford</td>
<td>Hendricks</td>
</tr>
<tr>
<td>25.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>La Porte</td>
<td>Warrick</td>
</tr>
<tr>
<td>24.9%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Madison</td>
<td>Dubois</td>
</tr>
<tr>
<td>24.7%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Lake</td>
<td>Whitley</td>
</tr>
<tr>
<td>24.6%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Marion</td>
<td>Johnson</td>
</tr>
<tr>
<td>24.5%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Parke</td>
<td>Tipton</td>
</tr>
<tr>
<td>23.7%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Wayne</td>
<td>LaGrange</td>
</tr>
<tr>
<td>23.3%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

**Poverty Guidelines, United States: 2019**

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,490</td>
</tr>
<tr>
<td>2</td>
<td>$16,910</td>
</tr>
<tr>
<td>3</td>
<td>$21,330</td>
</tr>
<tr>
<td>4</td>
<td>$25,750</td>
</tr>
<tr>
<td>5</td>
<td>$30,170</td>
</tr>
<tr>
<td>6</td>
<td>$34,590</td>
</tr>
<tr>
<td>7</td>
<td>$39,010</td>
</tr>
<tr>
<td>8</td>
<td>$43,430</td>
</tr>
</tbody>
</table>

Source: Small Area Income and Poverty Estimates
• Children younger than age five are more likely to live in poverty (20.0%) than older children (17.4%).

• Children in single-mother families are six times more likely to live in poverty (41.8%) than children in married-couple families (8.1%), and twice more likely than children in single-father families (18.7%).

• 1 in 4 children with disabilities live in poverty (28.9%), compared to 1 in 6 children without a disability (17.5%).

**Indiana is tied among neighboring states for the lowest percentage of children living in concentrated poverty.**


<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Indiana</th>
<th>Illinois</th>
<th>Ohio</th>
<th>Michigan</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>12%</td>
<td>10%</td>
<td>10%</td>
<td>13%</td>
<td>15%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: Annie E. Casey Foundation

**Cost of Raising a Child**

Nationally, it will cost a family an average of **$233,610 to raise a child to age 18**. In the urban Midwest, the estimate is slightly lower at $227,400. However, child-rearing expenses vary considerably by household income level and child age.

- Housing accounts for the largest percentage of the cost of raising a child to age 18 in the United States (29%), followed by food (18%), child care and education (16% for those who spend money on it), and transportation (15%).

- Annual child-rearing expenses increase as children grow older. Nationally, the annual expenses for children range from $12,680 for 0–2 year old infants to $13,900 for 15–17 year-olds.

- The cost to raise a child in a rural area is estimated at $193,020, mostly because the cost of housing is significantly less in rural areas.
Child Care and Education

Nationally, child care and education—including the cost of daycare, school, or afterschool care—is the third largest expense for families. Finding child care can be a difficult task and especially impacts rural areas. Other factors, such as cost, child care subsidies, work schedules, waiting lists, and transportation, can also limit access to child care. \(^{52}\)

At the same time, half of Indiana families do not spend money on child care and education. A family reporting no expenditures on child care and education may have a parent or family member who is able to care for the child or may utilize free public education. Low-income families are less likely to spend money on child care and education than higher-income families. For families that spend money on child care and education, the expense is considerably higher for children ages 0–5 than for those ages 6–17. \(^{53}\) High attachment to the labor force does not ensure that families are always financially secure and able to afford child care.

Both Hispanic and black working parents are more than twice as likely to be low income than white and Asian/Pacific Islander working parents. This can lead to a higher proportion of black and Hispanic working parents that are vulnerable to child care affordability challenges. \(^{54}\)

Infant and Toddler Care

Indiana ranks 8th out of 49 states for most expensive center-based infant care for single-parent families (52.5% of the median income). Indiana ranks 3rd out of 48 states for most expensive center-based toddler care for married-couple families (14.6% of the median income). Center-based care costs a large percentage of a family’s income. \(^{55}\) Indiana is in the top ten for the most expensive center-based infant and toddler care for both married-couple and single parent families.

- In Indiana, the average annual cost of full-time infant care is $12,390 in a center and $6,922 in a family child care home.

- The cost of full-time toddler care is slightly lower at an average cost of $12,230 in a center and $6,590 in a family child care home. \(^{66}\)

- In Indiana, 8.4% of all families with children younger than six have problems with child care severe enough that they have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year. \(^{67}\)
Indiana households spend the largest percentage of household income on child care compared to our neighboring states.

Percentage of Married-Couple Family Median Income Spent on Center-Based Infant Care, Indiana and Neighboring States: 2018

<table>
<thead>
<tr>
<th>State</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>14.8%</td>
</tr>
<tr>
<td>Illinois</td>
<td>14.0%</td>
</tr>
<tr>
<td>Michigan</td>
<td>11.5%</td>
</tr>
<tr>
<td>Ohio</td>
<td>11.0%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

Source: Child Care Aware

School-age Before and After Care

Indiana ranks 15th out of 39 states for most expensive center-based before/after school care for school-age children. Single-parent families will spend 24.2% of their median income on center-based care for school-aged children while a married-couple-family will spend 6.8% of their median income.68

- In Indiana, the average annual cost of child care for school-age children is $4,290 in a center and $3,510 in a home.
- In Indiana, the average annual cost of center-based and home-based care for school-age children will cost nearly 20% of a single parent family’s income.69

Hoosier single parents with one child at 100% Federal Poverty Level will spend more than half of their income on high-quality child care.

Percentage of High-Quality Child Care Cost for Single Parents with One Child, Indiana: 2019

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL</td>
<td>56%</td>
</tr>
<tr>
<td>125% FPL</td>
<td>45%</td>
</tr>
<tr>
<td>185% FPL</td>
<td>30%</td>
</tr>
<tr>
<td>200% FPL</td>
<td>28%</td>
</tr>
</tbody>
</table>

30% | Recommended income spent on housing
7%  | Recommended income spent on care

Source: Indiana Early Learning Advisory Council
Child Support
Indiana’s Child Support Program aims to ensure that every Hoosier child has the financial support of both parents, regardless of whether the parents are married or live together. The Child Support Program assists with locating noncustodial parents, establishing paternity, establishing child support and medical support orders, and enforcing payment of child support.70

- In 2018, $521.9 million was distributed from noncustodial parents on behalf of children in Indiana, a decrease of $34.6 million from 2014.71
- An additional $10.7 million in child support was collected, but remained undistributed to the custodial parent for reasons such as missing addresses or incorrect information in the court order.72
- In 2018, there were 258,110 child support cases, a decrease from 287,436 in 2014.73

Economic Program Eligibility and Enrollment
Economic security programs such as Social Security, food assistance, and tax credits help reduce poverty for working families.74 Research indicates that Supplemental Nutritional Assistance Programs (SNAP) in households with children that are food insecure can reduce insecurity by about 5 to 10 percent. The program enables low-income households to spend more money on food than they would be able to afford otherwise. This ensures that the family has enough to eat.75 Nonprofit organizations and township, city, state, and federal programs also provide supports for families. Eligibility for state and federal programs is most often determined using the poverty guideline or a percentage thereof.76

- Although 12.6% of all Hoosier households live in poverty, only 9.3% receive any sort of cash public assistance or SNAP.77,78
- During the 2018 tax year, the national average Earned Income Tax Credit (EITC) was $3,191 for a family with children (boosting wages by about $266 a month), compared with $298 for a family without children.
- In the 2018 tax year, over 22 million working families and individuals in every state across the nation received the EITC.79

Hoosier families receive food stamps or SNAP benefits at a lower percentage than neighboring states.
Percentage of Any Family Member Who Received Food Stamps or Supplemental Nutrition Assistance Program (SNAP) Benefits, Indiana and Neighboring States: 2017

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Indiana</th>
<th>Illinois</th>
<th>Ohio</th>
<th>Michigan</th>
<th>Kentucky</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>18.9%</td>
<td>16.9%</td>
<td>17.5%</td>
<td>18.2%</td>
<td>20.8%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Earned Income Tax Credit
The Earned Income Tax Credit reduces poverty by supplementing the earnings of low-wage workers and by rewarding work.¹⁰ The EITC is available for low- to moderate-income working individuals and families. To qualify, taxpayers must meet specific requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return.¹¹ The EITC helped about 5.7 million people out of poverty, including about 3 million children. The number of low-income children would have been more than one-quarter higher without the EITC. The credit reduced the severity of poverty for another 19.5 million people, including 7.3 million children. In combination with the Child Tax Credit, the EITC aids even more families with children as they work to move out of poverty.

Indiana is one of 25 states that offers a state supplement to the federal EITC.¹² The state’s Earned Income Credit provides up to 9% of the earned income credit claimed on the federal income tax return.¹³

- In 2019, 498,000 Hoosier families received an average of $2,455 through the federal EITC.¹⁴
- During tax year 2016, approximately 4 in 5 eligible Hoosier taxpayers receive the EITC (79.5%).¹⁵

Temporary Assistance for Needy Families (TANF)
TANF provides a temporary benefit for low-income families. Since TANF was created, its reach has decreased.¹⁶ In 2017, Indiana spent about $511 million in federal and state funds under the TANF program. It spent 61% of these funds on core activities, which include basic assistance, work activities and supports, and child care. In 2017, Indiana spent less than any other state on basic assistance to support low-income families with children.¹⁷ In 2018, there were 6,032 families receiving TANF cash assistance. This is an 83.6% decrease since 2008.¹⁸

<table>
<thead>
<tr>
<th>Number and Percentage Change of TANF Families and Food Stamp Recipients, Indiana: 2008–2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Number</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>TANF families</td>
</tr>
<tr>
<td>Food stamp recipients</td>
</tr>
</tbody>
</table>

Source: Indiana Family and Social Services
Social Security
Social Security benefits are available to children through two programs: Supplemental Security Income (SSI) and Old-Age, Survivors and Disability Insurance (OASDI). SSI provides support for children with qualifying disabilities and payments are based on need. OASDI provides support for children whose parents are disabled, retired, or deceased, and benefits are based on the parents’ earning record.89

- In 2018, 96,679 Indiana children receive benefits through OASDI.90
- Of these, 13,233 have a parent who is retired, 36,396 have a parent who is disabled, and 47,050 have a parent who is deceased.91
- In 2018, 21,853 Indiana children under 18 received SSI, with an average monthly payment of $649.53.92

Housing
Safe, stable, and affordable housing is essential to positive child well-being. Housing stability and quality play a critical role in children’s long-term development in health, economic stability, education, and other social outcomes.93 The location and conditions of a home also affect health outcomes due to the presence or absence of toxins, asthma triggers, and other hazards. Moderate or high housing-cost burdens can result in families having trouble meeting needs and reduced spending on child needs and enrichment activities. Housing burdens can lead to parental stress, which negatively impacts children further. Home ownership can serve as a vehicle for building wealth, long-term residential stability, and intergenerational economic mobility. However, low rental assistance and affordability gaps in housing can limit available home ownership opportunities.94

- Indiana has over 2.5 million occupied housing units, 68.9% of which are owner-occupied and 31.1% of which are renter-occupied.
- In Indiana, 65.1% of owner-occupied housing units have a mortgage.
- 21,178 occupied housing units lack complete kitchen facilities (0.8%) and 8,759 lack complete plumbing facilities (0.3%).95

Housing Affordability
Families who spend more than 30% of their income on housing costs each month are considered to have a housing burden. Families facing high housing burdens may not have enough to cover the family’s other basic needs such as food and medical care.96

Indiana is tied with Kentucky for the lowest percentage of children living in a household with a high housing burden.

Percentage of Children Living in Households With a High Housing Burden, Indiana and Neighboring States: 2017

Source: KIDS COUNT Data Center
Nearly 50% of tenants who rent report spending greater than 30% of their income on housing.

Percentage of Households Spending 30 Percent or More of Their Income on Housing, Indiana and United States: 2018

- Indiana ranks 11th nationally for children living in households with a high housing burden (23%) and is tied for best among our neighboring states: Kentucky (23%), Ohio (25%), Michigan (25%), and Illinois (30%).

- Among Hoosier children living in households with a high housing burden, black (45%), multiracial (33%), and Hispanic (30%) children are most likely to face high housing-cost burdens compared to their white peers (18%).

- 46.6% of Hoosier renters and 19.9% of Hoosier owners with a mortgage face housing burdens.

- In Indiana, the median gross rent is $820 a month, or 17.7% of household income.

### Housing Assistance

Families can receive federal housing assistance through Indiana’s Department of Housing and Urban Development (HUD). The Section 8 Housing Choice Voucher Program (HCV) provides low-income families with vouchers to help pay for housing in the private market. Families must contribute at least 30% of their monthly income for rent and utilities. Federal housing assistance helps provide low-income families the ability to move to neighborhoods of their choice. Families that receive federal housing assistance show improvements in mental health, housing improvements, and live in safer environments.

- 19,210 Indiana children live in unstable housing.

- 384,100 low-income Indiana renters pay more than half their income for housing, and although the federal government considers spending more than 30 percent of a household’s income on housing unaffordable.

- 62% of HCV recipients (107,200 people) are in households with children that use rental assistance to avoid homelessness.
Evictions
Evictions have long-term negative consequences for families, children, and communities. Families and individual renters are forced to move out at the request of a landlord or after a court-ordered eviction. Many evictions occur because renters cannot or do not pay their rent. Landlords can evict renters if tenants cause disturbances, break the law, or damage property. In “no fault” evictions, tenants can be forced to move even if they have not missed a rent payment or violated a lease agreement.

Evictions disproportionately affect low-income renters, women, and especially low-income women of color. Evictions negatively affect mental health, may cause job loss, and prevent families from relocating to future housing due to the presence of an eviction on their court record.

- In 2016, Indiana’s eviction rate, the number of evictions per 100 renter homes, was 4.1%.
- Indiana has the highest eviction rate (4.1%) among our neighboring states: Ohio (3.5%), Michigan (3.3%), Kentucky (2.9%) and Illinois (1.6%).
- The eviction rate in Indiana’s counties ranges from 0.0% to 8.2%. Eight counties do not have eviction rate information available.
- In 2016, Indiana’s eviction filing rate, which tracks landlords filing a case in court to have a tenant removed from a property, was 8.5%. This is higher than the national eviction filing rate of 6.1%.

Mobility
Multiple residential moves are associated with adverse mental health, education, and behavioral outcomes in children. Studies have also shown that children who have multiple moves show diminished physical and mental health in adulthood. Compared to children in stable housing, children in households with multiple moves show increased odds of household hardships, including child food insecurity.

- 15.6% of Hoosier children moved in the past year.
- Of children who moved in the past year, 62.5% moved within the same county, 22.0% moved from a different county within Indiana, 12.3% moved to Indiana from out of state, and 3.2% moved to Indiana from abroad.

Homelessness
Youth who experience homelessness are at an elevated risk of experiencing sexual exploitation, traumatic stress, criminal victimization, and sex trafficking, making homelessness a critical problem facing too many Indiana children.

- In Indiana, 19,789 homeless public school students were identified during the 2017–2018 school year. This includes the 1,164 unaccompanied youth. Unaccompanied youth are those who are independent students.
- An estimated 16,723 of these students were in enrolled in traditional public schools, while a small percentage attended charter schools. It is important to note that the true number of enrolled homeless students is currently unknown as nonpublic schools do not report homeless status to the state.
• Indiana (1.7%) ties for the lowest percentage of homeless public school students among neighboring states: Ohio (1.7%), Illinois (2.5%), Michigan (2.5%), and Kentucky (4.0%).

• The number of migratory students in Indiana, youth who periodically move due to their parents’ seasonal employment in agriculture, decreased by 30.0% from the 2014–15 school year to the 2016–17 school year.

Under the McKinney–Vento Act, schools are required to keep track of the number of homeless children in their district. The McKinney–Vento Act defines homeless children and youths as “individuals who lack fixed, regular, and adequate nighttime residence.” It is intended to address the barriers homeless youth face when enrolling, attending, and succeeding in school. Under the act, state and local educational agencies are mandated to provide each homeless student equal access to public education and related educational services.

• The number of public school students identified as homeless or housing unstable during the 2017–2018 school year in Indiana’s counties ranges from 4,526 in Marion County to 1 in Wabash County. Three counties do not have data available.

The U.S. Department of Housing and Urban Development (HUD) develops a Point-in-Time (PIT) Count which is self-reported by communities to HUD as part of its Continuum of Care (CoC) application process. Communities provide a count of sheltered and unsheltered homeless persons on a single night during January.

• A January 2018 Point-in-Time Count in Indiana identified 5,258 individuals as homeless, 958 of whom were children younger than 18.

• Of these children, 641 were in an emergency shelter, 313 were in transitional housing, and 4 were unsheltered. The count may miss individuals who are not at the selected locations where the count took place.

**Homeless students attend schools designated “A” and “B” at lower rates than their peers.**

Percentage of Students Enrolled by School Accountability Grades, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Homeless students</th>
<th>All students</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>17.1%</td>
<td>30.8%</td>
</tr>
<tr>
<td>B</td>
<td>34.3%</td>
<td>37.6%</td>
</tr>
<tr>
<td>C</td>
<td>24.7%</td>
<td>18.2%</td>
</tr>
<tr>
<td>D</td>
<td>13.8%</td>
<td>8.1%</td>
</tr>
<tr>
<td>F</td>
<td>6.8%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

*Source: Indiana State Board of Education*

**Access to Transportation**

Safe, reliable, and affordable transportation helps families access jobs, social services, and educational opportunities. Lack of adequate transportation has been identified as a barrier to participation in out-of-school time programs as well as substance abuse and mental health treatment.

• In the state of Indiana, 6.2% of all households have no vehicle available, and 13.6% of one-person households have no vehicle available.
Hunger and Food Insecurity
Households without consistent access to adequate food are considered food insecure. Food insecurity refers to The U.S. Department of Agriculture’s (USDA) measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household’s need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Household food insecurity is related to significantly worse general health, some acute and chronic health problems, and worse health care access, including forgone care and heightened emergency department use for children.

- More than 1 in 6 Hoosier children (17.4%) are food insecure.
- Hoosiers living in rural areas are more likely to experience food insecurity. Child food insecurity ranges from 21.0% in Grant County to 11.9% in Hamilton County.

Indiana’s food hardship rate for households with children is second highest among neighboring states.

Percentage of Households With Children that Experienced Food Hardship, Indiana and Neighboring States: 2016

- Food hardship is defined as a time in the past year when an individual or family did not have enough money to buy food. Indiana’s food hardship ranking is 18th highest out of 50 states. Indiana ranks fourth highest among our neighboring states: Illinois (28th), Michigan (26th), Kentucky (20th), and Ohio (15th).
- 69.7% of Hoosier families with children say they could always afford to eat nutritious meals in the past year.
- 27.2% of Hoosier families with children say they could always afford enough to eat but not always the kinds of food they should eat, and 3.1% of families say they sometimes or often could not afford enough to eat.
Federal Food Assistance Programs

Federal food assistance programs aim to reduce food insecurity by providing low-income households access to food for a healthy diet. Federal food assistance programs increase resources available to purchase food. Studies have shown that food benefit programs help move people out of poverty and the largest reductions in poverty among children can be attributed to the Supplemental Nutrition Assistance Program (SNAP), the Earned Income Tax Credit (EITC), and the child tax credit.

- Nationally, 56% of food-insecure households participate in at least one of the three largest federal food and nutrition assistance programs: Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and National School Lunch Program (NSLP).
- 33% of food insecure Hoosier children are likely ineligible for federal nutrition programs as they are over the federal poverty line.

Supplemental Nutrition Assistance Program

Studies have shown that children who receive SNAP benefits are less likely to be overweight, when compared to children in food-insecure households not receiving SNAP. Studies have also shown that SNAP participation improves children’s dietary intake, improves mental health outcomes for parents, and health outcomes for children. In an average month of fiscal year 2018 (October 1, 2017, through September 30, 2018), SNAP provided benefits to 40.4 million people in the United States (about 12 percent of individuals). The average benefit was about $126 per person per month, and federal expenditures for the program were $65 billion that year.

- In Indiana, 15.0% of households with children younger than 18 received SNAP in the past year.
- Children in single mother families are more likely to have received SNAP in the past year (33.2%) than children in single father (17.8%) or married-couple families (6.8%).
- In Indiana, the average monthly benefit for individuals receiving SNAP is $117.
- Participants in SNAP can use their benefits in grocery stores, supermarkets, and food retailers to purchase food. In Indiana, 5,279 authorized retailers participate in SNAP.
- In 2017, retailers participating in SNAP redeemed approximately $995.5 million in SNAP benefits.
- In 2018, there were 605,854 food stamp recipients in the state of Indiana.

Households of color are more likely to receive SNAP, compared to white households.

Households Receiving SNAP by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.3%</td>
</tr>
<tr>
<td>Black</td>
<td>21.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.8%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>17.4%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, B22005
The number of Hoosiers receiving SNAP has decreased by 34.3% from a peak in 2013.

Monthly Average Number of Persons Issued Food Stamps (SNAP), Indiana: 2013–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Persons Issued Food Stamps</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>922,273</td>
</tr>
<tr>
<td>2014</td>
<td>878,155</td>
</tr>
<tr>
<td>2015</td>
<td>810,606</td>
</tr>
<tr>
<td>2016</td>
<td>722,928</td>
</tr>
<tr>
<td>2017</td>
<td>656,297</td>
</tr>
<tr>
<td>2018</td>
<td>605,854</td>
</tr>
</tbody>
</table>

Source: Indiana Family and Social Services Administration

Women, Infants, and Children
Women, Infants, and Children (WIC) is a program designed to improve access to nutritious foods and promote healthier eating habits and lifestyles for pregnant women, infants, and young children. Available services include nutrition and health screening, nutrition education and counseling, and breastfeeding promotion and support.\(^{32}\)

- According to the National Survey of Children’s Health, 8.0% of Hoosier families with children received WIC benefits in the past year.\(^ {33}\)

School Breakfast Program and National School Lunch Program
The School Breakfast Program (SBP) and the National School Lunch Program (NSLP) are federal programs that provide free and reduced-price meals to low-income children throughout the school year. Nationally, utilization of the SBP and NSLP programs has increased over the past decade.\(^ {34}\) Program utilization may increase both because of increased need or because of intentional efforts by schools and communities to enroll eligible children. Although an estimated 22 million children rely on the NSLP for meals during the year, less than 4 million kids received meals through the USDA Summer Food Services Program. This leaves a gap of about 18 million children who do not know where their meals will come from in the summer.\(^ {35}\)

- In 2019, 47.3% of Indiana students received free or reduced-price meals: 39.5% received free meals and 7.8% received reduced-price meals.\(^ {36}\)

- During the 2018–2019 school year, more than 121 million meals were served to Hoosier students through the NSLP. The number of meals served has decreased 5.0% since 2014.\(^ {37}\)

- More than 46 million meals were served to Hoosier students through the SBP. The number of meals served has increased by 9.2% since 2014.\(^ {38}\)
The Community Eligibility Provision (CEP) allows schools and districts with high percentages of low-income children to provide free breakfast and lunch to all students. To qualify for CEP, districts must have at least one school where 40% or more of students are residing in households receiving SNAP or TANF benefits, are homeless, runaway or migrant youth, Head Start students, or foster children.¹³⁹

- During the 2018–2019 school year, 72 of 137 eligible school districts in Indiana (52.6%) participated in CEP, lower than the national participation rate of 53.8%.

- Among schools, 362 of 519 eligible schools (69.7%) participated in CEP, higher than the national school participation rate of 64.6%.

- Indiana (69.7%) has the second lowest percentage of eligible schools adopting CEP among neighboring states: Michigan (43.3%), Illinois (71.2%), Ohio (74.0%), and Kentucky (92.8%).¹⁴⁰

### Percentage of Public School Students Receiving Free or Reduced-Price Lunch, Indiana: 2019

<table>
<thead>
<tr>
<th>5 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford 65.1%</td>
<td>Hamilton 16.6%</td>
</tr>
<tr>
<td>Marion 64.2%</td>
<td>Boone 19.7%</td>
</tr>
<tr>
<td>Randolph 62.8%</td>
<td>Hancock 27.5%</td>
</tr>
<tr>
<td>Scott 60.6%</td>
<td>Hendricks 27.9%</td>
</tr>
<tr>
<td>Clinton 58.8%</td>
<td>Whitley 30.1%</td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Education*
Sources continued

100 U.S. Census Bureau, 2018 American Community Survey (2019). Table B25064: Median Gross Rent (Dollars). Retrieved from https://data.census.gov/cedsci/


Strengthening the fabric of our community.

Old National proudly supports Indiana Youth Institute.

As much as we are a financial institution, Old National is a group of parents, volunteers, artists, athletes, neighbors and friends. By making investments of our time, talent and treasure, we work with you to strengthen the fabric of our community.
Access to high-quality education throughout a child’s life is foundational to their success. The life-long benefits of high-quality education includes higher levels of educational attainment, career advancement, and increased earnings. However, gaps in the educational system persist by race, place, income, and gender. When all kids have equal access to high-quality education, our overall economy strengthens and Hoosier communities become stronger.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>National KIDS COUNT® Book Education Ranking</th>
<th>High School Graduation</th>
<th>Young Children (Ages 3 and 4) Not in School</th>
<th>Fourth Grade Reading Proficiency</th>
<th>Eighth Grade Math Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>21st</td>
<td>28th</td>
<td>42nd</td>
<td>12th</td>
<td>13th</td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) represent better outcomes for youth.
Education Spotlight
Conditions for Learning

The conditions for learning are a constellation of in- and out-of-school factors that influence opportunities for children to learn and succeed.

What conditions must be in place for youth to learn and thrive?
Schools and communities can create positive learning conditions that set up Hoosier youth for success by ensuring the following three conditions are interconnected and interdependent.

**Physical safety and wellness.** Youth with access to structurally and environmentally safe housing and learning environments, regular and nutritious meals, and healthcare are more likely to experience academic success.¹

**Social emotional well-being.** The overall emotional state, a sense of belonging and purpose, ability to work well with others, and the skills to set and pursue goals enhance the long-term success of youth.²

**Engaging and high-quality learning environments and experiences.** Positive learning environments and school climates are connected to positive long-term academic and behavioral outcomes for youth.³

What are the key challenges facing children?

**Poor nutrition and poverty** negatively impact youth’s ability to learn, academics, and behaviors.⁴ Youth who live in poverty are most likely to experience a lack of safety and wellness.⁵

- In Indiana, 17.4% (273,380) of Hoosier children do not have consistent access to adequate food.⁶ The child food insecurity rate varies by county with Hamilton County having the lowest rate (11.9%) and Grant County having the highest rate (21.0%).⁷

**Out-of-school factors** such as living with family members with depression, witnessing violence, and experiencing racial or ethnic discrimination impact children’s emotional well-being and school performance.⁸

- Adverse Childhood Experiences (ACEs) assert a long-term and negative impact on child well-being. Children who live in homes with incomes of 200% or less of the federal poverty level are at greater risk of experiencing two or more ACEs than those living in homes with higher income levels.⁹

- 73% of high school students reported feeling stressed out at least some of the time.¹⁰

- Indiana has an average of 552:1 student to counselor ratio and some Indiana counties have a dearth of mental health providers.¹¹

<table>
<thead>
<tr>
<th>Ratio of Population to Mental Health Providers, Indiana: 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Highest Counties</strong></td>
</tr>
<tr>
<td>Newton 14,130:1</td>
</tr>
<tr>
<td>Posey 8,530:1</td>
</tr>
<tr>
<td>Martin 5,110:1</td>
</tr>
<tr>
<td>Spencer 5,100:1</td>
</tr>
<tr>
<td>Gibson 4,800:1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings

Hoosier children need relevant and challenging learning environments. High-quality learning environments are contingent on highly qualified educators who can develop relationships with students and families while offering engaging curriculum and instruction.

Roughly 7 in 10 current high school students say they feel bored at least some of the time in school.

Source: CASEL

Black or African American children in Indiana are more than six times as likely to live in concentrated poverty compared to Non-Hispanic white children.

Source: The Annie E. Casey Foundation
Students living in poverty are more likely than other students to attend schools that do not provide engaging and challenging learning experiences.\textsuperscript{12} Hoosier students attending a high-minority school are more likely to have an inexperienced teacher than students in low-minority schools.

Percentage of Teachers in High-minority and Low-minority schools, Indiana, United States, and Neighboring States: 2016

<table>
<thead>
<tr>
<th>State</th>
<th>High-minority Schools</th>
<th>Low-minority Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.</td>
<td>9.9%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Ohio</td>
<td>9.9%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Michigan</td>
<td>8.6%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Illinois</td>
<td>9.9%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Indiana</td>
<td>10.7%</td>
<td>25.6%</td>
</tr>
</tbody>
</table>

Inexperienced teachers in low-minority schools
Inexperienced teachers in high-minority schools

Source: Sutcher, L., Darling-Hammond, L., & Carver-Thomas, D.

U.S. educators in high-poverty, high-minority schools tend to leave the profession at higher rates than teachers at other schools.\textsuperscript{13} Indiana, overall, has the third highest reported rate of educators leaving the profession for reasons not related to retirement.\textsuperscript{14}

What are the pathways to success? Within the school setting, pathways for success include learning environments that are student-centered, responsive, and affirming to students’ identities, cultures, and languages, and engage students’ interests. Hoosier youth benefit from family-school partnerships, systems that recruit and retain highly qualified teachers, and consistent access to school counselors and other professionals who can support social-emotional development.

What Resources are Available?

- **Indiana Department of Education Social-Emotional Learning Toolkit** provides support for educators and community members seeking to help students develop social-emotional learning competencies. [https://www.doe.in.gov/sebw](https://www.doe.in.gov/sebw)

- **Collaborative for Academic, Social, and Emotional Learning (CASEL)** is a resource for research, practitioner information, and policy advocacy focused on supporting student social-emotional development. [https://casel.org/](https://casel.org/)

- **National Center on Safe Supportive Learning Environments** offers information and technical assistance to states, districts, schools, institutions of higher learning, and communities focused on improving student supports and academic enrichment. [https://safesupportivelearning.ed.gov/](https://safesupportivelearning.ed.gov/)

What Solutions Are Possible?

**Individuals**

- Mentor individual youth in social-emotional development.
- Advocate for schools that offer challenging and relevant curriculum taught by high-quality teachers.

**Organizations and Communities**

- Re-envision school discipline practices to reflect a healing-focused, whole child approach
- Expand and coordinate social safety nets that allow children and youth to focus on learning in school.

**Leaders and Policy Makers**

- Invest in mental health and counseling support in schools and communities.
- Provide substantive support for schools and educators serving youth from high-poverty contexts.
- Develop systems, including incentives, to recruit and retain highly qualified teachers.
Early Childhood Care and Education

Access to high-quality child care and preschool promotes educational success specifically for those who are from low-income households. Unfortunately, 55% of Hoosier families reside in child care deserts. Deserts are defined as an area where more than 50 children under age 5 have no child care providers or an area where there are more than three times as many children as licensed child care slots. Early childhood school programs are critical for preparing children for success and lead to higher levels of educational attainment in the future, career advancement, and earnings. Indiana is currently ranked 42nd in the U.S. with 58% of children ages 3–4 not enrolled in school, higher than the national percentage of 52%.15

In 2018, Indiana was home to 504,278 children ages 0–5.16 Among Hoosier children younger than six years, 68.9% have parents in the labor force (both parents in married-couple families and the head of household in single-parent families) and likely need some form of care.17

- Of Hoosier children ages 0–5 likely in need of care, 60% are in informal care settings with a family member, friend, or neighbor, while 40% are enrolled in formal care.18

- In Indiana, there is a total of 4,730 available early childhood care and education programs. This varies by county with Marion County having the most early childhood care and education programs (902) and Union County and Warren County having the least (1).19

- Of known child care programs, 2,604 are family child care, 690 are ministries, 687 are centers, 460 are preschool programs, and 286 are Head Start Programs.20

Parents with access to affordable and dependable child care are more likely to work without worrying about child care-related problems. Supports for families seeking child care are provided through Head Start, On My Way Pre-K (OMW), and Child Care Development Funds (CCDF). These programs particularly assist families struggling with poverty throughout the state. Most counties with high poverty and low percentages of children in poverty receiving funded care are rural.20 When parents are able to access reliable and stable care settings they are able to work or go to school while still providing safe and nurturing environments where their children can learn, grow, and build a strong foundation for healthy development.21 Having access to affordable, quality child care allows families to have less absenteeism at work and at school.22

- 8.4% of Indiana families with children ages 0–5 have had problems with child care severe enough that they have caused a parent to turn down, change, or quit a job in the past year.23

- 52.2% of Indiana families with children ages 0–5 arranged care for their children from someone other than a parent or guardian for at least 10 hours a week.24

Total Availability of Early Child Care and Education Programming, Indiana: 2019

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>Union</td>
</tr>
<tr>
<td>Lake</td>
<td>Warren</td>
</tr>
<tr>
<td>Allen</td>
<td>Ohio</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>Newton</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>Brown</td>
</tr>
<tr>
<td>Vigo</td>
<td>Fountain</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>Starke</td>
</tr>
<tr>
<td>Hamilton</td>
<td>Tipton</td>
</tr>
<tr>
<td>Monroe</td>
<td>Blackford</td>
</tr>
<tr>
<td>La Porte</td>
<td>Carroll</td>
</tr>
</tbody>
</table>

Source: Indiana Family and Social Services Administration

Early child care and education programming include Head Start Programs, ministry, child care centers, family child care, and preschool programs.
• 99% of requests that come to the Indiana Association for Child Care Resource and Referral are for full-time care.

• Of requests that come to the Indiana Association for Child Care Resource and Referral, 31% are for infant care, 44% are for toddlers, 44% are for preschool-age care, and 34% are for school-age care.  

Quality
High-quality early education and child care improves cognitive outcomes and enhances school readiness. When care is consistent, developmentally appropriate, emotionally supportive, and the environment is safe, there is a positive effect on children and their families. These positive outcomes are long-lasting and continue to impact children as they grow into adulthood. As adults, they are more likely to pursue higher education, are more likely to be employed, earn higher wages, and are less likely to commit crimes.  

Indiana has a statewide voluntary quality rating and improvement system called Paths to QUALITY™ (PTQ). The PTQ program helps early care and education providers improve the quality of their programs and helps parents find high-quality care for their children. In PTQ, there are four levels of quality, and providers must meet specific standards of health, safety, training, curriculum, and accreditation to advance through the levels. Programs that have attained levels 3 or 4 in PTQ are considered to be high-quality.

• In Indiana, 2,798 programs are enrolled in the PTQ program, with 1,492 programs rated as high-quality, levels 3 and 4. 

• 16% of children likely in need of care are enrolled in a high-quality program.

• The five counties with the most high-quality programs are Marion (244), Lake (146), Allen (122), St. Joseph (76), and Vigo (68).  

Families in poverty are more likely to face child care problems severe enough to impede their job
Percentage of Families with Child Care Problems Severe Enough to Cause a Parent to Turn Down, Change, or Quit a Job in the Past Year, Indiana: 2017–2018

<table>
<thead>
<tr>
<th>Percentage of Families</th>
<th>Below 100% FPL</th>
<th>100%–199% FPL</th>
<th>200%–399% FPL</th>
<th>400% FPL or above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.0%</td>
<td>3.4%</td>
<td>10.6%</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health

Four of the 92 counties have no high-quality programs available.

Number of High-Quality Early Childhood Care and Education Programs, Paths to QUALITY™ Levels 3 and 4, Indiana: 2019

Source: Indiana Family and Social Services Administration
Vouchers
Low-income, working families (or families in which the parent is attending school) may receive subsidized child care through Indiana’s Child Care and Development Fund (CCDF) voucher program. For families above the poverty line, a sliding scale copayment applies.32

- In 2018, the average monthly CCDF waitlist was 4,096 children. The average number of children waiting for a voucher has decreased by 55.6% since 2015.33
- 20,187 children ages 0–5 have active CCDF vouchers and 4,476 providers in Indiana accept CCDF Vouchers.
- 57.8% of children who receive CCDF are attending a high-quality program.34

62% of active vouchers are for preschool-age youth.
Number of Active CCDF Vouchers by Age, Indiana: 2019

School Readiness
School readiness involves various factors including a child’s educational and emotional readiness, family support, and safe environments.35 The alignment of developmentally appropriate assessment practices, curriculum, and instruction lead to the supported growth and development of individual children and their needs.36 Indiana does not currently have a uniform assessment system for young children to measure school readiness, with school districts measuring school readiness with a variety of assessments.37

Preschool and Pre-Kindergarten Programs
Preschool builds young children’s social–emotional readiness, self-regulation, attention, and cooperation skills. These skills are foundational for success during children’s school years and in later life.38

- Less than half of Indiana children ages 3–4 (40.6%) are enrolled in preschool compared to 48.2% nationally.
- Of Hoosiers in preschool, 55.7% are enrolled in public school and 44.3% are in private school.39
While Indiana does not have a universal pre-Kindergarten program, a limited number of young children have the opportunity to receive state-funded early preschool through the On My Way Pre-K program. In 2017, the Indiana General Assembly expanded the program from five pilot counties to 20 counties. In 2018, On My Way Pre-K was expanded statewide and is now available in all 92 counties.\(^{40}\)

- As of October 2019, the On My Way Pre-K program was at capacity and served 3,517 students. Most of the children served live in Marion County (1,077), followed by Vanderburgh (317), Lake (297), Allen (222), St. Joseph (195), and Tippecanoe (147) Counties.\(^{41}\)
- 2,787 children in the On My Way Pre-K program are enrolled in high-quality programs.\(^{42}\)

**Early Head Start and Head Start**

*Early Head Start (EHS)* is a federally funded, community-based program for low-income pregnant women and children ages 0–3. The program provides child development and family support services such as parent education, quality child care, and education in home and center-based settings.\(^{43}\)

- In 2018, there were 30 EHS programs in Indiana with 2,424 available enrollment slots.
- 5% of eligible Hoosier children ages 0–3 had access to EHS.\(^{44}\)

Head Start serves children ages 3–5 in low-income households as well as children in foster care or experiencing homelessness. Head Start focuses on comprehensive child development services, parental involvement, and partnerships with community service providers.\(^{45}\)

- In 2018, there were 35 Head Start programs in Indiana with 11,754 available enrollment slots.
- In 2018, 1,638 children in Head Start programs were in foster care and 1,152 were experiencing homelessness.
- 24% of eligible Hoosier children ages 3–5 had access to Head Start.\(^{46}\)

**Children with Developmental Delays or Disabilities**

Parents and caregivers face increased caregiving demands and coordination of care for children with developmental disabilities. Parental access to social support can help mitigate some of the negative effects of caregiving burdens.\(^{47}\) Children with developmental disabilities receive services within a broad system of care and it is also important to provide support to family caregivers. Parental warmth and better parent-child relationships promote resilience for children with developmental disabilities.\(^{48}\)
Service providers working with young children who have developmental delays that require early intervention or special education services work from written intervention plans. Plans are called Individualized Family Services Plans (IFSPs) if the child is three or younger or Individualized Education Programs (IEPs) if the child is older than age three.

- In Indiana, 9.1% of children receive services under an early intervention plan (IFSP or IEP).
- Black Hoosier children (18.7%) are more likely to receive an early intervention plan than white (8.8%), Hispanic (3.5%), and all other kids (4.1%).
- Hoosier children with two or more Adverse Childhood Experiences (ACEs) are nearly four times as likely to receive an early intervention plan (18.9%) compared to children with no ACEs (5.3%).

**First Steps**

The First Steps program provides early intervention services for children ages 0–3 who are experiencing developmental delays or disabilities. Available services include assistive technology, family education, health services, service coordination, and developmental, physical, speech, and occupational therapy.

- 22,964 Hoosier children were served by First Steps in 2019.
- White Hoosier children (70%) are more likely to be served by First Steps than their black (10%), Hispanic (10%), multiracial (7%), and Asian peers (3%).
- Among the services provided by First Steps, 63% of children received speech therapy, 54% received developmental therapy, 54% received occupational therapy, and 50% received physical therapy.

The number of children served by First Steps has increased by 14% since 2013.

**Number of Children Served By First Steps, Indiana: 2013–2018**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Children Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>20,131</td>
</tr>
<tr>
<td>2014</td>
<td>19,987</td>
</tr>
<tr>
<td>2015</td>
<td>20,457</td>
</tr>
<tr>
<td>2016</td>
<td>19,484</td>
</tr>
<tr>
<td>2017</td>
<td>22,074</td>
</tr>
<tr>
<td>2018</td>
<td>22,964</td>
</tr>
</tbody>
</table>

Source: Indiana Family and Social Services Administration
**Kindergarten through Grade 12**

**All Hoosiers ages 7–18 are required to attend school.** Each school corporation is also required to provide a kindergarten program for eligible students starting at age five. In 2019, Indiana had 1,114,371 students enrolled in kindergarten through grade 12.52

Students in grades 1–6 are required to receive five hours of instruction per day for the 180-day school year, excluding time for lunch or recess. Students in grades 7–12 are required to receive six hours of instructional time, excluding time for lunch.53

**School Enrollment**

In Indiana, families may choose from any of the following forms of schooling for their children: traditional public schools, public charter schools, private schools, or homeschooling. Indiana students may also attend private schools using School Choice Vouchers or they may attend school virtually through a public school or a virtual charter school.

- In 2018–2019, nearly 9 in 10 students attended a traditional public school (88.0%), with smaller percentages attending public charter schools (4.5%), nonpublic schools (4.4%), and School Choice Voucher schools (3.2%).54
- Hoosier students are becoming more diverse. Since 2008, the percentage of students of color has increased by 8.1%.55,56

**Public and Nonpublic Schools**

While the vast majority of Indiana students attend traditional public schools, some attend magnet and charter schools. Magnet schools are public schools that offer a specialized curriculum either in a subject matter of emphasis—such as arts, technology, or humanities—or in a specific instructional method such as Montessori or International Baccalaureate programs. A charter school is a type of public school that receives public funding but is managed by a for-profit or nonprofit entity.

- Indiana has 103 charter schools authorized to operate. The majority of charter schools are located in Marion (53) and Lake (13) counties.57
- In the 2018–2019 school year, 51,172 students were enrolled in Indiana charter schools (4.5% of all Hoosier students). The number of students enrolled in charter schools has increased by 15.1% since the 2016–2017 school year.
- In the 2018–2019 school year, 85,954 students were enrolled in Indiana’s accredited nonpublic schools (7.5% of all Hoosier students).58

---

**One in three Hoosier K–12 students is a child of color.**

Percentage of Enrolled Students by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>67.6%</td>
</tr>
<tr>
<td>Black</td>
<td>12.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.3%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>5.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Education*

*Other ethnicities include: American Indian (0.2%) and Native Hawaiian or Other Pacific Islander (0.1%).
School Choice Vouchers

The Indiana Choice Scholarship Program provides vouchers to qualifying families to offset tuition costs at participating nonpublic schools.69

- In 2019, 36,290 Hoosier students participated in the Choice Scholarship Program. Student participation has increased by 5.8% since the 2016–2017 school year.
- The majority of Choice Scholarship recipients are students in grades 1–8 (72.3%), compared to 22.0% in grades 9–12, and 5.7% in kindergarten.
- Slightly less than half of Choice Scholarship recipients have previously attended an Indiana public school (41.8%).69

Special Education

All eligible students with disabilities are entitled to a free, appropriate public education in the least restrictive environment possible. Assessments are used to determine eligibility. Information is collected about a suspected disability and is used to determine if there is a developmental delay or an impairment that adversely affects educational performance. Public school students who are identified as having special needs receive an Individualized Education Program (IEP) that sets goals for the school year and plans for any special support a child may need to achieve those goals. Some of the services Indiana can provide as part of an IEP include: transportation, speech pathology, psychological services, physical or occupational therapy, and an educational interpreter.61

- In the 2018–2019 school year, 170,209 special education students were enrolled in Indiana schools (14.9% of students).62
- Among the 16 disability categories in which students are placed, 30.5% have a specific learning disability, 22.0% have a language or speech impairment, 14.8% have an other health impairment, 9.3% are on the autism spectrum, and 5.4% have a mild intellectual disability.63
- In 2019, 3,422 Choice Scholarship students were eligible for special education services. Of them, 661 selected their Choice School as the special education service provider (19.3%) and 2,761 selected the public school corporation (80.7%).64

<table>
<thead>
<tr>
<th>Percentage of Students by Disability Type, Indiana: 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific learning disability 30.5%</td>
</tr>
<tr>
<td>Language/speech impairment 22.0%</td>
</tr>
<tr>
<td>Other health impairment 14.8%</td>
</tr>
<tr>
<td>Autism spectrum disorder 9.3%</td>
</tr>
<tr>
<td>Mild intellectual disability 5.4%</td>
</tr>
<tr>
<td>Developmental delay (ages 3–8 only) 4.5%</td>
</tr>
<tr>
<td>Emotional disability (full time) 3.8%</td>
</tr>
<tr>
<td>Emotional disability (other) 3.3%</td>
</tr>
<tr>
<td>Moderate intellectual disability 1.9%</td>
</tr>
<tr>
<td>Deaf or hard of hearing 1.4%</td>
</tr>
<tr>
<td>Multiple disabilities 1.2%</td>
</tr>
<tr>
<td>Orthopedic impairment 0.8%</td>
</tr>
<tr>
<td>Blind or low vision 0.6%</td>
</tr>
<tr>
<td>Traumatic brain injury 0.3%</td>
</tr>
<tr>
<td>Severe intellectual disability 0.2%</td>
</tr>
<tr>
<td>Deaf-blind 0.0%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
Students of color are disproportionately placed in special education.

Percentage of Students in Special Education by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Multiracial</th>
<th>American Indian</th>
<th>Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in SpecEd</td>
<td>14.9%</td>
<td>15.3%</td>
<td>16.3%</td>
<td>12.7%</td>
<td>6.1%</td>
<td>15.7%</td>
<td>18.0%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

High Ability

A high-ability student is one who performs at or shows the potential for performing at an outstanding level of accomplishment in at least one domain when compared to other students of the same age, experience, or environment, and is characterized by exceptional gifts, talents, motivation, or interests.65 Gifted education aims to challenge high-ability students in the regular classroom or provide enrichment and accelerated programs to enable them to make continuous progress in school.66

- In Indiana, 140,120 students are considered high ability (12.3% of students).
- White students are nearly three times as likely to be identified as high ability as compared to their black peers.67

Black and Hispanic students are underrepresented in high ability classification.

Percentage of Students Considered High Ability by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Multiracial</th>
<th>American Indian</th>
<th>Native Hawaiian or Other Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students in Spec Ed</td>
<td>12.3%</td>
<td>14.4%</td>
<td>4.8%</td>
<td>6.9%</td>
<td>21.4%</td>
<td>10.7%</td>
<td>9.7%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
English Learners

More than 1 in 10 (10.4%) Hoosier children ages 5–17 speak a language other than English at home. Students with Limited English Proficiency (LEP) are students with a primary language other than English who have a limited range of English speaking, reading, writing, or listening skills. Students who are Fluent English Proficient (FEP) demonstrate “native” or “native-like” English speaking, listening, reading, and writing.

Indiana is one of 40 U.S. states and territories in the World-Class Instructional Design and Assessment (WIDA) Consortium. This consortium focuses on the research, design, and implementation of a high-quality, culturally, and linguistically appropriate system to support English learners. As part of this system, English learners complete the WIDA assessment annually to determine their level of English proficiency. The WIDA assessment has six levels, with Entering as the lowest proficiency category and Reaching as the highest category.

- In Indiana, 65,984 students are English learners (5.8% of all students).
- Asian (35.6%), Hispanic (33.4%), and Native Hawaiian or Other Pacific Islander (23.6%) students make up the majority of English learners.
- The most common language spoken by students who speak a language other than English is Spanish (69.3%), followed by Chin (2.8%), Arabic (2.8%), Burmese (2.2%), Mandarin (2.0%), German (2.0%), and Punjabi (1.3%).

Foster Youth

Education outcomes for foster youth are the lowest among all student peer groups. The Annual Report on Foster Care Youth Educational Outcomes, released by the Indiana State Board of Education, examined 8,335 public school students in the 2017–2018 school year. Educational disparities were found across multiple indicators among Indiana’s foster youth, with outcomes significantly worse than their non-foster peers and worse when compared to other at-risk populations, including homeless students. The report finds the largest education disparities are for black students in foster care, who currently achieve at rates far lower than their non-black foster student peers.

- Nationally, foster youth are three times more likely to drop out of high school compared to other low-income children.
- In Indiana, 64.6% of foster youth graduated from high school compared to 88.1% of their peers.
- 43.3% of students in foster care, grades 3 through 8, passed the English/Language Arts ISTEP+ compared to 64.1% of their non-foster care peers.
- 21.0% of foster youth have been suspended compared to 8.9% of their peers.

Number of Students Considered to be English Learners, Indiana: 2019

<table>
<thead>
<tr>
<th>10 Highest School Districts</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indianapolis Public Schools</td>
<td>4,975</td>
</tr>
<tr>
<td>Perry Township Schools</td>
<td>4,425</td>
</tr>
<tr>
<td>Fort Wayne Community Schools</td>
<td>2,951</td>
</tr>
<tr>
<td>M S D Wayne Township</td>
<td>2,872</td>
</tr>
<tr>
<td>M S D Lawrence Township</td>
<td>2,372</td>
</tr>
<tr>
<td>M S D Pike Township</td>
<td>1,964</td>
</tr>
<tr>
<td>Elkhart Community Schools</td>
<td>1,956</td>
</tr>
<tr>
<td>South Bend Community School Corp</td>
<td>1,683</td>
</tr>
<tr>
<td>School City of Hammond</td>
<td>1,673</td>
</tr>
<tr>
<td>Goshen Community Schools</td>
<td>1,628</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Foster care students are less likely to graduate than their peers.

High School Graduation Rate by Foster Care Students and All Students, Indiana: 2018

| Foster Care                | 64.6% |
| All Students              | 88.1% |

Source: Indiana Department of Education
Homelessness

Children who lack a stable home are vulnerable to educational deficits, adverse outcomes, poor health, and difficulties in accessing health care. High mobility leads to school disruptions and is linked with lower levels of academic achievement and limited employment opportunities.

- In the 2017–2018 school year, 19,789 Indiana public school students were identified as homeless or housing unstable. This includes the 1,164 unaccompanied youth. Unaccompanied youth are those who are independent students.

- 82.3% of homeless youth graduated from high school compared to 88.1% of their peers.

- 66.7% of homeless youth graduated with a Core 40 diploma, a 16 percentage point difference compared to their peers (50.7%).

- In 2018, 41.3% of homeless or housing unstable students passed English/Language Arts ISTEP+ compared to the state percentage of 64.1%.

2 in 5 students experiencing homelessness passed English/Language Arts ISTEP+.

Percentage of Students in Grades 3–8 Passing English/Language Arts ISTEP+ by Race/Ethnicity and Homeless Status, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Homeless or housing unstable</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Multiracial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passing</td>
<td>64.1%</td>
<td>41.3%</td>
<td>48.5%</td>
<td>28.0%</td>
<td>37.0%</td>
<td>40.6%</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

Source: Indiana State Board of Education

Success in School

Student success is increased when children are taught in environments that focus on their social, emotional, and cognitive development, often called a whole child educational approach. It is a mindset that informs education and focuses on the needs of every student. Research suggests that when efforts to support social, emotional, and academic learning are shared and aligned across homes, schools, and communities, learning environments that foster the comprehensive development of youth are created. Additionally, students will have far more success academically when they are provided the opportunity to learn in environments that focus on social, emotional, and cognitive development.
**Social and Emotional Learning**

Social-emotional learning (SEL) helps ensure students have the social, emotional, behavioral, and academic competence necessary for success in school and lifelong well-being. Research indicates SEL contributes to student benefits through better health, improved behavior, success at work, stronger relationships, as well as school benefits such as improved school climate, increased academic achievement, and has a strong return on investment.\(^7^7\)

The Indiana Department of Education’s (IDOE) Indiana Social-Emotional Competencies address the social-emotional needs of students in grades Pre-K through 12.\(^7^8\) Many Indiana students indicate a concern of unmet needs, with Hoosier students having unprecedented levels of stress, anxiety, and depression which interfere with development and learning.\(^7^9\)

- 1 in 3 high school students reported feeling sad or hopeless in 2018.
- Indiana ranks 3rd out of 36 states in the percentage of students who seriously considered attempting suicide.\(^8^0\)
- Indiana ranks 26th nationally for children living in high poverty areas.\(^8^1\)
- In 2017, 29,081 children were confirmed by child protective services as victims of maltreatment in Indiana (18 per 1,000 children), placing Indiana 48th nationally for child maltreatment rates.\(^8^2\)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Indiana Social-Emotional Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indiana Specific</strong></td>
<td><strong>Sensory-Motor Integration:</strong> The ability to have body awareness and recognize sensations in the body. Gaining sensory-motor integration is an important skill for managing transitions, changing routines, increasing alertness for learning, and improving regulation.</td>
</tr>
<tr>
<td><strong>Self-Awareness</strong></td>
<td><strong>Insight:</strong> The ability to know your emotions and how they affect your thoughts and actions. Gaining insight is an important skill for building self-confidence, self-esteem, and empathy for others. Insight helps students recognize their own strengths and areas of growth.</td>
</tr>
<tr>
<td><strong>Self-Management</strong></td>
<td><strong>Regulation:</strong> The ability to recognize and manage one's emotions. Regulation skills build positive self-control, positive self-discipline, and impulse control.</td>
</tr>
<tr>
<td><strong>Relationship Skills</strong></td>
<td><strong>Collaboration:</strong> The ability to work well with others, including in the group and teamwork environment. Collaboration works to build positive communication and conflict management skills.</td>
</tr>
<tr>
<td><strong>Social Awareness</strong></td>
<td><strong>Connection:</strong> The ability to have strong social awareness, giving students the ability to take the perspectives of others and empathize with people of diverse backgrounds and cultures.</td>
</tr>
<tr>
<td><strong>Responsible Decision Making</strong></td>
<td><strong>Critical Thinking:</strong> The ability to make constructive choices and understand metacognitive strategies to enhance learning. Critical thinking skills build responsible decision-making, analytical, and critical inquiry skills which are necessary to approach learning from an innovative, creative, multicultural, and ethical lens.</td>
</tr>
<tr>
<td><strong>Indiana Specific</strong></td>
<td><strong>Mindset:</strong> The ability to demonstrate cognitive flexibility and a willingness to learn. Developing mindset is a critical learning skill for building perseverance, adaptability, self-discovery, resilience, and the ability to receive and give constructive feedback.</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
Attendance
Research shows that regular school attendance is associated with higher academic achievement, especially for low-income students. According to the Every Student Succeeds Act (ESSA), schools are required to report chronic absenteeism, which is defined as a student who is absent 10% or more during the school year. Factors that contribute to a child’s frequent absence from school include family health or financial concerns, poor school climate, drug and alcohol use, transportation problems, and differing community attitudes towards education.\textsuperscript{83} Research suggests that when more students are chronically absent because of safety concerns, their peers and classmates are negatively affected as well, even if they themselves are not missing school.\textsuperscript{84}

- In 2018–2019, Indiana’s school attendance rate was 95.2%. Indiana’s school attendance rate has consistently been around 96% for the past five years.\textsuperscript{85}

- The majority of Indiana students, age 6–17, missed fewer than 4 days of school in the past year (76.1%), 18.9% of students missed between 4 and 10 days, and 4.9% missed 11 or more days.\textsuperscript{86}

- The majority of Indiana high school students (78.1%) did not skip school in the past month, 17.6% skipped 1 to 3 days, and 4.3% skipped 4 or more days.\textsuperscript{87}

Hispanic high school students are more likely to have skipped school in the past month than their peers
Percentage of High School Students Who Skipped School in the Past Month by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All other kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>21.9%</td>
<td>20.7%</td>
<td>26.0%</td>
<td>27.6%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey

School Engagement
Positive school climate is connected to overall student engagement and can be linked to academic achievement. Students who are actively engaged in their schoolwork tend to perform better and feel safe at school. When students feel they are being recognized for their work and are learning about opportunities for the future, they are more likely to be engaged.\textsuperscript{88}

- About 3 in 5 Indiana parents (60.3%) of children ages 6–17 indicated “always” attending their child’s events or activities.\textsuperscript{89}

- 43.0% of children ages 6–17 report participating in some type of community service or volunteer work at school, church, or in the community.\textsuperscript{90}

- 92.6% of parents indicated their child, ages 6–17, had at least one other adult in their school, neighborhood, or community who knows the child well and who he or she can rely on for advice or guidance.\textsuperscript{91}
School Counselors

School counselors promote student engagement and learning, provide social and emotional support, promote positive school culture, and help students navigate college and career readiness and success. The American School Counselor Association recommends a ratio of 250 students per counselor. School counselors are individuals who are certified/licensed with a master’s degree in counseling.

- In the 2018–2019 school year, Indiana employed one licensed guidance counselor for every 552 students.
- In the past year, 41.4% of Indiana high school students talked with their counselor about college or postsecondary plans.
- 78.6% of Indiana high school students know how to schedule an appointment with their school counselor to talk about their future.
- In the past year, 59.8% of Indiana high school students talked with their school counselor about courses they should take in high school.
- Half of Indiana high school students (49.9%), would like their school counselor to provide them with individualized information about how to plan, prepare, and pay for college.

School Discipline

Suspensions and expulsions are used to discipline students for disruptive behavior. Research suggests that many disciplinary techniques can negatively impact student achievement, increase students’ risk of dropping out, and increase the likelihood of involvement with the criminal justice system. Research has consistently shown that black students face more frequent and severe disciplinary actions that remove them from school compared to their white peers. School districts that have large disparity gaps between black and white and Hispanic and white students also have large gaps in academic achievement.

- In the 2018–2019 school year, 4.6% of Indiana students received in-school suspension, 5.9% received an out-of-school suspension, and 0.2% were expelled.
- The percentage of students receiving in-school suspension in Indiana’s counties ranges from 13.6% in Crawford County to 0.1% in four counties (Decatur, Jennings, Newton, and Vanderburgh).
- The percentage of students receiving out-of-school suspension in Indiana’s counties ranges from 9.6% in Lake County to 1.1% in Wabash County.
• The percentage of students being expelled in Indiana’s counties ranges from 1.5% in Cass County to 0.0% in ten counties.

• Black students are 2.4 times more likely to receive in-school suspension and four times more likely to receive out-of-school suspension than their white peers.98

Large disparities exist across school discipline as black students are four times more likely to receive out-of-school suspension than their white peers.

Percentage of Students Suspended by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th></th>
<th>In-school suspension</th>
<th>Out-of-school suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.8%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Black</td>
<td>8.5%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4.8%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>6.3%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4.7%</td>
<td>4.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Native Hawaiian Or Other Pacific Islander</td>
<td>2.0%</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

National Assessment

The National Assessment for Educational Progress (NAEP) can be used to compare Indiana student performance in reading and mathematics across the United States. A random sample of students in grades 4 and 8 take the NAEP every other year. The most recent assessment occurred in 2019.99 NAEP considers students proficient once they have demonstrated competency over challenging subject matter, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.100 On average, Indiana 4th and 8th grade students scored better in math and reading than their peers nationally.101

• 37% of Indiana students in 4th grade scored at or above proficient in reading, compared to 34% of their peers nationally.

• Indiana has the highest percentage of 4th grade students scoring at or above proficient in reading (37%) among neighboring states: Ohio (36%), Kentucky (35%), Illinois (34%), and Michigan (32%).

Similiar gaps exist in reading and math by race/ethnicity.

Average 8th grade Math and Reading NAEP Scores by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th></th>
<th>Math</th>
<th>Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>292</td>
<td>271</td>
</tr>
<tr>
<td>Black</td>
<td>262</td>
<td>245</td>
</tr>
<tr>
<td>Hispanic</td>
<td>274</td>
<td>259</td>
</tr>
<tr>
<td>Multiracial</td>
<td>278</td>
<td>257</td>
</tr>
</tbody>
</table>

Source: The National Assessment for Educational Progress
• 37% of Indiana students in 8th grade scored at or above proficient in math, compared to 33% of their peers nationally.

• Indiana has the second highest percentage of 8th grade students scoring at or above proficient in math (37%) among neighboring states: Ohio (38%), Illinois (34%), Michigan (31%), and Kentucky (29%).

<table>
<thead>
<tr>
<th>2019 Math (Range 0–500)</th>
<th>Indiana</th>
<th>Ohio</th>
<th>Illinois</th>
<th>Kentucky</th>
<th>Michigan</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th</td>
<td>245</td>
<td>241</td>
<td>237</td>
<td>239</td>
<td>236</td>
<td>240</td>
</tr>
<tr>
<td>8th</td>
<td>286</td>
<td>286</td>
<td>283</td>
<td>278</td>
<td>280</td>
<td>281</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019 Reading (Range 0–500)</th>
<th>Indiana</th>
<th>Ohio</th>
<th>Illinois</th>
<th>Kentucky</th>
<th>Michigan</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th</td>
<td>222</td>
<td>222</td>
<td>218</td>
<td>221</td>
<td>218</td>
<td>219</td>
</tr>
<tr>
<td>8th</td>
<td>266</td>
<td>267</td>
<td>265</td>
<td>263</td>
<td>263</td>
<td>262</td>
</tr>
</tbody>
</table>

Source: The National Assessment for Educational Progress

Early Literacy

Literacy is related to listening, speaking, reading, and writing. Before a child even starts school, they are able to build the foundational skills in literacy. These early skills, such as oral language, alphabet knowledge, phonological awareness, and letter writing, are connected to long term school performance. Indiana utilizes IREAD-3 (the Indiana Reading Evaluation and Determination) to measure foundational standards of reading in third grade.

• In 2019, 87.3% of 3rd grade students passed the IREAD-3.

• Students in special education (60.9%), students who receive free/reduced lunch (81.9%), and students who are English learners (73.4%) are less likely to pass IREAD-3 than their peers.

Students passing IREAD-3 has decreased by four percentage points since its peak in 2015.

Percentage of Students Passing IREAD-3, Indiana: 2015–2019

Source: Indiana Department of Education
Clear disparities exist for students of color, special education students, and English learners with passing IREAD-3.

Percentage of Students Passing IREAD-3, Indiana: 2019

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.6%</td>
</tr>
<tr>
<td>Black</td>
<td>74.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>78.1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>87.0%</td>
</tr>
<tr>
<td>Asian</td>
<td>88.1%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>68.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>82.5%</td>
</tr>
<tr>
<td>Non-English learner</td>
<td>89.3%</td>
</tr>
<tr>
<td>English learner</td>
<td>73.4%</td>
</tr>
<tr>
<td>Special education</td>
<td>60.9%</td>
</tr>
<tr>
<td>General education</td>
<td>93.1%</td>
</tr>
<tr>
<td>Paid meals</td>
<td>94.2%</td>
</tr>
<tr>
<td>Free/reduced price meals</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

**ILEARN**

In 2019, ILEARN (Indiana Learning Evaluation Assessment Readiness Network), an online computer-adaptive assessment test, measured student proficiency of the Indiana Academic Standards in grades 3–8, biology, and U.S. Government.\(^{106}\)

ILEARN, which replaced ISTEP+, assesses students in subject areas such as English/language arts, mathematics, science, social studies, and U.S. government.\(^{107}\) Students’ scores are categorized into four areas: Below Proficiency, Approaching Proficiency, At Proficiency, or Above Proficiency. If a child scores At or Above proficiency, they are on track for college and career readiness.\(^{108}\)

- In 2019, 37.1% of students in grades 3–8 passed both English/Language Arts and Math ILEARN.
- 47.9% of students in grades 3–8 passed just English/Language Arts and 47.8% passed just Math.
- Students in special education (10.7%), English learners (11.1%), and students receiving free or reduced-price lunch (22.9%) are less likely to pass both English/Language Arts and Math ILEARN than their peers.\(^{109}\)
ISTEP+

ISTEP+ (Indiana Statewide Testing for Educational Progress–Plus) is an assessment tool to measure 10th grade students’ achievement in mathematics and English/language arts. ISTEP+ for 10th graders will be utilized through the 2019–2020 school year.

- In 2019, 33.8% of 10th grade students passed both English/Language Arts and Math ISTEP+.
- 10th grade students were more likely to pass English/Language Arts (62.4%) than Math (35.3%).
- White 10th grade students are more than three times as likely to pass both English/Language Arts and Math ISTEP+ (39.4%) than their black peers (11.2%).
- 10th grade Hispanic (19.0%), Native Hawaiian or Other Pacific Islander (39.7%), multiracial (28.8%), and American Indian students (30.1%) are less likely to pass both English/Language Arts and Math ISTEP+, compared to their white peers.¹¹⁰

Clear disparities exist for students of color, low-income, and English learners on passing both English and Math ISTEP+, compared to their peers.

Percentage of Students in Grade 10 Passing Both English/Language Arts and Math ISTEP+, Indiana: 2019

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Multiracial</th>
<th>Asian</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>American Indian</th>
<th>Paid meals</th>
<th>Free/reduced price meals</th>
<th>General education</th>
<th>Special education</th>
<th>Non-English learner</th>
<th>English learner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>33.8%</td>
<td>39.4%</td>
<td>11.2%</td>
<td>19.0%</td>
<td>28.8%</td>
<td>51.6%</td>
<td>39.7%</td>
<td>30.1%</td>
<td>45.2%</td>
<td>17.9%</td>
<td>38.0%</td>
<td>6.3%</td>
<td>35.2%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
I AM
Students who have cognitive disabilities in grades 3–8 take the I AM (Indiana’s Alternative Measure). This test aligns with the annual accountability measures for the state. The test covers English/language arts, mathematics, science, and social studies.\textsuperscript{111}

- In 2019, 29.8% of students in grades 3–8 passed both the I AM Math and English Exams.
- 46.3% of students in grades 3–8 were proficient in the I AM English Exam and 43.9% of students grades 3–8 were proficient in the I AM Math Exam.
- 41.4% of students in grades 3–8 were proficient in the I AM Science Exam and 34.3% were proficient in the I AM Social Studies Exam.
- Asian (19.3%), Hispanic (26.7%), black (27.6%), and multiracial (28.3%) students are less likely to pass both the I AM Math and English Exams than their white peers (31.4%).\textsuperscript{112}

Graduation
Youth who graduate from high school are more likely to be employed, earn higher incomes, and enjoy better health than those who do not earn a high school diploma.\textsuperscript{113} In Indiana, students need to meet the following three requirements to graduate from high school: earn the defined credits for the high school diploma; learn and demonstrate employability skills; and possess postsecondary-ready competencies.\textsuperscript{114}

- In the 2018–2019 school year, 87.3% of all Indiana high school students graduated on time.
- Students who did not graduate after four years are still in school (5.3%), have dropped out (5.9%), or earned a Special Education Certificate (1.2%).\textsuperscript{115}
- In 2017, Indiana’s on-time graduation rate is tied for the third highest (84%) among our neighboring states: Kentucky (90%), Illinois (87%), Ohio (84%), and Michigan (80%).\textsuperscript{116}
- The high school graduation rate in Indiana’s counties ranges from 75.2% in Marion County to 99.1% in Warren County.\textsuperscript{117}

The high school graduation rate has been decreasing since 2014.
High School Graduation Rate, Indiana: 2014–2019

Source: Indiana Department of Education
Students in the graduating class of 2023 will be able to individualize their graduation requirements to align to their postsecondary goals through the Graduation Pathways. 

Students must satisfy all three of the requirements: obtain a high school diploma, learn and demonstrate employability skills, and complete postsecondary-ready competencies. In the 2018–2019 school year, half of students (50.5%) earned a Core 40 Diploma, 39.8% earned an Honors Diploma, and 9.7% earned a General Diploma.

Ending with the class of 2022, completion of the Core 40 Diploma and passing the Graduation Qualifying Exam is a graduation requirement for all Indiana students. However, students may be exempted from the Core 40 requirements and graduate with a General Diploma if the parents and school follow a formal opt-out process.

Students can also earn an Academic or Technical Honors Diploma by completing classes beyond the Core 40 requirements. Academic Honors requires additional credits in foreign language, math, and fine arts; Technical Honors requires college and career preparation courses. Both Honors Diplomas require students to earn a “C” or better in courses that will count toward the diploma and have an overall average of “B” or better.

- In the 2018–2019 school year, half of students (50.5%) earned a Core 40 Diploma, 39.8% earned an Honors Diploma, and 9.7% earned a General Diploma.
Disparities exist among high school diploma achievement.

Diploma Type for High School Graduates by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>General Diploma</th>
<th>Core 40</th>
<th>Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>43.9%</td>
<td>19.5%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Black</td>
<td>46.8%</td>
<td>68.7%</td>
<td>60.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>43.9%</td>
<td>19.5%</td>
<td>28.7%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>33.5%</td>
<td>33.5%</td>
<td>33.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>61.9%</td>
<td>61.9%</td>
<td>61.9%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>51.5%</td>
<td>51.5%</td>
<td>51.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>26.8%</td>
<td>26.8%</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Dropouts

Students of color and immigrant status are more likely to experience school dropout compared to their peers. Among Hispanic youth, the high rate is partly the result of the high proportion of immigrants who never attended school in the United States. Students who drop out of school are more likely to experience incarceration and poverty.122

- In the 2018–2019 school year, the Indiana high school dropout rate was 5.9% and has increased since the 2013–2014 school year, when the high school dropout rate was 4.5%.
- The dropout rate is highest for Native Hawaiian or Pacific Islander students (14.6%), followed by black (9.8%), multiracial (8.5%), American Indian (8.2%), Hispanic (7.4%), white (5.0%), and Asian students (2.6%).123
- Less than half (43.8%) of Hoosier youth ages 16–19 who have dropped out of high school are employed, less than half are not in the labor force (47.0%), and 9.2% are unemployed.124 Individuals not in the labor force are those who are not actively working or looking for work, while individuals actively looking for a job and being unable to find work are unemployed.125

Native Hawaiian or Other Pacific Islander students are three times as likely to drop out of high school as their white peers.

High School Dropout Rate by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Dropout Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>5.0%</td>
</tr>
<tr>
<td>Black</td>
<td>9.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.4%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>8.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.6%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>14.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
School Accountability

Passage of the federal Every Student Succeeds Act (ESSA) in 2015 grants states flexibility in devising and implementing their accountability systems. The U.S. Department of Education accepted Indiana’s consolidated state plan on January 19th, 2018, and implemented the plan for the first time during the 2017–2018 school year. The long-term goal for the plan is to increase the level of academic achievement by decreasing the achievement gap across all student groups. States must submit a plan for review by the U.S. Department of Education that includes challenging state academic standards, academic assessments, statewide accountability systems, and school support and improvement activities. Due to the differences between federal and state accountability standards, Indiana schools receive two grades, one for federal and one for state.

- In 2018, 63.9% of Indiana schools earned an A or B under the state accountability system, compared to 50.9% under the federal accountability system.
- In 2018, 13.8% of Indiana schools earned a D or F under the state accountability system, compared to 18.6% under the federal accountability system.

| School Accountability, Percentage of Schools Receiving A–F Grades by State and Federal Accountability System, Indiana: 2018 |
|---|---|---|---|---|---|---|
| Grade | State Accountability System | | | Federal Accountability Systems | | |
| | Traditional public schools | Charter public schools | Nonpublic schools | Traditional public schools | Charter public schools | |
| A | 26.1% | 21.2% | 44.2% | 10.5% | 17.2% | |
| B | 37.7% | 17.6% | 26.7% | 41.5% | 12.6% | |
| C | 21.7% | 16.5% | 12.9% | 30.7% | 19.5% | |
| D | 9.7% | 18.8% | 5.2% | 11.8% | 19.5% | |
| F | 4.4% | 8.2% | 3.4% | 5.5% | 24.1% | |

Source: Indiana Department of Education

School Safety and Violence

School safety affects students’ emotional well-being and academic achievement. Fear at school can contribute to an unhealthy school climate and lead to negative student behavior. Students who feel unsafe at school are more likely to miss days of class, and students who witness school violence are more likely to experience health problems, social and emotional difficulties, and poor academic performance.

- In the Midwest*, 98.4% of schools have controlled access, locked, or monitored access to school buildings and 37.8% of schools have controlled access to school grounds.
- 66.3% of schools have classrooms that can be locked from the inside.
- 18.2% of schools in the Midwest have a full-time school resource officer and 23.0% have a part-time school resource officer.
- 42.3% of schools in the Midwest provide diagnostic mental health assessments.
  - 53.1% provide these assessments outside and at school.
  - 31.3% provide these assessments at school only.
  - 12.5% provide these assessments outside of school only.

*States within Midwest are defined by the U.S. Census Bureau. These states include: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin
Students thrive in schools and organizations where they are safe from violence, bullying, harassment, and substance abuse. School safety includes more than an absence of threats; instead, describing an environment where students feel safe both physically and emotionally. Emotionally safe students feel free to express their emotions, have the confidence to take risks and tackle challenges, and feel valued, respected, and connected to their learning. Potential threats to school safety are wide ranging and include weather and natural disasters, noncustodial parent abductions, bullying, fighting, weapon use, and mass shootings.

- 78.2% of Indiana parents indicated they “definitely agree” that their child is safe at school, compared to 73.3% nationally.
- In 2018, 25.9% of Hoosier high school students did not feel safe at school. Black high school students (33.4%) feel less safe at school than their Hispanic (29.2%) and white peers (24.5%).
- In 2018, there were 1,179 school-related arrests and 166 referrals to law enforcement.
- 5.6% of Indiana high school students carried a weapon such as a gun, knife, or club on school property.
- 5.5% of Indiana high school students were in a physical fight on school property. Males are two times (7.2%) more likely to be in a physical fight compared to females (3.4%).
- In 2015, 6.6% of high school students were threatened or injured with a weapon on school property in the past year. Students who identify as lesbian, gay, or bisexual are more than 4.5 times more likely to be threatened or injured with a weapon on school property than their heterosexual peers.

### Bullying

Bullying is defined as a pattern of behavior intended to cause physical or psychological harm, typically between children with unequal power. Bullying can include physical coercion, hostile teasing, emotional bullying, or online harassment. Children who are bullied tend to feel unhappy and lonely, have greater difficulty making friends, and are more likely to experience anxiety and depression.

- In 2016–2017, 2 out of 10 Hoosier children ages 6–17 were bullied by other children (20.8%), compared to 21.7% nationally.
- Hoosier children with two or more Adverse Childhood Experiences (ACEs) are 3.7 times as likely to be bullied, picked on, or excluded by other children (36.3%) compared to children with no ACEs (9.8%).

Cyberbullying is bullying that takes place over digital devices such as cell phones, computers, and tablets. It can include sending, posting, or sharing negative, harmful, false, or mean content about someone else, or sharing personal or private information to cause embarrassment or humiliation.

- 15.7% of Indiana high school students were electronically bullied in 2015.
- In 2015, females were nearly twice as likely to be cyberbullied (20.6%) as males (11.0%).

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Indiana</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>24.5%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Black</td>
<td>33.4%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>29.2%</td>
<td>29.6%</td>
</tr>
<tr>
<td>All other kids</td>
<td>29.6%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey
College and Career

The transition from high school to college, technical training, or career is a critical step in a young person’s life. Unfortunately, not every student successfully makes the transition to postsecondary education or training.\textsuperscript{140} Individuals who enroll in any postsecondary education within the first year after graduating from high school are considered “college going” for data collection purposes.\textsuperscript{141} Wide variation exists in the rate of which Hoosiers enroll in a 2-year or 4-year college within their first year of graduation.\textsuperscript{142} Transitioning into college is difficult for students when they no longer have access to counselors to assist them with the process and/or they do not have family members who are aware of the process of enrolling into a postsecondary institution. Navigating college and career services can be especially difficult for first-generation students. Successfully attaining a postsecondary education is correlated with achieving greater economic success as youth enter adulthood.\textsuperscript{143}

- More than three quarters (78.3\%) of Indiana’s 12th grade students intend to enroll in a two- or four-year college in the first year after high school.
- High school seniors who receive free or reduced-price lunch are more than twice as likely to intend to work full time after graduation (14.4\%) as students with paid lunch (5.6\%).
- High school seniors who have a parent with a college degree are more likely to intend to enroll in college (87.5\%) than seniors whose parents do not have degrees (66.2\%).
- High school seniors whose parents do not have degrees report post-high school intentions such as working at a full-time job (15.6\%), enlisting in the military (4.4\%), participating in an apprenticeship program (2.9\%), and enrolling at career/technical college (2.4\%).\textsuperscript{144}

Variations exist among student demographics that enroll in college within a year of graduating from high school.

College–going Rates by Student Demographic, Indiana: 2017

[Table showing enrollment rates by student demographic, including White, Black, Hispanic, Asian, Other, Female, Male, 21st Century Scholars, and Non-21st Century Scholars. The statewide average is 63%.]

Enrollment

Nearly two-thirds (63\%) of Indiana’s high school graduating class of 2017 went to college.\textsuperscript{145}

- Students who earn an Honors Diploma are more likely to enroll in college (93\%) than students earning a Core 40 (53\%) or General Diploma (18\%).\textsuperscript{146}
- 40.2\% of Indiana’s young adults ages 18–24 are enrolled in college or graduate school. Of them, 78.1\% are enrolled in public schools.\textsuperscript{147}
Students who earn an Honors Diploma are more likely to enroll in college compared to their peers.

Percentage of Students Enrolling in Any Institution by High School Diploma Type, Indiana: 2013–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Honors</th>
<th>Core 40</th>
<th>General</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>92%</td>
<td>60%</td>
<td>24%</td>
</tr>
<tr>
<td>2014</td>
<td>92%</td>
<td>59%</td>
<td>24%</td>
</tr>
<tr>
<td>2015</td>
<td>93%</td>
<td>57%</td>
<td>22%</td>
</tr>
<tr>
<td>2016</td>
<td>93%</td>
<td>55%</td>
<td>20%</td>
</tr>
<tr>
<td>2017</td>
<td>93%</td>
<td>53%</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

Preparation

Students take many steps in preparation for postsecondary success, such as making written plans, researching programs and careers online, talking with trusted adults, and maintaining good grades. Students who plan for college early increase their options for finding affordable ways to pay for college, and have a better idea of degree tracts that are suitable for them.

- In the past year, high school seniors applied for one or more of the following post-high school options: 73.8% applied to a four-year college, 16.2% applied to a two-year community college, 2.9% applied to the military, 2.8% applied to a career/technical college, and 1.9% applied for an apprenticeship.

- 15.2% of Hoosier high school seniors did not apply for any post-high school option.

The majority of high school seniors plan for college and career by using the internet and/or submitting an application.

Percentage of 12th Grade Students Who Planned for College or Career in the Past Year, Indiana: 2019

- Used internet to learn about a college: 85.6%
- Submitted an application to a college, apprenticeship, or military: 84.8%
- Used internet to learn about a career: 85.1%
- Visited a postsecondary campus: 57.2%
- Had an up-to-date written resume: 56.8%
- Met with a college representative: 42.0%
- Went to a college fair: 31.4%
- Took a career interest inventory: 24.6%

Source: Indiana College and Career Readiness Survey
21st Century Scholars

Indiana’s 21st Century Scholars Program provides low-income students with up to four years of paid tuition at an eligible Indiana college or university. Scholars also receive a variety of support services designed to help them succeed in school and complete college.

In order to receive the scholarship, students must be income eligible, enroll in the program in 7th or 8th grade, maintain a grade point average of at least 2.5 on a 4.0 scale, earn at least a Core 40 diploma, and agree to the 21st Century Scholar Pledge. Scholars also must complete the twelve steps of the Scholar Success Program to remain eligible for their scholarship.¹⁴⁹

- 21st Century Scholars are more likely to enter college immediately after high school (86%) than all Indiana students (63%) and students receiving free or reduced lunch (50%).
- Scholars are less likely to need remediation in college (10%) than all Indiana students (12%) and students receiving free or reduced lunch (18%).¹⁵⁰
- Among the 21st Century Scholar class of 2017 the majority are white (63.8%), followed by black (16.5%), Hispanic (11.8%), Asian (2.7%), and all other students (5.2%).¹⁵¹

### 21st Century Scholars graduating on-time at a 2-year public institution has significantly increased.


<table>
<thead>
<tr>
<th>Grade</th>
<th>Required Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>Create your graduation plan</td>
</tr>
<tr>
<td>10</td>
<td>Take a career interests assessment</td>
</tr>
<tr>
<td>11</td>
<td>Visit a college campus</td>
</tr>
<tr>
<td>12</td>
<td>Submit your college application</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

### In the past five years, on-time completion rates for 21st Century Scholars increased by 12 percentage points.

On-Time Completion by Low-Income Status at a 4-year Public Institute, Indiana: 2009–2014

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-scholar (higher income)</th>
<th>Non-scholar (low income)</th>
<th>21st Century Scholars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2009</td>
<td>23%</td>
<td>22%</td>
<td>35%</td>
</tr>
<tr>
<td>Fall 2014</td>
<td>35%</td>
<td>32%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education
Advanced Placement and Dual Credit Courses

Advanced Placement (AP) courses enable students to pursue college-level studies while still in high school. Courses are modeled on comparable college courses, and college and university faculty play an important role in ensuring that AP courses align with college-level standards. Many colleges provide course credit to students who earn a 3 or higher on the relevant AP exam.\(^\text{163}\)

- In 2017, 35.7% of Indiana high school graduates took an AP exam, and 18.3% of graduates passed an AP exam.\(^\text{163}\)
- 91% of Hoosier graduates in the class of 2017 who took and passed an AP test enrolled in college, compared to 49% of those who did not take an AP test.
- 3% of students who passed an AP test needed remediation in college, compared to 18% of students who did not take an AP test.\(^\text{164}\)

Students who passed an AP test are 1.7 times more likely to enroll in college, compared to students who did not take an AP test.

Percentage of High School Graduates Who Enrolled in College and Did Not Need Remediation, Indiana: 2017

<table>
<thead>
<tr>
<th>Passed an AP test</th>
<th>Did not take an AP test</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>49%</td>
</tr>
<tr>
<td>97%</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrolled in college</th>
<th>Did not need remediation in college</th>
</tr>
</thead>
<tbody>
<tr>
<td>91%</td>
<td>49%</td>
</tr>
<tr>
<td>97%</td>
<td>82%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

The Scholastic Aptitude Test (SAT) and ACT

The Scholastic Aptitude Test (SAT) is used by colleges and universities for admissions and enrollment. The SAT tests students’ knowledge of subjects necessary for college success and includes math, reading, writing, and an essay section. The maximum possible score is 1600.\(^\text{165}\)

- 66% of Indiana graduates in the class of 2019 took the SAT at some point during their high school career.
- Among Indiana graduates in 2019, the mean SAT score was 537 in Math and 543 in Evidence-Based Reading and Writing, for a total mean score of 1080.\(^\text{166}\)
- Indiana has the third highest total mean SAT score (1080) among our neighboring states: Kentucky (1232), Ohio (1097), Illinois (1013), and Michigan (1003).\(^\text{167}\)

Gaps as high as 167 points separate white students from black students in the total mean SAT score.

Mean SAT Score of High School Graduates by Race/Ethnicity, Indiana: 2019

<table>
<thead>
<tr>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>1080</td>
<td>543</td>
<td>537</td>
<td>507</td>
<td>572</td>
</tr>
<tr>
<td>1108</td>
<td>557</td>
<td>551</td>
<td>502</td>
<td>606</td>
</tr>
<tr>
<td>941</td>
<td>476</td>
<td>465</td>
<td>502</td>
<td></td>
</tr>
<tr>
<td>1009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1178</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: College Board
The ACT assesses high school students’ general educational development and their ability to complete college-level work. The four skill areas covered are English, mathematics, reading, and science, with an optional writing test. The maximum possible score on the ACT is 36.¹⁶⁸

- In 2019, an estimated 21,482 of Indiana’s graduates took the ACT.
- Among Indiana graduates in 2019, the average ACT score was 22.5, higher than the national average of 20.7.
- 37% of Indiana students met ACT College Readiness Benchmark Scores on all four sections, a three percentage point increase from 2015 graduates (34%).
- 33.5% of 2019 graduates took the ACT two or more times and had an average score of 24.4 compared to the overall average score of 21.5 of those who took it only once.¹⁵⁹

**Higher Education**

Indiana is home to seven major public universities or university systems, including Ball State University, Indiana State University, Indiana University, Ivy Tech Community College, Purdue University, University of Southern Indiana, and Vincennes University. The state also houses 43 private bachelor’s degree-granting institutions and many additional certificate- and associate degree-granting institutions.¹⁶⁰

**Nearly three-quarters of Indiana college students are enrolled at a four-year Indiana public college.**

Percentage of College-Enrolled Students by Campus Type, Indiana: 2017

<table>
<thead>
<tr>
<th>Four-year Indiana public</th>
<th>Indiana private</th>
<th>Out of state</th>
</tr>
</thead>
<tbody>
<tr>
<td>72.8%</td>
<td>14.0%</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

*Indiana Proprietary: 2%
College Cost

For many students, the cost of college serves as a potential barrier to postsecondary education.

- The average annual cost of an Indiana two-year college is $15,886 before financial aid and $7,349 after financial aid.

- For four-year colleges in Indiana, the average annual cost is $22,333 before financial aid and $11,524 after financial aid.161

<table>
<thead>
<tr>
<th>STATEWIDE</th>
<th>THE INVESTMENT</th>
<th>THE RETURN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual cost of college BEFORE financial aid</td>
<td>Annual cost of college AFTER financial aid</td>
</tr>
<tr>
<td>All four-year colleges (bachelor’s degrees)</td>
<td>$22,333</td>
<td>$11,524</td>
</tr>
<tr>
<td>All two-year colleges (associate degree)</td>
<td>$15,866</td>
<td>$7,349</td>
</tr>
<tr>
<td>Statewide (associate and bachelor’s)</td>
<td>$20,854</td>
<td>$10,566</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

College graduates with lower student debt are more likely to thrive as adults. Debt can damage graduates’ future incomes and lifelong earnings. Having debt places students at an economic disadvantage in the workforce and they may struggle to repay their debts. Research also shows that black students disproportionately rely on loans to finance their education, largely because their families tend to hold much less wealth than white families. Additionally, low-income students of color are disproportionately more likely to leave college before completing a degree and face steep challenges to pay off debt.162

- 48.9% of students who graduate from an Indiana two-year college have debt. Among those with debt, the average debt upon graduation is $17,132.

- 67.7% of students who graduate from four-year colleges graduate with debt, averaging $26,999 per student.163

- The majority of Indiana college graduates (73%) who took out student loans “agree” or “strongly agree” that their education was worth the cost.164

Although financial aid covers at least 46% of college costs on average, students still face debt.

College Costs for Two-year and Four-year Colleges, Indiana: 2017

Source: Indiana Commission for Higher Education
CollegeChoice – 529 Accounts
The 529 plan is an investment account that allows families to save and invest for college costs, which also includes vocational schools and community colleges. This account is a tax-free earning growth and tax-free withdrawals that can pay for tuition, books, supplies, and sometimes room and board.165

• As of October 2019, there are 249,990 CollegeChoice accounts in Indiana, representing 15.9% of Indiana children.

• As of October 2019, Indiana has $3,170,386,620.64 in assets for children younger than 18. The assets in Indiana’s counties range from $629,004,815.40 in Hamilton County to $369,653.27 in Ohio County.

• In Indiana, the average balance of CollegeChoice 529 accounts is $12,682.05. The average balance in Indiana’s counties ranges from $20,539.96 in Boone County to $2,231.46 in Jay County.

• The penetration rate is the proportion of youth under 18 who have a 529 account compared to the total population of youth under 18. In Indiana this is 15.9% and in Indiana’s counties this ranges from 60.3% in Wabash County to 2.2% in Switzerland County.166

Financial Aid
In order to receive federal or state financial aid for college, students must fill out a Free Application for Federal Student Aid (FAFSA). FAFSA is used to determine students’ eligibility for different types and amounts of aid.167

• Females (62.2%) are more likely to file FAFSA on time than males (37.4%).

• 43.7% of FAFSA filers are first-generation college students.168

Federal Pell Grants provide up to $6,195 to undergraduate students with financial need who have not earned a bachelor’s or a professional degree. The total award amount depends on students’ financial need, cost of attendance, and full- or part-time status.169

• More than half (53.8%) of Hoosier FAFSA filers are eligible for a Pell Grant.170

• 124,241 Indiana students received a Pell Grant in 2018.171
Indiana state aid is awarded through two main grant programs: the Frank O’Bannon Grant and the 21st Century Scholarship. Eligibility for the O’Bannon Grant is based on financial need as determined by the FAFSA. Starting in 2013–2014, the O’Bannon Grant and 21st Century Scholarship were decoupled, meaning that a student may receive only one award or the other. Because of this, there has been a significant decline in O’Bannon grants and an increase in 21st Century Scholarship funding.

- 42,467 Indiana students received a Frank O’Bannon Grant in 2018, with an average award amount of $4,207.
- 21,184 Indiana students received a 21st Century Scholarship in 2017, with an average award amount of $7,715.

Remediation

Students who are not sufficiently prepared to complete entry-level courses at the start of their college careers are often required to take remedial courses. Students who begin college with remedial courses are significantly less likely to complete their degrees.

- In Indiana, 12% of the high school graduates who enrolled in an Indiana public college needed remediation.
- Of Indiana’s 2017 high school graduates who enrolled in an Indiana public institution, 88% did not need remediation, 7% needed math remediation, 3% needed English/language arts remediation, and 1% needed both types of remediation.

Students needing remediation has decreased by at least seven percentage points across race/ethnicity since 2013.

Percentage of Students Needing Remediation by Race/Ethnicity, Indiana: 2013–2017

Source: Indiana Commission for Higher Education
Completion

Not all students who start college in Indiana complete a degree. Many college students, especially those who are in community colleges, face economic insecurities that are a barrier for college completion. Research suggests that students need guided pathways, robust counseling services, and financial resources to overcome barriers to college completion.¹⁷⁷

Students whose parents did not attend college may face additional challenges in attending and completing college. These challenges include social, cultural, and academic readiness, as well as limited financial resources.¹⁷⁸ Research indicates that first-generation college-goers are less likely to graduate from postsecondary institutions than their peers.¹⁷⁹

- Of college students with an expected graduation in 2018, 47.3% of full-time, four-year degree seekers graduated on time while 13.9% of full-time, two-year degree seekers graduated on time.

- Of college students with expected graduation in 2016, the six-year extended time completion rate was 70.3% for full-time, four-year degree seekers and 35.3% for full-time, two-year degree seekers.¹⁸⁰

Black students are half as likely to complete college on time at a four-year campus as their white peers.

Percentage of College Students Graduating on Time, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Four-year main campus</th>
<th>Four-year non-main campus</th>
<th>Two-year campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>59.4%</td>
<td>27.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Black</td>
<td>50.8%</td>
<td>15.5%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>60.3%</td>
<td>37.7%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>30.7%</td>
<td>19.9%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Total</td>
<td>56.8%</td>
<td>26.0%</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

Workplace Readiness

Employability Skills

In 2018, schools in Indiana started including the interdisciplinary employability skills standards that were developed by the Indiana Department of Education and Department of Workforce Development. The goal of developing these skills is to assist students with their postsecondary readiness. The standards identified 18 skills that fall under the categories of Mindsets, Learning Strategies, Work Ethic, and Social & Emotional Skills.¹⁸¹

- More than half of employers (62%) say the supply of qualified applicants does not meet the demand.

- 51% of employers indicated they left jobs unfilled in Indiana in the past year due to under-qualified applicants, an increase of four percentage points from 2017.

- Employers indicated they are willing (34% "Yes" and 38% "Maybe") to hire a candidate that is underqualified as part time and provide training.

- Only 33% of employers work with educational institutions to develop talent.¹⁸²
### Indiana’s Employability Skills

<table>
<thead>
<tr>
<th>Mindsets</th>
<th>Lifelong learning</th>
<th>Self-confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Strategies</td>
<td>Effective communication</td>
<td>Decision-making</td>
</tr>
<tr>
<td></td>
<td>Initiative</td>
<td>Attention to detail</td>
</tr>
<tr>
<td></td>
<td>Attitude and awareness</td>
<td>Problem solving</td>
</tr>
<tr>
<td>Work Ethic</td>
<td>Self-discipline</td>
<td>Independence</td>
</tr>
<tr>
<td></td>
<td>Perseverance</td>
<td>Time management &amp; organization</td>
</tr>
<tr>
<td></td>
<td>Adaptability</td>
<td>Integrity</td>
</tr>
<tr>
<td></td>
<td>Professionalism</td>
<td></td>
</tr>
<tr>
<td>Social &amp; Emotional Skills</td>
<td>Connection</td>
<td>Regulation</td>
</tr>
<tr>
<td></td>
<td>Collaboration</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Indiana Department of Workforce Development*

### About half of employers require more than a high school diploma for unfilled jobs.

**Education Requirements for Unfilled Jobs, Indiana: 2018**

- High school diploma or less: 48%
- Bachelor’s degree: 23%
- Advanced or graduate degree: 5%
- Certificate or license: 18%

*Source: Indiana Chamber of Commerce*

### Career and Technical Education

Indiana’s Career and Technical Education (CTE) programs offer high school courses in agriculture, business, engineering and technology, family and consumer sciences, health science, and trade and industrial. CTE aims to prepare youth for a wide range of high-wage, high-skill, and high-demand careers.183

- During the 2016–2017 school year, 178,030 Indiana students (51.8% of the student population) are enrolled in at least one career and technical education course.

- 5,340 Indiana students enrolled in a career and technical education course earned an industry certification.

- Among the career and technical education courses, 7,834 students were in work-based learning courses. This includes internships within traditional CTE courses.

- In 2016, 23,236 Indiana students were CTE concentrators who earned six or more credits in a single CTE program area.

- Half of CTE concentrators who exited high school in 2016 passed a technical skills assessment aligned with industry-recognized standards (49.7%).184
Work-based Learning
Work-based learning programs are opportunities to help students learn about the workplace, develop and refine workplace competencies needed to enter, and succeed in a chosen career. Work-based learning can include many different activities that occur along a continuum of career awareness, career exploration, and career preparation.

Work-based learning activities are varied and may include the following:

- Business field trips and job shadowing: Students visit a workplace environment to observe daily job functions to learn more about a specific occupation or industry.
- Mentorship: Students are paired with an industry employee mentor.
- School-based enterprise: Students take on managerial roles within an organization that produces goods or services for others.
- Service learning: Students complete community service activities on a volunteer basis, increasing knowledge and skills while contributing to the community.
- Internships: Students work with an employer over an extended period of time to learn more about a specific occupation or industry. Students may or may not be paid.
- Apprenticeships: Arrangements between a worker and employer where the worker obtains skills necessary for the occupation.¹⁸⁵

Jobs for America’s Graduates
Jobs for America’s Graduates (JAG) is a school-to-career program of the Department of Workforce Development. JAG aims to keep young people in school through graduation and provides work-based learning experiences that lead to career advancement opportunities or enrollment in postsecondary education. JAG programs are available in 66 Hoosier counties. In the 2018 State of the State address, Governor Eric Holcomb set the goal to increase the number of JAG programs across the state. The governor emphasized the importance of strengthening the Hoosier workforce and called for “a long-term commitment and an all-in approach among many stakeholders in every community.”¹⁸⁶,¹⁸⁷

- 136 Indiana JAG high-school based programs are available in 126 locations, with 7 alternative education programs.
- In the 2018–2019 cohort, Indiana’s JAG program served 5,009 students. JAG students completed 38,383.02 hours of service learning and 87,730.47 hours of employer connection hours.
- Indiana’s 2017–2018 JAG participants have a 96% graduation rate, and 90% go on to either a job, the military, and/or postsecondary education.
- Among the 2019–2020 JAG participants, 61% are economically disadvantaged (receive TANF/free lunch), 23% have a mother or father who did not graduate from high school, 33% have a family environment that is not conductive to education or career goals, and 18% have been suspended, expelled, or put on probation.
- Since 2007, Indiana’s JAG program has served more than 26,219 students.
- Currently, 64 counties have a JAG program.¹⁸⁸
Governor’s Work Ethic Certificate Program

The Governor’s Work Ethic Certificate (GWEC) program is awarded to high school seniors by the Department of Workforce Development. Students earning the GWEC must demonstrate proficiency in nine competencies including: a cumulative GPA of 2.0 or higher, an attendance rate of 98% or higher, one or fewer discipline referrals, and a minimum of six hours of community service. This program connects employers to their local school districts where employers offer interviews, increased base pay, industry tours, and other incentives to GWEC high school seniors.

- The number of school corporations and/or consortiums have expanded from 105 to 160 over the past year.
- As of November 2019, 160 schools statewide participated in the GWEC program, with a potential reach of 27,000 high school seniors.
- The class of 2019 received 3,102 certificates.
- More than 600 Indiana employers across every major industry support the GWEC program.

Apprenticeship Programs

Apprenticeship programs combine job-related technical instruction with structured on-the-job learning experiences. These programs are sponsored and operated on a voluntary basis by individual employers, employer associations, or jointly through labor/management agreements. Most programs last between three and five years, and all registered programs issue a nationally recognized Certificate of Completion.

- 56% of Hoosier employers say they would consider partnerships with education institutions to develop apprenticeships.
- In 2018, there were 16,973 active apprentices in Indiana.
- Of Indiana’s active apprentices, 9,835 were new apprentices and 2,994 completed their apprenticeship in 2017.
- In 2018, Indiana had the second-highest number of apprenticeship completers after New York.
- Indiana has 1,006 active apprenticeship programs. Of these, 70 were new programs in 2018.

### Top Ten Occupations for Apprentices, United States: 2018

<table>
<thead>
<tr>
<th>Occupational Title</th>
<th>Active Apprentices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrician</td>
<td>43,814</td>
</tr>
<tr>
<td>Carpenter</td>
<td>25,921</td>
</tr>
<tr>
<td>Construction craft laborer</td>
<td>15,612</td>
</tr>
<tr>
<td>Plumber</td>
<td>14,471</td>
</tr>
<tr>
<td>Truck driver</td>
<td>11,410</td>
</tr>
<tr>
<td>Pipe fitter</td>
<td>8,449</td>
</tr>
<tr>
<td>Line maintainer</td>
<td>7,374</td>
</tr>
<tr>
<td>Sheet metal worker</td>
<td>7,364</td>
</tr>
<tr>
<td>Dry-wall applicator</td>
<td>5,991</td>
</tr>
<tr>
<td>Structural steel worker</td>
<td>5,852</td>
</tr>
</tbody>
</table>

Source: United States Department of Labor
Sources


33 Indiana Family and Social Services Administration (2019). Data Request.


Sources continued


Indiana Department of Education (2019). Data Request.


Sources continued

179 Indiana Department of Education (2018). Data Request.
183 Indiana Department of Workforce Development (2019). Data Request.
185 Indiana Department of Workforce Development (2019). Data Request.
Health

Health is foundational for positive child well-being. Poor health during childhood and adolescence affects other aspects of a child’s life such as school readiness and attendance. Substance abuse, lack of preventative care, inadequate insurance, poverty, and lack of access to healthy food put children’s health at risk. A child born healthy sets the child up for positive life outcomes.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>26th</td>
<td>National KIDS COUNT® Book Health</td>
</tr>
<tr>
<td>20th</td>
<td>Prenatal Care</td>
</tr>
<tr>
<td>44th</td>
<td>Infant Mortality</td>
</tr>
<tr>
<td>38th</td>
<td>Children with Health Insurance</td>
</tr>
<tr>
<td>37th</td>
<td>Child and Teen Deaths</td>
</tr>
</tbody>
</table>

* For each indicator, higher rankings (1st) indicate better outcomes for youth.
Health Spotlight
Contributors to Health

To promote the overall health and well-being of Hoosier youth and families, it is critical to consider factors that contribute to differences in health outcomes. A person’s health is influenced by many factors including their own health behaviors and the accessibility of high-quality clinical care. A holistic approach to promoting health should focus on the person and healthcare system as well as social and contextual factors that influence health.¹

What Major Contextual Factors Contribute to Health?
The social and contextual factors of health can be described under six categories: economic stability, neighborhood/physical environment, education, food, community and social context, and the healthcare system.² All of these have an impact on children and adolescents in Indiana.

- **Economic Stability:** In Indiana, 18.0% of children live in poverty.³ This ranges from 4.5% to 31.0% across the 92 counties in Indiana.⁴ Interventions focused on monetary supplements (e.g., the Earned Income Tax Credit, income supplements) have shown decreases in sustained poverty and improved health.⁵,⁶

Among racial and ethnic groups, the poverty range increases between 14%–40%, indicating significant disparities in income in Indiana.

Percentage of Children Living in Poverty by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18.0%</td>
</tr>
<tr>
<td>White</td>
<td>13.7%</td>
</tr>
<tr>
<td>Black</td>
<td>37.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>27.2%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>28.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>20.3%</td>
</tr>
<tr>
<td>American Indian</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

- **Neighborhood/Physical Environment:** Factors including crime, quality of housing, and environmental conditions like air quality are linked to health outcomes among children. In Indiana, the average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) is 8.4, equal to the national average (8.4).⁷

- **Education:** Low education, though highly correlated with lower income and unemployment, is predictive of poor health, high rates of chronic diseases, and premature deaths.⁸,⁹ In 2017, 22% of Indiana high school graduates were from rural communities. Of those students, 59% enrolled in college, lower than the overall state rate (63%).¹⁰

- **Food:** Childhood obesity contributes to the high adult obesity rates among Hoosiers (34.1%).¹¹ Obesity is associated with a poor food environment and food insecurity. On an index of factors associated with a healthy food environment, Indiana scored a 7.1 compared to 7.7 in the United States.¹²

Children Ages 10–17 Who are Overweight or Obese: 2017–2018

Source: National Survey of Children’s Health

Source: American Community Survey, Table B17001
• **Community and Social Context:** Greater social support and social capital is linked to child health. Although Indiana ranks 23rd on an overall Social Capital Index,* Marion County is within the second percentile nationally.\(^{13}\)

• **Health Care System:** In Indiana, the percent of children who are uninsured went up from 5.8% in 2016 to 6.3% in 2017.\(^{14}\) Indiana was one of 13 states with increasing rates, indicating an area of needed improvement given research linking healthcare coverage to improved preventive care and reduced utilization of emergency services.\(^{15}\)

What are the Challenges?
The stigma associated with many of these social needs—especially around issues like poverty, mental illness, addiction, and homelessness—have been well-established and further contribute to poor health outcomes and access-to-care disparities. Stigma can affect health directly through known stress responses and indirectly due to avoidance of needed services or resources. These effects compound other factors like structural racism and systems-level inequities often experienced by vulnerable children and adolescents.

What Resources are Available?
**Indiana 2-1-1** is a free, confidential, 24/7 service that helps Hoosiers find local resources and information with the help of trained navigators. [https://in211.communityos.org/](https://in211.communityos.org/)

**Indiana Office of Healthy Opportunities** within the Indiana Family & Social Services Administration aims to promote equitable access to social and physical supports from birth to end-of-life. [https://www.chcs.org/media/IN-Office-of-Healthy-Opportunities-Case-Study_120518.pdf](https://www.chcs.org/media/IN-Office-of-Healthy-Opportunities-Case-Study_120518.pdf)

Robert Wood Johnson Foundation Culture of Health Action Framework sets a national agenda and provides technical guidance on how to improve health, equity, and well-being through research and community partnerships: [https://www.rwjf.org/](https://www.rwjf.org/)

What Solutions are Available?

**Individuals**
- Advocate for initiatives to advance health equity in your community with your elected officials, school board, and media.
- Volunteer with local organizations that are dedicated to improving the health and well-being of the communities where families live, work, and play.

**Organizations and Communities**
- Perform screenings and assessments of social determinants of health in youth and families across service systems to understand local needs, guide services, and inform treatment plans.
- Coordinate services across systems and consider partnering directly with other agencies to meet the needs of both children and their caregivers.
- Commit to stigma reduction efforts to overcome attitudinal barriers to youth receiving the services and resources they need to thrive.

**Leaders and Policy Makers**
- Support targeted, strategic investments in human services and community improvement, evidence-based programs shown to promote health.
- Create incentives for public-private partnerships aimed at addressing health inequities and expanding access to high-quality jobs, education, healthcare, and social services.

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Prenatal and Infant Health

Infant health is greatly affected by parental health. Good health pre-pregnancy, early prenatal care, and a positive environment postpartum all contribute to a strong start for children.\(^6\)

- In 2018, there were 81,651 live births in Indiana; 51.1% were males and 48.9% were females. The number of live births in Indiana has decreased by 8.0% since 2008.

- More than half of the state’s births (52.8%) were in just 10 of Indiana’s largest counties: Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Tippecanoe, Venderburg, Johnson, and Porter.

- 34 counties have seen a decrease in the number of live births over the last three years. This ranges from 22.6% decrease in Franklin County to a 16.2% increase in Cass County.\(^7\)\(^8\)

### Percentage Change of Live Births, Indiana: 2015–2018

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cass</td>
<td>Franklin</td>
</tr>
<tr>
<td>16.2%</td>
<td>-22.6%</td>
</tr>
<tr>
<td>Martin</td>
<td>Ripley</td>
</tr>
<tr>
<td>15.4%</td>
<td>-20.1%</td>
</tr>
<tr>
<td>Scott</td>
<td>Blackford</td>
</tr>
<tr>
<td>14.3%</td>
<td>-19.8%</td>
</tr>
<tr>
<td>Parke</td>
<td>Brown</td>
</tr>
<tr>
<td>14.0%</td>
<td>-16.7%</td>
</tr>
<tr>
<td>Marshall</td>
<td>Carroll</td>
</tr>
<tr>
<td>12.0%</td>
<td>-11.3%</td>
</tr>
<tr>
<td>Vigo</td>
<td>Pike</td>
</tr>
<tr>
<td>11.4%</td>
<td>-10.9%</td>
</tr>
<tr>
<td>Whitley</td>
<td>Daviess</td>
</tr>
<tr>
<td>11.3%</td>
<td>-10.6%</td>
</tr>
<tr>
<td>Warrick</td>
<td>Greene</td>
</tr>
<tr>
<td>11.1%</td>
<td>-10.1%</td>
</tr>
<tr>
<td>Randolph</td>
<td>Fayette</td>
</tr>
<tr>
<td>10.6%</td>
<td>-9.7%</td>
</tr>
<tr>
<td>Dubois</td>
<td>Gibson</td>
</tr>
<tr>
<td>10.1%</td>
<td>-9.3%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

### Birth Outcomes

Of the more than 80,000 babies born in Indiana each year, most are born safe and healthy. However, other babies are born prematurely, have a birth defect, or die within their first year. Factors known to affect birth outcomes include age, genetics, medical health, family socio-economic status, parental behaviors, access to healthcare for parents and babies, and environmental exposures.\(^9\)

### Premature Birth

Babies born earlier than the 37th week of pregnancy are considered preterm or premature. The earlier a preterm baby is born, the less likely the child is to survive the first year and the more likely the child is to have physical or neurological health problems.\(^10\)
• In 2018, 8,354 Hoosier babies were born prematurely (1 in 10 live births); this is equivalent to the national rate (10%).  

• More than half (55.1%) of babies born prematurely were also born with low birthweight.

• Black Hoosier babies are more likely to be born with low birthweight (13.6%), compared to white babies (7.1%).

**Black Hoosier babies are the most likely to be born preterm and/or with low birthweight.**

Percentage of Babies Born Preterm or With Low Birthweight by Race/Ethnicity, Indiana: 2018

![Chart showing the percentage of babies born preterm or with low birthweight by race/ethnicity in Indiana in 2018.]

**Source:** Indiana State Department of Health

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**Low Birthweight**

The weight of a newborn measured immediately after birth is referred to as the child’s “birthweight.” An infant born below 5.5 lbs., or 2500 grams, is considered low birthweight. When compared to infants of normal weight, low-birthweight babies may be at more risk for various health-related problems, including learning disabilities, and delayed motor and social developments. To reduce the risk of having a low-birthweight infant, expectant mothers should seek early and regular prenatal care. Visits to a provider can help identify conditions that can result in low-birthweight infants.

• In 2018, 6,586 Hoosier infants were born with low birthweight (8.1% of all live births).

• Black Hoosier babies are 1.9 times more likely to be born with low birthweight than white babies.

![Table showing the percentage of babies born with low birthweight in the highest and lowest counties in Indiana in 2018.]

**Source:** Indiana State Department of Health
Birth Defects
The two main categories of birth defects are structural birth defects, and functional or developmental birth defects. Structural birth defects are defined as a problem that affects the structure of body parts including a cleft lip or palate, abnormal limbs, or a heart defect. Functional or developmental birth defects relate to a problem with how a body system or body part works or functions. Sensory problems, metabolic disorders, and degenerative problems are all birth defects included in this category. Although the causes of many birth defects remain unknown, exposures to medications, chemicals, or other agents during pregnancy, infections, genetic problems, and chromosomal problems can cause the onset of specific conditions.26

- Birth defects are the first leading cause of death for infants in Indiana and the second leading cause of death for children ages 1–4.
- Birth defects account for more than 1 in 4 deaths among infants and children ages 0–4 (21.3%).27

Infant Mortality
The well-being of expectant mothers and infants determines the health of the next generation. A child’s first year of life is the most fragile. Indiana faces significant racial disparities in infant mortality, which may be partially attributed to disparities in the social determinants of health, the conditions in the places where people live, learn, work, and play that impact health risks and outcomes. For mothers and families, this may include disproportionate access to health care and early intervention services, availability of resources, and disparities in educational, employment, and economic opportunities.28

The vulnerability of black infants cannot be explained by disparities in socio-economic status or educational attainment alone. Even after controlling for these factors, black women still face greater risk of infant mortality.29 In 2018, 559 Hoosier children died before their first birthday.30

- In 2017, Indiana infants are more likely to die within their first year (7.3 deaths per 1,000 births) than their peers nationally (5.8 deaths per 1,000 births). Indiana has lagged behind the national average for the past two decades.31
- Black infants are more than twice as likely to die before their first birthday (12.5 per 1,000) than white infants (5.7 per 1,000).32

Indiana has the second highest infant mortality rate when compared to Midwest states.

Infant Mortality Rate per 1,000 Births, Midwest States: 2017

Source: Centers for Disease Control
Black infants are most likely to die before their first birthday.

Infant Mortality Rate Per 1,000 Births by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All other kids</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.8</td>
<td>5.7</td>
<td>12.5</td>
<td>6.1</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Maternal Mortality

The death of a mother during pregnancy, at delivery, or soon after delivery is a tragedy for her family and communities. Maternal mortality includes deaths during pregnancy or within one year of the end of pregnancy from a pregnancy complication. Research suggests that socioeconomic status and location are related to maternal death. A comprehensive strategy to reduce maternal deaths includes education for mothers, clinical intervention and coordination of care, protective intervention, and addressing social determinants of health. Death certificate information is used to identify maternal deaths and pregnancy. Childbirth and puerperium codes indicate pregnancy-associated death. However, death certificates are not enough to comprehensively identify all pregnancy-associated deaths.

- In 2018, there were 25 deaths due to pregnancy, childbirth, and puerperium.
- The number of pregnancy-associated deaths are more prevalent among white mothers (80.0%) than black mothers (16.0%) and all other mothers (4.0%).

Risk and Protective Factors

Teaching and supporting healthy behaviors during pregnancy positively affects birth outcomes. Babies tend to be healthier when their parents avoid risky behaviors such as smoking, using certain medications, or drinking alcohol during pregnancy, and engage in healthy behaviors such as receiving early prenatal care and breastfeeding. The strongest predictors of adverse birth outcomes include obesity, smoking, limited prenatal care, and unsafe sleep practices. Obesity is the leading factor contributing to Indiana’s infant mortality rate. Indiana is the 10th most obese state in the nation. Women who are obese have a 25% chance of delivering a premature infant, and women who are morbidly obese have a 33% chance of delivering a premature infant.
Smoking

Maternal smoking, both during pregnancy and after a baby is born, is linked to negative birth outcomes. Smoking is associated with a higher risk of miscarriage, low birthweight, premature birth, some birth defects, and Sudden Infant Death Syndrome (SIDS). After a baby is born, parental smoking still negatively affects the child. Exposure to secondhand smoke can cause serious health problems in children, including asthma, bronchitis, pneumonia, and SIDS.

- In 2018, 11.5% of expectant Hoosier mothers smoked while pregnant. This percentage has steadily decreased since 2008, when 18.5% of expectant mothers smoked.
- White mothers are more likely to smoke while pregnant (12.6%) than black (9.0%) or Hispanic mothers (2.9%).
- In 2017, the rate of smoking while pregnant in Indiana (14%) was significantly higher than the national rate (7%).
- Among our neighboring states, Indiana (14%) has the third highest percentage of maternal smoking: Illinois (6%), Michigan (11%), Ohio (14%), and Kentucky (18%).

Maternal smoking is highest among white mothers for nearly all age groups.

Percentage of Mothers Who Smoked During Pregnancy by Age and Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-17</td>
<td>9.4%</td>
<td>3.8%</td>
<td>1.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>18-19</td>
<td>14.6%</td>
<td>5.0%</td>
<td>4.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>20-24</td>
<td>17.8%</td>
<td>8.1%</td>
<td>3.6%</td>
<td>6.6%</td>
</tr>
<tr>
<td>25-29</td>
<td>17.9%</td>
<td>12.0%</td>
<td>3.6%</td>
<td>2.3%</td>
</tr>
<tr>
<td>30-34</td>
<td>12.9%</td>
<td>8.5%</td>
<td>2.3%</td>
<td>1.8%</td>
</tr>
<tr>
<td>35-39</td>
<td>10.4%</td>
<td>8.4%</td>
<td>2.0%</td>
<td>0.4%</td>
</tr>
<tr>
<td>40-44</td>
<td>9.8%</td>
<td>6.3%</td>
<td>2.3%</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Alcohol and Drug Use

Drug and alcohol use during pregnancy increases the risk of miscarriage, birth defects, and a range of lifelong physical, behavioral, and intellectual disabilities. Children of any age with parents who abuse alcohol or illicit drugs also face increased risk of child abuse or neglect. Babies born to women who use alcohol during pregnancy may suffer from Fetal Alcohol Spectrum Disorders (FASD).
• Nationally, 9.9% of pregnant women ages 15–44 use alcohol and 4.7% report binge drinking.

• Nationally, pregnant women in their first trimester are more likely to use alcohol (21.0%) than women in their second or third trimester (5.8% and 3.8% respectively).46

Babies born to women who abuse opioids during pregnancy may experience withdrawal at birth, known as neonatal abstinence syndrome. While using illicit drugs during pregnancy can have harmful effects, pregnant women with a heroin or opioid addiction should seek treatment from health care providers rather than stopping use without supervision.46

• Nationally, 5.4% of pregnant women ages 15–44 use illicit drugs.

• Pregnant women in their first trimester are more likely to use illicit drugs (12.4%) than women in their second or third trimester (2.4% and 2.0% respectively).47

Prenatal Care

Early and regular prenatal care improves the chances of a healthy pregnancy. Additionally, a healthy pregnancy is one of the best ways to promote a healthy birth. Prenatal care visits reduce the fetus’s and infant’s risk for complications, reduce the risk of pregnancy complications, provide prenatal vitamins, and help ensure the medications women take are safe. Visits to a health care provider also include discussions about the mother’s and fetus’s health.48

Mothers are more likely to have babies with health problems when they receive late prenatal care (defined as beginning in the third trimester of pregnancy) or no prenatal care at all. Consistent prenatal care is associated with positive outcomes for infants and may reduce the risk of postpartum depression and infant injuries.49

• 7 in 10 Indiana mothers receive first trimester prenatal care (68.1%).

• Teen mothers younger than 18 are less likely to receive early prenatal care (43.8%) than older mothers ages 35 and older (69.9%).50

| Percentage of Mothers Who Received First Trimester Prenatal Care, Indiana: 2018 |
|------------------------------|------------------------------|
| **10 Highest Counties** | **10 Lowest Counties** |
| Boone | 88.2% | Adams | 39.3% |
| Hancock | 85.4% | LaGrange | 45.5% |
| Hamilton | 84.8% | Kosciusko | 52.5% |
| Putnam | 83.8% | Parke | 54.1% |
| Posey | 83.7% | Allen | 55.2% |
| Henry | 83.3% | Noble | 58.1% |
| Gibson | 82.6% | Elkhart | 59.2% |
| Tipton | 82.6% | DeKalb | 60.0% |
| Pulaski | 82.2% | LaPorte | 60.1% |
| Spencer | 82.0% | Daviess | 60.6% |

Source: Indiana State Department of Health

Black and Hispanic mothers are less likely to receive prenatal care.

Percentage of Mothers Who Received First Trimester Prenatal Care by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.1%</td>
<td>71.0%</td>
<td>54.2%</td>
<td>54.3%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
Breastfeeding
Breastfeeding offers health benefits for both infants and mothers. For infants, breastfeeding provides nutritionally balanced meals, some protection against common childhood illnesses and infections, and a better rate of survival during the first year of life. For mothers, breastfeeding promotes improved healing after childbirth, improved postpartum weight loss, and reduced risk of experiencing postpartum depression. There are some circumstances, however, in which a mother should not breastfeed, such as when taking certain medications.

- 8 in 10 Hoosier mothers (81.9%) plan to breastfeed when they leave the hospital.
- Breastfeeding is most common among Hispanic mothers (86.2%) followed by white (83.4%) and black mothers (71.9%).
- Older mothers are generally more likely to breastfeed than younger women.
- In Indiana, 79.7% of mothers to young children (ages 0–5) indicated their child was breastfed or fed by breast milk at some point.

Preventative Care
Preventative care encompasses a wide range of services. Generally, these services include check-ups, screenings, vaccinations, and patient counseling that are used to prevent illnesses, diseases, and other health problems, or to detect illnesses at an early stage. Receiving the recommended preventative services and making healthy lifestyle choices are paramount to one’s overall well-being. However, millions of infants, children, and adolescents do not receive clinical preventative care. Increasing the use of these services among youth can help them develop and reach their full potential.

- In 2016–2017, the majority of Indiana children received some type of preventative care in the past year (81.7%).
- Young children ages 0–5 are more likely to receive preventative care (85.9%) than children ages 6–11 (79.4%) or ages 12–17 (79.7%).
- Black children are most likely to have received preventative care in the past year (84.8%), followed by white (81.9%) and Hispanic children (74.5%).
- In 2017–2018, 62.7% of Indiana parents indicated the doctor spent at least 10–20 minutes examining the child in the room during a preventative check-up.

Access to regular health care services is important for ensuring children maintain good health.

- Nearly 9 in 10 Indiana parents report that their children’s health is “very good” or “excellent” (89.5%), while 10.5% report that their children’s health is “good”, “fair”, or “poor.”
- 23.5% of Hoosier families indicated they received help with coordinating their child’s health.
Health Insurance

Children with health insurance tend to be healthier than their uninsured peers. They are more likely to receive early care for health problems and have a lower risk of hospitalization, obesity, eating disorders, and mental health problems. Without access to health insurance, families are more likely to rely on the emergency room as a source of care, have care delayed or unmet, and have prescriptions unfilled.

- 93.4% of Indiana youth have some type of health insurance, lower than the national rate of 94.8%.
- 3 in 10 youth under age 19 (30.0%) rely on Medicaid as their sole health insurance provider.
- In 2018, 93.2% of Hoosier children at or below 100% FPL had some type of health insurance. Hoosier children who live in poverty are less likely to have health insurance than their peers at or above 400% FPL (96.7%).
- Hispanic Hoosier children are the least likely to have health insurance.

Hoosier Healthwise is Indiana’s healthcare program for pregnant women, children up to age 19, and former foster children through age 25.

- As of December 2017, 106,301 children were enrolled in Hoosier Healthwise through the state’s Children’s Health Insurance Program (CHIP), a 5.2% increase from 2016 (101,069).
- In 2017, 75% of Hoosier children enrolled in CHIP received a primary care visit, 17% had an emergency room visit, 59% received a preventive dental visit, and 63% received a pharmacy prescription.

Vaccinations/Immunizations

Vaccination is one of the best ways parents can protect infants and children from potentially harmful diseases. Before entering kindergarten, Indiana requires children to receive a series of vaccinations. The childhood vaccination series recommended by the Centers for Disease Control is often called 4:3:1:3:3:1:4, referring to the number of doses a child should receive of each vaccination.

- In 2019, 70% of Indiana infants 19–35 months old have received the full 4:3:1:3:3:1:4 vaccination series. This is a 14-percentage point increase from 2015 (56%).
- The percentage of Hoosier infants receiving the full 4:3:1:3:3:1:4 vaccination series in Indiana’s counties ranges from 49.2% in Daviess County to 84.6% in Spencer County.

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**Completion Rate for 4:3:1:3:3:1:4 Vaccination Series, Indiana: 2019**

<table>
<thead>
<tr>
<th></th>
<th>5 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spencer</td>
<td>85%</td>
<td>49%</td>
</tr>
<tr>
<td>Pike</td>
<td>84%</td>
<td>52%</td>
</tr>
<tr>
<td>Monroe</td>
<td>83%</td>
<td>55%</td>
</tr>
<tr>
<td>Owen</td>
<td>83%</td>
<td>56%</td>
</tr>
<tr>
<td>Greene</td>
<td>83%</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
• Of Indiana’s enrolled kindergarteners, 90.4% have received the measles, mumps, and rubella (MMR) vaccination, 94.3% received the DTaP, and 90.2% have received two doses of the Varicella vaccination.

• 156 (.2%) Indiana kindergarteners have a medical exemption from vaccination, and 579 (.7%) kindergarteners have a religious exemption.\textsuperscript{71}

Indiana middle school students are required to receive Tdap (Tetanus and Pertussis) and MCV4 (Meningococcal) vaccinations in addition to those vaccinations already required for kindergarten.\textsuperscript{72} Though not required, middle school students also are encouraged to receive seasonal flu vaccines and the Human Papillomavirus (HPV) vaccination.

• Nationally, 88.9% of teens ages 13–17 have received the Tdap and 51.1% have received the HPV vaccination.\textsuperscript{73}

**Oral Health**

**Oral health is an important part of good overall health, and cavities are one of the most common chronic childhood conditions in the United States.** Children with poor oral health are more likely to miss school and receive lower grades compared to their peers.\textsuperscript{74}

• Most Hoosier parents (79.4%) report that their children’s teeth are in "excellent" or "very good" condition.\textsuperscript{75}

• 1 in 10 Hoosier children had oral health problems such as cavities (13.8%) in the past year.\textsuperscript{76}

• 4 in 5 Hoosier children (79.4%) received preventative dental care in the past year.

• Children in households with an income below 100% FPL are less likely to receive preventative dental care (66.1%) than their peers at or above 400% FPL (88.8%).\textsuperscript{77}

• In Indiana, there are 1,850 people for every one dentist. The ratio of population to dentists in Indiana’s counties ranges from 12,430:1 to 1,180:1.\textsuperscript{78}

• An estimated 3,548,526 Hoosiers live in dental health professional shortage areas, which is 53.0% of the state’s population.\textsuperscript{79}

### Ratio of Population to Dentists, Indiana: 2018

<table>
<thead>
<tr>
<th>5 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pike</td>
<td>Marion</td>
</tr>
<tr>
<td>12,430:1</td>
<td>1,180:1</td>
</tr>
<tr>
<td>Crawford</td>
<td>Howard</td>
</tr>
<tr>
<td>10,540:1</td>
<td>1,200:1</td>
</tr>
<tr>
<td>Ripley</td>
<td>Hamilton</td>
</tr>
<tr>
<td>9,620:1</td>
<td>1,350:1</td>
</tr>
<tr>
<td>Warren</td>
<td>Vanderburgh</td>
</tr>
<tr>
<td>8,170:1</td>
<td>1,450:1</td>
</tr>
<tr>
<td>Starke</td>
<td>Bartholomew</td>
</tr>
<tr>
<td>7,460:1</td>
<td>1,510:1</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings*

### Preventative dental care is fairly consistent across race/ethnicity.

Percentage of Children Receiving Preventative Dental Care in the Past Year by Race/Ethnicity, Indiana: 2017–2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All other kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative dental care received (%)</td>
<td>79.4%</td>
<td>80.0%</td>
<td>77.9%</td>
<td>77.9%</td>
<td>77.5%</td>
</tr>
</tbody>
</table>

*Source: National Survey of Children’s Health*
Health Habits

Adequate sleep, a healthy diet, and physical activity help prevent negative child health outcomes. Developing healthy habits early in childhood and continuing to exercise those habits through adolescence helps youth become healthy adults.

Sleep

Research indicates children and adolescents who do not get enough sleep are at a higher risk of obesity, injuries, diabetes, poor mental health, and problems with attention and behavior. The amount of sleep needed varies depending on age, but children ages 6–12 should regularly sleep 9–12 hours per day and teenagers ages 13–18 years should sleep for 8–10 hours. Parents and caring adults can support sleep habits by limiting light exposure and technology use in the evenings and by promoting a consistent sleep schedule during the school week and weekends.80

- 3 in 5 Hoosier children (62.6%) typically sleep the recommended number of hours appropriate for their age.
- In Indiana, children ages 6–11 are most likely to sleep the recommended amount (64.7%), followed by children 4 months–5 years (63.6%) and youth ages 12–17 (59.8%).81
- Most Hoosier children “usually” (57.6%) or “always” (30.5%) go to bed at the same time on weeknights.
- Older children ages 12–17 are less likely to go to bed at the same time on weeknights (82.3%) compared to children ages 0–5 (91.5%) and children ages 6–11 (91.1%).82

Nutrition

Healthy eating impacts children’s day-to-day energy levels and ability to focus as well as long-term health outcomes. A child’s family traditions and neighborhood services are integral factors in a child’s access to nutritious foods. Lack of access to low-cost healthy foods for children is related to both food insecurity and obesity among children.83 Eating a healthy breakfast is important for children’s cognitive functioning (particularly memory), mood, and likelihood of attending school.84

- 3 in 10 Indiana high school students (30.1%) report eating breakfast all seven days of the week.85
- 69.7% of Hoosier families indicated “always” being able to afford to eat good nutritious meals.
• Children in households with an income between 100–199% FPL are less likely to afford to eat good nutritious meals (56.9%) than their peers at or above 400% FPL (91.6%).

• 39.5% of Indiana students in grades 9–12 report consuming fruit and 42.5% report consuming vegetables less than once a day.

• 29.4% of Indiana secondary schools allow students to purchase soda pop or fruit drinks from vending machines or at the school store, canteen, or snack bar.

For more information on this topic check out Hunger and Food Insecurity on pages 54–57

Physical Activity
Physically active youth tend to have better academic, cognitive, and health outcomes than their peers. The CDC recommends that children and teens ages 6 to 17 get an hour or more of physical activity each day.

• 63.3% of Hoosier children live in a neighborhood with a park or playground, lower than 75.8% nationally.

• Hoosier children who live in poverty, less than 100% FPL, are less likely to live in a neighborhood with a park or playground (65.3%) than their peers at or above 400% FPL (67.4%).

• 91.9% of youth ages 6–17 participate in vigorous physical activity (being active for 60 minutes or more) in a typical week.

• Older youth ages 12–17 are less likely to participate in physical activity everyday (16.7%), compared to children younger than 12 years (29.7%).

Clear disparities exist among youth of color in number of days they are physically active.

Number of Days per Week Children Get Vigorous Exercise by Race/Ethnicity: Indiana, 2017–2018

For more information on this topic check out Hunger and Food Insecurity on pages 54–57

Hispanic Hoosier youth are the least likely to eat breakfast.

Percentage of High School Students Who Did Not Eat Breakfast in the Last 7 Days by Race/Ethnicity, Indiana: 2015

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3 Days</td>
<td>15.0%</td>
<td>14.0%</td>
<td>12.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>4–6 Days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Everyday</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

White

Black

Hispanic

All other kids

Source: National Survey of Children’s Health
Overweight and Obesity

Children who are overweight or obese face greater risk for other chronic health conditions. Obesity threatens to shorten life expectancy and factors such as poor diet quality, excessive sedentary time, inadequate physical activity, stress, and sleep deprivation place children at an increased risk. These health challenges can be long-lasting, as overweight and obese children are more likely to be overweight or obese as adults. The CDC defines “overweight” as a body mass index (BMI) between the 85th and 95th percentile, while ‘obese’ refers to a BMI above the 95th percentile.

• 1 in 3 Indiana children ages 10–17 are overweight or obese (32.7%).

• 1 in 10 Indiana parents (11.0%) say they are concerned about their child’s weight.

• 8.2% of Indiana parents indicate their child’s weight is too high while 2.8% of parents indicate it is too low.

• 7.1% of Hoosier children ages 10–17 are underweight, 60.2% are normal weight, 16.1% are overweight, and 16.6% are obese.

• Hoosier children ages 10–13 are slightly more likely to be overweight or obese (34.1%) than teens ages 14–17 (31.4%).

Injuries and Exposure

Unintentional Injuries

Unintentional injuries are defined as injuries that are predictable and preventable if the recommended safety measures are in place. The most common types of unintentional injuries for children and youth are falls, being struck by or against an object or person, overexertion, cuts or piercings, bites or stings, and motor vehicle accidents.

• 324 Indiana children ages 0–18 died due to injuries in 2017, an increase of seven deaths from 2015 (317).

• Older children ages 12–18 are more likely to die due to injury (175 deaths) than children ages 0–5 (118 deaths) and children ages 6–11 (31 deaths).
Traumatic Brain Injuries

Children face an especially high risk of traumatic brain injuries (TBIs). Concussions are a type of TBI that are caused by a bump, blow, or jolt to the head, or by a hit to the body that causes the head and brain to move rapidly back and forth. Concussions in children are most often a result of a motor vehicle accident or sports injury. While some children will experience concussion symptoms for a month or longer, most children with a concussion see symptoms improve within a couple weeks.¹⁰⁰

- In Indiana, adolescents and young adults ages 15–24 have the most TBI-related emergency department visits (22.5%).
- In 2017, children ages 0–14 accounted for 17.4% of TBI-related emergency department visits, 4.1% of TBI-related hospitalizations, and 3.0% of TBI-related deaths in Indiana.
- In Indiana, the total number of confirmed TBIs has decreased from 52,019 in 2014 to 33,195 in 2017.¹⁰¹,¹⁰²

Youth ages 15–24 experience TBI-related deaths, hospitalizations, and emergency department visits more than younger children.

Percentage of TBI-Related Deaths, Hospitalizations, and Emergency Department Visits by Age, Indiana: 2017

- Deaths: 13.0%
- Hospitalizations: 9.0%
- Emergency department visits: 22.5%

Source: Indiana State Department of Health

- Ages 15–24
- Ages 0–14

Lead Poisoning

Lead exposure is harmful to children’s nervous systems and can cause permanent neurological damage. High blood lead levels may cause learning disabilities, behavioral problems, and in extreme cases, seizures, coma, and death. Children may be exposed to lead through paint in older homes, soil, water, or commercial products.¹⁰³

Children are considered at risk of lead poisoning if they live in a house built before 1978, have a sibling who has been lead poisoned, have a family member who works around lead, are an immigrant or refugee, receive Medicaid, or are a member of a minority group. Concerns about lead exposure are especially high in East Chicago, where high levels of lead have been found in soil on a federal Superfund site.¹⁰⁴

- In 2018, 68,868 children were screened for elevated blood lead levels, a 7.6% increase from the 64,030 children tested in 2017.
- 619 children had at least one blood test showing elevated lead levels.
- 91 children had a confirmed elevated result followed by at least one result below 10 in 2018.
- 220 children were identified as confirmed cases and referred to receive case management.¹⁰⁵
Transportation

Motor vehicle accidents are a leading cause of injury for Hoosier children and youth. Research shows that the use of child safety seats and seat belts reduces the risk of fatal and serious injuries.\(^{106}\)

- 3,133 children ages 0–14 were killed or injured in Indiana motor vehicle collisions in 2018.
- Of these children, 1,822 had non-incapacitating injuries, 1,290 had incapacitating injuries, and 21 children had fatal injuries.
- In 2016, the fatal injury rate per 1,000 Hoosier children involved in traffic collisions was highest in exurban (28.9 fatal injuries per 1,000 children), then suburban (9.8 fatal injuries per 1,000 children), followed by rural (4.7 fatal injuries per 1,000 children), and lowest in urban (3.8 per 1,000 children).\(^{107}\)

Teen drivers have significantly higher crash rates than adults. Factors related to driving experience and maturity contribute to teens’ elevated risk of accidents. These include following other vehicles too closely, driving too fast, and violating traffic signs and signals.\(^{108}\) Driving behaviors such as speeding, distractions, failure to heed traffic signals, cell phone use, or failure to use safety equipment are risky and may result in collision or injury.\(^{109}\)

- In Indiana, 46,384 young drivers ages 15–20 were involved in a traffic collision in 2016.
- 8,176 young drivers were involved in a collision that caused some type of injury, 38,099 caused property damage, and 109 were fatal.
- Young drivers ages 15–20 account for 7.5% of licensed drivers, but 13.3% are involved in injury collisions.
- Young drivers ages 15–20 are twice as likely to speed (10.5%) than drivers ages 21 and older (5.1%).
- Among alcohol-impaired drivers involved in crashes, young drivers ages 15–20 are involved in 7.7 crashes per 10,000 licensed, compared to 26.9 per 10,000 licensed drivers ages 21 to 24.\(^{110}\)
- 5.9% of Indiana high school students rarely or never wear a seat belt.
- 43.1% of Indiana high school students texted or emailed while driving a car or other vehicle in the past month, higher than the national rate of 41.5%.\(^{111}\)

Children and teens face the highest rate of bicycle-related injuries and account for more than a third of bicycle-related injuries in U.S. emergency departments. While rates of bicycle collisions are highest in urban areas, rates of incapacitating or serious injury per collision are higher in rural areas.\(^{112}\)

- 103 Hoosier bicyclists ages 0–14 were injured in vehicle crashes in 2018.\(^{113}\)
- Of Indiana high school students who rode a bicycle in the past year, 88.7% rarely or never wore a bicycle helmet.\(^{114}\)
Chronic Condition and Disability

According to the Centers for Disease Control and Prevention (CDC), a disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. Youth with disabilities are subjected to social inequities which affect their health and overall well-being. Children who receive special education services are more likely to live in low-income households, be suspended from school, and experience bullying. Youth with a disability are less likely to spend time with friends regularly, participate in school sports, have recent paid work experience, and expect to enroll in postsecondary education.

- 4.3% of children have been diagnosed with a disability.
- Children younger than age five are less likely to have a disability (0.6%) than children ages 5–17 (10.9%).
- 3.3% of children under age 18 with a disability have no health insurance coverage.
- Between 2011–2015, the number of cancer cases for children ages 0–19 was 20.8 cases per 100,000 children.
- The cancer mortality rate in Indiana was 2.5 deaths per 100,000 children, compared to the national cancer mortality rate of 2.3 deaths per 100,000 children.
- The most common cancer types diagnosed among Indiana children are leukemia and brain tumors.
- In 2016, there were 363 incidences of cancer among Indiana children ages 19 and under.
- In 2018, there were 45 cancer-related deaths among children ages 1–24.

<table>
<thead>
<tr>
<th>Children ages 15–19 have the highest cancer incidence rate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Incidence Rate per 100,000 Children by Age Group, Indiana: 2016</td>
</tr>
<tr>
<td>Ages</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>0–4</td>
</tr>
<tr>
<td>5–9</td>
</tr>
<tr>
<td>10–14</td>
</tr>
<tr>
<td>15–19</td>
</tr>
</tbody>
</table>

Source: Indiana State Cancer Registry

Developmental Screening

Developmental screenings help identify children who are experiencing difficulties with developmental milestones and may benefit from early intervention services. Screenings may use parent questionnaires or direct measures administered by pediatricians. All young children need developmental monitoring and screening to assess their developmental milestones.

- 36.0% of Indiana parents of young children ages 0–5 have been asked by their child’s doctor if they have concerns about their child’s learning, development, or behavior.
- 27.2% of Indiana’s young children (ages 9–35 months) were screened by a parent for developmental, behavioral, and social delays in the past year.
- 10.0% of Indiana children ages 3–5 have been diagnosed with a developmental delay.
- Black Hoosier children (17.1%) ages 3–17 are more likely to have ever been diagnosed with a developmental delay than Hispanic (2.3%), white (5.3%), and all other kids (6.1%).
Physical or Sensory Conditions
Chronic physical diseases and disabilities are long-lasting conditions or impairments that limit one’s senses or mobility. Common physical conditions among Indiana children include hearing, speech, or vision problems, diabetes, and chronic bone or joint problems.

Visual and Auditory Conditions
Children should receive regular eye exams to ensure healthy vision. Vision loss can be caused by damage to the eye itself, the eye being shaped incorrectly, or a problem in the brain.\(^1\)

- In 2016–2017, 67.4% of Hoosier children ages 0–17 have ever had their vision tested, compared to 69.7% nationally.
- 35.2% of children ages 0–5, 82.6% of children ages 6–11, and 84.1% of children ages 12–17 had their vision tested in the past two years.\(^2\)
- In Indiana, 1,147 children younger than 5 and 10,283 children ages 5–17 have vision difficulties that cannot be corrected by glasses or contacts.\(^3\)
- Much hearing loss is congenital, occurring at birth or before, and other hearing loss can be caused by repetitive exposure to loud noises over time or a single exposure to an extremely loud noise.\(^4\)
- In Indiana, 1,571 children younger than 5 and 6,957 children ages 5–17 have a hearing difficulty.\(^5\)

Allergies and Asthma
Allergic conditions, in which a child’s immune system overreacts to substances in the environment that are normally harmless, are some of the most common medical issues among Indiana children. Skin allergies, respiratory allergies, and food allergies are the most prevalent.\(^6\)

- 1 in 4 Indiana children (23.3%) have ever been diagnosed with allergies, compared to 24.2% nationally.
- Indiana (23.3%) has the lowest prevalence of children with allergies among our neighboring states: Illinois (22.4%), Michigan (24.3%), Ohio (27.2%), and Kentucky (31.4%).\(^7\)

Common symptoms of asthma include coughing, chest tightness, shortness of breath, and wheezing. While uncontrolled asthma can cause serious health risks, most childhood cases are mild or moderate.

- 10.6% of Indiana children have ever been diagnosed with asthma, compared to 11.8% nationally.
- Indiana (10.6%) has the second lowest prevalence of children with asthma compared to our neighboring states: Kentucky (10.1%), Illinois (11.4%), Ohio (11.5%), and Michigan (13.6%).\(^8\)

Children Ages 0–17 Who Have Allergies, Indiana and Neighboring States: 2016–2017

Source: National Survey of Children’s Health
Cognitive Conditions

Cognitive disabilities, also called intellectual disabilities, impair a child’s ability to learn and develop mental functioning skills such as communicating, taking care of him or herself, and social skills. Research indicates the most common causes for these disabilities are genetic conditions, problems at birth, health problems, and problems during pregnancy. In order to diagnose intellectual disabilities, doctors assess the child’s ability to learn, think, solve problems, and make sense of the world, as well as whether the child has the skills to be independent.¹³⁴

- 4.7% of Hoosier children ages 5 to 17 have a cognitive difficulty.¹³⁵
- Nationally, 1.2% of children ages 3–17 have been diagnosed with an intellectual disability.¹³⁶

Learning disabilities affect a child’s ability to receive, process, analyze, or store information. Three main types of learning disabilities are difficulty with reading (dyslexia), difficulty with written language (dysgraphia), and difficulty with math (dyscalculia).¹³⁷

- 8.7% of Indiana children have ever been diagnosed with a learning disability, compared to 7.6% nationally.
- Black children are more likely to be have been diagnosed with a learning disability (11.7%) than white (9.4%) or Hispanic (3.2%) children.¹³⁸

ADD or ADHD is the most prevalent cognitive condition among Hoosier youth.

Percentage of Children Who Have Even Been Diagnosed with a Cognitive Condition, Indiana: 2017–2018

Source: National Survey of Children’s Health

*Attention Deficit Disorder (ADD) Or Attention-Deficit/Hyperactivity Disorder (ADHD)
Autism spectrum disorder (ASD) is defined as a developmental disability that can cause significant communication, social, and behavioral challenges. Individuals diagnosed often do not have a physical appearance that sets them apart from other people, however they may behave, communicate, interact, and learn in ways that are different from most other people. A diagnosis of ASD now includes several conditions including autistic disorder, Asperger syndrome, and pervasive developmental disorder not otherwise specified (PDD-NOS).139

- 3.5% of Indiana children have ever been diagnosed with an autism spectrum disorder, compared to 3.0% nationally.
- Indiana (3.5%) has the highest percentage of children who have ever been diagnosed with an autism spectrum disorder among our neighboring states: Michigan (3.2%), Illinois (3.1%), Kentucky (2.6%), and Ohio (2.7%).140

Mental Health

Health professionals can help clarify problems that may be underlying a child’s behavior and provide recommendations for next steps. A comprehensive assessment, or screening, of a child’s mental health can provide the opportunity to learn about a child’s strengths and challenges while also determining the interventions that may be most helpful. Psychotherapy (“talk therapy”), family counseling, medications, and support for parents are common recommended treatments. Mental health is a critical part of overall health for both children and adults. Research indicates many adults who have mental disorders had symptoms during childhood and adolescence which were not recognized or addressed.141

- 10.9% of Hoosier children take medication because of difficulties with their emotions, concentration, or behavior.142
- 10.9% of Indiana children received treatment or counseling from a mental health professional in the past year.143
- In Indiana, there are 670 people for every 1 mental health provider. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, family therapists, mental health providers that treat substance abuse, and nurses specializing in mental health care.144
- An estimated 3,871,790 Hoosiers live in mental health professional shortage areas (57.9% of the state’s population).145
- College students report an average of 7.9 days in the past month where their mental health is not good, including stress, depression, and problems with emotions.146

<table>
<thead>
<tr>
<th>Ratio of Population to Mental Health Providers, Indiana: 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Highest Counties</td>
</tr>
<tr>
<td>Newton</td>
</tr>
<tr>
<td>Posey</td>
</tr>
<tr>
<td>Martin</td>
</tr>
<tr>
<td>Spencer</td>
</tr>
<tr>
<td>Gibson</td>
</tr>
</tbody>
</table>

Source: County Health Rankings
In Indiana, the Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals who are low-income or enrolled in Medicaid. DMHA operates six state psychiatric hospitals and contracts with 25 community mental health centers as well as addiction and child treatment providers to offer a full continuum of mental health and addiction treatment services.\textsuperscript{147}

- In 2018, DMHA served 34,136 children ages 0–12 and 21,629 youth ages 13–17 in Indiana.
- 65.9% of families of children ages 0–17 served by DMHA report that the child had improved functioning as a result of their treatment, and 84.6% report improved social connectedness.\textsuperscript{148}
- 33.5% of Indiana high school students report feeling sad or hopeless in the past year.
- Hispanic high school students (37.2%) are more likely to report feeling sad or hopeless in the past year than black (28.9%), white (33.1%), and all other students (35.4%).\textsuperscript{149}

**Living with a Mental Illness**

Research indicates that several mental illnesses, including depression, anxiety, and attention deficit hyperactivity disorder (ADHD), occur in childhood. A child may benefit from receiving screening and treatment early in life to help prevent more serious problems in the future.\textsuperscript{150} The stigma of mental health treatment can create additional social and psychological barriers. Families may perceive that a diagnosis could result in hospitalization, overmedication, or separation from their children.\textsuperscript{151}

- 5.4% of Indiana children ages 3–17 have ever been diagnosed with depression compared to 4.2% of youth nationally.
- 12.3% of Indiana children ages 3–17 have ever been diagnosed with anxiety problems compared to 8.8% of youth nationally.\textsuperscript{152}
Suicidal Ideation

Suicide is defined by the Centers for Disease Control and Prevention as death caused by injuring oneself with the intent to die. While the 10th leading cause of death in the United States overall, suicide is the second leading cause of death for people ages 10 to 34. Suicide risk is higher among people who have experienced child abuse, bullying, or sexual abuse.153

- 1 in 5 Indiana high school students seriously considered attempting suicide in the past year. The percentage of students who seriously considered suicide increased from 18.0% in 2005 to 19.8% in 2015.

- Hoosier youth are more likely to consider suicide and engage in suicidal behavior than their peers nationally. Indiana ranks second out of 34 states in the percentage of students who made a suicide plan and ranks third out of 36 states in the percentage of students who seriously considered attempting suicide.

- Among our neighboring states, Indiana has the highest percentage of students who seriously considered attempting suicide and the highest percentage of students who made a suicide plan.

- Some groups face a greater risk of suicidal ideation than their peers. Youth who identify as lesbian, gay, or bisexual are five times more likely to attempt suicide than their heterosexual peers.154

Hoosier high school students are at a greater risk of suicidal ideation compared to their national peers.

Percentage of High School Students with Suicidal Ideation or Attempted Suicide, Indiana vs. United States: 2015

<table>
<thead>
<tr>
<th></th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously considered attempting suicide</td>
<td>19.8%</td>
<td>17.7%</td>
</tr>
<tr>
<td>Made a suicide plan</td>
<td>17.0%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>9.9%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Suicide attempted treated by a doctor or nurse</td>
<td>3.9%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

Death by Suicide

- In 2018, 83 Hoosier youth ages 19 and younger died by suicide. This represents an increase from 71 deaths in 2017 and 57 deaths in 2016.

- Suicide is the second leading cause of death for Indiana youth ages 15–24 and the fifth leading cause of death for youth ages 5–14.

- 42.2% of Indiana’s youth suicide deaths are concentrated in five counties: Marion, Delaware, Johnson, Lake, and Allen.

- 53 of Indiana’s 92 counties had zero youth suicide deaths in 2018.155
Disparities in Suicidal Ideation

- Youth who identify as lesbian, gay, or bisexual are three times more likely to consider suicide and five times more likely to attempt suicide than their peers.

- Females (26.0%) are twice as likely to consider suicide as males (13.7%).

- Hispanic youth (15.5%) are more likely to attempt suicide than black (14.5%), multiracial (10.5%) and white (8.7%) youth.\textsuperscript{156}

Youth who identify as lesbian, gay, or bisexual are five times more likely to attempt suicide.

Percentage of High School Students with Suicidal Ideation or Attempted Suicide by Sexual Orientation, Indiana: 2015

![Bar chart showing disparities in suicidal ideation and attempted suicide among different sexual orientations.]

Substance Use

Teens who use drugs may show behavioral problems and struggle in school. Substance use is especially dangerous for adolescents since the brain is still developing. Substance use can cause lasting brain changes and places youth at an increased risk of dependence. Substance use increases the chance of risky sexual behaviors and risk of motor vehicle accidents, and drug misuse can lead to addiction. Risk factors for drug misuse include aggressive behavior in childhood, lack of parental supervision, poor social skills, drug experimentation, availability of drugs, and community poverty. Factors such as monitoring and support by caring adults, positive relationships, anti-drug policies, and neighborhood resources are protective for youth against substance misuse.\textsuperscript{157}

- In 2017, there were 161 drug overdose deaths among Hoosier youth ages 15–24.\textsuperscript{158}

- 15.2% of Indiana high school students reported that they used a drug other than alcohol or tobacco in the past month, and 6.0% used a drug other than alcohol, tobacco, or marijuana.\textsuperscript{159}

- 9 in 10 Indiana high school students (90.0%) say their family has clear rules about drug and alcohol use.

- 13.0% of Indiana teens ages 14 and older say they use alcohol or drugs to relax, feel better about themselves, or fit in.

- 28.5% of Indiana teens ages 14 and older say they have ever ridden in a car driven by someone, including themselves, that was high or had been using alcohol.\textsuperscript{160}
Alcohol and electronic vapor products are the substances most likely to be consumed by high school students.

Percentage of High School Students with Substance Use in the Past Month, Indiana: 2018

![Bar chart showing percentages of high school students using different substances](chart1.png)

Source: Indiana Youth Survey

**Alcohol**

Alcohol is still the most commonly abused substance, abused more often than tobacco and marijuana, among youth in the United States. Drinking early in one’s life is associated with the development of an alcohol use disorder later in life. In excess, alcohol can cause vomiting, unconsciousness, and alcohol poisoning.¹⁶¹

- More than 2 in 10 Indiana high school students report drinking alcohol in the past month (22.1%), less than their peers nationally (31.8%).
- Over half of Indiana high school students say it would be “easy” to get alcohol (55.7%).¹⁶²
- On average, high school seniors who drink alcohol report beginning use at age 15.
- Hispanic high school students are more likely to report drinking alcohol in the past month (25.2%), compared to white students (21.9%) and black students (19.1%).¹⁶³

**Alcohol use and binge drinking increase as students get older, with 3 out of 10 Indiana high school seniors reporting alcohol use.**

Percentage of Students with Alcohol Use in the Past Month or Binge Drinking in the Past Two Weeks by Grade, Indiana: 2018

![Bar chart showing percentages of students using alcohol and binge drinking by grade](chart2.png)

Source: Indiana Youth Survey
Binge drinking is common on many college campuses. Binge drinking is defined as having many drinks in a short period of time (four or more drinks for females and five or more drinks for males in one sitting).104

- 60.8% of Indiana college students report drinking alcohol in the past month; this is higher than the national rate (59.6%).
- 33.3% of college students report binge drinking in the past two weeks, more than the national rate (28.4%).
- College students report consuming an average of 3.7 drinks when they drink alcohol. Male students report consuming 4.5 drinks, higher than the 3.1 drinks that females report.
- Of students who have ever had alcohol, 26.2% have forgotten where they were or what they did, 25.2% felt bad or guilty about their drinking, and 24.1% did something they later regretted as a result of their drinking.105

Tobacco
The use of any type of tobacco product is unsafe for young people. Tobacco use is the leading cause of preventable disease in the United States. All types of tobacco are harmful and any exposure to tobacco smoke can cause immediate and long-term damage.106

- The most common tobacco product used by high school students was JUUL (36.4%) followed by e-cigarettes (36.1%), cigarettes (22.1%), cigars (18.3%), smokeless tobacco (9.3%), and hookah (6.6%).
- Electronic cigarettes were the most common product used by middle school students (15.8%) followed by JUUL (11.0%), cigarettes (9.5%), cigars (6.6%), smokeless tobacco (3.5%), and hookah (2.1%).
- Tobacco use among middle school males (23.1%) was higher than among middle school females (19.8%).
- High school males and females reported consistent levels of tobacco use of any sort (males 45.7% and females 45.0%).
- 6 in 10 high school students say it would be “somewhat” (29.8%) or “very easy” (30.9%) to get tobacco products.107

Between 2016 and 2018, the usage of any tobacco product increased among middle school students.
Percentage of Middle and High School Students Who Have Ever Used Any Tobacco Product, Indiana: 2012–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>17.7%</td>
<td>44.7%</td>
</tr>
<tr>
<td>2014</td>
<td>18.7%</td>
<td>45.5%</td>
</tr>
<tr>
<td>2016</td>
<td>16.6%</td>
<td>41.2%</td>
</tr>
<tr>
<td>2018</td>
<td>21.4%</td>
<td>45.4%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
E-cigarettes
Among Indiana high school students, the most frequently used tobacco products are electronic vapor products, followed by cigarettes, cigars, smokeless tobacco, and pipes. While e-cigarettes do not produce secondhand smoke like cigarettes do, they still have negative health effects for users. Teens who use e-cigarettes are also more likely to subsequently start smoking cigarettes.\textsuperscript{168}

- Electronic vapor product use is lower among black Hoosier high school students (25.1%) than it is for Hispanic (31.0%) and white students (39.6%).
- 36.1% of Indiana high school students reported ever using e-cigarettes in their lifetime compared to 15.8% of middle school students.
- More than 1 in 10 middle school students reported trying JUUL (11.0%) while more than one-third of high school students reported trying JUUL (36.4%).
- JUUL use is lower among black Hoosier high school students (25.6%) than among Hispanic (29.8%) and white students (39.7%).\textsuperscript{169}

2 out of 5 students in 12th grade have ever used JUUL or electronic vapor products.
Percentage of High School Students Who Have Ever Used Electronic Vapor Products and JUUL, Indiana: 2018

<table>
<thead>
<tr>
<th>Grade</th>
<th>JUUL</th>
<th>Electronic vapor products</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th grade</td>
<td>28.2%</td>
<td>26.4%</td>
</tr>
<tr>
<td>10th grade</td>
<td>36.1%</td>
<td>34.9%</td>
</tr>
<tr>
<td>11th grade</td>
<td>37.6%</td>
<td>39.2%</td>
</tr>
<tr>
<td>12th grade</td>
<td>44.4%</td>
<td>44.9%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Marijuana
The most commonly used illegal drug in the United States, and the state of Indiana, is marijuana. Across the nation, an estimated 9.2 million youth aged 12 to 25 reported marijuana use in the past month in 2017.\textsuperscript{170} The drug is available in multiple forms and can be smoked, eaten, drunk, or vaped. Delta-9-tetrahydrocannabinol (THC) is the component responsible for intoxication and euphoria.\textsuperscript{171,172} The risks of addiction, physical dependence, and other negative consequences increases with exposure to high concentrations of THC, as well as the younger the age of initiation.\textsuperscript{173}

- 7.5% of middle school students and 29.0% of high school students reported ever using marijuana.
- Marijuana use is lower among black Hoosier high school students (26.0%) than it is for white (34.4%) and Hispanic (43.5%) students.\textsuperscript{174}
Opioids
Opioids are a class of drugs that includes heroin, synthetic opioids such as fentanyl, and prescription pain relievers such as oxycodone, hydrocodone, and morphine. These drugs act on opioid receptors in the brain to produce pain relief and a feeling of euphoria.\(^\text{175}\)

- 2.1% of Indiana high school students report abusing prescription painkillers, 1.9% report using prescription stimulants and 2.1% report using prescription sedatives not prescribed to them.\(^\text{176}\)
- On average, Indiana high school seniors who use heroin first started at age 13. A small percentage of Indiana high school students report using heroin in the past month (0.1%).\(^\text{177}\)

The Impact of Opioids on Kids
Indiana’s current opioid epidemic is bringing parental substance abuse to the forefront and making this issue more critical than ever. Substance abuse can impair parents’ awareness of and sensitivity to their child’s physical and emotional needs, leading to neglect and interfering with healthy parent-child attachment.\(^\text{178}\)

- In 2018, 1,098 Hoosiers died from opioid drug overdoses, a 214% increase from 2013.
- Opioid overdose deaths are more common among white Hoosiers (88.7%) compared to black (9.9%) and Hispanic (2.3%).\(^\text{179}\)

When parents struggle with substance abuse, Indiana’s kids are affected. Children whose parents or caregivers use drugs are at an increased risk of poor short and long-term health outcomes and behavioral challenges. Children are at risk of suffering physical or emotional harm as a result of a caregiver’s substance use, possession, or distribution. Substance use interferes with parents’ abilities to raise their children and provide a safe, nurturing environment.\(^\text{180}\)

- Babies born to women who use opioids during pregnancy are at increased risk for poor fetal growth, preterm birth, and congenital heart defects, and may also experience opioid withdrawal at birth, known as neonatal abstinence syndrome (NAS).\(^\text{181}\)
- Substance abuse can impair parents’ awareness of and sensitivity to their child’s emotions, interfering with healthy parent-child attachment.\(^\text{182}\)
- Substance abuse increases the risk of neglectful or abusive parental behavior, interfering with mental functioning, judgement, and the ability to regulate anger and impulsivity.\(^\text{183}\)

Nearly 1 in 10 Hoosier children has lived with a person who had a problem with drugs or alcohol.

Percentage of Children Who Have Lived with Someone Who Had a Problem with Drugs or Alcohol by Race/Ethnicity, Indiana: 2017–2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All other kids</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.3%</td>
<td>11.0%</td>
<td>13.7%</td>
<td>4.9%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Substance Source
Indiana students obtain the drugs and alcohol they use from a variety of different sources. Most commonly, Hoosier students are given alcohol or prescription drugs by someone who is not their parent.184

Addiction and Treatment
The initial decision to take drugs is usually voluntary; however, with continued use, a person’s ability to exert self-control becomes impaired. Addiction is a chronic, relapsing disorder, characterized by compulsive drug seeking despite its negative consequences. It is a brain disorder and disrupts the normal, healthy functioning of the brain and body. Addictions are preventable and treatable; however, if left untreated, they have a lifetime impact and may lead to death.185

Substance abuse treatment enables teens to counteract addiction’s powerful disruptive effects on their brain and behavior. Because addiction can cause changes in areas of the brain critical to judgment, decision-making, and behavior control, quitting can be difficult without appropriate treatment.186

- In 2017, approximately 596 teens ages 12–17 and 1,234 youth ages 18–20 were admitted to treatment facilities in Indiana for substance abuse.
- Three substance groups account for most of the primary substances reported by teens ages 12–17: hallucinogens (9.7%), marijuana (9.0%), and inhalants (7.1%).
- Three substance groups account for most of the primary substances reported by youth ages 18–20: marijuana (13.1%), other non-barbiturate sedatives or hypnotics (9.1%), and PCP (8.3%).187

Sexual Activity
Sexually active teenagers may experience unintended pregnancy and sexually transmitted infections (STIs). Teens who do not use contraceptives, use contraceptives inconsistently, or have multiple sex partners face greater risk.188

- 41.7% of Indiana high school students have ever had sex with someone and 8.6% students have had sexual intercourse with four or more persons.
• Nearly 1 in 3 Indiana high school students (31.8%) are currently sexually active, defined as having had sex in the past three months.

• Of high school students who have ever had sex, 17.5% report that they drank alcohol or used drugs before they had sexual intercourse the last time.

• 1 in 10 high school students have been physically forced to have sex. Female students are twice as likely to have this negative experience (13.4%) as males (6.4%).

Condom and Birth Control Use
For youth who are sexually active, condoms and birth control are important tools for reducing the risk of STIs and unintended pregnancy.

• Among Indiana high school students who are sexually active, 15.5% did not use any method of preventing pregnancy the last time they had sex.

• Indiana high school students are less likely to have used a condom the last time they had sex (53.4%) than their peers nationally (56.9%).

1 in 7 sexually active high school students does not use any method to prevent pregnancy.

Condom and Birth Control Use Among Sexually Active High School Students, Indiana: 2015

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a condom</td>
<td>53.4%</td>
</tr>
<tr>
<td>Used birth control pills</td>
<td>20.2%</td>
</tr>
<tr>
<td>Did not use any method to prevent pregnancy</td>
<td>15.5%</td>
</tr>
<tr>
<td>Used both a condom and female birth control</td>
<td>9.4%</td>
</tr>
<tr>
<td>Used a shot, patch, or birth control ring</td>
<td>5.6%</td>
</tr>
<tr>
<td>Used an IUD or implant</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

Teen Births
Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socio-economically disadvantaged, both before and after becoming parents, than their peers.

• In 2018, 4,852 newborns (5.9%) in Indiana had at least one parent younger than 20.

• Babies born to white mothers are less likely to have a teen parent (5.4%) than babies born to black (9.3%) and Hispanic mothers (9.2%).

• In 2018, there were 46 births to mothers younger than 15, 1,090 births to mothers ages 15–17, and 3,716 births to mothers ages 18–19.

<table>
<thead>
<tr>
<th>Teen Birth Rate per 1,000 Females Ages 15–19: 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Highest Counties</td>
</tr>
<tr>
<td>Jennings</td>
</tr>
<tr>
<td>Sullivan</td>
</tr>
<tr>
<td>Fayette</td>
</tr>
<tr>
<td>Orange</td>
</tr>
<tr>
<td>Blackford</td>
</tr>
<tr>
<td>Jay</td>
</tr>
<tr>
<td>Fountain</td>
</tr>
<tr>
<td>Scott</td>
</tr>
<tr>
<td>Jackson</td>
</tr>
<tr>
<td>Perry</td>
</tr>
<tr>
<td>10 Lowest Counties</td>
</tr>
<tr>
<td>Hamilton</td>
</tr>
<tr>
<td>Monroe</td>
</tr>
<tr>
<td>Hendricks</td>
</tr>
<tr>
<td>Boone</td>
</tr>
<tr>
<td>Hancock</td>
</tr>
<tr>
<td>Delaware</td>
</tr>
<tr>
<td>Tippecanoe</td>
</tr>
<tr>
<td>Warrick</td>
</tr>
<tr>
<td>Putnam</td>
</tr>
<tr>
<td>Jasper</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
• Indiana’s teen birth rate for females ages 15–19 is currently at the lowest rate ever recorded, 21.6 per 1,000.

• The birth rate is highest for black teens (41.0 per 1,000) followed by Hispanic (31.3 per 1,000) and white teens (19.6 per 1,000).

The teen birth rate dropped by half over the past decade.
Birth Rate per 1,000 Females Ages 15–19 by Race/Ethnicity, Indiana: 2008–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>76.7</td>
<td>43.7</td>
<td>39.3</td>
<td>41</td>
</tr>
<tr>
<td>2009</td>
<td>73.5</td>
<td>42.3</td>
<td>38.2</td>
<td>41</td>
</tr>
<tr>
<td>2010</td>
<td>63.8</td>
<td>43.7</td>
<td>37.5</td>
<td>41</td>
</tr>
<tr>
<td>2011</td>
<td>54.5</td>
<td>42.3</td>
<td>34.3</td>
<td>41</td>
</tr>
<tr>
<td>2012</td>
<td>50.5</td>
<td>43.7</td>
<td>34.8</td>
<td>41</td>
</tr>
<tr>
<td>2013</td>
<td>44.8</td>
<td>42.6</td>
<td>33.0</td>
<td>41</td>
</tr>
<tr>
<td>2014</td>
<td>40.3</td>
<td>39.8</td>
<td>30.3</td>
<td>41</td>
</tr>
<tr>
<td>2015</td>
<td>39.4</td>
<td>37.8</td>
<td>26.0</td>
<td>41</td>
</tr>
<tr>
<td>2016</td>
<td>35.4</td>
<td>34.2</td>
<td>23.5</td>
<td>41</td>
</tr>
<tr>
<td>2017</td>
<td>35.5</td>
<td>33.0</td>
<td>22.8</td>
<td>41</td>
</tr>
<tr>
<td>2018</td>
<td>31.3</td>
<td>31.3</td>
<td>21.6</td>
<td>19.6</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
*In 2013, Hispanic births began to be reported.

Sexually Transmitted Diseases
Sexually transmitted diseases (STDs) are infections or diseases passed from person to person through sexual contact. However, STDs can also be transmitted in other ways: from mother to baby during pregnancy or child birth, from injecting drugs, or from sexual abuse. STDs diagnosed in prepubescent children may be indicative of sexual abuse.

• In Indiana, many chlamydia cases (67.3%) and gonorrhea cases (48.1%) are in youth and young adults younger than 25.

• More than a quarter of syphilis cases (26.4%), primary and secondary, are in young adults younger than 25.

• In 2018, there were a total of 7,837 cases of hepatitis C in Indiana.

The majority of chlamydia cases are in young adults younger than 25.
STD Diagnoses by Age, Indiana: 2018

<table>
<thead>
<tr>
<th>Disease</th>
<th>Age 0–19</th>
<th>Age 20–24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>12,970</td>
<td>10,231</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>3,521</td>
<td>2,255</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
The CDC estimates that more than 50% of youth with HIV in the United States do not know they are infected. Youth ages 13–24 are the most likely of any age group to go undiagnosed and the least likely to be connected with care immediately following a diagnosis.¹⁹⁶

- 32 Hoosier children ages 0–19 were newly diagnosed with HIV in 2018.¹⁹⁷
- In 2018, 52 Hoosier children were born to HIV positive mothers, though none of these infants contracted the disease themselves.¹⁹⁸
- 8.9% of Indiana high school students have ever been tested for HIV.¹⁹⁹

Deaths

According to the Centers for Disease Control and Prevention, 82.8% of adolescents nationwide aged 12–17 report they are in excellent or very good health. Among all children under the age of 18, white (86.9%) and Asian (87.7%) children report this health status at a higher percentage than Hispanic (79.7%), black (79.5%), and American Indian (73.9%) children.²⁰⁰ Despite youth self-reporting positive health, the United States has higher infant and youth mortality rates than other high-income countries.²⁰¹

- Indiana’s child and teen death rate (31 per 100,000) is higher than the national rate of 26 per 100,000.

- Indiana is tied for highest child and teen death rate (31 per 100,000) among neighboring states: Kentucky (31 per 100,000), Ohio (30 per 100,000), Illinois (29 per 100,000), and Michigan (26 per 100,000).²⁰²

Deaths for children ages 15–19 make up the majority of deaths for Hoosier youth.

Number of Deaths by Age, Indiana: 2018

<table>
<thead>
<tr>
<th>Ages 1–4</th>
<th>Ages 5–9</th>
<th>Ages 10–14</th>
<th>Ages 15–19</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>58</td>
<td>70</td>
<td>306</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Top 5 Causes of Child Deaths by Age, Indiana: 2018

<table>
<thead>
<tr>
<th>Ages 1–4</th>
<th>Ages 5–14</th>
<th>Ages 15–24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents 33</td>
<td>Accidents 37</td>
<td>Accidents 313</td>
</tr>
<tr>
<td>Birth defects 13</td>
<td>Cancer 14</td>
<td>Suicide 167</td>
</tr>
<tr>
<td>Homicide 11</td>
<td>Homicide 13</td>
<td>Homicide 119</td>
</tr>
<tr>
<td>Cancer 6</td>
<td>Birth defects 11</td>
<td>Cancers 25</td>
</tr>
<tr>
<td>Influenza and pneumonia 2</td>
<td>Suicide 11</td>
<td>Heart disease 21</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
The leading cause of child and young adult death in Indiana is accidents, many of which are motor vehicle accidents. Other accidents that affect children include exposure to poisonous materials (including drugs), drowning, firearm discharge, and exposure to fire or smoke.

- There were 97 Hoosier youth ages 0–19 that died due to motor vehicle accidents in 2018.\textsuperscript{203}

Violence is a public health issue due to its impact on the health and well-being on youth. Neighborhoods and communities are harmed by violence and homicides. Violence is preventable and strategies that address individual, family, and neighborhood risks for violence can lead to reductions in deaths. Additionally, economic, policy, environmental, and other community approaches can enhance safety.\textsuperscript{204} Violence is the leading cause of injury and death for youth ages 15–24 in the United States. Homicide is the third-leading cause of death among Indiana youth ages 15–24, but significant racial disparities exist.

- Homicide is the leading cause of death for black youth ages 15–24, and the third leading cause of death for their white peers.\textsuperscript{205}
- In 2017, Indiana’s homicide rate per 100,000 was 7.2, an increase from 5.7 per 100,000 in 2014.\textsuperscript{206}

The homicide rate for black youth ages 15–25 is more than 17 times higher than their white peers.

Homicide Rate per 100,000 for Ages 15–24 by Race/Ethnicity, Indiana: 2018

\begin{table}[h]
\centering
\begin{tabular}{lrr}
\hline
 & Total & White & Black \\
\hline
15–24 & 12.8 & 4.4 & 76.6 \\
\hline
\end{tabular}
\caption{Homicide Rate per 100,000 for Ages 15–24 by Race/Ethnicity, Indiana: 2018}
\end{table}

\textit{Source: Indiana State Department of Health}
Sources continued


50 Indiana State Department of Health (2016). Data Request.


53 Indiana State Department of Health (2019). Data Requests.


79 Indiana State Department of Health (2019). Data Request.


186 National Institute on Drug Abuse (2016). What to Do If Your Teen or Young Adult Has a Problem with Drugs. Retrieved from https://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-teen-or-young-adult-has-problem-drugs


193 Indiana State Department of Health (2019). Data Request.


197 Indiana State Department of Health (2019). Data Request.


Sources continued
What if you forgot everything you knew about teens and just started over?

We did!

Learn what we discovered.

Read **GOLDEN**, which celebrates ages 13 and beyond, at [dekkofoundation.org](http://dekkofoundation.org).
Methodology
The 2020 Indiana KIDS COUNT® Data Book is a comprehensive collection of significant indicators on the well-being of Hoosier youth across the four areas of Family and Community, Economic Well-Being, Education, and Health. The Data Book provides the most recent data and information from state partner agencies, peer-reviewed journals, national and state level surveys, as well as credible national entities, such as the Center for Disease Control and the U.S. Census Bureau. Sources and direct links can be found at the end of each section. All data is evaluated to ensure it is from a reliable source, recently available, consistent over time, easily understandable, and is relevant. A focus is placed on visualizing data with context and analysis to show trend over time, county comparisons, and disparities by race, place, or income.

Process
To ensure the current issues and barriers facing youth are addressed, a collaborative process with stakeholders, partners, and peers determines the content for the Indiana KIDS COUNT® Data Book. Essential feedback is gathered through surveys as well as the Indiana KIDS COUNT® Advisory Council, which provides insights on youth topics, data availability, and recommendations. Partners and agencies provide support on data checking, clarity on definitions, and changes to methodology to ensure accuracy.

Accuracy
Information in the Data Book is based on most recently available data reported by various agencies. Agencies often depend on other data collection entities. Every effort is made to ensure information is accurate, valid, and reliable. The accuracy of data that is supplied cannot be guaranteed. Reporting and tabulation errors may occur at the source of the data and this may affect the validity. In addition, agencies may publish updated data throughout the year which may conflict with what is published in this year’s Data Book.

Disaggregated Data
To promote equity, inclusion, and to better understand how specific groups are faring, data is disaggregated by place, race, income, or immigrant status. The disaggregated data helps to demonstrate trends and disparities, provide insights on where vulnerable populations lag, and highlight opportunities for improvement. Leaders, policymakers, and community members are encouraged to use the data showing disparities among Indiana youth to engage in advocacy, generate essential conversations, and inform polices, practices, and decision-making.

Important Data Reminders
- Data and percentages were calculated using standard mathematical formulas.
- Data are based on different timeframes (i.e., calendar year, school year, and five-year estimates). Readers should check each indicator and data source to determine the reported time period.
- When a small number exists for a data source, data suppression may be used to protect confidentiality.
- County rankings allow for comparisons between counties, but they do not necessarily mean a county is doing well. In a similar way, changes in a ranking from year to year may be due to how data has changed in other counties.
The Indiana Youth Institute exists to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on children and youth.

Our vision is to be a catalyst for healthy youth development and for achieving statewide child success. We strive to create best practices models, provide critical resources, and advocate for policies that result in positive youth outcomes.

We appreciate the generous support of our sponsors:

The annual Indiana KIDS COUNT® Data Book is one of fifty state-level projects designed to provide a detailed picture of child well-being. A national Data Book with comparable data for the U.S. is produced annually by The Annie E. Casey Foundation.

Additional copies of the 2020 Indiana KIDS COUNT® Data Book are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Data Book, please contact:

Indiana Youth Institute
603 E. Washington Street
Indianapolis, IN 46204
317-396-2700
info@iyi.org
Visit our website at www.iyi.org

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We do it for the kids. Our statewide and local data helps you design programs and make decisions to improve the lives of youth.

We create change. Our team develops innovative data solutions to address today’s youth development issues and encourages others to join us in our effort.

We work together. As your ally, we partner and connect with you in research and utilizing data to drive change.

We empower our partners and peers. We provide access to critical data and resources that can be used in planning, reporting, grants, and evaluation.

We advocate for others. We use data and research to amplify the voice of others to inspire action for measurable and positive change.