



Championing Kids. Strengthening Communities.



Family & Community



Health



Economic Well-Being



Education



2021 Indiana KIDS COUNT[®] Data Book

a profile of Hoosier youth





Championing Kids. Strengthening Communities.



The mission of Indiana Youth Institute is to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on kids 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 2021 Indiana KIDS COUNT® Data Book are available for \$20.00 per copy. Reduced rates are available for bulk orders.

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A Message from the President and CEO

Using Data to Build Equity for Our Children and Youth

This is a year unlike any other. In response, Indiana Youth Institute's 2021 KIDS COUNT® Data Book, our 27th edition, is unlike any other. Yet we remain committed to working together to improve the lives of all Indiana children, especially those facing the greatest adversity, and believe in the power of sharing and using data, facts, and information to spark positive change. We hope this resource advances your work with youth.

COVID-19 has negatively affected many programs and services aimed at helping our children and youth, including, but certainly not limited to, our schools. Economic and societal disruptions will likely affect the health and wellbeing of many kids. While much of the data in this year's book reflects pre-COVID circumstances, we highlight some of the pandemic-related effects we are already seeing, including increasing levels of stress and depression among youth, decreasing math proficiency on formative assessments, increasing housing and food insecurity, and delayed or missed preventative healthcare.

The past year has also offered painful reminders of the history and ongoing effects of institutional racism in America. The tragedies suffered by George Floyd, Ahmaud Arbery, Breonna Taylor, and countless others spotlight the ever-present threats faced by black and brown Americans, and demand we confront issues of systemic racism.

The data shows racial disparities in most child wellbeing indicators, including wealth, physical and mental health, involvement in the juvenile justice system, employment, housing stability, and educational achievement. Our Data Book connects the disaggregated data to historical context, policies, and resource gaps influencing the outcomes of historically-marginalized Hoosier youth. We believe better understanding the realities facing our children of color empowers us to work together to build equitable solutions.

The data does reflect some good news: In 2019, fewer Hoosier youth were committed to the Department of Corrections than in previous years, and recidivism, remediation, and child abuse and neglect rates decreased. Fewer children were living in poverty, and mental health providers increased. Although we anticipate next year several of these positive trends will reverse, this data validates that progress is achievable.

We have a shared responsibility to do more for our children. The data can help us understand and develop potential solutions for these complex problems. We must continue building ever-stronger networks of community partners to create actionable next steps. We thank our existing partners, invite new collaborations, and look forward to working together to ensure that all of Indiana's children are safe, healthy, well educated, and prepared to be thriving adults.

Yours in collaboration for all kids,



A blue ink handwritten signature, appearing to read 'Tami Silverman'.

Dr. Tami S. Silverman
President & CEO

IYI's 2021 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.

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.

Disaggregating Data

To promote equity and inclusion in our data regarding Hoosier children and youth and to better understand the outcomes of specific groups, throughout the Data Book, data are disaggregated by place, race and ethnicity, age, gender, income, ability, or immigrant status. Our understanding of diversity, equity, and inclusion comes from the University of California–Berkeley Center for Equity, Gender, and Leadership, Annie E. Casey Foundation, and the University of Houston's Center for Diversity and Inclusion:

- We understand 'diversity' as including race, ethnicity, nationality, religion, socioeconomic status, gender, age, mental or physical ability, sexual orientation, and other characteristics that add to the individuality of our community members.
- We understand 'equity' as the guarantee of fair treatment, access, opportunity, and advancement for all while striving to identify and eliminate barriers that have prevented the full participation of some groups. The principle of equity acknowledges that there are historically under-served and under-represented populations. Fairness regarding these unbalanced conditions is needed to assist equality in providing adequate opportunities to all groups.
- Lastly, we understand 'inclusion' as authentically bringing traditionally excluded individuals and groups into processes, activities, decision making, and policymaking. Inclusion involves genuine and empowered participation and a true sense of belonging, allowing historically marginalized or disenfranchised groups to share power and ensure equal access to opportunities and resources.

We disaggregate the data to demonstrate trends and disparities, provide insights on where vulnerable populations lag, and highlight opportunities for improvement. Despite documented gains for children of all races and income levels, the nation's and State's racial inequities are deep and stubbornly persistent, as evidenced by the data throughout the Data Book. To ensure that a child's life circumstances or obstacles should not dictate his/her/their opportunity to succeed, an equitable distribution of funding and resources is critical to providing the necessary supports to ensure all children find long-term success in Indiana.

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 policies, practices, and decision-making. Moreover, our state and local leaders are encouraged to include traditionally excluded individuals in developing and considering policies, practices, and decision-making.

Content Warning

The Data Book contains information, discussion, and data regarding self-harm, physical and sexual abuse, racial trauma, violence, death, and traumatic healthcare experiences. Some readers may find this content triggering. If, at any point, a section or subsection begins to upset you, we encourage you to stop reading and reach out to someone for support.

Acknowledgments

IYI's 2021 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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Family & Community



Strong personal connections and higher academic achievement occur when children live in nurturing families and supportive communities. Family and community challenges, such as substance abuse, incarceration, lack of resources, and housing instability, affect children's well-being. Maltreatment, exposure to violence, and trauma can elevate children's stress levels and hinder their development. Families and children are more likely to thrive when they live in safe communities that have equitable systems, quality supports, and good schools.

Indiana's Key Family & Community Data Indicators

Indiana's National Family & Community Ranking

31st



| | PERCENT | RANKING | |
|--|----------------|------------------|---|
| Youth Living in High Poverty Areas | 10% 2014–18 | 30 th | ↓ |
| Teen Births per 1,000 | 22 2018 | 38 th | — |
| Children in Families Where the Household Lacks a High School Diploma | 11% 2018 | 31 st | ↑ |
| Children in Single-Parent Families | 35% 2019 | 27 th | ↑ |

For each indicator above, higher rankings (1st) represent better outcomes for youth.

Note: Arrows show changes in rankings from the past year.



Family and Community Spotlight

Youth in the Justice System

Background on the Justice System for Youth

A variety of risk factors, such as trauma, maltreatment, poverty, low commitment to schools, substance use disorder, and high crime neighborhoods, can contribute to a child's involvement with the youth justice system. Additionally, a child that experiences abuse and neglect is 55% more likely to be at risk for arrest and 96% more likely to commit a violent crime. Between 60% to 70% of youth arrested yearly in the U.S. suffer from some kind of mental illness. Youth who have a severe mental illness and do not receive proper treatment are more likely to return to incarceration as an adult.¹ A child is more at risk when experiencing more than one factor.²

Hoosier Youth Involved in the Justice System

As of July 2020, 335 youth in Indiana were in an Indiana Department of Correction (IDOC) juvenile correctional facility where 50.9% were committed for a violent crime (Offense Level I). This has dropped by 23.9% since July 2017, when nearly 400 juveniles were in facilities. Thirty-eight youth were on parole.³

- Majority of the youth, as of July 2020, were male (91.9%) with the average age at intake was 16.⁴
- 41.5% of youth committed to the Department of Correction were from five counties: St. Joseph (16.2%), Marion (10.9%), Vanderburgh (5.2%), Allen (4.8%), and Elkhart (4.5%).⁵

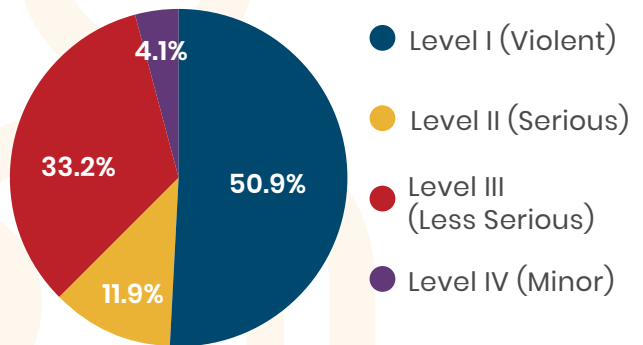
The IDOC oversees three state juvenile facilities. These juvenile correction facilities include LaPorte Juvenile, Logansport Juvenile, and Pendleton Juvenile.⁶

Among juveniles committed to an IDOC correctional facility, the most common offense is against a person, which includes direct physical harm or force (29.7%). The next most common offense is property crime (26.6%), which includes burglary, theft, shoplifting and vandalism.⁷

- 8.1% of Indiana's DOC juvenile population has one or more drug offenses.
- It costs an estimated \$259 each day to house a youth in IDOC confinement.⁸

Based on the offense level for offenders, 50.9% of youth were committed for a violent offense (Offense Level I) and 4.1% were committed for a minor offense (Level IV).⁹

Percentage of Offenses by Level, Indiana: July 2020



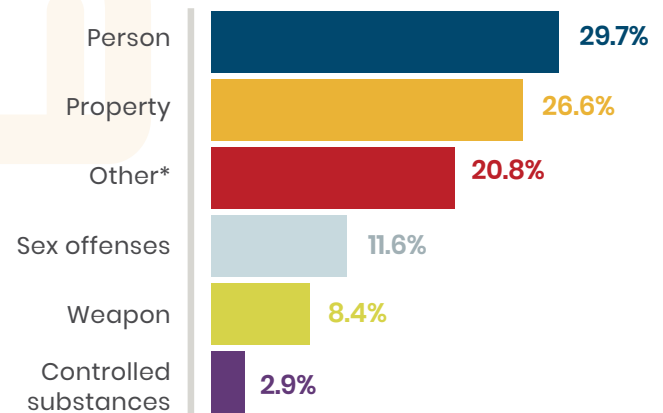
Source: Indiana Department of Correction

Average Daily Population in Juvenile Correctional Facilities, Indiana: 2019

| Facility | Number of Youth in DOC |
|--|------------------------|
| LaPorte Juvenile Correctional Facility | 37 |
| Logansport Juvenile Correctional Facility | 17 |
| North Central Juvenile Correction Facility (which is part of the Logansport Facility) | 126 |
| Pendleton Juvenile Correctional Facility | 224 |

Source: Indiana Department of Correction

Type of Offense for Juveniles Committed to the Department of Correction, Indiana: July 2020



Source: Indiana Department of Correction

*Other includes offenses such as Resisting Law Enforcement, Escape/Failure to Return, Intimidation, Disorderly Conduct, and Alcohol & Vehicle Related Offenses.

Juvenile offenses are divided into two primary categories, status offenses and non-status offenses. Status offenses would not be considered a crime if committed by an adult, such as running away, habitual truancy, or buying alcohol. Non-status offenses are those that would be a crime if committed by an adult, such as shoplifting or battery.¹⁰

- In 2019, there were 11,409 non-status delinquency cases and 3,890 status offense cases in Indiana.
- Between 2015 and 2019, the number of juvenile non-status case filings has fallen 20.2%, and the number of status case filings has fallen 6.2%.¹¹

Disproportionality in the System

Indiana's youth justice data illustrate racial and ethnic disparities of the youth involved with the system, as there is an overrepresentation of youth of color in Indiana's youth justice system. The data for justice-involved youth skew disproportionately towards Black youth as compared to the total representation of Black youth in Indiana.¹²

Connections between School Discipline and the Youth Justice System

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. Harsh school disciplinary policies and law enforcement policies often intersect to feed young people into the criminal justice system, colloquially known as the school-to-prison pipeline.¹³ Indiana Codes 20-33-8-14 and 20-33-8-16 define the parameters of school suspensions and expulsions.

Students who are suspended early in their educational career, such as in preschool, are 10 times more likely to drop out of high school, experience academic failure, grade retention, hold negative school attitudes, and face incarceration. The early suspension or expulsion of children can establish a pattern for disciplinary actions throughout his/ her/ their educational career.¹⁴ Indiana data regarding school discipline for preschoolers are not collected or reported by the State.

In the 2019–2020 academic year, 3.7% of Indiana students received in-school suspension, 5.0% 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 11.1% in Crawford County to 0.1% in Brown and Decatur Counties. The percentage of students receiving out-of-school suspension in Indiana's counties ranges from 8.7% in Lake County to 1.1% in LaGrange County.¹⁵

Across the nation and in Indiana, students of color face more frequent and severe disciplinary actions when compared to their peers.¹⁶ School districts that have large disparity gaps between Black and Hispanic students and White students tend to have similarly large gaps in academic achievement between these subgroups.¹⁷ Echoing the disproportionality in national trends, Black Hoosier

students are 3 times more likely to receive out-of-school suspension and 2 times more likely to receive in-school suspension than their peers of other races and ethnicities.¹⁸

Percentage of Race/ Ethnicity of Total Population, Indiana: 2019

| | |
|-------------------|-------|
| American Indian | 0.2% |
| Asian | 2.6% |
| Black | 11.3% |
| Hispanic | 11.4% |
| Two or more races | 5.5% |
| White | 77.3% |

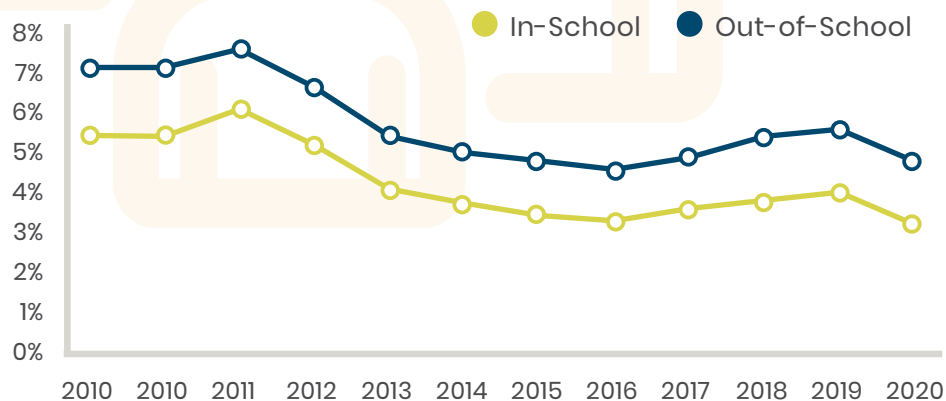
Source: U.S. Census Bureau, Tables B01001A-I

Percentage of Race/ Ethnicity of Youth in Justice Facilities, Indiana: July 2020

| | |
|-----------|-------|
| Black | 33.5% |
| Hispanic | 7.8% |
| White | 49.1% |
| All Other | 9.5% |

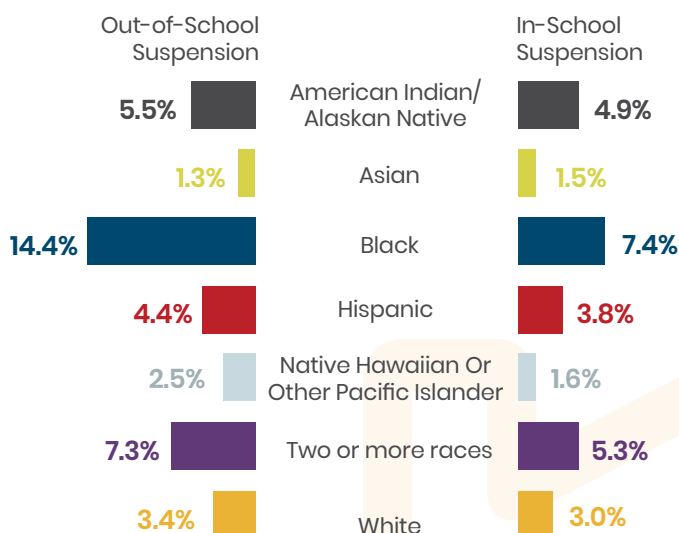
Source: Indiana Department of Correction
Note: Data are not disaggregated by the IDOC to include American Indian, Asian, or Two or more races youth.

Percentage of Students Suspended, Indiana: 2010–2020



Source: Indiana Department of Education

Percentage of Students Suspended by Race/Ethnicity, Indiana: 2019–2020



Source: Indiana Department of Education

Percentage of Students Receiving Out-of-School Suspension by County, Indiana: 2019–2020

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|------|--------------------|------|
| Lake | 8.7% | LaGrange | 1.1% |
| Marion | 8.6% | Wabash | 1.2% |
| Allen | 8.0% | Ripley | 1.3% |
| St Joseph | 8.0% | Hamilton | 1.3% |
| Knox | 7.0% | Vigo | 1.5% |
| Madison | 7.0% | Dubois | 1.6% |
| Jefferson | 6.9% | Harrison | 1.6% |
| Lawrence | 6.8% | Dekalb | 1.6% |
| LaPorte | 6.7% | Warren | 1.7% |
| Switzerland | 6.6% | Adams | 1.8% |

Source: Indiana Department of Education

Impacting Youth's Futures

Youth who are juvenile offenders are particularly vulnerable to academic challenges and failure, subsequent involvement in the justice or other social service systems, and sustained poverty. Youth who have been incarcerated are less likely to graduate from high school or may not even return to school once they return to their families and communities. Nationally, after being released from justice facilities, more than a quarter of youth reentering the public school setting drop out of school within six months, and only 15% of released ninth-graders graduate from high school in four years.¹⁹



Youth who were involved in the justice system during their childhood have a high likelihood of re-offending and relapsing to criminal behavior that results in rearrests. The Indiana Department of Correction defines recidivism as one who returns to incarceration within three years of the youth'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.²⁰

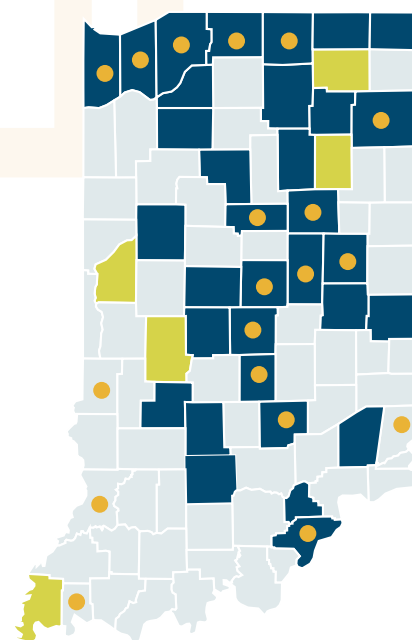
- 29.6% of juveniles released in 2016 returned to incarceration in 2019 either as a juvenile or adult.
- The majority of juveniles released in 2016 and returned in 2019 were males (30.8%) and Black (32.1%).
- Of the juveniles who returned in 2019, approximately 96% were returned for a new crime.²¹

Through federal programs, Indiana receives funding to support and develop resources and programming to positively impact juvenile offenders. These funds specifically support developing academic and technical skills. Providing foundational academic, technical, and employability skills has important implications for a youth's long-term life experiences and well-being, including employment, income, and health.²²

The Indiana Juvenile Detention Alternatives Initiative (JDAI) is a state-supported model for youth justice system improvement focused on eliminating unnecessary detention of youth, reducing racial disparities, and improving youth well-being.²³

- In Indiana, 32 counties are implementing JDAI; one county is onboarding; and five are in an introductory phase for a total of 38 participating sites.
- In 2019, the total secure detention admissions in Indiana

Juvenile Detention Centers and JDAI Sites, Indiana: 2019



- JDAI Sites
- Introductory Sites
- Juvenile Detention Centers

Source: Juvenile Detention Alternatives Initiative

JDAI was 4,521. This is a 68% decrease compared to the sites' baseline years. For youth of color, there were 2,756 admissions, a 65% reduction compared to baseline years.

- In 2019, the average length of stay for youth in secure detention was 19.6 days. This is an increase of 30.6% compared to the sites' baseline years. For youth of color, the average length of stay was 21 days, a 50% increase compared to the sites' baseline years. Increases in average length of stay are expected when sites implement JDAI.²⁴

| Number and Percentage of Recidivists by Gender, Indiana: 2016 | | | |
|---|---------|-------|--------|
| | Overall | Male | Female |
| Number Released | 710 | 600 | 110 |
| Recidivism Rates within 1 year of release | 13.5% | 14.2% | 10.0% |
| Recidivism Rates within 2 year of releases | 23.9% | 24.7% | 20.0% |
| Recidivism Rates within 3 year of releases | 29.6% | 30.8% | 22.7% |

Source: Indiana Department of Correction

LEVERAGING THE DATA

Locally:

- Emphasize prevention, non-exclusionary intervention strategies:** Organizations, such as the American Academy of Pediatrics and the American Psychological Association, recommend that schools and youth serving organizations move away from zero-tolerance policies in favor of prevention and intervention. Schools and districts can examine their codes of conduct to ensure they are establishing expectations for appropriate behavior, responses to misbehavior in a tailored way, addressing student and victim needs, and building rehabilitative discipline systems.²⁵
- Adapt programs for at-risk youth for the detention facilities:** Through careful examination of existing funds, local schools, youth serving organizations, and communities can direct resources to adapt successful programs serving at-risk youth in schools or out-of-school programs for use in detention facilities. The Jobs For America's Graduates (JAG) program is one example of an evidence-based program supporting at-risk students in high schools that communities could adapt to support their justice-involved youth.²⁶

Statewide:

- Increase data transparency:** There is a need for increased tracking and reporting of data regarding juvenile offenders' academic success both within the facilities and through re-entry programs. A more robust transition and tracking plan can ensure justice-involved youth receive the education necessary to transition to additional postsecondary education and training or employment upon exit.
- Align correctional educational programs with state standards and local graduation requirements to improve educational quality:** Youth in facilities should have access to safe learning space, curricula, and technology-based learning tools aligned to Indiana's college- and career-ready standards. Critical to this strategy is facilities employing qualified educators to teach in juvenile facilities. Given the particular educational challenges faced by youth under their supervision, juvenile justice systems can implement education programs for youth with educational and other disabilities, credit recovery and alternative credentialing programs, and CTE certification programs aligned with industry standards and local workforce needs.²⁷
- Connect exiting juvenile offenders to educational supports:** For those youth who exit a juvenile detention center without their high school diploma, connecting them to an adult education provider to earn their high school equivalency is a crucial need if they are not returning to a K-12 school system. The State can look for ways to strengthen the relationship between workforce and employment training programs and transitional supports that are provided to youth as they exit juvenile facilities. Additionally, with the reinstatement of Pell eligibility for incarcerated students and students who have drug-related offenses in the December 2020 Congressional stimulus package, public higher education institutions can partner with juvenile facilities to help more youth take advantage of this new flexibility. With the flexibility to use Pell for technical formats in addition to Associate and Bachelor's degree programs, the State can offer more options for postsecondary education in its state facilities and through more postsecondary institutions for youth who are or were involved in the justice system.

Nationally:

- End solitary confinement for youth:** Youth who experience solitary confinement while in the justice system are at risk of long-term effects on their physiological development. Because they are still developing mentally and physically, this practice may exacerbate issues rather than resolving them.²⁸

Child Population

Indiana is home to the 15th largest population of children nationally. In 2019, more than 1.56 million children younger than 18 resided in Indiana. The child population has been declining slightly in Indiana (2.6%) over the past ten years. Over the past five years, 72 counties have seen a decrease in child population, and 20 have seen an increase.²⁹

- In 2019, 51.5% of Indiana's child population was male and 48.5% was female.
- In 2019, 26.4% of Indiana's kids were under the age of five; 26.4% were ages 5–9; 30.0% were ages 10–14; and 17.2% were ages 15–17.³⁰

Indiana's Older Youth Population

Under the federal Workforce Innovation and Opportunity Act, the term 'youth' applies to individuals both under 18 and in-school, as well as out-of-school young adults as they transition to adulthood. These older youth are not attending any school and are between the ages of 16 and 24. These youth may be a school dropout; a recipient of a high school equivalency; an offender; a homeless youth or a runaway; an individual in foster care or who has aged out of the foster care system; an individual who is pregnant or parenting; or a low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment.³¹ It can be difficult to provide services to out-of-school, older youth due to the inability to identify and locate these youth because they do not have a regular touchpoint within the government system, as younger youth do with K-12 schools. Some older youth may be struggling to secure their footing in adulthood and may need support to find housing, food, income, connecting to educational opportunities, healthcare, or childcare. Locally, organizations can find ways to offer opportunities for this population to feel connected to the community and find their right paths.³²

- In 2019, Hoosier youth ages 18 to 24 made up 9.8% (662,783) of the population with majority of them being ages 22 to 24 (41.0%) followed by 18 to 19 (29.4%).
- 51.2% of youth ages 18 to 24 are males and 48.8% are female.³³

Diversity

Diversity is any characteristic or dimension that can be used to differentiate groups and people from one another. Diversity can also be attributed to the different values, perspective, and ideas individuals have. Diversity includes different genders, sexual orientations, religious affiliations, races and ethnicities, socioeconomic statuses, ages, physical abilities, political beliefs, and other ideologies.³⁴ Diversity does not mean exclusionary, for many individuals have multiple identities with intersecting diverse characteristics. Valuing our Hoosiers with diverse backgrounds contributes to the overall vibrancy and prosperity of our society.

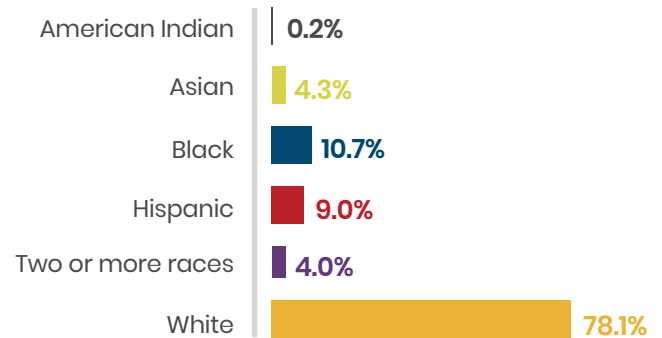
To ensure all Hoosier youth have a good quality of life, attain economic prosperity, and experience physical and mental health, we must understand the unique circumstances and experiences of each individual child. Those children and youth who have been historically marginalized or underrepresented in our society due to their background being different from others need to have their diverse strengths, abilities, interests, and perspectives understood and supported by Indiana's adults and communities. All children and youth in Indiana should feel valued and respected, because of (rather than despite of) the individuality and diversity they bring to our culture and society.

Percent Change in Child Population by County, Indiana: 2014–2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|------|--------------------|--------|
| Tippecanoe | 7.2% | Union | -12.8% |
| Boone | 7.0% | Ohio | -11.0% |
| Hamilton | 4.4% | Brown | -10.8% |
| Daviess | 4.3% | Jennings | -10.2% |
| Hendricks | 3.3% | Wabash | -10.0% |
| Johnson | 2.7% | Tipton | -9.2% |
| Adams | 2.6% | Blackford | -8.3% |
| Jackson | 2.5% | Cass | -8.2% |
| Marion | 2.5% | Fountain | -8.1% |
| Wells | 2.4% | Greene | -7.8% |

Source: U.S. Census Bureau, 5-Year Estimate, Table B01001

Percentage of Youth Population Ages 18 to 24 by Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Tables B01001A-1

Note: Due to the U.S. Census Bureau's margins of error, the total surpassed 100%.

The sections below highlight the various diverse communities and attributes of Indiana's youth – the varying racial and ethnic identities, different religious beliefs and backgrounds, and LGBTQ+ community. To understand both the circumstances and contexts for different subgroups of Indiana's youth population, exploring the history, policies, and practices that have contributed to the data is critical. For all youth to achieve a successful, healthy life, we must understand and rectify the historical and systemic barriers and current opportunity gaps for those marginalized populations.

Race and Ethnicity

Indiana's child population has increased in racial and ethnic diversity over the past ten years and is more diverse than the adult population – 34.1% of children are a race or ethnicity other than White, compared to 21.5% of adults 18 and over. Children of color includes children who are Black, Hispanic, Asian, Multiracial (Two or more races), American Indian, Native Hawaiian, and some other race.³⁵

- In 2019, 34.1% (534,196) of Hoosier youth were a race or ethnicity other than White. This percentage has increased from 2010, when 29.8% (479,231) of Hoosier kids were a race or ethnicity other than White.
- The American Indian child population has decreased by 5.3% from 2010 (3,863) to 2019 (3,658).
- The Asian child population saw the second largest increase of 60.8% among all other races/ethnicities from 2010 (25,139) to 2019 (40,431).
- In 2019, the Black child population was 176,639, a 0.7% increase from 2010 (175,344).³⁶
 - In 2019, the Black child population was highest in Marion County (43.5%, 76,891), followed by Lake County (17.6%, 31,122), Allen County (7.2%, 12,711), St. Joseph County (6.4%, 11,347), and Vanderburgh County (2.9%, 5,095).³⁷
- The Hispanic population grew from 9.6% (153,588) in 2010 to 11.4% in 2019 (178,484), an increase of 16.2%.³⁸
 - In 2019, the Hispanic child population was highest in Marion County (23.0%, 41,062) followed by Lake County (16.1%, 28,799), Elkhart County (7.6%, 13,653), Allen County (6.2%, 11,086), and St. Joseph (5.1%, 9,174).³⁹
- From 2010–2019, Native Hawaiian or Other Pacific Islander youth saw the largest increase in population size of 83.5% compared to all other races/ethnicities. The population grew from 369 children to 677.
- The White child population has decreased by 5.4% from 2010 (1,280,541) to 2019 (1,211,306).
- Youth that are Two or more races make up 5.5% (86,477) of the child population.⁴⁰

Children and Youth in Rural Counties

Historically disadvantaged children and youth across Indiana face challenges associated with education, health, and economic well-being. Young people living in rural areas face a number of uniquely rural barriers, particularly concerning access to early learning opportunities, transport, healthcare, careers, employment and training support, and youth services. Poverty and opportunity gaps differ in nature for rural areas versus urban or suburban due to the dearth and dispersal of access, availability, variety, and quality. The economic downturn from the COVID pandemic may compound the challenges around gaps in accessing resource and opportunities children and youth in rural

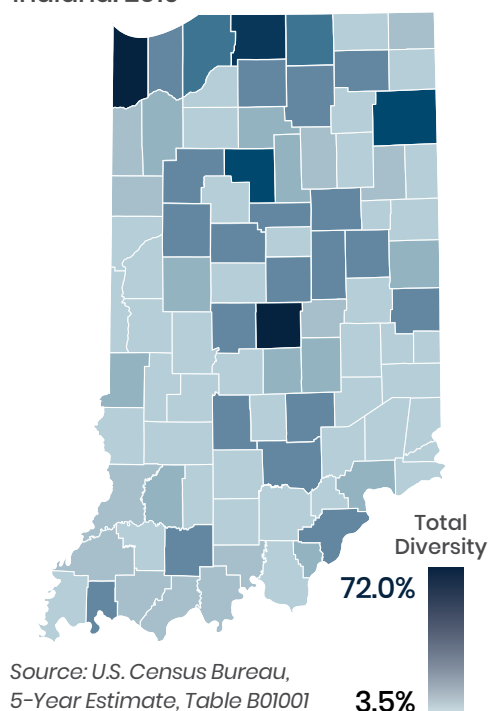
Percentage of Youth Ages 0 to 17 by Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Tables B01001A-I

*American Indian: 2%; Native Hawaiian or Other Pacific Islander 0.0%

Percentage of Child Population by Race/Ethnicity Other than White, Indiana: 2019



Source: U.S. Census Bureau, 5-Year Estimate, Table B01001

areas face. The removal or scaling back of services may ill lead to considerable disparities in the level of services and support available to children and youth living in these areas.

- Based on [definitions of rurality](#) from the U.S. Census Bureau, Indiana has 43 rural counties, nearly half (46.7%) of the total counties.
- In those 43 counties, 6.2% of the total population (77,818) are 0–4 years old and 19.2% (242,153) are 5–19 years old.
- Out of the rural counties, Adams and LaGrange counties have the highest percentage of children 0–4, 9.0% and 8.9% respectively. Similarly, both counties have the highest populations of youth ages 5–19, 25.4% in Adams County and 24.8% in LaGrange.⁴¹

Place of Birth

The majority of our state's children were born in Indiana (83.5%), and another 13.9% were born in other states.⁴²

- 2.0% of Indiana children are foreign born, and, of them, 30.5% are naturalized American citizens.⁴³
- The number of Indiana children in immigrant families (comprised of at least one foreign-born parent or are themselves foreign-born) has steadily increased from 2009 (8%) to 2019(12%).⁴⁴
- In 2018, 35% of immigrants in Indiana had a college degree and 28% had less than a high school diploma.⁴⁵

The Immigration and Nationality Act (INA) governs immigration law and policy in the U.S. with the following principles: reunification of families, admitting immigrants with skills that are valuable to the economy, protecting refugees and providing humanitarian assistance, and promoting diversity. The INA permits up to 675,000 permanent immigrant visas immigrants visas each year and does not have a limit on the annual admissions of U.S. citizens' spouses, parents, and children under the age of 21.⁴⁶ Through the U.S. Refugee Resettlement Process, the federal government establishes an annual number of refugees admitted to the United States. Refugees are defined as a person with "well-founded fear of persecution due to race, membership in a particular social group, political opinion, religion, or national origin." Each year the president works with Congress to determine the limit of refugee admission. The current limit of refugees in the United States set by the president is 18,000 which is the lowest it has ever been.⁴⁷

- In 2020, approximately 279 refugees younger than 25 moved to Indiana. More than half of those arrivals (199) were younger than age 15.
- Of the refugee youth who moved to Indiana, 68.8% settled in Marion County, and 20.1% in Allen County.
- Among refugees, 60.8% are from Burma/Myanmar, 13.6% from the Democratic Republic of the Congo, 5.5% from Afghanistan, and 20.1% are from other countries.⁴⁸

The Deferred Action for Childhood Arrivals program (DACA) was started in 2012 as a means for young people who came to the United States as children to remain in the country legally. Though DACA does not provide official legal status or a pathway to citizenship to these individuals, it does allow them to be "lawfully present" without the threat of deportation and apply for driver's licenses and work permits. Only individuals who arrived in the country before their sixteenth birthday are eligible to apply for DACA. Applicants must be at least 15 when they apply and have been under the age of 31 on June 15, 2012. They must also be living in the United States when submitting their request for deferred action and must have lived continuously in the country since June 15, 2007. DACA also requires applicants to be in school, a high school graduate or holder of a high school completion certificate or GED, or an honorably discharged veteran of the U.S. Armed Forces or Coast Guard. Applicants convicted of a felony, significant misdemeanor, or three or more misdemeanors are ineligible for the program.⁴⁹

- As of March 2020, about 8,870 current DACA recipients live in Indiana. Since 2012, DACA has been granted to a total of 10,771 children in Indiana.
- In 2018, immigrant-led households in Indiana paid \$1.9 billion in federal taxes and \$1 billion in state and local taxes. DACA recipients and DACA-eligible individuals in Indiana paid about \$21.4 million in state and local taxes.⁵⁰

Language

About 1 in 10 (10.5%) Hoosier children ages 5–17 speak a language other than English at home.⁵¹ Students who have limited 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. Often, those English Learners who are also fluent in English are more likely to achieve higher educational outcomes than their peers who do not speak fluent English.⁵²

- Over half of Hoosier children who speak a language other than English speak Spanish (53.5%), followed by other Indo-European languages, such as German, French, and Hindi (27.5%), and Asian or Pacific Island languages (15.0%).⁵³

- In Indiana, 33,874 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."⁵⁴

Religion

In 2017, 62% of adults nationally indicated it was important to be part of a community group which shares similar values. Of these adults 19% indicated they participate in a church group or other religious organizations.⁵⁵ Individuals of all faiths who are regularly active in a religious community and civic engagement tend to be happier than those who do not. This is not connected to any type of religious affiliation but more to the experience of being active in a strong community on a regular basis. Additional research to understand the direct correlation of religion and overall wellbeing is needed.⁵⁶ Often, youth adopt their mother's religious beliefs in their adulthood more than their father's religion.⁵⁷

- In Indiana, 72% of adults (18 and older) indicate being Christian with 31% being Evangelical Protestant.
- The remaining Hoosier adults indicated being a non-Christian faith (2%) and unaffiliated (26%).
 - Examples of non-Christian faith are Jewish, Muslim, Buddhist, Hindu, and other world religions.
 - Examples of unaffiliated are atheist, agnostic, and nothing in particular.
- 53% of Hoosier adults indicate religion is "very important" in one's life.
- About 70% of Hoosier adults indicated attending a religious service at least once a week (37%) or once or twice a month/a few times a year (32%).
- 57% of Hoosier adults indicate feeling spiritual peace and wellbeing at least once a week.
- The majority of adults (44%) share they use "common sense" when looking for guidance on right and wrong, while 36% look to religion.⁵⁸

Adult Religious Composition, Indiana: 2014

| | |
|-------------------------------|------------|
| Christian | 72% |
| Evangelical Protestant | 31% |
| Mainline Protestant | 16% |
| Historically Black Protestant | 5% |
| Catholic | 18% |
| Mormon | 1% |
| Orthodox Christian | <1% |
| Jehovah's Witness | <1% |
| Other Christian | <1% |
| Non-Christian Faiths | 2% |
| Jewish | 1% |
| Muslim | <1% |
| Buddhist | <1% |
| Hindu | <1% |
| Other World Religions | <1% |
| Other Faiths | 1% |
| Unaffiliated | 26% |
| Atheist | 3% |
| Agnostic | 4% |
| Nothing in particular | 19% |
| Don't know | <1% |

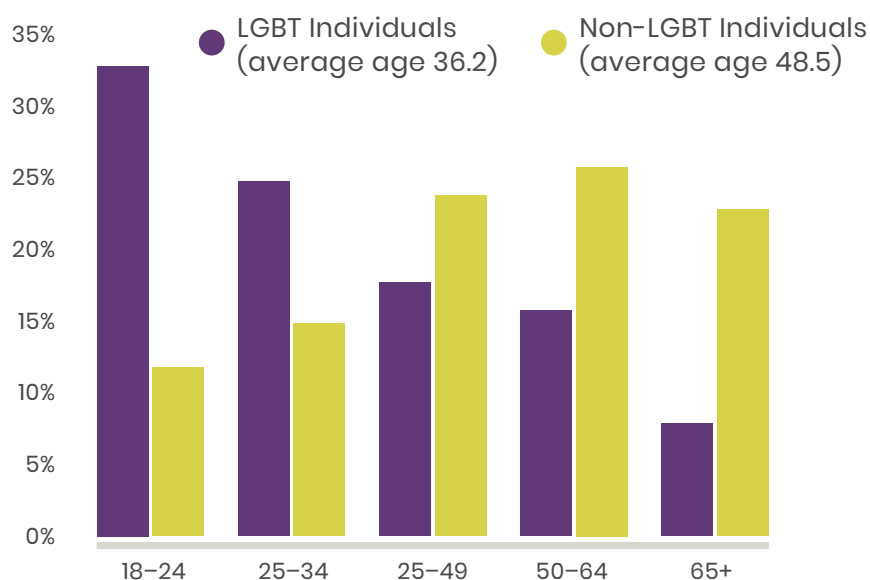
Source: Pew Research Center

Defining Gender Identity and Sexual Orientation

Adolescence is a critical time for LGBTQI-GNC youth. Teenage years are a time of physical and social-emotional development, and it is also when many lesbian, gay, bisexual, transgender, queer/questioning, intersex, and gender nonconforming (GNC) youth begin to self-identify. These groups are often clustered together under umbrella terms such as "LGBTQ," "LGBTQI-GNC," and "queer." However, there are differences between these individuals and their identity.⁵⁹

Gender identity and sexuality may not easily fit into rigid or binary terminology; sexuality and gender identity/expression exist on a continuum. Youth's personal identities may vary by such tiny

Age Distribution of LGBT and Non-LGBT Individuals, Indiana: 2016



Source: UCLA School of Law Williams Institute

differences that may not seem to differ from each other at all. It is important to recognize that LGBTQ+ youth are also not a monolithic or homogenous population. For example, being transgender does not equate to having same-sex attraction; a transgender male may be attracted to females, males, or both. As youth navigate through understanding, accepting, and sharing their identity, it is possible for things to change over time. Some younger individuals view sexuality and gender more fluidly.⁶⁰

Unfortunately, data are not collected on this community among federal and state agencies and organizations. To better serve this population, agencies and organizations need to collect these data by providing more choices for self-identification, which will allow the data to be disaggregated and represent this population in the data.

- In Indiana, 4.5% of the overall population identifies as LGBTQ+, and 34% have children. Indiana is one of the top ten states with the highest percentage of LGBT parents with children.
- Younger age groups tend to have a higher representation of individuals identifying as LGBT.⁶¹

Households and Families

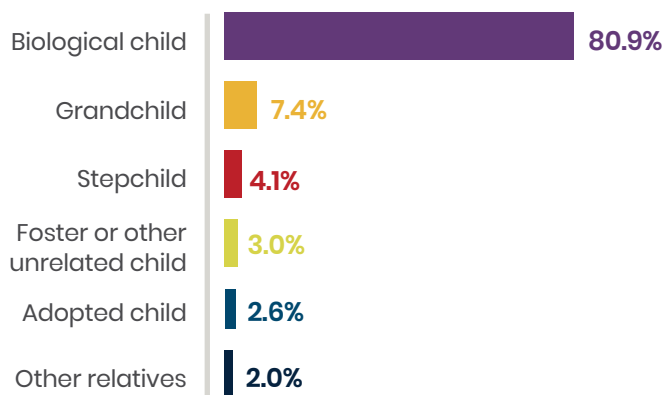
Family structure influences child development, the home environment, and the levels of economic resources available. As a family structure changes, family resources and caregiving environments are also likely to change.⁶² The distinction between family and household as used in U.S. Census Bureau data is an important one. A household includes all of the people who live together and may include 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.⁶³

Households

Indiana has more than 2.5 million households.

- 683,069 of Indiana's households include children younger than 18 (26.3%).⁶⁴
- The vast majority of Indiana's children live in households with a biological parent (80.9%) followed by a grandparent (7.4%) as the householder, stepparent (4.1%), foster parent (3.0%), adopted parents (2.6%), or other relative (2.0%).⁶⁵

Percentage of Child's Relationship to the Primary Household Other Than Biological Parent, Indiana: 2019



Source: U.S. Census Bureau, Table B09018

Families

Over forty percent (41.7%) of Indiana's families have children younger than 18.⁶⁶

- Among families with children, 77.0% have one or two children, 20.9% have three or four children, and 2.1% have five or more children.⁶⁷
- 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: 21.8%
 - Families with children only ages 6-17: 58.6%
 - Families with both children younger than 6 and ages 6-17: 19.6%⁶⁸

Hoosier 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 face barriers which may hinder a child's developmental outcomes.⁶⁹ Both single mothers and single fathers tend to face greater challenges to providing economic stability for their children, as there is just one person generating income rather than two.

- Four in ten children living with a single mother live in poverty (32.8%), compared with 14.6% of children living with a single father, and 4.6% of children living in a married couple family.⁷⁰
- Nearly 2 in 3 Indiana children live in married couple families (65.9%), 1 in 4 live with a single mother (24.1%), and 1 in 10 live with a single father (10.0%).⁷¹

Teen Births

Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socioeconomically disadvantaged, both before and after becoming parents, than their peers.⁷² Additionally, teen parenthood is one of the leading causes for dropping out of high school among female youth. Their children are also more likely to struggle reaching positive educational, behavioral, and health outcomes over the course of their lives than children born to older parents.⁷³

- In 2019, 1,041 babies had a mother between the ages of 15 and 17. This represents 1.3% of total births.
- The rate of babies born to teen mothers varies among race/ethnicity with 14.8 per 1,000 Black teens, 13.2 per 1,000 Hispanic teens, and 5.8 per 1,000 White teens.
- More than a quarter of babies born to females younger than age 20 also had fathers younger than age 20 (30.8%).
- In 2019, there were 31 births to mothers younger than age 15, 1,041 births to mothers ages 15–17, and 3,571 births to mothers ages 18–19.
- Indiana's teen birth rate for females ages 15–17 is currently at the lowest rate ever recorded, 7.9 per 1,000.⁷⁴

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. Both young parents and their children are still in their developmental periods, which presents an opportunity to invest in young parents' education as these individuals may be receptive to supportive services and may create ripples of change for both them and their children.

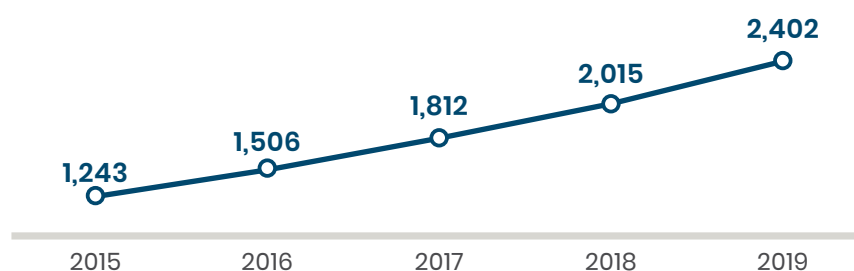
Young families are more likely to live in poverty due to financial instability, lack of employment, and lack of education and experience. Most young parents work; however, their income is barely above the poverty threshold. These parents also often lack access to benefits that would increase their income. 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.⁷⁵

- In 2017, 13.5% of Hoosier older youth 18 to 24 year old are parents, which is higher than the national percentage (9.8%).
- Among Hoosier young parents, 65.8% are White, 14.8% are Black, 14.7% are Hispanic, 5.2% are Two or more races, and 1.2% are Asian.
- Among Hoosier young 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 degree or higher.⁷⁶

Adoptive Families

An estimated 37,778 Hoosier children live in adoptive families.⁷⁷ Foster care adoptions, international adoptions, and private domestic adoptions are the three main avenues for adopting a child in the United States.

Number of Adoptions, Indiana: 2015–2019



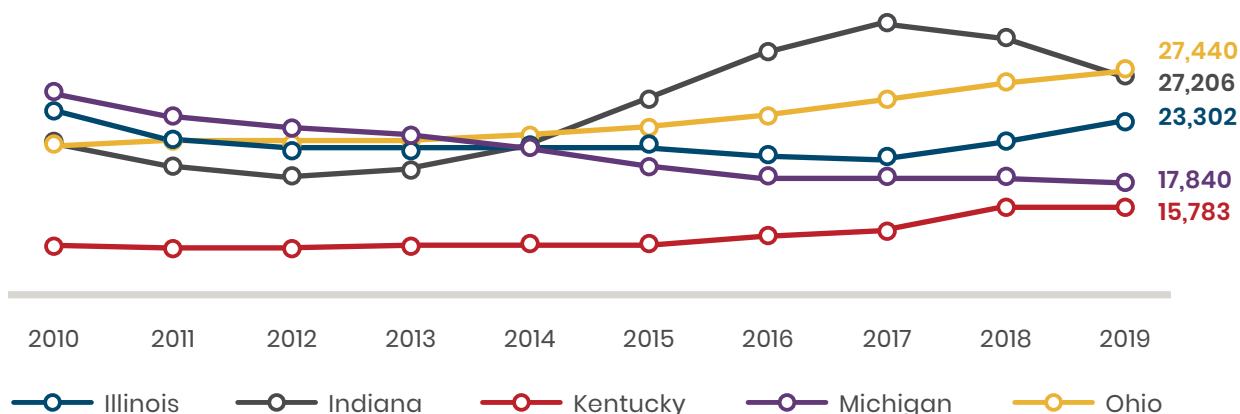
Source: Indiana Department of Child Services

- 2,402 children were adopted through the Indiana Department of Child Services (DCS) in 2019.
- Of the 2,402 adoptions in 2019, 50.4% of the adopted children were under the age of 4.
- In the past five years, adoptions have increased by 93.2% (1,159). This ranges across Indiana's counties with Marion County seeing the highest increase in adoptions of 304 and St. Joseph County seeing the biggest decrease (14).
- Of those waiting to be adopted in 2019, 23.8% were adopted within 180 days. Children who are Two or more races (29.5%) were adopted within 180 days at a higher percentage than Black (13.2%) and White youth (24.8%).⁷⁸
- Indiana had 89 inter-country adoptions involving immigration to the United States finalized in 2019.⁷⁹

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. Young people who experience

Number of Children in Foster Care System, Indiana and Neighboring States: 2010–2019



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

foster care report challenges in educational and employment opportunities.⁸⁰ 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.⁸¹ To learn more about foster youth, check out Foster Youth in the Education Section.

- According to the Indiana Department of Child Services, 29,287 Hoosier children were in foster care at some point during 2019. This has increased by 44.7% since 2014 (20,238) and decreased by 12.2% since 2018 (33,350).
- From 2014 to 2019, 81 counties saw an increase of number of children in foster care with Parke County seeing the most increase of 546.2% (2014: 13; 2019: 84).
- 12.1% of all children removed in 2019 were below the age of 1, and 30.9% were younger than 5.
- Of the 29,287 children in foster care during 2019, 72.7% were White, 17.7% were Black, and 9.1% were Two or more races.⁸²

Foster care children often experience multiple moves while in the care of the State. A child may be placed in an emergency placement at the time of their removal and 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.

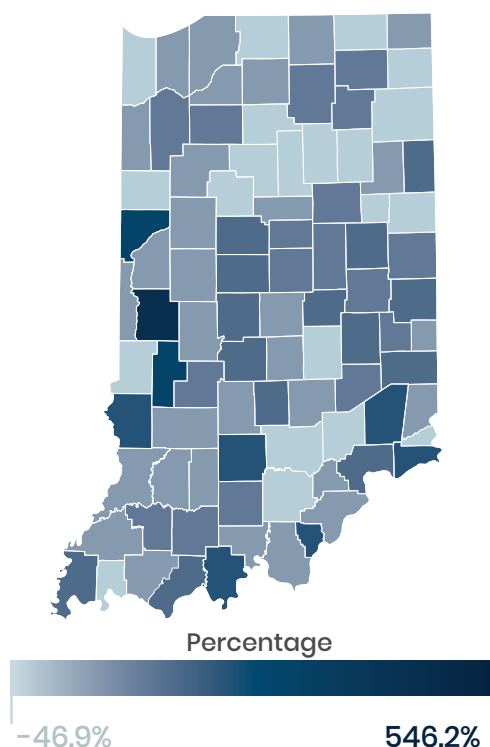
- In 2019, 45.5% of placements were in a non-relative home, 41.4% were with relatives, 8.2% were in a residential home, 4.6% were in other placements, and 0.3% were placed out-of-state.
- The average length of stay for children who exited care in 2019 was 584 days.
- Youth with the permanency outcome of being transferred their placement and care to another Indiana State Agency has the highest average length of stay of 1,609 days, or 22 months. Those who were adopted in 2019 had an average length of stay of 1,147 days or 31 months.

Number and Percentage of Children by Placement, Indiana: 2019

| Placement Type | Number of Placements | Percentage of Placements |
|---------------------------------|----------------------|--------------------------|
| Non-Relative Home (Foster home) | 5,795 | 45.5% |
| Relative Home | 5,265 | 41.4% |
| Residential Facility | 1,039 | 8.2% |
| Other Placement | 589 | 4.6% |
| Out-of-State Placement | 36 | 0.3% |

Source: Indiana Department of Child Services

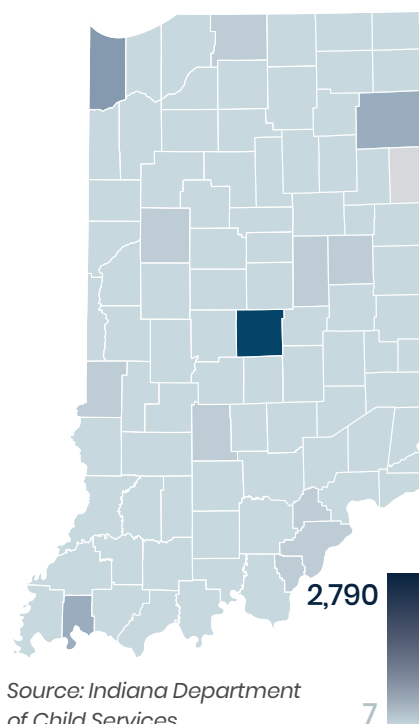
Percent Change in Number of Children in Foster Care at Some Point, Indiana: 2014–2019



Source: Indiana Department of Child Services

- Number of kids exiting care in 2019 ranges among Indiana's counties with Marion County having the highest number of kids exiting care of 2,790 and Adams County having the least of 0.
- 12,608 children exited care in 2019. Of these children, 60.5% were reunified with their parents
 - Of those who were reunified with their parents, majority were White (71.4%) followed by Black (19.6%) and Two or more races (8.3%).⁸³

Number of Kids Exiting Care, Indiana: 2019



Multigenerational Households:

Grandparent Householders

A small portion (2.8%) of Indiana's households are multigenerational, meaning at least three generations of family members are part of the same household.⁸⁴ Not all Indiana children who live with their grandparents live in multigenerational families, because the parent of the child is not always present, leaving custodial responsibility to the grandparent.

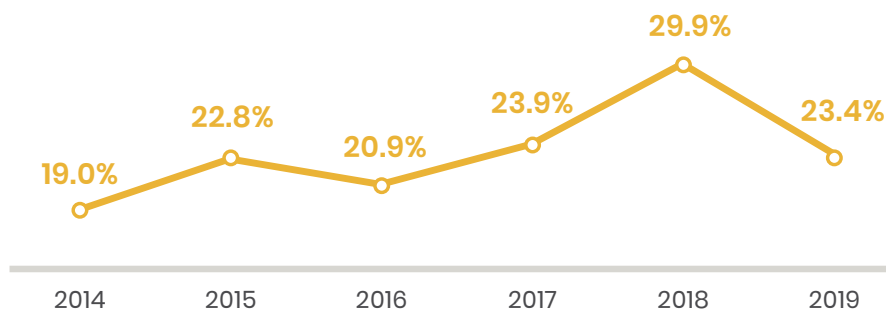
- In 2019, 122,670 grandparents live with their grandchildren who are younger than age 18 in Indiana, a 3.3% increase from 2018.
- Of those children living with their grandparent, 41.3% of grandparents are directly responsible for the child, which decreased by 6.2 percentage points from 2018 (47.5%).⁸⁵

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.⁸⁶ 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.⁸⁷

- Of grandparents who are responsible for their grandchildren, 42.0% (21,271) are older than age 60.⁸⁸
- 42.6% of children living with their grandparents are under the age of 6.
- In households where the grandparent is responsible for the grandchild, 42.2% receive Supplemental Social Security Income (SSI), cash public assistance income, or Food Stamps/SNAP benefits.
- 28.6% of children whose grandparents are responsible for them live in poverty.⁸⁹

Children Living with a Grandparent Householder, Grandparent Responsible, No Parent Present, Indiana: 2014–2019



Source: U.S. Census Bureau, Table S1001

Parental Educational Attainment

A parent's level of education is associated with several measures of children's well-being. Children who live in a household with a parent lacking a high school diploma often have poor educational outcomes, low achievement scores, a higher likelihood of repeating a grade, and are more likely to drop out of high school.⁹⁰

Parental education is also connected to a family's potential income. Those who have a degree beyond high school earn more over the course of their lifetimes than those who only have a high school diploma.⁹¹ To learn more about a family's median household income, check out Wages and Income in Economic Well-being.

- In Indiana, 11% (174,000) of children live in families where the head of a household lacks a high school diploma, two percentage points below the national percentage (13%).

- The percentage of Hoosier children living in families where the head of the household lacks a high school diploma decreased overall from 13% (205,000) in 2010 to 11% (174,000) in 2018.
- Hispanic children in Indiana have a higher percentage of living in families where the head of the household lacks a high school diploma (29%) compared to their peers – Black (12%), White (8%), and Two or more races (11%).⁹²

Family Stability

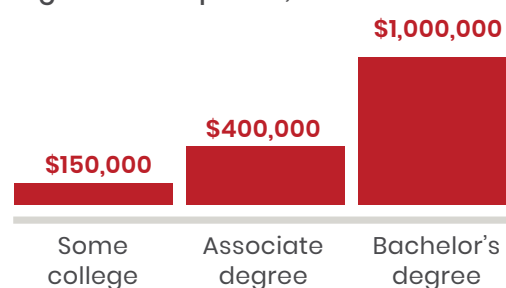
Children thrive in stable and nurturing environments. Although some change in children's lives is normal, abrupt, or involuntary disruptions can affect children's feelings of security. Instability is often associated with family stress and can negatively impact children's physical, emotional, and cognitive development.

Abrupt or involuntary changes in income, family composition, parental employment, and food or housing security are additional areas of family instability that are associated with poor short-term and long-term child outcomes.⁹³

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 a child's overall mental and health outcomes as adults.⁹⁴

Additional Lifetime Earnings for Hoosiers Compared to Those with a High School Diploma, Indiana: 2020



Source: Indiana Commission for Higher Education



During the pandemic, families may have experienced more stress due to loss of income, pressures of finding new work, changes in work and life habits, or facing unemployment. These new stresses may increase the number of parents with a mental illness or find negative coping devices, such as substance abuse. Any cases when parents are dealing with mental illness or substance abuse affects the parental-child relationship. Check out Adverse Childhood Experiences to understand how COVID-19 may impact parental mental illness and Mindfulness in Health to learn coping skills.

- 60.6% of Hoosier parents report handling the day-to-day demands of raising children “very well.”⁹⁵
- 5.9% of Hoosier parents report “usually/always” feeling aggravation from parenting during the past month.⁹⁶
- Nearly half of Indiana students in grades 7th through 12th live in a family that argues repeatedly (48.2%), 36.6% live in a family that has serious arguments, and 33.3% live in a family that often insults each other.⁹⁷

For those seeking assistance, please refer to these resources available through Be Well Indiana: Coping with a Crisis or COVID-19 Coping Strategies for Children and Teenagers.

Military Parents

Children living in military families face challenges, like 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.⁹⁸

- In 2019, 62.8% of all U.S. military families had children.
- Indiana was home to 18,344 Reserve members (including National Guard) and 1,023 Active Duty military members. Indiana is ranked 15th with the highest number of reserve members.⁹⁹

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, since incarceration is disproportionately concentrated in communities of color and poverty.¹⁰⁰ Mass incarceration impacts all residents in a community, and, for those who experience multiple marginalized statuses (e.g., income and minority status), incarceration can compound the negative outcomes.¹⁰¹

When a parent returns from incarceration, reentry can be difficult for parents and their children. After a father leaves jail or prison, the adverse impacts of incarceration on behavior persist for boys, though not for girls, and for Black and Hispanic children. Changes in the household structure and in caregiving arrangements are factors that contribute to the ongoing behavioral problems. The gender differences in child outcomes could be because boys are more vulnerable to disruption than girls, which may be connected to our cultural expectations placed on boys emphasizing toughness and discouraging emotional expression. Boys are also more likely to lose the parent of the same gender, thus losing a role model.¹⁰²

- 9.8% of Indiana children have a parent who has served time in jail, compared to 7.5% nationally.
- Children who live in a household with income at 0–99% Federal Poverty Level (FPL) are more likely to experience parental incarceration (23.0%) compared to their peers:
 - 11.9% of householder income 100–199% FPL
 - 6.6% householder income 200–399% FPL
 - 2.8% of householder income of 400% FPL or greater.¹⁰³
- As of July 1, 2020, 25,884 adults were incarcerated in Indiana’s institutions. More than a quarter (29.6%) of incarcerated adults have one or more drug offenses.¹⁰⁴

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events occurring in childhood that potentially have long-term effects. ACEs highlight the potential impact of abuse, neglect, and household dysfunction on later-life health outcomes for adults.¹⁰⁵ Nationally, 61.0% of adults experienced at least one ACE, and 16.7% experienced four or more types of ACEs. More ACEs correlates to increased exposure to negative long-term health outcomes, known as the Dose-Response Relationship.

The single-most important preventative intervention strategy for children and families impacted by ACEs is the presence of a safe, stable, nurturing relationship (SSNR). By creating and sustaining safe, stable, nurturing relationships and environments, the impact of ACEs is significantly reduced.¹⁰⁶ Preventing ACEs and reducing the impact of ACEs can lead to a decrease of 44% of adults having depression, 27% in chronic obstructive pulmonary disease (COPD), 24% in asthma, 33% in smoking, and 15% in unemployment.¹⁰⁷ Reducing ACEs can reduce negative health outcomes.

The initial study found 10 primary ACEs, which were statistically significant under three categories: 1) abuse, 2) neglect, and 3) household dysfunction. The 10 types of ACEs are not exclusive, though. There are other adversities that may occur in childhood that require additional attention. Examples include death of a parent, experiences of discrimination and racism, environmental factors, and other adversities.¹⁰⁸

- 20.6% of Hoosier children have experienced two or more ACEs.
- Hoosier youth have a higher prevalence than their peers nationally in seven out of nine ACEs as measured by the National Survey of Children’s Health.¹⁰⁹
- Indiana ranks 28th for reporting exposure to any Adverse Childhood Experience and 32nd for experiencing two or more.¹¹⁰

Adverse Childhood Experiences, Indiana and United States: 2018–2019

| | Indiana | United States |
|---|---------|---------------|
| Parent divorce | 25.4% | 23.4% |
| Parent or guardian died | 3.5% | 3.1% |
| Parent or guardian served time in jail | 9.8% | 7.5% |
| Lived with anyone who was mentally ill, suicidal, or severely depressed | 10.2% | 8.1% |
| Lived with anyone who had a problem with alcohol or drugs | 10.3% | 8.5% |
| Treated or judged unfairly because of race/ethnicity | 3.4% | 4.3% |
| Witnessed domestic violence | 7.4% | 5.6% |
| Victim or witness of neighborhood violence | 3.9% | 4.1% |
| Hard to cover the basics, like food or housing, on family’s income | 16.1% | 15.4% |

Source: National Survey of Children’s Health

Understanding ACEs within populations is essential when allocating resources and implementing programming to help either reduce adverse childhood experiences, lessen the impact of ACEs on future outcomes, or prevent associated harm. ACEs was not designed to diagnose individuals or assign individual risk when determining services or treatments. It can, however, be used as a conversation

starter about a person's history and opportunities organizations and programs might identify to further build resilience and supports. Notably, systemic inequities may undergird the presence of ACEs and exacerbate its impact in many populations, especially in historically marginalized communities. For further information regarding the appropriate use of ACEs, please see the [statement](#) from the Indiana Commission on Improving the Status of Children.¹¹¹

Adverse Childhood Experiences: Discrimination and Racism

Being treated unfairly because of race/ethnicity is one of the 10 Adverse Childhood Experiences and can cause racial trauma for children. Racial trauma is defined as “psychological symptoms, such as anxiety, hypervigilance to threat, or lack of hopefulness for your future as a result of repeated exposure to racism or discrimination.”¹¹² Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury, which exacerbates historical and intergenerational traumas. Racial trauma can be induced by an individual (when a youth is told to ‘go back to their country’ when overhead speaking Spanish) or the systemic marginalization of communities (such as government-sanctioned geographical isolation creating barriers in providing mental health resources to American Indian communities, where rates of suicide are 3.5 times higher than racial/ethnic groups with the lowest rates of suicide).¹¹³

Nearly 1,900 anti-Asian racism reports, such as physical assaults, verbal harassment, and workplace discrimination, occurred from March 19 to May 13 during the COVID-19 outbreak.¹¹⁴ Approximately, 38% of Hispanics in 2018 were verbally attacked for speaking Spanish. Over 4.2 million anti-Semitic tweets were tracked by Twitter in one year which includes “stereotypes, promotion of anti-Semitic personality or media, symbols, slurs, or anti-Semitic conspiracy theories.”¹¹⁵

Discrimination and racism were prevalent in Indiana throughout the 20th century. One of the last lynching's in America happened in Marion, Indiana. The Indiana Ku Klux Klan boasted 250,000 members at the height of its mainstream popularity in the 1920s. The 1920s membership included the Governor, Mayor of Indianapolis, over half of the elected members of the Indiana General Assembly, and many other high-ranking local and state officials. Recently, there has been an increase in hate crimes across Indiana.¹¹⁶ In 2018, law enforcement agencies reported 107 hate crime incidents in Indiana, the highest number of such incidents in the state since 1999. Most reported hate crime incidents in Indiana (75) were motivated by race, ethnicity or ancestry; religion (20) and sexual orientation (11) followed.¹¹⁷



Economic shutdown, isolation, lack of peer connection, anxiety, lack of opportunities, and contact restrictions during the COVID-19 pandemic has and will continue to threaten children's mental health significantly. The pandemic may also increase or exacerbate parental mental illness, domestic violence, and child maltreatment. Families across the nation experienced new levels of stress, such as increased pressures to work from home, job uncertainty and loss, home-schooling children, and fear of losing a family member, since March 2020. In cases when a family member does pass during COVID-19, mourning becomes difficult because of the inability to be

with other family members, which leads to post-traumatic stress disorder, depression, and even suicide.

The economic pressures families may increase mental illness or negative coping devices, such as substance abuse facing, for parents during this time cannot be ignored. Any cases when parents are dealing with mental illness or substance abuse affects the parental-child relationship. Congruently, child abuse and neglect have been shown to increase during economic downfalls. For example, during the 2007 recession, reports of head traumas among children increased. With COVID-19 forcing families to isolate and socially distance for health and safety, we may see a sharp increase in child maltreatment and other ACEs. Isolation also causes closer proximity between children and abusive relationships and perpetrators.

The traumatic events experienced during COVID-19 disproportionately affect those who were already disadvantaged and marginalized. Children and individuals who already had experienced any adverse childhood experiences prior to COVID-19 are more likely to experience the COVID induced traumatic events more than their peers who have not experienced any adverse childhood experiences. These children are at risk because their emotional reactivity may increase while emotional regulation decreases resulting in a spiked anxiety.¹¹⁸

Recommended Strategies and Approaches to Prevent the Accumulation of ACEs

| Strategy | Approach |
|---|---|
| Strengthen economic supports to families | <ul style="list-style-type: none"> Strengthening household financial security Family-friendly work policies |
| Promote social norms that protect against violence and adversity | <ul style="list-style-type: none"> Public education campaigns Legislative approaches to reduce corporal punishment Bystander approaches Men and boys as allies in prevention |
| Ensure a strong start for children | <ul style="list-style-type: none"> Early childhood home visitation High-quality childcare Preschool enrichment with family engagement |
| Teach skills | <ul style="list-style-type: none"> Social-emotional learning Safe dating and healthy relationship skill programs Parenting skills and family relationship approaches |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> Mentoring programs After-school programs |
| Intervene to lessen immediate and long-term harms | <ul style="list-style-type: none"> Enhanced primary care Victim-centered services Treatment to lessen the harms of ACEs Treatment to prevent problem behavior and future involvement in violence Family-centered treatment for substance use disorders |

Source: Centers for Disease Control and Prevention

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), that lives with a parent experiencing mental illness can be at a higher risk for poor behavioral and psychosocial outcomes. Services to assist parents with caring and nurturing the child can decrease feelings of anxiety and isolation for both parents and children.¹¹⁹

- 1 in 5 Indiana adults (22.5%) experienced some type of mental illness in the past year.
- 16.9% received mental health services; 8.7% had a major depressive episode; 5.2% had a serious mental illness; and 5.2% had serious thoughts of suicide.¹²⁰
- 1 in 10 Hoosier children (10.2%) have lived with someone who was mentally ill, suicidal, or severely depressed, compared to 8.1% nationally.¹²¹
- In Indiana, of parents who live with their children, 5.3% of mothers report “fair” or “poor” mental health and 3.4% fathers report “fair” or “poor” mental health.^{122,123}

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.¹²⁴ 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 create physical and psychological damages to the child. If unaddressed, maltreatment can contribute to later problems for children, such as substance abuse, depression, and domestic violence.¹²⁵ Removals occur when a child has been assessed as unsafe in the home.

- 5.2% of Indiana adults had an alcohol use disorder in the past year, compared to 5.7% nationally.¹²⁶

Of Children Removed from the Home, Percentage Due to Parent Drug and/or Alcohol Abuse by County, Indiana: 2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|--------|--------------------|-------|
| Franklin | 100.0% | Benton | 0.0% |
| Miami | 100.0% | Lake | 38.7% |
| Ohio | 100.0% | Washington | 41.7% |
| Union | 100.0% | Warren | 42.9% |
| Martin | 95.2% | St. Joseph | 43.3% |
| Cass | 94.3% | Putnam | 48.6% |
| Vermillion | 90.7% | Jackson | 48.6% |
| Harrison | 88.6% | Marion | 49.8% |
| Dubois | 87.5% | Tipton | 50.0% |
| Hancock | 87.1% | Steuben | 51.7% |

Source: Indiana Department of Child Services

- 10.3% of Indiana children have lived with someone who had a problem with alcohol or drugs, compared to 8.5% nationally.¹²⁷
- Of the 8,641 total removals conducted in 2019, 61.9% (5,348) included parent drug and/or alcohol abuse as a contributing reason for removal.
- Since 2014, Indiana has seen a 2.8% increase in children removed due to parent alcohol or drug abuse; from 8,402 children to 8,641 children in 2019.¹²⁸

Abuse and Neglect

The concept of child abuse and neglect is relatively new to American society. It was in the mid-twentieth century that laws requiring the reporting and prosecution of child abuse were enacted. In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA), which provided minimum standards for the definition of child abuse and neglect for states that receive federal funds. Under CAPTA, each state is left to define more specifically what constitutes maltreatment and to develop public policy that will guide courts, law enforcement, healthcare, and social services in the protection and care of children who are neglected or abused. The purpose of these federal and state laws are to specify the conditions under which a state may intervene in family life, define abuse and neglect, encourage a therapeutic treatment approach to child abuse and neglect, and encourage coordination and cooperation among all disciplines that deal with abused and neglected children.¹²⁹

Congress last reauthorized CAPTA in December 2019. The reauthorization of this law provided funding to local communities and states to prevent and reduce child abuse and neglect, specifically to improve coordination and invest in research in order to collect critical data and support programs that provide primary prevention services for children at-risk of child abuse and neglect. It supported programs to facilitate adoptions for children that face additional barriers to adoption, including older youth, racial and ethnic minorities, children with disabilities, and youth who are overrepresented in the child welfare system. It also reauthorized and improved programs to prevent and address family violence, domestic violence, and dating violence, including the domestic violence hotline, research and awareness campaigns about domestic violence, and prevention activities, as well as funding for shelter and supportive services for victims of family violence.¹³⁰

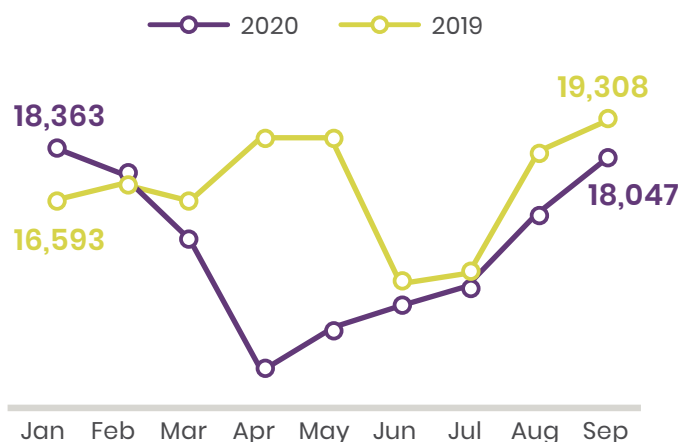


Children who are abused or neglected often suffer from both temporary and long-term physical and emotional harm. Child maltreatment is associated with physical injuries, delayed physical growth and neurological damage, as well as depression, suicide, alcoholism, criminal behavior, and future abuse as an adult. Incidents officially reported during the pandemic may be an underestimate of the true frequency of abuse and neglect.¹³¹ When looking at maltreatment fatalities in previous years, many of the times it is due to caregiver stressors, such as substance abuse or insufficient income and unemployment.

According to past trends of child neglect and abuse, maltreatment fatalities are more likely to occur in the home with the parents being the main perpetrator. In 2019, between March and May, there was a steady increase of numbers of calls handled at the DCS Hotline, and then a sharp decrease in June as students start summer break. This year, due to the pandemic, there was a similarly sharp decrease of calls handled by DCS as children and families were forced to socially isolate. Between March and April 2020, the number of calls decreased by 4,598, right at the beginning of the pandemic and the stay-at-home order was initially declared.¹³²

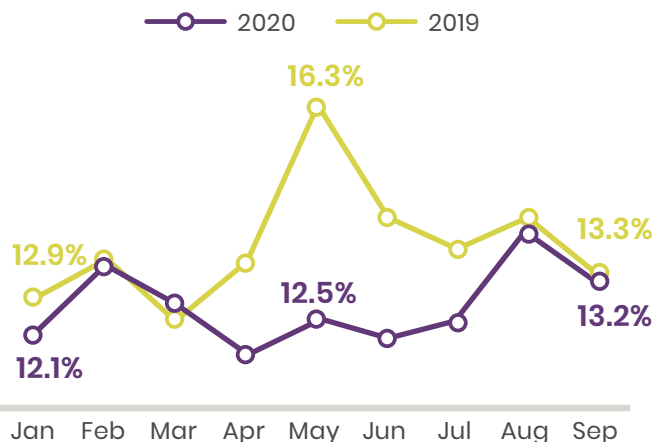
The number of calls handled by the DCS Hotline in April 2019 and April 2020 decreased by 44.3%.¹³³ Though child maltreatment reports have decreased during the pandemic, this may be due to children being home and not in school with mandated reporters. It may be difficult for teachers and other mandated reporters to determine abuse or neglect virtually, thus, though maltreatment is continuing with children being home due to COVID-19, as well as other added stressors on parents due to the economic downturn, the incidents are going unreported.¹³⁴ Child maltreatment reports are estimated to increase once children go back to school in-person full-time due to the ability of educators to monitor students more frequently and visually assess neglect and abuse.¹³⁵ During this time, it is critical youth attend their wellness visits and check-ups, as physicians and nurses may be able to identify if neglect or abuse is occurring as kids continue to stay home.

Total Number of Calls Handled from DCS Hotline, Indiana: January–September 2019–2020



Source: Indiana Department of Child Services

Percentage of All Reports Being Substantiated Cases of Child Maltreatment, Indiana: January–September 2019–2020



Source: Indiana Department of Child Services

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 (e.g., teachers, police officers, lawyers, and social services staff), followed by friends, parents, relatives, and neighbors. Nationally, educators are the primary reporters of child abuse and neglect generating about 20.5% of reports. Neighbors, relatives, friends, and other adults submitted 16.6% of the reports for child abuse or neglect.¹³⁶

- In 2019, the Indiana Child Abuse and Neglect Hotline received 242,482 reports.
- The Hotline handled an average of 698 calls per business day and 236 per weekend day. The average caller spent 12 minutes and 27 seconds speaking with an intake specialist.
- The number of reports made to the Indiana Child Abuse and Neglect Hotline has increased by 27.9% since 2014.¹³⁷ The number of reports made to the Indiana Child Abuse and Neglect Hotline has increased by 22.0% since 2014 (198,684).¹³⁸
- 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 2018, Hoosier children received more child protective services responses for child maltreatment (102.9 per 1,000 children) than their peers nationally (47.8 per 1,000 children).¹³⁹
- Assessments are completed within 45 days by a family case manager. This has changed in 2018, where previously assessments were completed within 30 days.¹⁴⁰

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.¹⁴¹

DCS operates a 24-hour, 7-days-a-week hotline for reporting suspected child abuse or neglect:

1-800-800-5556.

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 widespread 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.¹⁴²

Of abuse-related fatalities, 63% were caused by the victim’s biological parent and 85% of neglect fatalities were caused by biological parents.¹⁴³

Risk factors for child maltreatment include a combination of individual, relational, community, and societal factors. Individuals may lack understanding of child development or have a history of child maltreatment, substance abuse, and mental illness. Family risk factors include family instability, poverty, 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.¹⁴⁴

When sectors work together collaboratively to change practices and policies that serve families, child maltreatment can be prevented.¹⁴⁵

- In 2019, there were 28,799 child victims of substantiated allegations of child abuse or neglect in Indiana for a rate of 18.4 per 1,000 children. This is an overall increase of 8.1% since 2014 (26,634), though a decrease of 11.9% from 2018 (32,799).
- Of the 28,799 substantiated allegations, 57.4% were for children under the age of 7.¹⁴⁶
- In 2018, the most common form of substantiated allegations is neglect (82.9%), followed by sexual abuse (8.8%), and physical abuse (3.5%).¹⁴⁷

Victim Characteristics

Indiana's youngest children are the most vulnerable to maltreatment and neglect.

- In 2018, Hoosier infants younger than age one experienced abuse or neglect three times more (63.3 cases per 1,000 children) than children of any other age.
- Nearly half of all confirmed victims of child abuse and neglect (49.6%) were infants and children ages 0-5 in 2018.
- Indiana girls experienced abuse or neglect at a higher rate (17.4 cases per 1,000 children) than boys (15.5 per 1,000) in 2018.¹⁴⁸

Transgender youth also report violence from parents and families simply because of their identity. Nationally, one in ten (10%) of those who were out to their immediate family reported that a family member was violent towards them because they were transgender, and 8% were kicked out of the house because they were transgender.¹⁴⁹ Indiana data regarding violence against transgender youth are not currently available.

Child Maltreatment Fatalities

The death of a child is a tragedy for the 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.¹⁵⁰

- In 2018, 65 Hoosier children died from child abuse and neglect. Due to changes in methodology, no year comparison is available.
- Of total fatalities, 22 (34%) were due to abuse and 43 (66%) were due to neglect.
- Fatalities due to child abuse and neglect disproportionately affect young children. 80% of fatalities were victims 3 years old or younger (52 out of the 65 fatalities).
- In 2018, 40% of the fatalities (26) were determined to be accidental, 46% (30) were homicides, 11% (7) could not be determined. One was recorded as death by suicide and one recorded as a result of natural causes.¹⁵¹

Perpetrator Characteristics

In Indiana, the vast majority of perpetrators (76.7%) of child maltreatment were parents in 2018. During that same year, nationally, individuals ages 25-34 had the highest rate of being a perpetrator (5.0 per 1,000 adults) compared to other age groups. In Indiana, individuals ages 25-34 had a higher rate of being a perpetrator (9.9 per 1,000 adults) compared to the national rate. In Indiana, the majority of perpetrators were White (74.7%), followed by Black (16.4%) and Hispanic (5.5%) in 2018.

- In 2018, there were 20,159 perpetrators in Indiana.
- Of perpetrators, 56.5% were female and 43.3% were males in Indiana during 2018.¹⁵²

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.¹⁵³

- In 2019, 9,655 new CHIN cases were opened, a 7.8% decrease from 2014 (10,469).
- These new CHIN cases varied by county across the state. The lowest number of new cases was 1 in Benton County and the highest number of new cases was 685 in Lake County.

- 43.2% of the new CHIN cases opened in 2019 were for children under the age of 3; 22.2% were under 1 years old.¹⁵⁴

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.¹⁵⁵

- In September 2020, 74.5% of children were placed in various forms of out-of-home care because they could not safely stay in their homes.^{156,157}
- In cases where sibling groups were placed in out-of-home care, 7 in 10 (67.2%) had all siblings placed together in September 2020.¹⁵⁸
- 57.9% of children were placed locally in the same county as their home.¹⁵⁹
- In 2019, children who exited care are likely to experience one to three placements (87.6%; 11,066).¹⁶⁰

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).¹⁶¹

In 2019, Indiana had certified GAL/CASA volunteer programs in 85 of 92 counties. Adams County, Blackford County, Huntington County, Jay County, Martin County, Posey County, and Wells County did not have GAL/CASA volunteer programs.

- In 2019, 4,491 volunteers spoke on behalf of abused and neglected Hoosier children in 24,340 CHINS cases. In the same year, 931 new volunteers were trained.
- 2,821 children were waiting to be assigned a GAL/CASA volunteer at the end of 2019. The number of children on the waitlist in Indiana's counties ranged from 0 children waiting in several counties to 403 children waiting in Madison County.¹⁶²

Number of Children on the Waitlist for a GAL/CASA Volunteer by County, Indiana: 2019

| 10 Highest Counties | |
|---------------------|-----|
| Madison | 403 |
| St. Joseph | 292 |
| Vanderburgh | 291 |
| Delaware | 188 |
| Floyd | 153 |
| Grant | 107 |
| Lawrence | 98 |
| Vigo | 96 |
| Henry | 73 |
| Hancock | 71 |

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.¹⁶³

Exposure to Domestic Violence

Domestic violence includes a wide range of behaviors from verbal to physical violence. Children who witness violence between adults in their home face greater risk for a variety of negative outcomes, such as severe depression and anxiety, lower academic performance, and engagement in risky behaviors. Children in homes where one parent is abused may feel fearful and anxious. Children may feel socially isolated, have difficulty making friends, and feel social discomfort or confusion about what is acceptable behavior.¹⁶⁴

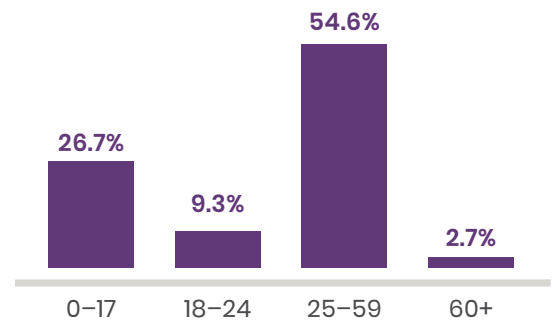
- 7.4% of Indiana parents report that their children have ever witnessed domestic violence (defined as seeing or hearing parents fight, or adults slap, hit, kick or punch one another in the home) compared to 5.6% nationally.
- Children with special health care needs are about three times more likely to witness domestic violence (15.9%) than their peers (5.2%).¹⁶⁵

Children Served in Domestic Violence Facilities

The numbers below represent individuals served through Family Violence Prevention & Services and Domestic Violence Prevention and Treatment Grants.

- In 2020, 9,776 Hoosier children ages 0 – 17, and 3,415 youth ages 18 to 24 were served in domestic violence residential and non-residential facilities.
- In 2020, 7,231 received individual advocacy, 29,775 children received case management services, 2,212 participated in group therapeutic counseling, and 1,922 Hoosier youth received individual therapeutic counseling. Case management includes referrals to meet housing needs, enrollment in school, and other tasks to meet the basic needs of a child.¹⁶⁶

Percentage of Individuals in Domestic Violence Facilities by Age, Indiana: 2018



Source: Indiana Coalition Against Domestic Violence
*4.6% were unknown and 2.0% were unreported.

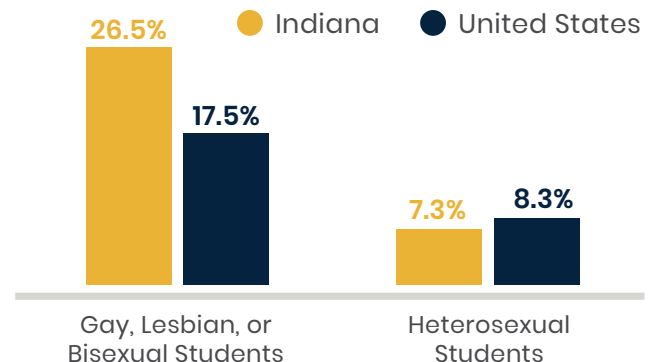
Intimate Partner and Sexual Violence

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.¹⁶⁷

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 most affects women and racial and ethnic minorities. Public health partners, education, justice, and social services can work together to implement prevention efforts and address the aftermath of the violence with appropriate services and resources for victims.¹⁶⁸

- Nationally in 2019, 8.2% of high school students experienced physical dating violence and 8.2% experienced sexual dating violence.
- High school students who identify as lesbian, gay, or bisexual are almost 2 times more likely (13.1%) to experience physical dating violence and sexual dating violence compared to their peers (8.2%).
- Nationally, females are three times more likely (12.6%) to experience sexual dating violence compared to males (3.8%).¹⁶⁹
- Though we do not have data regarding intimate partner and sexual violence for transgender youth in Indiana, there is a high likelihood that these Hoosier children and youth experience physical and sexual harassment and violence due to the reported prevalence of violence against the transgender community nationally.
 - Nationally, 54% of transgender individuals experienced some form of intimate partner violence, including acts involving coercive control and physical harm.
 - 54% of those who were out or perceived as transgender in K-12 were verbally harassed, nearly one-quarter (24%) were physically attacked, and 13% were sexually assaulted in K-12 because of being transgender.
 - Transgender women (21%) and crossdressers (18%) were more likely to have been sexually assaulted than transgender men (9%) and non-binary people (10%).
 - Nearly one-quarter (24%) of people who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed.
 - One in five (20%) transgender individuals who were incarcerated in jail, prison, or juvenile detention reported being sexually assaulted by facility staff during that time.
 - Additionally, 17% of respondents who stayed at one or more homeless shelters in the past year were sexually assaulted at the shelter because they were transgender.

Percentage of High School Students who Experienced Physical Dating Violence by Sexual Identity, Indiana and United States: 2015



Source: Centers for Disease Control and Prevention

- Transgender individuals who participated in the underground economy through income-based sex work were more likely to have experienced sexual violence. 77% of transgender individuals who have participated in sex-work experienced intimate partner violence and 72% have been sexually assaulted.¹⁷⁰
- Children witnessed violence in nearly 1 in 4 (22%) intimate partner violence cases filed in state courts.
- 9.4% of high school students report being hit, slapped, or physically hurt intentionally by their partner.
- 28% of male victims of completed rape were first raped when they were 10 years old or younger.
- 79.6% of female victims of completed rape experienced their first rape before the age of 25 while 42.2% experienced completed rape before the age of 18.
- 43% of college women reported experiencing violent and abusive dating behaviors, including physical, sexual, digital, verbal, or other controlling abuse.¹⁷¹

The data below represent total contacts from Indiana received by the National Human Trafficking Hotline either by phone calls, texts, online chats, emails and webforms.

- In 2019, there were 327 contacts and 157 human trafficking cases reported in Indiana.
- Of the cases reported, 190 were moderate meaning there were several indicators of human trafficking.
- 113 of the cases were sex trafficking, 27 were labor trafficking, 10 were trafficking type not specified and 7 were sex and labor.
- Traveling sales crew was the top venues/industries for labor trafficking (9), and hotel/motel-based was the top venues/industries for sex trafficking (17).
- Of the cases, 123 victims were female and 29 were male. The majority of the cases involved adults (88) and 40 involved minors. 21 of the cases involved foreign nationals, and 20 involved US citizens.¹⁷²

Neighborhoods and Communities

A child's place of residence plays an important part in their well-being. Neighborhood amenities such as parks, playgrounds, and recreation centers are associated with increased physical activity.¹⁷³ 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 the 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 and are discussed at greater length in the Health section.¹⁷⁴

- 70.1% of neighborhoods in Indiana have sidewalks or walking paths; 64.9% of neighborhoods have a park or playground nearby; 62.8% of neighborhoods have a library or bookmobile.¹⁷⁵
- 4 in 10 Hoosier children live in a neighborhood with a recreation or community center (41.1%).¹⁷⁶
- 6.6% of children live in a neighborhood where there is vandalism, such as broken windows or graffiti.¹⁷⁷
- 17.1% of children live in a neighborhood where there is litter or garbage on the street.¹⁷⁸
- 15.4% of children lived in a neighborhood with poorly kept or dilapidated housing.
 - Almost 1 in 4 Hoosier children (23%) in a household with an income 0-99% Federal Poverty Level or with an income 100-199% Federal Poverty Level lived in a poorly kept neighborhood.¹⁷⁹

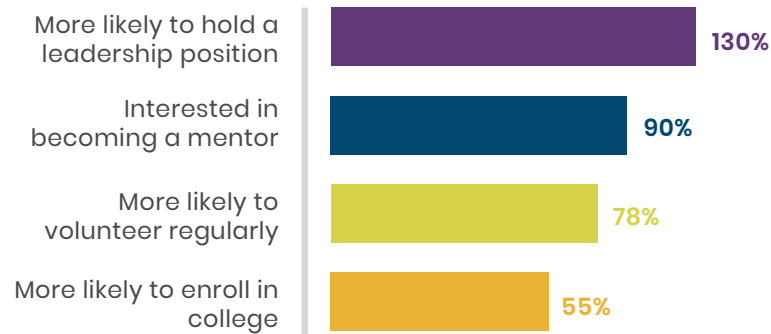
Quality Mentoring

Youth mentoring — a consistent, prosocial relationship between an adult or older peer who is not a family member — can help improve youth's self-esteem, academic achievement, and peer relationships, as well as reduce drug use, aggression, depressive symptoms, and delinquent acts.¹⁸⁰ Quality, structured mentoring experiences can support the development of the following for youth:

- Positive social skills and facilitates interpersonal connections beyond family;
- Meaningful conversations and relationships that boost cognitive skills and provides perspective;
- Self-regulation of emotions and impulses;
- Identity and core qualities, like empathy, curiosity, resourcefulness, and resilience;
- New ways of thinking, resources, and opportunities; and
- Self-efficacy.¹⁸¹

In 2019, 93.8% of parents indicated their child, ages 6 to 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.

Percentage Trends of Young Adults Who Were At-Risk But Received a Mentor, United States: 2015



Source: MENTOR, The National Mentoring Partnership

- 96.1% of White and 93.1% of Black parents reported their child had a supportive adult reliable for advice and guidance. 76.1% of Hispanic parents reported that their child had a supportive adult, though this subgroup had a smaller sample size compared to Black and White parents, thus the data regarding Hispanic parents are less reliable than the other subgroups.¹⁸²

The Elements of Effective Practice for Mentoring, a research-informed and practitioner-approved publication, includes standards for creating and sustaining effective mentoring. Youth mentoring programs that meet quality standards can be added to The Mentoring Connector, a free, publicly searchable referral database.¹⁸³ In addition to the Elements of Effective Practice for Mentoring, supplements are available here to provide best practices based on the type of mentoring program. The supplements are related to workplace mentoring, peer mentoring, group mentoring, and e-mentoring. A LGBTQ supplement is also available to ensure mentoring programs address the needs of this specific community. Mentoring programs need to establish guidelines based on research to recruit diverse mentors who share similar backgrounds to the children they are mentoring.¹⁸⁴

- In Indiana, there are 66 programs in the Mentoring Connector who meet the Elements of Effective Practice for Mentoring located among 27 counties in Indiana.
- Of these 66 programs, the majority serve youth ages 11 to 14 (83.1%), followed by ages 8 to 10 (76.9%), ages 15 to 18 (67.7%), under age 7 (43.1%), and ages 18 to 24 (4.6%).
- 87.7% offer one-to-one mentoring; 49.2% offer group mentoring; 15.4% offer team mentoring; 10.8% offer peer mentoring; and 2% offer e-mentoring.¹⁸⁵

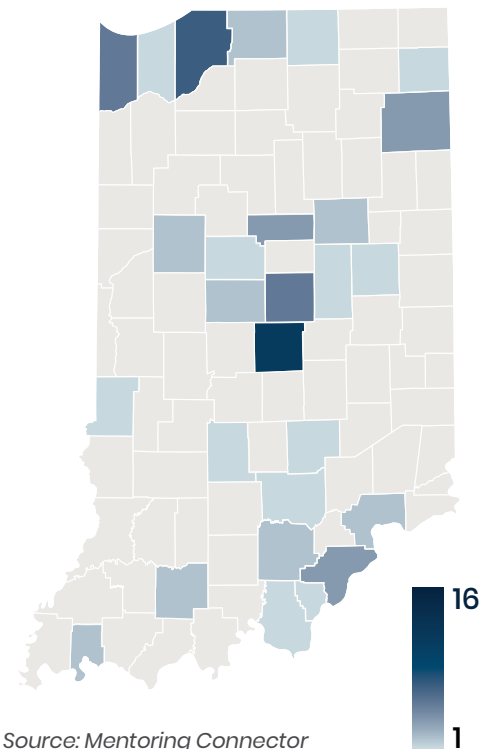
Access to Technology

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.¹⁸⁶ Established in 1996, the federal E-rate program was initially focused on providing telephone and internet services to low-income areas, schools, libraries and healthcare providers. Now, the aim of the E-rate program is to provide everyone with broadband access. Along with the federal government, Indiana is trying to increase access to technology through a few programs. Indiana uses its State Technology Grant Fund to reimburse libraries for a portion of their internet bills.¹⁸⁷

- 3.9% of Indiana children younger than 18 do not have a computer at home, and another 5.4% of children have a computer, but no internet access.¹⁸⁸
- 57% of Indiana school districts 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.
- An iPad is the most common device used for 1:1 device programs for grades K–2 (157 districts).
- The most common device for 1:1 programs for grades 3–5 is Chromebook (205 districts), as well as for grades 6–8 (217 districts).
- The majority of 1:1 device programs for high school students use Chromebooks (203 districts).¹⁸⁹

In 2019, 1,434 schools had fiber internet infrastructure; 12 schools still need scalable broadband.

Number of Programs in Mentoring Connector Who Meet the Elements of Effective Practice for Mentoring, Indiana: 2020



Source: Mentoring Connector

- 98.9% of students in Indiana can access the internet at speeds of 100 kbps per student.
- The median bandwidth per student is 545 kbps, a significant improvement from the 2015 median bandwidth of 154 kbps.
- The cost of broadband in Indiana has decreased by 89% from a median cost of \$28.00 per Mbps in 2015 to \$3.15 per Mbps in 2019.
- 19% of students meet the Federal Communications Commission's recommendation of 1 Mbps per student to support digital learning, in comparison to 24% nationally.
- 10,579 students still need more bandwidth for digital learning.¹⁹⁰

Nationally, 59% of parents with lower incomes reported that their children were likely to face obstacles completing their online schoolwork due to a digital divide. Obstacles include students having to do their homework on a cellphone, having to use public Wi-Fi for schoolwork because there is not internet at home, and students not being able to complete their schoolwork because there is not a computer at home.¹⁹¹

- Indiana ranked 21st in broadband access, based on Hoosier access to low-price plans, wired broadband coverage, and friendliness to broadband competition.
- Only 53.4% of Indiana's population has access to low-price broadband plans.
- Only 32.4% of Hoosiers have access to 1 gigabit broadband, one of the fastest internet speeds. Gigabit speeds allow for high-quality video conferences and video streaming.
- 96.2% of Hoosiers have access to wireless service, 84.3% have access to cable service, and 90.4% have access to DSL service.
- 36.4% of Hoosiers have access to fiber-optic service. Fiber-optics allow for faster speeds that enable a household to have multiple devices connected at once and operating reliably at the same time.¹⁹²

The digital divide is more prevalent amongst Americans with low-incomes and Americans who live in rural and urban areas.

- 43% of parents with lower incomes reported that it was very or somewhat likely that their children would have to do schoolwork on a cellphone compared to 10% of upper-income and 24% of middle-income families.
- 31% of rural households and 20% of urban households reported that it was very or somewhat likely that their child would have to use public Wi-Fi to finish their schoolwork because there is not an internet connection at home, compared to 14% of suburban households.
- 52% of Americans with low-incomes and 54% of Hispanic households are worried about paying their broadband bills, compared to a 28% national average. Low-income and Hispanic households are also more likely to worry about paying their cell phone bills (54% and 56% respectively), compared to the national average (30%).¹⁹³
- In 2020, 6% of Indiana school districts did not have plans to go 1:1, meaning they did not plan for all students to have access to a digital learning device.¹⁹⁴



The presence of the nation's digital divide was made evident when schools closed early in Spring of 2020. The digital divide refers to difficulties select populations have accessing technology and reliable broadband coverage. The digital divide affects an array of communities including people of color, people with low socioeconomic status, the elderly, people with disabilities, immigrants, people who live in rural areas, and immigrants.¹⁹⁵

Beyond education, access to technology is important for enrolling in benefits online and accessing telehealth services. During COVID, millions of Americans had to fill out unemployment benefits online.

Due to disparities in access to technology and internet, online applications were a barrier for many Americans who lacked this access. Black Americans waited seven to eight days longer than Whites and Hispanics to receive unemployment benefits, one reason for this was Blacks lack access to internet access prohibiting them from completing the online applications.¹⁹⁶

During COVID, in-person health visits transitioned to virtual visits. The Centers for Disease Control and Prevention found a 154% increase in telehealth visits during the last week of March 2020 compared to the same period in 2019.¹⁹⁷ Furthermore, the delivery of medical services delivered via telehealth to children covered by Medicaid increased by 2,500% from February to April 2020.¹⁹⁸ Health experts stated that the digital divide disproportionately affects older people or color and people with low socioeconomic status.¹⁹⁹

In response to the transition to online learning due to the pandemic, Governor Holcomb created a \$61.6 million grant for schools by using Indiana's Governor's Emergency Education Relief (GEER) funding provided through the federal CARES Act. The grant funding went towards digital learning devices, community- and regional-level internet connectivity, and professional development to improve educators' capacity for remote learning.²⁰⁰ Funding helped those districts with the greatest need close technology gaps for their students. Not only would public schools be eligible for the grants, but the grants were open to charter schools, private schools, higher-education institutions and other education related entities.²⁰¹

LEVERAGING THE DATA: STATEWIDE

- Concentrate resources on areas of highest need:** Ideally, resources from the Next Level Connections Grant Program would be directed to areas where no residents have access to low-priord wired internet plans. Those areas include Young America, Sumava, Zanesville, and Ambia. In addition, the State could direct resources to towns where less than 50% of the population have access to broadband coverage, including Topeka, Shipshewana, Vevay, Liberty, and Brookville. Lastly, the State would direct resources to the following counties that have lower percentages of broadband coverage:
 - Crawford (2.7%)
 - Switzerland (26.9%)
 - LaGrange (38.9%)
 - Benton (10.5%)
 - Warren (33.1%)
 - Franklin (43.8%)²⁰²

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. In Indiana, nearly 6 in 10 parents (57.0%) "definitely agree" that their children live in a supportive neighborhood.²⁰³ 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.²⁰⁴

Segregated Cities

As denoted in the Spotlight on the Wealth Gap, housing is directly tied to one's overall wealth. During the 1940s and 1950s, many White, working-class families could buy homes with a government-sponsored mortgage. Black Americans were either precluded from securing loans to buy a home, or, if they were able to afford those homes, they were outright prohibited from buying one. When the Fair Housing Act passed in 1968, it removed many of the government regulations that had banned Black Americans from owning homes in the suburbs and predominantly White neighborhoods. The homes in these areas, though, were no longer affordable to the Black families that could have afforded them when White Americans were buying into those suburbs and gaining the equity and the wealth that followed from that.

Due to redlining and city planning, the majority of Black families in Indianapolis lived in neighborhoods with a "D" grade from 1920 to 1970. This means that the area was considered risky for financial investment. Primarily, people of color and people with lower incomes lived in the areas with "D" grades.²⁰⁵ In Indianapolis, "D" grade neighborhoods came with environmental concerns like close proximity

| Inclusion Rankings, Indiana Cities: 2016 | | |
|---|-----------------|-------------------|
| Residential | Non-Residential | |
| RACIAL INCLUSION <i>Ranking out of 274 cities in the United States</i> | Gary | 24 th |
| | Hammond | 122 nd |
| | Evansville | 228 th |
| | Indianapolis | 229 th |
| | South Bend | 264 th |
| | Fort Wayne | 271 st |
| RACIAL SEGREGATION <i>(a lower index score correlates to more inclusivity)</i> Average City Index: 35 | Hammond | 27 |
| | Evansville | 40 |
| | Indianapolis | 45 |
| | Fort Wayne | 50 |
| | Gary | 52 |
| | South Bend | 62 |
| INCOME SEGREGATION <i>(a lower index score correlates to more inclusivity)</i> Average City Index: 0.11 | Hammond | 0.05 |
| | Gary | 0.06 |
| | Evansville | 0.12 |
| | South Bend | 0.13 |
| | Indianapolis | 0.15 |
| | Fort Wayne | 0.15 |

Source: Urban Institute

to major roadways and industrial plants that led to hazardous health conditions. For Black Hoosiers that lived by the White River, they had to deal with the effects of Indianapolis' sewage system draining into the river since the early 1900s.²⁰⁶ The lack of affordable housing outside of the formerly redlined neighborhoods after the government's deregulation of housing policies helped racial segregation persist to the present.²⁰⁷ Currently, formerly redlined neighborhoods still tend to be home to a largely minority populations and display the most persistent economic inequality.²⁰⁸ Today Indianapolis' population is 28% Black and 45% non-White overall.²⁰⁹

- In 2016, Gary, Indiana was the highest ranked Indiana city for racial inclusion (24th), compared to lower rankings for Indianapolis, Evansville, Fort Wayne, and South Bend.
- Compared to other Indiana cities, South Bend has the highest index score for racial segregation, 62. Moreover, comparing South Bend to all cities in the United States, the city has an index score that is 27 points higher than the national average of cities in this study, 35.
- In 2016, both Gary and Hammond had the lowest ratings for income segregation, 0.06 and 0.05, respectively. Other cities in Indiana had scores nearly twice as high. The lower ratings mean that both Gary and Hammond are more inclusive in terms of income segregation.²¹⁰

We also see segregation in Indiana's schools. According to data analyzed by the Center for Evaluation and Education Policy at the Indiana University School of Education in partnership with the Civil Rights Project at UCLA, Indiana's schools remain largely segregated based on race, ethnicity, and income. At the time of the study, the average Black student in Indiana attends a school where 68% of the students are non-White, while the average White student in Indiana attends a school where 19 percent of the students are non-White.²¹¹

Along with race-based segregation, segregation by socioeconomic level is prevalent; the Center for Evaluation and Education Policy found that this socioeconomic segregation is more widespread across the State than racial segregation.²¹² Within Indianapolis Public Schools (IPS) and other school districts, high- and middle- income families left Indianapolis because of the busing policy. In 1967, IPS enrollment was at nearly 109,000 students, and right before bussing started in 1982, enrollment fell to about 57,000 students.²¹³

Based on 2017 Census data, Indiana has 14 borders that separate school districts that differ at least 20 percentage points in their poverty rates. Lake Ridge Schools and Lake Central School District in Lake County are ranked 58th in the country for most segregated borders. The poverty rate for Lake Ridge is 37% compared to Lake Central's 6%. Additionally, as noted above, segregation based on income and race typically go hand in hand. Lake Ridge's student population of non-White students is 33 percentage points higher than that of Lake Central, 60% and 27% respectively.²¹⁴

School Districts Segregated by Income, Indiana: 2017

| Region of Indiana | School Districts and Poverty Rates |
|-------------------|---|
| Northwest Region | Lake Ridge Schools (37%) and Lake Central School Corporation (6%) |
| | Gary Community School Corporation (42%) and Hobart School City (14%) |
| | Gary Community School Corporation (42%) and Portage Township Schools (16%) |
| | Gary Community School Corporation (42%) and Merrillville Community Schools (17%) |
| | City of East Chicago School District (42%) and Whiting School City (21%) |
| | Hammond School City (27%) and Munster School Town (5%) |
| | Lake Ridge Schools (37%) and Griffith Public Schools (15%) |
| Central Indiana | Wayne Township Metropolitan School District (26%) and Brownsburg Community School District (4%) |
| Northeast Region | Marion Community Schools (35%) and Eastbrook Community School Corporation (13%) |
| | Marion Community Schools (35%) and Oak Hill United School Corporation (15%) |
| | Anderson Community School Corporation (30%) and South Madison Community School Corporation (9%) |
| | Anderson Community School Corporation (30%) and Mount Pleasant Township Community School Corporation (9%) |
| | South Adams Schools (32%) and Southern Wells Community Schools (8%) |

Source: EdBuild

As discussed further in the Education section, disadvantages students are concentrated in racially and economically homogenous neighborhoods and schools due to both long-standing discriminatory housing (e.g., redlining) and education policies (e.g., school district boundaries). The consequences of historical racial and income-based segregation create schools with high proportions of disadvantaged children.²¹⁵ A disproportionate presence of higher-income students in a school district frequently leads to higher test scores; for those districts with a high concentration of lower-income students often leads to lower scores. In turn, these scores increase demand among higher-income families for housing in the district, increasing the cost of housing and driving the socioeconomic segregation of both neighborhoods and schools in metro areas across the country.²¹⁶

LEVERAGING THE DATA: STATEWIDE

- **Create housing-school policy initiatives:** State leaders work across agencies to create an initiative formally merging housing and school policy. The federal government incentivized this type of initiative through the [Promise Neighborhoods program](#), which was based on the [Children's Harlem Zone](#). The federal program was a collaboration between the Departments of Education and Housing and Urban Development focusing on:
 1. Identifying and increasing the capacity of eligible entities that are focused on achieving results for children and youth throughout an entire neighborhood;
 2. Building a complete continuum of cradle-to-career solutions of both educational programs and family and community supports, with great schools at the center;
 3. Integrating programs and working to break down agency "silos" so that solutions are implemented effectively and efficiently across agencies; and
 4. Developing the local infrastructure of systems and resources needed to sustain and scale up proven, effective solutions across the broader region beyond the initial neighborhood.²¹⁷

Though some communities in Indiana have received the federal designation of Promise Neighborhoods ([Indy East Promise Zone](#)), some states have pioneered state-led initiatives similar to the federal program.

- **Minnesota** created the Education Partnerships Coalition via state statute to create cradle-to-career initiatives across the state of Minnesota. More information on the initiative can be found [here](#).
- **Florida** passed State Statute 409.147, which established a process systematically coordinating programs to address the critical needs of children and their families and direct efforts to rebuild the basic infrastructure of the community. More information on this status can be found [here](#).
- **Correlate housing policies with education policy:** The Indiana Department of Education and the Indiana Housing and Community Development Authority can collaborate on policies that increase the integration of both neighborhoods and schools. This may include voiding exclusionary zoning, prohibiting landlord discrimination against housing voucher holders, and ending subsidies and funding for communities and schools that fail to reverse policies that led to racial exclusion.²¹⁸

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.²¹⁹

- Most Hoosier parents (69.3%) say they "definitely agree" that their child lives in a safe neighborhood, 1 in 4 (25.7%) "somewhat agree," and 5.1% of parents "somewhat or definitely disagree" that their child lives in a safe neighborhood.
- More Hoosier parents (69.3%) say they "definitely agree" that their child lives in a safe neighborhood compared to our neighboring states: Kentucky (66.9%), Michigan (67.5%), Illinois (66.2%), and Ohio (62.2%).²²⁰

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.²²¹

Nationally, people of color are three times more likely than Whites to live in areas that have less or no access to green spaces like parks and nature paths. Due to historic policies regarding city planning, redlining, and segregation, people of color were pushed into communities with little nature, many of which they continue to live in today. Not only are people of color more likely to live in nature deprived areas, but low-income individuals, as well. 69.7% of low-income Americans live in areas with less nature, and 76.4% of low-income people of color live in those areas. Access to nature is connected to health benefits. Because of the disparities in terms of access to greenery and nature, people of color and low-income people do not reap the wide benefits of nature at the same rates of their peers.

- Nationally, families with children live in areas with little to no nature more often than the overall population. While 36% of families without children live in an area with little to no nature, 65% of families with children live in those areas.
- 75% of non-White families with children live in areas with little to no nature compared to 39% of White families with children.
- Non-White low-income families are more likely than other low-income families with children to live in nature-deprived locations, 71% versus 66%.
- 75% of all non-White families with children live in a neighborhood with less natural land than the state average.²²²
- In Indiana during 2018–2019, 29.9% of youth did not live in a neighborhood that contained sidewalks or walking paths. This is greater than the national average of 25.3% of youth.²²³

Superfund Sites

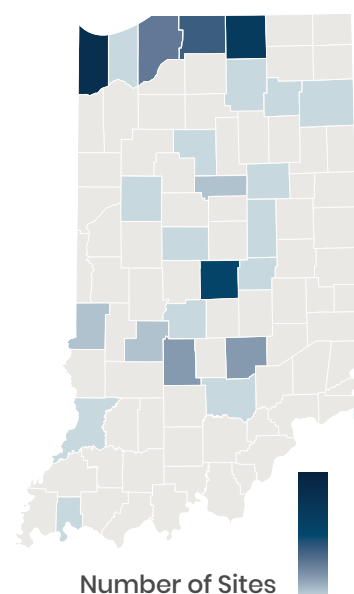
Superfund sites are contaminated sites that exist due to hazardous waste being dumped, left out in the open, or improperly managed. Sites are usually manufacturing plants, landfills, and mining sites. Superfund sites can impact the health of the communities that live close by. In Indiana, there are 53 Superfund sites located around the state. Ten of those sites are landfills.²²⁴ In 1980, the United States Congress established the Comprehensive Environmental Response, Compensation, and Liability Act which allowed the Environmental Protection Agency to clean up the contaminated sites and forced the parties responsible for the contamination to participate in the clean-up. Clean-up is important as contaminants can include lead, asbestos, dioxin, and radiation.²²⁵

- 9 cities in Indiana have more than 2 Superfund sites. Of those cities, Elkhart and Indianapolis have the most sites, 6 and 5, respectively.
- 11 counties have more than 2 Superfund sites. Of those counties, Elkhart and Lake have the most sites, 6 and 7, respectively.
- In Indiana, counties with more than 4 sites correspond to counties that have higher percentages of diversity. Those counties are Elkhart, Lake, Marion, and St. Joseph.

Historically, people of color and people with low incomes live closer to Superfund sites. Those trends remain true today.

- Nationally, 22% of all children under 18 years old and 23% of all children under 5 years old live within 3 miles of a Superfund site.
- Minorities are disproportionately impacted by Superfund sites. 49.4% of minorities live within 3 miles of a Superfund site, while minorities only comprise 39.6% of the national population.
- While 13.7% of the US population lives below poverty, 15.1% of people living below poverty live within 3 miles of a Superfund site.²²⁶

Superfund Sites,
Indiana: 2020



Source: U.S. Environmental
Protection Agency

LEVERAGING THE DATA: STATEWIDE

- **Increase data transparency:** Indiana should prioritize transparency and readily accessible information regarding Superfund sites. The Indiana Department of Environmental Management (IDEM) and the Indiana Department of Health should record the demographics of the individuals who live within 5 miles of a Superfund site to better understand the populations primarily affected by those contaminated areas. Then, the results should be made available for the public to access and shared with relevant national organizations to better understand the long-term impacts of various sites in the county.

Next, IDEM should publish community-specific guides for all 53 Superfund sites in Indiana to ensure that all Hoosiers understand what contamination may still exist, the spread of the contaminants, and the risks. Lastly, IDEM should regularly test for contaminants at all 53 sites and make the data publicly available on their website for Hoosiers to access along with a comprehensive report.

Air Quality

The quality of air can affect health outcomes. Large pollutant particles in the air can cause irritation and discomfort, while small, fine pollutant particles from sources such as auto exhaust or power plants can penetrate deeply into lung tissue and enter the bloodstream. Exposure to fine particle air pollution has been linked to problems with respiratory and cardiovascular functions. Poor air quality has been connected to decreased lung function, asthma, chronic bronchitis, irregular heartbeat, heart attack, and early death. 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.²²⁷

- In 2019, Indiana ranked 43rd for the most polluted air.
- Indiana is ranked as the third lowest for air pollution compared to our neighboring states: Illinois (48th), Ohio (45th), Kentucky (36th), and Michigan (34th).²²⁸
- Air pollution in Indiana, as measured by micrograms of fine particles per cubic meter, has an average daily density 11.8 of fine particulate matter in micrograms per cubic meter (PM2.5) for 2020, which is higher than the national average of 8.6.²²⁹
- Fewer Hoosier kids currently have asthma (6.8%) than kids nationwide (7.7%).²³⁰

Poor air quality is present both outdoors and indoors. In the Government Accountability Office's 2020 national survey of school districts, they found that nearly 41% of school districts needed to update or replace their heating, ventilation, and air conditioning systems.²³¹ Recent research suggests that poor air quality not only affects the health of children but their learning and academic performance. In one report, researchers found that student test scores significantly declined on a day with high levels of particulate pollution. In schools, like at home, students are exposed to pollutants like dust. Dust and other particulates are stirred into the air by movement. With children moving around freely at schools during bathroom breaks, recess, lunch, dismissal, etc., students are sure to experience poor air quality.²³²

Physical Environment

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

- 13% of Indiana households reported having at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.²³³
- Indiana counties reporting households having at least 1 of 4 housing problems ranges between 7% to 22%. Monroe (22%), Marion (19%), and Tippecanoe (19%) counties had the highest percentage of households reporting a housing problem.²³⁴
- 24.5% of Hoosier kids live in a neighborhood with litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism compared to 27.2% of kids nationwide.²³⁵

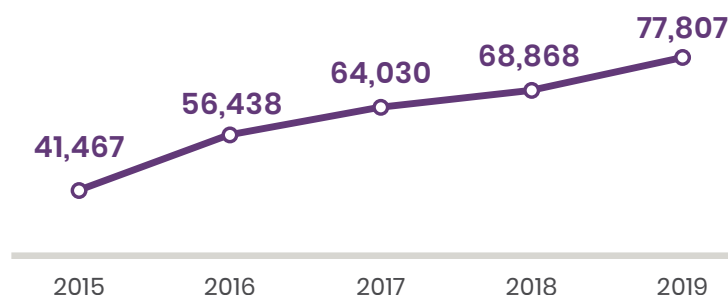
Water Quality

Groundwater is the source of drinking water for approximately 1 in 3 Americans. If contaminated, groundwater can impact the quality of drinking water and water used for irrigation. Common sources of groundwater contamination include agricultural runoff, landfills, and septic tanks.²³⁶

The Indiana Department of Environmental Management monitors Surface Level Water in addition to drinking water. Under the Indiana Surface Water Quality Monitoring Strategy, staff collect water chemistry, E. coli, fish, macroinvertebrate, aquatic habitat and algae data. The Indiana Department of Natural Resources monitors the status of Indiana's groundwater.²³⁷

- In 2017, over 8,700 children in Marion County were tested for lead. 2.8% or 246 children were confirmed with an elevated blood lead level.
- Over a 16-month period ending in 2018, the Marion County Health Department tested nearly 8,900 water samples collected from 297 schools and facilities. 54% of the schools had lead contamination levels in violation of EPA standards. The EPA's level of action for lead is 15 parts per billion (ppb). The contaminated samples ranged from 20 ppb to 8,630 ppb.^{238,239}
- In 2016, 359 children in Indiana had blood lead screenings greater than 10 micrograms per deciliter (mcg/dl) and 1,655 children has screenings between 5 and 10 mcg/dl. The federal blood level threshold for children under 6 is 5 mcg/dl.²⁴⁰

Number of Children Tested for Lead, Indiana: 2015–2019



Source: Indiana Department of Health

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.²⁴¹

- In 2019, the IDOH received 84,769 lead test results for children under age 7 from medical providers, laboratories, and other public health partners. These results represented tests from 77,807 unique children under age 7 years who were tested in Indiana.
- Of these results, 916 of them, or 1.1%, were considered elevated.
- Of those children, 607 (0.78%) had at least one elevated result, and 196 (0.25%) had a confirmed elevated result³. On average, children who were confirmed to have an EBLL were confirmed in 19.5 days.²⁴²

House Enrolled Act 1265 passed during the 2020 legislative session requires drinking water equipment at schools to be tested at least once before January 2023 for lead contamination, with Lake County schools subject to more frequent water tests after January 2023. School buildings where the lead in the water exceeds the federal action level of 15 parts per billion must take action to remediate the contamination. Lead poisoning is especially dangerous for children as it can cause irreversible brain, kidney and nervous system damage, slower development, and behavioral issues.²⁴³

LEVERAGING THE DATA: STATEWIDE

- **Increase data transparency:** In addition to providing county-level data to the Centers for Disease Control and Prevention (CDC) in a timely manner, all lead screening data should be publicly available. Collection of data by county for children with confirmed blood levels over 5 mcg/dL, children with confirmed blood lead levels over 10 mcg/dL would create the ability to track and support impacted children and families. To avoid having to suppress data at the county level, the Indiana Department of Health should assign counties to regions to provide a full picture of blood lead levels in the state.

Additional ways the State can increase its data transparency include:

- Developing an Advisory Committee on Childhood Lead Poisoning Prevention, similar to the committee ran by the CDC. The committee would review and report regularly on childhood lead poisoning prevention practices, develop and recommend improvements at the regional and state levels for prevention, and offer consultation services at the regional level for customized prevention and control measures.
- Adding data tables to accompany their lead Census tract risks maps so constituents and researchers can better identify the locales in Indiana with higher risks of lead exposure.²⁴⁴

Sources

- ¹ Youth.gov (n.d.). Juvenile Justice.
- ² Youth. Gov (n.d.) Connections with Youth in the Child Welfare System.
- ³ Indiana Department of Correction (2020). July 2020 Fact Card.
- ⁴ Indiana Department of Correction (2020). July 2020 Fact Card. Ibid.
- ⁵ Indiana Department of Correction (2019). Juvenile New Admission.
- ⁶ Indiana Department of Correction (n.d.). Facilities.
- ⁷ Indiana Department of Correction (2019). Data Request.
- ⁸ Indiana Department of Correction (2020). Fact Card, July 2020.
- ⁹ Ibid.
- ¹⁰ Indiana Public Defender Council (n.d.). Indiana Juvenile Justice System.
- ¹¹ Indiana Supreme Court, Office of Judicial Administration (2020). 2019 Juvenile Case Filings. Data Request.
- ¹² Indiana Department of Correction (2020). July 1, 2020 Fact Card.
- ¹³ Justice Policy Institute (2015). The school to prison pipeline, explained.
- ¹⁴ Center on Enhancing Early Learning Outcomes (2015). Early Childhood Suspension and Expulsion.
- ¹⁵ Indiana Department of Education (2020). Data request.
- ¹⁶ American Psychological Association (2016). A Multilevel Examination of Racial Disparities in High School Discipline: Black and White Adolescents' Perceived Equity, School Belonging, and Adjustment Problems.
- ¹⁷ Stanford Center for Education Policy Analysis (2019). Are Achievement Gaps Related to Discipline Gaps? Evidence from National Data.
- ¹⁸ Indiana Department of Education (2019). Data Request.
- ¹⁹ U.S. Department of Education (2016). Fact Sheet: Reducing Recidivism for Justice-Involved Youth. Ibid.
- ²⁰ Center for Juvenile Justice Reform (2016). Education and Interagency Collaboration: A Lifeline for Justice-Involved Youth.
- ²¹ Indiana Department of Correction (2016). Juvenile Recidivism 2016.
- ²² Indiana Department of Correction (2019). Juvenile Recidivism 2019.
- ²³ Center for Juvenile Justice Reform (2016). Education and Interagency Collaboration: A Lifeline for Justice-Involved Youth.
- ²⁴ The Annie E. Casey Foundation (2017). JDAI at 25, Insights from the Annual Results Reports.
- ²⁵ Indiana Judicial Branch (2017). About JDAI.
- ²⁶ Indiana Supreme Court, Office of Court Services (2020). Data Request.
- ²⁷ Preventing School Failure, V60 P296-304 (2016). The School-to-Prison Pipeline: From School Punishment to Rehabilitative Inclusion.
- ²⁸ Indiana Department of Workforce Development (2016). Jobs for America's Graduates.
- ²⁹ The Council of State Governments Justice Center (2014). Core Principles for Reducing Recidivism and Improving Other Outcomes for Youth in the Juvenile Justice System.
- ³⁰ Annie E. Casey Foundation (2016). Casey Supports National Campaign to Stop Solitary for Kids.
- ³¹ Office of Juvenile Justice and Delinquency Prevention (2020). Easy Access to Juvenile Populations: 1990-2019.
- ³² U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ³³ 20 CFR § 681.210.
- ³⁴ Governor's Workforce Cabinet (2020). Indiana's Strategic Workforce Plan: 2020-2024.
- ³⁵ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ³⁶ Independent Sector (2016). Why Diversity, Equity, and Inclusion Matter.
- ³⁷ Office of Juvenile Justice and Delinquency Prevention (2020). Easy Access to Juvenile Populations: 1990-2019.
- ³⁸ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ³⁹ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁰ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴¹ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴² U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴³ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁴ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁵ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁶ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁷ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁸ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁴⁹ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁵⁰ U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001: Sex by Age.
- ⁵¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Older.
- ⁵² Indiana Department of Education (n.d.). Introduction to English Learning.
- ⁵³ U.S. Census Bureau, 2019 American Community Survey (2020). Table B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Older.
- ⁵⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table B16003: Age by Language Spoken at Home for the Population 5 Years and Over in Limited English Speaking Households.
- ⁵⁵ Pew Research Center. (2019). Americans with Higher Education and Income are More Likely to be Involved in Community Groups.
- ⁵⁶ Pew Research Center (2019). Religion's Relationship to Happiness, Civic Engagement and health Around the World.
- ⁵⁷ Pew Research Center. (2016). One-in-Five U.S. Adults Were Raised in Interfaith Homes.
- ⁵⁸ Pew Research Center (2017). Religious Landscape Study.
- ⁵⁹ National Mentoring Resource (2016). Mentoring Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Gender Nonconforming Youth.
- ⁶⁰ Ibid.
- ⁶¹ UCLA School of Law Williams Institute. (2019). LGBT Proportion of Population.
- ⁶² U.S. National Library of Medicine National Institutes of Health (2017). Family structure experiences and child socioemotional development during the first nine years of life: examining heterogeneity by family structure at birth.
- ⁶³ U.S. Census Bureau (2020). Subject Definitions.
- ⁶⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table S1101: Households and Families.
- ⁶⁵ U.S. Census Bureau, 2019 American Community Survey (2020). Table B09018: Relationship to Householder for Children Under 18 Years in Households.
- ⁶⁶ U.S. Census Bureau, 2019 American Community Survey (2020). Table B11003: Family Type by Presence and Age of Own Children Under 18 Years.
- ⁶⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table S1702: Poverty Status in the Past 12 Months of Families by Number of Related Children Under 18 Years.
- ⁶⁸ U.S. Census Bureau, 2019 American Community Survey (2020). Table B11003: Family Type by Presence and Age of Own Children Under 18 Years.
- ⁶⁹ U.S. National Library of Medicine National Institutes of Health (2017). Family structure experiences and child socioemotional development during the first nine years of life: examining heterogeneity by family structure at birth.
- ⁷⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17010: Poverty Status in the Past 12 Months of Families by Family Type by Presence of Related Children Under 18 Years.
- ⁷¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B11003: Family Type by Presence and Age of Own Children Under 18 Years.
- ⁷² Child Trends (2016). Teen Pregnancy.
- ⁷³ US Health and Human Services (2017). Teen Pregnancy and Childbearing.
- ⁷⁴ Indiana State Department of Health (2020). Data Request.
- ⁷⁵ Annie E. Casey Foundation (2018). Opening Doors for Young Parents.
- ⁷⁶ Current Populations Survey (2017). Basic Monthly Samples, 2015-2017.
- ⁷⁷ U.S. Census Bureau, 2018 American Community Survey (2019). Table B09018: Relationship to Householder for Children Under 18 Years in Households.
- ⁷⁸ Indiana Department of Child Services (2020). Data Request.
- ⁷⁹ U.S. Department of State, Bureau of Consular Affairs (2020). Annual Report on Intercountry Adoption.
- ⁸⁰ Annie E. Casey Foundation (2018). 2018 Indiana Profile: Transition - Age Youth in Foster Care.
- ⁸¹ National Child Traumatic Stress Network (2016). Children with Traumatic Separation: Information for Professionals.
- ⁸² Indiana Department of Child Services (2019). Data Request.
- ⁸³ Ibid.
- ⁸⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table B11017: Multigenerational Households.
- ⁸⁵ U.S. Census Bureau, 2018 American Community Survey (2019). Table B10051: Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Presence of Parent of Grandchildren and Age of Grandparent.
- ⁸⁶ Child Welfare (2018). Working with Kinship Caregivers.
- ⁸⁷ Pew Charitable Trusts (2016). Why More Grandparents Are Raising Children.
- ⁸⁸ U.S. Census Bureau, 2019 American Community Survey (2020). Table B10051: Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Presence of Parent of Grandchildren and Age of Grandparent.
- ⁸⁹ U.S. Census Bureau, 2019 American Community Survey (2020). Table S1001: Grandchildren Characteristics.
- ⁹⁰ National Center for Education Statistics (2018). Characteristics of Children's Families.
- ⁹¹ Indiana Commission for Higher Education (2020). Indiana College Value Report 2020.
- ⁹² KIDS COUNT Data Center (2020). Children in Families Where the Household Head Lacks a High School Diploma.
- ⁹³ Urban Institute (2016). Stabilizing Children's Lives.
- ⁹⁴ Edith, et. al. (2017). Childhood Close Family Relationships and health.
- ⁹⁵ National Survey of Children's Health (2019). Coping with daily demands of raising children.
- ⁹⁶ National Survey of Children's Health (2019). Parental Aggravation.

Sources continued

- ⁹⁷ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ⁹⁸ RAND Corporation (2016). The Deployment Life Study.
- ⁹⁹ US Department of Defense (2019). 2018 Demographics Profile of the Military Community.
- ¹⁰⁰ Annie E. Casey Foundation (2016). A Shared Sentence, the devastating toll of parental incarceration on kids, families, and communities.
- ¹⁰¹ Urban Institute (2018). Father Reentry and Child Outcomes.
- ¹⁰² Ibid.
- ¹⁰³ National Survey of Children's Health (2019). Parent or guardian served time in jail.
- ¹⁰⁴ Indiana Department of Correction (2020). Fact Card.
- ¹⁰⁵ Centers for Disease Control and Prevention (n.d.). About the CDC-Kaiser ACE Study.
- ¹⁰⁶ National Center for Injury Prevention and Control (2019). Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence.
- ¹⁰⁷ Center for Disease Control (2019). Adverse Childhood Experiences: Preventing Early Trauma to Improve Adult Health.
- ¹⁰⁸ Centers for Disease Control and Prevention (2020). About the CDC-Kaiser ACE Study.
- ¹⁰⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Adverse Childhood Experiences.
- ¹¹⁰ Indiana Department of Health (2016). Adverse Childhood Experiences.
- ¹¹¹ Indiana Commission on Improving the Status of Children (2020). Position Statement on the Appropriate Use of Adverse Childhood Experiences Scores.
- ¹¹² Psychology Today (2020). Racial Trauma is a Public Health Emergency.
- ¹¹³ Mental Health America (n.d.). Racial trauma.
- ¹¹⁴ Asian Pacific Policy and Planning Council (2020). Anti-Asian Incidents Across U.S. Near 1,900 over 8-Week Period.
- ¹¹⁵ Mental Health American (n.d.). Racial Trauma.
- ¹¹⁶ New America Indianapolis (2020). Indiana Avenue: The Ethnic Cleansing of Black Indianapolis.
- ¹¹⁷ Federal Bureau of Investigation (2018). 2018 Hate Crime Statistics.
- ¹¹⁸ Child Adolescent Psychiatry Mental Health (2020). Challenges and Burden of the Coronavirus 2019 Pandemic for Child and Adolescent Mental Health.
- ¹¹⁹ Gatsou, et. I. (2017). The Challenges Presented by Parental Mental Illness and the Potential of a Whole-Family Intervention to Improve Outcomes for Families. Child & Family Social Work, 22 (1).
- ¹²⁰ Substance Abuse and Mental Health Services Administration (2019). 2017–2018 National Survey on Drug Use and Health: Model-Based Prevalence Estimates.
- ¹²¹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Lived with anyone who was mentally ill, suicidal, or severely depressed.
- ¹²² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Mental Health Status of Mother.
- ¹²³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Mental Health Status of Father.
- ¹²⁴ Rasmussen, et. Al. (2016). A Longitudinal Examination of Toddlers' Behavioral Cues as a Function of Substance-Abusing Mothers' Disengagement.
- ¹²⁵ American Psychological Association (n.d.). Understanding and Preventing Child Abuse and Neglect.
- ¹²⁶ Substance Abuse and Mental Health Services Administration (2019). 2017–2018 National Survey on Drug Use and Health: Model-Based Prevalence Estimates.
- ¹²⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Lived with anyone who had a problem with alcohol or drugs.
- ¹²⁸ Indiana Department of Child Services (2020). Data Request.
- ¹²⁹ Administration for Children and Families (2015). The Child Abuse Prevention and Treatment Act: 40 Years of Safeguarding America's Children.
- ¹³⁰ Congress.gov (2020). Text: S.2971 – 116th Congress (2019–2020).
- ¹³¹ Centers for Disease Control and Prevention (2017). Preventing Child Abuse and Neglect.
- ¹³² Indiana Department of Child Services (2020). Hotline Statistics.
- ¹³³ Indiana Department of Child Services (2020). Child Abuse and Neglect.
- ¹³⁴ Indiana Department of Child Services (2019). 2018 Annual Report of Child Abuse & Neglect Fatalities in Indiana.
- ¹³⁵ Children's Bureau (2020). Child Maltreatment 2018.
- ¹³⁶ Children's Bureau (2020). Child Maltreatment 2018.
- ¹³⁷ Indiana Department of Child Services (2020). Hotline Statistics.
- ¹³⁸ Ibid.
- ¹³⁹ Children's Bureau (2020). Child Maltreatment 2018.
- ¹⁴⁰ Indiana Department of Child Services (2019). Data Request.
- ¹⁴¹ Indiana Department of Child Services (n.d.). Indiana Child Abuse and Neglect Hotline.
- ¹⁴² Indiana Department of Child Services (2016). Child Welfare Manual.
- ¹⁴³ Indiana Department of Child Services (2020). 2018 Fatality Report.
- ¹⁴⁴ Centers for Disease Control (2019). Child Abuse and neglect: risk and protective factors.
- ¹⁴⁵ McCarroll, et. al. (2017) Characteristics, Classification, and Prevention of Child Maltreatment Fatalities. Military Medicine, 182 (1): e1551–e1557. doi:10.7205/MILMED-D-16-00039.
- ¹⁴⁶ Indiana Department of Child Services (2020). Data Request.
- ¹⁴⁷ Children's Bureau (2020). Child Maltreatment 2018.
- ¹⁴⁸ Ibid.
- ¹⁴⁹ National Center for Transgender Equality (2016). The Report of the 2015 U.S. Transgender Survey.
- ¹⁵⁰ Children's Bureau (2019). Child Maltreatment 2017.
- ¹⁵¹ Indiana Department of Child Services (2019). 2018 Annual Report of Child Abuse and Neglect Fatalities in Indiana.
- ¹⁵² Children's Bureau (2019). Child Maltreatment 2017.
- ¹⁵³ Indiana Department of Child Services (2016). Child Welfare Manual.
- ¹⁵⁴ Indiana Department of Child Services (2019). Data Request.
- ¹⁵⁵ Child Trends (2017). Indiana Foster Care Factsheet.
- ¹⁵⁶ Indiana Department of Child Services (2020). Safely Home Families First Summary, September 2020.
- ¹⁵⁷ Indiana Department of Child Services (2020). Locally Placed CHINS, September 2020.
- ¹⁵⁸ Indiana Department of Child Services (2020). Sibling Placement Report, September 2020.
- ¹⁵⁹ Indiana Department of Child Services (2020). Locally Placed CHINS, September 2020.
- ¹⁶⁰ Indiana Department of Child Services (2020). Data Request.
- ¹⁶¹ Indiana State Court Administration, Office of Guardian Ad Litem / Court Appointed Special Advocate. (n.d.). About GAL/CASA.
- ¹⁶² Indiana Supreme Court, Office of Judicial Administration (2020). Data Request.
- ¹⁶³ Child Trends (2016). Children's Exposure to Violence.
- ¹⁶⁴ Child Welfare Information Gateway (2016). Impact of Domestic Violence on Children.
- ¹⁶⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Witnessed Domestic Violence.
- ¹⁶⁶ Indiana Coalition Against Domestic Violence (2020). 2019–2020 Overview of DVPT and FVPSA.
- ¹⁶⁷ Centers for Disease Control and Prevention (2017). Teen Dating Violence.
- ¹⁶⁸ Centers for Disease Control and Prevention (2017). The National Intimate Partner and Sexual Violence Survey. f
- ¹⁶⁹ Center for Disease Control (2019). Interpersonal Violence Victimization Among High School Students – Youth Risk Behavior Survey, United States 2019.
- ¹⁷⁰ National Center for Transgender Equality (2016). The Report of the 2015 U.S. Transgender Survey.
- ¹⁷¹ National Domestic Violence Hotline. (n.d.) Domestic Violence Statistics.
- ¹⁷² National Human Trafficking Hotline. (2019). Indiana.
- ¹⁷³ An, et. al. (2017). Residential Neighborhood Amenities and Physical Activity Among U.S. Children with Special Health Care Needs.
- ¹⁷⁴ Office of Disease Prevention and Health Promotion (2019). Social Determinants of Health.
- ¹⁷⁵ Data Resource Center for Child & Adolescent Health (2019). 2018–2019 National Survey of Children's Health: Neighborhood Amenities.
- ¹⁷⁶ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in neighborhood with a recreation center, community center, or boys' and girls' club.
- ¹⁷⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in neighborhood with vandalism such as broken windows or graffiti?
- ¹⁷⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in neighborhood with litter or garbage on the street or sidewalk.
- ¹⁷⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in neighborhoods with poorly kept or rundown housing.
- ¹⁸⁰ Dubois, et al. (2019). Synthesis of OJJDP-sponsored Mentoring. National Criminal Justice Reference Service.
- ¹⁸¹ Raposa, et al. (2019). The Effects of Youth Mentoring Programs: A Meta-analysis of Outcome Studies. Journal of Youth and Adolescence.
- ¹⁸² Data Resource Center for Child & Adolescent Health (2019). 2018–2019 National Survey of Children's Health: Supportive adult.
- ¹⁸³ MENTOR: The National Mentoring Partnership (2015). Elements of Effective Practice for Mentoring.
- ¹⁸⁴ MENTOR: The National Mentoring Partnership (n.d.) Supplements.
- ¹⁸⁵ MENTOR: The National Mentoring Partnership (2020). Mentoring Connector.
- ¹⁸⁶ National Center for Education Statistics (2017). Children's Access to and Use of the Internet.
- ¹⁸⁷ Indiana State Library (2019). An overview of the federal E-rate program.
- ¹⁸⁸ U.S. Census Bureau, 2018 American Community Survey (2019). Table B28005: Age by Presence of a Computer and Types of Internet Subscription in Household.
- ¹⁸⁹ Indiana Department of Education (2020). Indiana School Tech Plan 2020. Data Request
- ¹⁹⁰ Education Superhighway (2019). 2019 State of the States: Indiana.
- ¹⁹¹ Pew Research Center (2020). 59% of U.S. parents with lower incomes say their child may face digital obstacles in schoolwork.
- ¹⁹² Broadband Now (2020). Indiana.
- ¹⁹³ Pew Research Center (2020). 53% of Americans Say the Internet Has Been Essential During the COVID-19 Outbreak.
- ¹⁹⁴ Indiana Department of Education (2020). Indiana School Tech Plan 2020.
- ¹⁹⁵ The Journal of Ambulatory Care Management (2020). Telehealth, Rural America, and the Digital Divide.
- ¹⁹⁶ Brookings Institute (2020). The COVID-19 public health and economic crises leave vulnerable populations exposed.

Sources continued

- ¹⁹⁷ Centers for Disease Control and Prevention (2020). Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020.
- ¹⁹⁸ Centers for Medicare and Medicaid Services (2020). Service use among Medicaid & CHIP beneficiaries age 18 and under during COVID-19: Preliminary Medicaid & CHIP Data Snapshot.
- ¹⁹⁹ Health Affairs (2020). Ensuring The Growth Of Telehealth During COVID-19 Does Not Exacerbate Disparities In Care.
- ²⁰⁰ State of Indiana (2020). Governor Announces \$61 Million Education Relief Fund for Remote Learning.
- ²⁰¹ Indy Star (2020). If schools close again, a new grant will help them be better prepared for online learning.
- ²⁰² Broadband Now (2020). Indiana.
- ²⁰³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in a supportive neighborhood.
- ²⁰⁴ Hicks, et. al. (2018). Sequential Neighborhood Effects: The Effect of Long-Term Exposure to Concentrated Disadvantage on Children's Reading and Math Scores
- ²⁰⁵ Indiana Legal Archive (n.d.). Historical Injustice in The Urban Environment: The Ecological Implications Of Residential Segregation In Indianapolis.
- ²⁰⁶ Indy Star (2020). The White River: Boundaries of 'redlining' maps still etched in Indianapolis neighborhoods.
- ²⁰⁷ NPR (2017). A 'Forgotten History' Of How The U.S. Government Segregated America.
- ²⁰⁸ The Washington Post (2018). Redlining was banned 50 years ago. It's still hurting minorities today.
- ²⁰⁹ U. S. Census Bureau (n.d.). QuickFacts: Indiana; Indianapolis city (balance), Indiana.
- ²¹⁰ Urban Institute (2020). Measuring Inclusion in America's Cities.
- ²¹¹ Indiana University, Center for Evaluation and Education Policy (2017). Examining the Cross-Roads: School Segregation in Indiana.
- ²¹² Ibid.
- ²¹³ Chalkbeat (2016). How racial bias helped turn Indianapolis into one city with 11 school districts.
- ²¹⁴ EdBuild (2020). Fault Lines: America's Most Segregated School District Borders.
- ²¹⁵ Economic Policy Institute (2014). The Racial Achievement Gap, Segregated Schools, and Segregated Neighborhoods – A Constitutional Insult.
- ²¹⁶ Poverty & Race Research Action Council at Harvard University (2017). Disrupting the Reciprocal Relationship Between Housing and School Segregation.
- ²¹⁷ U.S. Department of Education (n.d.). Promise Neighborhoods.
- ²¹⁸ Ibid.
- ²¹⁹ Child Trends (2018). How School, Family, and Community Protective Factors Can Help Youth Who Have Experienced Maltreatment.
- ²²⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Safe neighborhood.
- ²²¹ Office of Disease Prevention and Health Promotion (2019). Social Determinants of Health.
- ²²² National Geographic (2020). How 'nature deprived' neighborhoods impact the health of people of color.
- ²²³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children live in neighborhood with sidewalks or walking paths.
- ²²⁴ United States Environmental Protection Agency (n.d.). Superfund Site Search.
- ²²⁵ United States Environmental Protection Agency (n.d.). Superfund.
- ²²⁶ United States Environmental Protection Agency (2020). Population Surrounding 1,857 Superfund Remedial Sites.
- ²²⁷ United Health Foundation (2019). American's Health Rankings Annual Report.
- ²²⁸ Ibid.
- ²²⁹ County Health Rankings (2020). Indiana.
- ²³⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Asthma.
- ²³¹ Government Accountability Office (2020). School Districts Frequently Identified Multiple Building Systems Needing Updates or Replacement.
- ²³² Brookings Institution (2020). The importance of clean air in classrooms—during the pandemic and beyond.
- ²³³ County Health Rankings (2020). Indiana.
- ²³⁴ Ibid.
- ²³⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Neighborhood Amenities.
- ²³⁶ Office of Disease Prevention and Health Promotion (n.d.). Environmental Conditions.
- ²³⁷ Indiana Department of Natural Resources (n.d.). Status of Ground Water.
- ²³⁸ WISH TV (2020). Parents demand legislative action protecting children from lead poisoning.
- ²³⁹ Marion County Public Health Department (2019). Report of Lead in School Drinking Water K-12 Marion County, Indiana.
- ²⁴⁰ Northwest Indiana Times (2019). Region leaders join chorus for better child lead-poisoning standards in Indiana.
- ²⁴¹ Child Trends (2015). Lead Poisoning.
- ²⁴² Indiana Department of Health (2020). Data request.
- ²⁴³ IC 16–41–21.1–3
- ²⁴⁴ Ibid.

Economic Well-Being



For children to thrive and grow into productive adults, parents need secure employment, family-sustaining pay, access to resources, and affordable housing. Unemployment and low earnings limit parents' abilities to invest in their children's development. Yet, the economic experience is not the same for all Hoosiers. Hoosiers of color – particularly American Indian, Black, and Hispanic Hoosiers and those of Two or more races – are disproportionately represented in metrics for poverty and low-income when compared to their representation in Indiana at large. A child's experiences of economic insecurity or poverty can extend into adulthood and have lasting effects on his/her/their overall well-being, learning, career opportunities, and economic success. The current economic well-being of Hoosier children and youth is critical to Indiana's future prosperity and intergenerational social and economic mobility in Indiana.

Indiana's Key Economic Well-Being Data Indicators

Indiana's Economic Well-Being Ranking

15th



Children in Poverty

PERCENT
15.2%
2019

RANKING
23rd



Children in Families Where No Parent has Full-time, Year-Round Employment

26.0%
2018

21st



Teens Ages 16 to 19 Not Attending School and Not Working

7.0%
2019

26th



Children in Households that Spend More than 30% of their Income on Housing

21.0%
2019

6th



*For each indicator above, higher rankings (1st) represent better outcomes for youth.
Note: Arrows show changes in rankings from the past year.*

Economic Well-Being Spotlight

Indiana's Wealth Gap

Understanding the Wealth Gap

Examinations of economic inequalities among various groups of people in our society tend to focus on the income gap, which is the difference in earnings. While income is a beneficial metric to understanding financial and economic stability, it is a static measure and near-term measure that does not signal long-term stability and financial worth. Income is often the default metric for determining the level of additional resources and support children and families need to be successful. In education policy and practice, economic disadvantage is defined by income levels. Though income is a facet of wealth, relying on this metric alone minimizes the greater racial disparities within wealth and can underestimate the ongoing supports children may need to find prosperity in adulthood.

Instead, wealth is comprised of multiple assets and is cyclical and multigenerational. It illustrates which families have protection against economic shocks and can transfer security and social status for future generations. The wealth gap creates a more nuanced picture of the disparities of who is rich and who is poor in the United States. It captures community context and families' income, assets, property, and savings. The transfer of resources between generations contributes to a child's family's wealth and helps build their assets throughout their lives.¹ Family wealth allows young adults who have recently entered the labor force to access housing in safe neighborhoods with good schools, thereby enhancing the prospects of their own children. Wealth affords young adults with opportunities to be entrepreneurs and inventor and to take risks without fear of failure due to their safety net from family wealth.² Youth who live in families with less wealth have limited financial security, which can create stress and upheaval in their lives.³

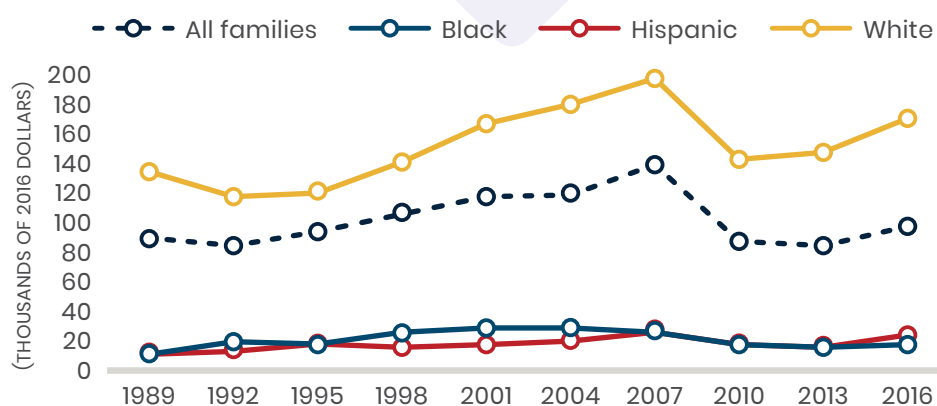
Though the gap between those at the higher and lower ends of the wealth spectrum has grown wider over the past 100 years, the wealth gap is a product of historical, social, institutional, and political factors.⁴ Gaps in wealth are revealed most starkly when the data are disaggregated by race and ethnicity. Like income, America's racial wealth gap is massive, but wealth disparities are informed not merely by current conditions; they consider historical, generational accumulation of assets by families.⁵

- In 2019, White families in the U.S. had eight times more wealth than Black families and five times more wealth than Hispanic families.⁶ This is a slight decrease from 2016 where the net worth of a typical White family was \$171,000, nearly ten times greater than that of a Black family (\$17,150).⁷
- The median Black household with children has a net worth of \$294, compared to \$47,250 for the median White family. Those Black families have 1%, and Hispanic families have 8%, of the average White family's wealth.⁸
- Black households constitute less than 2% of those in the top one percent of the nation's wealth distribution; White households constitute more than 96% of the wealthiest Americans.⁹

The COVID-19 pandemic illuminated the short-comings of only considering income when determining a child's financial stability. Using just income as a metric, families who lived paycheck to paycheck with few or no assets or savings may not have seemed financially vulnerable prior to COVID, because their income flow was steady. As the pandemic caused our economy to slump, many families without the financial security of wealth may now be facing unanticipated housing, food, or job insecurity.

Without assets and savings, families are just one crisis away from financial disaster, since assets provide cushion during hard times and a steppingstone toward financial independence and future prosperity. Wealth delineates families who are economically secure and those who may be, but only for now. Wealth projects a longer timeline of financial stability for children and families than solely examining income. Basing our

Median Net Worth by Race/Ethnicity, United States: 1989–2016



Source: Brookings Institution





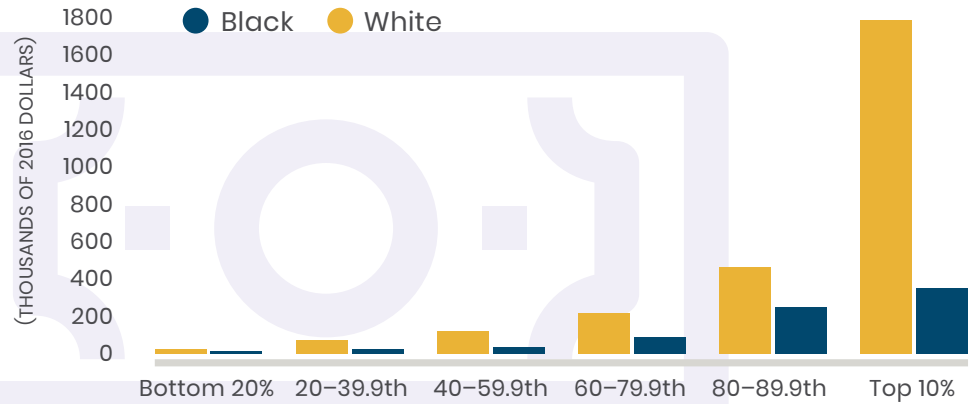
understanding of resource need primarily on income may underestimate the extra support that children in middle- to higher-wealth families receive and which contribute to their long-term economic prosperity and mobility.¹⁰

Historical Steps to the Current Gap

Income and education are not fixes for the wealth gap, for high-income and highly educated Black Americans still have much less wealth than their white peers.¹¹ Though the homeownership rate increases for both Black and White households with educational attainment, nationally, Black households with a Bachelor's degree or more were less likely to own their home than White households without a high school diploma.¹² In recent years, data show the overall net worth of minorities continues to rise, but not at the same pace as White families.¹³ The racial wealth gap persists through income and educational gains among Americans of color due to a history of discriminatory policies and structural problems in the U.S.¹⁴

Throughout the 20th century, local, state, and federal policies regarding access to housing, credit scores, and government loans created long-term and invisible effects on family wealth, as people of color were not able to buy homes and develop the equity that would pass wealth to their children and grandchildren. As described further in the Housing section below, people living in poor neighborhoods had trouble obtaining

Median Net Worth by Household Income, United States: 2016



Source: Brookings Institution

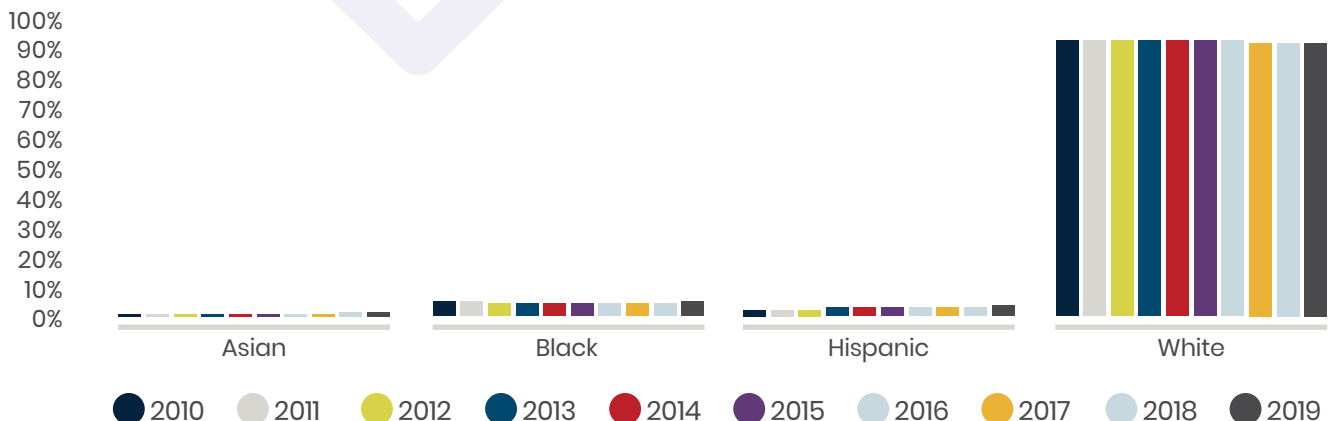
mortgages for homes, regardless of their individual creditworthiness.¹⁵ Although minority families saw their wealth grow in the latter part of the 20th Century and the early 2000s, the Great Recession reversed this trend. From 2008 to 2010, families of diverse racial and ethnic backgrounds lost 30% of their net wealth. After 2010, as White families' wealth stabilized, Black and Hispanic families continued seeing their wealth drop by 20%.¹⁶

Factors Impacting the Wealth Gap

In addition to our nation's historical policies, present social and economic factors influence the wealth gap throughout the U.S. and in Indiana. These factors intersect with the overall economic well-being, health, and education of children.¹⁷

- **Family Assets:** Family assets is the net value of a family's pool of financial and nonfinancial resources. Family's financial assets consider the value of an individual's home or a retirement account along with credit card and student loan debt.¹⁸

Percentage of Homes Owned by Race/Ethnicity, Indiana: 2010-2019



Source: U.S. Census Bureau, Tables B25003A-I

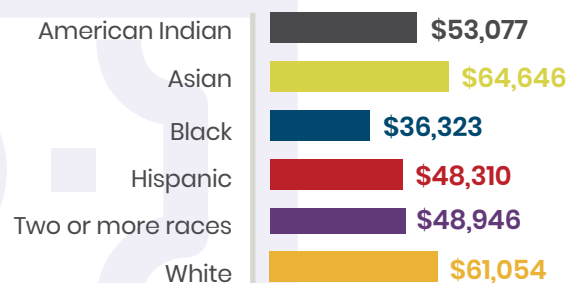


- Home ownership can serve as a vehicle for building wealth, long-term residential stability, and intergeneration economic mobility. Moderate or high housing-cost burdens can result in families having trouble meeting needs and reduced spending on children needs and enrichment activities.¹⁹
- In Indiana, there are between 2.4 and 2.5 million housing units. Of the total housing units available, Hoosiers own around 1.8 million, which is a homeownership rate of around 70%. When disaggregating owned housing units by race and ethnicity, meaning how many houses are owned by different subgroups rather than the percentage of different races and ethnicities who own homes, significant disparities emerge.²⁰
- 91% of homes in Indiana are owned by White Hoosiers, though 82.8% of the population is White. Black residents are 9.6% of Indiana's population, and Hispanic residents are 7.2%, but only 5.2% and 3.9% of homes are owned by these subgroups, respectively.²¹ This was calculated by comparing the number of homes owned by racial/ethnic subgroup (e.g., Black-owned homes) to the total number of homes owned in Indiana.

- **Family Income:**

- Indiana's median income for 2019 was \$57,603, the 38th highest in the U.S.²²
- Indiana is ranked 39th in the U.S. for income inequality. This ranking is based on an income gap between the top 1% to the bottom 99%. The most unequal county in Indiana is Dubois County where the top 1% earns 30.2 times more than the bottom 99%.²³
- Indiana's median income varies for different racial and ethnic subgroups. When disaggregating household income by race and ethnicity, disparities are evidenced as the median income for Black households, \$36,323, is 37% below statewide median income, and 40% less than White households. The median Hispanic household earns 21% less than the median White household.

Median Income in the Past 12 Months by Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Table S1903

- **Family Savings:** This factor describes the tools and benefits families can access to turn income into savings and wealth for themselves and the community. This factor includes having a savings account to purchase basic needs or help cover unexpected life events, such as retirement, illness, or job loss.²⁴
 - Family savings often help fund a child's postsecondary education, which then boosts that child's future earning potential and economic opportunities. Youth who come from families whose net worth is in the top 20% of Americans are nearly six times more likely to graduate from college than youth whose families are in the bottom 20%.²⁵ Wealthier families have the ability to be more selective and have access to well-resourced schools, which can improve college graduation rates and future earning potential.
 - Accumulation of assets directly impacts a child's likelihood to graduate college. For example, when the value of a house spikes by at least \$50,000 in the years prior to a youth attending college, the likelihood of that child graduating college increases by three to four percentage points.²⁶
 - In Indiana, the majority of postsecondary financial aid recipients are White students (68%), followed by Black students (14%); students of an "Other" (includes students with an undeclared race/ethnicity; Native American/Alaskan Native; Two or more races; and Native Hawaiian race/ethnic groups) receive 9%; Hispanic students (7%); and Asian students (2%).²⁷
 - Black students are more likely than their peers to rely on loans to finance their education. This is largely due to their families holding less wealth than others and taking on debt further impacts their ability to accumulate wealth. Though higher education can be the gateway to pursuing or continuing wealth for some youth, the historical lack of wealth creates a cycle that can be challenging to overcome.²⁸

Inheritances and Other Family Support by Race/Ethnicity, United States: 2019

| | Black | Hispanic | Other | White |
|--|-------|----------|-------|-------|
| Received an Inheritance | 10.1% | 7.2% | 17.8% | 29.9% |
| Expect an Inheritance | 6.0% | 4.2% | 14.7% | 17.1% |
| Could get \$3,000 from family or friends | 40.9% | 57.8% | 63.4% | 71.9% |
| Parent(s) have a College Degree | 24.8% | 15.2% | 40.0% | 34.4% |

Source: The Federal Reserve, 2019 Survey of Consumer Finances



| The Investment | | | The Return | | |
|------------------------|----------------------|----------------------------------|--|----------|----------|
| Statewide Averages | Debt Upon Graduation | Percentage of Students With Debt | Typical Salaries of Popular Program Majors | | |
| | | | 1 Year | 5 Years | 10 Years |
| Associate | \$12,697 | 43% | \$28,656 | \$36,320 | \$41,156 |
| Bachelor's | \$25,435 | 63% | \$32,976 | \$46,153 | \$56,306 |
| Associate + Bachelor's | \$23,684 | 59% | \$31,440 | \$42,916 | \$51,875 |

Source: Indiana Commission for Higher Education

LEVERAGING THE DATA:

Locally:

- **Take into account community asset poverty as a personal finance challenge:** Local non-profits, youth serving organizations, and governments can examine both the deficits and assets of children and families by neighborhood and community. In addition to tangible assets in communities (such as cultural resources, businesses, and public amenities), local governments and organizations can also consider intangible assets of community members, such as marketable skills, social capital, and social supports.
- **Identify assets (public and private) that can assist a household's economic development:** Because community context is foundational to Hoosiers generating income and wealth, Indiana's town and cities can focus on ways to boost the community's wealth, which will impact those residing in the community. For example, Virginia's cities recently embarked on a Community Wealth Building program that will help regenerate income and wealth for their inhabitants. Through this coalition, the cities created initiatives related to urban revitalization, education, and human services. More information is available [here](#).

Statewide:

- **Expand how poverty and low-income are defined in the State's funding policies:** The State provides additional funding to schools and districts through the complexity component in the Basic Grant for student tuition. For each student in the SNAP, TANF, and foster care systems, the State allocates an additional \$3,685 in per-pupil funding to school districts. Beyond these three indicators, additional factors that indicate the wealth, not merely the income, of students and communities would provide the State with a better understanding of the financial stability and prosperity of families, as well as give the resources to meet students' needs. Texas reformed its state education funding model in 2019 to allocate funding based on students' severity of poverty. More information is available [here](#).
- **Create structural opportunities for asset building:** To help lower income families develop wealth, the State can help provide financial incentives and contributions for evidenced-based strategies aimed at building savings accounts. [Automatic enrollment and providing initial deposits](#) can help Children's Savings Accounts reach more families and encourage them to save. Individual Development Accounts through the Indiana Housing and Community Development Authority match the account holder's deposits 3-to-1. To receive the match-money, savers must use their money for an approved investment, such as paying for school, buying a home, or starting a business. Expanding these and similar strategies, such as microenterprise support, anti-predatory lending policies, and community development efforts, could help all Hoosier youth build their wealth.
- **Disaggregate job creation and wage growth at the community-level:** A foundational element for wealth accumulation is access to high-wage jobs that yield an income allowing families to generate savings and buy homes.²⁹ Because there may be multiple high-poverty communities within one county, Indiana's state agencies can further disaggregate its labor data to go beyond the county-level to the community-level. Using either census tracts or zip codes, providing community-level data will give local and State leaders, policymakers, and youth serving organizations a more quantified, nuanced understanding of where poverty persists in Indiana.

Nationally:

- **Recognize that personal finance is impacted mainly by forces beyond the control of a household:** Because wealth tracks over generations, the historical policies that suppressed different communities' abilities to generate wealth impacted multiple generations. Intentionality regarding improving the disparities around this issue will need to be maintained over decades, not just years, to allow everyone a chance at achieving the American Dream.

Labor Force

The labor force includes all people age 16 and older who are classified as either employed or unemployed.³⁰ 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, retirement, ill health, or transportation problems.³¹ The labor force participation rate is an indicator of household living standards and economic vitality. Nationally, the labor force participation was 63.1% in 2019. There has been a steady decline in our labor force participation rate since 1999 when it was 67.1%.³²

Indiana's labor force participation rate was 64.6% in 2019, 19th in the nation.³³

- Of Indiana's approximately 376,598 residents ages 16 to 19 in 2019, 44.6% participated in the labor force. For older youth ages 20 to 24, 77.1% were in the labor force.
- The educational attainment rate of those 25 to 64 years old directly corresponded with labor force participation; those with higher levels of education had a higher participation rate in 2019:

Educational Attainment Rate for Ages 25 to 64, Indiana: 2019

| | |
|---|-------|
| Less than a high school graduate | 57.8% |
| High school graduate (includes equivalency) | 73.3% |
| Some college or Associate degree | 81.7% |
| Bachelor's degree or higher | 88.1% |

Both poverty and disability impact individuals' ability to participate in the labor force.

- The labor participation rate for those below poverty level was 46.8%.
- Those with any disability had a labor force participation rate of 42.9%.³⁴

Source: U.S. Census Bureau, Table S2301

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 whose parents work part time/part year or who are not employed. The benefits of parents' work for children include higher self-esteem, more productive family routines, and higher family earnings.³⁵

- In 2019, 94.8% of Indiana's families with children younger than 18 had at least one parent in the labor force (which includes parents that are unemployed and job searching).
- 16.4% of opposite-sex married-couple families had only the male in the labor force, whereas only 2.1% of those same couples had only the female in the labor force. 46.5% of families had both parents in the labor force.
- Most of the single parents in the workforce are women. Of the total number of single parents with children under 18 in Indiana, the majority of families had a female householder in the labor force (69.5%) versus a male householder in the labor force (30.5%).³⁶
- Single female parents in the labor force comprise 20.7% of families with children younger than 18.³⁷

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.³⁸ Parental unemployment during childhood can have long-term consequences for psychological well-being later in life, particularly for young children because stressful events early in life have a stronger effect on outcomes later. Older children, however, may feel pressured to take more responsibility in the family and they may be more aware of the social stigma associated with having jobless parents. Because of the intergenerational psychological costs of unemployment, programs targeting unemployed parents can also help to alleviate stress on children. Childhood policy interventions, such as psychological coaching and helping kids overcome the trauma of parental unemployment, can also provide life-long benefits.³⁹

- In 2019, Indiana's overall unemployment rate was 3.3%.⁴⁰ For those 16 to 19, the unemployment rate was 12.2%; for older youth 20 to 24, the rate was 8.1%.⁴¹
- Indiana was ranked 21st in the country for Hoosier children are in families where no parent has full-time, year-round employment. In 2018, 26% of children fell into this category, which is 1 percentage point less than the national average.⁴²
- In Indiana, Black adults were more likely to be unemployed (8.7%) than Hispanic adults (4.7%) and nearly twice as likely as White adults (3.7%). American Indians had the second highest unemployment rate of 7.2%, with those of Two or more races at 7.0%.⁴³ Across the nation, the disparity between Black and White unemployment rates is not a new phenomenon; unemployment rates for black workers have been consistently higher than for White workers over the past 60 years.⁴⁴



- Similar to the labor force participation rate, lower unemployment rates correlate with higher educational attainment for those between the ages of 25 and 64:
- Those at the poverty level had an unemployment rate of 18.9%. Those with any disability had a rate of 7.9%.⁴⁵
- During October 2019 through September 2020, 1.6% of Indiana's labor force had been unemployed for 15 weeks or longer.⁴⁶
- 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 7.3%.⁴⁷

Unemployment Rates by Educational Attainment for Ages 25 to 64, Indiana: 2019

| | |
|---|------|
| Less than a high school graduate | 7.1% |
| High school graduate (includes equivalency) | 4.4% |
| Some college or Associate degree | 3.0% |
| Bachelor's degree or higher | 1.6% |

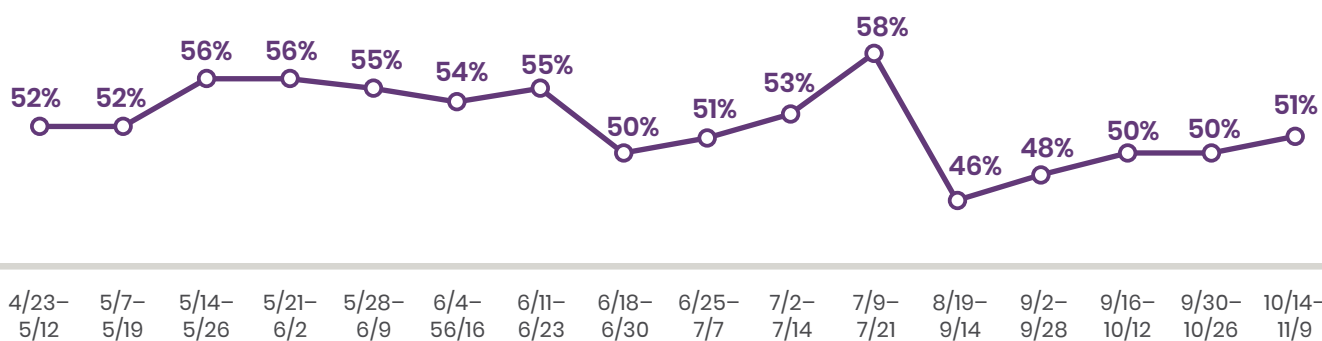
Source: U.S. Census Bureau, Table S2301



The above data represent the economic period prior to the COVID-19 pandemic. In the U.S., the pandemic has created an unprecedented economic crisis. In 2020, the U.S. recorded its steepest quarterly drop in economic output on record, a decrease of 9.1%. The quarterly GDP had never experienced a drop greater than 3% since record keeping began in 1947.⁴⁸ During the pandemic in Indiana, the unemployment rate reached 17.5% in April 2020. By September 2020, the rate decreased to 6.2%, which is lower than the national average at the time of 7.9%, but it is nearly double the rate of 3.2% from September 2019.⁴⁹ The full economic toll this pandemic has taken on Indiana and some Hoosier subgroups is unknown, though it is estimated that it has

only exacerbated the gaps in unemployment from 2019. Given the disparities in unemployment based on race and ethnicity, poverty, and disability, this economic crisis will have hit some Hoosiers far worse than others. As described in the Family and Community section, this type of economic stress can cause or exacerbate mental health issues for families.

Percentage of Adults Living in Households with Children Who Lost Employment Income, Indiana: April 23 – November 9, 2020



Source: U.S. Census Bureau Household Pulse Survey

Note: To address the margins of error, the percentage combine two weeks of data from the Household Pulse Survey.

Unemployment Insurance

The federal-state unemployment insurance system (UI) helps many people who have lost their jobs by temporarily replacing part of their wages while they look for work. Taxes collected from employers are paid into the system on behalf of working people to provide them with income support if they lose their jobs.⁵⁰ Benefits can be collected for up to 52 weeks and be as high as \$390 per week.⁵¹

- The number of unemployment claims filed in 2019 was 137,063.
- Hoosier beneficiaries collect benefits for an average of 12.4 weeks and receive an average of \$3,650 per period of unemployment.⁵²



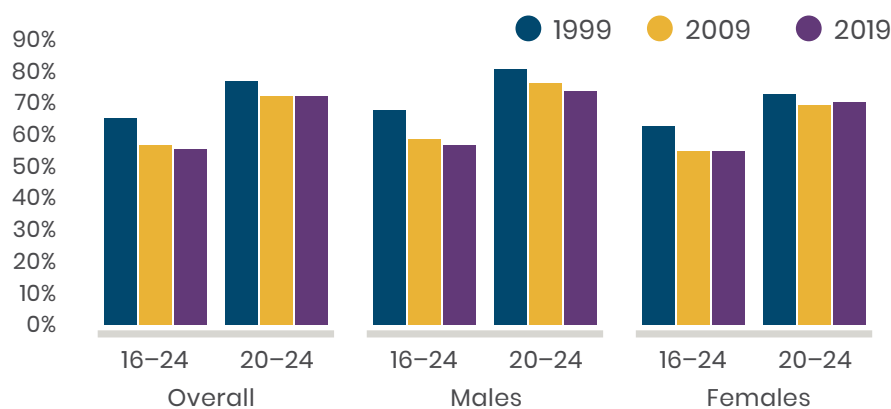
During the pandemic, unemployment claims peaked at 272,368 in May 2020. The last time Indiana had unemployment claims this high was January 2010.⁵³

Youth 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.⁵⁴

- Of Hoosier children between the ages of 12 and 17, 44.0% reported working for pay during 2018. This could include regular jobs, as well as babysitting, cutting grass, or other occasional work. Slightly more males in this age range had paying work (45.2%) than females (42.7%).⁵⁵
- In 2019, Indiana was ranked 26th for teens ages 16 to 19 that are neither enrolled in school nor working (7%). This is both higher than the 2019 national average of 6% and an increase from Indiana's 2018 percentage rate of 6%. The increase in the percentage of 16 to 19 year old Hoosiers neither attending school nor working caused Indiana to see a decrease in the rankings by 11 spots from 2017 (2018: 15th and 2019: 26th).⁵⁶
- In 2019, 42.3% (80,858 individuals) of the 190,948 male Hoosiers ages 16 to 19 were part of the labor force. Because labor force participation includes those employed or unemployed and actively job searching, the majority of these youths may be in school and, thus, not in the labor force. They may also be ill or disabled, have home responsibilities, or have another reason altogether.⁵⁷
- 240,557 males ages 20 to 24 live in Indiana. Of this subgroup of older youth, 76.4% (183,800 individuals) were part of the Hoosier labor force. The unemployment rate for males in this age range was 6.6%.
- During this same year, female Hoosiers 16 to 19 years old had a higher labor force participation rate. Of the 185,650 females in this age range, 46.9% (87,190 individuals) were in the labor force. Female Hoosiers in this age range may not be in the labor force due to similar reasons as their male peers.
- Of the 227,282 females ages 20 to 24, 77.8% (176,750 individuals) were in the labor force. Females between 20 to 24 have a lower unemployment (5.9%) when compared to their male peers. The rate of those females not in the labor force, however, was slightly lower than their male peers – 22.2% versus 23.6%, respectively.
- 429 male Hoosiers ages 16 to 19 enlisted in the armed forces compared to 70 female Hoosiers in this age range.
- Of the youth without any postsecondary degree, 24.0% were employed full-time with wages in at least 3 or 4 quarters and an annual wage at or above minimum wage (\$7.25) for 35 hours per work. These Hoosiers were not enrolled in any postsecondary program. Their average annual wages for this time period were \$28,436.

Civilian Labor Force Participation Rates by Age and Sex, Indiana: 1999–2019



Source: U.S. Census Bureau, Tables B23002A-I

- For the 3.1% of Hoosiers 18 to 24 years old during this time period who were working full-time and enrolled in a postsecondary program part-time, their average annual wages were \$23,906.
- 1.6% of individuals ages 18 to 24 were enrolled fulltime in a postsecondary program while working fulltime making an average of \$20,094.65. Full-time status was determined by taking credits attempted for the full school year.⁵⁸



LEVERAGING THE DATA: LOCALLY

- **Provide financial incentives and opportunities for paid training and work:** Using funding through Title I of the Workforce Innovation and Opportunity Act, local communities can provide older youth with work-based learning experiences and stipends. Using this federal funding stream, locals can offset costs and wages for on-the-job training and pre-apprenticeships specifically for older youth ages 18 to 24.

The quality of the work experience, however, may also matter. Low-wage work that is not connected to a career pathway or that young people perceive to have no value may not be as effective as work experience that gives them a sense of future advancement and fulfillment. Opportunities that provide marketable skills and the potential for competitive wages will engage youth who are unemployed or out of the labor force in a career that leads to future success.⁵⁹

For community-based strategies to connect apprenticeships with older youth, check out this [resource](#).

Income

Wages and Impact

Economic conditions in the home have far-reaching implications for academic achievement, health, and economic success on children as they progress to adulthood.⁶⁰ Several factors comprise a complete understanding of wages and income in Indiana. First is median income, which can be thought of as the “middle” value if every income were ordered from greatest to least. Indiana’s median income for 2019 was approximately \$57,603, the 38th highest in the U.S.⁶¹ The median income for the U.S. was \$68,703 in 2019.⁶² Though when disaggregating the median income for Hoosier families by demographics, disparities emerge.

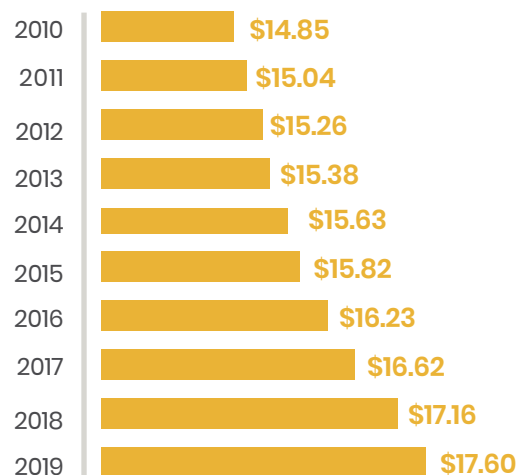
Median income rates greatly vary by Hoosiers’ racial and ethnic backgrounds. Families in Indiana tend to have a higher median income than the rest of the nation. Family income is average for a family of two or more related people living in a house. They can be related by birth, marriage, or adoption. Household income is the average income of all people living in a housing unit. In 2019, the median income was \$73,876. Of families with children, married-couples have a higher median income (\$96,763) than single fathers (\$44,089), and more than three times the median income for single mothers (\$30,113).⁶³

In addition to race, ethnicity, age and family composition, locale also influences Hoosier families’ median incomes:

- Indiana’s highest median family income is in its suburban counties. For example, in 2019, Warrick County’s median income was \$91,285; Boone County’s was \$116,121; and Hamilton County was \$125,324.⁶⁴
- In 2019, Marion County’s median family income was \$51,007; Vanderburgh County was \$62,415; Allen County was \$62,573; Lake County was \$63,205; and St. Joseph County was \$64,806.⁶⁵
- Indiana’s rural counties had some of the lowest family median incomes in the State.
 - Grant County and Blackford County had the lowest median incomes at \$43,529 and \$48,565 respectively, in 2019;
 - Miami, Fayette, Orange, and Switzerland Counties ranged from \$52,500 to \$53,700;
 - Jay, Clinton, Starke, Wabash, Montgomery, and Knox Counties ranged from \$58,700 to \$61,200.⁶⁶

Per capita income is the total income of an area divided across the number of all residents (including children). Per capita income is a ratio of the amount of all Indiana’s income divided by its population. It is a key metric of prosperity and of purchasing power, as higher per capita income means have more money to spend. Indiana’s per capita income among all residents was \$48,678 in 2019, which is ranked 37th nationally. Indiana’s per capita has

Median Hourly Wage, Indiana: 2010–2019



Source: Bureau of Labor Statistics

been steadily increasing since 1989 when per capita income was \$34,365, a 41.6% change over the past 30 years.⁶⁷

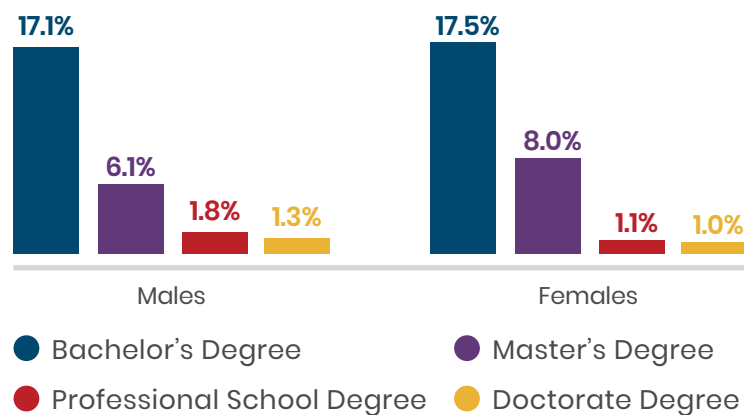
While income represents Hoosiers' overall salaries, the median hourly wage represent the middle wage Hoosiers make per hour, when all workers' wages are ordered from greatest to least. Indiana's median hourly wage was \$17.60 in 2019, compared to \$19.14 nationally.^{68, 69}

As discussed in the Family and Community section, the educational attainment of parents strongly correlates with income. In addition to impacting a child's educational outcomes, parental educational attainment also influences the family's financial stability.

- In Indiana, adults with less than a high school diploma earned a median income of \$27,765 in the past year, significantly less than adults with a Bachelor's degree (\$50,630) or higher (\$65,941).⁷⁰
- A quarter of Hoosier adults (26.9%) have a Bachelor's degree or higher. Females are more likely to have a bachelor's degree or higher (27.6%) than males (26.2%).⁷¹
- In Indiana, there is a \$20,437 gap between males with a Bachelor's degree (\$62,463) and females with a Bachelor's degree (\$42,026). This pay disparity between Hoosier males and females exists along all levels of educational attainment.⁷²

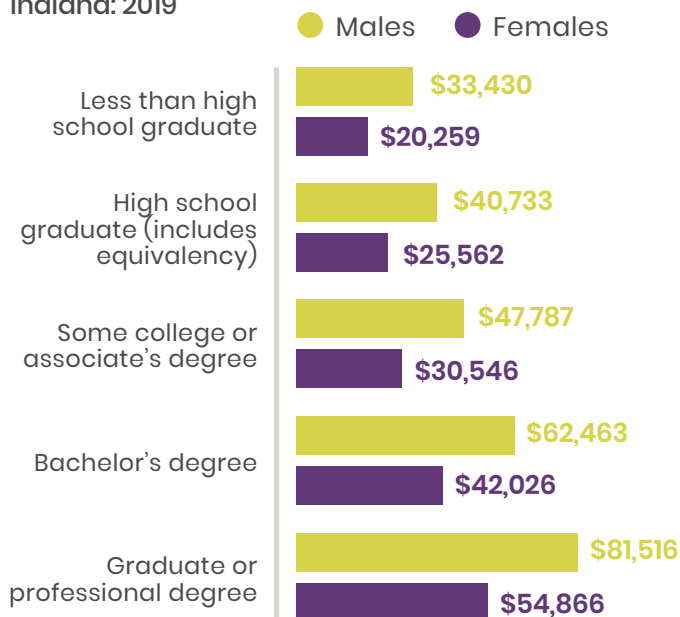
Many children – particularly those in families where women are the sole breadwinner – rely on women's earnings to make ends meet and without greater parity in pay may not have access to the resources and opportunity necessary to thrive. Women and men often have different labor market experiences. Women are paid less per hour, work fewer hours outside the home, and enter different occupations than men. When controlling for educational attainment, Hoosier women still earn significantly less than Hoosier men.⁷³ The wage differences is partly because of occupational segregation (the separation of men and women into different occupations), the need for job flexibility, social norms, and labor market discrimination. Women are also disproportionately represented in lower-paid occupations, particularly those that may feel the effects of automation and artificial intelligence in the next decade.⁷⁴ The gender wage gap impacts families' abilities to provide resources and opportunities for children.

Highest Level of Educational Attainment for Adults 25 Years and Older by Gender, Indiana: 2019



Source: U.S. Census Bureau, Table B15002

Median Earnings in the Past 12 Months by Gender, Indiana: 2019



Source: U.S. Census Bureau, Table B20004



In September 2020, 865,000 women left the U.S. workforce, which was four times more than men. Since March when the pandemic started, about 2.6 million women left the workforce nationwide, compared to 1.7 million men. As women decide to leave the workforce, many families with children will lose half of their earnings. The demands of childcare are forcing more mothers to reconsider their career options. Without improvements to the infrastructure of childcare, women may not be able to return to the labor force, potentially affecting their families' economic stability and futures.⁷⁵



LEVERAGING THE DATA: STATEWIDE

- **Address the gender wage gap in Indiana:** Improving women's economic outcomes is a crucial strategy to promote economic growth broadly and lift more children out of poverty. To grow Indiana's economy, the State can capitalize on the talents and skills of people who could be participating more fully in the economy.

State and local leaders, policymakers, and employers can examine their childcare and family leave, taxation, and pay transparency policies, if this gap is to truly close. As the wage gap between genders narrows, more money will be injected into the economy and families' pockets.

Low-income Working Families

About 36 million working-age Americans belong to the poorest one-third of all families with in the U.S.⁷⁶ Compared with children in higher income socioeconomic status (SES) households, children in low SES households experience higher rates of parent-reported mental health problems and greater exposure to stress, which can lead to negative long-term physical and mental health.⁷⁷ The working poor are people who spent at least 27 weeks in the labor force (working or looking for work) but whose incomes still fell below the official poverty level.⁷⁸ Children are defined as living in "working poor" households if someone was employed for 50 of the last 52 weeks and their total household income was less than 100% of the Federal Poverty Level.⁷⁹

- In 2019, a little over half of a million Hoosiers had an income below the Federal Poverty Level. Of those individuals living in poverty, 8.5% worked full-time, year-round (48,588 individuals), and 35.1% worked part-time or part-year (199,567 individuals). 7.0% of the total number of working Hoosiers are living below the poverty level.⁸⁰
- 59,326 children under 18 with two parents live in poverty, which is about 26.4% of all children living in poverty.⁸¹
- Most of the children living in a poor family have a single parent – 10.5% have a single father and 63.1% have a single mother.⁸²
- In 2019, 11.7% of children live with parent(s) who is/are employed full-time with incomes less than 100% of the Federal Poverty Level.⁸³ 22.6% of Indiana families earned incomes at or below 200% of the Federal Poverty Level, compared to the national average of 22.7% of families with an income at or below 200% of the Federal Poverty Level.⁸⁴

2020 Poverty Guidelines

| Persons in Family/ Household | Income |
|---------------------------------|----------|
| 1 | \$12,760 |
| 2 | \$17,240 |
| 3 | \$21,720 |
| 4 | \$26,200 |
| 5 | \$30,680 |
| 6 | \$35,160 |
| 7 | \$39,640 |
| 8 | \$44,120 |

Source: U.S. Department of Health and Human Services

Similar to wealth, disaggregating incomes for Hoosier families of different races and ethnicities reveals gaps. The majority of American Indian, Black, Hispanic, and Two or more races families earn less than the median income of Indiana.

Number and Percentage of Families by Income Level, Indiana: 2019

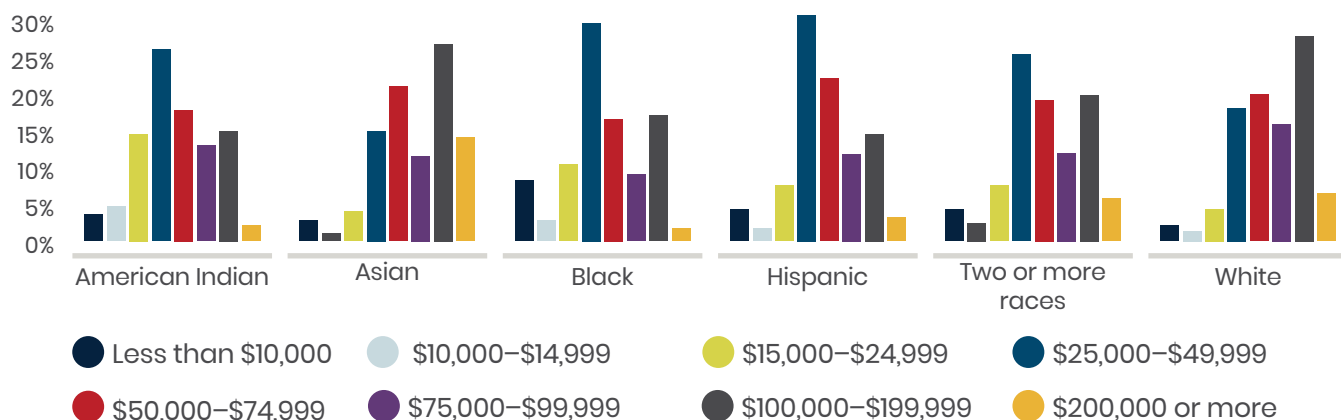
| | |
|------------------------|-----------------|
| Less than \$10,000 | 52,537 (3.2%) |
| \$10,000 to \$14,999 | 31,394 (1.9%) |
| \$15,000 to \$24,999 | 86,173 (5.3%) |
| \$25,000 to \$49,999 | 324,680 (19.8%) |
| \$50,000 to \$74,999 ← | 337,345 (20.6%) |
| \$75,000 to \$99,999 | 257,572 (15.7%) |
| \$100,000 to \$199,999 | 443,429 (27.1%) |
| \$200,000 or more | 106,094 (6.5%) |

Source: U.S. Census Bureau, Table B19101

← Indicates Median Income

These figures illustrate a disproportionality in Indiana's data, in which certain minorities (in particular, American Indian, Black, and Hispanic) are either underrepresented in favorable economic outcomes (e.g., income and homeownership) and overrepresented in adverse economic outcomes (e.g., poverty rates). As will be discussed throughout this section, *disproportionality* in data refers to a group's representation in a particular category that exceeds expectations for that group or differs substantially from the representation of others in that category. The disproportionality in Indiana's economic data, specifically for those minorities who have been historically marginalized and oppressed, is both a cause and a consequence of factors in the economy and society.

Percentage of Family Income by Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Tables B19101A – B19101I

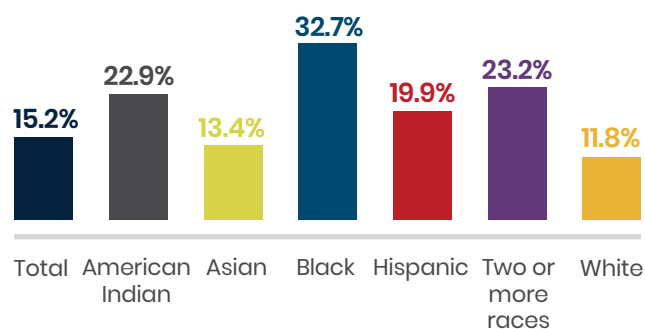
Poverty

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 is most harmful when it is persistent or experienced in early childhood.^{85,86} Low-income children and youth are susceptible to a variety of obstacles at school and home that limit their chances for educational success and contributes to negative health outcomes (e.g., infant mortality, low birthweight, chronic illness, malnutrition, and environmental exposure).⁸⁷ Students living in poverty face serious challenges at home and in their communities that often interfere with their development:

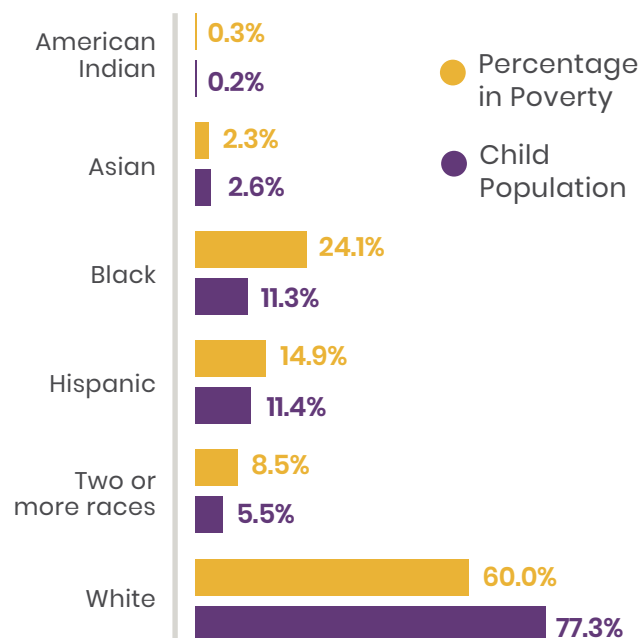
- **Instability and distress:** Instability, abuse, food and housing insecurity, language difficulties, addiction, domestic violence, and neglect occur with more frequency in low-income homes and all have negative effects on a child's cognitive, behavioral, and emotional development.
- **Poor nutrition and health:** Poor diet, less access to healthcare, and little exercise can affect a child's behavior at school. Additionally, these factors influence cognition and reasoning.
- **Brain development and cognition:** 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.⁸⁸

Currently, 230,725 Hoosier children live in poverty. Indiana's rate of 15.2% of children living in poverty is equivalent to the national rate.⁸⁹ Indiana ranks 23rd in the nation for the percentage of children living in poverty. It also ranks highest among neighboring states,

Percentage of Children in Poverty within Racial and Ethnic Subgroups, Indiana: 2019



Percentage of Children in Poverty by Race/Ethnicity Compared to Overall Child Population, Indiana: 2019



Source: U.S. Census Bureau, Tables B17001A-1

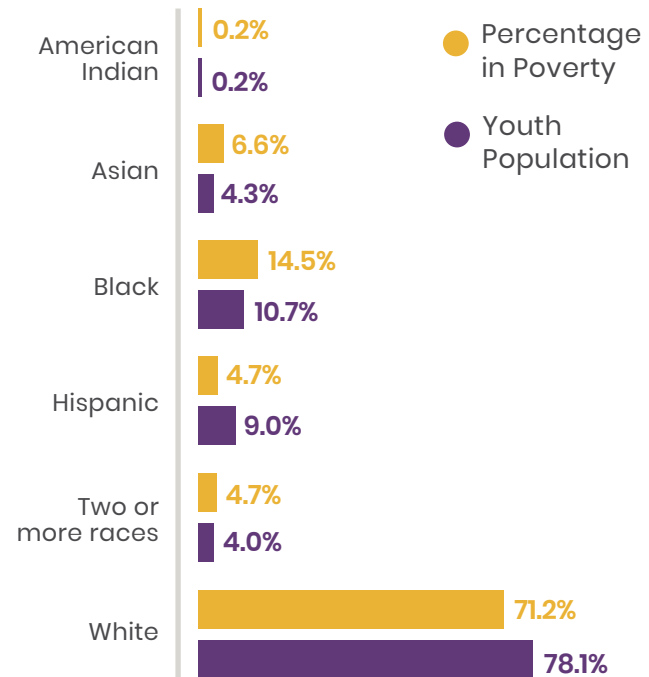
Note: American Indian uses a 5-year estimate while all other subgroups are a 1-year estimate.



indicating the lowest rate of children living in poverty in the region: Illinois (27th), Michigan (33rd), Ohio (33rd), and Kentucky (46th).⁹⁰

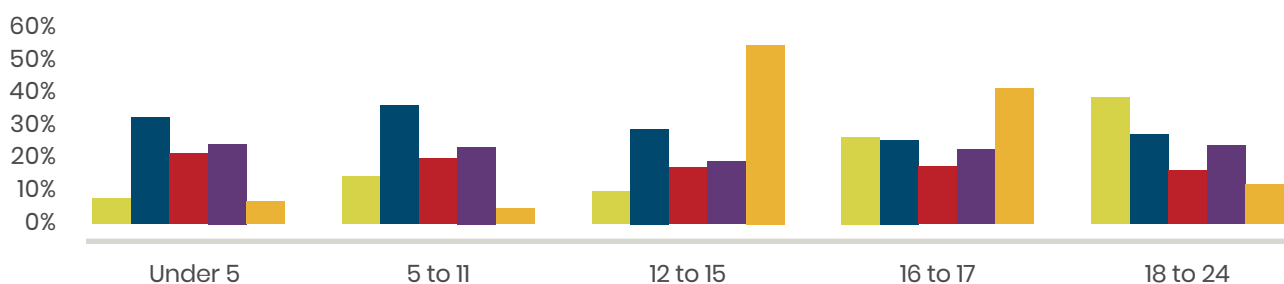
- The two age ranges with the highest number of children living in poverty are those under 5 years (about 67,000 children) and those between 6 to 11 years old (about 76,000 children).⁹¹
- Disaggregating the number of children in poverty by race and ethnicity reveals a disproportionality in Indiana's poverty rates. There are higher rates of Hoosier children of color living in poverty than the percentage of the total number of children of a specific race and ethnicity. For example, 11.3% of the child population is Black in Indiana; therefore, statistically, Black children would comprise 11.3% of the children living in poverty.⁹² Instead, there is a higher percentage of Black children in poverty – 24.1% – than their representation in the total population, signaling a social structure that Black children in Indiana are more likely to be poor than their peers of other races. Hispanic children and those of Two or more races have a similar disproportionality in terms of poverty compared to their total representation.
- Comparing poverty within racial and ethnic subgroups, similar rates of disproportionality emerge for Hoosier children of color. The following was calculated by comparing the total number of children of a racial/ethnic subgroup in poverty (e.g., Hispanic children in poverty) to the total number of children in that racial/ethnic subgroup (e.g., total number of Hispanic children).
- Of the total population living in poverty, 21.1% are older youth. Older youth 18 to 24 years old have high numbers of individuals living in poverty when compared to other adult segments of the population, however, disproportionality also exists within poverty rates for older youth disaggregated by race and ethnicity.⁹³
- Similarly, the levels of poverty are unequal when comparing across genders.
 - 59,682 Hoosier males 18 to 24 year old live below the poverty level – the highest amongst all of the male adult segments; the next highest number of Hoosier males living in poverty was 37,612 in ages 55 to 64.
 - More females ages 18 to 24 year old lived in poverty when compared to their male peers with 63,114 individuals. When compared to other female adult segments, though, those ages 18 to 24 were the second highest to 25 to 34 year old female Hoosiers – 63,673 females in this age range lived in poverty.⁹⁴
- Children in single-mother families are six times more likely to live in poverty (63.1%) than children in married-couple families (26.4%), and six more likely than children in single-father families (10.4%).⁹⁵

Percentage of Youth Ages 18 to 24 in Poverty by Race/Ethnicity Compared to Overall Population Ages 18 to 24, Indiana: 2019



Source: U.S. Census Bureau, Tables B17001A-I

Percentage of Children in Poverty by Age and Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Tables B17001A-I

Note: American Indian data were not available

Asian Black Hispanic Two or more races White

- 1 in 4 children with disabilities lives in poverty (24.1%), compared to 1 in 6 children without a disability (14.7%).⁹⁶

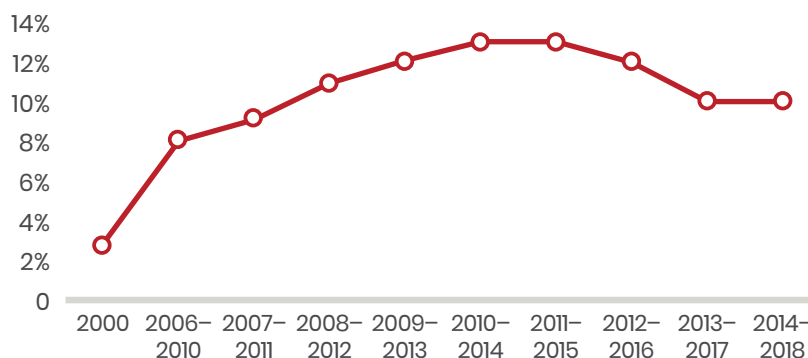
Although disabilities affect children of all income groups, low-income families face steeper challenges in affording supports, services, and resources for their children with disabilities. Specialized care and instruction are provided to children through their schools or covered by health insurance, but families often absorb additional and indirect costs related to supporting their children. Affording these additional supports may not be doable for families living below the poverty level. Children with disabilities that are also low-income may not have access to the same quantity or quality of resources and supports as that of their peers with disabilities in more affluent families. Poverty compounds the difficulties many children with disabilities face because of the lack of access and opportunity.⁹⁷

The U.S. Census Bureau designates high poverty communities as persistently high poverty areas where at least 20% of the population has lived in poverty over approximately three decades. Indiana's persistently poor communities are primarily located in or near cities, although not all cities in Indiana have persistently poor neighborhoods. In 1990, 21 of Indiana's communities designated by the Census Bureau had been highly poor since 1970. By 2016, the number of persistently high poor communities had increased to 170.⁹⁸

High-poverty neighborhoods are much more likely than others to have high rates of crime and violence, physical and mental health issues, and unemployment. Over the past 20 years, the percentage of Hoosier children living in high poverty has fluctuated significantly. Post-Great Recession, the rate of children living in high poverty areas was more than four times that at 2000 (13% versus 3%, respectively). The percentage of children living in high poverty decreased slightly but it has yet to return to the rates prior to the Great Recession, signifying an economic impact from which some families have yet to recover. Though Indiana has had 10% of its children living in high poverty communities since 2013, equivalent to the national average for this same time period, the spike post-Recession may hint at the economic ripples that will be felt due to the COVID-induced economic downturn. Furthermore, though the percentage of Hoosier children living in high-poverty areas has remained constant, Indiana's national ranking fell from 26th to 30th in 2018. This drop in ranking without a corresponding change in percentage indicates that other states are making improvements in this area in relation to Indiana.⁹⁹

Indiana has the second lowest percentage of Children Living in High-Poverty areas compared to our neighboring states: Illinois (9%), Ohio (12%), Michigan (14%), and Kentucky (15%).¹⁰⁰

Percentage of Children Living in High Poverty Areas, Indiana: 2000–2018



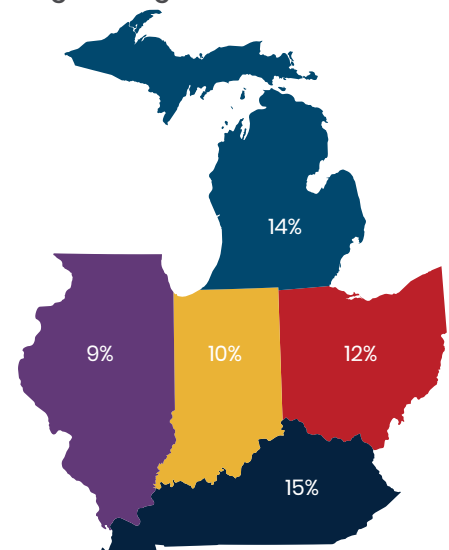
Source: National KIDS COUNT Data Center

Poverty Rate for Youth Under 18 by County, Indiana: 2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|------|
| Vigo | 24.8% | Hamilton | 4.3% |
| Crawford | 24.4% | Hendricks | 5.1% |
| Switzerland | 23.7% | Hancock | 5.7% |
| Wayne | 23.3% | Boone | 6.3% |
| LaPorte | 23.2% | Dubois | 6.8% |
| Delaware | 23.0% | Johnson | 7.6% |
| Grant | 22.7% | Warrick | 8.0% |
| Parke | 22.0% | Porter | 8.5% |
| St. Joseph | 21.5% | Whitley | 9.4% |
| Orange | 21.3% | Tipton | 9.5% |

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE)

Percentage of Children Living in High Poverty Areas, Indiana and Neighboring States: 2018



Source: National KIDS COUNT Data Center



LEVERAGING THE DATA: STATEWIDE

- **Connect existing sector-based training programs with coaching and proactive employment services for low-income parents:** In 2019, Congress asked the National Academies of Sciences, Engineering, and Medicine to conduct a comprehensive study of child poverty in the U.S. and to identify evidence-based programs and policies for reducing the number of children living in poverty by half within 10 years. Local, state, and federal programs that increase employment and earnings for parents can help bring more children out of poverty.

Though there is no single, silver-bullet solutions – many of the Leveraging the Data recommendations throughout this section address child poverty directly and indirectly, improving existing workforce development programs to include more coaching and employment services can help connect low-income parents to the jobs and wages necessary to giving their children a good life. One of the recommendations the National Academies [report](#) offered was to implement a training and employment program called WorkAdvance nationwide.¹⁰¹

The [WorkAdvance Model](#) offers low-income individuals education and employment-related skills and experience in high-demand sectors to help them advance in the labor market. It also provides training and coaching for participants tied to specific career paths and proactive reemployment services when a participant loses a job.¹⁰² Many of the WorkAdvance elements are present in Indiana's existing workforce development programs – [Workforce Ready Grants](#) and [Employer Training Grants](#), in particular.

The State can add elements from the WorkAdvance Model related to coaching and job placement services to proactively connect those in these programs with employment opportunities. Using existing state funds and structure (e.g., local Workforce Development Boards) coupled with federal funds or a Social Impact Bond would allow the State to augment its current workforce development programs to provide more directed support for low-income parents.

Economic Mobility

Economic mobility is defined as the ability of a child to improve their economic status. This is often measured by whether or not a person is able to do better economically than their parents. . Mobility rates are relatively low in areas with high income inequality and racial segregation. Economic mobility is especially low in Indiana's cities, such as Indianapolis. In a ranking of intergenerational mobility, of the 50 largest Commuting Zones in the US, Indianapolis ranked 46th, indicating that children born in this city have low rates of economic mobility compared to their peers in other urban areas.¹⁰³

- The lowest income children in Indianapolis have a 4.9% chance of progressing to the top 20% income bracket.
- For children of color in Indianapolis, that percentage is nearly cut in half.¹⁰⁴

Cost of Raising a Child

Annual child rearing expenses vary by household income, location, and size. Nationally, it will cost a family an average of \$233,610 to raise a child to age 17. In the urban Midwest, the estimate is slightly lower at \$227,400.¹⁰⁵ 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%), childcare and education (16% for those who spend money on it), and transportation (15%).¹⁰⁶
- Childcare can be one of the greatest financial hurdles for parents when raising children. Infant care for one Hoosier child would take up 22.0% of a median family's income in Indiana.¹⁰⁷
- 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.¹⁰⁸
- 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.¹⁰⁹

Rates of self-sufficiency standards, defined as a family's ability to make ends meet through income and without any government or philanthropic assistance, vary greatly by county. Family composition, the number of adults and children are in a family and the age of each child, and locale cause the self-



sufficiency standards to vary. To examine the different self-sufficiency standards for Hoosiers based on family composition and locale, please visit [here](#).

Childcare and Education

In 2019, Indiana was home to 468,169 children ages 0–6. Among Hoosier children younger than six years, 76.3% have all 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.¹¹⁰

- 113,781 children were enrolled in an early care and education program; a little less than half of those children were enrolled in a high-quality program. 16% of children in need (e.g., both parents or a single-parent are working and unable to care for their child during the day) were enrolled in a high-quality program.
- Only a third of children who need care are enrolled in a licensed or registered early care and education program. Children who are not enrolled in a known program are likely receiving informal care from a friend or family member.¹¹¹

These counties have the highest gaps between the percentages of children under 6 who need childcare juxtaposed with the percentage of children under 6 in need of care enrolled who are also enrolled in a childcare program. Three of the five counties are rural; two are urban.

Nationally, childcare and education, including the cost of daycare, school, or afterschool care, is the third largest expense for families. Finding childcare can be a difficult task and especially impacts rural areas. Other factors such as cost, childcare subsidies, work schedules, waiting lists, and transportation also limit access to child care.¹¹² The expense for childcare is considerably higher for children ages 0–5 than for those ages 6–17.¹¹³ Having steady, full-time employment and income does not always guarantee a family is able to afford child care.¹¹⁴

Indiana ranks 18th for the most expensive infant care in the nation. The average annual cost of infant care in Indiana is \$12,612, equaling \$1,051 per month.¹¹⁵

- Infant care in Indiana costs \$3,574 (39.5%) more per year than in-state tuition for a four-year public college.
- Indiana is one of 33 states and D.C. where infant care is more expensive than college.
- In Indiana, infant care costs 23.8% more than average rent.
- Infant care for one child would account for 22.0% of Indiana's median income. According to the U.S. Department of Health and Human Services, childcare is considered affordable if it costs no more than 7% of a family's income. By this standard, only 5.0% of Indiana families can afford infant care.
- A Hoosier parent earning minimum wage and working full-time would need to work full time for 43 weeks to pay for childcare for one infant. For that parent, the \$12,612 cost of infant care would consume 83.6% of their \$15,080 annual pay.¹¹⁶

Childcare for a 4-year-old is less expensive than infant care in Indiana, averaging a cost of \$9,557, or \$796 each month. This is still slightly higher than in-state tuition for a four-year public college, which averages to around \$9,000. For both an infant and a 4 year old, the annual cost of childcare would be around \$22,170.¹¹⁷

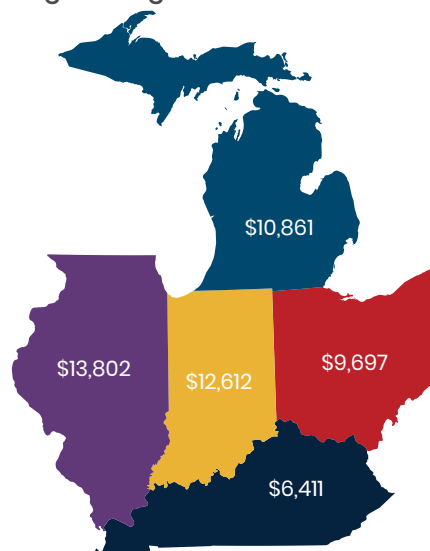
In Indiana, 9.3% of all families with children younger than 6 have problems with childcare severe that are enough to have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year in 2019.¹¹⁸ Working parents with children under 5 are absent from work an average of 13.3 days due to childcare issues.¹¹⁹

Percentage of Young Children Under 6 Who Need Care and Enrolled in a Program, Indiana: 2019

| | Under 6 Years In Need of Care | Under 6 Years Enrolled in a Program |
|-------------|-------------------------------|-------------------------------------|
| Dubois | 82% | 38% |
| Vanderburgh | 75% | 54% |
| Fountain | 74% | 8% |
| White | 74% | 33% |
| Floyd | 72% | 48% |

Source: Indiana Early Learning Advisory Committee

Cost of Infant Care, Indiana and Neighboring States: 2020



Source: Economic Policy Institute



Child Care and Development Fund

For low-income parents, federal and state programs can support childcare access and affordability. Head Start, On My Way Pre-K (OMW), and Child Care and Development Fund (CCDF) assist families struggling with poverty in obtaining childcare. CCDF is a federal program that provides subsidies to low-income, working families for childcare. Currently, parents/foster parents who are working, going to school, or have a referral from Department of Child Services (DCS) or a referral from TANF or SNAP receive priority access to CCDF funding. Individuals must earn less than 127% of the Federal Poverty Level to obtain a voucher. To maintain that voucher, parents can earn up to 85% of the state median salary (around \$43,000).¹²⁰

- In academic year 2019–2020, 27,266 infants and children ages 1 to 5 received a CCDF voucher.
- 17,964 infants and children (65.9%) ages 1 to 5 who received a CCDF voucher attended a high-quality program.¹²¹
- State funding for CCDF vouchers was slightly over \$227 million.¹²²

On My Way Pre-K

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 (OMW). Indiana established the eligibility for On My Way Pre-K to mirror that of CCDF. One primary difference in these two programs is that On My Way Pre-K focuses on provider quality. Parents can only use their state voucher at a childcare facility that is rated a 3 or 4 on Paths To QUALITY™, Indiana's childcare quality rating and improvement system. Among other standards, a Level 3 childcare facility has planned curriculum guides for child development and school readiness, and a Level 4 also has national accreditation.

As of May 2019, families living in any county in Indiana may be eligible for On My Way Pre-K. In order to qualify, parents/guardians in the household must have a service need, such as working, going to school, or attending job training. All On My Way Pre-K vouchers are full-time, allowing children to receive the time they need to prepare for kindergarten, even if the parent works or goes to school part-time. Families must earn less than 127% of Federal Poverty Level to qualify for a voucher.¹²³

- For the 2019–2020 Academic Year, the On My Way Pre-K program served 3,412 students.¹²⁴
- 57.7% of children in OMW were White; 47.7% were Black; 11.8% were Hispanic; 7.8% were Two or more races; 1.4% were Asian; and 0.7% were American Indian.
- Most of the children served live in Marion County (1,051), followed by Vanderburgh (330), Lake (282), Allen (213), St. Joseph (195), and Tippecanoe (147) Counties. Marion, Vanderburgh, Lake, and Allen counties were the pilot counties for On My Way Pre-K in 2014.¹²⁵

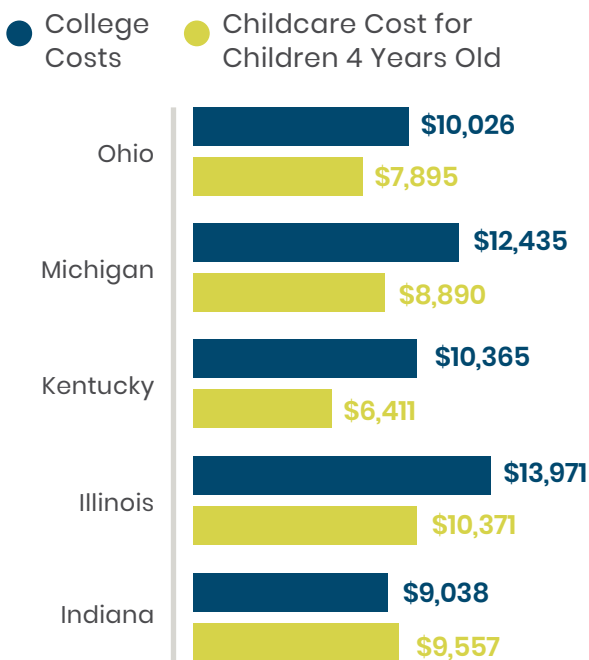
Early Head Start and Head Start

Early Head Start and Head Start are federally-funded programs that promote the academic readiness of young children before birth to age five in local communities. Early Head Start serves pregnant women, infants, and toddlers to age 3, and Head Start serves children ages 3 to 5 from families with an income below 100% Federal Poverty Level, experiencing homelessness, receiving public assistance, or in the foster care system.¹²⁶

In 2017–2018, Indiana's funded enrollment for Head Start and Early Head Start was 14,728 children and 119 pregnant women, but, due to attrition throughout the year, the cumulative enrollment was 18,816 children and 283 pregnant women.¹²⁷

- There are 285 centers in Indiana offering Head Start and/or Early Head Start programs, and 7 additional centers for children of migrant and seasonal workers. Every county in Indiana has access to at least one Head Start program, except for Tipton and Warren counties.
- The majority of children enrolled in Early Head Start and Head Start are ages 3 and 4 (74%).¹²⁸

Average Cost of In-State Public College and Childcare for Children Ages 4 Years Old, Indiana and Neighboring States: 2020



Source: Economic Policy Institute

- In FY 2019, 5% of eligible Hoosier children ages 0–3 had access to EHS.¹²⁹
- In 2019, 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.¹³⁰

Availability of Childcare

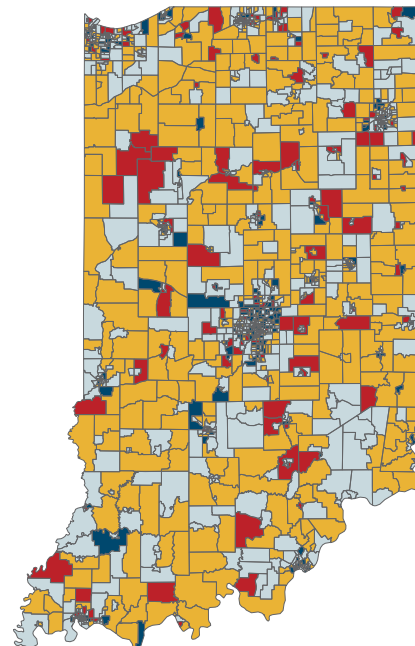
In addition to costs, families face a range of challenges navigating childcare policies: the complexity of arranging childcare during both traditional and non-traditional working hours (e.g., evenings and weekends); limited information or awareness about childcare options; and limited supply of good quality care overall, specifically in certain regions on the state. Indiana has 281 census tracts identified as ‘childcare hubs,’ where there are the highest number of spots available per child under age 5, and 149 areas in Indiana are considered ‘childcare deserts,’ where there are more than 3 children under age 5 for every single childcare spot. Hubs have sufficient childcare availability and deserts do not.¹³¹

Many of Indiana’s rural counties are ‘childcare deserts,’ preventing many rural Hoosier children and families from accessing early childhood education opportunities. This limited access impacts a family’s earning potential, since childcare availability allows a parent(s) to obtain employment, and academic potential, because high-quality childcare can positively impact a child’s academic preparedness (which is discussed further in the Education section).¹³²

To learn more about childcare access across Indiana, please visit Early Learning Indiana’s [story map](#).

Census Tracts by Childcare Capacity, Indiana: 2019

- Child Care Hub
- Moderate Capacity
- Low Capacity
- Child Care Desert



Source: Indiana Business Research Center



Since the initial shut down due to COVID-19, Indiana lost 50% of its capacity to serve children in early care and education programs. Prior to COVID-19, all Indiana counties had at least one early care and education program, but during the shutdown, four counties in Indiana had no open early care and education programs (Newton, Union, Ohio, and Crawford). COVID has exacerbated the previous scarcity of available childcare in Indiana’s childcare deserts in rural counties. Of the programs which remained opened, the majority of them were family childcare homes (73%). Enrollment has also dropped. In 2019–2020, Marion County had the highest number of

children enrolled in On My Way Pre-K at 1,632. In 2020–2021, Marion County’s enrollment in On My Way Pre-K fell to 305 children. One unexpected byproduct of the pandemic was that the number of high-quality programs in Indiana has increased during COVID-19. As of June 30, 2020, there are 78 new high quality programs compared to 2019. To support the early care and education industry, federal and state governments provided funding.¹³³

LEVERAGING THE DATA: STATEWIDE

- **Strengthen data reporting and sharing:** Currently, there are limitations in understanding the full impact of COVID-19 on Indiana’s early care and education sector due to the gaps in the data systems. For example, neither real-time information on enrollment and attendance by age group (infants, toddlers, preschoolers, and school-age children), nor information on early educator job loss and creation, are available.

Developing a unified early care and education data system would equip state agencies and partners to learn about and respond to emergency situations and to have more rapid, consistent, systematic, and comprehensive reporting.



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 care while a married-couple-family will spend 6.8% of theirs.¹³⁴

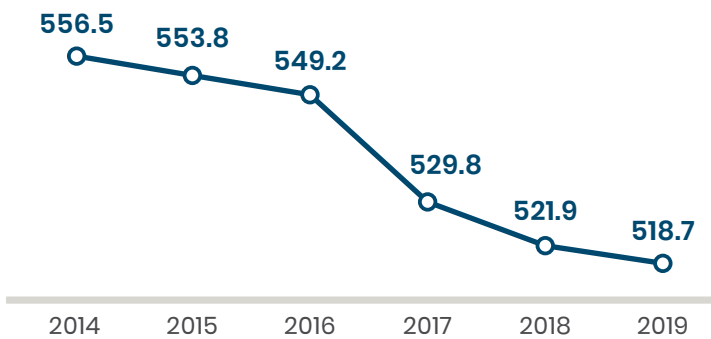
- In 2018, the average annual cost of before/after school care in Indiana was \$4,290 in a center and \$3,510 in a home.
- In Indiana, the average annual cost of center-based and home-based care for school-age children will cost nearly 20% of a single parent families income.¹³⁵

Additional information on after-school care and activities can be found in the Education section.

Child Support

Indiana's Child Support Program aims to ensure that every Hoosier child has the financial support of both parents, irrespective if the parents are married or cohabitation status. The Child Support Program assists with locating noncustodial parents, establishing paternity, establishing child support and medical support orders, and enforcing payment of child support. Failure to pay child support can further the cyclical nature of poverty in many of our communities and further splinter communities through potential incarceration of the offending parent.¹³⁶

Dollars in Millions Distributed to Noncustodial Parents of Children, Indiana: 2014–2019



Source: Office of Child Support Enforcement

- In 2019, \$518.7 million was distributed from noncustodial parents on behalf of children in Indiana. This distribution has decreased by 6.4% since 2015 (\$553.8 million).¹³⁷
- An additional \$10.6 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.
- In 2019, there were 250,183 child support cases; similar to the payments, this number has also been decreasing since 2015, 10.4% decrease (279,327).¹³⁸

Economic Program Eligibility and Enrollment

Economic security programs such as Social Security, food assistance, and tax credits help reduce poverty for working families.¹³⁹ 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.¹⁴⁰

Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is a refundable tax credit available to eligible workers earning relatively low wages. Income thresholds for eligibility vary based on marital status and number of qualifying children, and the refund depends on a recipient's earned income, number of qualifying children a taxpayer has, and the taxpayer's marital status. For 2020, the maximum EITC for a taxpayer with one child is \$3,584 per year; for two children, \$5,920 per year; and for three or more children, \$6,660 per year.¹⁴¹

In 2017, the EITC lifted approximately 5.7 million people out of poverty across the nation, including about 3 million children. Low socioeconomic status to Adverse Childhood Experience (ACEs) exposures and children's long-term health, educational, and social outcomes.¹⁴² Because income can influence children's health both directly in terms of access and care and indirectly through social determinants of health (e.g., availability of safe housing and local food markets), the EITC may correlate with higher health outcomes for children in financially struggling families. The state EITC is connected to a reduction in the low birthweight rate of infants (weight of less than 2,500 grams, or about 5 pounds, 8 ounces), because low birthweight can put babies at risk for death and poor childhood health.¹⁴³

Indiana is one of 25 states that offers a state supplement to the federal EITC. The state's Earned Income Tax Credit provides up to 9% of the earned income credit claimed on the federal income tax return.¹⁴⁴

- In 2019, 510,000 Hoosier families received a refund through the federal EITC for a total of \$1.2 billion.
- Indiana families received an average \$2,440 EITC refund, which was slightly lower than the national average of \$2,476.¹⁴⁵

LEVERAGING THE DATA:

Statewide:

- Measure and report EITC use in relation to SNAP and TANF:** The federal EITC and SNAP programs are the largest means-tested transfer programs for low-income working parents in the United States. TANF, as discussed further below, has a narrower focus on those families living in deep poverty (below 100% FPL). To understand how Hoosiers may be benefitting from these programs, the State can measure and report how many people are using each program's benefits. Transparency regarding the participation relationship of these three programs will allow both state entities and community-based organizations and programs understand the effectiveness and reach of government programs. Because expanded EITC benefits may reduce the need for TANF or food stamp benefits, quantifying the participation overlap and differences will allow for greater understanding of how these programs lift families out of poverty.
- Extend State EITC eligibility to non-custodial parents:** Extending Sate EITC eligibility to noncustodial parents can benefit those who work and pay their child support in full. A noncustodial parents EITC would operate like the child-based EITC, providing a refundable tax credit to low-income working parents and encouraging work. Under current federal income tax rules, low-income noncustodial parents are ineligible for the EITC benefits available to low-income families with children, even when they support their children through full payment of child support. A noncustodial parents EITC policy can reduce this disparity and increase incentives for work and payment of child support. The State can limit a noncustodial parents EITC to those in the child support enforcement program, as is done in New York and Washington, D.C., to simplify the administration of this new EITC. Custodial families could also benefit from the increased child support payments produced in response to the incentives generated by an NCP EITC.¹⁴⁶

Nationally:

- Expand EITC benefits to childless older youth:** Workers ages 18 to 24 without qualifying children are ineligible for the EITC. As a result, the federal EITC lifts few low-income young adult workers without qualifying children out of poverty. As well, the social benefits realized by EITC recipients with qualifying children, such as improved long-term health, career, and education outcomes, do not extend to recipients without qualifying children because they receive smaller tax credits.¹⁴⁷ As denoted above, 1 of every 5 Hoosier (21.1%) ages 18 to 24 is living in poverty.¹⁴⁸ Expanding EITC benefits – a program recognized for bringing low-income individuals into the labor force – can reduce the poverty rates and raise the employment rates of young adults in Indiana.¹⁴⁹

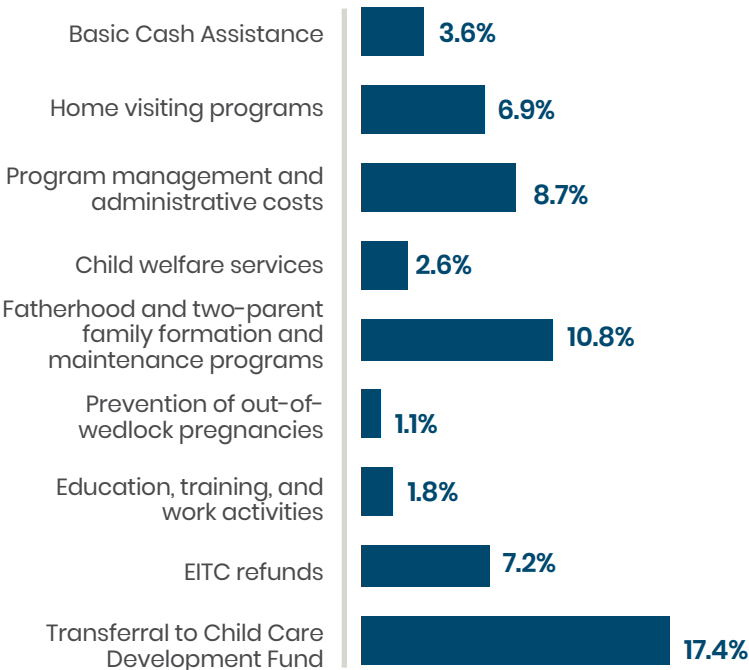
Temporary Assistance for Needy Families

Temporary Assistance for Needy Families (TANF) is a short-term assistance program providing both cash assistance and non-cash services to help families become self-sufficient. States receive block grants to design and operate programs that accomplish one of the purposes of the TANF program:

1. Provide assistance to needy families so that children can be cared for in their own homes or in the homes of relatives,
2. End the dependence of needy parents by promoting job preparation, work, and marriage,
3. Prevent and reduce the incidence of out-of-wedlock pregnancies, and
4. Encourage the formation and maintenance of two-parent families.¹⁵⁰

The monthly cash assistance from TANF of \$288 (family of 3) was set by the State in 1988 and has not changed to keep up with

TANF Allocations, Indiana: 2019



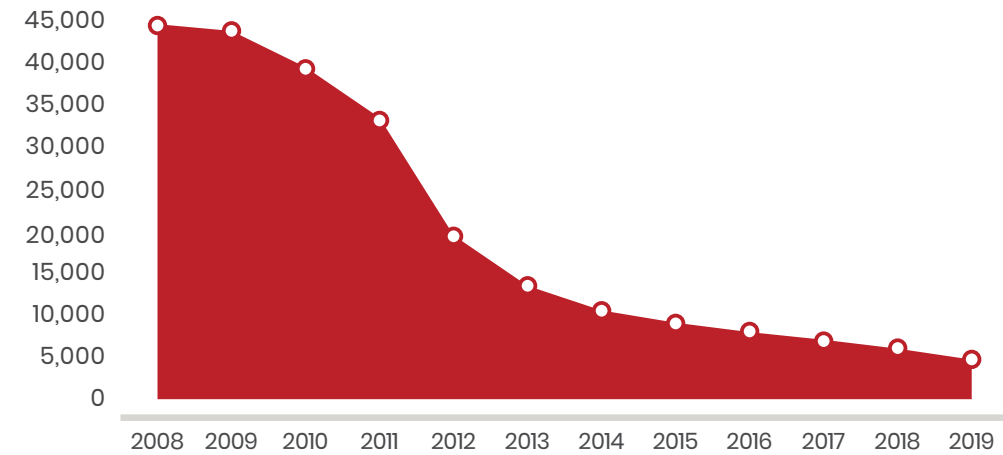
Source: U.S. Administration for Children & Families



inflation. The eligibility guidelines for TANF can be found [here](#).

The bulk of Indiana's TANF funding from the federal government goes primarily to services other than cash assistance. In Fiscal Year 2019, Indiana received \$206 million in federal funds from the TANF block grant and added \$118 million of the State's own funds to meet the federally mandated inclusion of maintenance of effort funding. Of the total TANF spending, \$12.7 million was allocated to cash assistance, about 3.6% of the total funding; \$32 million was unobligated. The majority of the TANF block grant funds childcare, fatherhood and two-parent formation and maintenance programs, and administrative costs.¹⁵¹

Monthly Average Number of Families Receiving TANF, Indiana: 2008 – 2019



Source: Indiana Family and Social Services Administration

In 2019, 5,235 families received TANF cash assistance. The number of families receiving TANF cash assistance has declined dramatically by 84.6% since the Great Recession in 2010, which has not coincided with the economic fluctuations of the Hoosier families.¹⁵²

- In 2017–2018, for every 100 families living in poverty in Indiana, only 6 received TANF; the national average was 22 families. The number of children whose families may qualify for TANF cash assistance has also been steadily decreasing, but the totals are much higher than the number of families receiving cash assistance.¹⁵³

Children in Extreme Poverty (50% of Federal Poverty Level), Indiana: 2010–2019

| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Percent | 10.0% | 12.0% | 10.0% | 10.0% | 9.0% | 9.0% | 9.0% | 8.0% | 8.0% | 7.0% |
| Number | 154,936 | 180,971 | 163,534 | 156,731 | 141,781 | 144,519 | 133,661 | 126,285 | 121,658 | 109,776 |

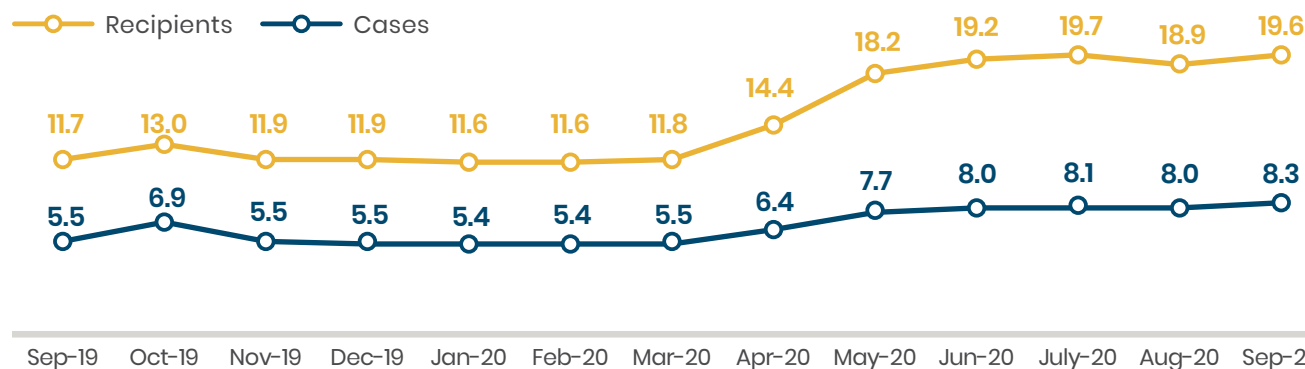
Source: U.S. Census Bureau, Table B17024

- The majority of Hoosiers who benefit from TANF cash assistance are children. Of the 18,662 TANF recipients in September 2020, 14,590 (78.2%) were children versus 4,072 (21.8%) adults. TANF recipients are primarily one-parent families. In 2019, 7,330 TANF families were one-parent and 620 were two-parent.¹⁵⁴
- Indiana counties have seen a large reduction in the number of families receiving TANF cash assistance over the past decade. This reduction ranges from a 90.9% decrease in Lake County to a 44.8% decrease in Lagrange County.¹⁵⁵



The economic impact from the COVID-19 pandemic has significantly increased the number of TANF recipients in Indiana. Prior to the pandemic, in February 2020, 5,340 families (9,753 children) received TANF benefits.¹⁵⁶ By September 2020, the number of families receiving TANF increased to 7,950 (14,590 children).¹⁵⁷ Though Indiana's spike in unemployment decreased over the course of the pandemic, TANF reliance steadily increased

TANF Cases and Recipients in Thousand (TANF Regular and TANT Two-Parent), Indiana: September 2019 – September 2020



Source: Indiana Family and Social Services Administration

LEVERAGING THE DATA: STATEWIDE

- **Examine cash assistance level:** The monthly cash assistance from TANF of \$288 established by the State in 1988 does not provide enough support to children and families in need. Given that there have been unobligated funds from the TANF Block Grant, there is funding available to provide more cash assistance to families. The State could examine the current law directing funding levels and update it to reflect inflation and economic changes from the past 30 years.
- **Expand income eligibility guidelines:** The eligibility for TANF was also set in statute in 1988. Of the children living in high poverty, only 6% receive TANF support due to the State's income eligibility thresholds. Additionally, Indiana has one of the lowest eligibility levels in the country, preventing many child in poverty from receiving support. Similar to the cash assistance level, the State can examine the eligibility threshold to reflect inflation and economic changes from the past 30 years.
- **Increase data transparency:** The State can include disaggregated data in their monthly reports for TANF, which show TANF recipients by race/ethnicity, gender, age, and county (unless the data must be suppressed for privacy reason). This additional data will help identify an overlaps or gaps in programs and services based on different locales or demographics, as well as structural barriers that need to be addressed to ensure all Hoosier children and youth find success.

Child Tax Credit

The child tax credit (CTC) provides a credit of up to \$2,000 per child under age 17. If the credit exceeds taxes owed, families may receive up to \$1,400 per child as a refund. Other dependents, including children ages 17–18 and full-time college students ages 19–24, can receive a nonrefundable credit of up to \$500 each.¹⁵⁸ An estimated 90% of U.S. families with children will receive an average CTC of \$2,380 in 2020. Families with children in all income groups will benefit from the CTC, but families in the lowest income bracket are least likely to benefit from the credit because they will not have sufficient earnings to qualify for the credit. Nationally, just under 75% of families in the lowest income bracket will be eligible for a CTC, receiving an average benefit of \$1,280. The average credit is the smallest for this group because low-income families are most likely to be limited to the refundable portion of the credit, which is capped at \$1,400 rather than the full \$2,000 limit for the nonrefundable credit. The percentage of families with children receiving the credit and the average credit amount are higher among moderate- and middle-income families.¹⁵⁹

Social Security

Social Security benefits are available to children through two programs: Supplemental Security Income (SSI) and Old-Age, Survivors and Disability Insurance (OASDI). OASDI provides support for children whose parents are disabled, retired or deceased, and benefits are based on the earning record of the parent(s).¹⁶⁰ SSI provides support for children with qualifying disabilities and payments based on need.

- 95,180 Indiana children receive benefits through OASDI. Of these, 13,427 have a parent who is retired; 34,560 have a parent who is disabled; and 47,193 have a parent who is deceased.
- In 2019, 21,210 Indiana children under 18 received SSI, with an average monthly payment of \$663.86.¹⁶¹

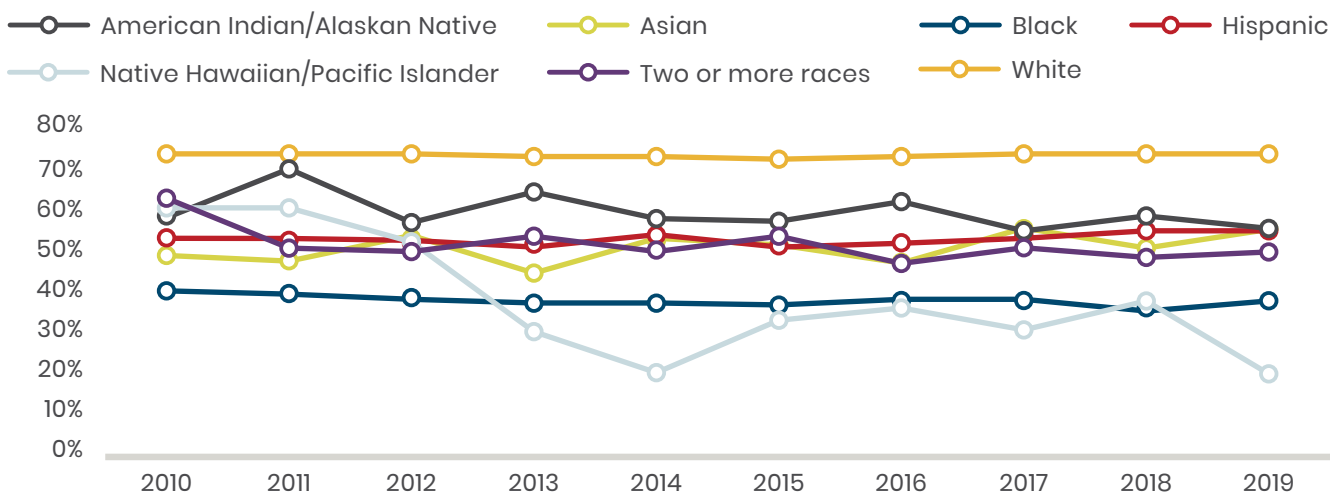


Housing

Housing stability and quality play a critical role in children's long-term development and in health, economic stability, education, and other social outcomes.¹⁶² 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 difficulty meeting needs and reduced spending on essentials (such as food and medical needs) and enrichment activities. Housing burdens can lead to parental stress, which also negatively impacts children. 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 home ownership opportunities, particularly for low-income households.¹⁶³

- Indiana has over 2.5 million occupied housing units, 69.3% of which are owner-occupied and 31.0% of which are renter-occupied.¹⁶⁴
- In Indiana, 65.2% of owner-occupied housing units have a mortgage.¹⁶⁵
- In the Spotlight on Wealth Gap, the racial and ethnic disparities of homes owned is shown. Those figures compared homes owned by race and ethnic subgroup to the total of homes owned across Indiana. The percent of homeownership when comparing homes owned by race and ethnicity (e.g., Black-owned homes) to the total housing units occupied by that particular subgroup (e.g., total Black housing units) still has disparities between White Hoosiers and their peers.¹⁶⁶
- Median rent in Indiana is \$840, which is about 17.8% of Hoosiers' monthly income.¹⁶⁷
- 21,588 occupied housing units lack complete kitchen facilities (0.8%) and 10,233 lack complete plumbing facilities (0.4%).¹⁶⁸

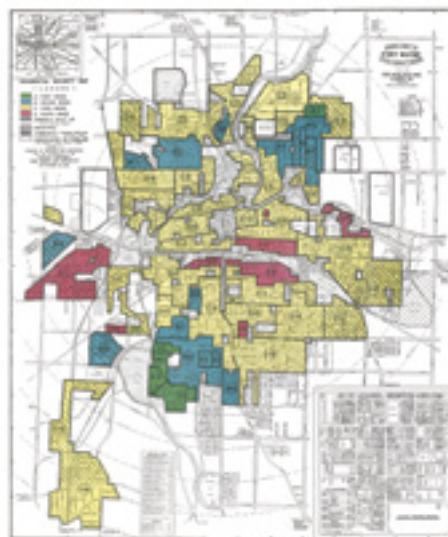
Percentage of Homeownership by Race/Ethnicity, Indiana: 2010–2019



Source: U.S. Census Bureau, Tables B25003A–I

Housing Affordability

As discussed in Family and Community section, residential segregation has impacted specific families' access to affordable, safe housing. Residential segregation is often attributed to racially discriminatory landlords and bankers crafting ways to skirt integration in certain neighborhoods in large cities, and the United States has a long history of federal, state, and local policies that generated the residential segregation found across the country today. In 1933, faced with a housing shortage, the federal government began a program explicitly designed to increase and segregate America's housing options. The housing programs begun under the New Deal were designed to provide housing to White, middle- and lower-middle-class families. Black families and other people of color were left out of the new suburban communities and pushed instead into urban housing projects. The Federal Housing Administration furthered the housing segregation efforts by refusing to insure mortgages in and near Black neighborhoods, a policy



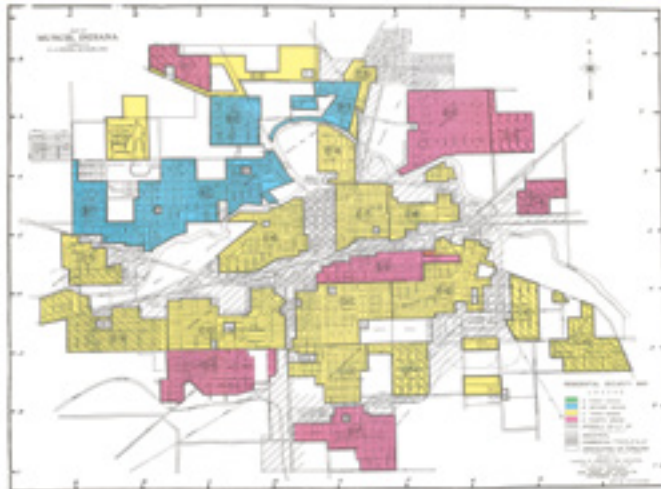
Fort Wayne



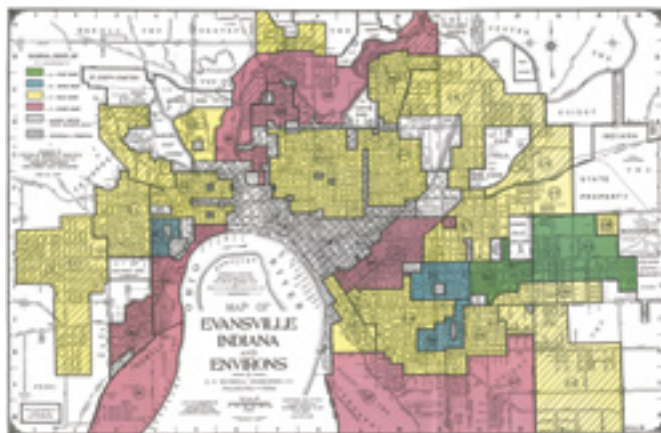


known as “redlining.” Redlining originated during the New Deal, when the federal government color-coded maps of every metropolitan area in the country. The color codes were designed to indicate where it was safe to insure mortgages, and anywhere where Black Americans lived were colored red to indicate to appraisers that these neighborhoods were too risky to insure mortgages. Redlined neighborhoods also included immigrants from Asia and southern Europe, Jews, and Irish, but a majority of occupants were Black.¹⁶⁹

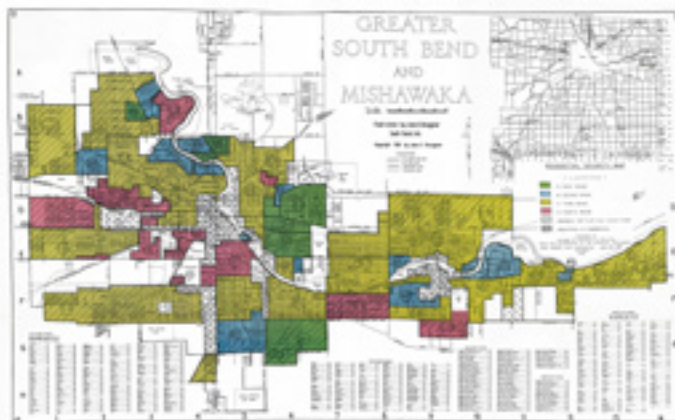
These digital scans of 1930s maps of Indiana’s cities illustrate how neighborhoods were segmented and color coded based on desirability. Neighborhoods in green and blue were considered desirable; yellow neighborhoods were denoted as declining; and redlined neighborhoods were hazardous.



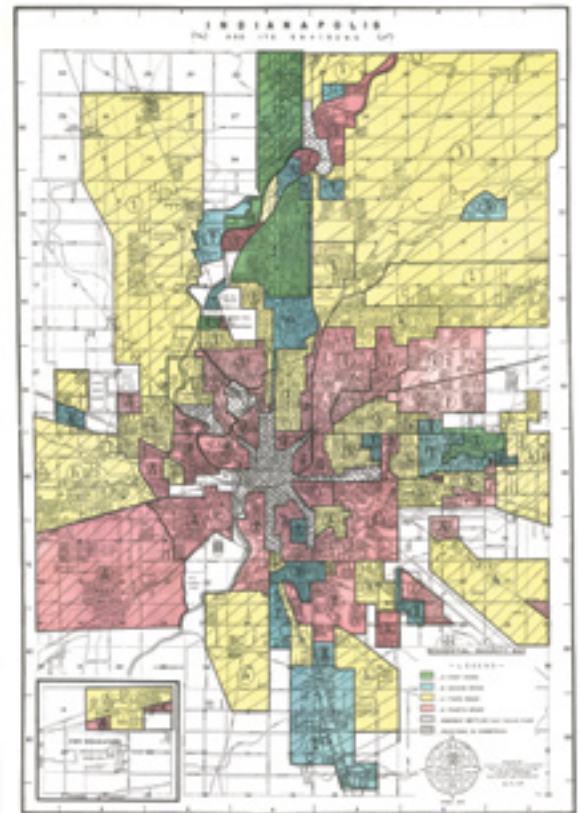
Muncie



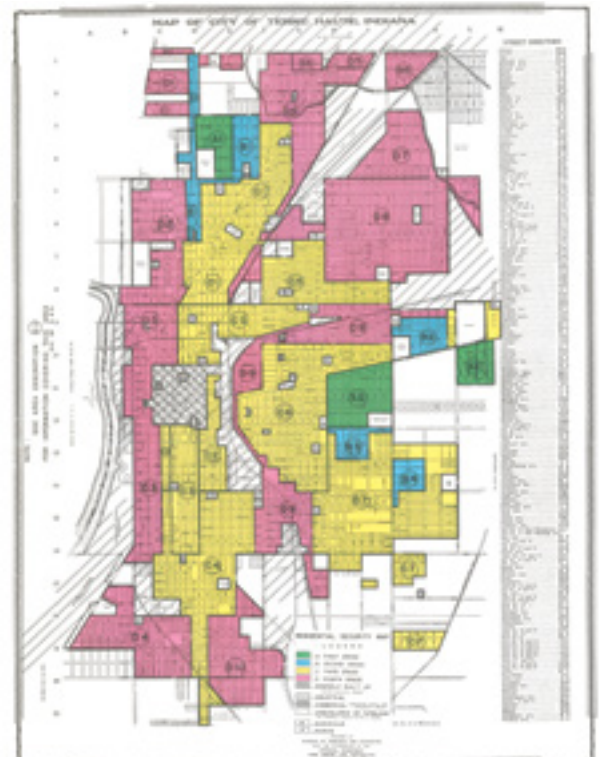
Evansville



South Bend



Indianapolis



Terre Haute

Source: University of Richmond

Indiana Youth Institute | IYI.org



To view the maps for Gary and the Lake County region, please see [here](#). For additional information on redlining, check out this [initiative](#) from the University of Richmond.

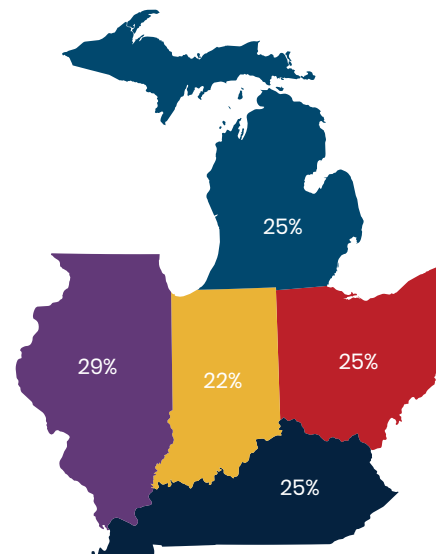
As denoted in the Spotlight on the Wealth Gap, as well as the section on Segregation in Family and Community, housing is directly tied to one's overall wealth and quality of life. The lack of affordable housing outside of the formerly redlined neighborhoods after the government's deregulation of its housing policies helped racial segregation persist to the present.¹⁷⁰ Today, formerly redlined neighborhoods tend to be home to a largely minority populations and display the most persistent economic inequality.¹⁷¹

High Housing Burden

Families who spend more than 30% of their income on housing costs each month are considered to have a high housing burden. Families facing high housing burdens may not have enough income to cover other basic needs, such as food, medical care, and other costs related to raising a child.¹⁷²

- In 2018, 348,000 Hoosier children lived in a family with a high housing burden. Indiana ranks 7th for children living in households with a high housing burden and its rate of 22% which is lower than the national average of 31%. This is a slight improvement from 2017's percentage of 23% and rank of 11th.¹⁷³
- Indiana ranks best among our neighboring states: Michigan, Ohio, and Kentucky (16th), and Illinois (30th).¹⁷⁴
- Families and children in rental units tend to have a high housing burden. Of those homes with mortgage, 18.8% had a payment 30% or more of their household income, but 45.3% of families paying rent had payments 30% or more of their household income.¹⁷⁵
- High housing burdens disproportionately impacted Hoosier children of color: 74,000 Black children (41%); 30,000 Multiracial children (32%), and 55,000 Hispanic children (31%) belong to families with high housing burdens. White children had the lowest percentage of children in living in families with high housing burdens with 186,000 children total (17%).¹⁷⁶

Percentage of Children Living in Households With a High Housing Burden, Indiana and Neighboring States: 2018



Source: Annie E. Casey Foundation

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 towards rent and utilities costs.¹⁷⁷ 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 and housing stability.¹⁷⁸

- 31% of children are part of a family paying half of their household income toward housing.¹⁷⁹
- 19,210 Indiana school children lived in shelters, on the street, doubled up with other families, or in hotels or motels during the 2016–2017 school year.¹⁸⁰
- 62% of assisted people (107,200 people) are in households with children that use rental assistance to avoid homelessness.¹⁸¹



As employment and household income has staggered and declined during the COVID-19 pandemic in Indiana, thousands of Hoosiers' housing has become increasingly unstable due to their inability to pay rent. The absence of a stable living arrangement adversely impacts the mental health, educational, and behavioral outcomes of youth. In September 2020, the federal government issued a moratorium on evictions until December 31, 2020 which prevented landlords from evicting tenants for non-payment. Payments for rent and housing, however, continued to accrue.¹⁸² Many Hoosier families

will face backpay for the rent they have been unable to pay due to COVID-19's economic impact once the moratorium ends. This will create a financial confluence of months of owed backpay plus continuing rental payments Hoosiers may not be able to afford, which may lead to evictions throughout 2021.



Approximately 19,000 Hoosier households received \$40 million in federal stipends towards their housing costs from Indiana's allocation of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding.¹⁸³ The National Low Income Housing Coalition estimates 248,000 to 313,000 Hoosier households (representing approximately 31% – 42% of households and 569,000 to 720,000 Hoosiers) could be at risk of potential evictions.¹⁸⁴ Marion County, which had a separate allocation of funding dedicated solely to its residents needing rental assistance, received 10,000 applications for housing assistance, overwhelming the program and causing county officials to temporarily suspended receiving new applications within three days of opening applications.¹⁸⁵ Statewide, Indiana initially received more than 24,000 applications for a program designed to support 12,000 households. Most of the applications came from

- Lake County (4,427)
- Allen County (2,074)
- Vanderburgh County (957)¹⁸⁶
- St. Joseph County (2,593)
- Tippecanoe County (1,011)

Eligible renters received up to \$500 in assistance for four months, totaling a maximum of \$2,000, to help cover past and ongoing rent payments or late fees. This assistance did not cover a complete rental payment for many Hoosiers, as the median rental payment in Indiana is \$840 per month.¹⁸⁷

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.

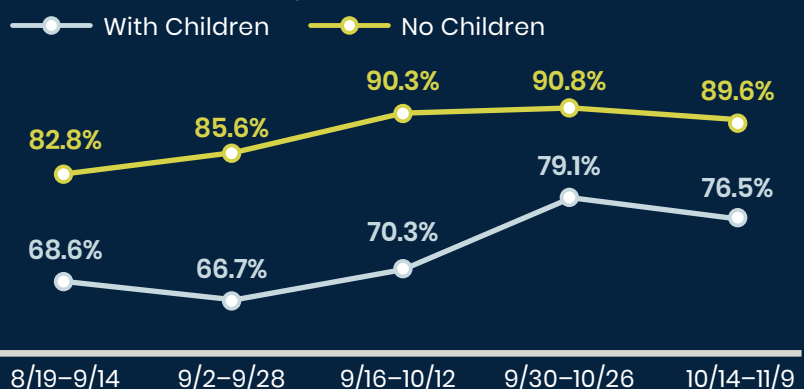
Evictions disproportionately affect low-income renters, women, and especially low-income women of color. Evictions negatively affect mental health, may cause job loss, and prevent families from relocating to future housing due to the presence of an eviction on their court record.

- In 2016, Indiana's eviction rate, the number of evictions per 100 renter homes, was 4.1%, which was nearly twice the national rate of 2.3%.¹⁸⁸
 - Using the Household Pulse Survey, between October 14 – November 9, many Hoosiers that are renting have a higher likelihood of leaving their homes in the next two months due to eviction than the rest of the country. In Indiana, 37.5% of households with children under 18 are potentially facing eviction. Nationally, 46.5% of households with children under 18 face eviction.
- Foreclosure potential among Hoosiers who own their homes is significantly less than it is for those renting, echoing a similar trend of high housing burdens shouldered more by renters than owners. 29.4% of household with children under 18 face potential foreclosure in the next two months. This is higher than the national rate of potential foreclosures for household with children at 19.8%. 13.2% of household with children under 18 face potential foreclosure in the next two months. This is higher than the national rate of potential foreclosures for household with children at 16.8%.¹⁸⁹



Throughout the pandemic, renters with children have felt the strains of housing insecurity more so than those without children.

Percentage of Households Currently Caught Up on Rent Payment, Indiana: August 19 – November 9, 2020



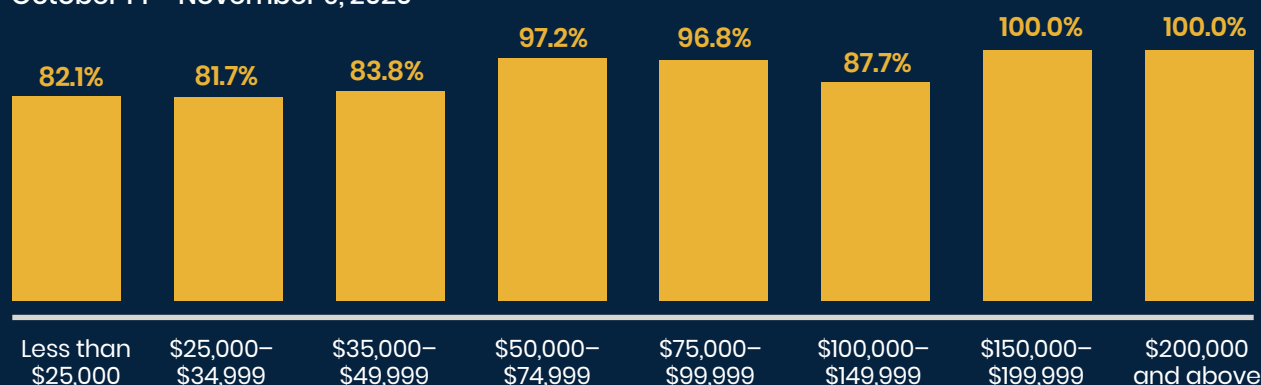
Source: U.S. Census Bureau, Household Pulse Survey

Note: To address the margins of error, the percentage combine two weeks of data from the Household Pulse Survey.



Family income and parental employment directly connect with housing insecurity. Hoosiers with incomes less than \$50,000 have struggled to make their rent payment. As discussed in the TANF section above, though unemployment rates have decreased, many Hoosiers are still unable to make ends meet during this time.

Percentage of Households Currently Caught Up on Rent Payment by Income, Indiana:
October 14 – November 9, 2020



Source: U.S. Census Bureau, Household Pulse Survey

LEVERAGING THE DATA:

Locally:

- **Connect newly homeless families and children to McKinney-Vento program proactively:** If families get evicted and become homeless, it is critical that youth serving and community-based organizations work with families and schools to enroll children into the [McKinney-Vento program](#).
- **Share other social services and supports with homeless families:** Given the overlap of housing insecurity and unemployment and income instability, organizations can proactively connect families experiencing housing insecurity or homelessness with other social services, such as SNAP and TANF.

Statewide:

- **Increase data transparency:** Stakeholders, policymakers, and researchers all lack of real-time, consistent data on eviction projections, backpay amounts, and reasons for evictions, which can make it difficult to project how many and which Hoosier families may be at risk of eviction. The Indiana Housing & Community Development Authority, in collaboration with the federal U.S. Department of Housing and Urban Development, needs to increase the consistency and transparency of housing and evictions data. This includes instituting a clear, standardized definition of eviction; reporting the causes of eviction (e.g., non-payment, lease or property violations, disturbances, etc.); connecting housing and wage records to project potential evictions; and collecting real-time housing and backpay data from landlords across the state.

Residential Mobility

Multiple residential moves are associated with adverse mental health, education, and behavioral outcomes in children. Children who have multiple moves experience diminished physical and mental health in adulthood. Compared to children in stable housing, children in households with multiple moves face increased odds of household hardships, including child food insecurity.¹⁹⁰

- 13.7% of children ages 1 to 17 have moved sometime between 2018 and 2019.¹⁹¹
- Of those children who moved the past year, 123,728 children (60.5%) moved within one county; 46,547 children (22.7%) moved from a different county within Indiana; 28,517 children (13.9%) moved from a different state to Indiana; and 5,871 children (2.9%) moved to Indiana from abroad.¹⁹²

Homelessness

Homelessness creates intense challenges and barriers for children and youth and hinders their ability to find academic, social, and financial success. Children can exhibit various academic or social difficulties that result from the trauma of homelessness, mobility, and the lack of structural consistency and security.¹⁹³ Children who experience homelessness are at an elevated risk of frequent hunger, chronic and acute illnesses, traumatic stress, criminal victimization, and sex trafficking and exploitation. Homelessness can dramatically decrease a young adult's chances of graduating high school, enrolling in and completing postsecondary education, finding stable employment, and earning family-sustaining wages.¹⁹⁴

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.¹⁹⁵ A January 2019, Indiana's Point-in-Time Count identified 544 were family households experiencing homelessness and 258 unaccompanied young adults (ages 18 to 24).¹⁹⁶

In the 2018–2019 academic year, the Indiana Department of Education (IDOE) identified 16,380 students experiencing homelessness enrolled in Indiana schools.¹⁹⁷ In the previous year, approximately, 255 students were unsheltered, 2,453 were in shelters, 1,507 were in hotels/motels, and the remainder of children and youth were living doubled up or in some other temporary housing situation.¹⁹⁸

While these students are spread across schools and communities of all types, they are concentrated primarily in urban counties (81% were in schools in counties within metropolitan areas).

Percentage of Children with Food Insecurity by County, Indiana: 2018

| | Number of Homeless Students | Percentage of District's Student Population |
|-------------|-----------------------------|---|
| Marion | 4,261 | 14.3% |
| Allen | 1,199 | 5.2% |
| Lake | 827 | 7.6% |
| Elkhart | 537 | 3.4% |
| Johnson | 474 | 2.6% |
| Morgan | 461 | 1.0% |
| Vanderburgh | 446 | 2.2% |
| Tippecanoe | 427 | 2.3% |
| St. Joseph | 378 | 3.7% |
| Porter | 376 | 2.6% |

Source: Indiana Department of Education



The COVID-19 pandemic has exacerbated pre-existing challenges homeless youth faced, such as:

- Food insecurity,
- Attending school and work commitments,
- Consistent access to broadband and a personal computer,
- Academic struggles,
- Special needs support, and
- Access to health professionals and mental healthcare.

The pandemic has heightened the need for schools and services to meet the growing needs of homeless youths, as well as the complexity in simultaneously serving and educating students experiencing homelessness. In areas with historically greater numbers of homeless youth, COVID-19 has exponentially increased the needs of and services for these youth. Beyond providing students with basic needs like food and, in some cases, healthcare, school campuses typically provide a safe space for homeless children during the day. The loss of that safety net may also intensify behavioral and social-emotional issues due to the lack of consistency and structure from school and a greater amount of instability due to their home situation. COVID-19 has strengthened the need for stakeholders to understand the root cause of homelessness, the type – situational, chronic, or generational – and the long-term effects of homelessness that youth experience even after they have stable housing.



LEVERAGING THE DATA: LOCALLY

- **Connect the resources and supports of local ecosystems:** Though housing is the primary solution to homelessness for low-income families, families would also benefit from connecting with other supports designed to strengthen and improve their lives, such as childcare, employment assistance, early childhood services, income support, or mental health counseling. Coordination of the entire ecosystem of resources can include community- and faith-based organizations, preschool through postsecondary education, and other social service programs, such as SNAP, TANF, and Medicaid. By connecting information, services, and resources for students and families via a coordinated system, various stakeholders can focus on what they do best.

Access to Transportation

Safe, reliable, and affordable transportation helps families access work opportunities, social services, and educational opportunities. Transportation is also critical to accessing various resources, such as nutritious food, healthcare, and childcare. Lack of adequate transportation has been identified as a barrier to participation in out-of-school time, as well as substance abuse and mental health treatment.^{199,200}

- In the state of Indiana, 6.5% of all households have no vehicle available, and 13.6% of one-person households have no vehicle available.²⁰¹
- In 2019, 28.5% of Hoosiers working in-state worked outside of the county they lived in.²⁰²
- Only 0.9% of workers 16 years old and older in Indiana used public transportation to get to work in 2019. The majority (91.9%) of workers over 16 traveled by car, truck, or van.²⁰³
- 0.4% of working Hoosiers over age 16 biked to work, and 2.3% walked to work.²⁰⁴
- Of the 29,628 Hoosier workers over age 16 taking public transportation to work, 76.8% (22,751) took the bus.²⁰⁵

Public transportation in rural counties in Indiana can be difficult as residents are less likely to live in walking distance of their activity sites, like shopping centers, doctors' offices, schools, and work opportunities.²⁰⁶

- 69% of residents in rural Indiana counties lived in sections with very low accessibility to transportation. Researchers found that a large portion of rural Indiana endures low or very low accessibility levels.
- 4.8% of households in sections with very low accessibility do not have a vehicle.
- 26 counties in Indiana include sections with very low accessibility. Of those counties, the entire territories of eight are categorized as very low accessibility.
- Almost 400,000 Hoosiers reside in the sections with very low accessibility levels.²⁰⁷

There are multiple benefits to improving and expanding public transportation in rural and urban areas for low-income youth and their families. Improving transportation can reduce social and economic inequalities by enhancing mobility of residents, specifically those who may not own vehicles and need help finding work outside their immediate locale. If reliable transportation options were accessible to more rural and suburban areas, more low-income households could distribute more funds to other essential expenses.²⁰⁸

Hunger and Food Insecurity

Households without consistent access to adequate food are considered food insecure. The U.S. Government defines food insecurity "the disruption of food intake or eating patterns because of lack of money and other resources." The United States Department of Agriculture (USDA) divides food insecurity into the following two categories:

- **Low food security:** Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- **Very low food security:** Reports of multiple indications of disrupted eating patterns and reduced food intake.²⁰⁹

Food insecurity may be long-term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. Unemployment can also negatively affect a household's food security status, as it is difficult to meet basic household food needs without a steady income. In addition, children with unemployed parents have higher rates of food insecurity than children with employed parents. 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.²¹⁰ Household food insecurity is related to significantly worse general health, some acute and chronic health problems, and worse healthcare access, including forgone care and heightened emergency room use, for children.²¹¹

- In 2018, 274,080 (17.5%) Hoosier children struggled with food insecurity. This means about 1 in 6 children struggle with hunger or do not know when they will have their next meal.²¹²

An average meal in Indiana costs \$2.68. Indiana's annual food budget shortfall is about \$400 million.

- Child food insecurity ranges from 9.3% in Hamilton County to 23.5% in Grant County.²¹³

Percentage of Children Food Insecurity, Indiana: 2018

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-------|
| Grant | 23.5% | Hamilton | 9.3% |
| Vermillion | 23.0% | Boone | 10.5% |
| Owen | 22.7% | Hendricks | 11.3% |
| Fayette | 22.4% | LaGrange | 12.2% |
| Switzerland | 22.4% | Warrick | 12.8% |
| Orange | 21.9% | Noble | 13.0% |
| Crawford | 21.5% | Ohio | 13.0% |
| Madison | 21.4% | Johnson | 13.3% |
| Miami | 21.4% | Brown | 13.5% |
| Vigo | 21.4% | Hancock | 13.5% |

Source: Feeding America

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.²¹⁴ Federal food assistance programs increase resources available to purchase food. The three largest federal food and nutrition assistance programs are Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), and National School Lunch Program (NSLP).²¹⁵ Each program has a different aim when helping low-income families obtain food:

- SNAP, formerly known as food, stamps, provides temporary benefits to all low-income Americans to buy groceries;
- WIC provides nutritious foods and nutrition education specifically for low-income, at risk women and infants; and
- NSLP meals to qualified children during the school day.

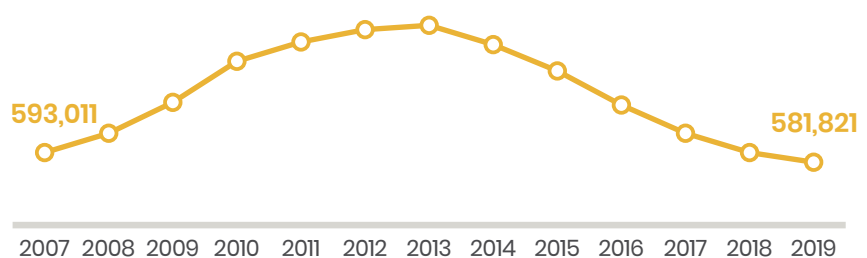
Supplemental Nutrition Assistance Program

In an average month between October 1, 2018, and September 30, 2019, SNAP provided benefits to 35.7 million people in the United States (about 11% of individuals). The average benefit was about \$130 per person per month, and Federal expenditures for the program were \$60 billion that year.²¹⁶ All households (except those with elderly or disabled members) must pass a gross income test (130% of poverty) to qualify for benefits. The eligibility guidelines for SNAP can be found [here](#).²¹⁷

In 2019, 581,821 Hoosiers received SNAP benefits, which is about 1 in 12 Hoosiers. Prior to COVID-19, Indiana's annual number of SNAP recipients was decreasing.²¹⁸

- In 2019, 220,463 households received SNAP, which is about 8.5% of Indiana's approximately 2.5 million households.
- Of those households receiving SNAP, 110,871 (about 50%) had children young than 18.
- According to the U.S. Census Bureau, children with single mothers comprised the largest percentage of households with children receiving SNAP at 58.6% (about 64,900 households). 27.9% (about 30,800) of household with children were married couples, and 11.6% were single father households (about 12,700).²¹⁹
- The U.S. Department of Agriculture (USDA) provided additionally detailed data for SNAP recipients, though for Fiscal Year 2018:
 - 91,000 preschool-age children (15.1%) and 197,000 school-age children (47.5%) received SNAP benefits in 2019. The USDA does not define the exact age of these children.
 - 13,000 (2.1%) Hoosier children receiving SNAP benefits also had a disability.²²⁰

Number of Hoosiers Receiving SNAP Benefits, Indiana: 2007–2019



Source: U.S. Census Bureau, Table B22002



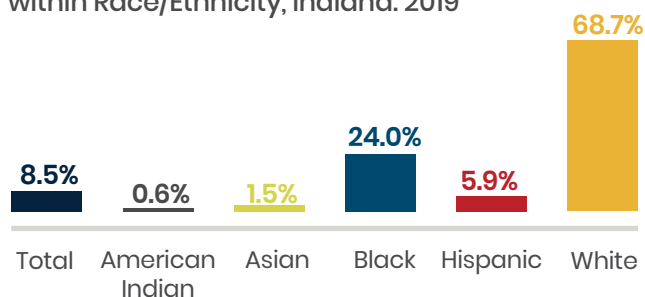
- Per the USDA's 2018 data, SNAP recipients had income that aligned with following percentages of the Federal Poverty Level:

| Percentage of Federal Poverty Level (FPL) | Approximate Number and Percentage of Households |
|---|---|
| Zero gross income | 41,000 (15.1%) |
| 1 – 50% FPL | 47,000 (17.5%) |
| 51 – 100% FPL | 143,000 (53.0%) |
| 101% or more FPL | 39,000 (14.4%) |

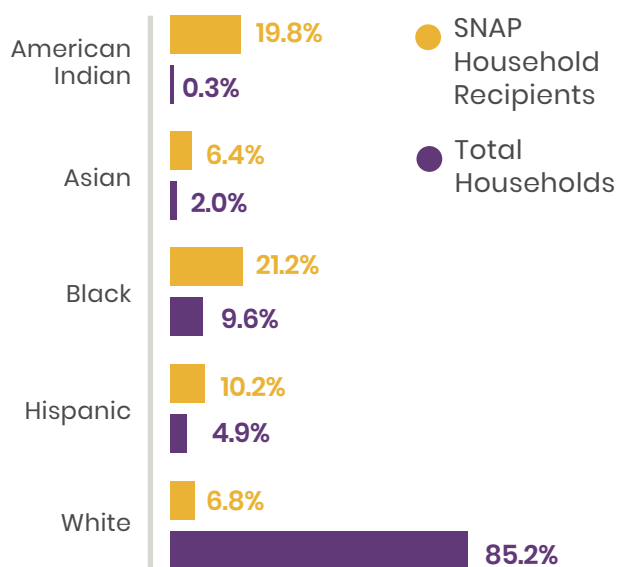
Source: U.S. Department of Agriculture

- In 2018, when comparing across government benefits, 2,000 families receiving TANF also received SNAP, which is 0.9% of total SNAP recipients. For those families receiving both TANF and SNAP, their average earned income was \$173 per month. 57,000 (21%) Hoosier households receiving SNAP also received public housing assistance.²²¹
- Comparing SNAP recipients within racial and ethnic subgroups, similar rates of disproportionality emerge for Hoosier children of color.
- Similar to the breakdown of the number of children in poverty by race and ethnicity, disaggregating which households received SNAP in the past 12 months also illustrates disproportionality in Indiana's low-income rates. The rates of Hoosier households of color receiving SNAP benefits is higher than the percentage of the total number of households of a specific race and ethnicity. Hoosiers of color – particularly American Indian, Black, and Hispanic Hoosiers and those of Two or more races – are disproportionally represented in data metrics for poverty and low-income when compared to their representation in Indiana at large.
- The maximum monthly SNAP allowance in Indiana is \$640, which equates to \$7,680 annually.
- The average SNAP benefit for each household member was \$129 in 2019, which is about \$1.20 per person per meal.
- Hoosier SNAP recipients in Indiana received \$819.64 million in benefits in 2019.²²²
- Participants in SNAP can use their benefits in grocery stores, supermarkets, convenience stores, and farmers markets to purchase food. In Indiana, 5,072 authorized retailers participate in SNAP.²²³

Percentage of SNAP Household Recipients within Race/Ethnicity, Indiana: 2019



Percentage of SNAP Household Recipients by Race/Ethnicity Compared to Overall Household Disaggregation, Indiana: 2019



Source: U.S. Census Bureau, Tables B22005A-I

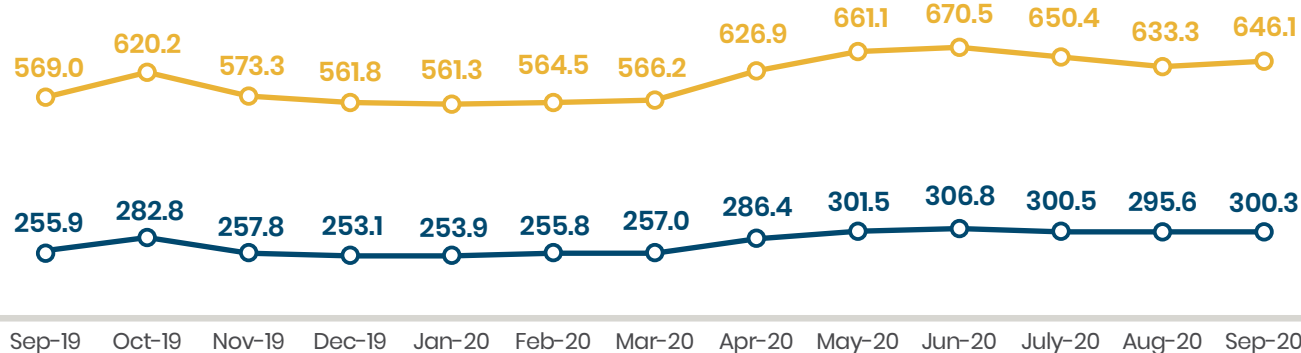
Note: Due to the U.S. Census Bureau's margins of error, the total surpassed 100%.



Similar to the increase in TANF recipients, the number of Hoosiers receiving SNAP benefits has also surged during the pandemic. Between March and April 2020, the number of Hoosiers receiving SNAP increased by almost 60,000; approximately 566,214 Hoosiers received SNAP in March and 626,860 received SNAP in April.²²⁴ This initial increase to about 10% of the population on SNAP benefits directly correlated with job loss due to COVID-19. As with TANF, the number of SNAP recipients has continued to grow throughout the pandemic. In September 2020, 646,126 Hoosiers were receiving SNAP, which is 300,332 households – 12% of Indiana's approximately 2.5 million households.²²⁵

SNAP Households and Recipients in Thousands, Indiana: September 2019 – September 2020

—○— Recipients —○— Cases



Source: Indiana Family and Social Services Administration

LEVERAGING THE DATA: STATEWIDE

- Increase use of SNAP 50/50 to help young adults with supportive services in education and training programs:** For SNAP recipients ages 18 to 49 that are able to work and do not have dependents, they must meet [work or training requirements](#) in order to receive their SNAP benefits. Data regarding how many young adults (ages 18 to 24) who are on SNAP are not currently available from the State, though the U.S. Census Bureau has designated 21.1% of those in this age as living in poverty.²²⁶ Additionally, some young adults receiving SNAP may also be enrolled in higher education. Most college students (attending at least half time) are excluded from receiving SNAP, but there are a set of exceptions that apply to many nontraditional and low-income students – age or disability status, employed at least 20 hours per week or receiving any work-study funds, receiving TANF benefits, or enrolled in certain programs aimed at employment. Restrictions for SNAP eligibility do not apply to individuals attending college less than half-time, as defined by the school. Students who qualify under the exceptions are subject to the regular income and asset limits for SNAP eligibility.²²⁷

To assist young adults on SNAP persist through education and training programs, Indiana can complement any non-federal funding (e.g., state dollars, community colleges, philanthropy, or community-based organizations) spent on Employment & Training services for SNAP recipients with a 50% reimbursement grant from the federal government. This funding is commonly referred to as “SNAP 50/50” or “50/50 funds,” since the federal government will reimburse 50% of the costs of such activities. Specifically, Indiana could implement SNAP 50/50 to assist young adults in the State’s Workforce Ready Grant or Employer Training Grant programs.

SNAP 50/50 funds can reimburse participant expenses directly related to their education and training opportunities, including transportation, dependent care, equipment and supplies related to training, books, uniforms, and licensing fees. Leveraging additional federal funds to cover young adult SNAP recipients’ employment and training related expenses could help these individuals persist through these programs and secure self-sufficient wages. States, such as [Washington](#) and [Ohio](#), actively use SNAP 50/50 to received additional federal dollars for employment and training programs; Indiana can similarly leverage existing programs to receive additional funds.

- Increase data transparency:** The Family and Social Services Administration can disaggregate its recipient data by age, gender, race/ethnicity, or locale in their monthly reports on SNAP and TANF. Disaggregated data would help policymakers, youth serving organizations, and community leaders know which Hoosiers are continuing to feel the economic hardship of the pandemic. As well, the State can report the number of Hoosiers receiving multiple benefits (e.g., Unemployment Insurance, TANF, SNAP, Medicaid, and public housing assistance). Understanding the characteristics of Hoosiers relying heavily on government services could also help local government, community-based organizations, and youth serving professionals have a deeper understanding of how the pandemic is impacting communities. Greater disaggregation in the reports on these two programs that provide economic assistance to low-income children would also help all Hoosiers understand how poverty affects Hoosiers differently based on their race and ethnicity, gender, age, and locale.





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.²²⁸ The WIC Program specifically serves pregnant women, breastfeeding women (up to baby's 1st birthday), non-Breastfeeding Postpartum women (up to 6 months), infants (up to their 1st birthday), and children (up to their 5th birthday).²²⁹

Families receiving Medicaid, SNAP, or TANF are income eligible for the Indiana WIC Program. For Hoosier women and children not receiving those benefits, they must meet the certain income eligibility guidelines, which can be found [here](#).

According to the National Survey of Children's Health, 12.1% of Hoosier families with children received WIC benefits in 2019, which is slightly lower than the national percentage of 12.3%. When compared to neighboring states, Indiana had the second highest percentage of families with children receiving WIC benefits: Michigan (16.4%), Kentucky (11.8%), Ohio (9.5%), and Illinois (8.7%). Of families who received WIC, the majority were Hispanic (25.6%) or Other (22.6%). Disaggregating by income levels, the majority of families with household income 0 – 99% FPL (26.9%) and 100–199% (24.3%) received WIC.²³⁰ *Note: Data for recipients by race and ethnicity may not be as reliable as the other indicators due to data suppression.*

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. USDA Summer Food Services Program provide meals to low-income children during the summer months and are not regularly attending schools. Nationally, utilization of the SBP and NSLP programs has increased over the past decade, though many children struggle with food insecurity during summer breaks and holidays.^{231,232}

To qualify for free meals, a family must be at no more than 130% of the Federal Poverty Level (FPL) or 185% of the FPL for reduced-price meals. Based on family circumstances, several groups are automatically eligible for free or reduced-price meal benefits, including: TANF and SNAP recipients, SSI and Medicaid recipients at adult day care, foster children, and children enrolled in Head Start, at-risk afterschool centers, or an emergency shelter.²³³

48.2% of Indiana students receive free or reduced-price meals, 40.7% receive free meals and 7.5% receive reduced-price meals.²³⁴

- 727,813 Hoosier children participated in the National School Lunch Program, which is a little more than half of Indiana's K-12 student population. During 2019–2020 academic year, around 120.4 million meals were served to Hoosier students through the National School Lunch Program, a decrease of about 8 million meals (6.6%) since 2015.²³⁵
- 284,391 children participated in the School Breakfast Program, which is about one quarter of the student population. A little more than 47 million meals were served to Hoosier students through the School Breakfast Program and increase of 1.8 million (3.9%) since 2015.²³⁶
- As seen in the other economic metrics throughout this section, students of color qualify disproportionately for free and reduced-price meals.
 - Black students had the highest percentage for free meals (67.3%); Hispanic students had the second highest rate (60.6%).
 - Native Hawaiian or Other Pacific Islander had the highest rate of reduced-price meals (9.6%); Hispanic students had the second highest rate (9.4%).
 - White students had the highest percentage of paid meals (62.3%); Asian students had the second rate (52.6%).²³⁷

When disaggregating free and reduced-price meals rates by county, the top five highest counties with the largest percentage of students qualifying for this service are a mix of urban and rural, indicating that free and reduced-price needs affect locales of all types.

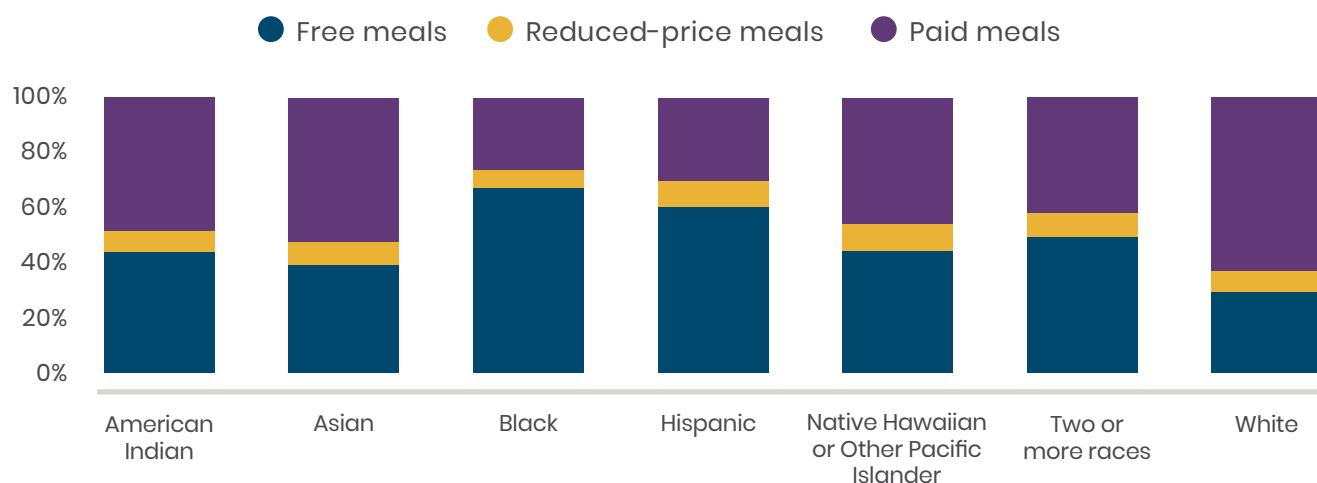
The Community Eligibility Provision (CEP) allows schools and districts with high percentages of low-income children to provide free breakfast and lunch to all students. To qualify for CEP, districts must have at least one school where 40% or more

Percentage of Public School Students Receiving Free or Reduced-Price Meals by County, Indiana: 2019–2020

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|-------|-------------------|-------|
| Marion | 62.8% | Hamilton | 16.7% |
| Grant | 62.1% | Boone | 19.0% |
| Crawford | 60.4% | Hendricks | 28.0% |
| Blackford | 58.9% | Hancock | 28.1% |
| Madison | 57.5% | Warrick | 31.2% |

Source: Indiana Department of Education

Free, Reduced-Price, and Paid Meals by Race/Ethnicity, Indiana: 2019–2020



Source: Indiana Department of Education

of students are residing in households receiving SNAP or TANF benefits, are homeless, runaway or migrant youth, Head Start students, or foster children.²³⁸

- For the 2020–2021 SY, 95 school districts in Indiana participated in CEP.
- Among schools, 463 participated in CEP in 2020–2021. 228,413 Hoosier students attend a school participating in CEP.²³⁹



Flexibility was added into the NSLP in 2020 due to the pandemic. One example was the transition of school lunches to the Pandemic Electronic Benefit Transfer (P-EBT). The P-EBT provides nutrition benefits to families who lost access to free or reduced-price school meals because in-person schools closed due to COVID-19. Eligible students and families received money on a new or existing EBT card to help fill the school meals gap. This benefit is available only to families whose children are enrolled in an Indiana school and were eligible for free or reduced-price meals prior to the pandemic or for children in a school designated as a Community Eligibility Provision participant. Most households received \$319 per child (\$5.70/day per

student, retroactive to when school initially closed).²⁴⁰ Additionally, the U.S. Department of Agriculture (USDA) extended summer-specific meal programs to continue until December 31, 2020 due to the variability in school re-openings and the continued food insecurity many youth throughout the nation experienced due to COVID-19.²⁴¹

Sources

¹ Pew Research Center (2020). Trends in income and wealth inequality.

² Brookings Institution (2020). Examining the Black-White wealth gap.

³ Pew Research Center (2020). Trends in income and wealth inequality.

⁴ California Budget & Policy Center (December 2018). The Racial Wealth Gap: What California Can Do About a Long-Standing Obstacle to Shared Prosperity.

⁵ Samuel Dubois Cook Center on Social Equity at Duke University (2018). What We Get Wrong about Closing the Racial Wealth Gap.

⁶ The Federal Reserve (2020). Disparities in Wealth by Race and Ethnicity in the 2019 Survey of Consumer Finances.

⁷ Brookings Institution (2020). Examining the Black-White wealth gap.

⁸ Percheski, et. al. (2020). A Penny on the Dollar: Racial Inequalities in Wealth among Households with Children. Socius: Sociological Research for a Dynamic World.

⁹ Samuel Dubois Cook Center on Social Equity at Duke University (2018). What We Get Wrong about Closing the Racial Wealth Gap.

¹⁰ Percheski, et. al. (2020). A Penny on the Dollar: Racial Inequalities in Wealth among Households with Children. Socius: Sociological Research for a Dynamic World.

¹¹ Samuel Dubois Cook Center on Social Equity at Duke University (2018). What We Get Wrong about Closing the Racial Wealth Gap.

¹² Urban Institute (2019). Explaining the Black-White Homeownership Gap.

¹³ California Budget & Policy Center (2018). The Racial Wealth Gap: What California Can Do About a Long-Standing Obstacle to Shared Prosperity.

¹⁴ Brookings Institution (2020). Examining the Black-White wealth gap.

¹⁵ The New York Times (2017). How Redlining's Racist Effects Lasted for Decades.

¹⁶ California Budget & Policy Center (2018). The Racial Wealth Gap: what California Can Do About a Long-Standing Obstacle to Shared Prosperity.

¹⁷ McKinsey & Company (2019). The Economic Impact of Closing the Racial Wealth Gap.

¹⁸ Ibid.

¹⁹ Urban Institute (2017). Housing as a Platform.

²⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table B25003: Tenure.

²¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table DP05: Demographic And Housing Estimates.

²² Stats Indiana (n.d.). Indiana's Income & Taxes.

²³ Economic Policy Institute (n.d.). Income Inequality in Indiana.

²⁴ McKinsey & Company (2019). The Economic Impact of Closing the Racial Wealth Gap.

²⁵ Pfeffer (2018). Growing Wealth Gaps in Education.

²⁶ Chalkbeat (2020). The Wealth Gap: How Education World Fails to Fully Measure Students' Economic Disadvantage.

²⁷ Indiana Commission for Higher Education (2020). 2020 College Value Report.

²⁸ Economic Policy Institute (2018). Class of 2018.

²⁹ Indiana Business Research Center (2019). Dimensions of Indiana Poverty.

³⁰ Brookings Institute (2018). Housing as a Hub for Health, Community Services, and Upward Mobility.

³¹ Bureau of Labor Statistics (2019). How the Government Measures Unemployment.

³² Bureau of Labor Statistics (n.d.). Civilian labor force participation rate by age, sex, race, and ethnicity.

³³ Stats Indiana (n.d.). Indiana's Workforce.

³⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table S2301: Employment Status.

³⁵ Columbia University Libraries (2018). Basic Facts About Low-Income: Children Under 9 Years.

³⁶ U.S. Census Bureau, 2019 American Community Survey (2020). Table C23007: Presence of Own Children Under 18 Years by Family Type by Employment Status.

³⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table S2301: Employment Status.

³⁸ Foundation for Child Development (2017). Children's Experience with Parental Employment Insecurity and Family Income Inequality.

³⁹ Brookings Institution (2018). How Having Unemployed Parents Affects Children's Future Well-Being.

⁴⁰ U.S. Bureau of Labor Statistics (2020). Local Area Unemployment Statistics.

⁴¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table S2301: Employment Status.

⁴² Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.

⁴³ U.S. Census Bureau, 2019 American Community Survey (2020). Table S2301: Employment Status.

⁴⁴ Brookings Institution (2019). Black workers are being left behind by full employment.

⁴⁵ U.S. Census Bureau, 2019 American Community Survey (2020). Table S2301: Employment Status.

⁴⁶ Bureau of Labor Statistics (2020). Alternative Measures of Labor Underutilization Statistics.

⁴⁷ Ibid.

⁴⁸ Brookings Institution (2020). Ten Facts about COVID-19 and the U.S. Economy.

⁴⁹ Bureau of Labor Statistics (n.d.). Economy at a Glance: Indiana.

⁵⁰ United States Department of Labor (2018). State Unemployment Insurance Benefits.

⁵¹ Indiana Department of Workforce Development (n.d.). Unemployment Insurance FAQ.

⁵² United States Department of Labor (2019). Unemployment Insurance Data Summary.

⁵³ Hoosiers by the Numbers (n.d.). Indiana's weekly unemployment claims by industry sector.

⁵⁴ Child Trends (2016). Youth Employment.

⁵⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Work for pay, age 12–17 years.

⁵⁶ Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.

⁵⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table B23001: Sex By Age By Employment Status For The Population 16 Years And Over.

⁵⁸ Ibid.

⁵⁹ JFF (2019). Opportunity Works: Four Ways to Help Young Adults Find pathways to Success.

⁶⁰ Child Development Perspectives (2017). How Will Higher Minimum Wages Affect Family Life and Children's Well-Being?

⁶¹ Stats Indiana (n.d.). Indiana's Income & Taxes.

⁶² U.S. Census Bureau (2020). Income and Poverty in the United States: 2019.

⁶³ U.S. Census Bureau, 2019 American Community Survey (2020). Table B19126: Median Family income in the Past 12 Months (in 2018 Inflation-Adjusted Dollars) by Family Type by Presence of Own Children Under 18 Years.

⁶⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table B19125: Median Family Income In The Past 12 Months (in 2019 Inflation-Adjusted Dollars) By Presence Of Own Children Under 18 Years.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Stats Indiana (n.d.). Indiana's Income & Taxes.

⁶⁸ Bureau of Labor Statistics (2020). Occupational Employment Statistics.

⁶⁹ Bureau of Labor Statistics (2020). May 2019 National Occupational Employment and Wage Estimates United States.

⁷⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table B20004: Median Earnings in the Past 12 Months (in 2018 Inflation-Adjusted Dollars) by Sex by Educational Attainment for the Population 25 Years and Older.

⁷¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B15002: Sex by Educational Attainment for the Population 25 Years and Older.

⁷² U.S. Census Bureau, 2019 American Community Survey (2020). Table B20004: Median Earnings in the Past 12 Months by Sex by Educational Attainment for Population 25 Years and Older.

⁷³ Brookings Institution (2019). Charts of the Week: The gender wage gap.

⁷⁴ Brookings Institution (2018). How women are still left behind in the labor market.

⁷⁵ NPR (2020). Stuck-At-Home Moms: The Pandemic's Devastating Toll On Women.

⁷⁶ Brookings Institution (2016). One Third of a Nation: Strategies for Helping Working Families.

⁷⁷ American Academy of Pediatrics (2017). Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting.

⁷⁸ Bureau of Labor Statistics (2020). A profile of the working poor, 2018.

⁷⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children living in "working poor" families."

⁸⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table C17004: Poverty Status in the Past 12 Months of Individuals by Work Experience.

⁸¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17006: Poverty Status In The Past 12 Months Of Related Children Under 18 Years By Family Type By Age Of Related Children Under 18 Years.

⁸² Ibid.

⁸³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children living in "working poor" families."

⁸⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table S1702: Poverty Status in the Past 12 Months of Families.

⁸⁵ American Academy of Pediatrics (2016). Poverty and Child Health in the United States.

⁸⁶ Harvard University Center on the Developing Child (2015). The Impact Of Early Adversity On Children's Development.

⁸⁷ Urban Institute (2015). Reducing Child Poverty in the US.

⁸⁸ Child Trends (2016). Children in Poverty.

⁸⁹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17001: Poverty Status in the Past 12 Months by Sex by Age.

⁹⁰ KIDS COUNT Data Center (2020). Children in poverty (100 percent poverty).

⁹¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17001: Poverty Status in the Past 12 Months by Sex by Age.

⁹² U.S. Census Bureau, 2019 American Community Survey (2020) Table B01001B: Sex by Age (Black or African American Alone).

⁹³ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17001: Poverty Status In The Past 12 Months By Sex By Age.

⁹⁴ Ibid.

⁹⁵ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID B17006: Poverty Status in the Past 12 Months of Related Children Under 18 Years by Family Type by Age of Related Children Under 18 Years.



Sources continued

- ⁹⁶ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID B18130: Age by Disability Status by Poverty Status.
- ⁹⁷ Center on Budget and Policy Priorities (2017). SNAP Provides Needed Food Assistance to Millions of People with Disabilities.
- ⁹⁸ Indiana Business Research Center (2019). *Dimensions of Indiana Poverty*.
- ⁹⁹ KIDS Count Data Center (2020). Children living in high poverty areas in Indiana.
- ¹⁰⁰ Ibid.
- ¹⁰¹ National Academies of Science, Engineering, and Medicine (2019). *A Roadmap to Reducing Child Poverty*.
- ¹⁰² MDRC (2020). *Long-Term Effects of a Sectoral Advancement Strategy*.
- ¹⁰³ Stanford Center on Poverty and Inequality (2015). *Economic mobility*.
- ¹⁰⁴ Ibid.
- ¹⁰⁵ U.S. Department of Agriculture (2017). *Expenditures on Children by Families, 2015*.
- ¹⁰⁶ Ibid.
- ¹⁰⁷ Economic Policy Institute (2020). *The cost of childcare in Indiana*.
- ¹⁰⁸ U.S. Department of Agriculture (2017). *Expenditures on Children by Families, 2015*.
- ¹⁰⁹ Ibid.
- ¹¹⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table B23008: Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents.
- ¹¹¹ Indiana Early Learning Advisory Committee (2020). *2020 Annual Report*.
- ¹¹² Center for American Progress (2016). *Child Care Deserts*.
- ¹¹³ U.S. Department of Agriculture (2017). *Expenditures on Children by Families*.
- ¹¹⁴ Diversity Data Kids (2019). *Child Care is Unaffordable for Working Parents Who Need It Most*.
- ¹¹⁵ Economic Policy Institute (2020). *The cost of childcare in Indiana*.
- ¹¹⁶ Ibid.
- ¹¹⁷ Ibid.
- ¹¹⁸ Data Resource Center for Child & Adolescent Health (2020). *2018 National Survey of Children's Health: Job change due to problems with child care, age 0-5 years*.
- ¹¹⁹ IU Public Policy Institute and Early Learning Indiana (2018). *Lost Opportunities: The Impact of Inadequate Child Care on Indiana's Workforce & Economy*.
- ¹²⁰ Indiana Family and Social Services Administration (n.d.). *Child Care and Development Fund (CCDF)*.
- ¹²¹ Early Learning Advisory Committee (2020). *Internal Data Request*.
- ¹²² Ibid.
- ¹²³ Indiana Family and Social Services Administration (2017). *On My Way Pre-K*.
- ¹²⁴ Early Learning Advisory Committee (2020). *Data request*.
- ¹²⁵ Ibid.
- ¹²⁶ U.S. Department of Health and Human Services, Administration for Children and Families (n.d.). *Early Head Start National Resource Center*.
- ¹²⁷ Family and Social Service Agency (2019). *2019 Indiana Head Start and Early Head Start Needs Assessment Report*.
- ¹²⁸ Ibid.
- ¹²⁹ National Head Start Association (2019). *2019 Indiana Head Start Profile*.
- ¹³⁰ Ibid.
- ¹³¹ INcontext, January–February 2019. *Childcare desserts*.
- ¹³² Ibid.
- ¹³³ Early Learning Advisory Committee (2020). *2020 Annual Report*.
- ¹³⁴ Child Care Aware (2019). *The U.S. and the High Cost of Child Care Appendices*.
- ¹³⁵ Ibid.
- ¹³⁶ Indiana Department of Child Services (n.d.). *Child Support: About Us*.
- ¹³⁷ Office of Child Support Enforcement (2020). *Preliminary Report FY 2019*.
- ¹³⁸ Ibid.
- ¹³⁹ Center on Budget and Policy Priorities (2018). *Economic Security Programs Cut Poverty Nearly in Half Over Last 50 Years, New Data Show*.
- ¹⁴⁰ Brookings Institution (2017). *Paid Family and Medical Leave: An Issue Whose Time Has Come*.
- ¹⁴¹ Congressional Research Service (2020). *The Earned Income Tax Credit (EITC): How It Works and Who Receives It*.
- ¹⁴² Walsh, et al. (2019). *Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review*. *Journal of Epidemiology and Community Health*.
- ¹⁴³ Centers for Disease Control and Prevention (n.d.). *Earned Income Tax Credits Can Improve Health for Mothers and Children*.
- ¹⁴⁴ Center on Budget and Policy Priorities (2017). *Policy Basics: State Earned Income Tax Credits*.
- ¹⁴⁵ Internal Revenue Service (2019). *Statistics for Tax Returns with EITC*.
- ¹⁴⁶ Urban Institute (2019). *Expanding the EITC for Workers without Resident Children*.
- ¹⁴⁷ U.S. Congressional Research Service (2018). *The Earned Income Tax Credit (EITC): An Economic Analysis*.
- ¹⁴⁸ U.S. Census Bureau, 2019 American Community Survey (2020). Table B17001: *Poverty Status In The Past 12 Months By Sex By Age*.
- ¹⁴⁹ Center on Budget and Policy Priorities (2015). *Strengthening the EITC for Childless Workers Would Promote Work and Reduce Poverty*.
- ¹⁵⁰ U.S. Administration for Children & Families. *About TANF*.
- ¹⁵¹ U.S. Administration for Children & Families (2020). *FY 2019 Federal TANF & State MOE Financial Data*.
- ¹⁵² STATSINDIANA (2020). *TANF Families – Monthly Average Families: Indiana*.
- ¹⁵³ Center on Budget and Policy Priorities (n.d.). *TANF Should Reach Many More Families in Indiana*.
- ¹⁵⁴ Family and Social Services Administration, Division of Family Resources (2020). *Monthly Management Report: September 2020*.
- ¹⁵⁵ STATSINDIANA (2020). *TANF, Food Stamps and Subsidized School Lunch Overview*.
- ¹⁵⁶ Family and Social Services Administration, Division of Family Resources (2020). *Monthly Management Report: February 2020*.
- ¹⁵⁷ Family and Social Services Administration, Division of Family Resources (2020). *Monthly Management Report: September 2020*.
- ¹⁵⁸ Internal Revenue Service (2019). *The child tax credit benefits eligible parents*.
- ¹⁵⁹ Tax Policy Center (n.d.). *What is the child tax credit?*
- ¹⁶⁰ U.S. Social Security Administration (2017). *Benefits for Children*.
- ¹⁶¹ Social Security Administration (2018). *Number of Beneficiaries in Current-Payment Status*.
- ¹⁶² Brookings Institution (2018). *Housing as a Hub for Health, Community Services, and Upward Mobility*.
- ¹⁶³ Urban Institute (2017). *Housing as a Platform*.
- ¹⁶⁴ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID DP04: *Selected Housing Characteristics*.
- ¹⁶⁵ Ibid.
- ¹⁶⁶ U.S. Census Bureau, 2019 American Community Survey (2020). Tables B25003A–I: *Tenure*.
- ¹⁶⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID DP04: *Selected Housing Characteristics*.
- ¹⁶⁸ Ibid.
- ¹⁶⁹ The New York Times (2017). *How Redlining's Racist Effects Lasted for Decades*.
- ¹⁷⁰ NPR (2017). *A 'Forgotten History' Of How The U.S. Government Segregated America*.
- ¹⁷¹ The Washington Post (2018). *Redlining was banned 50 years ago. It's still hurting minorities today*.
- ¹⁷² Annie E. Casey Foundation (2017). *One-Third of U.S. Kids Live in Families Burdened by Housing Costs*.
- ¹⁷³ Annie E. Casey Foundation (2020). *2020 KIDS COUNT Profile: Indiana*.
- ¹⁷⁴ Ibid.
- ¹⁷⁵ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID DP04: *Selected Housing Characteristics*.
- ¹⁷⁶ KIDS COUNT Data Center (2017). *Children Living in Households with a High Housing Cost Burden by Race in Indiana*.
- ¹⁷⁷ Indiana Housing and Community Development Authority (n.d.) *Section 8/Housing Choice Vouchers*.
- ¹⁷⁸ U.S. Partnership on Mobility and Poverty (2017). *Assisted Housing Mobility Initiatives*.
- ¹⁷⁹ Center on Budget and Policy Priorities (2019). *Indiana Federal Rental Assistance Fact Sheet*.
- ¹⁸⁰ Ibid.
- ¹⁸¹ Ibid.
- ¹⁸² Department of Health and Human Services Centers for Disease Control and Prevention (2020). *Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19*.
- ¹⁸³ U.S. Bureau of Labor Statistics (n.d.). *Economy at a Glance: Indiana*.
- ¹⁸⁴ National Low Income Housing Coalition (2020). *The COVID-19 Eviction Crisis: An Estimated 30–40 Million People in America Are At Risk*.
- ¹⁸⁵ Indy Star (2020). *Indianapolis suspends rental assistance program after over 10,000 applications in 3 days*.
- ¹⁸⁶ Indy Star (2020). *Indiana boosts funding for rental assistance during coronavirus pandemic*.
- ¹⁸⁷ Ibid.
- ¹⁸⁸ Eviction Lab (n.d.). *Eviction Map and Data*.
- ¹⁸⁹ U.S. Census Bureau (2020). *Week 16 Household Pulse Survey: September 30 – October 12*.
- ¹⁹⁰ American Academy of Pediatrics (2018). *Unstable Housing and Caregiver and Child Health in Renter Families*.
- ¹⁹¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table B07001: *Geographical Mobility in the Past Year by Age for Current Residence in the United States*.
- ¹⁹² Ibid.
- ¹⁹³ Indiana State Board of Education (2020). *Annual Report on Homeless Youth Educational Outcomes Statutory Authority (IC 20-19-3-18)*.
- ¹⁹⁴ America's Promise Alliance (2016). *Hidden in Plain Sight: Homeless Students in America's Public Schools*.
- ¹⁹⁵ Housing and Urban Development (n.d.). *CoC Homeless Populations and Subpopulations Reports*.
- ¹⁹⁶ U.S. Interagency Council on Homelessness (n.d.). *Indiana Homelessness Statistics*.
- ¹⁹⁷ Indiana Department of Education (2020). *Data request*.
- ¹⁹⁸ U.S. Interagency Council on Homelessness (n.d.). *Indiana Homelessness Statistics*.
- ¹⁹⁹ Institute for Youth, Education, and Families (2016). *City Strategies to Engage Older Youth in Afterschool Programs*.
- ²⁰⁰ Substance Abuse and Mental Health Services Administration (2017). *Behavioral Health Treatments and Services*.
- ²⁰¹ U.S. Census Bureau, 2019 American Community Survey (2020). Table: B08201: *Household Size by Vehicle Type*.
- ²⁰² U.S. Census Bureau, 2019 American Community Survey (2020). Table B08007: *Sex Of Workers By Place Of Work--State And County Level*.

Sources continued

- ²⁰³ U.S. Census Bureau, 2019 American Community Survey (2020). Table B08006: Sex Of Workers By Means Of Transportation To Work.
- ²⁰⁴ Ibid.
- ²⁰⁵ Ibid.
- ²⁰⁶ Purdue Extension Center for Rural Development (2015). [Transport Challenges in Rural Indiana](#).
- ²⁰⁷ Ibid.
- ²⁰⁸ The Atlantic (2015). [Stranded: How America's Failing Public Transportation Increases Inequality](#).
- ²⁰⁹ US Office of Disease Prevention and Health Promotion (n.d.). [Food Insecurity](#).
- ²¹⁰ Feeding America (2019). [Understand Food Insecurity](#).
- ²¹¹ American Academy of Pediatrics (2019). [Food Insecurity and Child Health](#).
- ²¹² Feeding American (2020). [Food Insecurity in Indiana](#).
- ²¹³ Ibid.
- ²¹⁴ US Office of Disease Prevention and Health Promotion (n.d.). [Food Insecurity](#).
- ²¹⁵ Ibid.
- ²¹⁶ United States Department of Agriculture (2020). [Household Food Security in the United States in 2019](#).
- ²¹⁷ Family and Social Services Administration (n.d.). [Do I Qualify For SNAP](#).
- ²¹⁸ STATSINDIANA (2020). [TANF, Food Stamps and Subsidized School Lunch Overview](#).
- ²¹⁹ U.S. Census Bureau, 2019 American Community Survey (2020). Table ID B22002: Receipt of Food Stamps/Snap in the Past 12 Months by Presence of Children Under 18 Years by Household Type for Households.
- ²²⁰ United States Department of Agriculture (2020). [Characteristics of Supplemental Nutrition Assistance Program Households: Fiscal Year 2018](#).
- ²²¹ Ibid.
- ²²² Center on Budget and Policy Priorities (2020). [A Closer Look at Who Benefits from SNAP: State-by-State Fact Sheets](#).
- ²²³ Center on Budget and Policy Priorities (2020). [SNAP Boosts Retailers and Local Economies](#).
- ²²⁴ Family and Social Services Administration, Division of Family Resources (2020). [Monthly Management Report: April 2020](#).
- ²²⁵ Family and Social Services Administration, Division of Family Resources (2020). [Monthly Management Report: September 2020](#).
- ²²⁶ US. Census Bureau, 2019 American Community Survey (2020). Table B17001: Poverty Status In The Past 12 Months By Sex By Age.
- ²²⁷ CLASP (2017). [SNAP for College Students: An Overview](#).
- ²²⁸ Indiana State Department of Health (n.d.). [Indiana Women, Infants, and Children Program](#).
- ²²⁹ Indiana State Department of Health (n.d.). [Eligibility requirements](#).
- ²³⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: WIC Benefits.
- ²³¹ United States Department of Agriculture, Food and Nutrition Service (2017). [Child Nutrition Tables](#).
- ²³² Feeding America (2019). [Children Are More Likely to Experience Summer Hunger as Families Struggle to Make Up for Lost School Meals](#).
- ²³³ Indiana Department of Education (2020). [Indiana Department of Education Announces 2020–2021 Child and Adult Care Food Program Income Eligibility Guidelines](#).
- ²³⁴ Indiana Department of Education (2020). [Data Request](#).
- ²³⁵ United States Department of Agriculture (2020). [Child Nutrition Tables](#).
- ²³⁶ Ibid.
- ²³⁷ Indiana Department of Education (2020). [Data Request](#).
- ²³⁸ Indiana Department of Education (2017). [Community Eligibility Provision \(CEP\)](#).
- ²³⁹ Ibid.
- ²⁴⁰ Feeding Indiana's Hungry (2020). [Pandemic Electronic Benefit Transfer \(P-EBT\)](#).
- ²⁴¹ United States Department of Agriculture (2020). [USDA Extends Free Meals for Kids Through December 31, 2020](#).





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Education



Access to high-quality education from preschool through grade 12 assists children and youth in achieving higher levels of educational attainment, career advancement, and increased earnings. High-quality early childhood care and education (ECCE) is essential to providing the youngest Hoosier children with a robust foundation. In addition, it is important to continue to establish conditions throughout a child's education that promote achievement, set them on track to remain and succeed in school, graduate from high school on time, pursue postsecondary education, and successfully transition to adulthood. Systemic gaps in resources and opportunities exist for Indiana's students of different races and ethnicities, places, incomes, abilities, and genders which create disparities in educational achievement and proficiency for these youth. When Indiana's kids have equal access to high-quality, well-resourced educational opportunities, all are able to thrive, strengthening Hoosier communities and the economy.

Indiana's Key Education Data Indicators

| Indiana's National Education Ranking | | 15 th | ↑ |
|---|----------------|------------------|---|
| | PERCENT | RANKING | |
| Young Children (Ages 3 and 4) in School | 41% 2019 | 40 th | ↑ |
| Fourth Grade Reading Proficiency | 33% 2019 | 20 th | ↓ |
| Eighth Grade Math Proficiency | 27% 2019 | 13 th | ↑ |
| High School Students Graduating On Time | 88% 2017–18 | 13 th | ↑ |

For each indicator above, higher rankings (1st) represent better outcomes for youth.
Note: Arrows show changes in rankings from the past year.

Education Spotlight

The Importance of 3rd Grade Reading and 8th Grade Math

The Research on Early Literacy and Math Proficiency

A child's third grade reading level correlates with future educational performance. Early literacy has a significant relationship with graduation rates, grade retention, and academic progression.¹

Specifically, students who are performing above grade-level in 3rd grade graduated high school and attended college at higher rates than their peers who were performing at or below grade level. Nationally, 88% of students who failed to earn a high school diploma were struggling readers in third grade. While these struggling readers account for about a third of students across the nation, they represent more than three-fifths of those who eventually drop out or fail to graduate on time.² The majority of curricula in English/Language Arts from pre-kindergarten through grade 3 focuses on building literacy skills. Beginning in fourth grade, the curricular focus shifts to "reading to learn," rather than learning to read. Many subjects, including history, science, and math, require literacy in order to progress. Hoosier children who are proficient readers when they begin 4th grade have a better chance of comprehending and mastering at least half of the curriculum they will be taught in 4th and 5th grade.³

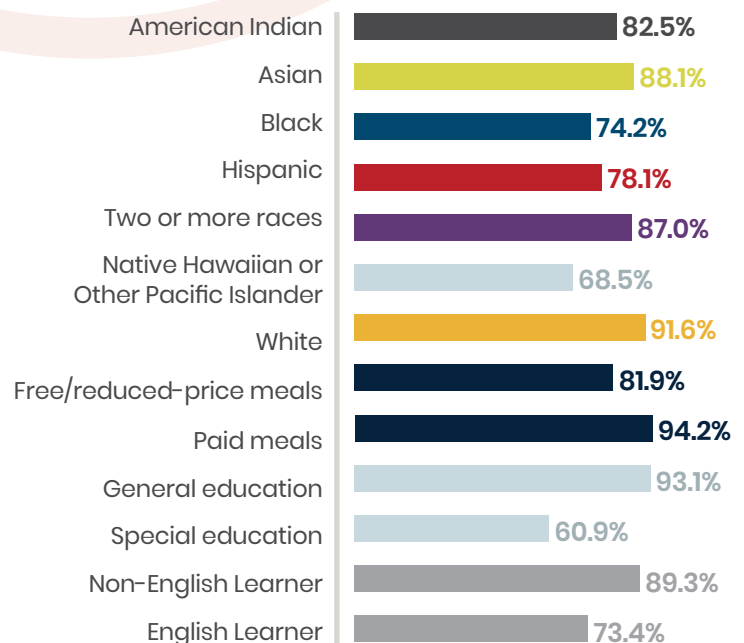
Math proficiency in 8th grade is also a significant predictor of students' progress and success in high school, college, and beyond.⁴ Math standards become more challenging during the middle grade years. In middle school, students begin to learn abstract math concepts. Eighth-grade math includes multi-step word problems that use whole numbers, decimals, fractions, and percentages all at once. Success in math can influence a child's motivation and academic interest. Math anxiety has been linked to avoidance of the subject and worse math performance over time. By 8th grade, students already have formed preconceived notions about their math ability, which can then manifest in their demonstration of proficiency in math. Trouble in mastering math standards can exacerbate the anxiety students have, which then creates a cycle of content problems and more anxiety.⁵

Data on Student Achievement

One way to measure students' mastery of academic standards in reading and math is through standardized assessments. These tests can help track students' progress toward academic proficiency, providing some indication of students' college- and career-readiness. Through examination of standardized assessment data, educators, administrators, parents, and policymakers can understand which students are on track toward mastery and the disparities in achievement for different subgroups. Throughout American history, certain groups of students – specifically students of color and students receiving special education services – have received less access to high-quality instruction and well-resourced schools when compared to their peers, evidenced when standardized test scores are used to measure student achievement. Data obtained through standardized tests provide comparable, consistent, and objective information about disparities in educational outcomes and inequalities in school funding. These data can be one source to help inform resource equity in schools and more fair treatment for students of color, low-income students, students with disabilities, and English Learners.⁶

Indiana utilizes IREAD-3 (The Indiana Reading Evaluation and Determination) to measure foundational standards of reading in 3rd grade.⁷ IREAD-3 is Indiana's most consistent and long-standing assessment of all its

Percentage of Students Passing IREAD-3 by Subgroups, Indiana: 2018–2019



Source: Indiana Department of Education





standardized assessments, providing longitudinal trend data. Due to the COVID-19 pandemic, complete and accurate data are not available for the 2019–2020 academic year.

- In 2018–2019, 87.3% of 3rd grade students passed the IREAD–3.
- Since 2013, Indiana’s 3rd grade reading proficiency scores have been at or above 87%.⁸
- Per the National Assessment for Educational Progress (NAEP), a national, standardized metric used to gauge children’s reading proficiency, 37% of Indiana students in 4th grade scored at or above proficient in reading, compared to 34% of their peers nationally. In 2017, the proficiency rate was 41%.⁹

Though Indiana’s overall 3rd grade reading scores appear high, this is not the case for all student subgroups. Specific subgroups of students significantly underperform their peers, demonstrating an opportunity and achievement gap that exists in our state. Students in special education (60.9%), students who are English Learners (73.4%), and students who receive student who receive free or reduced-price meals (81.9%) are less likely to pass IREAD–3 than their peers.¹⁰ Congruently, these students are also more likely to attend schools with higher teacher turnover, less funding and supplementary resources, and fewer programs during out-of-school time (e.g., afterschool, summers, and other breaks) when compared to their peers in general education and from more affluent backgrounds.¹¹

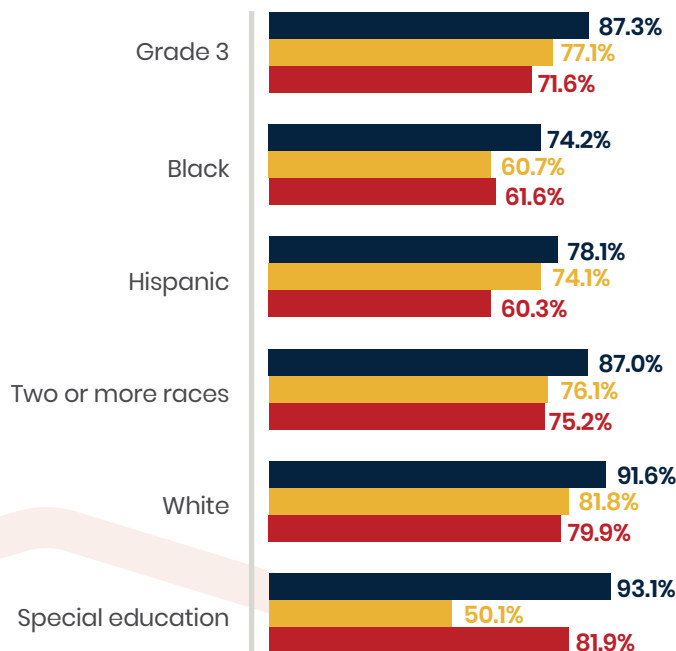
Disaggregating by additional subgroups of historically marginalized students – those experiencing homelessness or in the foster care system – illuminates the impact poverty and trauma can have on students’ academic results. The data clearly illustrate that students who lack security, safety, and stability, especially when accompanied by the trauma and stress of homelessness and/or foster care, have compounding disadvantages and vulnerabilities that impact achievement.

In 2018–2019, Indiana switched from its previous assessment, ISTEP, to the Indiana Learning Evaluation Assessment Readiness Network (ILEARN). This assessment measures student achievement and growth according to Indiana Academic Standards for grades 3 through 8 in English/Language Arts (ELA) and Mathematics.

- In 2018–2019, 38.0% of 8th graders (around 30,849 students) met the level of proficiency on the Math ILEARN assessment.
- One-third of eighth graders (34.0%) scored below proficient and 28.1% were approaching proficiency –

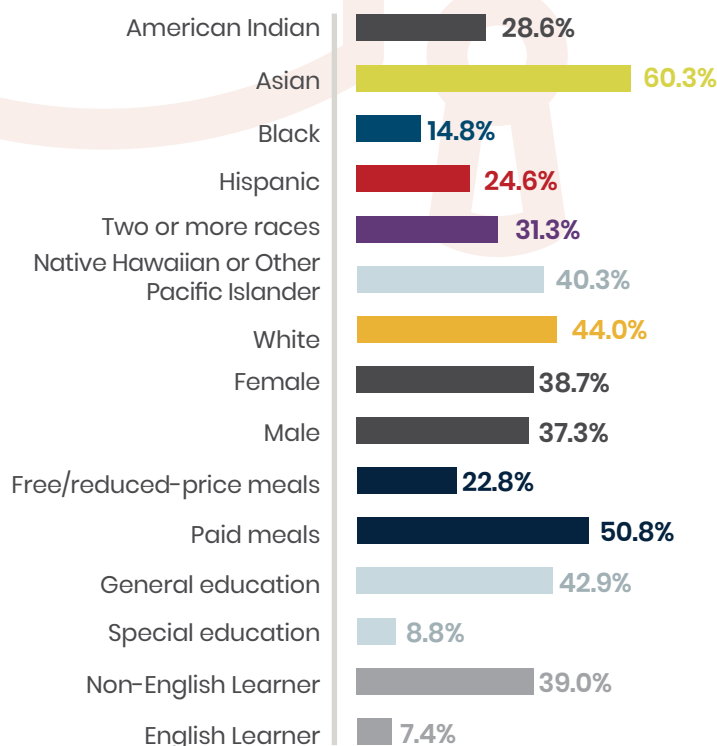
Percentage of Students Passing IREAD–3, Indiana: 2018–2019

● All students ● Foster students ● Homeless students



Source: Indiana Department of Education

8th Grade Students Passing Math ILEARN by Subgroups, Indiana: 2018–2019



Source: Indiana Department of Education



both of which signify that around two-thirds of Hoosier students did not master the 8th grade math standards.

- Similar to the state assessment results, the NAEP results for 8th grade math show only a little over one-third of students proficient. 37% of Indiana students in 8th grade scored at or above proficient in math, compared to 33% of their peers nationally.¹²

When disaggregating math proficiency by student subgroups, disparities in the achievement emerge along similar trend lines of Indiana's other assessments – students of color and students in special education have disproportionately lower achievement rates.¹³

Disaggregating 8th grade math proficiency rates by county, however, does not show a trend based on locale. Counties on both the high and low ends of proficiency are a mix of urban, suburban, and rural settings.

Average Grade 8 Math ILEARN Proficiency Rates by County, Indiana: 2018–2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-------|
| Crawford | 63.4% | Ohio | 16.7% |
| Dubois | 63.2% | Randolph | 18.9% |
| Hendricks | 61.7% | Switzerland | 20.2% |
| Posey | 59.7% | Grant | 24.2% |
| Hamilton | 59.3% | Vermillion | 24.2% |
| Warrick | 57.3% | Wayne | 24.5% |
| Jay | 56.9% | Jefferson | 26.0% |
| Monroe | 56.6% | Starke | 26.2% |
| Boone | 55.8% | Scott | 26.3% |
| Hancock | 52.7% | Knox | 26.4% |

Source: Indiana Department of Education

Overcoming Barriers to Proficiency

Children from disadvantaged households often experience gaps in their development of literacy and numeracy skills before they even reach kindergarten because they may lack of accessibility to high-quality early childhood education. Nationally, only 48% of low-income children are ready for kindergarten-level materials, compared with 75% of moderate- or high-income children. Among low-income children, 30% score low on reading readiness and 26% lack readiness in math skills.¹⁴

The gap in 8th grade math achievement between students of different races and ethnicities is inextricably connected to gaps in resources for these very students.¹⁵ Students of color, those from low-income families, those with mild to moderate disabilities, and English Learners spend the vast majority of their school days missing out on four crucial resources: grade-appropriate assignments, strong instruction, deep engagement, and teachers with high expectations. In classrooms with more access to these critical resources, students have higher achievement than their under-resourced peers, even if they started the school year behind their peers. Classrooms that served predominantly students from higher-income backgrounds spent twice as much time on grade-appropriate assignments and five times as much time with strong instruction, compared to classrooms with predominantly students from low-income backgrounds.¹⁶ The data show that inequalities in resources and opportunities for these children contributes to lower achievement levels, inadequate access to and success in college, and barriers to high-skilled careers.

Additionally, children with learning disabilities, particularly dyslexia, dysgraphia, and dyscalculia, require additional supports and targeted, differentiated instruction to achieve proficiency in reading and math.¹⁷ Skills that can cause difficulty for students with disabilities are possible to attain, but they must be taught early and often through differentiated instructional techniques to address any persistent problems. Technology also has the potential to transform teaching and learning for students with disabilities as a supplement, rather than a substitution, for traditional instructional tools and supports to help students perform complex tasks.¹⁸

LEVERAGING THE DATA:

Locally:

- **Promote early intervention over retention:** Early identification and intervention for struggling students are the strategies most likely to improve student performance when compared to grade retention or course repetition. Repeating the same curriculum has not been shown to be effective in helping students master these critical standards; something different in their instruction must occur. Because 3rd grade is the first time when students are assessed via a summative, standardized test, this is often the first time gaps in understanding are identified. Schools and districts can develop early identification systems and assessments that identify learning gaps and provide struggling readers with early intervention.¹⁹
- **Provide targeted professional development for teachers:** To ensure all students are able to master literacy and numeracy skills, teachers need professional development in the areas of



differentiated instruction, formative assessment, and data analysis. This can occur during their preparation programs, induction when transitioning into a new district, or in-service throughout the year. Some may need specific professional education to build their skills and knowledge in the fundamentals of literacy and numeracy instruction.²⁰

- **Revise processes for Algebra I identification:** Though low-income and students of color need greater access to challenging math courses, placing all 8th graders into Algebra I, regardless of their preparation, sets up many students to fail. Additionally, districts often leave key aspects of policymaking about student placement to school sites. Targeted strategies, such as using students' prior standardized test scores and grades to predict at least 70% chance of success in Algebra I, can identify students who might be exposed to challenging and advanced math coursework beginning in 6th grade. Wake County in North Carolina implemented such a strategy as a way to ensure students from certain backgrounds were not being tracked into lesser math courses. A study of their policy can be found [here](#).²¹
- **Allow for individual development:** The importance of proficiency in 3rd grade reading and 8th grade math can inform macro-level policies, decisions, and resources to help ensure all students, regardless of their backgrounds, reach these goals. Specifically, schools and districts can allocate funding for personnel to provide additional support for those students to help them master both of these academic benchmarks. At the individual level, some students may require supplementary supports and time to reach proficiency. For some students, this may mean accommodations via special education; for others, differentiated instruction for unique learning styles may be required. At the student level, educators, schools, and districts understand they must remediate and help students reach these missed proficiency milestones throughout their academic career.

Statewide:

- **Implement a Pre-K through 3rd grade approach:** High-quality early education is a cost-effective investment for improving both early and later school success, particularly for students in low-income families and for students of color.²² Academic, social, and behavioral gains for students are sustained if high-quality PreK is linked with the elementary grades to create a common structure and coherent sets of academic and social goals. An integrated PreK-3rd approach to education can include:
 - Aligned curriculum, standards, and assessment from PreK through third grade;
 - Consistent instructional approaches and learning environments;
 - A kindergarten readiness exam that provide valid, reliable, and comparable data; and
 - Availability of PreK for all children ages 3 and 4.²³
- **Maintain high standards and expectations with the necessary supports:** Because Indiana's standards and assessments mirror nationally recognized college- and career-readiness benchmarks and assessments (e.g., NAEP), maintaining the current standards and expectations will ensure all children are ready to be successful after high school. To ensure every student achieves mastery of foundation literacy and numeracy skills, the Individuals with Disabilities Education Act entails the maintenance of high expectations for students with disabilities be paired with the supports and accommodations that will help them master those standards.²⁴
- **Weight 3rd grade reading and 8th grade math separately in school accountability model:** Valuing these metrics within the State's accountability model can illustrate the effectiveness of a school's early literacy program and the vertical alignment of literacy and numeracy standards, as well as encourage schools to make these investments early in students' academic careers. The two options the State could pursue with these indicators are:
 - Measuring 3rd grade literacy and 8th grade math proficiency as standalone metrics in the model; or
 - Weighing proficiency in 3rd grade literacy and 8th grade math at a higher percentage than the other standardized assessments.

Nationally:

- **Prioritize high expectations for children in all federal laws and guidance:** Communities, states, and national leaders are essential in the development and funding of efforts to expand early learning, to develop integrated PreK-3rd initiatives, to reduce chronic absenteeism, to expand summer learning opportunities, to assure that schools provide high-quality instruction, and to provide access to health insurance and to effective opportunities for parents to increase their educational levels.

Early Childhood Care and Education

Access to high quality childcare and preschool promotes educational success, especially for those who are from low-income households. Indiana is currently ranked 40th with 59% of children, ages 3 –4, not enrolled in school, higher than the national percentage of 52%.²⁵

In 2019, Indiana was home to 504,458 children ages 0–5.²⁶ Among Hoosier children younger than six years, 69.8% have all parents in the labor force (both parents in married-couple families and the head of household in single-parent families) and likely needed some form of care.²⁷

- In Indiana, there is a total of 4,727 known early childhood care and education programs. Of these programs, 2,604 are Family Child Care, 690 are Ministry, 687 are Child Care Center, 460 are Preschool Programs, and 286 are Head Start Programs.
- Of the 113,781 children who were enrolled in a known program, majority of them were enrolled in a childcare center (33,876), followed by a ministry (28,575) and family childcare (19,246).
- In Indiana, 35% of children who need care are enrolled in a known program. This varies across our state with a high of 64% in Monroe County and as low of 7% in Blackford County.²⁸

As discussed in the Economic Well-being section, parents with access to affordable and dependable childcare are more likely to work without worrying about childcare-related problems. Supports for families seeking childcare 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.²⁹

- In Indiana, there were 4,962 referrals received to the Indiana Association for Child Care Resource and Referral with 45% for family childcare, 39% for center-based care, and 16% were not specified. Of these referrals, 2,562 were for non-standard hours (e.g., evenings and weekends).³⁰

Quality

High-quality early education and childcare improves children's cognitive outcomes and enhances school readiness. When the care and environment are consistent, developmentally appropriate, emotionally supportive, and safe, children and their families reap positive results.³¹ These positive outcomes are long-lasting and continue to impact children as they grow into adulthood. As adults, children who attended a high-quality learning program are more likely to pursue higher education, be employed, and earn higher wages, as well as less likely to commit crimes.³²

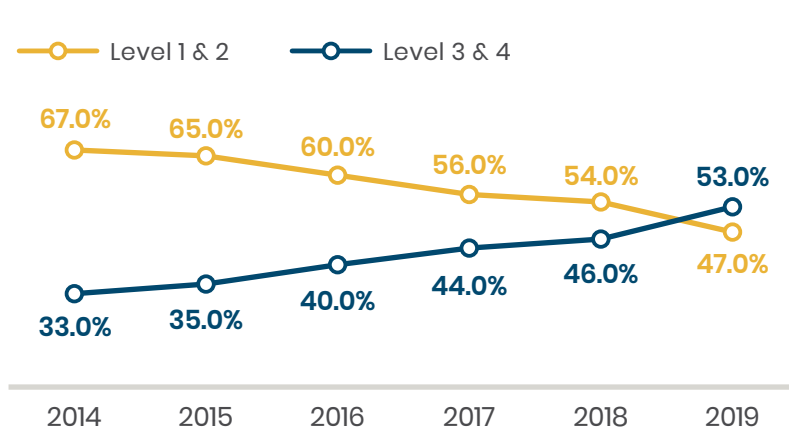
Indiana has a statewide voluntary quality rating and improvement system called Paths to QUALITY™ (PTQ). The PTQ program helps early care and education providers improve the quality of their programs and helps parents find high-quality care for their children. In PTQ, there are four levels of quality, and providers must meet specific standards of health, safety, training, curriculum, and accreditation to advance through the levels.³³ Programs that have attained levels 3 or 4 in PTQ are considered to be high-quality.

- In Indiana, 2,855 programs are participating in the PTQ program, with 1,514 programs rated as high-quality, levels 3 and 4.³⁴ The number of programs participating in PTQ has risen since 2014.
- 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 (261), Lake (145), Allen (128), St. Joseph (79), and Vigo (69). Four counties in Indiana do not have any high-quality programs: Newton, Jasper, Warren, and Sullivan.
- Preschoolers makes up the largest percentage of the age groups enrolled in high quality care (67%), followed by toddlers (26%) then infants (7%).³⁵

Pre-Kindergarten Programs

Pre-Kindergarten (Pre-K) 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.³⁶ Children who attend preschool are more likely to be more prepared for kindergarten than their peers who do not attend preschool,

Percentage of Programs in the Paths to QUALITY™, Indiana: 2014–2019



Source: Indiana Early Learning Advisory Committee





reducing children's future gaps in academic proficiency. Those who attend high-quality preschool are more likely to receive higher test scores in literacy, language arts, numeracy, and mathematics than their peers who do not attend preschool. Long term outcomes related to behavioral, health and educational outcomes in adulthood are also connected to those who attend preschool.³⁷

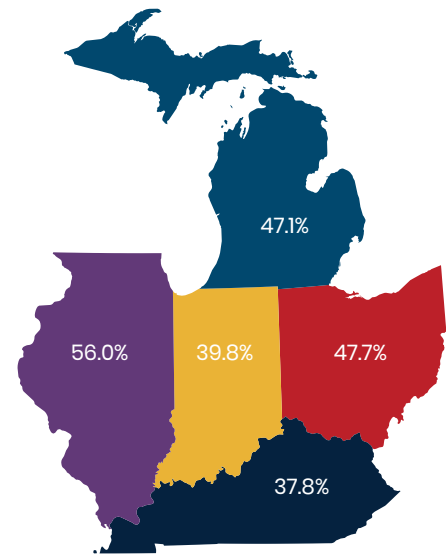
- Less than half of Indiana children ages 3-4 (39.8%) are enrolled in preschool compared to the national average of nearly half of children ages 3-4 (48.9%) were enrolled in preschool in 2018.
- Of Hoosiers in preschool, 59.8% were enrolled in public school and 40.2% are in private school.³⁸
- Demographic data regarding the race and ethnicity, gender, and income of these children were not publicly available at the time of publishing.

The quality of instruction and teacher-child interactions, as well as the effective use of developmentally-appropriate assessment practices and curriculum, are all essential factors which impact a child's outcomes during his/her preschool years. The alignment of developmentally appropriate assessment practices, curriculum, and instruction lead to the supported growth and development of individual children and their needs.³⁹ 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.⁴⁰

Children's academic readiness can be influenced by their socioeconomic background. For example, by 3 years of age, there is a 30 million word gap between children from the wealthiest and poorest families, although recent research has debated whether this number is slightly overestimating a 1 to 4 million word gap.⁴¹ By 18 months, children in different socioeconomic groups display dramatic differences in their vocabularies. By 2 years, the disparity in vocabulary development has grown significantly. Early language skills are associated with reading ability, income, healthcare outcomes, and high school graduation rates. Children who start out with lower language skills are projected to have lower school readiness scores and may struggle throughout their academic career.⁴² Access to high-quality early educational programs help children, particularly those from disadvantaged backgrounds, develop their language skills.⁴³

- 38.7% of Hoosier parents read to their baby every day, slightly above the national average of 37.8%
- Hoosier babies are less likely to receive developmental screenings (29.0%) than the national average (31.1%).
- 5.0% of Hoosier income-eligible infants/toddlers have Early Head Start Access.⁴⁴

Percentage of Children Ages 3 to 4 Enrolled in Preschool, Indiana and Neighboring States: 2019



Source: U.S. Census Bureau, Table B14003

LEVERAGING THE DATA:

Locally:

- **Develop local initiatives and strategies to increase interventions in early childhood education:**

A number of diverse school districts have launched comprehensive education initiatives that use community-building to tackle poverty-related impediments to early learning and student success. School districts in Austin, Texas, Pea Ridge, Arkansas, and Joplin, Missouri, for example, have leveraged district and/or private funds to create initiatives and expand access to high-quality pre-K for their most vulnerable young children. Pea Ridge funds seats for low-income students through a combination of grant money and paid seats.

Though each initiative is tailored to the districts' specific needs, the initiatives share common elements that boost early achievement and sustain supports throughout children's academic trajectories. These supports include investments in supports for new parents; access to childcare, quality pre-K, and other early childhood education experiences; attention to the full range of students' needs, including health and nutrition support and enriching opportunities both within and outside of the classroom; efforts to reduce student absenteeism; strong parent and community engagement; and targeted strategies to boost college, career, and civic readiness.⁴⁵

- **Advance implementation of quality instructional strategies in early childhood education:**

High quality is a common element among the preschool programs with the largest effects on school readiness and with sustained effects at older ages.⁴⁶ Developmentally focused curricula, combined with intensive in-service training or coaching for teachers, can improve the quality of

preschool instruction. Boston Public Schools recently invested in scaling strategies and coaching for improving preschools' instructional quality; research on the findings from this initiative can be found [here](#).

Statewide:

- **Implement an equitable kindergarten readiness inventory:** Building off of vertically aligned standards and curricula beginning in the third grade, Indiana could adopt a statewide kindergarten readiness inventory to gauge children's levels of readiness at school entry in early numeracy, early literacy, and social-emotional skills, all of which can predict difficulties in later academic performance. Kindergarten readiness inventories improve classroom instruction and provide an understanding of the population at an aggregate level to support policy making regarding early learning resources and systems.

Educators and parents obtain information about kindergarten readiness of individual children and various subgroups of children, identifying those children and groups that will require remediation and additional support.⁴⁷ Additionally, when gaps in readiness are identified, schools need to have adequate resources available to them to support the strategies necessary for closing these gaps.

Children with Developmental Delays or Disabilities

Parents and caregivers face increased 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.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 ages 1 to 17 received services under an early intervention plan in 2018–2019.⁴⁹
- 31.3% of children with special healthcare needs received services under a special education plan.
- More students in lower income brackets received special education services:⁵⁰

| | |
|--------------------------------------|-------|
| Household income 0–99% FPL | 12.9% |
| Household income 100–199% FPL | 12.4% |
| Household income 200–399% FPL | 8.5% |
| Household income 400% FPL or greater | 4.8% |

Note: Data for the household income 400% or more Federal Poverty Level may not be as reliable as the other indicators due to data suppression.

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.⁵¹

- 23,037 Hoosier children were served by First Steps in 2019.
- White Hoosier children (69%) were more likely to be served by First Steps than their Black (11%), Hispanic (10%), Two or more races (8%), and Asian peers (2%).
- Among the services provided by First Steps, 62% of children received speech therapy, 56% received occupational therapy, 54% received developmental therapy, and 52% received physical therapy.⁵²

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 the 2019–2020 academic year, 1,105,562 students were enrolled in kindergarten through grade 12.

- 784,863 students were enrolled in kindergarten through grade 8.
- 320,699 students are enrolled in grades 9 through 12.⁵³



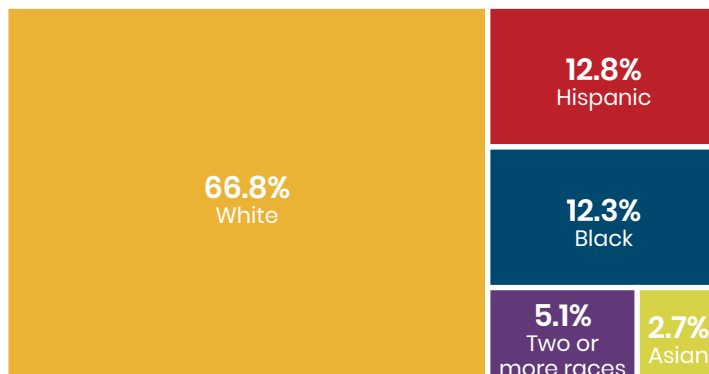
Students in grades 1–6 are required to receive five hours of instruction per day for the 180-day school year, excluding time for lunch or recess. Students in grades 7–12 are required to receive six hours of instructional time, excluding time for lunch.⁵⁴

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 can attend private schools using School Choice Vouchers, or they may attend school virtually through a public school or a virtual charter school.

- In 2019–2020, nearly 9 in 10 students attended a traditional public school (89.0%), with 4.1% of students attending public charter schools; 3.3% attending School Choice Voucher schools, and 3.6% attending non-public schools.
- Almost one-third of Hoosiers students (33.2%) were a race other than White.⁵⁵
- In 2019–2020, 76,981 students were enrolled in Indiana’s accredited non-public schools (7.0% of all Hoosier students).⁵⁶

Percentage of Student Enrollment by Race/Ethnicity, Indiana: 2019–2020



Source: Indiana Department of Education

Note: Other ethnicities include American Indian (0.2%) and Native Hawaiian or Other Pacific Islander (0.1%).

Charter Schools

A charter school is a type of public school that receives public funding but is managed by a nonprofit entity. They do not receive any funding from local taxes. Since only public school corporations receive property taxes, high-performing and new public charter schools receive a \$750 per student in addition to Foundation grant (\$5,548 per student in 2019–2020 and \$5,703 per student in 2020–2021). Virtual charter schools receive only 85% of the Foundation grant (\$4,715.80 per student in 2019–2020 and \$4,847.55 per student in 2020–2021).⁵⁷

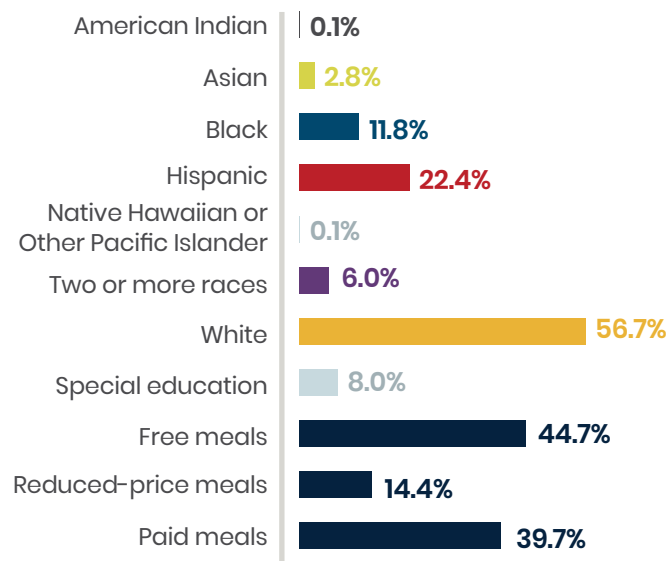
- Indiana has 113 charter schools authorized to operate. The majority of charter schools are located in Marion (61) and Lake (13) counties.⁵⁸
- In 2019–2020, 44,965 students were enrolled in Indiana charter schools (4.1% of all Hoosier students). The number of students enrolled in charter schools has decreased by 12.1% (51,172) from the 2018–2019 school year.⁵⁹

School Choice Vouchers

The Indiana Choice Scholarships program provides vouchers to qualifying families to offset tuition costs at participating nonpublic schools.⁶⁰

- In 2019–2020, 36,707 Hoosier students participated in the Choice Scholarship Program.
- The majority of Choice Scholarship recipients are students in elementary and middle school: 72.4% in grades 1–8. 22.0% of Choice Scholarship recipients enrolled in grades 9–12, and 5.6% in kindergarten.
- Nearly 2 in 5 Choice Scholarship recipients have previously attended an Indiana public school (39.3%).⁶¹
- The majority of Choice Scholarship recipients in Indiana are White and Hispanic children and are in general education.

Choice Scholarship Recipients by Student Subgroup, Indiana: 2019–2020



Source: Indiana Department of Education

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 for accommodations and resources that will support students with disabilities in meeting standards. 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.



The Individuals with Disabilities Education Act (IDEA) is the federal law governing special education in K-12 schools. IDEA requires a free, appropriate public education provided in the least restrictive environment for students with disabilities. It was enacted to ensure that all children with disabilities are provided with equal opportunity, full participation, independent living, and economic self-sufficiency. IDEA requires states and schools to provide early intervention and special education-related services to eligible infants, toddlers, children, and youth with disabilities.⁶²

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. It includes comprehensive information about a child's diagnoses, needs, recommended services, and accommodations. A 504 Plan, which refers to Section 504 of the Rehabilitation Act, is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.⁶³

- In 2019–2020, 164,740 students were enrolled special education in Indiana schools (14.9% of students).
 - 31,232 students had a 504 Plan (2.8%); the remaining 142,000 students had an IEP.⁶⁴
- In 2019–2020, 3,446 students were eligible for a voucher for special education services. Of them, 662 selected a Choice School as the special education service provider (19.2%) and 2,784 selected a public school corporation (80.8%).⁶⁵

Both IDEA and the State allocates additional funding to support the needs of students with disabilities, Indiana received \$273 million for special education in K-12 and \$9.1 million for special education in preschool in fiscal years 2019 and 2020.⁶⁶ In addition to the Foundational grant, the State allocates special education funding by the severity of each eligible student's special needs.

- Per student grant awards range from \$500 up to \$9,156 for students with severe disabilities.
- Pre-K Special Education Grant was \$2,875 per student in 2019–2020 and increased to \$3,000 per student for the 2020–2021 school year.⁶⁷

Overall, student representation in special education is close to proportional to the representation of these subgroups in the total student population. White and Black students, as well as students of Two or more races, were represented slightly higher in special education (69.0%; 13.6%; and 5.4% respectively) than their overall representation (66.8%; 12.3%; and 5.1% respectively). Their peers in other races and ethnicities were slightly underrepresented in special education compared to the total population disaggregation.

Areas of disproportionality emerge when comparing additional subgroups of students with disabilities to the total number of students with disabilities.

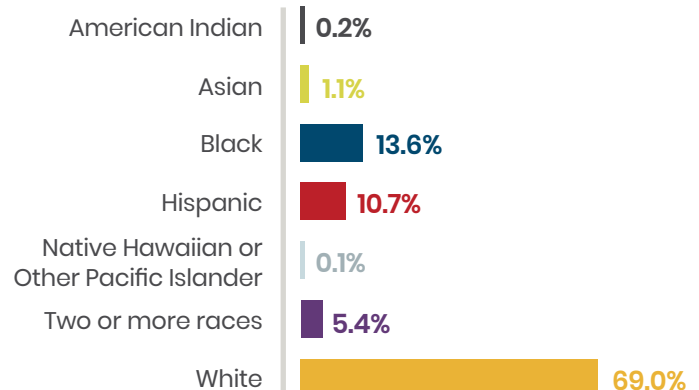
- The majority of students enrolled in special education are male and qualify for free or reduced-price meals. The disproportionality emerges when the percentages of students with certain demographics in special education are compared to their

Percentage of Students by Primary Disability, Indiana: 2019–2020

| | |
|-------------------------------------|-------|
| Specific Learning Disability | 30.8% |
| Language/ Speech Impairment | 20.3% |
| Other Health Impairment | 15.5% |
| Autism Spectrum Disorder | 9.5% |
| Mild Intellectual Disability | 5.4% |
| Developmental Delay (Ages 3–8 only) | 5.2% |
| Emotional Disability (Full Time) | 3.8% |
| Emotional Disability (Other) | 3.4% |
| Moderate Intellectual Disability | 1.9% |
| Deaf or Hard of Hearing | 1.4% |
| Multiple Disabilities | 1.1% |
| Orthopedic Impairment | 0.8% |
| Blind or Low Vision | 0.5% |
| Traumatic Brain Injury | 0.2% |
| Severe Intellectual Disability | 0.2% |
| Deaf-Blind | 0.02% |

Source: Indiana Department of Education

Percentage of Students within Special Education by Race/Ethnicity, Indiana: 2019–2020



Source: Indiana Department of Education



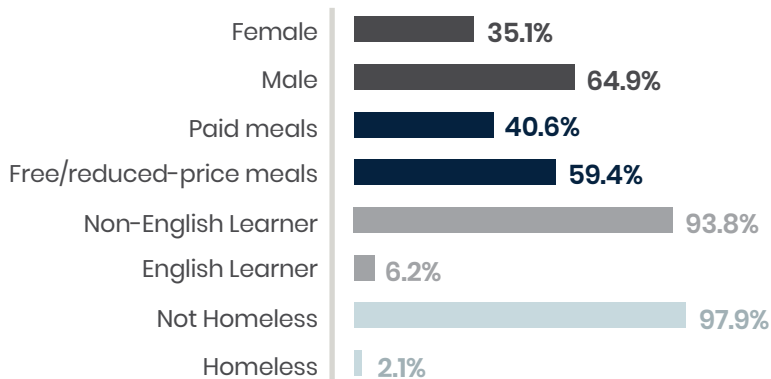
representation of the total population.

- Out of the total student population, 48.2% of Indiana students receive free or reduced-price meals.⁶⁸ Proportional representation in special education enrollment would be the equivalent rate. Because students receiving free or reduced-price meals comprised 59.4% of the special education population, the data show disproportionate representation of low-income students having disabilities when compared to their peers with paid meals.

When accounting for socioeconomic background, low-income children of color are still less likely to receive special education services than similar White children.

Though the cause of this disproportionate representation of students of color is not certain, greater awareness and cultural understanding among those working with children can help ensure every child receives the correct and necessary resources to succeed.⁶⁹

Special Education Enrollment by Subgroups, Indiana: 2019–2020



Source: Indiana Department of Education

Pre-Employment Transition Services (Pre-ETS)

Through federal funding, local Vocational Rehabilitation offices can serve high school youth with disabilities through a program called Pre-Employment Transition Services (Pre-ETS). Pre-ETS is open to all students with disabilities ages 14 to 21 who are in high school and can serve as a supplemental support for these students to explore postsecondary options and opportunities.⁷⁰ Pre-ETS provides the following supports for students who have a disability:

- Job exploration (84.9% of youth received this service in Indiana),
- Work-based learning experiences (43.8% of youth received this service),
- Counseling regarding opportunities for enrollment in postsecondary education (42.6% of youth received this service),
- Workplace readiness services (76.4% of youth received this service), and
- Instruction in self-advocacy (61.6% of youth received this service).⁷¹

In academic year 2019–2020, 6,905 youth received at least one service via the Pre-ETS program. The majority of recipients (62.2%) were male and White (87.6%). Additionally, the majority of recipients were ages 15 (23.7%), 16 (24.2%), and 17 (20.8%).⁷²

Pre-ETS Enrollment by County, Indiana: 2019–2020

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|-----|-------------------|---|
| Marion | 559 | Clay | 1 |
| St. Joseph | 392 | Brown | 2 |
| Allen | 297 | Switzerland | 2 |
| Porter | 285 | Benton | 3 |
| Elkhart | 253 | LaGrange | 3 |

Source: Indiana Family and Social Services Administration

LEVERAGING THE DATA:

Locally:

- **Coordinate Pre-ETS with overlapping programs:** The State can also explore better ways for Pre-ETS to be embedded as supplementary services for youth with disabilities involved in complementary programs. Pre-ETS services could serve as complements (either in funding or resources) to programs like Jobs For America's Graduate (JAG) and career and technical education courses.
- **Focus Pre-ETS on work-based learning opportunities for students with disabilities:** Pre-ETS can be refocused at the local level towards developing, expanding, or enhancing in-school, after school, or summer work experience opportunities in diverse career pathways, leading to more meaningful postsecondary enrollment and employment. Additionally, Pre-ETS can provide wages for youth with disabilities in a work-based learning experience.

Statewide:

- **Expand Pre-ETS to eligible older youth:** While Pre-ETS currently focuses on high school students, the State can expand this program to include more older youth with disabilities who may be struggling to transition into adulthood. Partnering with eligible youth enrolled in adult charter schools, such as the Excel Centers, could provide older youth with Pre-ETS services.



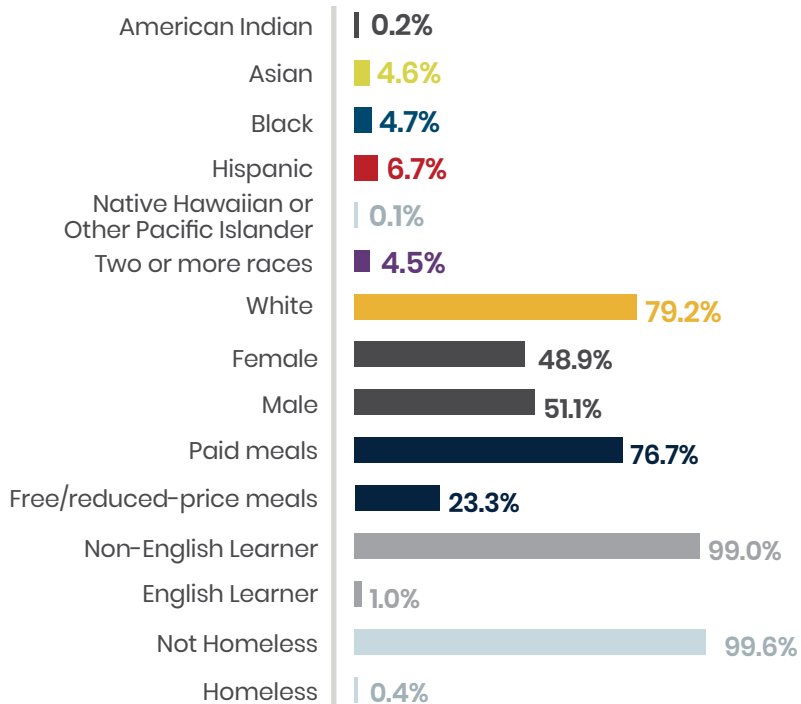
- **Support youth with disabilities who are in justice facilities with Pre-ETS services:** Given the breadth of federal funding available to the State, the Office of Vocational Rehabilitation can connect a portion of Pre-ETS funding and services to support youth who are in youth detention facilities. For those Hoosier juvenile offenders with a disability, and, therefore, a related Individual Education Program or 504 Plan, the Indiana Department of Education (DOE), the Indiana Department of Correction (IDOC), and the Indiana Family and Social Services Administration (FSSA) can work together to allow Pre-ETS funding to go towards assisting youth eligible for services.

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.⁷³ High-ability education aims to challenge students in the regular classroom or provide enrichment and accelerated programs to enable them to make continuous progress in school.⁷⁴

- In Indiana, 134,219 students are considered high ability (12.1% of students).
- Unlike special education, which the racial and ethnic representation of students mirrored that total population, high ability students have disproportional representation of certain subgroups.
- White students comprise 66.8% of the total student population, though 79.2% of the high ability population. The Black student population makes up 12.3% of all student enrollment, however, only 4.6% are identified as high ability. The data illustrate a skew in identification towards White students that is unparalleled with the total population.⁷⁵

Percentage of Students Considered High Ability by Race/Ethnicity and Additional Subgroups, Indiana: 2019–2020



Source: Indiana Department of Education

Indiana’s data reflect the national trend of high-ability classrooms tending to be disproportionately filled with White and Asian students, while bright Black and Hispanic students may be overlooked. High-ability identification is linked to test scores in Indiana, and because Black and Hispanic kids are performing below their White peers on standardized assessment for the variety of reasons identified in the Spotlight, representation in high-ability classes is directly impacted. Nationally, even among students with high scores on math and reading assessments, Black children are severely underrepresented in gifted programs; a high-achieving White student is twice as likely as an equally high-achieving Black student to get assigned to such a program.⁷⁶

High ability designation was almost evenly split based on students’ gender. Significant disproportionality exists, though for students based on their socioeconomic and linguistic background. In addition to race and ethnicity, as illustrated in the data below, students who are low-income, homeless, or not proficient in English were designated as high ability at percentages that did not match their overall representation.

English Learners

About 1 in 10 (10.5%) Hoosier children ages 5–17 speak a language other than English at home with slightly more than half of those individuals speaking Spanish.⁷⁷ 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 “nativelike” English speaking, listening, reading, and writing.⁷⁸ Marion, Elkhart, Allen, St. Joseph, and Tippecanoe Counties have larger populations of students who are English Learners.⁷⁹

Students enrolling in Indiana schools for the first time are required to take a Home Language Survey upon entrance. Students who are enrolling in a K–12 school with a native language other than English are screened for proficiency using the World-Class Instructional Design and Assessment (WIDA).⁸⁰ If a student



does not achieve proficiency on the screening, they are then identified as an English Learner. Following the identification, an Individualized Language Plan is created for the student to document the student's accommodations and strategies necessary in the classroom and on tests. Indiana's long-term goal is for 70% of English Learners to attain English language proficiency within six years.⁸¹

- In 2019–2020, 72,211 students were English Learners (6.5% of all students).
- Hispanic (71.3%) students made up the majority of English Learners, followed by Asian (15.3%), White (6.7%), and Black (5.6%).
- The most common language spoken by students who speak a language other than English was Spanish (71.5%), followed by Chin (2.9%), Burmese (2.8%), Arabic (2.6%), Mandarin (1.1%), Punjabi (1.1%), and German (0.2%).⁸²



Nationally, during the spring of 2020 English Learners in rural districts had less access to resources than English Learners in urban districts. In a national survey, researchers found that English Learner students in rural school districts were less likely to have distance learning resources specifically for English Learners, learning materials in Spanish, and interpreters or family liaisons. Furthermore, rural districts were less likely to require teachers to meet virtually with English Learners than urban districts, and less likely to require collaboration among students' general education teachers and the English Learner specialists.⁸³

LEVERAGING THE DATA: LOCALLY

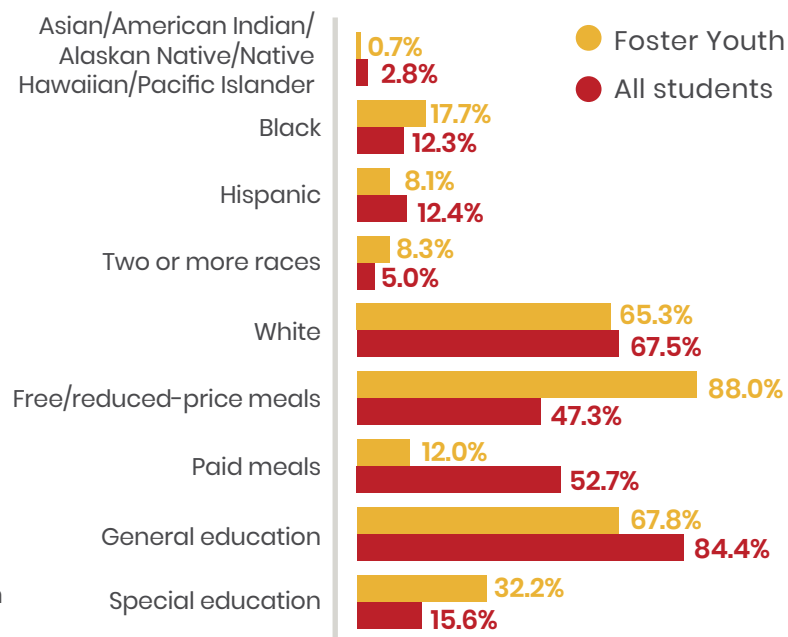
- **Implement summer bridge programs:** Because English Learners may need additional transitional support to either maintain or further their language proficiency, schools can connect their non-native English-speaking graduates with local institutions of higher education and Workforce Development Boards post-graduation. Through federal funding from the Every Student Succeeds Act or Workforce Innovation and Opportunity Act (or braiding the two funding source together), local universities or boards can partner with schools to create a 'summer bridge' program to combat any potential complications and to ease the transition from the supportive K-12 environment to that of adulthood.

Foster Youth

Education outcomes for foster youth are the lowest among all student peer groups. The Annual Report on Foster Care Youth Educational Outcomes examined 15,121 public school students in the 2018–2019 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 found 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.⁸⁴ For more information on foster youth, see the Family and Communities section.

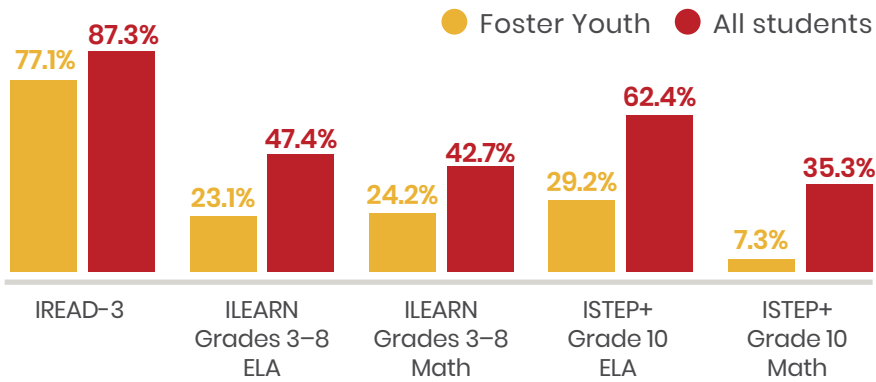
Foster youth have lower test scores than their non-foster peers in all of Indiana's standardized assessments and across all grade levels. Additionally, 3.2% of foster youth in grades K–11 were retained, compared to 1% of their non-foster care peers.

Demographics of Foster Youth Students by Race/Ethnicity and Other Student Characteristics, Indiana: 2018–2019



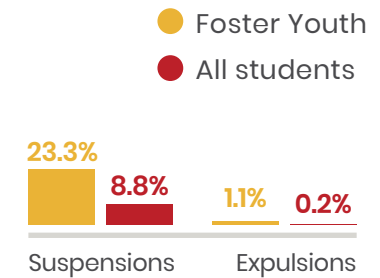
Source: Indiana Department of Education

Assessment Passing Rates Comparing Overall and Foster Youth Students, Indiana: 2018–2019



Source: Indiana Department of Education

Foster Youth Student Suspension and Expulsion Rates, Indiana: 2018–2019



Source: Indiana Department of Education

- When comparing racial/ethnic subgroups of homeless students to total populations of racial/ethnic subgroups (e.g., Black students to non-foster Black students), racial/ethnic subgroups of foster students have lower passage rates than the total population of the student subgroup.
- Within racial/ethnic subgroups, Black students had the lowest ILEARN passage rates (11.4% for ELA and 12.6% for Math) than their non-Black peers.⁸⁵

Compared to all students, students in foster care were suspended and expelled more frequently. During the 2018–2019 school year, 23.3% of foster youth were suspended compared to 8.8% of their peers. For the same school year, the expulsion rates for foster youth were more than four times that of the general student population with 1.1% of foster youth expelled and 0.2% of the general population expelled.⁸⁶



During the pandemic, 67% of 18–23-year old young adults who are currently in the foster care or aged out of foster care reported that COVID 19 is having a major impact on their educational progress. 31% of young adult foster youth lost access to academic or post-secondary educational supports due to the pandemic.⁸⁷ Foster youth wanting to transition out of care and onward to college may face even more challenges. Due to school closures, some foster youth may have missed out on guidance counseling that would have played a role in their college preparation. In addition, similar to low-income youth, foster youth may face challenges with the digital divide as classes for K-12 and for higher education transitioned to online.⁸⁸

LEVERAGING THE DATA:

Statewide:

- **Expand and improve state agency data sharing to improve knowledge about foster students:** Improved data sharing between state agencies can help generate an accurate count of the number of foster care children in pre-K through 12th grade educational programs and to effectively assess their outcomes over time. State agencies can strengthen their coordination of data and resources to ensure that adequate supports are in place to guarantee an educational experience that aligns with the best interest of the child. The Indiana Department of Child Services currently shares data about children and youth in the foster care system with the Indiana Department of Education, though these data are not shared with local schools and school corporations. The Indiana Department of Education can implement real-time information sharing processes so that school administrators know within 24 hours if a child in their school has entered foster care or if a new child enrolling in their school is in foster care.
- **Separate case management and career coaching:** To provide foster youth with specialized support and advice to help them transition into adulthood, the Department of Child Services can divide case management responsibilities and career coaching and counseling supports. Dividing



case management and career coaching will provide foster youth with insight and information to help them make informed decisions around their next steps in education or career. Additionally, foster youths' case managers can focus their supports on specific issues rather than serving as a catch-all for everything.

Nationally:

- **Support targeted dropout recovery programs for foster youth:** In the federal Chafee Grant and Education and Training Voucher program, which is a federally-funded, state-administered program designed to provide financial and academic support to students who have aged out of the foster care system, Congress can include dedicated efforts to enroll the countless foster students who have dropped out of school into drop-out recovery high schools. At a small cost, helping recently transitioned youth get back on track educationally will pay off in greater employability and success for these youth.

For more ways to leverage the data in support of foster youth, see [here](#).

Homelessness

Children who lack a stable home are vulnerable to educational deficits, adverse outcomes, poor health, and difficulties in accessing health care.⁸⁹ The high mobility rates associated with homelessness lead to school disruptions and are linked with lower levels of academic achievement and limited employment opportunities.⁹⁰

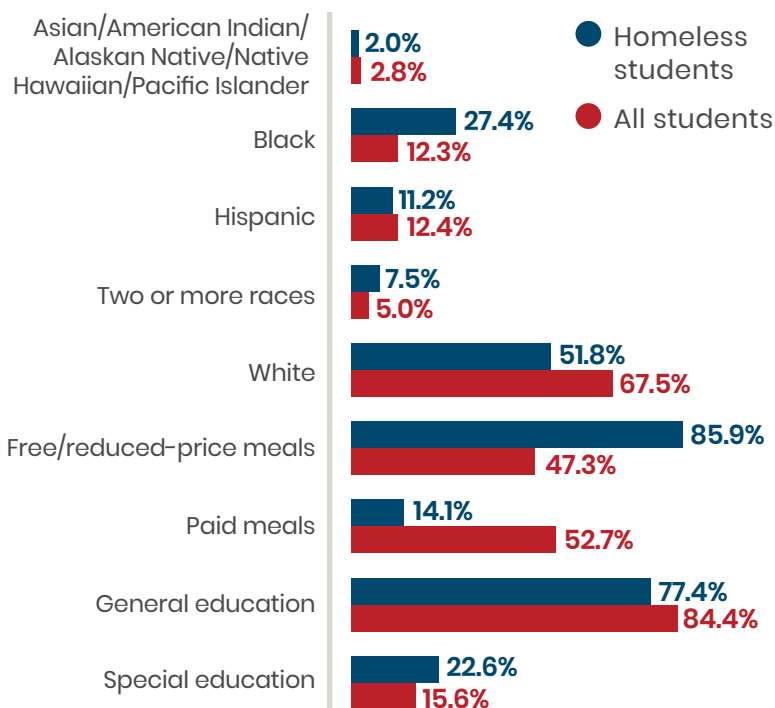
- In 2018–2019, an estimated 16,380 Indiana students experiencing homelessness were in enrolled in traditional public schools, while a small percentage attended charter schools. It is important to note that the complete number of enrolled homeless students is currently unknown as nonpublic schools do not report homeless status to the state.⁹¹
- Black students and those of Two or more races are overrepresented in the homeless population. Although Black students comprise 12.3% of the total student population in Indiana, they make up 27.4% of the homeless student population. 5.1% of all Indiana students are Two or more races, but 7.5% of homeless youth are Two or more races.⁹²

- 85.9% of homeless students in our state received free or reduced-price meals during the 2018–2019 school year. Under the Richard B. Russell National School Lunch Act, homeless students automatically qualify for free or reduced-price meals through the National School Lunch and School Breakfast Programs.⁹³ The 14.1% gap of homeless students receiving free or reduced-price meals may be a timing issue associated with the data or lack of knowledge regarding eligibility.
- In 2018, Indiana (1.8%) had the lowest percentage of homeless public-school students among neighboring states: Illinois (2.6%), Michigan (2.4%), and Kentucky (3.6%).⁹⁴

Nationally, LGBTQ youth are more than twice as likely to experience homelessness as their non-LGBTQ peers. Compared to youth who were White and non-LGBTQ youth, nationally youth who were Black and LGBTQ experienced homelessness four times more, 4% and 16% respectively.⁹⁵

- The Indiana Youth Group estimates that 40% of Hoosier youth and young adults experiencing homelessness are LGBTQ. The group notes that many of the homeless youth in Indiana are experiencing homelessness due to family rejection. Often, youth are kicked out of their homes or feel they must leave due to their family's rejection.⁹⁶

Demographics of Homeless Students by Race/Ethnicity and Other Student Characteristics, Indiana: 2018–2019



Source: Indiana Department of Education



- Nationally, transgender youth are more likely to have experienced homelessness (40%) than those who were out or perceived as transgender and did not have negative experiences (22%).⁹⁷
- Sex trafficking is prevalent among homeless youth and even more so with LGBTQ youth. While 15% of non-LGBTQ youth were forced to have sex, the rate for LGBTQ homeless youth was twice that at 38%. LGBTQ youth exchanged sex for basic needs at a rate that was three times that of non-LGBTQ youth, 27% and 9% respectively.⁹⁸

Under the federal McKinney-Vento Act, schools are required to keep track of the number of homeless children in their district. The

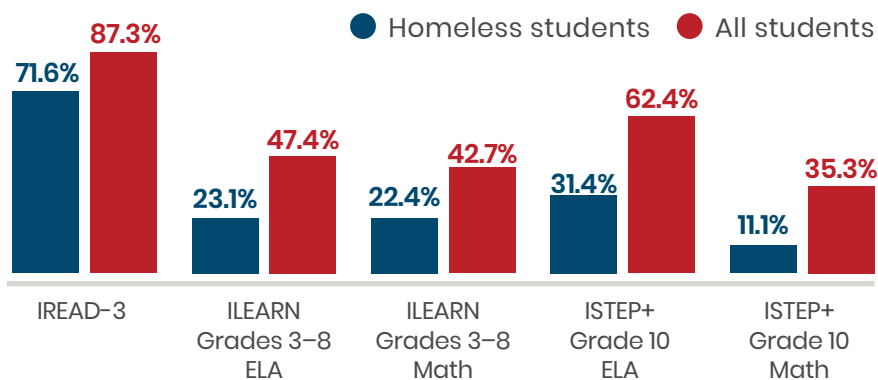
McKinney-Vento Act defines homeless children and youths as “individuals who lack fixed, regular, and adequate nighttime residence.” It is intended to address the barriers homeless youth face when enrolling, attending, and succeeding in school. Under the act, state and local educational agencies are mandated to provide each homeless student equal access to public education and related educational services.⁹⁹

- Indianapolis Public Schools (IPS) had the highest enrollment of homeless students, 1,043. 6.4% of the total number of homeless students were enrolled in an IPS school.
- 50% of the homeless student enrollment in public schools was represented in 23 corporations across Indiana.¹⁰⁰

During the 2018–2019 school year, homeless youth passed all three statewide assessments at lower rates than all students.

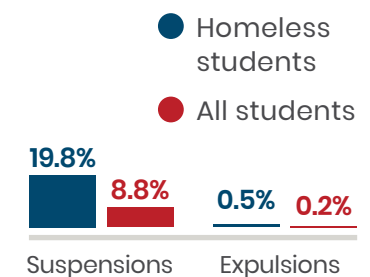
- 71.6% of homeless students passed the IREAD–3 assessment while 87.3% of all students passed.
- Homeless students in special education had the lowest IREAD–3 passing rates; 44.5% compared to 60.9% of all students in special education.
- During the 2018–2019 school year, less than 25% of all tested homeless students passed the ILEARN English and Language Arts Grade 3–8 assessment, nearly half the rate of all students (47.4%).
- Passing rates for students experiencing homelessness in ILEARN Grades 3–8 Math assessment were more than twice as low than all students, 22.4% versus 47.2% respectively.
- 11.1% of homeless youth passed the ISTEP+ Grade 10 Math assessment compared to 35.3% of all students.
- 31.4% of homeless students passed ISTEP+ Grade 10 English and Language Arts, nearly 2 times lower a rate than all students (62.4%).¹⁰¹

Assessment Passing Rates Comparing Overall and Homeless Students, Indiana: 2018–2019



Source: Indiana Department of Education

Homeless Student Suspension and Expulsion Rates, Indiana: 2018–2019



Source: Indiana Department of Education

Top 10 School Districts for Homeless Student Population, Indiana: 2018–2019

| | Number of Homeless Students | Percentage of Homeless Students |
|-----------------------------------|-----------------------------|---------------------------------|
| Indianapolis Public Schools | 1,043 | 3.9% |
| Fort Wayne Community Schools | 812 | 2.8% |
| MSD Warren Township | 528 | 4.3% |
| Lafayette Sch. Corp. | 312 | 3.9% |
| East Allen County Schools | 334 | 3.4% |
| MSD Washington Township | 333 | 3.0% |
| MSD Wayne Township | 476 | 2.9% |
| MSD Lawrence Township | 404 | 2.5% |
| Vigo County Sch. Corp. | 340 | 2.3% |
| Evansville–Vanderburgh Sch. Corp. | 446 | 2.0% |

Source: Indiana Department of Education



Students experiencing homelessness are disciplined at a disproportionate rate compared to all students.

- In 2018–2019, students experiencing homelessness were suspended or expelled 2 times more than all students.
- Students experiencing homelessness in special education were suspended 1.8 times more than all students.
- Black students experiencing homelessness were suspended at rates 4.5 times higher than all White students.
- For the 220 school corporations that enrolled at least 10 homeless students in the 2018–2019 school year, 84% had suspension rates for homeless students that exceeded those of all students in the district.¹⁰²



With the closures of schools across the country, millions of homeless students lost the stability that came with attending school in person. In addition to providing an education, schools often provided homeless students with showers, laundry, and clothing.¹⁰³ In addition, some families experiencing homelessness struggled with obtaining access to a computer and reliable internet connection. The impacts of COVID contribute to the existing trauma students experiencing homelessness already deal with.¹⁰⁴

The Hope Center for College, Community, and Justice surveyed 38,000 college students during the pandemic. Overall, over 4,000 college students were experiencing homelessness due to the pandemic. 11% of students attending 2-year colleges and 15% of students attending 4-year institutions reported that they were experiencing homelessness due to the pandemic. One of the possible reasons why students at 4-year institutions experienced homelessness more is due to the displacement they may have faced after schools closed. Moreover, 36% of 2-year students and 41% of 4-year students reported housing insecurities. Students who were affected the most are racial/ethnic minorities, LGBTQ+, older students and part-time students.¹⁰⁵

LEVERAGING THE DATA:

Locally:

- **Address the disproportionality of race and ethnicity and special education in discipline practices:** While all students experiencing homelessness are suspended at rates higher than their peers, suspension rates are particularly high for students experiencing homelessness who are Black or Two or more races, as well as those who are in special education. Homelessness compounds existing disproportionality in discipline rates of students of color and those with disabilities.

Statewide:

- **Increase the understanding of the needs of LGBTQ students experiencing homelessness:** Across state agencies, the State could support representative sample surveys of homeless youth to create state estimates on the number of homeless youth who are LGBTQ. Increasing the understanding about the needs and challenges of this particular group will help ensure state agencies, youth serving organizations, and other supportive organizations are aware of and able to respond to their needs.

Find more ways to leverage the data [here](#).

Success in School

Providing learning environments that focus on the social, emotional, and cognitive development of children can help boost their overall academic success. This method, called a whole child educational approach, is an approach that informs education and focuses on meeting the needs of every student. 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. Students have greater success academically when they are provided the opportunity to learn in environments that focus on social, emotional and cognitive development.¹⁰⁶

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. SEL contributes to student benefits through better health, improved behavior, success at work, and stronger relationships, as well as school benefits such as improved school climate and increased academic achievement. A commitment to SEL results in a strong return on investment.¹⁰⁷

The Indiana Department of Education's (IDOE) Indiana Social-Emotional Learning Competencies address the social-emotional needs of students in grades Pre-K through grade 12. These competencies allow children to develop the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. IDOE's social-emotional learning competencies focus on developing children's skills for:

- Mindset
- Critical-thinking
- Insight
- Sensory-motor integration
- Collaboration
- Connection
- Regulation

These skills align to the Collaborative for Academic, Social, and Emotional Learning's (CASEL) learning domains, except for sensory-motor integration and mindset, which are Indiana specific.¹⁰⁸ As discussed further in the Health section, Hoosier youth have unprecedented levels of stress, anxiety, and depression, which can interfere with development and learning.¹⁰⁹

- Prior to COVID, in 2019, almost one third of Hoosier students in grades 6 through 12 reported feeling sad or hopeless for two or more weeks in a row.
- Three out of every 10 10th grade students reported these feelings, as this grade level had the highest rates of feeling sadness at 39.2% of students.
- Indiana rates for feeling sadness or hopelessness were slightly less than the national averages in grades 9 to 12.¹¹⁰



The COVID-19 pandemic exacerbated levels of stress and depression in many children and youth. In some cases, it also brought about a new or different sense of fear and anxiety for children and families. Early research indicates that this phenomenon has led to short- and long-term psychosocial and mental health implications for children and adolescents. The quality and magnitude of impact on minors will be determined by many factors, like developmental age, educational status, pre-existing mental health condition, being economically underprivileged, or being quarantined due to infection or fear of infection.¹¹¹ As discussed further in the Health section, quantified data

regarding mental health and substance abuse issues during this time will be necessary to for local and state leaders and policymakers to ensure supports and resources are being directed to those in need.

LEVERAGING THE DATA: LOCALLY

- **Differentiate resources to address different student identities and backgrounds:** Expanding upon the existing SEL competencies to ensure the resources take into consideration students' environments, relationships, or incidents of trauma and stress will allow schools and educators to differentiate social-emotional learning to meet children's needs. Poverty, child maltreatment, food and housing insecurity, and homelessness are stressful and traumatic experiences that can have negative effects on children's and youth's health and wellbeing.¹¹²

With the assistance of state agencies, local schools, youth serving organizations, and community-based organizations can adapt, develop, and provide social-emotional learning resources aimed at supporting the mental and emotional health of youth experiencing trauma. Additionally, SEL and trauma-informed initiatives can be intentional about integrating cultural relevance into their practices to ensure students' unique identities and expressions of social emotional strength are affirmed and not pathologized.¹¹³



Attendance

Regular school attendance is associated with higher academic achievement, especially for low-income students. Chronic student absence reduces a child's opportunity and ability to learn. Students who attend school regularly have been shown to achieve at higher levels than students who do not have regular attendance. Negative school-related behaviors, including higher rates of absenteeism, can increase students' risk for dropping out of school. The penalties for students who miss school, such as detention or suspension, may unintentionally worsen the situation, since the youth will again lose access to content.¹¹⁴ 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.¹¹⁵

In Indiana's Every Student Succeeds Act (ESSA) plan, schools are required to report chronic absenteeism, which is defined as a student being absent 10% or more days during the school year, and it is calculated into their federal accountability grade. The IDOE measured student attendance via three metrics:

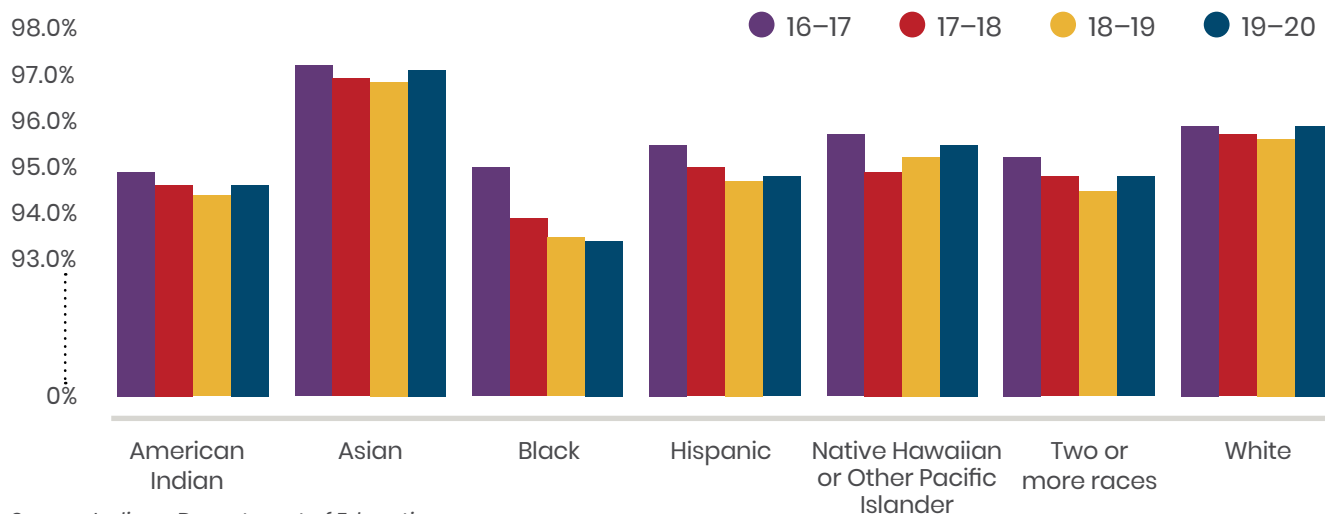
- Persistent attendees: Students who attend at least 96% of the school year. In 2018-19, 61.9% of students statewide fell under this definition.
- Improved attendees: Students who have improved their attendance by three percentage points. 18.3% of students fell under this definition
- Chronic absentees: Students who have been absent from school for at least 10% of the school year, for any reason. The Indiana Department of Education identified 13.7% of students fell under this definition.

Persistent and improved attendees comprise IDOE's definition of model attendees. 65.3% of students fell under the definition of model attendee.¹¹⁶



Nationally, absenteeism doubled in the fall of 2020, when compared to the fall of 2019. Many students were absent due to the challenges of learning remotely, such as students lacking reliable internet connections or a digital device at home, though absenteeism rates have also increased for in-person learning.¹¹⁷

Attendance Rates by Race/Ethnicity, Indiana: 2016–2020



Source: Indiana Department of Education

School Climate

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.¹¹⁸ Children thrive when they are surrounded by stable, consistent, and meaningful relationships with caring adults. Even the impact of adversity (i.e. Adverse Childhood Experiences or toxic stress) can be mitigated with the presence of a safe, secure, nurturing relationship.¹¹⁹ Specifically, exclusionary school discipline (such as suspensions

or expulsions) have been found to decrease school engagement, worsen academic performance, and increase the likelihood that a students will become involved in the criminal justice system.¹²⁰

- 47.0% of Hoosier children 6 to 17 are always engaged in school (e.g., cares about doing well in school and does required homework); 33.8% are usually engaged in school; and 19.1% are sometimes or never engaged in school in 2018–2019.
 - School engagement is slightly higher in children ages 6 to 11 (84.1% are always or usually engaged) than in children ages 12 to 17 (77.8%).
 - Children with two or more Adverse Childhood Experiences (ACEs) have a slightly lower school engagement (66.4% are always or usually engaged) than their peers with one ACE (88.1%) or no ACEs (87.3%).¹²¹
- 60.9% of Hoosier children ages 6 to 17 participated in sports in 2018–2019; 49.5% participated in a club or organization; and 40.8% participated in other organized activities (e.g., music, dance, language, or other arts).^{122,123,124}
- 41.1% of children ages 6–17 reported participating in some type of community service or volunteer work at school, church, or in the community.¹²⁵
- 67.2% of children ages 6–17 indicated “always” attending their child’s events or activities.¹²⁶

Afterschool Time Activities

Afterschool programs can support the social, emotional, cognitive, and academic development of youth, as well as reduce risky behaviors, promote physical health, and provide a safe and supportive environment for children and youth. For older youth, afterschool programs can also provide opportunities to engage in work-based learning programs, such as apprenticeships, internships, and mentorship.¹²⁷

- In Indiana, about 61% of parents reported afterschool programs help keep kids safe and out of trouble, and 76% report afterschool programs help give the parent peace of mind.¹²⁸
- Nationally, for every child enrolled in an afterschool program, three more kids could participate if a program was available.¹²⁹
- As of January 2020, Indiana had 1,082 out-of-school time programs registered with the Indiana Afterschool Network.¹³⁰
- 28% of Indiana programs offer both before and after school programs, 23% offer after school only, and 35% offer before school only, with the remaining 14% unknown.¹³¹
- 60% are school year only, 32% of programs are full year, 6% are summer only, and the remaining 2% are unknown.¹³²
- 27% of programs have 1 to 20 students, 31% of have 21 to 50 students, 16% have 51 to 100 students, 10% have over 100 students, with 15% of programs being of unknown size.¹³³
- The top three out-of-school time activities offered are Tutoring & Homework (58%), Sports & Recreation (56%) and Academic Enrichment (50%).¹³⁴

Access to high-quality programs is not always equitable, because those who need these types of programs (such as children from under resourced and low-income backgrounds and neighborhoods) often cannot attend these programs due to limited spaces and opportunities. Parents cite cost, location, and accessibility as barriers to accessing these programs for their children. While nationwide 9 in 10 adults reported that afterschool programs are important to their community, more than 19 million children are unable to enroll in an afterschool program.¹³⁵ Because of limited access to programs, 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.¹³⁶



During the coronavirus pandemic, afterschool programs had to find creative ways to continue to serve youth, families and communities during this time. Nationally, 3 in 4 programs reported they had to lay off staff or close due to COVID-19. About 73% of afterschool programs who indicate serving majority higher-income families reported staying open during the pandemic, which is almost two times higher than programs who service lower-income families (38%).¹³⁷ To access resources published by state and federal agencies, check out Indiana Afterschool Network’s page on Coronavirus Resources.



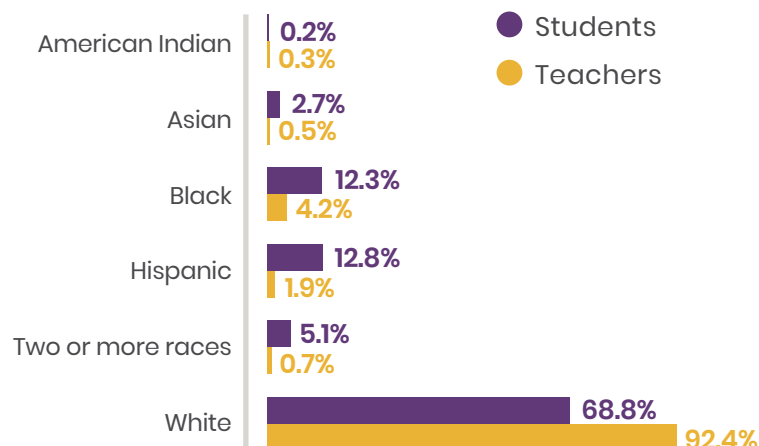
Teachers

There are 66,545 full-time educators in Indiana. Of those, 92.4% are White, and 7.6% are people of color.¹³⁸ Compared to the entire student population, students who are non-white are underrepresented by teachers who share the same race or ethnicity. For students of color, having an educator who shares the same race, ethnicity, or background can increase the students' test scores and reduce disciplinary issues. Also, with diverse teachers, students of color benefit from higher expectations and the positive impact of seeing members of their community as role models and authoritative figures.^{139,140}

National researchers found that if a Black male student has at least one Black teacher in the third, fourth, or fifth grade, he is significantly less likely to drop out of high school and more likely to aspire to attend a four-year college. In addition, if a low-income black male youth is exposed to at least one black teacher in elementary school, the student's probability of dropping out of high school is reduced by nearly 40%.¹⁴¹ Not only do students of color benefit from teacher diversity, but White students benefit too. For White students a diverse learning environment provides exposure to different perspectives and can improve their ability to problem solve, think critically, and develop creativity. Furthermore, diverse teachers can increase White students' civic engagement and foster cognitive, social, and emotional benefits.¹⁴²

- During the 2019–2020 school year, 74.6% of teachers (49,646) were female, and 25.4% were male (16,899).
- In Indiana, Marion County has the highest rate of diversity among students with 68.7% of the population being a race/ethnicity other than White, non-Hispanic. Similar to most counties, Marion's rate of teacher diversity (17.2%) does not represent the rate of diversity of its student population.
- Miami County has the highest rate of teacher diversity at 32.6%, with 115 teachers (30.5%) identifying as American Indian. While Miami County has the highest rate of teacher diversity, 13.7% of its student population is a race/ethnicity other than White non-Hispanic.

Race/Ethnicity for Student and Teacher Populations, Indiana: 2019–2020



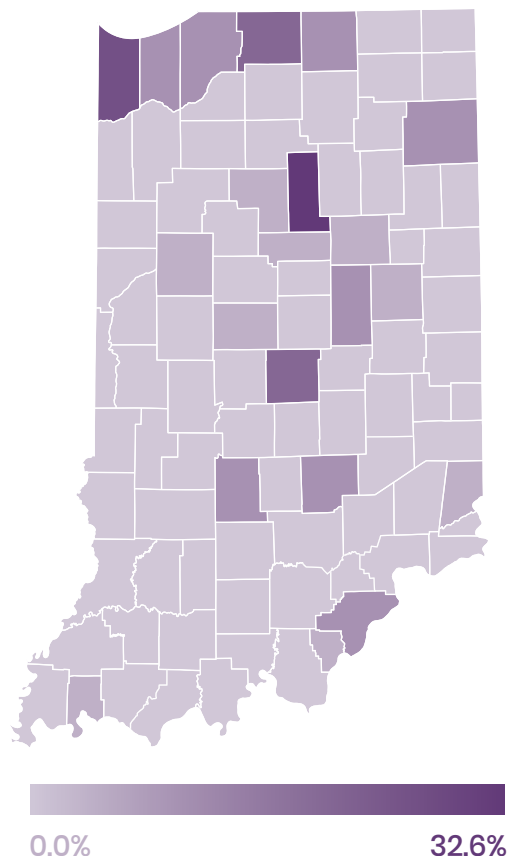
Source: Indiana Department of Education

Top 10 Counties for Student Diversity and Corresponding Teacher Diversity Rates, Indiana: 2019

| | Percentage of Student Population by Race/Ethnicity other than White, Non-Hispanic | Teacher Diversity Rate |
|-------------|---|------------------------|
| Marion | 68.7% | 17.2% |
| Lake | 61.4% | 24.8% |
| St. Joseph | 47.1% | 11.9% |
| Allen | 45.2% | 6.2% |
| Elkhart | 45.1% | 5.8% |
| Cass | 38.5% | 4.0% |
| Tippecanoe | 37.9% | 3.8% |
| Clark | 32.7% | 4.2% |
| Vanderburgh | 32.4% | 3.9% |
| Clinton | 32.0% | 1.3% |

Source: Indiana Department of Education

Rate of Teacher Diversity, Indiana: 2019–2020



Source: Indiana Department of Education

LEVERAGING THE DATA:

Locally:

- **Develop strategic relationships with higher education institutions:** To recruit more diverse teachers, districts may want to partner with local and national institutions that have more diverse student bodies. Districts can also partner with alternative teacher preparation programs, which are more likely to serve people of color, to identify and recruit teachers by sharing information about anticipated vacancies.¹⁴³ Programs in Indiana include [Transition to Teacher](#), [Teach For America](#), and [TNTP Teaching Fellows](#).
- **Counter bias in the selection and hiring process:** All parties involved in the process can be properly trained to recognize their implicit bias. Also, to reveal candidates' experience, knowledge, and strengths, a behavior-based model for questions could be utilized during the hiring process. By doing this, districts will increase the hiring of culturally and linguistically diverse teachers.
- **Strategically and intentionally place teachers of color in schools:** Teachers of color are more likely to be placed in schools with weak organizational conditions, poor leadership, and difficult working conditions, which increases the likelihood of attrition. Before placement, the research literature suggests that districts consider the organizational conditions of the school, the strength of the school's leadership team, and overall fit, as well as how assignments are aligned with new hires' content expertise.¹⁴⁴ Additionally, districts can develop comprehensive induction to support teachers of color in their first years of teaching, including being matched with a veteran mentor teacher and receiving coaching and feedback from experienced teachers.¹⁴⁵

Statewide:

- **Increase diverse teacher recruitment and retention efforts:** Develop a statewide recruiting and staffing framework to attract diverse educators. This framework could build upon the Indiana Commission for Higher Education's existing scholarships of the Earline S. Rogers Student Teaching Stipend for Minorities and William A. Crawford Minority Teacher Scholarship to attract minorities to the teaching profession. Specific strategies include:
 - Directing the federal funds Indiana receives through Title II of the Elementary and Secondary Education Act (reauthorized as Every Student Succeeds Act). Indiana received \$36.1 million in fiscal year 2019 to support preparing, training, and recruiting high quality teachers and principals.¹⁴⁶ In the state's administrative plan, it can prioritize the recruitment of diverse educators and school leaders;
 - Underwriting the cost of teacher preparation through loan forgiveness, rather than grant, in exchange for a commitment to teach in high-need schools or subject areas; and
 - Adjusting state teacher licensure requirements to allow teaching candidates to demonstrate their competency through rigorous and authentic performance assessments that do not have the degree of racial disparity in pass rates that traditional exams have had.¹⁴⁷

Teacher attrition and retention are salient issues for many schools, particularly in economically disadvantaged districts. A high level of turnover is negatively associated with student achievement, and there are human capital costs of replacing teachers. Nationally, estimates exceed \$20,000 to replace each teacher who leaves a school district.¹⁴⁸ Teacher mobility patterns also play an important role in the equitable education of all students, and there is strong evidence of inequities in access to highly effective instruction across schools and districts.¹⁴⁹

- In 2019, Indiana retained 87.7% of its teachers from the previous school year.
- Ohio County had the highest retention rate for its teachers, 96.6%.

School Counselors

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.¹⁵⁰ 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.¹⁵¹

Teacher Retention Rates by County, Indiana: 2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-------|
| Ohio | 96.6% | Blackford | 80.0% |
| Daviess | 94.1% | Pulaski | 81.0% |
| Warrick | 94.1% | Marion | 82.6% |
| Floyd | 93.9% | Crawford | 82.8% |
| Vigo | 93.8% | Lake | 83.5% |
| Switzerland | 93.5% | Union | 83.7% |
| Parke | 93.5% | Greene | 83.7% |
| Martin | 93.5% | Newton | 84.0% |
| Dubois | 92.7% | Marshall | 84.6% |
| Montgomery | 92.2% | Starke | 84.9% |

Source: Indiana Department of Education



- In 2019–2020, Indiana employed one licensed guidance counselor for every 532 students, an improvement of 4.3% from the 1:556 guidance counselor to student ratio during 2016–2017.¹⁵²
- In 2019, 49% of Indiana high school students talked with their counselor about college or postsecondary plans, an increase of four percentage points from 2016 (45%).¹⁵³
- 83% of Indiana high school students know how to schedule an appointment with their school counselor to talk about their future, an increase from 79% in 2016.¹⁵⁴
- In the past year, 75% of Indiana high school students talked with their school counselor about courses they could take in high school, an increase from 74% in 2016.¹⁵⁵
- From 2016, Indiana has seen growth in the percentage of high school students who would like their school counselor to provide them with individualized information about how to plan, prepare and pay for college. In 2019, 59% of students wanted that assistance whereas only 43% of students wanted that assistance in 2016.¹⁵⁶

ILEARN

ILEARN, (Indiana Learning Evaluation Assessment Readiness Network) an online computer-adaptive assessment test, is Indiana's statewide assessment to measure student proficiency of the Indiana Academic Standards in grades 3–8. Students in grades 3–8 are assessed for proficiency in English/Language Arts and mathematics.¹⁵⁷ Science is assessed in grades 4 and 6, and social studies is assessed in grade 5.¹⁵⁸ ILEARN was first administered in the 2018–2019, replacing the ISTEP examination. ILEARN test scores dropped when compared to the previous year's ISTEP test, though a one-to-one comparison of the scores is not doable because the ILEARN test was designed to be more rigorous to assess how many students are on track to move onto college or a meaningful career after graduating high school. Though the data look like students performed worse, in fact the expectations for students were higher on ILEARN than ISTEP, as well as more aligned with Indiana's standards.¹⁵⁹

The data below represent the 2018–2019 academic year. Due to the COVID-19 pandemic, the full suite of assessments was not administered in the Spring of 2020. Results for partially administered tests are invalid, thus student achievement data is not provided for the most recent school year. 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.¹⁶⁰

- In 2018–19, 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 English/ Language Arts and 47.8% passed Math.
- In the Science assessment in grades 4 and 6, 47.4% of students scored proficient; 46.0% of students in grade 5 were proficient in Social Studies.¹⁶¹

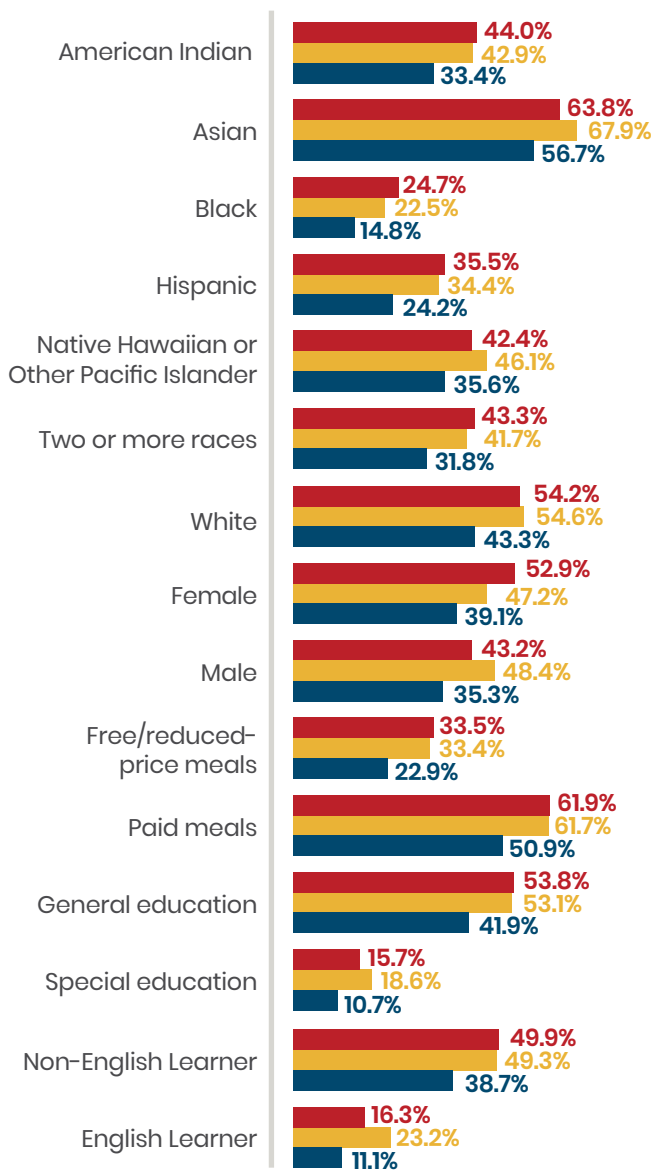
Students per Guidance Counselor by County, Indiana: 2019–2020

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-----|
| Crawford | 1,517 | Putnam | 301 |
| Rush | 1,171 | Wells | 318 |
| Newton | 997 | Steuben | 328 |
| Perry | 973 | White | 335 |
| Gibson | 932 | Wabash | 338 |
| Cass | 849 | Jennings | 338 |
| Daviess | 842 | Washington | 344 |
| Posey | 804 | Vermillion | 352 |
| St. Joseph | 798 | Carroll | 353 |
| Dubois | 766 | LaPorte | 365 |

Source: Indiana Department of Education

ILEARN Proficiency Rate by Race/Ethnicity and Additional Subgroups, Indiana: 2018–2019

- ELA Proficient
- Math Proficient
- Both ELA and Math Proficient



Source: Indiana Department of Education



- Students of color — specifically Black and Hispanic students and those of Two or more races — have lower rates of proficiency when compared to their peers. The proficiency in both subjects for students when disaggregated by race and ethnicity illustrate the achievement gaps for those specific student subgroups.
- Low-income students passed ILEARN at lower rates than their more affluent peers. About one-third of students eligible for free or reduced-price meals passed English/Language Arts and math (33.5% and 33.4%, respectively), and 22.9% of low-income students pass both subjects. Comparatively, over 60% of students with paid meals passed English/Language Arts and math (61.9% and 61.7%, respectively), and 50.9% passed both.
- The largest gaps in proficiency is for Indiana's special education population. Only 10.7% of special education students were proficient in both English/Language Arts and math, compared to 41.9% of their peers in general education. The gaps are also present in the subject-specific proficiency:
- 15.7% of special education students were proficient in ELA, compared to 53.8% of general education students.
- 18.6% of special education students were proficient in math, compared to 53.1% of general education students.¹⁶²

LEVERAGING THE DATA:

Locally:

- **Address opportunity and resource gaps through greater equitable distributions of resources:** Examining test scores from ILEARN helps provide objective, comparable measures of academic achievement across Indiana. Assessing proficiency in these core subjects illustrate the ongoing disparities in achievement. District and school leaders can expand the equitable distribution of resources by reallocating support and funding to support districts and schools with high rates of students of color, low-income students, students with disabilities, and English Learners. The data-informed update, or creation, of responsive policies, strategies, and reallocation of resources can be used to address the gaps reflected in the data. The realized impacts of these decisions could mean less money in communities who need it the most, and a lesser educational experience for a generation of young people.

Statewide:

- **Examine the Complexity Index:** The Indiana General Assembly considers school funding on odd years as part of its budget session. During the 2019 budget session, \$7.3 billion was invested in K-12 state tuition support for the 2019–2020 school year (FY 2020) and \$7.5 billion in state tuition support was appropriated for the 2020–2021 school year (FY 2021). The tuition support formula's fundamental building block is student enrollment. Using the official student count, every public school (both traditional and charter) receives the same base amount of per student funding, which is referred to as the Foundation Grant.

The Foundation Grant for the 2019–2020 school year was \$5,548 per student. The Foundation Grant increased to \$5,703 (or 2.8%) for the 2020–2021 school year.¹⁶³ The Complexity Index is additional funding to schools based on the percentage of students who were recipients of SNAP, TANF, and Foster Care assistance. The Complexity Index for the 2019–2020 school year is \$3,650 per student and will increase to \$3,675 per student for the 2020–2021 school year.¹⁶⁴

The Indiana General Assembly has slowly shifted more funding away from the Complexity Index to the Foundation Grant as a means to equalize the distribution of funding. Before adjusting the school funding formula during the 2021 legislative session, the State would ideally quantify the costs of providing additional resources based on student need through an economic examination of the Foundation Grant and Complexity Index, as well as how to equitably recognize positive educational outcomes disaggregated for different student populations by studying the current outputs and directions of other funding programs. This would allow policymakers to understand where the State could restructure or better leverage funds for Indiana's youth.



The toll of the educational disruptions induced by the pandemic have taken on student learning may not be known for months or years. Data from national education testing organizations have begun to offer an early look at the potential impact. In fall of 2020, students in grades 3–8 performed similarly in reading to same-grade students on the NWEA MAP tests (which measures growth in and mastery of specific standards) in



fall 2019 nationally. The scores on the NWEA math assessments were about 5 to 10 percentile points lower when comparing 2019 to 2020, signifying that students are falling behind relative to their prior standing. While a majority of students scored at levels similar to prior years, Black and Hispanic students and those who attend high-poverty schools saw slight declines in their scores. A large share of students who normally take NWEA tests was missing from the data set, and those students are at the highest risk of falling behind academically.¹⁶⁵

A study released by McKinsey & Co. estimated that the shift to remote school in the spring set White students back by one to three months in math, while students of color lost three to five months. Based on its statistical analyses, McKinsey projected that students will continue to fall behind this year. If the status quo remains through June 2021, McKinsey predicts White students will lose seven to eight months of math, and students of color will lose 11 to 12 months. Potential solutions to address the growing achievement gaps include:

- Scaling high-intensity tutoring,
- Creating vacation academies over breaks to serve small groups,
- Protecting the neediest school districts from spending cuts,
- Adding academics into summer camp activities and other wraparound programming, and
- Touching base with missing students and their families weekly beyond virtual media (e.g., in-person home visits or delivering supplies).¹⁶⁶

Though the full scope of the impact from COVID on educational achievement may not be known yet, the data sets from formative assessments, as well as the statistical analyses from McKinsey & Co., affirm that the pandemic has widened existing achievement gaps. As additional data illuminate the impact the pandemic has had on historically marginalized and vulnerable youth in Indiana – those of color, lower incomes, with disabilities, and non-native English speakers, it will be critical for both local and State leaders, policymakers, and youth serving organizations to leverage these data to distribute existing funding and resources through an equitable approach that prioritizes these student subgroups.

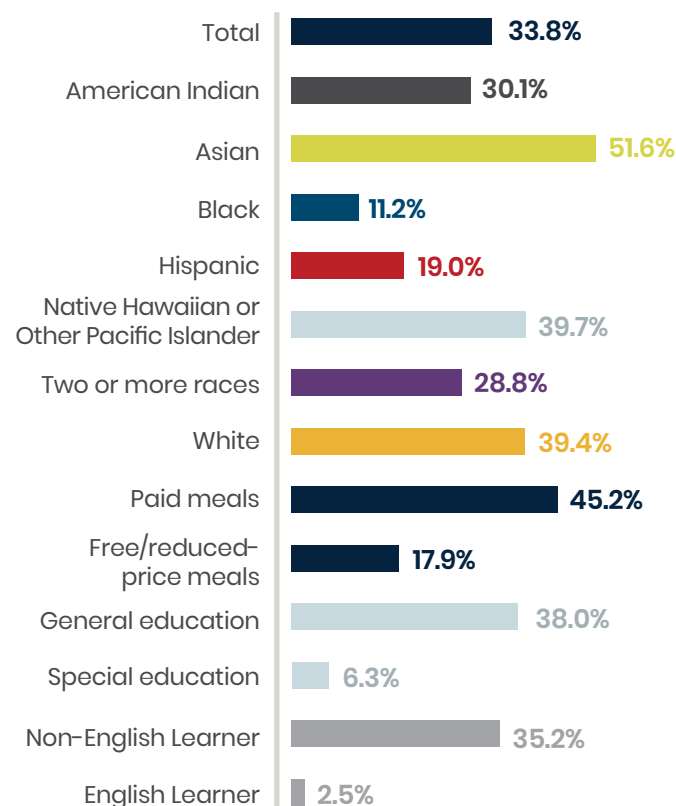
ISTEP+

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 10 graders will be utilized through school year 2019–2020. ISTEP+ will be fading out as the standardized test measuring high schoolers' proficiency in the 2021–2022 academic year. It will be replaced with the SAT suite of assessments for English/Language Arts and Math with a new ILEARN end-of-course assessments for biology and U.S. government.¹⁶⁷

Similar to ILEARN, the data below represent the 2018–2019 academic year due to the pandemic.

- In 2018–2019, 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%).
- Similar to the achievement data in grades 3–8, 10th grade Hispanic students (19.0%), students of two or more (28.8%), and American Indian students (30.1%) are less likely to pass both English/Language Arts and Math ISTEP+, compared to their peers.¹⁶⁸

Students in Grade 10 Passing Both English Language Arts and Math ISTEP+ by Subgroups, Indiana: 2018–2019



Source: Indiana Department of Education

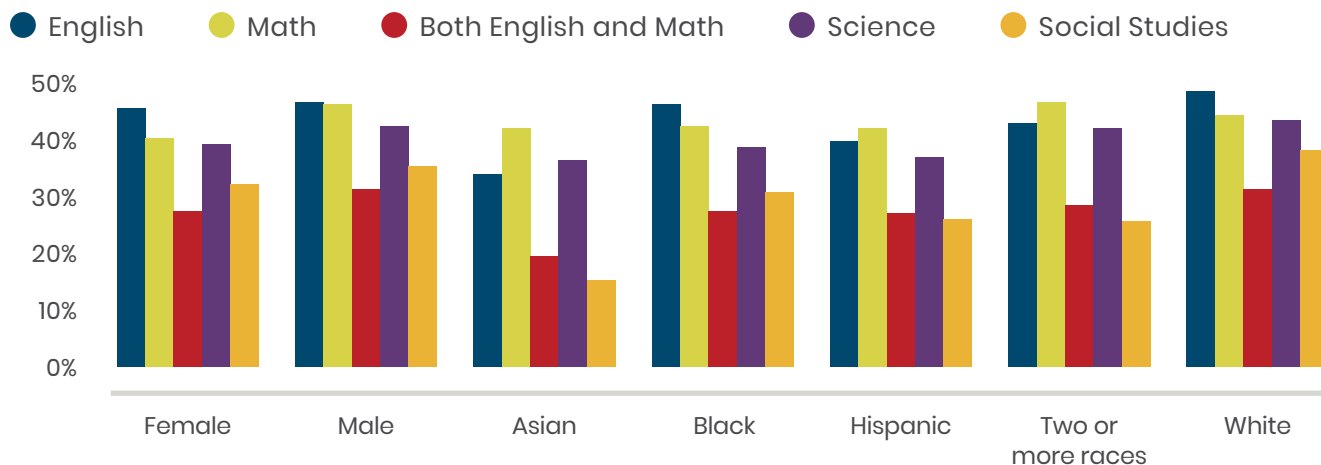


I AM

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. This test is designed to assess students with the most severe cognitive disabilities and covers English/Language Arts, mathematics, science and social studies.¹⁶⁹ Same as the tests above, the data below represent the 2018–2019 academic year due to the pandemic.

- 46.3% of students grades 3 – 8 were proficient in the I AM English Exam.
- 43.9% of students grades 3 – 8 were proficient in the I Am Math Exam.
- 41.4% of students grades 4 and 6 were proficient in the I AM Science Exam and 34.3% were proficient in the I AM Social Studies Exam in grade 5.
- Similar to the assessments above, there were disparities based on race and ethnicity, however, the gaps were much smaller than ILEARN or ISTEP+.¹⁷⁰

I AM Proficiency Rates by Subgroups, Indiana: 2018–2019



Source: Indiana Department of Education

Note: Data for American Indian and Native Hawaiian students were unavailable due to the small n size.

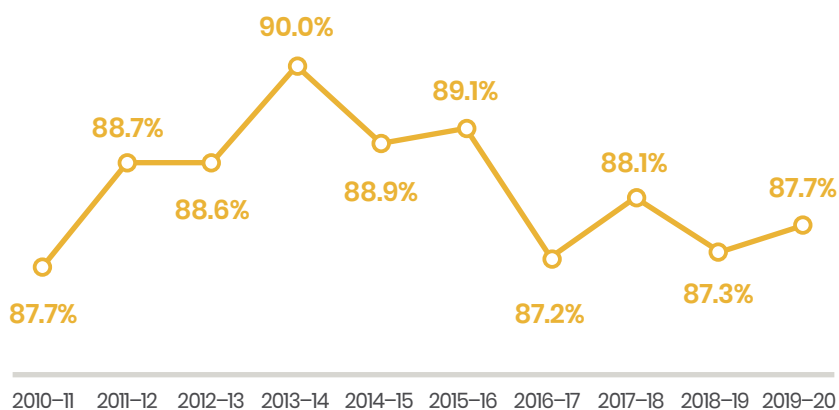
High School Graduation Rates

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.¹⁷¹ Ending with the class of 2022, completion of the Core 40 Diploma and passing the Graduation Qualifying Exam (ISTEP+ in grade 10) 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.¹⁷² Additionally, students can receive a waiver from the Graduation Qualifying Exam if they meet specific [requirements](#).

In 2019–2020, 73,904 students graduated from Indiana high schools, which is a graduation rate of 87.7%. Indiana's graduation rate reflects all students who met the requirements and attended a public or accredited non-public school. Indiana's graduation rate has hovered in the upper 87th percentile over the past decade. The graduation rate peaked in 2013–14 at 90.0%.¹⁷³

Corresponding with other educational data outcomes, disparities emerge in the disaggregated graduation rate. For 2019–2020, student subgroups of Black (79.8%), American Indian (82.7%), Hispanic (85.4%), and Two or more races (83.4%) had graduation rates below the State's average. Other demographic subgroups, such as students in special education (77.9%), from low-income backgrounds (86.8%), or English Learners (86.6%), similarly have graduation rates below the State's average of 87.7%.¹⁷⁴

Graduation Rate, Indiana: 2010–2020

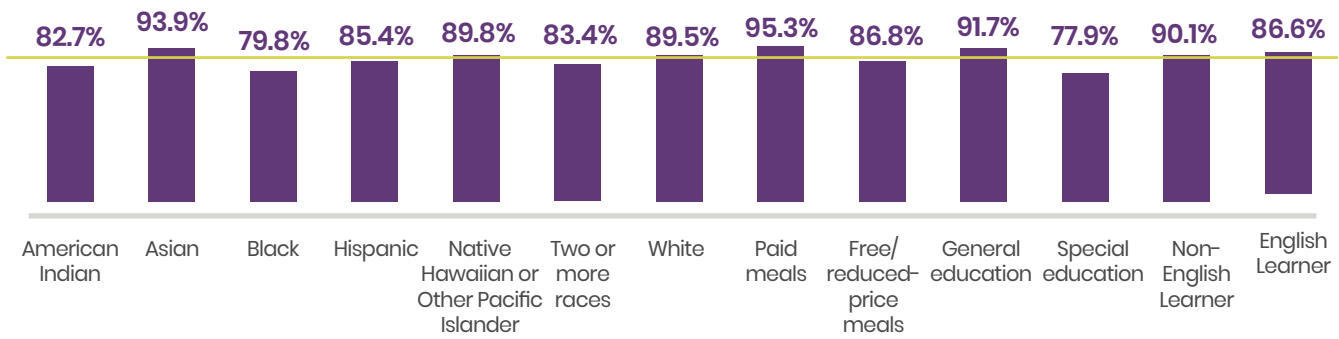


Source: Indiana Department of Education



Graduation Rate by Subgroups, Indiana: 2010–2020

Statewide Average: 87.7%



Source: Indiana Department of Education

Diploma Type

Indiana has three diploma designations:

- Core 40 with Academic or Technical Honors,
- Core 40 (the default diploma unless students opt out), and
- General.

Students 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.¹⁷⁵ To see the different course and credit requirements for each diploma type, please see [here](#).

The majority of 2019–2020 graduates earned a Core 40 diploma (50.7%); 40.3% of students graduated with either an Academic or Technical Honors diploma. Around 6,600 students earned a General diploma (9.0%). Since 2010, more students have earned an Honors diploma with 21,423 students earning an Honors diploma in 2010 and 29,751 in 2020. Similarly, the number of students earning a Core 40 diploma has been steadily increasing over the past decade – 33,944 earned a Core 40 in 2010 and 37,535 in 2020. The number of students who graduated with a General Diploma has decreased by more than 50% since 2010, when 13,102 students earned a General Diploma to 6,618 students in 2020.¹⁷⁶

According to the Indiana Commission for Higher Education, Indiana students who earned Core 40 or Honors diplomas are more successful in higher education than those students who earn a General diploma.

- Of those who enrolled, 41% of General diploma recipients needed remediation, with only 58% earning those remedial credits.
- 16% of Core 40 recipients and 2% of Honor diploma recipients needed remediation once they enrolled, with 66% of Core 40 recipients and 87% of Honor diploma recipients earning remedial credits.
- The average GPA and credit hours in the first year of postsecondary also differed by which high school diploma designation a student earned. Honor diploma recipients averaged a 3.1 GPA in the freshman year compared to 2.2 and 2.0 GPA for Core 40 and General diploma recipients, respectively. Honors diploma students earned an average of 27.3 credit hours in their freshman year compared to 17.2 credit hours earned by Core 40 recipients and 9.3 credit hours for General diploma recipients.¹⁷⁷

LEVERAGING THE DATA: STATEWIDE

- **Reevaluate the General Diploma:** The Core 40 and Honors diplomas are considered Indiana’s college- and career-readiness diplomas, as they are recognized as preparing students for the rigors of both higher education and careers. Because postsecondary opportunities contribute to one’s lifetime wages – even completing some college, but no degree, is related to more than \$150K in additional lifetime earnings compared to those holding only a high school diploma, and completing a Bachelor’s degree can result in more than \$1M in additional lifetime earnings – it is critical that Indiana graduates are ready to success in their postsecondary endeavors.¹⁷⁸

Since the Core 40 and Honors diplomas provide students with the necessary knowledge to be successful, the State could reevaluate the policies around the General Diploma and work with local districts to set targets to reduce the number of graduates earning it.



Graduation Pathways

In 2017, Indiana created new graduation requirements beginning with the class of 2023. 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 Postsecondary-Ready Competencies.¹⁷⁹ Though these requirements begin with the class of 2023, schools and districts can opt graduates in cohorts prior to 2023 into the Graduation Pathways policy. In the 2019 graduating cohort, 22,469 students graduated under the Graduation Pathways policy. This is nearly one-third of the graduating class (30.2%).

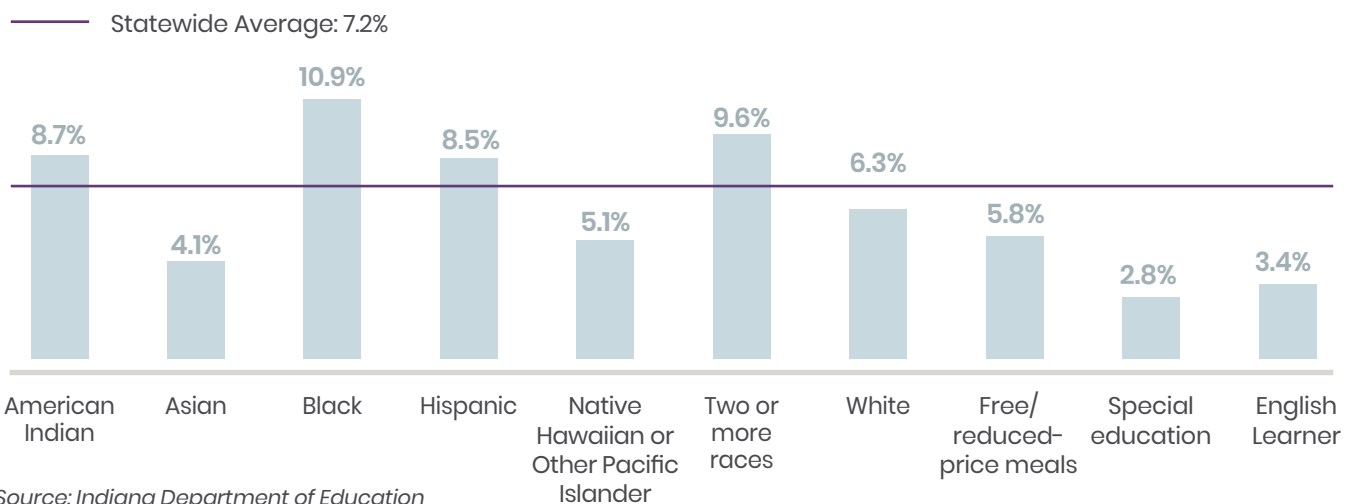
Dropouts

Dropping out of high school has adverse consequences, including negative effects on employment, lifetime earnings, and physical health. Students often fail to complete high school for complex reasons that manifest long before they reach high school.¹⁸⁰ Students who drop out of school are more likely to experience incarceration and poverty.¹⁸¹

Indiana's high school dropout rate has been steadily increasing since 2016, despite a low of 4.0% in 2015–2016. In 2010, the dropout rate for the cohort was 5.3%; that has increased to 7.2% in 2020.¹⁸² Combining graduation and dropout rates for the 2020 cohort, there are 5.1% not captured in the data. Those students may have exited to homeschool, earned a Certificate of Completion, or may be graduating as a 5th year senior.

Similar to the 2020 Graduation Rate, there are some significant disparities by student race and ethnicity. Students in the American Indian (8.7%), Black (10.9%), Hispanic (8.5%), and Two or more races (9.6%) subgroups have dropout rates above the State average (7.2%). When examining data for other subgroups, students receiving free or reduced-price meals have the highest dropout rate (5.8%). Students in special education have the lowest dropout rate (2.8%) of all disaggregated subgroups.¹⁸³

Dropout Rates by Race/Ethnicity, Indiana: 2019–2020



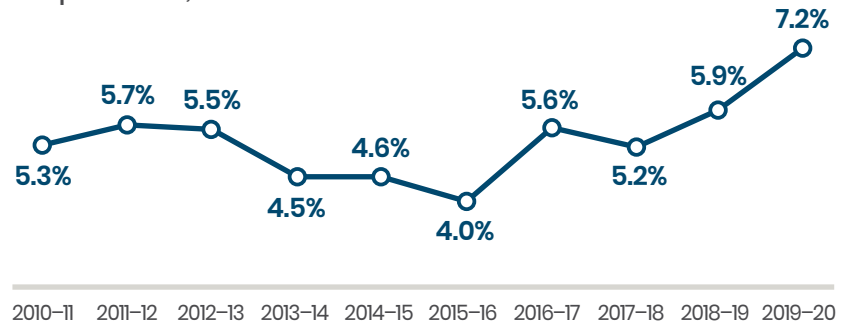
Source: Indiana Department of Education

Percentage Graduation Pathway Graduates by County, Indiana: 2018–2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-------|
| Owen | 79.8% | Pike | 5.6% |
| Franklin | 68.4% | Orange | 6.8% |
| Jefferson | 54.5% | LaPorte | 7.8% |
| Blackford | 52.9% | Vanderburgh | 11.7% |
| Newton | 52.0% | Gibson | 13.6% |
| Clinton | 50.8% | Monroe | 13.7% |
| Parke | 48.9% | Posey | 14.2% |
| Wayne | 47.6% | Clay | 14.3% |
| Vermillion | 47.1% | Tipton | 15.7% |
| Starke | 46.3% | Perry | 16.3% |

Source: Indiana Department of Education

Dropout Rate, Indiana: 2010–2020



Source: Indiana Department of Education



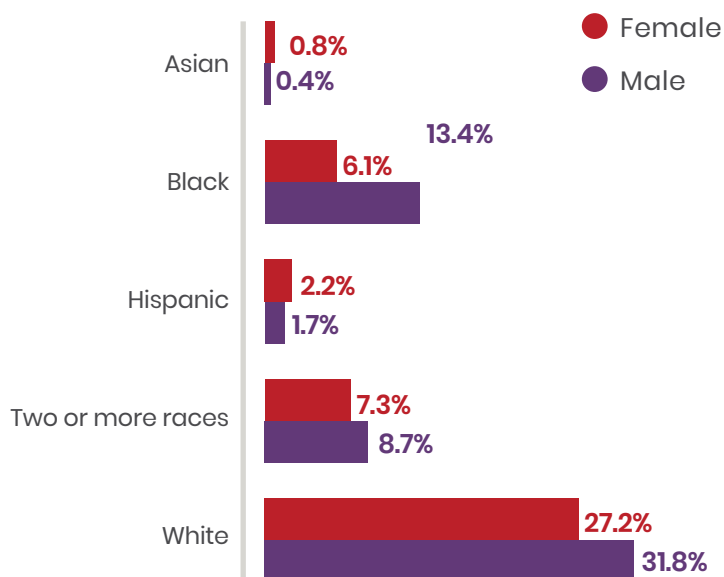
High School Equivalency

The Indiana HSE (High School Equivalency) is an alternative for earning a high school diploma. A HSE Diploma can be earned after completing a test based on five subject areas (math, reading, writing, science, and social studies). The skills taught and tested are at the same level as graduating high school seniors. Those who have not already earned a diploma from an accredited high school in Indiana are eligible to earn their HSE.

In 2019–2020, 4,446 Hoosiers ages 18 to 24 were enrolled in the high school equivalency program.

- 100 (2.2%) of those enrollees were in foster care.
- 1,583 (35.6%) Hoosiers enrolled in a high school equivalency program were economically disadvantaged.
- The majority of enrollees were White (59.0%), Black (19.5%), or Two or more races (16.0%).
- White males make up the majority of the total program population (31.8%), while White females are close behind (27.2%). In total, there are 1,414 White males and 1,208 White females participating.
- There were 712 enrollees of Two or more races with a nearly even divide between females (323) and male participants (389).
- Asian enrollees made up a small portion of the high school equivalency population. With a total of 54 enrollees, females (35) were nearly twice as likely to enroll than males (19).
- Of the 866 Black enrollees, males were twice as likely to enroll in the program. 269 are female and 597 are male. Overall, Black males made up 13.4% of the total enrollment and Black females make up 6.1%.
- Of the 175 Hispanic enrollees, there were more female enrollees (98) than male (77). Overall, Hispanic females comprised of 2.2% of the total enrollment and Hispanic males make up 1.7%.

High School Equivalency Participation by Race/Ethnicity and Gender, Indiana: 2019–2020



Source: Indiana Department of Workforce Development

In 2019–2020, of those enrolled, 32.0% (1,424) achieved a diploma.

- The majority of those who achieved their diploma were White (66.8%), Two or more races (15.0%), and Black (13.8%).
 - White males made up the majority of those who achieved their diploma (36.9%), while White females were seven percentage points below White males (29.9%).
- American Indian and Asian students made up a small portion of those who achieved their diploma.
 - 22 Asians and 4 American Indians achieved their diplomas.
- Of those who achieved their diploma, 36.0% were economically disadvantaged.

LEVERAGING THE DATA: STATEWIDE:

- **Expand concurrent enrollment in Adult Education and postsecondary education:** After the Great Recession in 2008, 95% of new jobs (about 8.4 million) required a Bachelor's degree or higher. Post-Recession, graduate degree holders gained 3.8 million jobs; Bachelor's degree holders gained 4.7 million jobs; and Associate degree holders gained 3.1 million jobs, compared to workers with a high school diploma or less, who added only 80,000 jobs.¹⁸⁴ If the post-COVID economy follows similar trends, all Hoosier youth will need to pursue some level of postsecondary education. Concurrent enrollment in Adult Education and higher education efforts can be widely implemented to support local economies and communities. It expedites credential attainment for young Hoosiers who may feel disenfranchised or marginalized from the economy. Expanding two programs throughout the State will help scale concurrent enrollment in Adult Education and higher education:



- Ivy Tech Community College can include Adult Education providers through **contextual and bridge programs** for older youth who need academic remediation. These programs coordinate academic and occupational instruction by providing basic educational remediation concurrently with, rather than as a prerequisite for, college-level courses. These bridge programs are typically one or two-semester interventions that aim to accelerate students' acquisition of basic academic skills with supports for to transition to college. These Adult Education-to-college bridge programs typically offer more coherent and relevant instruction through curricula that better align with students' career goals; provide increased connections with colleges and vocational training programs for students; and build in an advising component that fosters students' engagement in the program and supports their transition to postsecondary education.¹⁸⁵
- **Ability to Benefit (AtB)** allows students who are concurrently enrolled in connected Adult Education and eligible postsecondary programs, allowing an adult without a high school credential to simultaneously complete a high school credential while earning a postsecondary credential. Additionally, AtB allows participants to access to federal financial aid, primarily Pell Grants.¹⁸⁶ A Pell Grant of \$6,345 (2020–2021 level) is an equivalent amount to working a \$12/hour job 20 hours per week for one whole school year (two semesters). This aid helps adult students, especially those who are low-income, to attend classes full-time, study more, participate in supplemental academic activities, and take care of themselves with adequate sleep and reduced stress — all of which improve their chances of retention and completion.¹⁸⁷ Several states, such as **Kentucky, Minnesota, and Washington**, have issued guidance to their institutions to expedite the adoption of policies that accept AtB.

School Accountability

The federal Every Student Succeeds Act (ESSA) requires states to assign overall ratings to schools based on the performance on all required performance indicators. Due to the differences between federal and state accountability standards, Indiana schools receive two grades, one for federal and one for state. The State assigns schools' overall ratings based on an A-F grading system. Under the federal accountability system, Indiana assigns the following ratings based on the school's performance against long-term performance goals:

- Exceeds Expectations
- Approaches Expectations
- Meets Expectations
- Does Not Meet Expectations

The federal accountability system assigns schools the above ratings based on the following indicators:¹⁸⁸

| Grades 3–8 | High School |
|---|---|
| <ul style="list-style-type: none"> • Academic Achievement (English/Language Arts & Math) • Academic Progress (English/Language Arts & Math) • English Language Proficiency Progress for English Learners • Addressing Chronic Absenteeism | <ul style="list-style-type: none"> • Academic Achievement (English/Language Arts & Math) • Academic Progress (English/Language Arts & Math) • English Language Proficiency Progress for English Learners • Addressing Chronic Absenteeism • Graduation Rate • Strength of Diploma for Graduates |

Based on the federal accountability system,

- In 2018–2019, 4.8% of schools were rated as Exceeds Expectations, 48.1% Meets Expectations, 34.2% Approaches Expectations, and 11.3% Does not Meet Expectations.
- 56.1% of high schools and 53.2% of elementary/middle schools were rated as Meets or Exceed Expectations.
- Across all indicators for performance goals, Indiana's area of need most improvement is Math Academic Progress, where 40.5% of schools did not meet expectations for Grades 3 – 8 and 22.5% for high school.¹⁸⁹
- 96.5% of high school did not meet expectations for English Learner Progress.
- Looking across student groups on school performance in elementary, middle, and high school, 63.9% of schools Did Not Meet Expectations for students in special education.¹⁹⁰

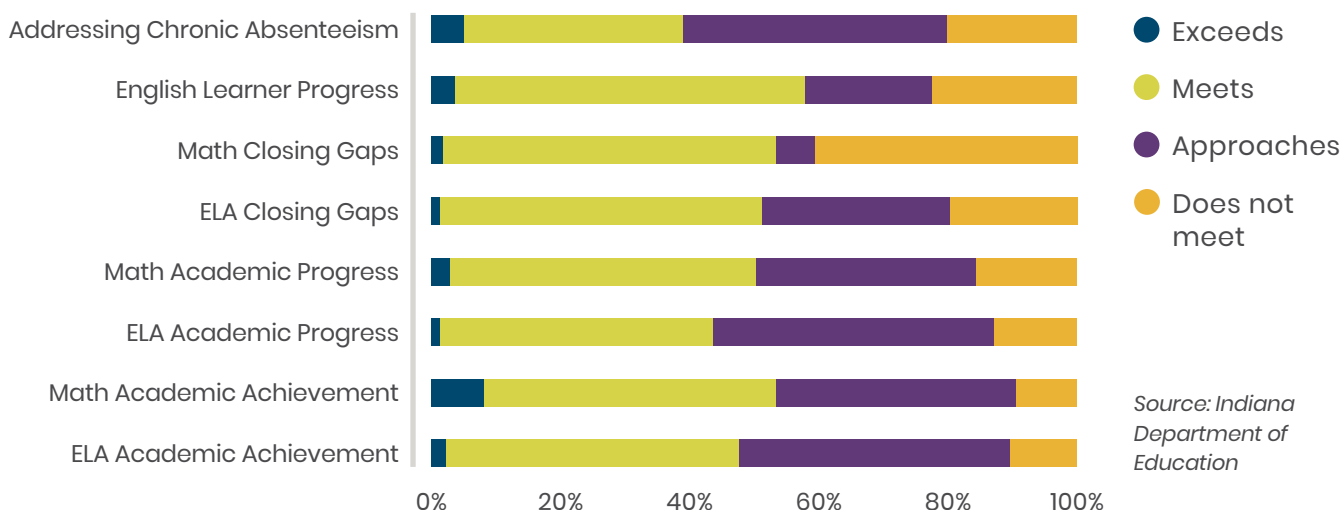


Number and Percentage of School Federal Accountability Ratings by Subgroups, Indiana: 2018–2019

| Rating | Asian | Black | Hispanic | Two or more races | White | Free/Reduced-Price Meals | English Learner | Special Education |
|---------------|------------------|------------------|----------------|-------------------|----------------|--------------------------|------------------|-------------------|
| Exceeds | 117 (6.4%) | 23 (1.3%) | 30 (1.6%) | 67 (3.7%) | 133 (7.3%) | 15 (0.8%) | 31 (1.7%) | 17 (0.9%) |
| Meets | 89 (4.9%) | 118 (6.5%) | 304 (16.6%) | 255 (14.0%) | 962 (52.7%) | 433 (23.7%) | 168 (9.2%) | 125 (6.8%) |
| Approaches | 24 (1.3%) | 229 (12.5%) | 473 (25.9%) | 289 (15.8%) | 504 (27.6%) | 954 (52.2%) | 251 (13.8%) | 428 (23.4%) |
| Does Not Meet | 18 (1.0%) | 357 (19.5%) | 257 (14.1%) | 226 (12.4%) | 120 (6.6%) | 386 (21.1%) | 278 (15.2%) | 1,168 (63.9%) |
| No Rating | 1,578 (86.4%) | 1,100 (60.2%) | 763 (41.8%) | 990 (54.2%) | 108 (5.9%) | 39 (2.1%) | 1,097 (60.1%) | 89 (4.9%) |

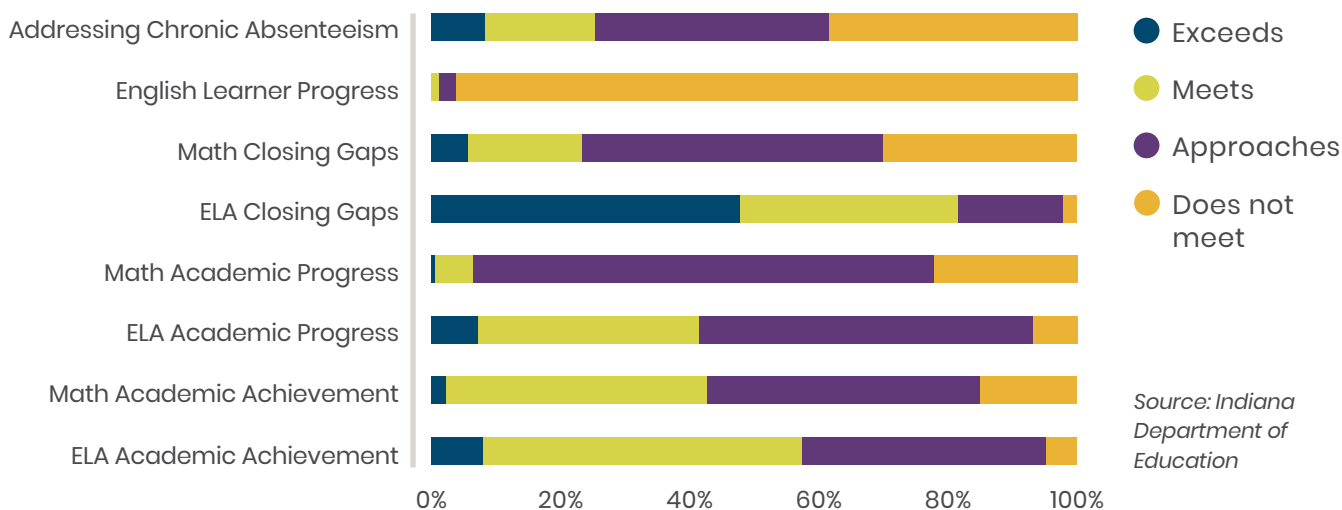
Source: Indiana Department of Education

Federal Indicator Summary for Grades 3 – 8, Indiana: 2018–2019



Source: Indiana Department of Education

Federal Indicator Summary for High School, Indiana: 2018–2019



Source: Indiana Department of Education

Per Indiana's ESSA plan, accountability indicators are determined only if there is a minimum number of 20 students in a school, which is Indiana's n-size for accountability purposes. Additionally, students must be enrolled in the school for a minimum of 162 days to be counted in the accountability model.¹⁹¹ Both of these factors could produce the higher rates of No Rating schools for specific subgroups. If a school does not have enough students from a particular subgroup to reach Indiana's n-size of 20, those schools



do not receive a rating for specific subgroups of students – particularly Asian, Black, English Learners, Two or more races, and Hispanic students – potentially overlooking a number of student subgroups for accountability purposes and under identifying schools needing and receiving targeted intervention and support.

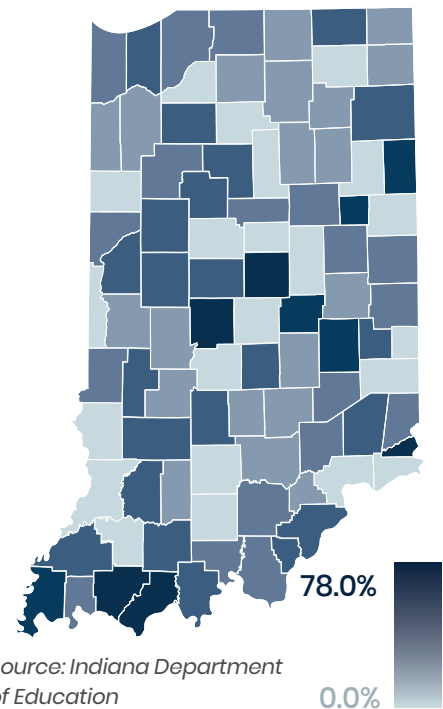
Indiana has a separate state accountability system that issues schools two accountability ratings. Both the state and federal systems use similar measures, such as performance on state tests, academic growth, and graduation rates, there are some key differences. The federal designation includes school attendance rates and language proficiency of English Learners, while the state calculation would mainly rely on state test scores and test score growth. Additionally, Indiana's state calculation excludes certain students, such as those receiving credit recovery services, which are required to be included in the federal accountability system.¹⁹²

The grades for the 2019–20 school year are based in many cases on how students performed in the spring of 2018, due to COVID. The State is currently operating under a two-year “hold harmless” agreement that protects schools and districts from any consequences due to a drop in their state letter grade. The temporary provision was adopted last year after the state retired the ISTEP exam for elementary and middle school students and began administering the new ILEARN as the standardized test used to calculate the grades.¹⁹³

In 2019–2020, based on the state accountability system,

- 50 school corporations received an A, 163 received a B, 67 received a C, 4 received a D, and 2 received an F.
- When examining the percentage of A schools – the number of A schools compared to the total number of schools in the district – disparities along geographic lines emerge.
 - Suburban districts, such as Hendricks, Hamilton, Warrick, and Spencer, have the highest concentration of A schools. Indiana's urban and rural counties have varying concentrations with over 70% of their schools designated as A schools.
 - Of the urban counties, Allen County has the highest concentration with 45.5% of its schools designated as A schools; Marion, Lake, and Vanderburgh Counties have between 20–27% of their schools as A schools.
 - Some of the lowest percentages of A schools are in Indiana's rural counties. Of the seven counties with zero A schools, six are designated as rural by the U.S. Census Bureau.^{194,195}

Percentage of Grade A Schools, Indiana: 2019–2020



Source: Indiana Department of Education

LEVERAGING THE DATA: STATEWIDE

- **Move to one accountability system:** To simplify understanding the differences in schools by parents, educators, local leaders and communities, and state policymakers, the State could move to one accountability system that encompasses both federal and state metrics. This accountability system would ideally include all students in the results. Moving to one accountability system will increase transparency of the data to allow stakeholders to recognize the areas of strength and growth for schools and districts around the State.
- **Decrease n-size to 10 students:** Currently, Indiana's n-size for accountability indicators is 20 students, though for reporting purposes is 10 students. The determination for an accountability n-size of 20 in the creation of Indiana's ESSA plan was to allow for the inclusion of more students and schools in the accountability system than the minimum numbers of 30 and 40 previously used and to have less of an impact on smaller student populations.¹⁹⁶ The data above, however, illustrates that large swaths of historically marginalized subgroups are going unreported. By lowering the n-size to 10 students, Indiana will be able to identify and support substantially more schools and students.¹⁹⁷ Additionally, an n-size of 10 would allow for statistical reliability in the data and protect student privacy.¹⁹⁸



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.¹⁹⁹ During the 2019–2020 school year, 948 arrests were done on school property in Indiana.²⁰⁰

- Battery was the top reason for arrests (23.3%), followed by possession of marijuana (15.5%), disorderly conduct (9.9%), intimidation (6.1%), and all other reasons for arrests were under 3.2%.
- Arrests throughout Indiana ranges as a high of 139 arrests in Allen County and as low as one in 13 counties.
- Of these arrests, 57.5% of youth were White, 22.8% were Black, 10.2% were Hispanic, and 8.2% were Two or more races. Overall, 42.4% of the total arrests were of students of color. During the same school year, the Black student population made 12.3% of the total enrollment, the Hispanic student population 12.8%, and students who are Two or more races 5.1%.²⁰¹
- In 2020, the majority of students in grades 7th through 12th felt safe in school ranging between 85.3% and 88.3%.²⁰²
- 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%).²⁰³
- 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.²⁰⁴

In 2019, 74.8% of Indiana parents indicated they “definitely agree” that their child is safe at school, compared to 73.3% nationally.

- Lower income parents had lower rates of feeling their child is safe at school versus higher income parents.²⁰⁵

| | |
|--------------------------------------|--|
| Household income 0–99% FPL | 71.5% “definitely agree” child is safe at school |
| Household income 100–199% FPL | 73.0% “definitely agree” child is safe at school |
| Household income 200–399% FPL | 75.6% “definitely agree” child is safe at school |
| Household income 400% FPL or greater | 77.3% “definitely agree” child is safe at school |

Source: National Survey of Children's Health

Note: Data for the household income 0–99% Federal Poverty Level may not be as reliable as the other indicators due to data suppression.

Additional information related to school discipline and violence can be found in the Family and Community Spotlight.

Bullying

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.²⁰⁶ 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.²⁰⁷

- In 2018–2019, 48.2% of Hoosier children ages 6–17 reported being bullied, picked on, or excluded by other children, which is slightly more than the national average of 47.5% of children ages 6–17.²⁰⁸
- In 2018–2019, 4.4% of Hoosier children ages 6 to 7 reported being bullied, picked on, or excluded by other children 1–2 times per week; 9.8% of children reported being bullied 1–2 times per month; and 32.6% of children reported being bullied 1–2 times per year.²⁰⁹
 - Children ages 6 to 11 reported being bullied at higher rates than children ages 12 to 17

| | Children Ages 6 to 11 | Children Ages 12 to 17 |
|---------------------|-----------------------|------------------------|
| 1–2 times per month | 10.8% | 9.0% |
| 1–2 per year | 40.8% | 25.3% |



- Females reported higher incidents of bullying (12.1% reported 1-2 times per month; 34.0% 1-2 times per year) than males (7.7% reported 1-2 times per month; 31.4% 1-2 per year).²¹⁰
- The percentage of children in Indiana who have reported bullying has more than doubled from 20.8% in 2016–2017 to 48.2% in 2018–2019, an increase of 131.7%. Nationally, the percentage of bullying increased by 118.9% between 2016–2017 and 2018–2019.^{211, 212}

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.²¹³

- 15.7% of Indiana high school students were electronically bullied in 2015. Females were nearly twice as likely to be cyberbullied (20.6%) as males (11.0%).²¹⁴
- In 2019, 36.5% of youth ages 12 to 17 nationally have been cyberbullied in their lifetime.
- In the past 30 days, 24.9% of students received mean or hurtful comments online and 22.2% learned about rumors online.²¹⁵

Cyberbullying Victimization of Youth Ages 12 to 17, United States: 2019

| Lifetime | |
|---|-------|
| I have been cyberbullied | 36.5% |
| Previous 30 Days | |
| I have been cyberbullied | 17.4% |
| Mean or hurtful comments online | 24.9% |
| Rumors online | 22.2% |
| Threatened to hurt me through a cell phone text | 12.2% |
| Posted mean names or comments online about me with a sexual meaning | 12.0% |
| Threatened to hurt me online | 11.7% |
| Posted a mean or hurtful picture of me online | 10.8% |
| Pretended to be me online | 10.1% |
| Posted mean names or comments online about my race or color | 9.5% |
| Posted a mean or hurtful video online of me | 7.1% |
| Posted mean names or comments online about my religion | 6.7% |
| Created a mean or hurtful web page about me | 6.4% |
| One or more of above, two or more times | 30.1% |

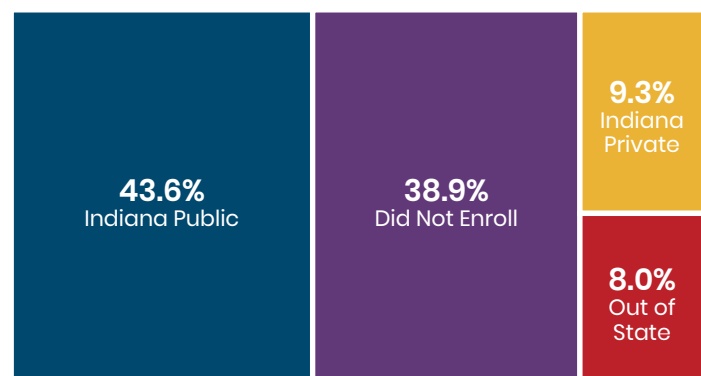
Source: Cyberbullying Research Center

College and Career

Successfully attaining a postsecondary education is correlated with achieving greater economic success as youth enter adulthood.²¹⁶ The transition from high school to postsecondary education or career is a critical step in a young person's life.²¹⁷ Transitioning into college is difficult for students when they may no longer have access to counselors to assist them with the process and/or they do not have family that are aware of the process of enrolling into a postsecondary institution. Navigating college and career services can be especially difficult for first-generation students.

- In Spring 2019, more than three quarters (78.3%) of Indiana's 12th grade students reported that they intended 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 meals were more than twice as likely to report intending to work full time after graduation (14%) as students with paid meals (6%).
- High school seniors who have a parent with a college degree were more likely to report intending to enroll in college (88.1%) than seniors whose parents do not have degrees (66.2%).
- High school seniors whose parents do not have degrees reported post-high school intentions such as participating in an apprenticeship program (2.9%), enrolling a Career/Technical College (2.4%), working at a full-time job (15.6%), and enlisting in the military (4.4%).²¹⁸

Percentage of College-Enrollees by Campus Type, Indiana: 2018



Source: Indiana Commission for Higher Education



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.²¹⁹

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.²²⁰

- Out of all 2018 graduates in Indiana, 36% took an AP exam, and 19% of graduates passed an AP exam.
- 89% of Hoosier graduates in the class of 2018 who took and passed an AP test enrolled in college, compared to 47% of those who did not take an AP test.
- 1% of students who passed an AP test needed remediation in college, compared to 15% of students who did not take an AP test.
- Of all 2018 graduates in Indiana, about 60% earned dual credit from an Indiana Public College.
- Of those high school graduates who earned dual credit from an Indiana Public College, 74% enrolled in college the following year, 32 percentage points above those who did not earn dual credit (42%).
- 6% of those who earned dual credit from an Indiana Public College needed remediation, 13 percentage points below those who did not earn dual credit (19%).²²¹

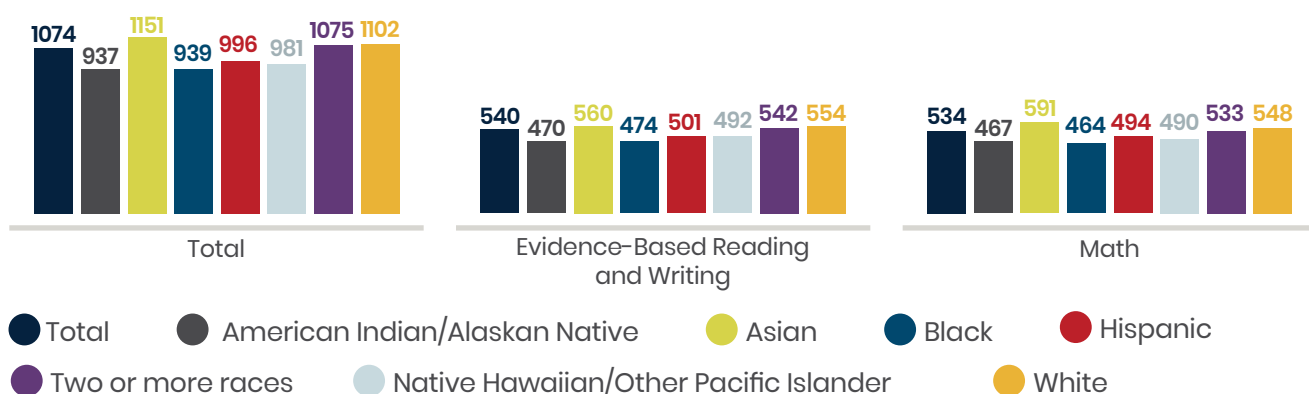
If a high school student completes a sequenced course of dual credit classes, s/he may earn a certificate, which is a postsecondary credential that takes less than one year (short-term certificate) or two years to earn (long-term certificate). High school students can earn certificates via dual credit courses on their way to an Associate or Bachelor's degree, enabling students to stack and embed postsecondary certificates into advancing degrees. In 2019, 11% of high school students earned certificates. 1,257 high school students earned the College Ready Core (formerly known as the STGEC or Statewide Transfer General Education Core). This is a block of 30 dual credit hours, which equates to the first two semesters of courses, and is transferrable among all public institutions in Indiana. 42% of youth ages 18 to 24 earned a certificate in 2019.²²²

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 1600.²²³

- 64% of Indiana graduates in the class of 2020 took the SAT at some point during their high school career.

Mean SAT Score of High School Graduates by Race/Ethnicity, Indiana: 2019–2020



Source: College Board



- Among Indiana graduates in 2019–2020, the mean SAT score was 534 in Math and 503 in Evidence-Based Reading and Writing, for a total mean score of 1074.²²⁴
- Indiana has the second highest total mean SAT score (1074) among our neighboring states: Michigan (998), Illinois (1007), Ohio (1070), and Kentucky (1207).²²⁵

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 36.²²⁶

- In 2017–2018, an estimated 21,482 of Indiana's graduates in the class of 2018 took the ACT.
- Among Indiana graduates in 2019, the average ACT score was 22.1, higher than the national average of 20.7.
- 37% of Indiana students met ACT College Readiness Benchmark Scores on all four sections, compared to 34% of students nationally.²²⁷

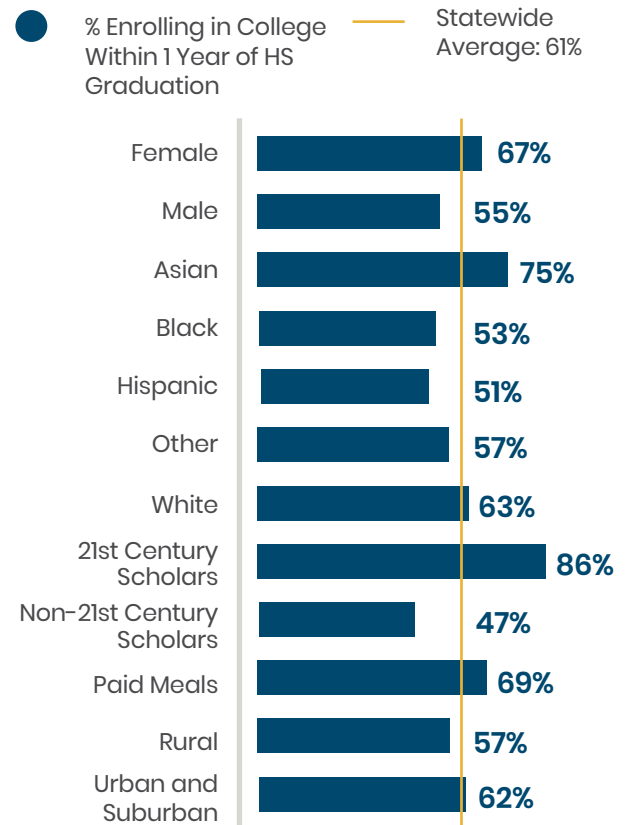
Enrollment

61% of Indiana's high school graduating class of 2018 enrolled in college within one year.

- Students who earned an Honors Diploma were more likely to enroll in college (91%) than students earning a Core 40 (49%) or General Diploma (15%).²²⁸
- Rural students attend college at a lower rate (57%) than their non-rural peers (62%).²²⁹

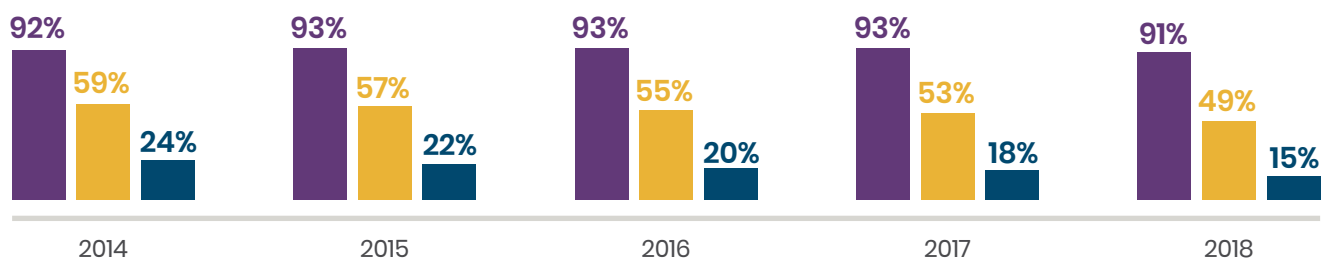
Indiana is not alone with fewer rural students enrolling in higher education compared to their urban and suburban peers; rural students across the U.S. matriculate into postsecondary education at lower rates than their peers. Past economic drive and need established a culture that was less driven by college degrees. The social and health challenges of rural areas coupled with the lack access to high-speed internet, college-level courses, and transportation many rural areas contend with can create barriers for many rural students in enrolling and persisting in higher education.²³⁰

College-Going Rate by Student Subgroups, Indiana: 2018



Source: Indiana Commission for Higher Education

Percentage of Students Enrolling in Any Institution by High School Diploma Type, Indiana: 2014–2018



Source: Indiana Commission for Higher Education

● Honors ● Core 40 ● General

Preparation

Students can prepare for college success by learning how to apply, enroll, and succeed in a college environment.

- In Spring 2019, high school seniors reported applying 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% of Hoosier high school seniors did not apply for any post-high school option.²³¹



21st Century Scholars

21st Century Scholars program provides up to four years of undergraduate tuition to income-eligible students at participating colleges or universities in Indiana, as well as step-by-step guidance and support to make sure they succeed in 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.²³²

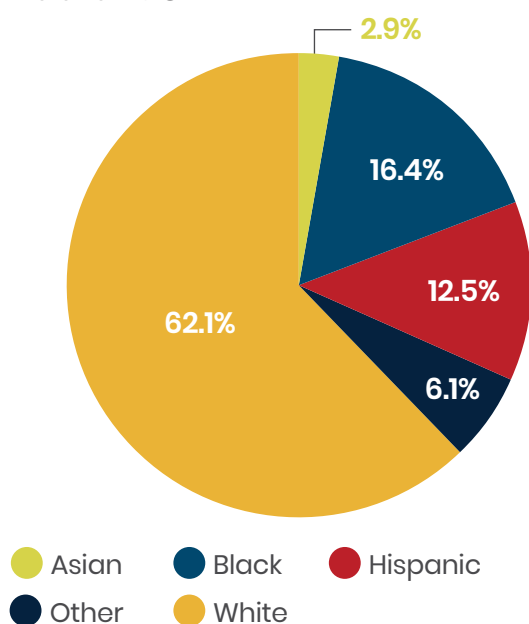
- 21st Century Scholars were more likely to enter college immediately after high school (86%) than all Indiana students (58%) and students receiving free or reduced-price meals (47%).
- Scholars were less likely to need remediation in college (8%) than all Indiana students (9%) and students receiving free or reduced-price meals (15%).²³³
- 21st Century Scholars were far more likely to go to college than either their low-income or higher-income peers.²³⁴

Source: Indiana Commission for Higher Education

The demographic disaggregation of the class of 2018's 21st Century Scholars is nearly proportional to the student population with slightly higher representation of those minorities who have been historically underrepresented in higher education – specifically Black and Hispanic students.²³⁵

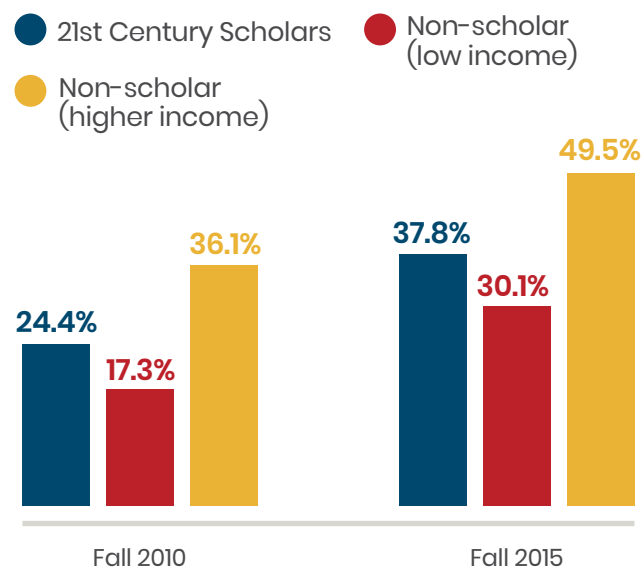
When compared to their non-Scholar, low-income peers, 21st Century Scholars have higher rates of on-time completion of higher education, though not as high as higher income, non-Scholar students.²³⁶

21st Century Scholars by Race/Ethnicity, Indiana: 2018



Source: Indiana Commission for Higher Education

On-Time Completion by Low-Income Status at a 4-year Public Institute, Indiana: 2010–2015



Source: Indiana Commission for Higher Education



College Cost

The recent 2020 College Value Report from the Indiana Commission for Higher Education highlights that

- Higher education degrees provide students with a return on the investment for their costs,
- State financial aid provides the State with a return on its investment,
- Higher education strengthens the economy,
- Higher education is good for the well-being of the community,
- Work-based learning helps students transition from college to the workforce, and
- On-time completion saves students time and money.

Source: Indiana Commission for Higher Education

Despite these benefits of higher education, many youths, particularly those who have been historically disadvantaged, struggle with the cost. Indiana is ranked 3rd in the country for the lowest increases of tuition and fees, but nationwide the costs are creeping upwards.²³⁷

- Factoring in financial aid, the average annual cost to earn an Associate degree in Indiana is \$6,415 and to earn a Bachelor's degree is \$11,263. In Indiana, tuition and fees increased both for a four-year and a two-year public institution, but at a lower rate compared nationally.²³⁸
- Indiana's tuition and fees for a four-year public institution increased by 1.4% compared to the national increase of 3.1%. For a two-year public institution in Indiana, the tuition and fees increased by 2.8% while nationally the increase was 3.0%.²³⁹
- Students who earn a Bachelor's degree in Indiana typically have higher amounts of debt compared to those without a Bachelor's. Those with Bachelor's degrees, though, also have a higher earning potential over the course of their lives than those without a Bachelor's. After one year of graduating, those who graduate with a Bachelor's degree (\$32,976) earn \$4,320 more than those who graduate with an Associate degree (\$28,656).²⁴⁰

As discussed in the Wealth Gap Spotlight in the Economic Well-Being section, debt can hinder graduates' future incomes, lifelong earnings, and wealth accumulation. Students from families with little wealth may need to rely on loans to finance their education.²⁴¹

- 43% of Hoosier college graduates who earned an Associate degree had debt, while 63% of Hoosier college graduates who graduated with a Bachelor's degree had debt.
- Overall, 59% of Hoosier college graduates have debt.²⁴²
- The majority of Indiana college graduates (79%) who took out student loans "agree" or "strongly agree" that their education was worth the cost.
- It takes about 4.4 years on average to pay off the debt for those who earned a Bachelor's degree, and 3.5 years to pay off debt for those who earned an Associate degree.²⁴³

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 provides tax-free earning growth and tax-free withdrawals that can pay for tuition, books, supplies, and sometimes room and board.²⁴⁴

- As of October 2020, there were 260,119–CollegeChoice accounts in Indiana.

Statewide Averages

| | Tuition, Fees, Books & Supplies | Room, Board & Other Expenses | Annual Cost After Financial Aid | Debt Upon Graduation | Percentage of Students With Debt |
|------------------------|---------------------------------|------------------------------|---------------------------------|----------------------|----------------------------------|
| Associate | \$6,098 | \$11,046 | \$6,415 | \$12,697 | 43% |
| Bachelor's | \$10,640 | \$12,454 | \$11,263 | \$25,435 | 63% |
| Associate + Bachelor's | \$9,874 | \$12,217 | \$10,446 | \$23,684 | 59% |

CollegeChoice 529 Account Penetration Rate by County, Indiana: October 2020

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|------|
| Wabash | 61.4% | Switzerland | 2.2% |
| Boone | 45.1% | Crawford | 4.0% |
| Benton | 41.2% | Ohio | 4.2% |
| Hamilton | 40.0% | Newton | 5.0% |
| Hancock | 36.5% | Scott | 5.3% |
| Jay | 33.6% | Jennings | 5.9% |
| Dubois | 29.3% | Fayette | 6.4% |
| Blackford | 28.3% | Starke | 6.7% |
| Whitley | 27.7% | Orange | 6.8% |
| Warrick | 26.0% | Warren | 6.8% |

Source: Indiana Education Savings Authority and Easy Access to Juvenile Populations



- The penetration rate is the proportion of youth ages 17 and younger who have a 529 account, compared to the total population of youth under 17. Indiana's overall penetration rate is 16.6%. This ranges among Indiana's counties from 61.4% in Wabash County to 2.2% in Switzerland County.
- In Indiana, the average balance of CollegeChoice 529 accounts was \$13,372.23. The average balance in Indiana's counties ranges from \$21,581.49 in Boone County to \$2,321.83 in Jay county.²⁴⁵

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.²⁴⁶

- Females (63%) are more likely to file FAFSA on time than males (37%).
- 43% of FAFSA filers in 2018 were first-generation college students.²⁴⁷

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.²⁴⁸

- More than half (53%) of Hoosier FAFSA filers were eligible for a Pell Grant in 2018.²⁴⁹
- 124,241 Indiana students received a Pell Grant in 2018.²⁵⁰

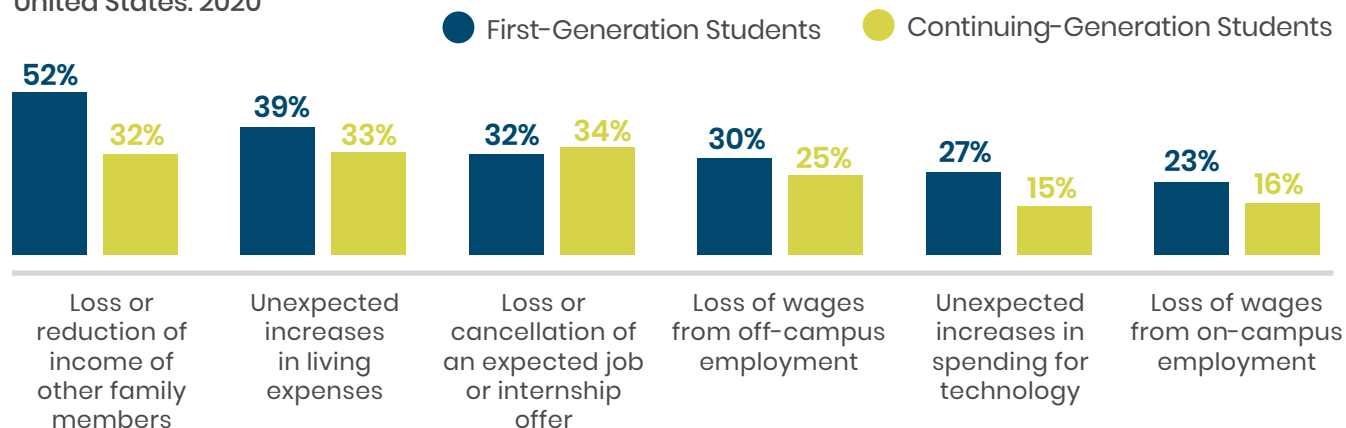
Indiana state aid is awarded through two main grant programs: The **Frank O'Bannon Grant** and the **21st Century Scholarship**.²⁵¹ Eligibility for the O'Bannon Grant is based on financial need, as determined by the FAFSA. Starting in 2013-14, the O'Bannon Grant and 21st Century Scholarship were decoupled, 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.²⁵²

- 37,871 Indiana students received a Frank O'Bannon Grant in 2019, with an average award amount of \$3,974.
- 21,714 Indiana students received a 21st Century Scholarship in 2019, with an average award amount of \$8,011.²⁵³
- Those who benefited from a financial aid program earned over twice that was invested in them after three years of graduating and 75% of financial aid recipients stay in the state they graduated from.²⁵⁴

| Percentage of FAFSA Filers & Recipients by Subgroups, Indiana: 2013–2018 | | | | | | |
|--|------|------|------|------|------|------|
| FAFSA YEAR | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 |
| Male | 39% | 39% | 38% | 38% | 37% | 37% |
| Female | 61% | 61% | 61% | 62% | 62% | 63% |
| Dependent | 41% | 43% | 47% | 47% | 47% | 48% |
| Independent | 59% | 56% | 53% | 53% | 53% | 52% |
| Single | 73% | 75% | 77% | 77% | 78% | 78% |
| Married | 18% | 17% | 16% | 16% | 16% | 16% |
| First Generation Student | 51% | 49% | 47% | 46% | 44% | 43% |
| Pell Eligible | 60% | 59% | 56% | 54% | 54% | 53% |

Source: Indiana Commission for Higher Education

Common Financial Hardships by First Generation and Continuing-Generation Students, United States: 2020



Source: Indiana Education Savings Authority and Easy Access to Juvenile Populations

LEVERAGING THE DATA: NATIONALLY

- **Connect students to other benefits:** The Department of Education can connect students with demonstrable financial need to public benefits access and ensure that students receiving public benefits get the maximum financial aid allowable. This includes:
 - Proactively notifying all Pell-eligible students of their potential eligibility for public benefits (e.g., SNAP, TANF, and Medicaid);
 - Automatically routing students receiving public benefits to the simplified needs test or setting their expected family contribution to zero;
 - Ensuring that public benefits do not count as income for aid eligibility purposes; and
 - Explicitly allowing financial aid offices to share information about student eligibility for public benefits with colleges' student support offices.²⁵⁵



Beginning March 15, 2020, FAFSA applications began to decline. Though application numbers rebounded in April 2020 for the class of 2020, applications for the class of 2021 have declined by 16.2% when compared to last academic year. The decline in FAFSA applications is sharper in high minority high schools (23.1%) compared to low minority high schools (12.5%). Additionally, high schools in Indiana's towns (22.8%) and cities (19.6%) saw more pronounced declines in FAFSA applications submitted for the class of 2021 compared to rural (17.3%) and suburban (11.2%) areas.²⁵⁶ To see FAFSA completion data by city, school district, or school, check out this resource.

Remediation

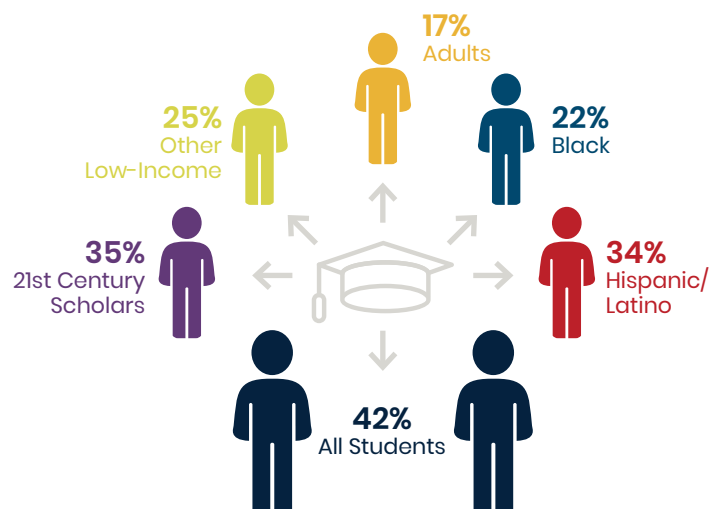
Students who are not sufficiently prepared to complete entry-level courses at the start of their college careers are often required to take remedial courses. Students who begin college with remedial courses are significantly less likely to complete their degrees.²⁵⁷

- In Indiana, 9% of the 2018 high school graduates who enrolled in an Indiana public college needed remediation.
- Of Indiana's 2018 high school graduates who enrolled in an Indiana public institution, 91% did not need remediation, 5% needed math remediation, 3% needed English/Language arts remediation, and 1% needed both types of remediation.²⁵⁸

Completion

Many college students, especially those who are in community colleges, face economic insecurities that are a barrier for college completion. For students from low-income backgrounds in particular, the challenge with completion is not a lack of aspiration, but rather structural barriers that often make it difficult for students to achieve their goals. Many take on extra jobs to support themselves or their families while in college, leaving them less time to spend on campus or dedicate to schoolwork. Even when low-income students receive loans or grants, they still struggle with debt that may force them to drop out. As discussed in the Wealth Spotlight, Black and low-income students shoulder more student debt, even if they receive Pell Grants. Because of this, more Black students (39%) and low-income (38%) borrowers drop out of college compared to their peers.²⁵⁹ Guided pathways, robust counseling services, and financial resources can help students overcome the barriers to college completion.²⁶⁰

Percentage of College Students Graduating On-Time, Indiana: 2020



Source: Indiana Commission for Higher Education



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.²⁶¹ First-generation collegegoers are less likely to graduate from postsecondary institutions than their peers.²⁶²

- 42% of Indiana college students at a public Institution graduated on time and 62% completed college within six years. Students graduating on time increased by 1.7 percentage points in the past year and 13.3 percentage points in the past five years.²⁶³
- 38% of 21st Century Scholars who attended a four-year public institution graduated on-time.
- College completion rates vary among student demographics where low-income, minority students, and adult learners are less likely to graduate on time than all students.²⁶⁴

Career Readiness

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.²⁶⁵

- Half of employers (50%) say the supply of qualified applicants does not meet the demand.
- 45% of employers indicated they left jobs unfilled in Indiana in the past year due to underqualified applicants, a decrease of four percentage points from 2019 (49%).²⁶⁶
- Only 43% of employers work with educational institutions to develop talent.²⁶⁷
- Due to the impacts of COVID-19, employers are changing their training strategies. 47% of businesses have increased online training, 20% have increased the time allotted for training, and 12% have increased on-the-job training.²⁶⁸

Career and Technical Education

Career and Technical Education aims to prepare youth for a wide range of high-wage, high-skill, and high-demand careers. Indiana's CTE program is driven to support an education system of high quality and equity for the academic achievement and career preparation of all Indiana students. Students in Indiana's high school CTE programs ideally gain the knowledge, skills and abilities needed for success in postsecondary education and economically viable career opportunities. Students participating in Indiana's CTE programs are offered high school courses in agriculture, business, engineering and technology, family and consumer sciences, health science, and trade and industrial.²⁶⁹

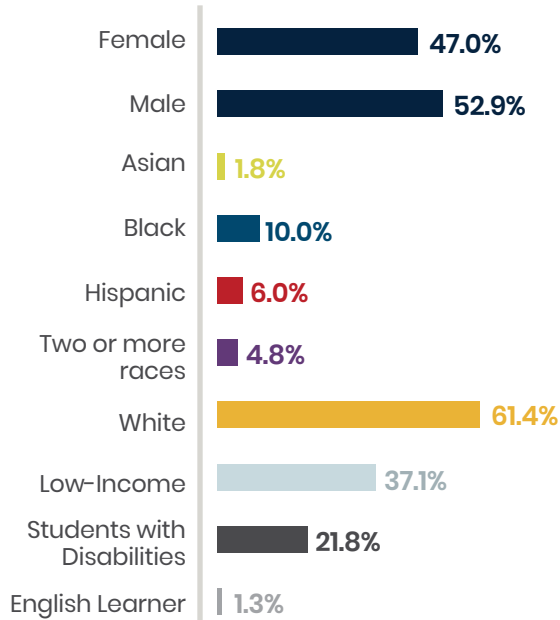
- During the 2019–2020 school year, 206,253 Indiana students (64.3% of the high school student population) enrolled in at least one CTE course. Of those students, 105,023 (nearly 51%) enrolled in at least one advanced course.

Top 10 Pathways by Student Enrollment Statewide, Indiana: 2019–2020

| | |
|---------------------------|-------|
| Engineering | 9,056 |
| Human Sciences | 7,925 |
| Nursing | 7,095 |
| Health | 6,793 |
| Management | 6,315 |
| Culinary Arts | 5,568 |
| Early Childhood Education | 4,665 |
| Media | 4,572 |
| Biomedicine | 4,387 |
| Computer Science | 4,326 |

Source: Governor's Workforce Cabinet

Student Enrollment in Career and Technical Education Courses by Subgroups, Indiana: 2019–2020



Source: Governor's Workforce Cabinet

Top 10 Advanced Courses by Student Enrollment, Indiana: 2019–2020

| Level 1 Courses | | Level 2 Courses | |
|-------------------------|-------|----------------------|-------|
| Biomedicine | 7,384 | Engineering | 1,085 |
| Marketing | 5,269 | Welding | 598 |
| Health Sciences | 5,078 | Auto Technology | 573 |
| Animal Systems | 4,556 | Biomedicine | 572 |
| Media | 4,392 | Cosmetology | 524 |
| Engineering | 3,674 | Construction | 495 |
| Management | 3,539 | Radio and Television | 438 |
| Agribusiness Management | 3,467 | Nursing | 371 |
| Nursing | 3,049 | Criminal Justice | 363 |
| Biotechnology | 2,915 | Culinary Arts | 355 |

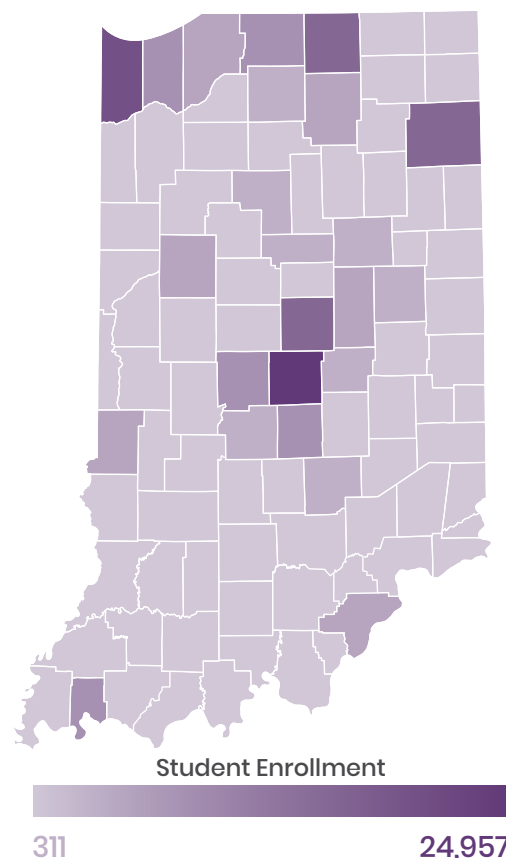
Source: Governor's Workforce Cabinet

- During the 2019–2020 school year, the majority of CTE students was male (52.9%). Female students made up 47.0% of the CTE student population.
- White students represented 61.4% of CTE student enrollments during the 2019–2020 school year. Black students represented 10.0%, Hispanic students 6.0%, students of Two or more races 4.8%, and Asian students 1.8% of the CTE enrollment.
- Only 1.3% of students enrolled in CTE courses were English Learners.²⁷⁰

As evidenced by the data above, Indiana needs greater equitable access to and participation in high-quality CTE classes for students of color. Historically, schools across the nation placed students of into technical education programs as an extension of segregation, tracking students into low-quality programs and career paths by race and social class. The job-focused pathways for students of color and low-income backgrounds were less rigorous than the academic pathways for the White and affluent students. Students with disabilities were also tracked into these low-quality programs focused on low-skill, low-wage jobs.²⁷¹

Though there has been considerable progress made in Indiana and nationally to reverse past discriminatory policies, inconsistencies in the rigor and quality of CTE programs across different locales and zip codes still persist. High-quality CTE programs are often in areas with more concentrated wealth, excluding students from Indiana's pockets of high poverty. Due to the experiential nature of most CTE programs, enrollment is often limited and there are entrance requirements students must meet. Competition for these programs can crowd out students of color and from low-income backgrounds. Additionally, implicit bias still emerges in CTE programs with assumptions made about students'

Student Enrollment in Career and Technical Education Courses, Indiana: 2019–2020



Source: Governor's Workforce Cabinet

Top 5 Pathways by Student Subgroup, Indiana: 2019–2020

| | |
|----------------------------|---|
| Female | Nursing, Health Services, Human Sciences, Early Childhood Education |
| Male | Engineering, Management, Computer Science, Construction, Human Services |
| Asian | Nursing, Engineering, Biomedicine, Health Sciences, Networking |
| Black | Culinary Arts, Management, Health Sciences, Engineering, Nursing |
| Hispanic | Engineering, Management, Health Sciences, Nursing, Human Services |
| Two or more races | Culinary Arts, Nursing, Management, Engineering, Human Services |
| English Learners | Management, Culinary Arts, Nursing, Engineering, Health Sciences |
| Low-Income | Human Services, Culinary Arts, Nursing, Management, Engineering |
| Students with Disabilities | Engineering, Human Services, Nursing, Management, Health |

Source: Governor's Workforce Cabinet
(Listed in order of highest enrollment)



Top 10 Certifications Earned by Student Enrollment, Indiana: 2019–2020

| | |
|--|-----|
| Indiana State Certified Nursing Assistant (CNA) | 726 |
| American Welding Society (AWS) Certification (Certified Welder) | 292 |
| ASE Certification–Automotive Service Excellence | 278 |
| Autodesk Certified Professional (ACP) – Inventor | 246 |
| Firefighter 1 Certification–Homeland Security | 173 |
| Pro–Start National Certificate of Achievement–National Restaurant Association Education Foundation | 166 |
| National Institute for Metalworking Skills (NIMS)–Basic Mechanical Systems ITM – Level 1 | 139 |
| Adobe Certified Expert (ACE) – After Effects | 127 |
| Culinary Arts Pre–Pac | 105 |
| Early Childhood Education Professional Assessment and Certification Exam (Pre–PAC) | 91 |

Source: Governor’s Workforce Cabinet

intellectual or physical capabilities and interests.²⁷²

These briefs from Advance CTE provides state and local policymakers and leaders with strategies to equitably provide high-quality CTE programs to historically marginalized students.

When participating in CTE, students have the opportunity to experience apprenticeships, internships, and in-school programs designed to foster career readiness. CTE participation provides students with skills and knowledge in technical fields.²⁷³ CTE also sets students up for future employment: of high school graduates who took at least one CTE course, 64% were employed in Indiana 5 and a half years later.

- CTE participants who concentrated in Health Sciences or Engineering and Technology had higher rates of enrollment in Indiana public colleges (42% and 37%, respectively) than those participants who did not concentrate in these areas.²⁷⁴

82,157 CTE students took an Advanced course, and 9.7% of those students (7,981) persisted to a Level 2 course.

CTE dual enrollment improves the outcomes for students who are historically underserved. Moreover, earning dual credits can help prepare students for postsecondary success.²⁷⁵

In 2019–2020, 3,632 Indiana students enrolled in a career and technical education course earned an industry certification, which is about 1.8% of the total number of students enrolled in a CTE course.

Top 10 Pathways by Students Earning Dual Credit, Indiana: 2019–2020

| | |
|-------------------------|-------|
| Engineering | 5,497 |
| Nursing | 2,652 |
| Health Sciences | 2,136 |
| Animal Systems | 1,899 |
| Agribusiness Management | 1,642 |
| Welding | 1,488 |
| Auto Technology | 1,442 |
| Criminal Justice | 1,356 |
| Marketing | 1,151 |
| Advanced Manufacturing | 1,084 |

Source: Governor’s Workforce Cabinet

LEVERAGING THE DATA: STATEWIDE

- **Cover certification costs:** Currently, the State provides \$500,000 to CTE districts to cover the costs of certifications using federal funding from the Carl D. Perkins Act. The State can use CTE funding from the Department of Education to cover the costs of certifications at schools and through dual credit courses. The process for allocating State funds to schools could be similar to how the State allocates federal funding based on prior certification results to CTE districts and incentivizing historically disadvantaged students (e.g., students of color, those from low-income backgrounds, or those with disabilities) to earn certifications with additional funding provided.

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. Through practical and engaging experiences, students learn first-hand how to complete tasks required for a given industry. Work-based learning can take place in a physical work setting or simulated experience.²⁷⁶ Indiana’s new graduation requirements, Graduation Pathways, includes work-based learning as a way for students to fulfill one of the requirements for the Learn and Demonstrate Employability Skills domain. Additional



information about how a work-based learning experience can qualify for the Graduation Pathways requirements can be found [here](#).

Among the career and technical education courses, 8,132 students were in work-based learning courses. In 2020–2021, the majority of students who participated in work-based learning courses were White (73.8%) and 26.6% were non-White. Low-income students comprised 35.4% of students participating.²⁷⁷

In 2020–2021, 55% of businesses are offering college internships, 17 percentage points more than in 2019–2020. 26% of employers offer high school internships to cultivate future talent.²⁷⁸

The Employer Aid Readiness Network (EARN) Indiana is a work-based learning opportunity for youth enrolled in higher education. EARN Indiana is designed to provide financial assistance to employers who provide paid internships for qualified Hoosier students enrolled full- or part-time in a postsecondary education program. Interns funded through EARN must assist with primary work tasks, such as contributing to project design or development, developing and carrying out a marketing plan, business strategy, or promotional strategies, writing reports, handbooks, manuals, or newsletters, and other similar tasks.²⁷⁹

- 4,359 Indiana eligible students were eligible in 2020 from all Indiana colleges and universities.
- 63.4% Female, 36.2% Male, 0.4% Other.
- 8.0% were Asian, 18.0% were Black, 9.8% were Hispanic, and 63.7% were White.
- 299 companies have posted 573 internships with a total of 976 positions available in 2020. The companies are across all industries, but the top areas are Marketing, Business, Education, STEM, IT, and Manufacturing.²⁸⁰

Student Enrollment by Work-Based Learning Courses, Indiana: 2020–2021

| | |
|--|-------|
| Apprenticeship | 5 |
| Cadet Teaching Experience | 128 |
| Career Exploration Internship | 240 |
| Cooperative Education | 2,530 |
| Interdisciplinary Cooperative Education | 200 |
| Supervised Agricultural Experience (SAE) | 454 |
| Work Based Learning Capstone, Multiple Pathways | 4,574 |
| Work Based Learning Capstone, Trade and Industry | 1 |

Source: Governor's Workforce Cabinet

LEVERAGING THE DATA: STATEWIDE

- **Redirect Federal Work Study towards work-based learning opportunities:** The Federal Work Study program provides funds for part-time employment to help needy students finance the costs of postsecondary education. Indiana public universities and colleges can model Federal Work Study opportunities for low-income students similar to the EARN program. Refocusing Federal Work Study program can help scale work-based learning opportunities for students who have not historically had the economic freedom to take these roles by offsetting the cost of wages. By rethinking the Federal Work Study program, Indiana universities and colleges can expand access to work-based learning models for lower-income students enrolled in higher education.

Jobs for America's Graduates

Indiana leads the nation in the number of students served through the Jobs For America's Graduates (JAG) program. JAG is a school-to-career program administered by the Department of Workforce Development aimed to keep at-risk youth in school and on track for postsecondary education and career success. JAG primarily targets high school juniors and seniors, though recent expansions of the JAG model have included into middle schools and grades 9 and 10, low-income older youth 18 to 24, a College Success Program for JAG graduates pursuing postsecondary education. All models of the JAG program include mentoring, leadership development, guidance and counseling, connections to school- and community-based services, and 12-month follow-up services.

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." In support of the national organization, Governor Holcomb currently serves on the National Board of Directors for Jobs for America's Graduates and advocates for the continued statewide expansion of JAG.^{281,282}

- 134 Indiana JAG high-school based programs are available in 124 locations, with 7 alternative education programs.



- In the 2019–2020 cohort, Indiana’s JAG program served 4,912 students. JAG students completed 29,553 hours of service learning and 69,893 hours of employer connection hours.
- Indiana’s 2018–2019 JAG participants had a 96% graduation rate, and 99% go on to either a job, the military, and/or postsecondary education.
- Among the 2019–2020 JAG participants, about 53% were economically disadvantaged (receiving TANF/free meals), 24% have a mother or father who did not graduate from high school, 34% have a family environment that is not conducive to education or career goals, 1% are in foster care, and 19% have been suspended, expelled, or put on probation.
- Since 2006, Indiana’s JAG program has served more than 30,000 students.
- Currently, 65 counties have a JAG program.²⁸³

LEVERAGING THE DATA: STATEWIDE

- **Target recruitment of specific subgroups into JAG:** The State can work with local communities to develop ways for targeted outreach and recruitment of students in the foster care system or experiencing homelessness, in particular, to join JAG. Because these students face disproportionately different educational outcomes, this program could be targeting these specific youth to provide additional support.

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.²⁸⁴ Those who participate can see an estimated average career earnings of around \$240,000 more than similar nonparticipants over the course of a career.²⁸⁵

- In 2019, there were 17,605 active apprentices in Indiana.
- Of Indiana’s active apprentices, 7,982 were new apprentices and 2,908 completed their apprenticeship in 2018.
- In 2019, Indiana had the third-highest number of apprenticeship completers after Missouri (3,883) and California (12,667).
- Indiana has 1,085 active apprenticeship programs. Of these, 70 were new programs in 2019.²⁸⁶

Indiana’s Office of Work-Based Learning and Apprenticeship runs the State Earn and Learn programs (SEALs), state level apprenticeship programs. SEAL programs are comprised of business and educational partnerships, supported on-the-job training, related instruction, rewards for skill gain, and industry recognized certifications. Currently, Indiana has over 100 State Earn and Learn programs. About three-quarters of the SEALs are for youth. The majority of the programs are based around six economic sectors that the state believes will have a high demand for workers, like advanced manufacturing and information technology.²⁸⁷

LEVERAGING THE DATA: STATEWIDE

- **Align SEALs to the Graduation Pathways minimums:** The variety of SEALs developed by the Office of Work-Based Learning and Apprenticeship provides youth with the ways to access technical training and on-the-job work experience. To ensure quality, all SEALs could at the very minimum meet the Graduation Pathway criteria: 9 dual credits, earning an industry-recognized certification, and earning CTE Concentrator status. Not only will this allow all students meet the new graduation requirements, it will allow for comparability of quality and portability of skills.

Sources

- ¹ Annie E. Casey Foundation (2013). Early Warning Confirmed: A Research Update on Third-Grade Reading.
- ² Ibid.
- ³ National Institute for Literacy. (n.d.). Early Beginning: Early Literacy Knowledge and Instruction.
- ⁴ Brookings Institution (2016). Helping to level the AP playing field: Why eighth grade math matters more than you think.
- ⁵ EdWeek (2020). Who's afraid of math? Turns out lots.
- ⁶ Leadership Conference on Civil & Human Rights (2015). Civil Rights Groups: We Oppose Anti-Testing Efforts.
- ⁷ Indiana Department of Education (2019). IREAD-3.
- ⁸ Indiana Department of Education (2020). Data request.
- ⁹ National Center for Education Statistics (n.d.). How did U.S. students perform on the most recent assessments?
- ¹⁰ Ibid.
- ¹¹ The Commonwealth Institute (2017). Unequal Opportunities: Fewer Resources, Worse Outcomes for Students in Schools with Concentrated Poverty.
- ¹² National Center for Education Statistics (2019). State Profiles.
- ¹³ Indiana Department of Education (2020). Data request.
- ¹⁴ Center for American Progress (2016). Examining Quality Across the Preschool-to-Third-Grade Continuum.
- ¹⁵ NPR (2019). Part I: Achievement Gap, Or Opportunity Gap? What's Stopping Student Success.
- ¹⁶ TNTP (2018). The Opportunity Myth: What Students Can Show Us About How School Is Letting Them Down—and How to Fix It.
- ¹⁷ International Dyslexia Association (n.d.). Accommodations for Students with Dyslexia.
- ¹⁸ International Dyslexia Association (2017). Dyslexia in the Classroom: What Every Teach Need to Know.
- ¹⁹ National Center for Learning Disabilities (2017). Supporting Academic Success.
- ²⁰ International Dyslexia Association (2017). Dyslexia in the Classroom: What Every Teach Need to Know.
- ²¹ Brookings Institution (2017). Does more rigorous middle school math coursework change students' college readiness?
- ²² Economic Policy Institute (2017). Education inequalities at the school starting gate: Gaps, trends, and strategies to address them.
- ²³ Southern Regional Education Board (2018). Ready to Read, Ready to Succeed.
- ²⁴ Ibid.
- ²⁵ The Annie E. Casey Foundation. (2020). Young Children Not in School in Indiana.
- ²⁶ Office of Juvenile Justice and Delinquency Prevention (2019). Easy Access to Juvenile Populations: 2019.
- ²⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table B23008: Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents.
- ²⁸ Indiana Early Learning Advisory Committee (2020). 2020 ELAC Annual Report Interactive Dashboard.
- ²⁹ Office of Early Childhood & Out-of-School Learning (2019). Preparing for the Future: Indiana's Preschool Development Grant.
- ³⁰ Child Care Aware of America (2020). 2020 State Child Care Facts in the State of: Indiana.
- ³¹ American Academy of Pediatrics (2017). Quality Early Education and Child Care from Birth to Kindergarten.
- ³² Nelson, et. al. (2016). The Economic Impacts of Investing in Early Childhood Education in Indiana.
- ³³ Paths to QUALITY™ (n.d.). Paths to QUALITY™: Indiana's Quality Child Care, Preschool, and School-age Care Starts Here.
- ³⁴ Indiana Early Learning Advisory Committee (2020). Indiana Early Childhood Interactive Annual Report.
- ³⁵ Ibid.
- ³⁶ Robert Wood Johnson Foundation (2017). Promoting Social and Emotional Learning in Preschool.
- ³⁷ Brookings Institution (2019). What Happens After Preschool Matters for Sustaining the Preschool Boost.
- ³⁸ U.S. Census Bureau, 2019 American Community Survey (2020). Table B14003: Sex by School Enrollment by Type of School by Type of School for the Population 3 Years and Over.
- ³⁹ Center on Enhancing Early Learning Outcomes (2018). Strategies to Improve Instructional Practice in Early Childhood Settings.
- ⁴⁰ Indiana Department of Education (2017). Kindergarten Readiness Assessment.
- ⁴¹ NPR (2018). Let's Stop Talking About The '30 Million Word Gap'.
- ⁴² Brookings Institution (2018). Talking with children matters: Defending the 30 million word gap.
- ⁴³ American Journal of Speech-Language Pathology (2017). Mapping the Early Language Environment Using All-Day Recordings and Automated Analysis.
- ⁴⁴ Zero to Three (2020). State of Babies Yearbook 2020.
- ⁴⁵ Economic Policy Institute (2017). Education inequalities at the school starting gate: Gaps, trends, and strategies to address them.
- ⁴⁶ Learning Policy Institute (2019). Untangling the Evidence on Preschool Effectiveness: Insights for Policymakers.
- ⁴⁷ First 5 Center for Children's Policy (2019). Ready Our State: How Kindergarten Readiness Inventories Can Benefit California.
- ⁴⁸ American Psychological Association (2016). Promoting well-being in families with children with intellectual and developmental disabilities.
- ⁴⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Special education or early intervention plan (EIP), age 1–17 years.
- ⁵⁰ Ibid.
- ⁵¹ Indiana Family and Social Services Administration (n.d.). First Steps Services Offered.
- ⁵² Indiana Family and Social Services Administration (2020). DRS – First Steps Indiana Statewide Profile Report.
- ⁵³ Indiana Department of Education (2020). Data Request.
- ⁵⁴ Indiana Department of Education (2017). Office of Accountability.
- ⁵⁵ Indiana Department of Education (2020). Data Request.
- ⁵⁶ Indiana Department of Education (2020). Data Request.
- ⁵⁷ House Republican Policy and Ways & Means Staff (2019). Just the Facts: How K-12 School Funding Works & Where Our Education Dollars Go.
- ⁵⁸ Indiana Department of Education (2020). Data Request.
- ⁵⁹ Indiana Department of Education (2020). Choice Scholarship Program Annual Report: Participation and Payment Data.
- ⁶⁰ Indiana Department of Education (2017). Indiana Choice Scholarships.
- ⁶¹ Indiana Department of Education (2020). Data Request.
- ⁶² U.S. Department of Education (n.d.). IDEA.
- ⁶³ Indiana Department of Education (2017). Navigating the Course: Finding Your Way through Indiana's Special Education Rules.
- ⁶⁴ Indiana Department of Education (2020). Data Request.
- ⁶⁵ Indiana Department of Education (2020). Choice Scholarship Program Annual Report: Participation and Payment Data.
- ⁶⁶ U.S. Department of Education (2020). Funds for State Formula-Allocated and Selected Student Aid Programs: Indiana.
- ⁶⁷ House Republican Policy and Ways & Means Staff (2019). Just the Facts: How K-12 School Funding Works & Where Our Education Dollars Go.
- ⁶⁸ Indiana Department of Education (2020). Data Request.
- ⁶⁹ Hechinger Report (2019). New studies challenge the claim that black students are sent to special ed too much.
- ⁷⁰ Rehabilitation Services Administration (n.d.). Regulations Implementing the Rehabilitation Act of 1973, As Amended by the Workforce Innovation and Opportunity Act.
- ⁷¹ Family and Social Services Administration (2020). Data request.
- ⁷² Ibid.
- ⁷³ Indiana Department of Education (2017). Office of High Ability Education.
- ⁷⁴ National Association for Gifted Children (n.d.). Gifted Education Practices.
- ⁷⁵ Indiana Department of Education (2020). Data Request.
- ⁷⁶ Grissom, et al. (2016). Discretion and Disproportionality: Explaining the Underrepresentation of High-Achieving Students of Color in Gifted Programs. American Educational Research Association.
- ⁷⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table B16004: Age by Language Spoken at Home by Ability to Speak English for the Population 5 Years and Older.
- ⁷⁸ Indiana Department of Education (2017). English Learner Guidebook 2016–2017.
- ⁷⁹ Governor's Workforce Cabinet (2020). Indiana's Strategic Workforce Plan 2020 – 2024.
- ⁸⁰ Ibid.
- ⁸¹ Indiana Department of Education (2017). English Learner Guidebook 2016–2017.
- ⁸² Indiana Department of Education (2020). Data Request.
- ⁸³ American Institutes for Research (2020). Spotlight on English Learners.
- ⁸⁴ Indiana State Board of Education (2020). House Enrolled Act 1314– 2018: Annual Report on Foster Care Youth Educational Outcomes.
- ⁸⁵ Ibid.
- ⁸⁶ Ibid.
- ⁸⁷ The Field Center for Children's Policy Practice and Research (2020). The Experiences of Foster Youth During COVID-19.
- ⁸⁸ Third Way (2020). The Forgotten Students: COVID-19 Response for Youth and Young Adults Aging Out of Foster Care.
- ⁸⁹ Child Trends (2019). Children and Youth Experiencing Homelessness.
- ⁹⁰ United States Interagency Council on Homelessness (2015). Opening Doors, Federal Strategic Plan to Prevent and End Homelessness.
- ⁹¹ Indiana Department of Education (2020). Data request.
- ⁹² Ibid.
- ⁹³ National Center for Homeless Education (2018). Best Practices in Interagency Collaboration: Access to Food for Homeless and Highly Mobile Students.
- ⁹⁴ Indiana Department of Education (2020). Data request.
- ⁹⁵ Voices of Youth Count (2018). Missed Opportunities: LGBTQ Youth Homelessness in America.
- ⁹⁶ Indy Star (2020). Indiana Youth Group's Project Prism to provide housing, support to homeless LGBTQ+ youth.
- ⁹⁷ National Center for Transgender Equality. (2016). Executive Summary of the 2015 U.S. Transgender Survey.
- ⁹⁸ Voices of Youth Count (2018). Missed Opportunities: LGBTQ Youth Homelessness in America.
- ⁹⁹ Indiana Department of Education. Indiana Education for Homeless Children & Youth (INEHCY).
- ¹⁰⁰ Indiana Department of Education (2020). Data request.
- ¹⁰¹ Ibid.
- ¹⁰² Ibid.



Sources continued

- ¹⁰³ Thomas Reuters Foundation News (2020). 'Schools are survival': U.S. coronavirus closures put homeless students at risk.
- ¹⁰⁴ National Public Radio (2020). Homeless Families Struggle With Impossible Choices As School Closures Continue.
- ¹⁰⁵ The Hope Center (2020). #RealCollege During the Pandemic.
- ¹⁰⁶ Nation At Hope (n.d.). A Practice Agenda in Support of How Learning Happens.
- ¹⁰⁷ CASEL (n.d.). SEL is...
- ¹⁰⁸ Indiana Department of Education (n.d.). Social, Emotional, and Behavioral Wellness.
- ¹⁰⁹ Centers for Disease Control and Prevention (2017). Child Abuse and Neglect Prevention.
- ¹¹⁰ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ¹¹¹ Singh, et al. (2020). Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry Research*.
- ¹¹² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Adverse childhood experiences.
- ¹¹³ Bank Street Occasional Paper Series (2020). Possibilities and Problems in Trauma-Based and Social Emotional Possibilities and Problems in Trauma-Based and Social Emotional Learning Programs.
- ¹¹⁴ National Center for Education Statistics (n.d.). Why Does Attendance Matter?
- ¹¹⁵ Brookings Institution (2017). Chronic absenteeism: An old problem in search of new answers.
- ¹¹⁶ Indiana Department of Education (n.d.). Student attendance.
- ¹¹⁷ Education Week (2020). 5 Things You Need to Know About Student Absences During COVID-19.
- ¹¹⁸ Gallup (2018). School Engagement Is More Than Just Talk.
- ¹¹⁹ American Journal of Community Psychology (2018). The Long-term Impact of Natural Mentoring Relationships: A Counterfactual Analysis.
- ¹²⁰ Center for Promise (2018). Disciplined and Disconnected: The Experience of Exclusionary Discipline in Minnesota and The Promise of Non-Exclusionary Alternatives.
- ¹²¹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: School Engagement.
- ¹²² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Sports Participation.
- ¹²³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Club Participation.
- ¹²⁴ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Organized activities participation.
- ¹²⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Community service.
- ¹²⁶ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Parental engagement.
- ¹²⁷ Youth.gov (n.d.). Benefits for Youth, Families, and Communities.
- ¹²⁸ Afterschool Alliance (n.d.) From a Time of Risk to a Time of Opportunity.
- ¹²⁹ Ibid.
- ¹³⁰ Indiana Afterschool Network (2020). Data Request.
- ¹³¹ Ibid.
- ¹³² Ibid.
- ¹³³ Ibid.
- ¹³⁴ Ibid.
- ¹³⁵ Youth.gov (n.d.). Benefits for Youth, Families, and Communities.
- ¹³⁶ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Time spent in front of the TV, computer, or cellphone.
- ¹³⁷ Afterschool Alliance (2020). Preparing for Back to School and Navigating Summer in the Time of COVID-19
- ¹³⁸ Indiana Department of Education (2020). Data request.
- ¹³⁹ Brookings Institution (2017). The importance of a diverse teaching force.
- ¹⁴⁰ Institute of Education Sciences (2019). Increasing Diversity in the Teacher Workforce: The Importance and Potential Impact of Authentic Change.
- ¹⁴¹ Brookings Institution (2017). The importance of a diverse teaching force.
- ¹⁴² Regional Educational Laboratory Northwest (2018). Human Resources Practices for Recruiting, Selecting, and Retaining Teachers of Color.
- ¹⁴³ U.S. Department of Education (2016). The State Of Racial Diversity In The Educator Workforce.
- ¹⁴⁴ Ibid.
- ¹⁴⁵ Learning Policy Institute (2018). Diversifying the Teaching Profession: How to Recruit and Retain Teachers of Color.
- ¹⁴⁶ U.S. Department of Education (2020). Funds for State Formula-Allocated and Selected Student Aid Programs: Indiana.
- ¹⁴⁷ Learning Policy Institute (2018). Diversifying the Teaching Profession: How to Recruit and Retain Teachers of Color.
- ¹⁴⁸ Economic Policy Institute (2019). U.S. schools struggle to hire and retain teachers.
- ¹⁴⁹ Brookings Institution (2019). Reviewing the evidence on teacher attrition and retention.
- ¹⁵⁰ American School Counselor Association (n.d.). The Role of the School Counselor.
- ¹⁵¹ Indiana Department of Education (2017). School Counseling and Guidance.
- ¹⁵² Indiana Department of Education (2020). Data Request.
- ¹⁵³ Learn More Indiana (2020). Indiana College and Career Readiness Survey.
- ¹⁵⁴ Ibid.
- ¹⁵⁵ Ibid.
- ¹⁵⁶ Ibid.
- ¹⁵⁷ Indian Department of Education (2018). ILEARN Assessment Information for Families.
- ¹⁵⁸ Indiana Department of Education (2018). The Development of Indiana's ILEARN Assessment.
- ¹⁵⁹ Indy Star (2019). ILEARN scores are back and fewer than half of Indiana's students passed. Here's what's next.
- ¹⁶⁰ Indiana Department of Education (2019). ILEARN for Families.
- ¹⁶¹ Indiana Department of Education (n.d.). INView: Student Achievement.
- ¹⁶² Indiana Department of Education (2020). Data request.
- ¹⁶³ Indiana General Assembly (2019). HOUSE ENROLLED ACT No. 1001.
- ¹⁶⁴ Indiana Department of Education (2019). Public School Digest.
- ¹⁶⁵ Collaborative for Student Growth (2020). Learning during COVID-19: Initial Findings On Students' Reading and Math Achievement And Growth.
- ¹⁶⁶ Ibid.
- ¹⁶⁷ Indiana Department of Education (2018). High School Assessment.
- ¹⁶⁸ Indiana Department of Education (2019). Find School and Corporation Data Reports.
- ¹⁶⁹ Indiana Department of Education (2019). I AM.
- ¹⁷⁰ Indiana Department of Education (2018). Data Request.
- ¹⁷¹ Child Trends (2015). High School Dropout Rates.
- ¹⁷² Indiana Department of Education (2019). Indiana's Diploma Requirements.
- ¹⁷³ Indiana Department of Education (2020). Data Request.
- ¹⁷⁴ Ibid.
- ¹⁷⁵ Indiana Department of Education (2019). Indiana's Diploma Requirements.
- ¹⁷⁶ Indiana Department of Education (2020). Data Request.
- ¹⁷⁷ Indiana Commission for Higher Education (2020). Indiana College Readiness Report 2020.
- ¹⁷⁸ Indiana Commission for Higher Education (2020). Indiana College Value Report 2020.
- ¹⁷⁹ Indiana Department of Education (n.d.). Graduation Pathways.
- ¹⁸⁰ Lee-St. John, et. al. (2018). The Long-Term Impact of Systemic Student Support in Elementary School: Reducing High School Dropout. American Educational Research Association.
- ¹⁸¹ Child Trends Databank. (2018). High school dropout rates.
- ¹⁸² Indiana Department of Education (2020). Data Request.
- ¹⁸³ Ibid.
- ¹⁸⁴ Georgetown University Center of Education and the Workforce (2016). America's Divided Recovery: College Haves and Have-Nots.
- ¹⁸⁵ MDRC (2014). Beyond The Ged: Promising Models for Moving High School Dropouts to College.
- ¹⁸⁶ CLASP (2018). Ability to Benefit: Developing a State-defined Process.
- ¹⁸⁷ National College Transition Network (n.d.). Ability to Benefit: Dual Enrollment.
- ¹⁸⁸ Indiana Department of Education (2017). Every Student Succeeds Act (ESSA).
- ¹⁸⁹ Indiana Department of Education (2019). Federal grade Summary and Results.
- ¹⁹⁰ Ibid.
- ¹⁹¹ Indiana Department of Education (2019). Consolidated State Plan Under the Every Student Succeeds Act.
- ¹⁹² Chalkbeat (2018). Indiana schools getting 2 state grades? Too confusing for parents and educators, experts say.
- ¹⁹³ Indy Star (2020). Indiana released school grades Wednesday, but they don't mean much. Here's why.
- ¹⁹⁴ Indiana Department of Education (2020). School and Corporation Data Reports.
- ¹⁹⁵ U.S. Census Bureau (2018). List of Rural Counties And Designated Eligible Census Tracts in Metropolitan Counties: Indiana.
- ¹⁹⁶ Indiana Department of Education (2019). Consolidated State Plan Under the Every Student Succeeds Act.
- ¹⁹⁷ Alliance for Excellent Education (2016). Ensuring Equity in ESSA: The Role of N-Size in Subgroup Accountability.
- ¹⁹⁸ National Center for Education Statistics (2017). Best Practices for Determining Subgroup Size in Accountability Systems While Protecting Personally Identifiable Student Information.
- ¹⁹⁹ Centers for Disease Control (n.d.). School Connectedness.
- ²⁰⁰ Indiana Department of Education (2020). Data Request.
- ²⁰¹ Ibid.
- ²⁰² Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²⁰³ Centers for Disease Control and Prevention (2015). Youth Risk Behavior Surveillance – United States, 2015.
- ²⁰⁴ Indiana Department of Correction (2019). Number of Juvenile Admissions by County and Offense Category. Data Request.
- ²⁰⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Safe School.
- ²⁰⁶ National Center on Safe Supportive Learning Environments (2018). Emotional Safety.
- ²⁰⁷ Child Trends (2016). Bullying.
- ²⁰⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: During the past 12 months, how often was this child bullied, picked on, or excluded by other children, age 6-17 years?
- ²⁰⁹ Ibid.
- ²¹⁰ Ibid.



Sources continued

- ²¹¹ Data Resource Center for Child & Adolescent Health (2020). 2016–2017 National Survey of Children's Health: How true is the following statement about this child: child is bullied, picked on, or excluded by other children, age 6–17 years?
- ²¹² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: During the past 12 months, how often was this child bullied, picked on, or excluded by other children, age 6–17 years?
- ²¹³ StopBullying.gov (2019). What is Cyberbullying.
- ²¹⁴ Indiana State Department of Health (2015). Youth Risk Behavior Survey.
- ²¹⁵ Cyberbullying (2019). 2019 Cyberbullying Data.
- ²¹⁶ Harvard University, Center for Education Policy Research (n.d.). SDP Summer Melt Handbook: A Guide to Investigating and Responding to Summer Melt.
- ²¹⁷ Indiana Commission for Higher Education (2019). About the Data.
- ²¹⁸ Learn More Indiana (2020). Indiana College and Career Readiness Survey.
- ²¹⁹ National Center for Education Statistics (n.d.). College Navigator.
- ²²⁰ Indiana Department of Education (2017). Optional High School Assessments.
- ²²¹ Indiana Commission for Higher Education (2020). Indiana College Readiness Report 2020.
- ²²² Indiana Commission for Higher Education (2020). Indiana Certificates Report 2020.
- ²²³ College Board (n.d.). SAT Scores.
- ²²⁴ College Board (2020). SAT Suite of Assessment Annual Report: Indiana.
- ²²⁵ College Board (2020). SAT Suite of Assessments State Reports.
- ²²⁶ ACT (n.d.). Help and FAQ's.
- ²²⁷ ACT (2019). ACT Profile Report- State, Graduating Class 2018: Indiana.
- ²²⁸ Indiana Commission on Higher Education (2020). Indiana College Readiness Report 2020.
- ²²⁹ Ibid.
- ²³⁰ The Atlantic (2017). The Rural Higher-Education Crisis.
- ²³¹ Learn More Indiana (2020). Indiana College and Career Readiness Survey.
- ²³² 21st Century Scholars Indiana (n.d.). The Scholarship.
- ²³³ Indiana Commission for Higher Education (2020). Indiana College Readiness Report 2020.
- ²³⁴ Ibid.
- ²³⁵ Indiana Commission for Higher Education (2020). Data Request.
- ²³⁶ Indiana Commission for Higher Education (2020). Indiana College Readiness Report 2020.
- ²³⁷ Indiana Commission for Higher Education (2020). Indiana College Value Report 2020.
- ²³⁸ Ibid.
- ²³⁹ Ibid.
- ²⁴⁰ Ibid.
- ²⁴¹ Economic Policy Institute (2018). Class of 2018.
- ²⁴² Indiana Commission for Higher Education (2019). 2019 State Financial Aid Report.
- ²⁴³ Gallup (2018). Indiana Commission for Higher Education Institutions Alumni: Great Jobs and Great Lives.
- ²⁴⁴ Savings For College (2018). What is a 529 Plan?
- ²⁴⁵ Indiana Education Savings Authority (2019). Data Request.
- ²⁴⁶ Indiana Commission for Higher Education (n.d.). State Financial Aid-General Information.
- ²⁴⁷ Indiana Commission for Higher Education (2019). 2019 State Financial Aid Report.
- ²⁴⁸ Federal Student Aid, An Office of the U.S. Department of Education (n.d.). Federal Pell Grants.
- ²⁴⁹ Indiana Commission for Higher Education (2020). 2019 State Financial Aid Report.
- ²⁵⁰ U.S. Department of Education (2019). Federal Pell Grant Program 2017–2018 End of Year Report.
- ²⁵¹ Indiana Commission for Higher Education (n.d.). State Financial Aid-General Information.
- ²⁵² Indiana Commission for Higher Education (2016). 2016 State Financial Aid Report.
- ²⁵³ Indiana Commission for Higher Education (2020). 2019 State Financial Aid Report.
- ²⁵⁴ Indiana Commission for Higher Education (2020). Indiana College Value Report 2020.
- ²⁵⁵ The Hope Center (2020). #REALCOLLEGE During the Pandemic: New Evidence on Basic Needs Insecurity and Student Well-Being.
- ²⁵⁶ Form Your Future (2020). FAFSA Tracker: Indiana.
- ²⁵⁷ Higher Education (n.d.). Beyond the Rhetoric: Improving College Readiness through Coherent State Policy.
- ²⁵⁸ Indiana Commission on Higher Education (2020). College Readiness Report 2020.
- ²⁵⁹ Brookings Institution (2018). Improving community college completion rates by addressing structural and motivational barriers.
- ²⁶⁰ Jobs For the Future (2018). Supporting Students Along Their Pathway: Policy Approaches for Addressing Economic Insecurities Facing Community College Students.
- ²⁶¹ ACT (2016). The Condition of College & Career Readiness 2015: First-Generation Students.
- ²⁶² National center for Education Statistics (2017). First-Generation and Continuing-Generation College Students: A Comparison of High School and Postsecondary Experiences.
- ²⁶³ Indiana Commission for Higher Education (2020). 2020 Indiana College Completion Report.
- ²⁶⁴ Ibid.
- ²⁶⁵ Indiana Department of Workforce Development (n.d.). Employability Skills.
- ²⁶⁶ Indiana Chamber of Commerce (2020). 2020 Indiana Chamber Employer Workforce Survey Results.
- ²⁶⁷ Ibid.
- ²⁶⁸ Ibid.
- ²⁶⁹ Indiana Department of Education (2017). Career and Technical Education.
- ²⁷⁰ Governor's Workforce Cabinet (2020). Data Request.
- ²⁷¹ Center for American Progress (2019). Advancing Racial Equity in Career and Technical Education Enrollment.
- ²⁷² Advance CTE (2018). Making Good on the Promise: Understanding the Equity Challenge in CTE.
- ²⁷³ Brookings Institution (2017). What we know about Career and Technical Education in high school.
- ²⁷⁴ IN Context, Indiana Business Research Center (2017). Career and technical education: Outcomes on employment, wages and industry.
- ²⁷⁵ Governor's Workforce Cabinet (2017). 2016 Indiana Career Readiness Report.
- ²⁷⁶ Indiana Office of Work Based Learning and Apprenticeship, Indiana Department of Education, and Indiana Department of Workforce Development (2019). Indiana K-12 Work-Based Learning Manual.
- ²⁷⁷ Governor's Workforce Cabinet (2020). Data Request.
- ²⁷⁸ Indiana Chamber of Commerce (2020). 2020 Indiana Chamber Employer Workforce Survey Results.
- ²⁷⁹ Indiana INTERNnet (n.d.). EARN INDIANA FAQ.
- ²⁸⁰ Indiana Chamber of Commerce (2020). Data Request.
- ²⁸¹ Indiana Department of Workforce Development (2016). Jobs for America's Graduates.
- ²⁸² State of Indiana (2018). 2018 State of the State Address.
- ²⁸³ Indiana Department of Workforce Development (2020). Data Request.
- ²⁸⁴ U.S. Department of Labor (n.d.). What is a Registered Apprenticeship?
- ²⁸⁵ Governor's Workforce Cabinet (2020). Indiana's Strategic Workforce Plan 2020 – 2024.
- ²⁸⁶ U.S. Department of Labor (2018). Registered Apprenticeship National Results.
- ²⁸⁷ Indiana Public Radio (2020). Indiana Hits Milestone with Its 100th State Earn and Learn Program.



Health



Health and wellness are foundational for positive child well-being. Poor health during childhood and adolescence affects other aspects of a child's life, such as school readiness, attendance, and success, and impacts Hoosiers' future health status and outcomes. Poverty, unstable housing, insufficient access to consistent and nutritious food, and other related social determinants of health influence adverse health outcomes in childhood and across the life course, negatively shaping physical health, socio-emotional development, and educational achievement. Substance abuse, lack of preventive care, and inadequate health insurance and access are also key contributors to negative health outcomes for Hoosier children. A child born healthy supports positive life outcomes.

Indiana's Key Health Data Indicators

| Indiana's National Health Ranking | | 35 th | N/A* |
|--|------------------|------------------|------|
| | PERCENT | RANKING | |
| Babies Born with Low Birthweight | 8.2% 2018 | 23 rd | ↑ |
| Overweight or Obese Children, Ages 10-17 | 37.0% 2018-19 | 47 th | ↓ |
| Children Without Health Insurance | 7.1% 2019 | 41 st | ↓ |
| Child and Teen Death Rate per 100,000 | 32 2018 | 38 th | ↓ |

For each indicator above, higher rankings (1st) represent better outcomes for youth.

Note: Arrows show changes in rankings from the past year.

* Due to changes in Health indicators, overall Health rank cannot be compared to previous years.

Health Spotlight

Children's Access to Immunizations and Preventive Care

The Importance of Children's Vaccines and Preventive Care

Childhood vaccinations and preventive care often detect and prevent conditions and diseases in their earlier, more treatable stages, significantly reducing the risk of potential illness, disability, early death, and expensive medical care.¹ Preventive care shifts the focus away from treating illness to maintaining wellness and good health. It occurs before a child feels sick or notices any symptoms and is designed to prevent chronic illness or delay the onset of a disease. This type of care includes a variety of healthcare services, such as a physical examination, screenings, laboratory tests, counseling and immunizations. Since most health plans must cover a set of preventive health services for children at no cost to the parents, children covered by any type of health insurance plan have better access to preventive care and receive regular, consistent medical care;² thus, they are more likely than uninsured children to have better short- and long-term health outcomes.² For the full list of preventive services for children and youth, please see [here](#).

Vaccines are important for children's health and overall well-being because it helps produce immunity to a specific disease, protecting the person from that disease, without the need of contracting the illness or experiencing symptoms. Vaccines prevent serious diseases that cause long-term illnesses, hospitalization, and even death.³ Children who are not protected by vaccines may contract the following avoidable diseases:

- Mumps;
- Measles;
- Whooping cough;
- Hepatitis A and Hepatitis B;
- Polio;
- Influenza; and
- Other preventable diseases.⁴

For more information on the Centers for Disease Control and Prevention's (CDC) recommended vaccine by age, please see [here](#).

Providing Hoosier Children with Vaccines and Preventive Care

Before entering kindergarten, Indiana requires children to receive a series of vaccinations. The childhood vaccination series recommended by the CDC is often called 4:3:1:3:3:1:4, referring to the recommended number of doses a child receives of each vaccination.⁵

- In 2019, 70% of Indiana infants 19–35 months old have received the full 4:3:1:3:3:1:4 vaccination series, which increased 3% relative to the 2018 rate of 67%. There is a 14-percentage point increase from 2015 (56%).⁶
- Of Indiana's enrolled kindergarteners, 91.2% have received the measles, mumps, and rubella (MMR) vaccination, 94.4% received DTaP, and 93.5% have received two doses of the Varicella vaccination.⁷
- 1.3% of kindergarteners (about 82,000) had an exemption for one or more vaccines – 0.3% were medical exemptions and 1.0% were other types of exemptions, such as religious exemptions.⁸
- In 2018, 60.8% of children ages 12 to 17 had one or more preventive medical visits; 39.2% had no preventive medical visits.
- Healthcare coverage directly correlates with the percentage of adolescents accessing preventive care. Those who have health insurance are twice as likely to access preventive care when compared to those who are uninsured, most likely due to affordability and knowledge.
 - 51.2% of adolescents with public health insurance had 1 or more preventive care visits in 2018.
 - 74.2% of adolescents with private health insurance had 1 or more preventive care visits. (Note: Data represent a one-year estimate from the National Survey of Children's Health, thus the sample size of the data set may be low.)⁹

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

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|-----|-------------------|-----|
| Spencer | 85% | Daviess | 49% |
| Pike | 84% | Martin | 52% |
| Monroe | 83% | LaGrange | 55% |
| Owen | 83% | Wells | 56% |
| Greene | 83% | Lake | 58% |

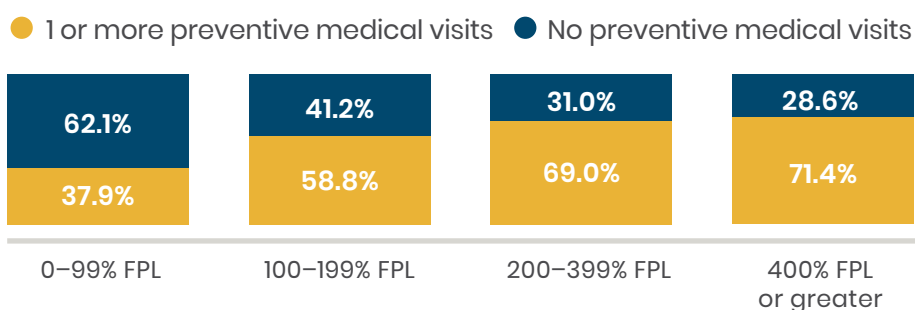
Source: Indiana Department of Health





Disparities in preventive visits emerge when disaggregating the data by family income level. Preventive care access directly correlates with income level with those families with greater income accessing preventive care at a higher rate than families of less income. In particular, those family who are in extreme poverty (0–99% of the Federal Poverty Level) have the lowest rate of preventive care, though these are children and families eligible for Traditional Medicaid coverage.¹⁰

Percentage of Adolescents Ages 12 to 17 with a Preventive Medical Visit by Household Income, Indiana: 2018



Source: National Survey of Children's Health

Note: Data represent a one year estimate from the National Survey of Children's Health, thus the sample size of the data set may be low.



The CDC has noticed a decrease in children receiving the recommended vaccines during the pandemic. The decline began the week after the national emergency declaration. The decrease was particularly prominent for children older than 2-years-old. The CDC did not indicate if this trend would continue throughout the course of the pandemic or if rates would resume pre-pandemic levels. This trend could lead to a decrease in the number of older Hoosier children who are inoculated against preventable diseases in the next few years. Though no data were reported about rates of preventive services during the pandemic, it is likely that wellness visits and check-up rates have similarly fallen during the pandemic.¹¹

If children are not visiting the doctor for vaccinations, they could also miss on preventive screenings for such issues as mental health problems or developmental delays and warning signs for autism, lead poisoning, child abuse or neglect, or malnutrition.¹²

Potential reasons for the decrease in vaccination rates during the pandemic include access issues, fear of being exposed to COVID-19, and distrust of vaccines. Lower vaccination rates during the pandemic could create a second healthcare crisis, specifically for lower-income children. The identified declines in routine pediatric vaccine ordering and doses administered indicate that U.S. children and their communities will face increased risks for outbreaks of vaccine-preventable diseases. The CDC indicates that susceptibility to and contracting of measles may become more prevalent.¹³

Based on a survey conducted by the COVID Collaborative, a majority of Black (86%) and Hispanic Americans (64%) mistrust the safety of a COVID-19 vaccine. 18% of Black Americans and 40% of Hispanic Americans trust the effectiveness of a COVID-19 vaccine. With regards to culturally specific testing and safety, 28% of Black Americans and 47% of Hispanic Americans are confident that a vaccine will be tested specifically for safety in their racial/ethnic group.¹⁴ Similarly, just half of the Black Americans surveyed by the Kaiser Family Foundation and The Undeclared said they would be interested in taking a vaccine, even if it were determined to be safe and provided at no cost. By comparison, 2 in 3 White people said they would definitely or probably get vaccinated, as did 6 in 10 Hispanics. The vast majority of Black Americans who said they would not take a coronavirus vaccine did not think that it would be properly tested, distributed fairly, or developed with the needs of Black people in mind.¹⁵

Barriers to Obtaining Vaccines and Preventive Care

One subgroup of Hispanic communities that may face additional barriers to accessing healthcare and vaccines due to immigration status is undocumented immigrants. Undocumented immigrants lack access to healthcare because many are uninsured, reflecting limited access to employer-sponsored insurance and eligibility restrictions that bar them from participating in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Affordable Care Act (ACA) Marketplaces. Undocumented immigrants can obtain low-cost care through community health centers, but this care is often limited. Lack of coverage for families could increase barriers to care and financial instability, negatively affecting the growth and healthy development of their children.¹⁶

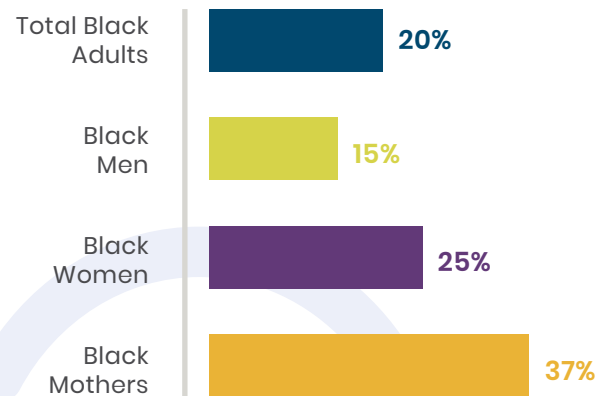


For many in the Black community, America's history of medical trauma based on race and ethnicity and has created more distrust of medical scientists, treatments, and vaccinations than other groups.¹⁷ In a 2016 Pew Research Center survey, over half of Black adults (56%) said they saw high preventive benefits from the measles, mumps, and rubella (MMR) vaccine for children nationally; for comparison, about 79% of White adults indicated a benefit. Conversely, 44% of Black adults said there were medium or high risks of side effects from the childhood MMR vaccine, compared with 33% of Hispanic and 30% of White respondents.¹⁸ Black mothers report the greatest amount of mistreatment due to their race. Black people reported higher rates of being disbelieved and of being denied tests, treatments, or the pain medication they thought they needed.¹⁹

For other historically marginalized subgroups, resource deficits in health coverage and availability of primary care physicians impede parents' access to preventive care for their children, especially in some of Indiana's rural counties.

- Most insurance plans — including employer-based, market exchange, Medicaid, and CHIP — cover the costs of preventive care and vaccinations for children. For those children who are uninsured, costs may be prohibitive. Ensuring every child in Indiana has some form of health insurance is a key contributor to increasing vaccination and preventive care rates.
- Access is the second critical barrier that may impede the rates of vaccinations and preventive care. The overall ratio of population to primary care physicians in Indiana is 1,510 Hoosiers to every 1 primary care physician, with the rural counties having higher ratios than the urban and suburban counties. Ripley, Pike, Union, Ohio, and Newton Counties have only 1 primary care physician for their entire population.²⁰

Percentage Who Say in the Last 12 Months They Were Treated Unfairly While Getting Healthcare Because of Their Race/Ethnic, United States: 2020



Source: Kaiser Family Foundation and The Undefeated

Ratio of Population to Primary Care Physician by County, Indiana: 2017

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|----------|--------------------|---------|
| Ripley | 28,440:1 | Boone | 480:1 |
| Newton | 14,130:1 | Warrick | 630:1 |
| Pike | 12,370:1 | Hamilton | 700:1 |
| Owen | 10,420:1 | Delaware | 1,000:1 |
| Union | 7,200:1 | Vigo | 1,100:1 |
| Carroll | 6,680:1 | St. Joseph | 1,100:1 |
| Ohio | 5,830:1 | Vanderburgh | 1,180:1 |
| Fountain | 5,500:1 | Dubois | 1,180:1 |
| Clinton | 5,390:1 | Hancock | 1,190:1 |
| Miami | 5,120:1 | Franklin | 1,190:1 |

Source: County Health Rankings

Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) individuals often face challenges and barriers to accessing needed health services and, as a result, can experience worse health outcomes. These challenges can include stigma, discrimination, violence, and rejection by families and communities.²¹ LGBTQ youth may find it difficult to share their sexual identities with their physicians and nurses due to fear of judgment discrimination, and stigmatization.²² Transgender youth, in particular, face more barriers to accessing healthcare services than their cisgender peers. These barriers include experiencing physical/verbal abuse by other clients and staff; requirements to wear clothing based on their sex rather than their identified gender; and requirements to shower/sleep in areas based on their sex rather than their identified gender. Providers with culturally and linguistically competent practices can improve the quality of care for transgender youth and address these barriers.²³

LEVERAGING THE DATA:

Locally:

- **Increase the diversity of voices communicating the positive benefits of vaccinations and preventive care:** Because of the historical context, changing communication and information about these two issues is crucial. The voices and messengers around the importance of vaccinations and preventive care need to diversify and include representation from the underserved communities.



- **Shift to proactive targeting efforts:** Rather than targeting efforts towards families with lapsed child vaccines, local health departments can implement targeted provider education to confirm kids are vaccinated before they fall within 19 to 35 months of age. Reducing the number of missed opportunities and vaccinating at the 15-month appointment could significantly improve vaccination rates. During this time, in particular, local public health departments and providers can conduct reminder and recall activities regarding preventive care and vaccinations, which will prompt the parents and guardians of those children missing immunizations to contact their medical providers.

Statewide:

- **Ensure every child has health insurance:** Healthcare coverage for every Hoosier child is critical to increasing Indiana's vaccination and preventive care rate via a private or public plan. Since there are different income eligibility cutoffs for Medicaid, CHIP, and other forms of social services, families may be unaware for which benefits they and their children qualify. State and community stakeholders in social services, health, and education should expand collaborations to generate greater awareness around these different benefits and not wait to receive applications.
- **Expand State Plan's Performance Measures:** Including immunizations as part of our State's Performance Measures is critical to promoting preventive care for children and youth. Indiana is currently 1 of 5 states that does not include immunizations as a metric in its Performance Measures. By including State Medicaid or CHIP improvement projects, performance measures, or incentives for child and adolescent immunizations, including HPV vaccination and DTap immunization as part of its performance metrics, Indiana can promote the following resources for children's preventive care services:
 - Managed care performance improvement projects and measures;
 - Metrics or incentives used by statewide Medicaid system transformation initiatives; and
 - Financial incentives.²⁴
- **Communicate the need for vaccinations during COVID:** As part of the State's response to the pandemic, Indiana's public health officials and local healthcare providers can coordinate communications and efforts with Hoosier families regarding the need for children's vaccinations during this time and the safety precautions in place to ensure the health of Hoosiers. To build trust in Hoosier communities of color, in particular, transparency and comprehensive information about how vaccines work and are developed may increase willingness to take vaccines, in particular the COVID-19 vaccine.²⁵
- **Increase data for subgroups:** There is a deficit of data for certain youth populations (undocumented, transgender, and racial/ethnic minorities) at both the state and national level, which complicates analysis of sufficient access to preventive care and vaccines for all. Consistent and broader options for racial/ethnic identifications will expand data collection for more subgroups, such as American Indian, Asians and Pacific Islanders, and Two or more races. As well, through self-reported data via surveys, State and national agencies can collect more data on the LGBTQ community to determine the challenges it may face, as well as areas of success in ensuring all youth have access to the same levels of care.

Nationally:

- **Reconcile past discriminatory health practices with present day uncertainty:** Efforts to promote vaccine uptake in specific communities should directly confront and address the historical traumas that have created high levels of distrust in the government and healthcare system. The negative correlation between Black Americans and vaccinations suggests that education efforts could work to acknowledge the harm that historical vaccination efforts have caused (notably, the Tuskegee Syphilis Study), while making pointed connections between core values within the Black community and the benefits of vaccination.²⁶ Efforts could aim to highlight how vaccination can save lives and strengthen communities. Through increased community voice and a systemic reconciling with historical and current discriminatory practices, the gaps in which children obtain vaccinations and preventive care can shrink.

Prenatal and Infant Health

Infant health is greatly affected by parental health. Good health pre-pregnancy, early prenatal care, and a positive environment postpartum contribute to a strong start for children.²⁷

- In 2019, there were 80,851 live births in Indiana:
 - 51.3% were male;
 - 48.7% were female;
 - 0.01% were American Indian;
 - 3.0% were Asian;
 - 13.2% were Black;
 - 10.4% were Hispanic; and
 - 70.3% were White.²⁸
- The counties with the highest number of births include Marion (14,045), Lake (5,684), Allen (5,299), Hamilton (3,682), St. Joseph (3,437), Elkhart (3,029), Vanderburgh (2,173), Tippecanoe (2,066), Johnson (1,852), Hendricks (1,657), and Porter (1,642).²⁹

Birth Outcomes

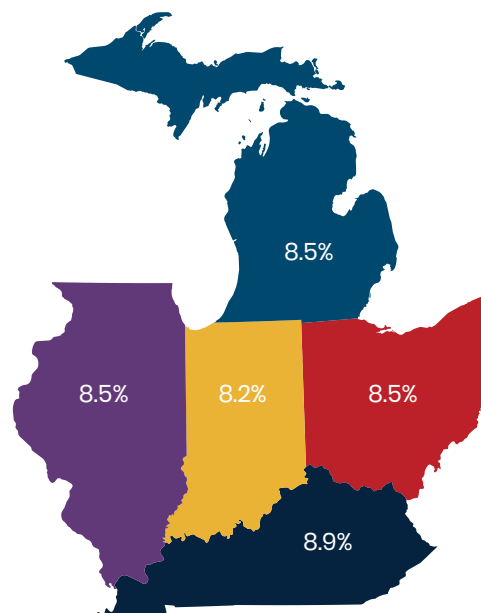
Of the more than 80,000 babies born in Indiana each year, most are born safe and healthy. Some babies are born prematurely (earlier than 37 weeks), have a birth defect, or die within their first year. Factors known to affect birth outcomes include the parents' age, genetics, medical history, and socioeconomic status.³⁰ Parents' access to healthcare and consistent wellness check-ups are critical to ensuring both maternal and infant health. Maternal smoking and substance abuse and exposure to second-hand smoke increase the risk of low birthweight and preterm birth. Maternal exposure to air pollution (carbon monoxide, particulate matter, nitrogen dioxide) and lead exposure can also result in both low birthweight and preterm birth.³¹

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 pounds, or 2,500 grams, is considered low birthweight; an average newborn usually weighs about 8 pounds. A low birthweight baby may be healthy even though s/he is small, but a low birthweight baby can also have many serious health problems. Many babies with a low birthweight are also premature, as much of a baby's weight is gained during the last weeks of pregnancy. When compared to infants of average weight, low birthweight babies face higher risks for various health related problems, including learning disabilities and delayed motor and social developments. Seeking early and regular prenatal care can reduce the risk of having a low birthweight infant for expectant mothers. Visits to a provider can help identify conditions that may result in low birthweight infants.³²

- In 2019, 6,618 Hoosier infants were born with low birthweight (8.2% of all live births).³³ This is slightly lower than the 2018 U.S. average for low birthweight babies of 8.3%.³⁴
- Indiana saw a slight improvement in its percentage of low birthweight babies from 2017 at 8.3% to 2019 at 8.2%.³⁵

Percentage of Low Birthweight Babies, Indiana and Neighboring States: 2018



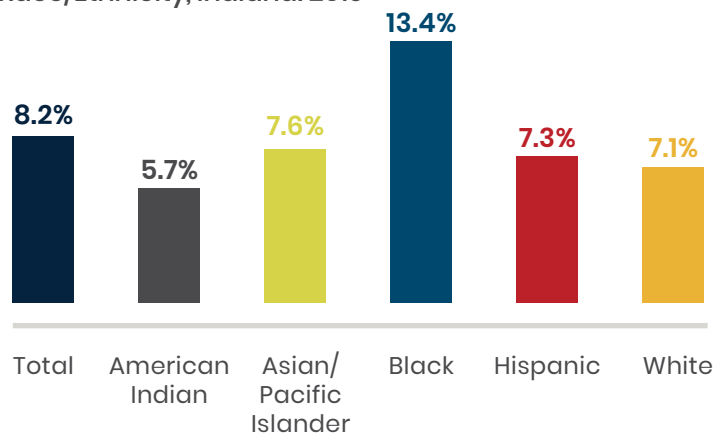
Source: Annie E. Casey Foundation

Percentage of Low Birthweight Babies by County, Indiana: 2019

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|-------|-------------------|------|
| Ohio | 14.0% | Newton | 3.5% |
| Perry | 13.3% | Warren | 4.0% |
| Crawford | 13.0% | LaGrange | 4.3% |
| Sullivan | 12.0% | Pulaski | 4.5% |
| Vermillion | 11.4% | Hancock | 4.7% |

Source: Indiana Department of Health

Percentage of Babies Born with Low Birthweights by Race/Ethnicity, Indiana: 2019



Source: Indiana Department of Health





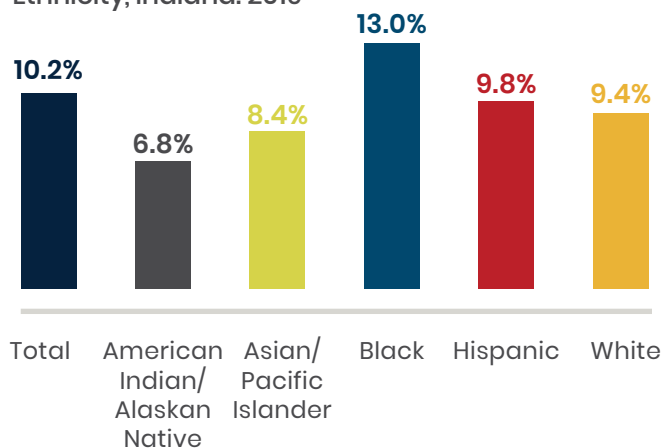
- Indiana has the lowest percentage of low birthweight babies when compared to neighboring states: Michigan, Ohio, and Illinois had 8.5% of babies with low birthweights and Kentucky had 8.9%.³⁶

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 child is more likely to have developmental disabilities, neurological disorders, and other chronic health conditions requiring increased levels of long-term medical care, parental care, and special education services.³⁷

- In 2019, 8,205 Hoosier babies were born prematurely (about 1 in 10 live births).³⁸ This rate is equivalent to the 2018 national rate (10.0%).³⁹
- About two-thirds (67.8%) of babies born prematurely were also born with low birthweight.
- 13.0% of Black babies were born prematurely. Black babies also comprised 17.0% of the total premature babies.⁴⁰

Percentage of Babies Born Prematurely by Race/Ethnicity, Indiana: 2019



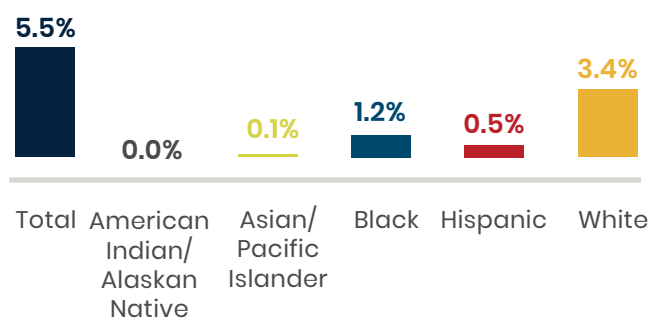
Source: Indiana Department of Health

Percentage of Babies Born Prematurely by County, Indiana: 2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|------|
| Ohio | 22.0% | LaGrange | 6.4% |
| Crawford | 17.9% | Switzerland | 6.4% |
| Perry | 15.6% | Ripley | 6.5% |
| Posey | 14.4% | Noble | 6.6% |
| Franklin | 14.3% | Newton | 7.0% |
| Vigo | 13.7% | Shelby | 7.5% |
| Vermillion | 13.6% | Daviess | 7.5% |
| Pike | 13.5% | Lawrence | 7.5% |
| Wayne | 13.5% | Hancock | 7.5% |
| Jackson | 13.4% | Martin | 7.6% |

Source: Indiana Department of Health

Percentage of Babies Born Prematurely and with Low Birthweights by Race/Ethnicity, Indiana: 2019



Source: Indiana Department of Health

Birth Defects

As defined by the National Institute of Health, the two main categories of birth defect 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 related 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, exposure to medications, chemicals, or other agents during pregnancy, infections, genetic problems and chromosomal problems can cause the onset of specific conditions.⁴¹

- In the United States, a baby is born with a birth defect every 4½ minutes – about 120,000 babies each year.
- Birth defects are the second leading cause of death in Indiana for age groups 1-4 and 5-9.⁴²
- The Indiana Department of Health's Annual Legislative Report in 2018 stated that of the 6,739 structural birth defects between 2015 and 2017:
 - 3,727 were cardiovascular,
 - 949 were genitourinary, and
 - 784 were musculoskeletal.



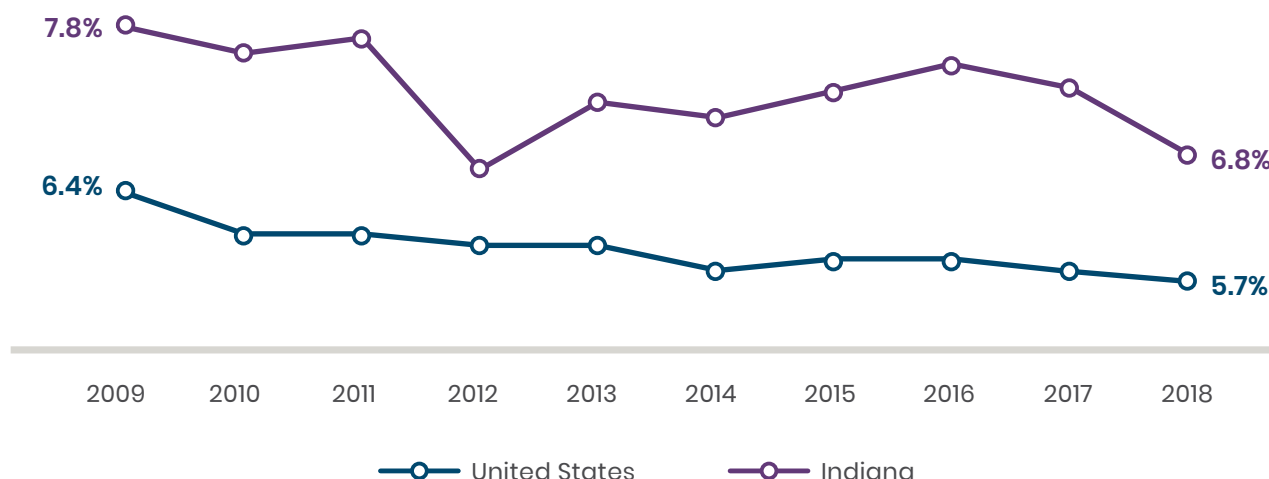
- Between 2015 and 2017, 61 babies were born in Indiana with Fetal Alcohol Spectrum Disorder, and 47 were born with Pervasive Developmental Disorders.
- Cardiovascular, genitourinary, and musculoskeletal defects are the most common structural birth defects across the U.S., as well as in Indiana.⁴³

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 and formative for future health. Infant mortality is defined as the death of a baby before his or her first birthday. Infant mortality is closely associated with premature birth and low birthweight. Preterm birth is the most frequent cause of infant mortality, accounting for over one-third of infant deaths nationally.

Indiana's infant mortality rate – the number of babies who dies in the first year of life per 1,000 live births – was 6.5 for 2019. The State's goal for its infant mortality rate has been 6.0 since 2014. This was the first time since 2014 that Indiana's rate was below 7.0, and the lowest it has been since 2012. These improvements can be linked to both greater awareness and focus from State and local public health officials and advances in medical care.⁴⁴ In 2019, 527 Hoosier children died before their first birthday. 75 fewer infants than in 2017 and 32 fewer than 2018.⁴⁵ At the same time, Indiana's infant mortality rates remain significantly higher than the national average.

Infant Mortality Rate, United States and Indiana: 2009–2018



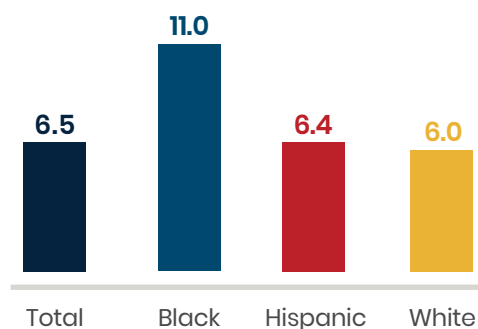
Source: Centers for Disease Control and Prevention

Note: IMR from the CDC is two years in arrears, thus 2019 data are not available.

Though Indiana's overall infant mortality rate is decreasing, significant disparities persist when disaggregating the infant mortality rates. Black infants are almost twice as likely to die before their first birthday (11 per 1,000) than White infants (6 per 1,000) and Hispanic infants (6.4 per 1,000). This is a 4.3 per 1,000 decrease for Black infant mortality from 15.4 in 2017, though it still represents substantial dissimilarity along racial lines.⁴⁶

Indiana faces significant racial disparities in infant mortality, which may be partially attributed to inequalities in the social determinants of health. The connection between infant mortality and poverty is indicative of the larger issue around low-income Hoosiers' social determinants of health. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age, affecting a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance the quality of life can have a significant influence on a population's health outcomes.

Infant Mortality Rate per 1,000 by Race/Ethnicity, Indiana: 2019



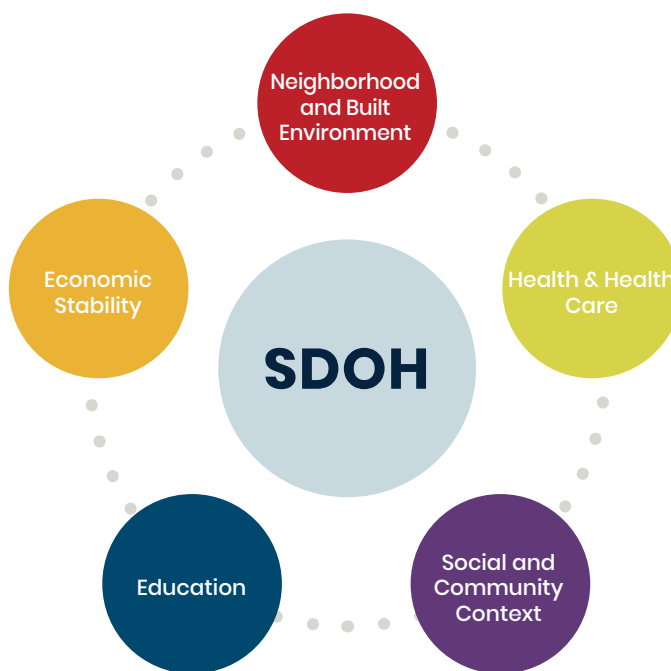
Source: Indiana Department of Health

Note: The American Indian, Asian, and Two or more races IMRs were suppressed due to the n size



Social determinants of health include:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Availability of community-based resources in support of community living and opportunities for recreational and leisure-time activities
- Transportation options
- Public safety
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Residential segregation
- Access to mass media and emerging technologies (e.g., cell phones, the internet, and social media)



Source: Office of Disease Prevention and Health Promotion

As discussed in previous sections, the socioeconomic conditions of concentrated poverty and the stressful conditions that accompany it negatively impact economic mobility and prosperity and negatively affect health.

Physical determinants can similarly deteriorate health outcomes. These include:

- Natural environments, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)⁴⁷

Severe maternal morbidity (SMM) disproportionately affects women of color, with Black women twice as likely to experience SMM compared with White women.⁴⁸ Additionally, Black women in the U.S. are three to four times as likely to die from pregnancy-related causes than White women.⁴⁹ Black mothers are twice as likely to have an infant who dies by their first birthday.



In Indiana, Black residents are more likely to be exposed to COVID-19 since they are less likely to be able to work from home. Nationally in 2018, 20% of Black workers said they could work from home in their primary job, compared to 30% of White workers. In Marion County, Black workers (34%) are more likely to work in essential front-line sectors than White workers (26%). These sectors include healthcare, waste removal, public transportation, fast food, retail, administration, protective services, social work, and food production. Another risk factor for the Black community is underlying conditions that exacerbate the symptoms of

COVID-19. Hypertension and diabetes, for example, are most prevalent in Black Hoosier communities. Black Hoosiers are hospitalized for diabetes at twice the rate of White Hoosiers. Though overall hospitalization rates for hypertension are lower, Black Hoosiers are hospitalized at almost four times the rate of White Hoosiers. These underlying conditions could impact comorbidity rates for Black Hoosiers, though those data are not currently available.⁵⁰



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' 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.⁵¹

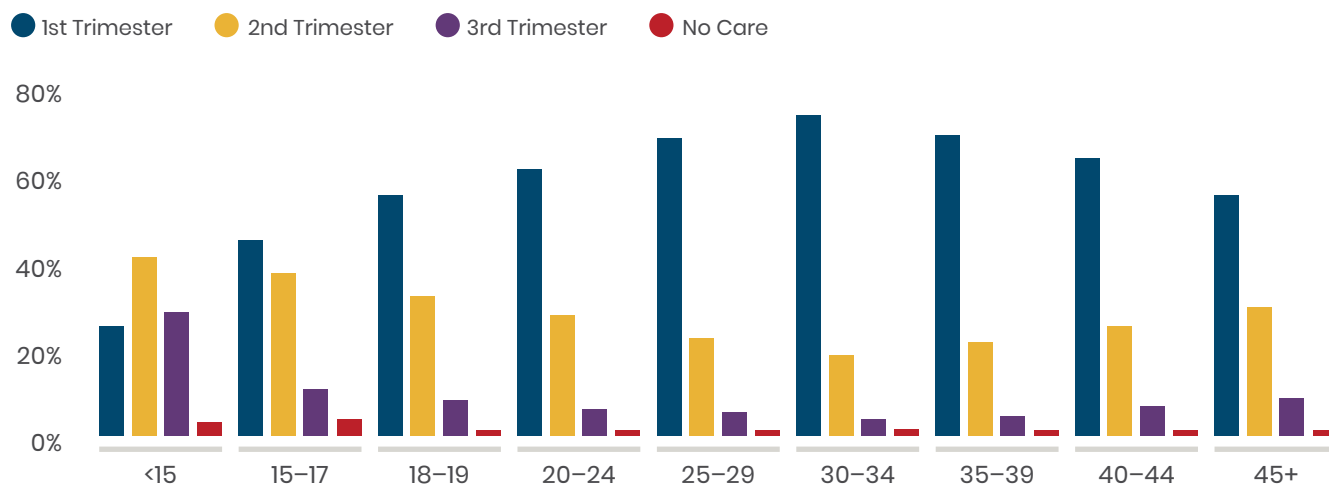
Mothers are more likely to have babies with health problems when they receive late prenatal care (defined as beginning in the third trimester of pregnancy) or no prenatal care at all. Consistent prenatal care is also associated with positive outcomes for infants and may reduce the risk of postpartum depression and infant injuries.⁵²

Percentage of Mothers Who Received First Trimester Prenatal Care by County, Indiana: 2019

| 10 Highest Counties | | 10 Lowest Counties | |
|---------------------|-------|--------------------|-------|
| Hancock | 87.2% | Adams | 35.3% |
| Gibson | 86.1% | LaGrange | 46.4% |
| Hamilton | 84.6% | Parke | 50.3% |
| Warrick | 84.5% | Allen | 55.7% |
| Warren | 84.0% | Noble | 56.5% |
| Pike | 83.5% | DeKalb | 56.9% |
| Spencer | 82.5% | Jay | 57.2% |
| Tipton | 82.2% | LaPorte | 57.5% |
| Posey | 82.1% | Fayette | 58.8% |
| Monroe | 81.6% | Daviess | 58.9% |

Source: Indiana Department of Health

Percentage of Mothers Beginning Prenatal Care by Age, Indiana: 2019



Source: Indiana 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 community. Maternal mortality includes deaths during pregnancy or within one year of the end of pregnancy due a pregnancy complication.⁵³ Similar to infant mortality, socioeconomic status and environment, as delineated by social determinants of health, correlate with maternal death. Death certificate information is often 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.⁵⁴

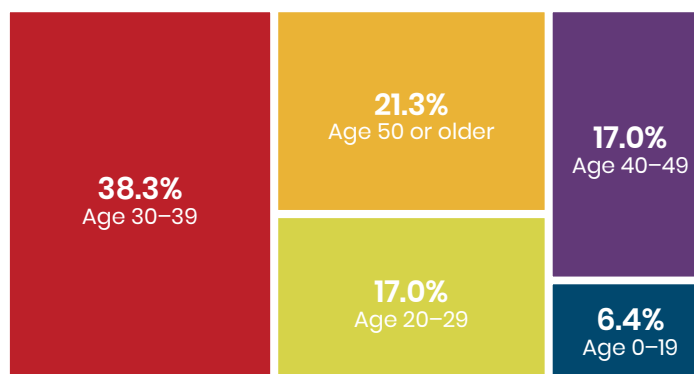
In 2018, the Indiana government established the Maternal Mortality Review Committee through Public Law 48. The law requires the Indiana Department of Health to establish the statewide Review Committee until June 2023. Also, the law requires a healthcare provider or health facility to report any case of a patient death due to maternal mortality to the committee.⁵⁵ The purpose of the Maternal Mortality Review Committee is to review all pregnancy-associated deaths in Indiana and provide recommendations that may eliminate preventable maternal deaths, reduce maternal morbidity, and improve the population health for women of reproductive age.⁵⁶

- In 2019, there were 47 deaths due to pregnancy, childbirth, and puerperium.
- The number of pregnancy-associated deaths are more prevalent among White mothers (74.5%) than Black mothers (14.9%), Hispanic mothers (8.5), and all other mothers (2.1%).



- The majority of pregnancy-related deaths were seen in women ages 30–39 (38.3%), two times higher than women ages 50 and over, the second highest age range of those with pregnancy-related deaths (21.3%).⁵⁷
- Between 2012 and 2016, Black mothers had the highest rate of pregnancy-related mortality at 37.0 deaths per 1000,000 live births in Indiana.
- The number one causes of pregnancy-related deaths between 2012 and 2016 was cardiovascular conditions (21%).⁵⁸

Percentage of Deaths Due to Pregnancy, Childbirth, and Puerperium by Age, Indiana: 2019



Source: Indiana Department of Health

In the United States, compared to White women, women from minority groups had higher risks for stroke during delivery with significant disparity amongst race for women with chronic hypertension or pregnancy-induced hypertension. Researchers found that among women with pregnancy-induced hypertension, Black and Hispanic women had higher stroke risk compared with White women. Furthermore, among women with chronic hypertension, all minority women had higher stroke risk.⁵⁹ Along with hypertension, protein in urine are characterizations of preeclampsia. Preeclampsia is a disorder that occurs during pregnancy and the postpartum period. It affects at least 5–8% of all pregnancies.⁶⁰ Black women are more likely to develop preeclampsia and to experience poorer outcomes associated with the condition. For Black women, the rate of preeclampsia and eclampsia was 60% higher than for White women. In addition to the racial disparity, preeclampsia/eclampsia rates are higher for those on public health insurance and for women who lived in low-income areas.⁶¹

Black women in the U.S. are three to four times as likely to die from pregnancy-related causes than their peers.⁶² Black mothers are twice as likely to have an infant who dies by their first birthday. In Indiana, the infant mortality rate in Indiana for Black births was nearly twice the rate for White births (11 per 1,000 and 6 per 1,000 respectively) in 2019.⁶³ Nationally, in 2018 the death rate for Black mothers was 37.1 per 100,000 live births, over twice the rate for White mothers, 14.7 per 100,000.⁶⁴ In 2019, the death rate in Indiana for Black mothers was 65.4 per 100,000 live births, which was higher than the rate of 61.6 per 100,000 live births for White mothers.⁶⁵ Moreover, the rate of maternal mortality for Black and White mothers in Indiana was also higher than the state average of 58.1 deaths per 100,000 live births.⁶⁶ Examining the contributing factors and outcomes of infant and maternal mortality would contextualize the public health crisis of Hoosiers.

LEVERAGING THE DATA: STATEWIDE

- **Expand professional development on cultural awareness:** Cultural awareness and competence training for healthcare professionals focuses on skills and knowledge that value diversity, understand and respond to cultural differences, and increase awareness of providers' and care organizations' cultural norms. Trainings can provide facts about patient cultures or include more complex interventions, such as intercultural communication skills training, exploration of potential barriers to care, and institution of policies that are sensitive to the needs of patients from culturally and linguistically diverse backgrounds.⁶⁷

Some strategies the State could implement via public and private insurance and care providers to improve the patient-provider interaction include:

1. Provide interpreter services;
2. Recruit and retain minority staff;
3. Provide training to increase cultural awareness, knowledge, and skills;
4. Coordinate with traditional healers;
5. Use community health workers;
6. Incorporate culture-specific attitudes and values into health promotion tools;
7. Include family and community members in health care decision making;
8. Locate clinics in geographic areas that are easily accessible for certain populations;
9. Expand hours of operation; and
10. Provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials.⁶⁸



Risk and Protective Factors

A comprehensive strategy to reduce maternal deaths includes education for mothers, clinical intervention and coordination of care, protective intervention, and addressing social and economic impacts on health outcomes. 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 a leading factor contributing to Indiana's infant mortality rate, as Indiana is the 15th most obese state in the nation.⁶⁹ 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.⁷⁰

LEVERAGING THE DATA: STATEWIDE

- **Include maternal depression screening in well-child visits:** Perinatal depression is often an underdiagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction. Through coverage under our State Medicaid policies, pediatric practices can establish a system to implement postpartum depression screening to all mothers with Medicaid insurance, which will help moms in need identify and use community resources for treatment, referrals, and support. Expanding this policy coverage would have a positive effect on the health and well-being of the infant and family.

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 congenital disabilities, and Sudden Infant Death Syndrome (SIDS).⁷¹ After a baby is born, parental smoking still negatively affects the child. Exposure to secondhand smoke can cause serious health problems in infants and children, including more severe and frequent asthma attacks, bronchitis, pneumonia, ear infections, and SIDS.⁷²

- 11.8% of expectant Hoosier mothers smoke while pregnant. This percentage has steadily decreased since 2008, when 18.5% of expectant mothers smoked.
- American Indian mothers are more likely to smoke while pregnant (19.2%) than White (14.1%), Black (9.0%), or Hispanic mothers (3.2%).⁷³
- The rate of smoking while pregnant in Indiana (11.8%) is significantly higher than the national rate (6.5%).
- Among our neighboring states, Indiana (13%) has the third-highest percentage of maternal smoking: Illinois (6%), Michigan (11%), Ohio (13%), and Kentucky (17%).⁷⁴

Alcohol and Drug Use

Drug and alcohol use during pregnancy increases the risk of miscarriage, congenital disabilities, and a range of lifelong physical, behavioral, and intellectual disabilities.⁷⁵ Children of any age with parents who abuse alcohol or illicit drugs also face an increased risk of child abuse or neglect.⁷⁶ Babies born to women who use alcohol during pregnancy may suffer from Fetal Alcohol Spectrum Disorders (FASD).⁷⁷

- Nationally, 9.5% of pregnant women ages 15–44 use alcohol, and 4.8% report binge drinking.
- Pregnant women in their first trimester are more likely to use alcohol (21.8%) than women in their second or third trimester (4.9% and 3.4%, respectively).⁷⁸

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, the CDC recommends pregnant women with a heroin or opioid addiction seek treatment from health care providers rather than stopping use without supervision.⁷⁹

- Nationally, 5.8% of pregnant women ages 15–44 use illicit drugs.
- Pregnant women in their first trimester are more likely to use illicit drugs (9.7%) than women in their second or third trimester (4.9% and 3.3%, respectively).⁸⁰
- In 2019, Indiana had 56 substance abuse treatment programs specifically tailored to pregnant or postpartum women.⁸¹
- As of 2019, Indiana had 34 perinatal hospitals participating in the Perinatal Substance Use Project (PSU Project) sponsored by the Indiana Perinatal Quality Improvement Collaborative. Those participating hospitals with substance use task forces work to identify women who are using a substance and intervene to support a positive pregnancy outcome for both mother and infant.⁸²



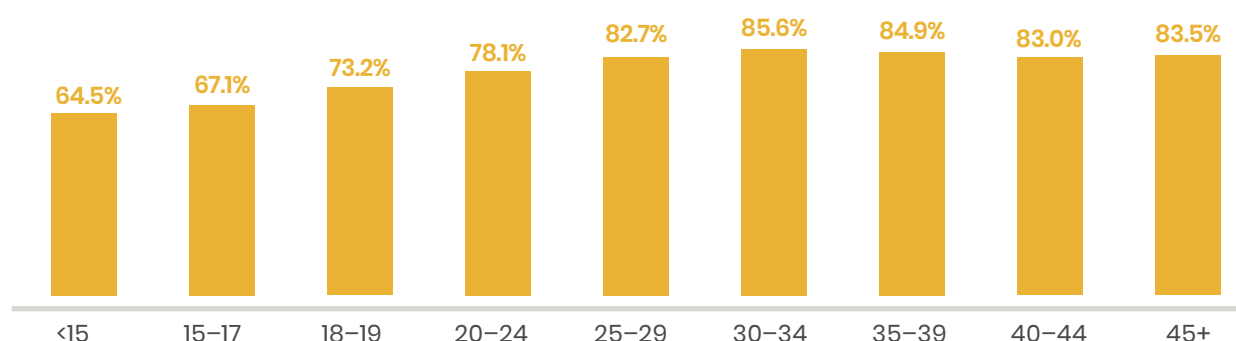
- From January 2017 to June 2019, for the 34 hospitals participating in the PSU project, 18.8% of umbilical cords from nearly 80,000 births were tested for a substance. Of the umbilical cords tested, 36.6% tested positive for a substance, and 6.6% resulted in a Neonatal Abstinence Syndrome diagnosis.⁸³

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 survival rate 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.⁸⁴ There are some circumstances, however, in which a mother cannot breastfeed, such as when taking certain medications.⁸⁵

- 8 in 10 Hoosier mothers (82.0%) plan to breastfeed when they leave the hospital.
- Breastfeeding is most common among Hispanic mothers (84.8%), followed by Asian (83.6%), White (83.2%), American Indian (76.1%), and Black mothers (73.8%).
- Older mothers are generally more likely to breastfeed than younger women.⁸⁶
- In Indiana, 75.3% of mothers to young children (ages 0–5) indicated their child was breastfed or fed by breast milk at some point.⁸⁷

Percentage of Mothers Who Plan to Breastfeed by Age, Indiana: 2019



Source: Indiana Department of Health

Preventive Care

As discussed in our 2021 Health Spotlight, preventive care encompasses a wide range of services, such as check-ups, screenings, vaccinations, patient counseling used to prevent illnesses, diseases, and other health problems, or to detect illnesses at an early stage. Receiving the recommended preventive services and making healthy lifestyle choices are paramount to a child's overall well-being. Increasing the use of these services among youth can help them develop and reach their full potential.⁸⁸

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" (90.6%), while 9.3% report that their children's health is "good", "fair", or "poor."
 - Parents of older children, ages 12–17, are 3.8 percentage points less likely to report their child's health as "very good" or "excellent" (88.6%) compared to parents of younger children ages 0–5 (92.4%).
 - Families with household income between 0–99% of the Federal Poverty Level are 12.8 percentage points less likely to report their child's health as "very good" or "excellent" (83.7%) compared to families with household income 400% above the Federal Poverty Level (96.5%).⁸⁹
- 27.5% of Hoosier families reported they received help with coordinating their child's health.
- 11.1% of Hoosier parents shared their child's health care provider did communicate with the child's school, childcare provider or special education program.⁹⁰

Health Insurance

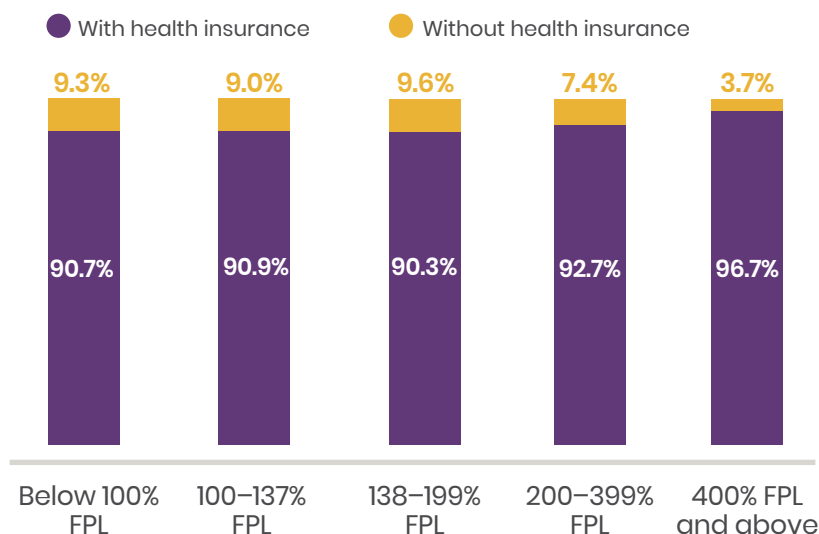
Healthcare coverage plays an essential role in Hoosier children's and families' lives. Children covered by any health insurance plan have better access to preventive care, like vaccines, screenings, and check-ups. For families, health insurance can protect them from unexpected, high medical costs.⁹¹ Children with health insurance are more likely than children who are uninsured to be healthy, have access to vaccines and preventive care, and receive regular, consistent medical care.⁹²



The benefits of health insurance and preventive care for children at early ages improves health outcomes throughout their lives. Medicaid coverage in childhood has been shown to decrease reports of mental health problems, the likelihood of eating disorders or risky sexual activity, and reduce smoking and alcohol use. Medicaid coverage in early childhood can also lower the likelihood of high blood pressure, heart disease/heart attack, adult-onset diabetes, and obesity during adulthood. Ensuring health coverage for every Hoosier child is critical to the short- and long-term health and well-being of children. Health insurance increases preventive healthcare services, reduces medical debt, and provides resources for children to attain a healthy lifestyle.⁹³ 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 go unfilled.⁹⁴

- In 2019, 119,000 Hoosier children did not have health insurance – 7.1% of Indiana’s child population being uninsured. However, Indiana is higher than the U.S. average for children without health insurance, which was 5.7% in 2019.
- Indiana ranks 41st in the nation for children without healthcare; it is also the lowest-ranked state for children without health insurance compared to our neighboring states: Michigan and Illinois (5th), Kentucky (17th), and Ohio (24th).⁹⁵
- Indiana’s number of uninsured children increased by 10,000 children in 2019 to 119,000 Hoosier children uninsured.⁹⁶
- In Indiana, youth under 19 living between 100% to 137% FPL are least likely to have health insurance.⁹⁷

Health Insurance Coverage of Youth Under 19 by Federal Poverty Level, Indiana: 2019

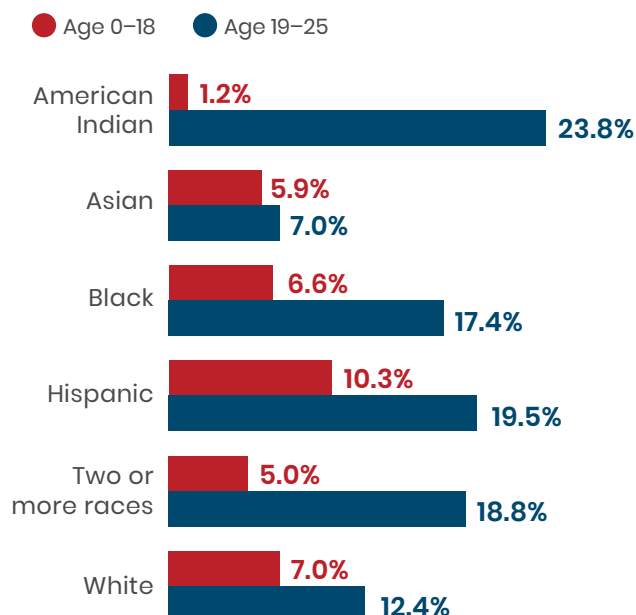


Source: U.S. Census Bureau, Table C27016

When examining uninsured children and youth by race and ethnicity, Hispanic children under 18 have the highest uninsured rates among all Hoosier youth at 10.3%.

- White children have the second-highest uninsured rate at 7.0%, followed by 6.6% of Black children.
- Once children matriculate to adulthood, potentially leaving some of the health coverage safety nets of parents and CHIP, the percentage of uninsured increase significantly across all racial and ethnic subgroups.
 - Of Hoosier youth ages 19 to 25, American Indians have the highest percentage of those uninsured at 23.8%, followed by Hispanic youth at 19.5%, and youth that are Two or more races at 18.8%.
 - Asian youth between the ages 19 and 25 have the lowest rate of being uninsured among all of the subgroups within this age.⁹⁸

Percentage of Hoosier Youth without Health Insurance by Race/Ethnicity, Indiana: 2019



Source: U.S. Census Bureau, Tables B27001A–I

The percentage of youth under 19 without health insurance varies across the state and is not heavily isolated in a region. The majority of counties (83) are between 1.2% to 9.8%, while 10 counties are above 10.5%.⁹⁹

Some of the counties with a high population of uninsured children also have a large Amish population.



Because many Amish pay for healthcare expenses through a combination of mutual aid programs through their churches and self-pay, rather than traditional insurance programs, they are considered uninsured. To better understand those children without any type of health insurance, the State can provide greater disaggregation and detail in the data.

Types of Healthcare Coverage

Americans obtain health insurance in different settings and through a variety of methods. The two main categories for health insurance are in the private sector and public programs. Private sector insurance includes employer-sponsored and individual market coverage.

Public programs are provided by the government, such as Medicare, Medicaid, and the Children's Health Insurance Program (CHIP).¹⁰⁰

Traditional Medicaid: Medicaid is a publicly financed program that provides health insurance for millions of low-income Americans, including children. Traditional Medicaid is available for those parents and caretakers who are extremely low-income. Standard Plan (Hoosier Healthwise Package A) coverage encompasses the full array of Medicaid State Plan benefits for children and pregnant women who meet the following guidelines:

- Pregnant women: 139% – 208% Federal Poverty Level
- Children (under age 19): Under 158% Federal Poverty Level¹⁰¹

Additional information regarding eligibility can be found [here](#). For the benefits available through Package A, please see [here](#).

CHIP: The Children's Health Insurance Program (commonly referred to as CHIP) provides health coverage to additional lower-income children whose families' income is higher than Medicaid's eligibility threshold but might be unable to afford private insurance for their children. CHIP, or Hoosier Healthwise Package C, provides preventive, primary, and acute healthcare coverage to children who meet the following eligibility criteria:

- The child must be younger than 19 years old;
- The child's family income must be between 158% and 250% of the Federal Poverty Level;
- The child must not have creditable health coverage or have had creditable health coverage at any time during a waiting period lasting no longer than 90 days; and
- The child's family must financially satisfy payment of monthly premiums.¹⁰²

Families must pay monthly premiums for their children to be on CHIP, as well as co-pays for prescription drugs. CHIP offers families a sliding scale of payments based on family income and the number of children enrolled.

One unique aspect of CHIP in Indiana is the required waiting period. State policy requires a 90-day waiting period for children who were voluntarily withdrawn from their parent's insurance before enrollment. Those children are uninsured during the 90-day waiting period, thus will not have coverage for any immunizations, check-ups, screenings, or emergencies. There is no waiting period for those children who have not been on their parents' health insurance plan or whose coverage loss was involuntary.¹⁰³

As of July 2020, Indiana had 842,418 Hoosier children were enrolled in a public health insurance program, which is slightly more than half of Indiana's child population:

- 730,986 children enrolled in Medicaid, and 111,432 children enrolled in CHIP.¹⁰⁴
- The increase between 2008 and 2013 could reflect the Great Recession, during which there were higher unemployment rates and, thus, lower employer-based insurance.
- An increase from 2014 to 2018 could be reflective of Medicaid Expansion through the Affordable Care Act.

For more information on Indiana's Medicaid eligibility and application, please see [here](#).

Percentage of Youth without Health Insurance by County, Indiana: 2019

10 Highest Counties

| | | | |
|----------|-------|------------|-------|
| LaGrange | 55.8% | Marshall | 14.1% |
| Daviess | 36.4% | Fulton | 13.8% |
| Adams | 29.0% | Wayne | 11.2% |
| Parke | 19.4% | Sullivan | 10.8% |
| Elkhart | 14.6% | Washington | 10.5% |

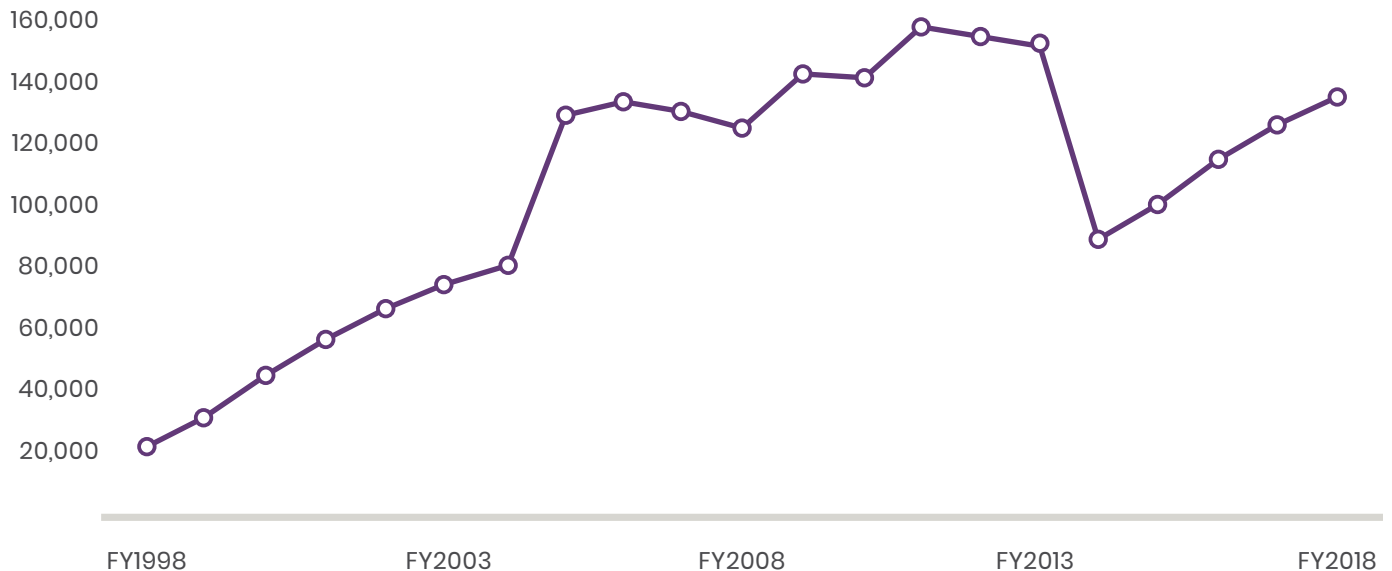
Source: U.S. Census Bureau, 5-Year Estimate, Table B27001

| Income (As a Percentage of the Federal Poverty Level) | Monthly Premiums | |
|---|------------------|-------------------------|
| | One Child | Two or More Children |
| 151% to 175% | \$22 | \$33 |
| 176% to 200% | \$33 | \$50 |
| 201% to 225% | \$42 | \$53 |
| 226% to 250% | \$53 | \$70 |

Source: Indiana Family and Social Services Administration



Total Number of Children Enrolled in CHIP Annually, Indiana: 1998–2018



Source: Kaiser Family Foundation

LEVERAGING THE DATA: STATEWIDE

- **Remove the 90-day waiting period for youth switching from private insurance to CHIP in State regulations:** One unique aspect of CHIP in Indiana is a required waiting period for some children seeking to enroll. State policy requires a 90-day waiting period for a child or youth switching from private insurance (e.g., employer-based insurance through the parents' work) to CHIP.¹⁰⁵ As of November 2016, only 15 states had a waiting period. Of these, 12 have a 90 day waiting period, 1 state has a two month waiting period, and 2 states have a one month waiting period. 21 states eliminated their waiting period protect against substitution of coverage by using various procedures to monitor for substitution, including use of survey data, and private insurance database checks.¹⁰⁶ For the full list of states with a waiting period, please see [here](#).

Ostensibly, Hoosier children switching from employer-based insurance to CHIP are uninsured during the 90-day waiting period and will not have any coverage for any immunizations, check-ups, screenings, or emergencies. By removing this state-issued policy, the State helps guarantee that all qualifying children and youth obtain health insurance to increase access to preventive care and immunizations, particularly during the current health crisis.

Special Healthcare Services

Indiana Children's Special Health Care Services (CSHCS) provides supplemental medical coverage to help families of children who have serious, chronic medical conditions, age birth to 21 years of age, who meet the program's financial and medical criteria, pay for treatment related to their child's condition. A family with an income, before taxes, no greater than 250% of the Federal Poverty Level may be eligible for the program. CSHCS is a program to help Hoosier children with severe chronic medical conditions which:

- Have lasted (or are expected to last) at least two years;
- Will produce disability, disfigurement, or limits the child's ability to function;
- Requires special diet or devices; or
- Without treatment would produce a chronic disabling physical condition.

For eligible applicants, services may include:

- Diagnostic evaluations
- Comprehensive well child and sick childcare
- Specialty care and other services related to the eligible medical conditions
- Immunizations
- Prescription drugs
- Routine dental care
- Community referrals and information¹⁰⁷



About 320,000 (20.5%) of children ages 0 to 17 have a special healthcare need requiring specific services; 17.0% of children with special healthcare needs ages 0 to 17 receive care in a well-functioning system.^{108,109}

- 25.2% of male Hoosiers and 15.3% of female Hoosiers ages 0 to 17 have special healthcare needs.
- Children with special healthcare needs tend to fall in low-income brackets:

| | |
|--------------------------------------|-------|
| Household income 0–99% FPL | 28.9% |
| Household income 100–199% FPL | 21.1% |
| Household income 200–399% FPL | 19.2% |
| Household income 400% FPL or greater | 15.4% |

- 21.8% of children with health insurance also have with special healthcare needs; approximately 8.0% of those uninsured may have special healthcare needs.
 - More children with special healthcare needs are covered by public insurance (29.7%) than private insurance (16.7%).¹¹⁰

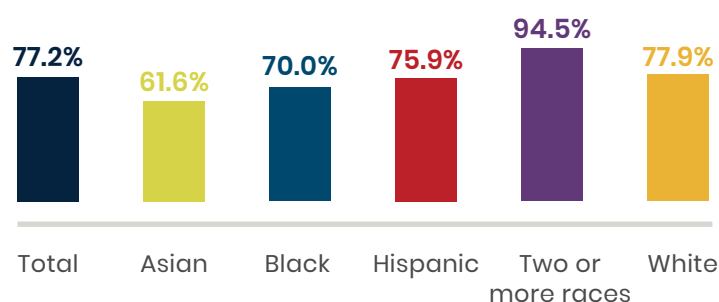
For additional information regarding CSHCS, please see [here](#).

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.¹¹¹

- 57.8% of Indiana children ages 1 to 5 had one or more preventive dental visits; 87.2% of children ages 6 to 11 and 82.6% of children ages 12 to 17 also had one or more preventive dental visits.¹¹²
- Slightly more female children (79.5%) had a preventive dental visit than males (74.9%).¹¹³
- Preventive visits to dentists vary based on race and ethnicity of Hoosier children.¹¹⁴

Percentage of Children Receiving Preventive Dental Care in the Past Year by Race/Ethnicity, Indiana: 2019



Source: National Survey for Children's Health

Similar gaps emerge when disaggregating preventive visits by income level. Children in households with an income below 100% FPL are less likely to receive preventive dental care than their peers.

- 12.2% of children ages 1 to 17 had tooth decay or cavities, which is a slight decrease from the 2017 rate of 13.8%.¹¹⁵
- In Indiana, there are 1,780 people for every one dentist. The ratio of population to dentists in Indiana's counties ranges from 12,410:1 to 1,130:1. In many of Indiana's rural counties, there are fewer than 10 dentists. Pike, Switzerland, and Crawford Counties, for example, have only one practicing dentist for the entire county's population.¹¹⁶
- Most Hoosier parents (78.1%) report that their children's teeth are in "excellent" or "very good" condition.¹¹⁷
- An estimated 3,559,490 Hoosiers live in dental health professional shortage areas, which is 52.9% of the state's population.¹¹⁸

Preventive Dentist Visits by Income Level, Indiana: 2019



Source: National Survey for Children's Health

Ratio of Population to Dentists by County, Indiana: 2019

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|----------|-------------------|---------|
| Pike | 12,410:1 | Marion | 1,130:1 |
| Switzerland | 10,720:1 | Howard | 1,160:1 |
| Crawford | 10,560:1 | Bartholomew | 1,330:1 |
| Ripley | 9,510:1 | Hamilton | 1,350:1 |
| Warren | 8,260:1 | Vanderburgh | 1,360:1 |

Source: County Health Rankings

Health Habits

Adequate sleep, a healthy diet, mindfulness, and physical activity are the cornerstones of children's overall health and key contributors to positive child health outcomes. Developing healthy habits early in childhood and continuing to exercise those habits through adolescence helps youth become healthy adults.

Sleep

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. 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.¹¹⁹

- Three in five Hoosier children (61.4%) typically sleep the recommended number of hours appropriate for their age.
- Most Hoosier children “usually” (56.1%) or “always” (31.6%) 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 (80.7%) compared to children ages 0–5 (93.0%) and children ages 6–11 (90.5%).¹²⁰

Recommended Hours of Sleep per Day by Age Group

| | | |
|------------|-------------|-------------|
| Newborn | 0–3 months | 14–17 hours |
| Infant | 4–12 months | 12–16 hours |
| Toddler | 1–2 years | 11–14 hours |
| Preschool | 3–5 years | 10–13 hours |
| School age | 6–12 years | 9–12 hours |
| Teen | 13–18 years | 8–10 hours |
| Adult | 18 years+ | 7+ hours |

Source: Centers for Disease Control and Prevention



According to a survey on sleep habits both before and after COVID lockdown measures, 67% of Americans said they believe their sleep was healthier before the pandemic. Survey findings included:

- 53% indicated they spend less time sleeping than before the pandemic;
- 98% have developed new sleep problems post-lockdown; and
- 68% feel stress or find it hard to sleep, even after lockdown measures were lifted.

Generation Z (18–22 years old) and millennials (23–38 years old) reported going to bed later than any other generation after the COVID-related lockdown, which could have major implications for adolescents and older youth.

The survey's indication that 68% of Americans feel stress and anxiety or find it hard to sleep even after the lockdown also speaks to the pandemic's psychological impact. Furthermore, communities of color, who have exhibited a disproportionate COVID-19 death toll, may be further at-risk for feelings of anxiety due to chronic stress caused by stressors, such as discrimination and socioeconomic status.

The survey additionally provided solutions to improving sleep problems post-pandemic, such as a consistent sleep schedule and more exercise, in addition to addressing the effects and causes of mental health challenges.¹²¹

Nutrition

Healthy eating impacts children's day-to-day energy levels and ability to focus, as well as long-term health outcomes. Healthy eating is described as “controlling calories” – eating a variety of foods and beverages from all of the food groups and limiting intake of saturated and trans fats, added sugars, and sodium.¹²² Unhealthy eating is connected to chronic illnesses, such as diabetes, high blood pressure, cancer, and obesity. Across the nation, access to high-quality food depends on where one lives. The average supermarket distance is 2.19 miles from homes in the U.S, thus making it more difficult for families who lack a vehicle or access to public transportation to travel to a supermarket to obtain healthy, nutritious food. Purchasing a vehicle or finding public transportation to access high-quality food may be too costly for some.

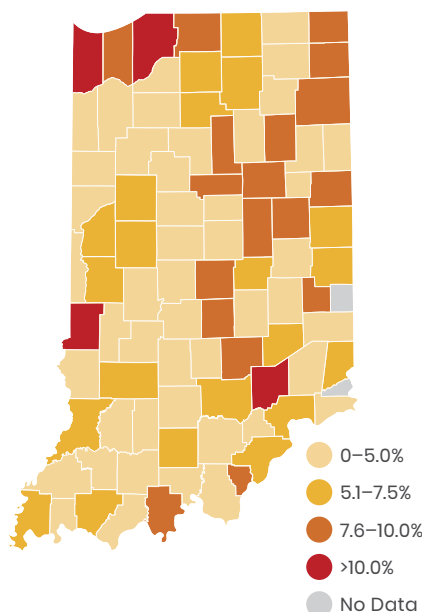


The lack of access to a supermarket or grocery store coupled with a low-income census tract creates food deserts, areas where there are limited or lacking resources to access food with nutritional value.¹²³ While food deserts are often associated with urban areas, many rural communities also have food deserts. Rural food deserts – places located more than 10 miles from a supermarket – often lack access to fresh produce, cluster in low-resource, low-income, ethnic minority communities, and are associated with disproportionate rates of poor health outcomes and chronic disease among residents.¹²⁴ In food deserts, the only food source is convenience stores, gas stations, or dollar stores, all of which have limited healthy food options. Food deserts may impact the access of Hoosiers of color more often than White youth, as minority youth tend to live in areas of concentrated poverty, as discussed in the Economic-Wellbeing section.

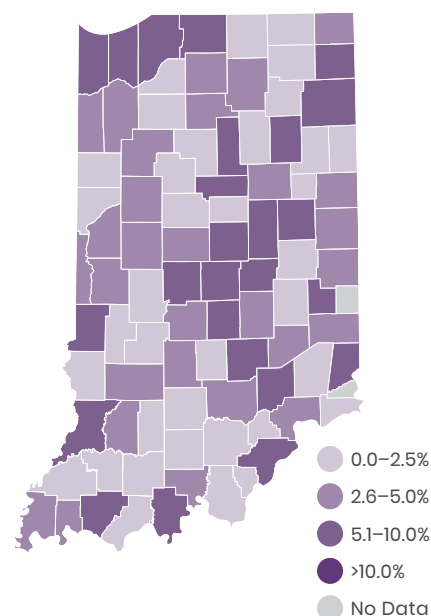
Affordability also plays a crucial role in accessing healthy food. Fresh fruit and vegetables typically cost more than food with low nutritional value. A reduction in healthy food options can change one's purchasing behavior with food. For low-income communities populated with more convenience stores, gas stations, or dollars stores than grocery stores for food sources, healthy options are typically more expensive due to the low supply and high demand.¹²⁵

- More than 1 in 6 Hoosier children (17.5%) are food insecure (defined by the United States Department of Agriculture as reduced quality, variety, or desirability of diet or multiple indications of disrupted eating patterns and reduced food intake.)^{126,127}
- 3 in 10 (30.1%) Indiana high school students report eating breakfast all seven days of the week.¹²⁸
- 67.0% of Hoosier families indicated “always” being able to afford to eat good nutritious meals.
- Children in households with an income between 0–99% Federal Poverty Level are less likely to afford to eat good nutritious meals (47.2%) than their peers at or above 400% Federal Poverty Level (89.7%).¹²⁹
- 39.5% of Indiana students, grades 9–12, report consuming fruit, and 42.5% report consuming vegetables less than once a day.¹³⁰
- 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.¹³¹

Percentage of Population Living in Food Deserts by County, Indiana: 2015



Percentage of Children with Low Access to Grocery Stores by County, Indiana: 2015



Source: U.S. Department of Agriculture



Individuals have found themselves eating less nutritious foods during COVID. According to the recent Food and Health Survey administered by the International Food Information Council, more than 8 in 10 (85%) Americans indicated altering their food habits due to COVID-19. Adults indicated they are snacking more, and not surprisingly, cooking more at home. Approximately 41% of parents with children under 18 are snacking more than those who do not have children (29%).¹³² When the stay at home orders were first announced in early March, families were purchasing a higher amount of shelf-stable, ultra-processed foods (e.g., chips, ramen noodles, soda, sugary cereals, and ready-to-eat meals), which

generally have low nutritional value. Compounded by being sedentary at home, screen time for video games have seen an all-time high of users during COVID-19. Screen time is associated with obesity because of the connection between snacking and screen time.¹³³



LEVERAGING THE DATA: LOCALLY

- **Create mobile markets:** Mobile markets can be food trucks, buses, or vans that deliver produce for sale at a reasonable price. Food trucks that bring fruits and vegetables directly to low-income communities first emerged in urban areas around the country. This strategy might provide fresh produce to rural residents in low-resource areas, as well. Local communities can also implement a virtual supermarket program for individuals living in food deserts to order affordable, healthy groceries online.

Examples of scaling mobile food markets locally include:

- Adrian, MI
- Buffalo, NY
- Columbia River Gorge, OR
- Albuquerque, NM
- Chattanooga, TN
- Ashland County, WI

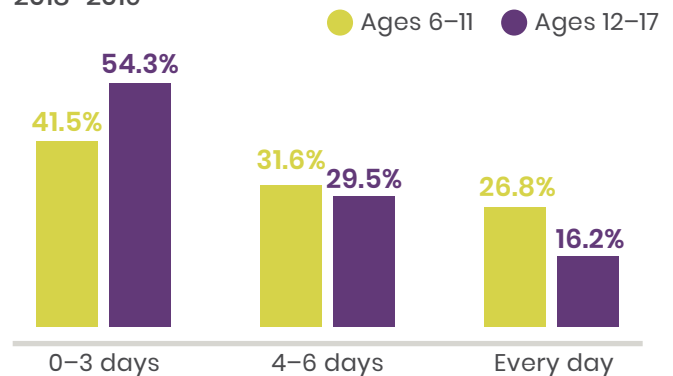
Physical Activity

Physically active youth tend to have better academic, cognitive, and health outcomes than their peers. Physical activity not only benefits physical health but also social and mental health, such as having fun, being with peers, and enjoying the outdoors. Sedentary activities, like sitting all day, increases the likelihood of obesity and mortality. The CDC recommends that children and youth ages 6 to 17 get an hour or more of physical activity each day.¹³⁴ To understand the impact of the surrounding environment on a child's overall well-being and the disparities that exist, check out Surrounding Environment in the Family and Community section.

Physical activity has shown benefits in the following ways:¹³⁵

- Improved bone health and weight status for children ages 3 to 5 years;
- Improved cognition for children ages 6 to 13 years: performance on academic achievement tests, executive function, processing speed, and memory;
- Reduced risk of depression and anxiety for children ages 6 to 13 years;
- Improved cardiorespiratory and muscular fitness for those ages 6 through 17 years;
- Improved cardiometabolic health for youth ages 6 through 17 years;
- Reduced risk of cancer; and
- Improved sleep and quality of life.

Percentage of Youth Ages 6–17 who are Physically Active At Least 60 Minutes per Day, Indiana: 2018–2019



Source: National Survey of Children's Health

Lack of physical activity is connected to a child's surrounding environment. Children who live in lower-income communities typically have less access to parks, sidewalks, trails, or green landscapes where youth can play safely. Sports and physical activity facilities, such as tennis courts, trails, basketball parks, baseball courts, soccer fields, and aquatic centers, are all examples of areas where children can be physically active in a safe environment. Individuals living in neighborhoods without a park or other activity facilities within half-mile from a resident are twice as likely to have chronic health conditions.¹³⁶

- 64.9% 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 (71.8%) than their peers at or above 400% FPL (68.4%).¹³⁷
- 93.0% of Hoosier youth ages 6–11 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 (16.2%), compared to children younger than 12 years (26.8%).^{138,139}



Social distancing during the pandemic has shown a variance in individuals' daily step count, measured and tracked by smartphone users nationally. Daily step counts show the importance of physical health and activity correlated with heart health and mortality. Since the pandemic was declared in March 2020, a 5.5% decrease was seen in daily step counts within 10 days. After 30 days of the pandemic being declared, daily step counts continued to drop by 27.3%. The variance in daily step count is not solely due to social distancing but also the inability to participate in recreational physical activity due to socioeconomic inequalities and geographic locations. Youth are more likely to gain weight during the summer

months and maintain the weight gain during the school years. As many schools moved to virtual environments and social distancing orders diminished group play and sports, children are at risk of gaining weight during this time, which could increase obesity rates.¹⁴⁰



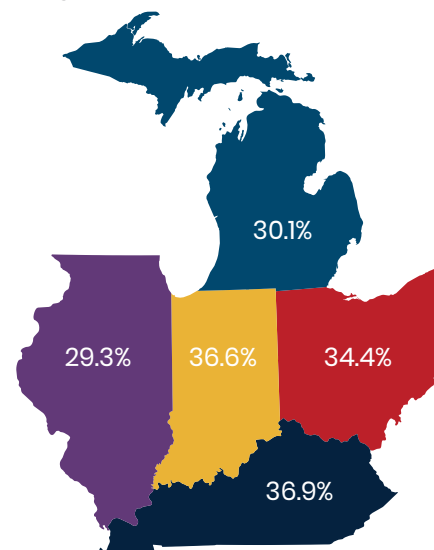
Overweight and Obesity

Children who are overweight or obese face a greater risk for other chronic health conditions, such as Type 2 diabetes, some cancers, and heart disease, compared to children at a healthy weight. Factors, such as poor diet quality, excessive sedentary time, inadequate physical activity, stress, and sleep deprivation, also place children at an increased risk for these illnesses.¹⁴¹ Obesity also threatens to shorten life expectancy.¹⁴² These health challenges can be long-lasting, as overweight and obese children are more likely to be overweight or obese as adults.¹⁴³ 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.¹⁴⁴

A child's surrounding environment directly impacts their ability to have access to healthy food and get enough physical activity. The barriers mentioned in the above section regarding nutrition directly impact childhood obesity rates, leading to other chronic diseases. High rates of obesity are connected to areas with fewer fresh produce options and a larger number of fast food options. This is also true with the proximity of fast-food restaurants and schools – when a school is about half a mile away from a fast-food restaurant, students were more likely to be overweight or obese.¹⁴⁵

- 1 in 3 Indiana children ages 10 to 17 are overweight or obese (36.6%).¹⁴⁶ Indiana's obesity rates for children and teens has been steadily increasing over the past few years. In 2016 and 2017, 30% of Indiana's children between 10 and 17 were overweight or obese.
- Indiana was previously ranked 23rd in the nation for children's obesity rates in 2017. The State fell to 38th in 2018, indicating that not only is Indiana's rate of childhood obesity increasing, but other states are improving more rapidly comparatively.¹⁴⁷
- Indiana saw the highest percent increase (4% increase) of teens ages 10–17 who are overweight or obese from 2017–2018 to 2018–2019 among all of the [National KIDS COUNT Data Book health indicators](#) and compared to neighboring states: Illinois (no change), Kentucky and Michigan (1% decrease), and Ohio (3% decrease).^{148,149}
- 8.7% of Hoosier children ages 10–17 are underweight, 54.7% are normal weight, 19.9% are overweight, and 16.7% are obese.¹⁵⁰
- 1 in 10 (10.8%) Indiana parents said they are concerned about their child's weight either being too high (8.3%) or too low (2.5%).¹⁵¹
- 6.7% of Hoosier parents reported their doctor or other health care provider ever told them their child is overweight.¹⁵²
- Hoosier Children ages 10–13 are slightly more likely to be overweight or obese (40.2%) than teens ages 14–17 (33.0%).¹⁵³

Percentage of Children Ages 10–17 Who are Overweight or Obese, Indiana and Neighboring States: 2018–2019



Source: National Survey of Children's Health

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.¹⁵⁴

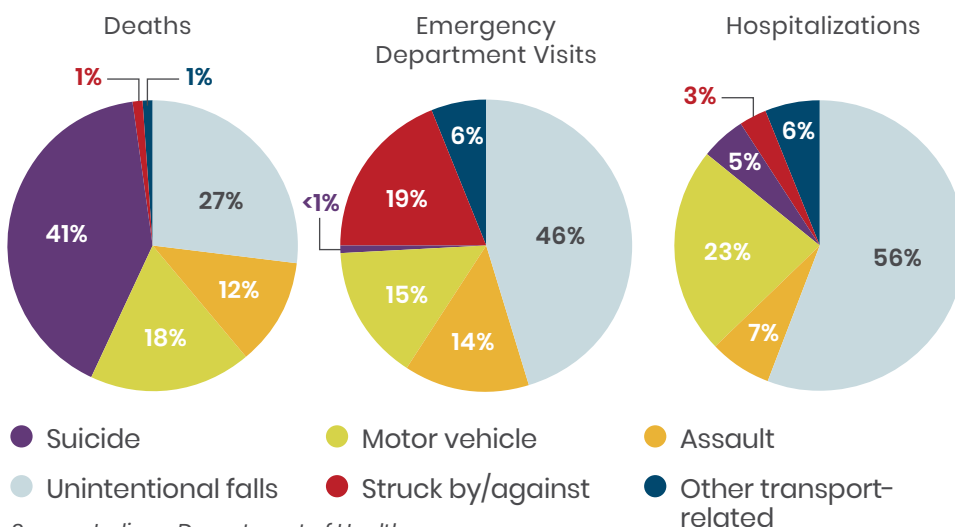
- 324 Indiana children ages 0 to 18 suffered injury-related deaths in 2018, an increase of seven deaths from 2015 (317).
- Older children ages 12 to 18 are more likely to die due to injury (193 deaths) than children ages 0 to 5 (102 deaths) and children ages 6 to 11 (29 deaths).¹⁵⁵

Traumatic Brain Injuries

Children face an especially high risk of traumatic brain injuries (TBIs). Concussions are a type of TBI 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 of weeks.¹⁵⁶

- In Indiana, adolescents and young adults ages 15–24 have the most TBI-related emergency department visits (21.8%).
- In 2018, children ages 0–14 accounted for 16.4% of TBI-related emergency department visits, 3.9% of TBI-related hospitalizations, and 2.6% of TBI-related deaths in Indiana.
- In 2018, of those who were injured from TBI, 1,313 (18.6 per 1,000) died from TBI alone or in combination with other injuries or conditions.¹⁵⁷

Percentage of Annual TBI-Related Deaths, Hospitalizations and Emergency Department Visits (by External Cause), Indiana: 2018



Accidents and Traffic Collisions

Transportation and related accidents play a significant role in children's health. The number of children killed in Indiana traffic collisions varies from year to year. From the most recently released data in 2018:

- 3,133 children ages 0–14 were killed or injured in Indiana motor vehicle collisions; less than 1% of children injured in crashes were killed (21 fatalities).
- The overall rate of restraint used among children in crashes — as both drivers and occupants—was 88%, though only 84% of 13- to 14-year-olds in crashes were restrained, the lowest rate among all children.
- 73 children were involved in alcohol-impaired traffic collisions; 45 children experienced fatal or incapacitating injuries.
- While more children were involved in crashes in urban areas in Indiana, those same locales had the lowest rates of fatal child injuries. The fatal injury rate per 1,000 children involved was lowest in urban areas (3.8 per 1,000) but higher in suburban areas (9.8), exurban areas within 2.5 miles of suburban boundaries, as defined by the United States Census Bureau (28.9), and rural (4.7) areas.
- The median traffic injury rate per 1,000 for children 14 and younger was 2.0.¹⁵⁸

Motor vehicle collisions remain a leading cause of death for persons 15 to 20 years of age in the United States. Teen drivers have significantly higher crash rates than adults. Factors related to driving experience, attention, and maturity contribute to teens' elevated risk of accidents. Examples include following other



Injury Rates per 1,000 Children by County, Indiana: 2018

| Top 5 Counties | |
|----------------|-----|
| Harrison | 5.5 |
| Delaware | 5.3 |
| LaPorte | 5.1 |
| Marshall | 5.1 |
| Vanderburgh | 4.4 |

Source: Indiana University Public Policy Institute

vehicles too closely, driving too fast, and violating traffic signs and signals.¹⁵⁹ 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.¹⁶⁰

- In Indiana, drivers ages 15 to 20 years old had the highest collision involvement of 1,215 per 10,000 licensed drivers, and drivers ages 65 and older had the lowest of 430 per 10,000.¹⁶¹
- The number of young drivers ages 15 to 20 killed in a collision reached a five year high of 62 in 2018.
- In 2017 Indiana's child fatalities was at its five-year high (40), which then dropped to 21 in 2018.¹⁶²
- 17.9% of high school students rode with a driver who had been drinking alcohol; 3.9% of high school students reported driving when drinking alcohol.
- 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%.¹⁶³

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.

- 103 Hoosier bicyclists ages 0-14 were injured in crashes in 2018; 35 sustained incapacitating injuries.¹⁶⁴
- Of Indiana high school students who rode a bicycle in the past year, 88.7% rarely or never wore a bicycle helmet. Almost all female (91.5%) and Black (86.2%) respondents indicated rarely or never wearing a helmet.¹⁶⁵

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.¹⁶⁶ Youth with disabilities face resource and achievement gaps both educationally and economically, as previously discussed in the Economic Well-Being and Education sections. The social inequalities and resource inequities for Hoosier youth with disabilities can affect their health, future success, and overall well-being.

- 47.6% of children ages 0 to 17 have special healthcare needs in Indiana.
- 52.4% of Hoosier children ages 0 to 17 with special healthcare needs do not have care that meets the medical home criteria.
 - When disaggregating by income, the highest percentage of children without care that meets medical home criteria are those children in households with incomes 0-99% of the Federal Poverty Level (76.1%).
 - Among different age ranges, 12 to 17 years olds had the highest percentage of children without care that meets medical home criteria (54.5%).¹⁶⁷

Critical Illness

- Between 2013 – 2017, the number of cancer cases for children ages 0 – 19 was 20.9 cases per 100,000 children.
- The cancer mortality rate in Indiana was 2.4 deaths per 100,000 children.
- The most common cancer types diagnosed among Indiana children are leukemia and brain tumors.
- In 2017, there were 325 incidences of cancer among Indiana children ages 19 and under.
- In 2018, there were 30 cancer-related deaths among children ages 19 and under.¹⁶⁸

Developmental Screening

Developmental screenings help identify children experiencing difficulties with developmental milestones and may benefit from early intervention services. Screenings may use parent questionnaires or direct measures administered by pediatricians. As discussed in the Education section, universal screening for reading disabilities is used at the beginning of the year for students in Kindergarten through grade 2. The screening is administered two more times each year to determine if the student is making adequate growth in specific skills. Progress monitoring indicates whether students are on track to read at grade level or higher in grade 3 and provides critical information to guide instruction. All young children need a variety of developmental monitoring and screenings to assess their developmental milestones.¹⁶⁹



- 29.4% of Indiana parents of young children ages 9 – 35 months old have been asked by their child's doctor if they have concerns about their child's learning, development or behavior. This equates to 54,368 parents completing a developmental screening.
- Over 130,000 parents (70.6%) did not complete a developmental screening.¹⁷⁰

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, asthma, severe allergies, and chronic bone or joint problems.

Visual and Auditory Conditions

The CDC recommends children receive regular eye exams to ensure healthy vision. Vision loss can be caused by damage to the eye itself, the eye is being misshaped, or a problem in the brain.¹⁷¹

- In 2019, 1,453 Hoosier children younger than 5 and 9,207 children ages 5 to 17 have vision difficulties that cannot be corrected by glasses or contacts.¹⁷²
- 59.5% of Hoosier children ages 0-17 have ever had their vision tested, compared to 64.5% nationally.
- 33.1% of children ages 0-5, 72.9% of children ages 6-11 and 71.0% of children ages 12-17 had their vision tested in the past two years.¹⁷³

Much hearing loss is congenital, occurring at birth or before, and other hearing loss may occur later in one's life which can be sudden or progressive. Approximately 37.5 million Americans over 18 years old are either deaf or hearing impaired. Hearing loss may occur due to ear infections, genetic disorder, complications during pregnancy or birth, medications, or loud noises.¹⁷⁴

- In Indiana, 2,335 children younger than 5 and 6,025 children ages 5 to 17 have hearing difficulty.¹⁷⁵



As schools, early care, and other education programs navigate the COVID-19 pandemic, routine screening practices needed to be reconsidered and redesigned to prevent the spread of the virus among children and staff and maintain preventive care significant to other areas of health and wellness. Children's vision screening is one of many services that routinely occurred within schools as an essential service to identify poor vision and eye health problems. The National Center for Children's Vision and Eye Health developed these strategies for vision screeners to manage the risk of COVID-19 exposure and potential transmission while still meeting this critical need.

Allergies and Asthma

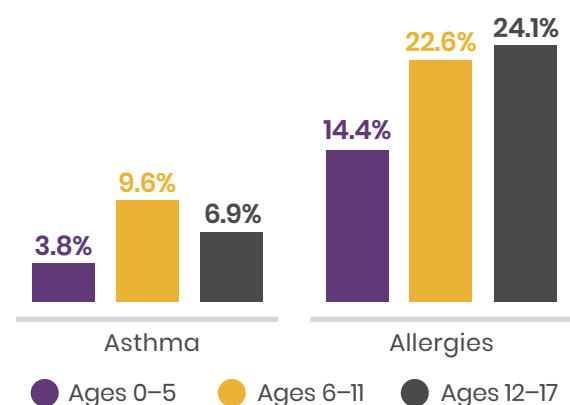
Allergic conditions, in which a child's immune system overreacts to substances in the environment that are normally harmless, are some of the most common medical issues among Hoosier children. Skin allergies, respiratory allergies, and food allergies are the most prevalent.¹⁷⁶

- 1 in 4 Indiana children (20.5%) have ever been diagnosed with allergies, compared to 19.6% nationally.
- Indiana (20.5%) has the third lowest prevalence of children with allergies among our neighboring states: Illinois (16.6%), Michigan (19.6%), Ohio (22.9%), and Kentucky (27.2%).¹⁷⁷

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 to moderate.

- 6.8% of Indiana children have ever been diagnosed with asthma, compared to 7.7% nationally.¹⁷⁸

Percentage of Children who Currently Have Allergies or Asthma by Age, Indiana: 2018–2019

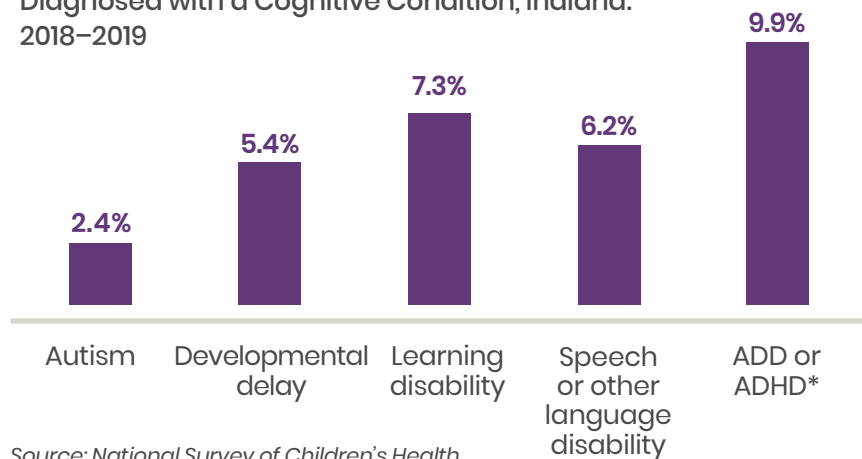


Source: National Survey of Children's Health

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. To diagnose intellectual disabilities, doctors examine two main points: the child's ability to learn, think, and solve problems and whether the child has the skills to be independent and make sense of the world.¹⁷⁹

Percentage of Children Who Have Even Been Diagnosed with a Cognitive Condition, Indiana: 2018–2019



Source: National Survey of Children's Health

*Attention Deficit Disorder (ADD) Or Attention-Deficit/Hyperactivity Disorder (ADHD)

- In 2019, 4.6% of Hoosier children ages 5 to 17 had a cognitive difficulty. 34,794 male children ages 5 to 7 were diagnosed, which was nearly twice that of female children of the same age range (18,059).¹⁸⁰
- Nationally, 4.4% of all children ages 5 to 17 (about 2.3 million) had a cognitive difficulty. Similar to Indiana, the number of male children with a cognitive difficulty (about 1.5 million) was almost two times that of females (about 792,000).¹⁸¹

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).¹⁸²

- 7.3% of Indiana children have ever been diagnosed with a learning disability, compared to 6.7% nationally.¹⁸³

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 different ways 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).¹⁸⁴

- 2.4% of Indiana children ages 3–17 have ever been diagnosed with an autism spectrum disorder, compared to 2.9% nationally.¹⁸⁵

Mental Health

Health professionals can help clarify problems 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 weaknesses while also determining the interventions that may be most helpful. Psychotherapy ("talk therapy"), family counseling, medications, and support for parents are commonly recommended treatments. Mental health is a critical part of overall health for both children and adults. Many adults with mental disorders had symptoms during childhood and adolescence, which were not recognized or addressed.¹⁸⁶

- Indiana is ranked 28th for the prevalence of mental illness among youth.
- 53% of Hoosier youth who had major depression did not receive any mental health treatment, 6.6 percentage points below the national percentage of 59.6%.
- 7.1% of Hoosier children with private insurance did not cover mental or emotional problems, slightly below the national percentage of 7.8%.¹⁸⁷
- 50.8% of Indiana children received treatment or counseling from a mental health professional in the past year, 2.4 percentage points below the national percentage of 53.2%.¹⁸⁸



- In Indiana, there are 620 people for every one 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.
- The ratio of population to mental health providers in Indiana ranged from 14,010:1 (Newton County) to 210:1 (Wayne County).¹⁸⁹
- An estimated 5,725,063 Hoosiers live in mental health professional shortage areas (85.0% of the state's population).¹⁹⁰

Ratio of Population to Mental Health Providers by County, Indiana: 2019

| 5 Highest Counties | | 5 Lowest Counties | |
|--------------------|----------|-------------------|-------|
| Newton | 14,010:1 | Wayne | 210:1 |
| Posey | 8,520:1 | Marion | 350:1 |
| Martin | 5,110:1 | Delaware | 360:1 |
| Benton | 4,330:1 | Monroe | 400:1 |
| Gibson | 4,180:1 | Wabash | 420:1 |

Source: County Health Rankings

In Indiana, the Division of Mental Health and Addiction (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.¹⁹¹

- In 2019, DMHA served 35,452 children ages 0-12 and 22,393 youth ages 13-17 in Indiana.
- 66.2% of families of children ages 0-17 served by DMHA report that the child had improved functioning as a result of their treatment, and 88.7% report improved social connectedness.¹⁹²

Living with a Mental Illness

Several mental illnesses, including depression, anxiety, and attention deficit hyperactivity disorder (ADHD), often occur in childhood. Nationally, half of all adult mental health disorders begin by age 14, and 75 percent are evident by age 24. One in every 5 children is living with a serious mental health condition.¹⁹³ A child may benefit from receiving screening and treatment early in life which may increase their quality of life and help prevent more serious problems in the future. 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.¹⁹⁴

- 15.7% of Hoosier youth (ages 12-17) reported suffering from at least one major depressive episode in the past year, 1.9 percentage points above the national percentage of 13.8%.
- 12.7% of Hoosier youth cope with severe major depression, three percentage points above the national average (9.7%). Nationally, the number of youths experiencing a severe major depression episode increased by 126,000 since last year.¹⁹⁵
- 3.7% of Indiana children ages 3 to 17 have ever been diagnosed with depression, compared to 3.8% of youth nationally.¹⁹⁶
- 10.2% of Indiana children ages 3 to 17 have ever been diagnosed with anxiety problems, compared to 8.5% of youth nationally.¹⁹⁷

Percentage of Students who Felt Sad or Hopeless for 2 or More Weeks in a Row by Grade Level, Indiana and United State: 2019

| | Indiana | United States |
|----------|---------|---------------|
| Grade 6 | 28.9% | — |
| Grade 7 | 30.5% | — |
| Grade 8 | 33.5% | — |
| Grade 9 | 35.2% | 29.8% |
| Grade 10 | 39.2% | 32.5% |
| Grade 11 | 36.6% | 32.5% |
| Grade 12 | 36.0% | 31.0% |

Source: Indiana Youth Survey

Percentage of Students Who Reported Feeling Sadness or Suicidal Ideation in the Past Year by Gender and Age, Indiana: 2019

| | All Students | Gender | | Age | |
|---|--------------|--------|--------|----------|-------|
| | | Male | Female | Under 21 | 21-25 |
| Felt sad or hopeless | 30.7% | 23.4% | 34.8% | 32.7% | 28.0% |
| Seriously considered attempting suicide | 12.1% | 10.5% | 12.5% | 12.8% | 11.1% |

Source: Indiana Prevention Resource Center



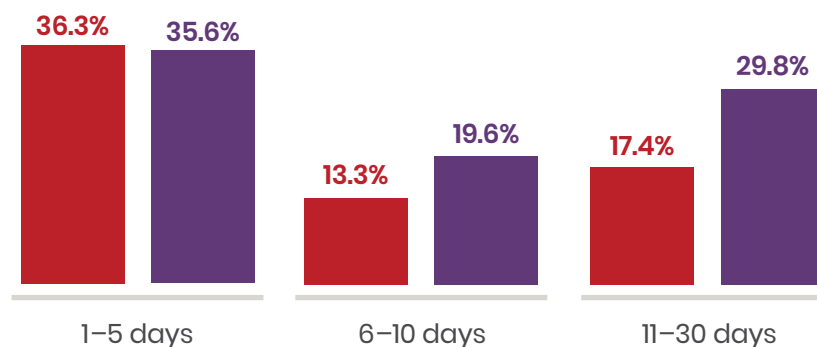
- Almost one-third of Hoosier students in grades 6 through 12 felt sad or hopeless for two or more weeks in a row. Nearly 4 out of every 10 grade 10 students reported these feelings, as this grade level had the highest rates of feeling sadness at 30.2% of students. Indiana's rates for students feeling sadness or hopelessness were slightly less than the national average in Grades 9 to 12.¹⁹⁸

- 39% of transgender youth reported experiencing serious psychological distress, compared with only 5% of the U.S. cisgender population.¹⁹⁹

- Family support and response can be a critical contributing factor in transgender youth's mental health. Those who were accepted and supported by their families were less likely to report experiencing serious psychological distress (31%) in contrast to those with unsupportive families (50%).
- Those with supportive families are also less likely to have attempted suicide (37%) than those with unsupportive families (54%).
- Family support is associated with other positive outcomes for transgender youth: those who were supported were less likely to experience homelessness (22%) as those who were rejected (40%) and were less likely to have engaged in sex work (9%) as those who were rejected (16%).²⁰⁰

- College students reported an average of 7.9 days in the past month where their mental health was not good, including stress, depression, and problems with emotions.
- 30.7% of all college students reported feeling sad or hopeless in the past year, with 12.1% seriously considered attempting suicide.²⁰¹

Percentage of Mentally Unhealthy Days During the Past Month by Days and Gender, Indiana: 2019



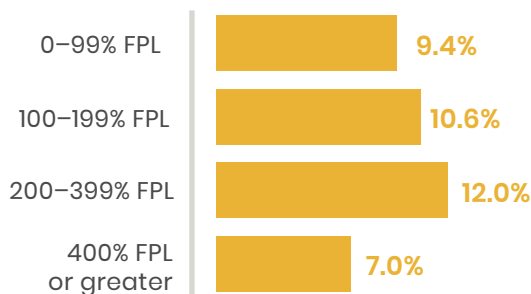
Source: Indiana Prevention Resource Center

● Male ● Female

In 2019, 9.9% of Indiana children had Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), compared to 8.7% diagnosed with ADD or ADHD nationwide.

- Male children make up almost three-quarters of the total child population with these conditions. 14% of male children currently have ADD or ADHD. The rate of male children identified as having ADD or ADHD is about three times higher than female children (94,132 males to 34,728 females).
- 13.7% of the Black child population currently has ADD or ADHD. In comparison, 2.0% of Hispanic children and 10.4% of White children are diagnosed with this condition.
- The percentage of the total ADD or ADHD child population has a disproportionate representation of Black children. Black children comprise 16.1% of Indiana's total ADD or ADHD diagnosed child population, though they make up only about 13% of Indiana's child population.
- Similar disproportionate trends do not exist when disaggregating children with ADD or ADHD by income level.²⁰²

Percentage of Children with ADD/ADHD by Income Level, Indiana: 2018–2019



Source: National Survey of Children's Health

The Indiana data above follows a national trend of higher diagnosis rates for specific subgroups. A report published by the CDC in February 2020 found that Black and low-income children were more likely to be diagnosed with ADHD or other learning disabilities than their White or affluent peers. Previous studies found that minority children were less likely than White children to be diagnosed with and treated for ADHD, as well as other learning disabilities. Experts have long believed Black children's disabilities were under-diagnosed and that they are at higher risk of conditions that can lead to ADHD, such as lead poisoning or low birthweight.²⁰³



Mindfulness

The purpose of mindfulness (paying attention in a particular way: on purpose, in the present moment, and non-judgmentally) is to help individuals recognize thoughts and emotions instead of relying on immediate reactions.²⁰⁴ Mindfulness can benefit both children's physical and mental health, diminishing chronic illnesses like irritable bowel syndrome, fibromyalgia, psoriasis, anxiety, depression, and post-traumatic stress disorder.²⁰⁵ Youth who are taught and practice mindfulness learn to regulate or self-control their emotions. This type of practice can help counteract the common symptoms of depression and anxiety, such as rumination (compulsively focusing on bad feelings and experiences) and perseveration (repeating the same response over and over). Mindfulness can give children the tools to create psychological and emotional buffers to persistent negative thoughts and actions.²⁰⁶

In Indiana, mindfulness is being introduced through the Social-Emotional Competencies implemented by the Indiana Department of Education. One of the competencies is "Self-Awareness," in which students will learn to know their emotions and how it affects their thoughts and actions.²⁰⁷ To learn more about the Social-Emotional Competencies, see Social-Emotional learning in the Education Section.



COVID-19 has shown increases in children and youth having anxiety, depression, low self-esteem, and distress due to social isolation and economic conditions. Of those with children in the household in the past seven days, 10.6% indicated receiving counseling or therapy from a mental health professional, 3.6 percentage points above Indiana overall (7.0%), and 12.1% with children needed counseling or therapy from a mental health professional but did not get it for any reason, 2.6 percentage points above Indiana's overall (9.5%).²⁰⁸

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 or assault.²⁰⁹

- 10th graders in Indiana had both the highest rate of youth who have considered attempting suicide (19.3%) and who have made a plan about attempting suicide (14.3%). These data points correspond with the nearly 40% of 10th graders expressing feeling sad or hopeless for at least 2 consecutive weeks.
- Both nationally and in Indiana, 10th grade is the time when depressive thoughts and suicidal ideation piques.²¹⁰
- Nationally, youth who identify as lesbian, gay, or bisexual are more likely to consider attempting suicide than their heterosexual peers. In 2018, 46.8% of lesbian, gay, or bisexual youth considered attempting suicide versus 14.5% of heterosexual youth. Almost one-third of youth who are unsure about their sexual identity considered attempting suicide.
- Lesbian, gay, or bisexual youth across the nation had the highest percentage of youth who made a plan about how they would attempt suicide. 40.2% of lesbian, gay, or bisexual youth reported making a plan versus 23.9% of youth who were unsure about their sexual identity, and 12.1% of heterosexual youth.²¹¹
- Research on transgender youth outcomes is more limited than their peers in the LGBTQ community, though it has grown in recent years. Some surveys of self-

Percentage of Students Considering and Planning to Attempt Suicide by Grade Level, Indiana: 2019

| | Considered Attempting Suicide | | Made a Plan to Attempt Suicide | |
|----------|-------------------------------|---------------|--------------------------------|---------------|
| | Indiana | United States | Indiana | United States |
| Grade 6 | 11.8% | — | 9.0% | — |
| Grade 7 | 15.2% | — | 11.7% | — |
| Grade 8 | 17.6% | — | 13.3% | — |
| Grade 9 | 18.0% | 16.3% | 13.1% | 12.8% |
| Grade 10 | 19.3% | 17.3% | 14.3% | 14.1% |
| Grade 11 | 17.9% | 17.5% | 13.1% | 14.2% |
| Grade 12 | 17.3% | 17.4% | 12.2% | 12.9% |

Source: Indiana Youth Survey



identified transgender people indicate that up to one-third reported attempting suicide at least once, with higher rates for youth and young adults than for older adults. CDC data on transgender youth and suicide ideation were reported for neither the nation nor Indiana, though independent studies have shown self-reported suicidal ideation was nearly twice as high for [transgender](#) youth compared with non-transgender youth, primarily due to depression and bullying.²¹²

The Institute of Medicine has found that LGBTQ youth are typically well adjusted and mentally healthy, but they experience higher rates of mental health challenges and increased health complications arising from these challenges compared to their heterosexual peers. The LGBTQ identity itself is not the cause of mental health or suicidal ideation, but rather these higher rates may be due to bias, discrimination, family rejection, and other stressors associated with how they are treated because of their sexual identity or gender identity/expression. These challenges can contribute to anxiety, depression, other mental health challenges, suicide, and self-harming behavior.²¹³

Providing safe and supportive environments, particularly through affirming relationships with family and peers and build community awareness and capacity to understand and address stressors that LGBTQ youth may experience, can improve mental health and prevent self-harming behavior and suicide among LGBTQ youth in Indiana.

LEVERAGING THE DATA: STATEWIDE AND NATIONALLY

- **Disaggregate data regarding youth and mental health by subgroup:** When data are broken down by detailed subgroups of the total population, or disaggregated, a more representative and nuanced picture of health emerges. For data on youth's mental health challenges, in particular, further disaggregation of state and national data can occur to include the following subgroups: income, insurance coverage, race and ethnicity, age, gender, ability, sexual orientation or identity, native language, and locale. To maintain anonymity, the data can be suppressed wherever the n size is too small. The lack of disaggregation can mask where there are disparities and disproportionality in the outcomes, as well as the contributing gaps in resources and supports. Disaggregation of mental health data, in particular, can reduce broad racial/ethnic designations to provide a comprehensive depiction of the social, cultural, and economic complexity of various subgroups' health outcomes.
- **Collect quantified data regarding the impact of COVID on mental health and substance abuse:** As the number of COVID-19 cases, hospitalizations, and deaths continue to grow during this pandemic, tangentially-related health issues, such as mental health and substance abuse challenges, symbiotically spread among Hoosiers. Fear and anxiety about a new disease and what could happen can be overwhelming and stressful for families and children. Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. Past research has shown that stress during an infectious disease outbreak can sometimes cause the following:
 - Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
 - Changes in sleep or eating patterns.
 - Difficulty sleeping or concentrating.
 - Worsening of chronic health problems.
 - Worsening of mental health conditions.
 - Increased use of tobacco, alcohol, and other substances.

This past research can help inform high-level responses and strategies, but without quantified data of the current impact of COVID on children's and families' mental health, youth serving organizations, community leaders, and state policymakers may not know which Hoosier communities are experiencing challenges and need targeted assistance. Without concretized, quantified evidence and data of what is happening to families and children, local and statewide organizations and leaders can only rely on anecdotes, speculation, and past experience to guide policies and strategies. The State needs better real-time data regarding the mental health and substance abuse challenges for youth and their families. These data can be disaggregated as outlined in the above strategy. As Indiana's state agencies continue to forge through the pandemic and its aftermath, prioritizing data collection and dissemination of this type across state agencies and to local organizations will help ensure resources, supports, and strategies are in place to address these challenges.

Death by Suicide

In 2019, 48 Hoosier youth ages 19 and younger died by suicide. This represents a decrease from 71 deaths in 2017 and 57 deaths in 2016.

- These deaths occurred in 27 counties in Indiana.
- Suicide is the 2nd leading cause of death for Indiana youth ages 10–14 and the 4th leading cause of death for youth ages 15–19.²¹⁴
- Transgender individuals are more likely to have attempted suicide (40%) than their cisgender peers, due to similar reasons identified above. This is nearly nine times the rate of the U.S. population. Those who have been rejected by their families are more likely to have attempted suicide (49%) than those who were not rejected (33%).²¹⁵

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 at early ages can cause lasting brain changes and places youths at an increased risk of dependence. Substance use increases the chance of risky sexual behaviors, motor vehicle accidents, and future 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, protect youth against substance misuse.²¹⁶

- Risk factors that lead to youth abusing substances include family conflict (45.5% of 8th graders), academic failure (38.4% of 8th graders), and low school commitment (55.7% of 8th graders).
- 8 in 10 Indiana high school students (84.1%) say their family has clear rules about drug and alcohol use.
- 11.0% of Indiana teens ages 14 and older say they use alcohol or drugs to relax, feel better about themselves, or fit in.
- 21.5% 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.²¹⁷

LGBTQ youth may be more likely to use substances to cope with bullying, stress, depression, and anxiety than their non-LGBTQ peers. Challenges such as family rejection of, or anticipated reaction to, a youth's LGBTQ identity are also associated with substance use. For example, one study found that youth who experienced a moderate level of family rejection were 1.5 times more likely to use illegal substances than those who experienced little to no rejection; youth experiencing high levels of family rejection were 3.5 times more likely to use these substances. Youth who have run away from home have higher rates of alcohol and illicit drug use.²¹⁸ Reducing the rates of bias, discrimination, and victimization that LGBTQ youth experience can help reduce substance use, as well as other mental health issues.

Alcohol

Alcohol is still the most commonly abused substance among youth in the U.S., abused more often than tobacco and marijuana. 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.²¹⁹

- In 2020, about 2 in 10 Indiana high school students report drinking alcohol in the past month (19.8%), which is lower than their national peers (29.8%).
- White youth in Indiana had the highest rates of alcohol consumption at 20.3%, followed by Hispanic youth at 17.7%, and Black youth at 16.3%.
- On average, high school seniors who drink alcohol report beginning use at age 15.
- The most frequent way Hoosier youth obtained alcohol while at a party (8.1%).²²⁰

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).²²¹

- 8.0% of Indiana high school students reported binge drinking in the past 30 days, which is lower than the national average of 13.5%.
- White high school students had the highest reported rates in 2020 at 8.1%, followed by Hispanic youth at 6.7%, and Black youth at 6.3%.²²²
- 60.8% of Indiana college students report drinking alcohol in the past month, which is higher than the national rate (59.6%).





- 33.3% of Indiana college students report binge drinking in the past two weeks, which is higher than the national rate (28.4%).²²³
- 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.²²⁴

Tobacco

Tobacco use is the leading cause of preventable disease in the United States; therefore, the use of any type of tobacco product is unsafe for young people. All tobacco types are harmful, and any exposure to tobacco smoke can cause immediate and long-term damage.²²⁵ Specific smoking-related diseases include cancer, heart and lung diseases, stroke, diabetes, chronic obstructive pulmonary disease (COPD), emphysema, and chronic bronchitis. Tobacco usage harms nearly every organ of the body. The CDC estimates that for every person who dies because of smoking, at least 30 people live with a serious smoking-related illness. Secondhand smoke exposure contributes to approximately 400 deaths in infants each year. Children who are exposed to secondhand smoke are at increased risk for sudden infant death syndrome, acute respiratory infections, middle ear disease, more severe asthma, respiratory symptoms, and slowed lung growth.²²⁶



Smokers are susceptible to and suffer more severely from the flu and COVID-19. Quitting tobacco will reduce the risk of respiratory tract infections for both smokers and those exposed to secondhand smoke.²²⁷



Youth and families interested in quitting tobacco use can call a quitline coach **(1-800-QUIT-NOW)**, visit **www.quitnowindiana.com**, or talk to a healthcare professional.

Hoosier youth's use of cigarettes is lower than the national average in 2020. 4.4% of Indiana youth between grades 9th to 12th reported smoking cigarettes in the past month versus the national average of 7.8%. Use of cigarettes was also below the national average for all racial and ethnic groups. Cigarette use was the highest among Hoosier White youth at 4.8%, followed by Hispanic youth at 3.7%, and 1.2% for Black youth.²²⁸

Smokeless tobacco products include chewing tobacco and snuff. The smokeless tobacco use rate among Hoosier youth was 2.3%, which was lower than the national average of 5.5%. White youth had the highest use of smokeless tobacco products in 2020 at 2.4%, followed by Hispanic youth at 1.9% and Black youth at 1.0%.

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 as cigarettes do, they still negatively affect users. Teens who use e-cigarettes are also more likely to start smoking cigarettes subsequently.²²⁹

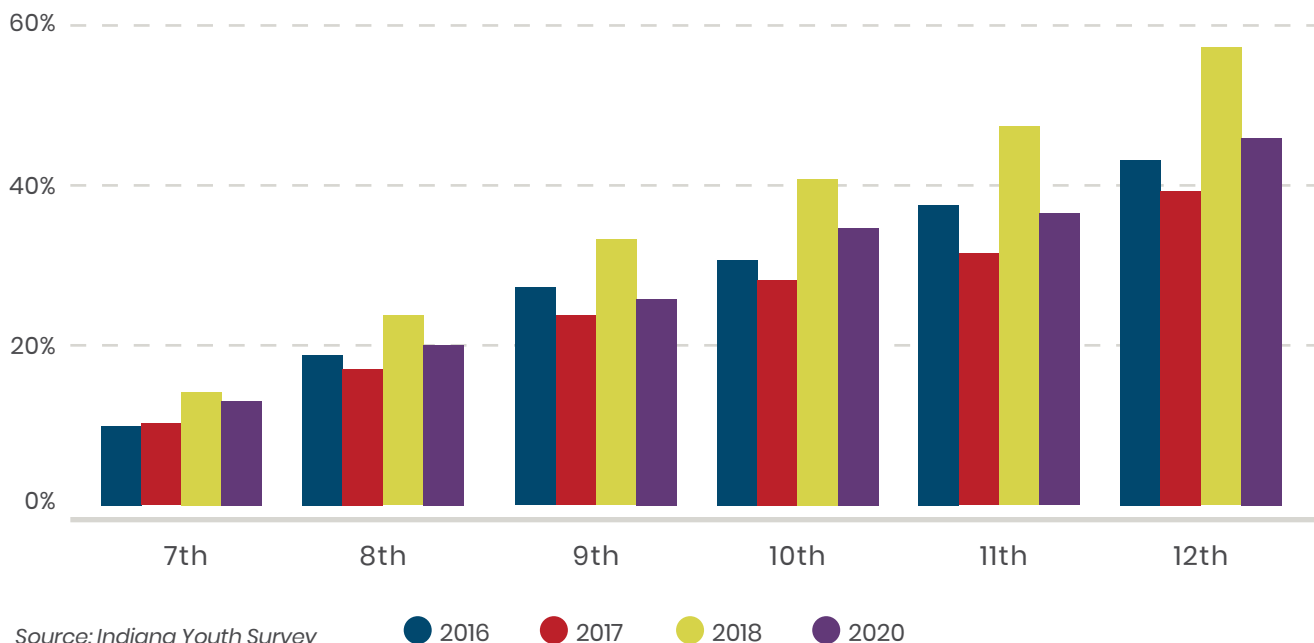
In 2020, the percentage of students reporting monthly use of electronic vapor products decreased across all grade levels from the previous year.

Though overall rates are decreasing, electronic vapor products are still the most commonly used tobacco product among Indiana youth. 13.1% of students in grades 7 to 12 reported using electronic vapor.

- Use of electronic vapor products among Indiana youth is above the national average. 17.1% of Indiana youth grades 9th to 12th report using electronic vapor products versus the rate of 13.2% at the national level.
- The use of electronic vapor products across all Hoosier subgroups was also higher than the national averages for the same groups. White youth, both in Indiana and nationally, had the highest use of electronic vapor products. In Indiana, 17.6% of White youth reported using this type of tobacco product. Hispanic youth had the second-highest use rate at 15.9%, and Black youth had a rate of 11.8%.²³⁰



Monthly Use of Electronic Vapor Products by Grade Level, Indiana: 2016–2020



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 ages 12 to 25 reported marijuana use in the past month in 2017.²³¹ 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 associated with marijuana.^{232, 233} 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 introduction.²³⁴

- 12.0% of Hoosiers students between grades 9 and 12 reported using marijuana within a 30-day period in 2020. This is lower than the national average of marijuana use among youth at 19.6%
- Black youth in Indiana reported the highest usage rates at 16.2%. Hispanic Hoosiers had the second highest rates at 13.9%, and White youth had a usage rate of 11.0%
- Monthly use of marijuana was highest for 12th graders in 2020 with 17.3% reporting usage. 10th and 11th graders reported usage rates of 12.2% and 12.9%, respectively.²³⁵

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.²³⁶

- The most prevalent source of prescription drugs across all grades was through being prescribed to them.
- 12th graders had a usage rate of prescription drugs (2.8%) was lower than the national rate (3.6%). Prescription drug rate is highest among 12th graders (2.8%), 10th graders (2.6%), 11th graders (2.4%) and 6th graders (2.4%).
- The prevalence rate for heroin was no greater than 0.3% for all grades 7th through 12th.²³⁷

The Impact of Opioids on Kids

Indiana's opioid epidemic brought parental substance abuse to the forefront and made 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.²³⁸

- In 2019, 1,246 Hoosiers died from opioid drug overdoses, a 176% increase from 2014 (452).²³⁹
- 13 counties in Indiana did not have any Hoosiers who died from an opioid drug overdose in 2018. Drug overdose deaths ranged from 1 overdose in 9 different counties to 269 in Marion County.²⁴⁰

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 their caregiver's substance use, possession, or distribution. Substance use interferes with a parent's ability to raise their children and provide a safe, nurturing environment.²⁴¹



- Babies born to women who use opioids during pregnancy are at increased risk for poor fetal growth, preterm birth, congenital heart defects, and may also experience opioid withdrawal at birth, known as neonatal abstinence syndrome (NAS).²⁴²
- Substance use disorder can impair parents' awareness of and sensitivity to their child's emotions, interfering with healthy parent-child attachment.²⁴³
- Substance use disorder increases the risk of neglectful or abusive parental behavior, interfering with mental functioning, judgement, and the ability to regulate anger and impulsivity.²⁴⁴

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, they have a lifetime impact if left untreated and may lead to death.²⁴⁵

Substance use disorder 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.²⁴⁶

- In 2018, 2.5% of teens ages 12-17 and 7.3% youth ages 18-25 needed but did not receiving treatment for illicit drug use at a specialty facility in the past year.
- 3.4% of teens ages 12-17 and 14.9% of older youth ages 18 – 25 indicated having a substance use disorder in the past year.²⁴⁷

LEVERAGING THE DATA: LOCALLY AND STATEWIDE

- **Increase referrals and use of mobile health for mental health in areas with limited access:** Mobile health, also known as mHealth, uses text messaging and applications (apps) on mobile devices (e.g., cell phones, tablets) to deliver healthcare services and support to individuals with mental health concerns, such as depression, anxiety, stress, post-traumatic stress disorder (PTSD), and substance abuse. mHealth is a subset of telehealth, which refers to all instances of healthcare via the use of modern technology. mHealth specifically refers to healthcare via smartphone and tablet apps that enable consumers to capture their own health data. Text messaging interventions range from educational information to automated reminders or supportive messages sent to individuals participating in longer-term treatment.²⁴⁸ Mobile apps may deliver elements of cognitive behavior therapy (CBT), link a user to a medical professional, or allow patients to regularly self-monitor their emotional state and share that information with a provider.²⁴⁹

There is some evidence that mobile health interventions improve mental health, particularly anxiety and depression-related outcomes in the short-term. However, additional evidence is needed to confirm effects, particularly over the long-term. mHealth has been shown to have greater impact on mental health when combined with support from a mental health professional, such as psychotherapy and other behavioral interventions. One important caveat for individuals to discuss with their healthcare providers is that many apps are not regulated by HIPAA and may collect data for internal purposes or share it externally.²⁵⁰

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.²⁵¹ Risky sexual behavior is starting at younger ages. Nationally, 7.0% of youth had sexual intercourse for the first time before age 13. According to the CDC's National Youth Risk Behavior Survey for 2019:

- 26.9% of high school students across the nation had sexual intercourse with more than four people during their lifetime.
- 20.5% had sexual intercourse with more than two people during the previous three months.
- 21.2% had drunk alcohol or used drugs before their last sexual intercourse.²⁵²

41.7% of Indiana high school students have ever had sex with someone, and 8.6% of students have had sexual intercourse with four or more persons.

- A similar percentage of males and females have engaged in intercourse, 41.6%, and 41.7% respectively.
- 3.0% of Hoosier high school students had sexual intercourse before the age of 13.



- Nearly 1 in 3 Indiana high school students (31.8%) are currently sexually active, defined as having had sex in the past three months.
- 1 in 10 high school students have been physically forced to have sex. Female students are twice as likely to be physical forced to have sex (13.4%) than males (6.4%), with Hispanic youth representing the majority of respondents (15%) when compared to Black (10.5%) and White (9.1%) respondents.²⁵³

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.²⁵⁴ Teens who have sex education are half as likely to experience pregnancy as those who attend abstinence-only programs.²⁵⁵

- In 2019, among sexually active students nationally, condoms are the most prevalent primary pregnancy prevention method. The prevalence of condom use at last sexual intercourse was 54.3% across the nation.
- Approximately one in ten youth nationally had not used any pregnancy prevention method at their last sexual intercourse.²⁵⁶
- In 2016, among Indiana high school students who are sexually active, 15.5% did not use any prevention method the last time they had sex.
- The second highest contraceptive method was birth control pills, with 20.2% of sexually active youth using them.
- 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%).²⁵⁷

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections or diseases passed from person to person through sexual contact. STDs can also be transmitted in other ways: from mother to baby during pregnancy or childbirth, from injecting drugs, or from sexual abuse. STDs diagnosed in prepubescent children may be indicative of sexual abuse.²⁵⁸

- Chlamydia is the most prevalent STD in Indiana and for youth under 25, with 23,201 cases in 2018 (67.3% of Indiana's total cases).²⁵⁹
 - Overall, chlamydia is more prevalent among White Hoosier youth and gonorrhea among Black Hoosier youth.
 - White females ages 15 to 24 represented 20.4% of chlamydia cases, which was the highest among all ages, races, and ethnicities, and genders.
 - The second highest percentage of chlamydia cases was among Black females ages 15 to 24 at 14.1%.
 - Black males in this age range represented 6.9% of the cases, and White males represented 5.6% of the cases.²⁶⁰
- Though there are fewer cases of gonorrhea in Indiana overall and for youth when compared to chlamydia (5,776 cases for youth under 25) in 2018, youth under 25 have the highest contraction rate at 48.1%.
 - Black females ages 15 to 24 represented 17.9% of gonorrhea cases, which were the highest among all ages, races, ethnicities, and genders.
 - White females and Black males ages 15 to 24 had the second highest percentage of gonorrhea cases at 15.8%.
 - White males within the same age range had 10.8% of the cases.²⁶¹
- There were 212 cases of chlamydia and 73 cases of gonorrhea in youth younger than 15 years old in 2018.
- In 2018, about a quarter of syphilis cases (26.4%) occurred in youth under 25. Syphilis is more common in male Hoosiers (93.7%) than female (6.3%).
 - Black males 20 to 24 had the highest number of cases of syphilis (12.2%), followed by White males 20 to 24 (7.4%).²⁶²
- In 2018, there were a total of 7,837 cases of Hepatitis C in Indiana.²⁶³

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.²⁶⁴

- 32 Hoosier children ages 0–19 were newly diagnosed with HIV in 2018.²⁶⁵
- In 2018, 52 Hoosier children were born to HIV positive mothers, though none of these infants contracted the disease themselves.²⁶⁶
- 8.9% of Indiana high school students have ever been tested for HIV.²⁶⁷



LEVERAGING THE DATA: LOCALLY AND STATEWIDE

- **Expand quality sexual health education for youth starting at ages 12 and 13:** Promoting and implementing well-designed, quality sexual health education programs positively impacts student health. Students who participate in these programs are more likely to:

- Delay initiation of sexual intercourse,
- Have fewer sex partners,
- Have fewer experiences of unprotected sex,
- Increase their use of protection, specifically condoms, and
- Improve their academic performance.²⁶⁸

Quality sexual health education provides students with the knowledge and skills to help them be healthy and avoid sexually transmitted diseases (STDs) and unintended pregnancy. Sexual health education curriculum includes medically accurate, developmentally appropriate, and culturally relevant content and skills that target key behavioral outcomes and promote healthy sexual development. The curriculum is age-appropriate and planned across grade levels to provide information about health risk behaviors and experiences. Sexual health education should be consistent with scientific research and best practices; reflect the diversity of student experiences and identities; and align with school, family, and community priorities. In addition to providing knowledge and skills to address sexual behavior, quality sexual health education programs can be tailored to include information on high-risk substance use, suicide prevention, and violence and bullying prevention – all of which are behaviors and experiences that place youth at risk for poor health and academic outcomes.

Schools and youth serving organizations can expand quality sexual health education programs locally by ensuring these programs are:

- Are taught by well-qualified and highly-trained teachers and school staff;
- Use strategies that are relevant and engaging for all students;
- Address the health needs of all students, including the needs of lesbian, gay, bisexual, transgender, and questioning youth;
- Connect students to sexual health and other health services at school or in the community;
- Engage parents, families, and community partners in school programs; and
- Foster positive relationships between adolescents and important adults..

Quality sexual health education programs incorporate standards and curriculum that teach students how to:

- Analyze family, peer, and media influences that impact health;
- Access valid and reliable health information, products, and services (e.g., HIV/STD testing);
- Communicate with family, peers, and teachers about issues that affect health;
- Make informed and thoughtful decisions about their health; and
- Take responsibility for themselves and others to improve their health.

The CDC's [Health Education Curriculum Analysis Tool](#) (HECAT) can help local organizations develop, select, and revise curricula that includes instructional lessons, student activities, resources, and assessment strategies.

The Indiana General Assembly, Governor's Office, and Indiana Departments of Education and Health can identify existing state, district, and school policies on health education and sexual health education for all students to determine alignment with the CDC's recommendations for quality sexual health education to provide youth with the essential knowledge and critical skills needed to decrease risky behaviors. Additionally, the State can expand clear, skills-based sexual health education [standards](#) and [requirements](#) for all middle and high school students.²⁶⁹

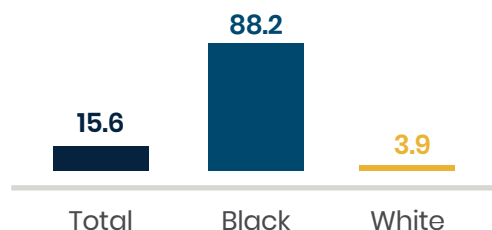


Violence

Violence is a public health issue due to its impact on the health and well-being of 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 reduce deaths. Additionally, economic, policy, environmental, and other community approaches can enhance safety.²⁷⁰ Violence is the second leading cause of injury and death for youth ages 15-19 in Indiana, and significant racial disparities exist.

- Homicide is the second leading cause of death for Black, Hispanic, and White Indiana youth ages 1-19.
- The homicide rate for black youth ages 15-24 is more than 22 times higher than their White peers.²⁷¹

Homicide Rate for Youth per 100,000 for Ages 15-24 by Race/Ethnicity, Indiana: 2019



Source: Indiana Department of Health

Deaths

Despite youth self-reporting positive health, the United States has higher infant and youth mortality rates than other high-income countries.²⁷²

- In 2018, Indiana's child and teen death rate (32 per 100,000) was higher than the national rate of 25 per 100,000.
- Indiana has the highest child and teen death rate (32 per 100,000) among neighboring states: Kentucky (30 per 100,000), Ohio (28 per 100,000), Michigan (28 per 100,000), and Illinois (24 per 100,000).²⁷³

Top 5 Causes of Child Deaths by Age, Indiana: 2019

| Under Age 1 | | Ages 1-4 | | Ages 5-9 | | Ages 10-14 | | Ages 15-19 | |
|-------------------------------------|-----|------------------|----|------------------------|----|---------------|----|------------------|----|
| Birth Defects | 129 | Accidents | 40 | Accidents | 20 | Accidents | 18 | Accidents | 82 |
| Short gestation/ low birthweight | 83 | Birth Defects | 10 | Birth Defects | 4 | Suicide | 17 | Homicide | 72 |
| Sudden Infant Death Syndrome | 55 | Cancer | 6 | Stroke | 3 | Cancer | 8 | Suicide | 31 |
| Accidents | 48 | Homicide | 5 | Respiratory Disease | 3 | Birth Defects | 7 | Cancer | 16 |
| Respiratory Distress | 15 | Heart Disease | 5 | Septicemia | 2 | Homicide | 4 | Heart Disease | 11 |

Source: Indiana 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.

- 365 Hoosier children and youth ages 1-24 died by accident in 2019.
- There were 86 Hoosier youth ages 0-19 that died due to motor vehicle accidents in 2019.²⁷⁴

Sources

- ¹ Child Trends (2017). Research Brief: Health Insurance Coverage Improves Child Well-Being.
- ² Healthcare.gov (n.d.). Health Insurance: How It Protects You from Health and Financial Risks.
- ³ Centers for Disease Control and Prevention (n.d.). Immunization: The Basics.
- ⁴ Centers for Disease Control and Prevention (n.d.). Diseases & the Vaccines that Prevent Them.
- ⁵ Indiana Department of Health (2020). County Rate Assessment
- ⁶ Ibid.
- ⁷ Centers for Disease Control and Prevention (2019). Vaccination Coverage for Selected Vaccines, Exemption Rates, and Provisional Enrollment Among Children in Kindergarten — United States, 2018–2019 School Year.
- ⁸ Center for Disease Control and Prevention (n.d.). 2018–19 School Year Vaccination Exemption Dashboard.
- ⁹ Data Resource Center for Child & Adolescent Health (2019). 2018 National Survey of Children's Health: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year.
- ¹⁰ Ibid.
- ¹¹ Centers for Disease Control and Prevention (2020). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020.
- ¹² Chalkbeat (2020). Chicago's childhood vaccination rates are slipping. Health officials are worried.
- ¹³ Centers for Disease Control and Prevention (2020). Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020.
- ¹⁴ COVID Collaborative (2020). Coronavirus Vaccine Hesitancy in Black and Latinx Communities.
- ¹⁵ Kaiser Family Foundation and The Undeclared (2020). New poll shows Black Americans see a racist health care system setting the stage for pandemic's impact.
- ¹⁶ Kaiser Family Foundation (2019). Health Coverage and Care of Undocumented Immigrants.
- ¹⁷ Pew Research Center (2020). Black Americans face higher COVID-19 risks, are more hesitant to trust medical scientists, get vaccinated.
- ¹⁸ Pew Research Center (2017). Public opinion about childhood vaccines for measles, mumps and rubella.
- ¹⁹ Kaiser Family Foundation and The Undeclared (2020). New poll shows Black Americans put far less trust in doctors and hospitals than white people.
- ²⁰ County Health Rankings & Roadmaps (2020). Indiana: Primary Care Physicians.
- ²¹ Kaiser Family Foundation (2018). Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.
- ²² Center for American Progress (2018). Discrimination Prevents LGBTQ People From Accessing Health Care.
- ²³ Youth.gov (n.d.). Behavioral Health.
- ²⁴ National Academic for State Health Policy (2020). State Strategies to Promote Children's Preventive Services.
- ²⁵ COVID Collaborative (2020). Coronavirus Vaccine Hesitancy in Black and Latinx Communities.
- ²⁶ COVID Collaborative (2020). Coronavirus Vaccine Hesitancy in Black and Latinx Communities.
- ²⁷ Centers for Disease Control and Prevention (n.d.). Promoting Health for Infants.
- ²⁸ Indiana Department of Health (2020). Data request.
- ²⁹ Indiana Department of Health (2020). Live Births (Variable ID: BIRTH009).
- ³⁰ Centers for Disease Control (2017). Reproductive and Birth Outcomes.
- ³¹ Centers for Disease Control and Prevention (n.d.). Picture of America: Reproductive Outcomes.
- ³² Centers for Disease Control and Prevention (2016). Reproductive Birth Outcomes.
- ³³ Indiana Department of Health (2020). Data request.
- ³⁴ Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.
- ³⁵ Indiana Department of Health (2020). Data Request.
- ³⁶ Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.
- ³⁷ Centers for Disease Control and Prevention (2017). Preterm Birth.
- ³⁸ Indiana Department of Health (2020). Very Low Birthweight (Variable ID: BIRTH003).
- ³⁹ Center for Disease Control and Prevention (n.d.). Percentage of Births Born Preterm by State.
- ⁴⁰ Indiana Department of Health (2017). Indiana Natality Report, Table 18.
- ⁴¹ National Institute of Health (2017). Birth Defects.
- ⁴² Indiana Department of Health (2020). IBDPR-Indiana Birth Defects and Problems Registry.
- ⁴³ Indiana Department of Health (2018). Annual Legislative Report of the Indiana Birth Defects and Problems Registry 2018.
- ⁴⁴ Indiana Department of Health (2020). Infant Mortality: Indiana 2018.
- ⁴⁵ Indiana Department of Health (2020). Data Request.
- ⁴⁶ Indiana Department of Health (2020). Data Request.
- ⁴⁷ Office of Disease Prevention and Health Promotion (2020). Social Determinants of Health.
- ⁴⁸ Center for American Progress (2019). Eliminating Racial Disparities in Maternal and Infant Mortality: A Comprehensive Policy Blueprint.
- ⁴⁹ Washington Post (2018). American medicine was built on the backs of slaves. And it still affects how doctors treat patients today.
- ⁵⁰ SAVA (2020). The Inequalities Behind COVID-19 Disparities for African Americans in Indianapolis.
- ⁵¹ National Institute of Health (2017). What is Prenatal Care and Why is it Important?
- ⁵² Child Trends (2015). Late or No Prenatal Care.
- ⁵³ Centers for Disease Control and Prevention (n.d.). Pregnancy-Related Deaths.
- ⁵⁴ Centers for Disease Control and Prevention Foundation (2018). Report from Nine Maternal Mortality Review Committees.
- ⁵⁵ Indiana General Assembly (2018). IC 16-50.
- ⁵⁶ Indiana Department of Health (2019). Indiana Maternal Mortality Review Committee (MMRC) Factsheet.
- ⁵⁷ Indiana Department of Health (2020). Data Request.
- ⁵⁸ Indiana Department of Health (2019). Indiana Maternal Mortality Review Committee.
- ⁵⁹ Journal of the American Heart Association (2020). Maternal Race/Ethnicity, Hypertension, and Risk for Stroke During Delivery Admission.
- ⁶⁰ Preeclampsia Foundation (2020). Women and Families.
- ⁶¹ Healthcare Cost and Utilization Project (2017). Delivery Hospitalizations Involving Preeclampsia and Eclampsia, 2005–2014.
- ⁶² Washington Post (2018). American medicine was built on the backs of slaves. And it still affects how doctors treat patients today.
- ⁶³ Indiana State Department of Health (2020). Data Request.
- ⁶⁴ Centers for Disease Control and Prevention (2020). First Data Released on Maternal Mortality in Over a Decade.
- ⁶⁵ Indiana State Department of Health (2020). Data Request.
- ⁶⁶ Ibid.
- ⁶⁷ County Health Rankings (2020). Cultural competence training for health care professionals.
- ⁶⁸ Georgetown University McCourt School of Public Policy (n.d.). Cultural Competence in Health Care: Is it important for people with chronic conditions?
- ⁶⁹ Trust for America's Health and Robert Wood Johnson Foundation (2019). The State of Obesity 2019.
- ⁷⁰ Indiana Department of Health (2019). 2018 Annual Report Indiana's Efforts to Address Infant Mortality.
- ⁷¹ Centers for Disease Control and Prevention (2020). Substance Use During Pregnancy.
- ⁷² Centers for Disease Control and Prevention (2017). Health Effects of Secondhand Smoke.
- ⁷³ Indiana Department of Health (2020). Data Request.
- ⁷⁴ Annie E. Casey Foundation (n.d.). Births to Mothers Who Smoked During Pregnancy in the United States.
- ⁷⁵ MedlinePlus (2017). Pregnancy and Substance Use.
- ⁷⁶ Centers for Disease Control and Prevention (2020). Child Abuse and Neglect: Risk and Protective Factors.
- ⁷⁷ Centers for Disease Control (2020). Alcohol Use in Pregnancy.
- ⁷⁸ Substance Abuse and Mental Health Administration (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed Tables, Table 6.20B.
- ⁷⁹ Centers for Disease Control and Prevention (2020). Substance Use During Pregnancy.
- ⁸⁰ Substance Abuse and Mental Health Administration (2020). Results from the 2019 National Survey on Drug Use and Health: Detailed Tables, Table 6.18B.
- ⁸¹ Substance Abuse and Mental Health Administration (2020). 2019 State Profile — United States and Other Jurisdictions National Survey of Substance Abuse Treatment Services (N-SSATS).
- ⁸² Indiana Academy of Family Physicians (2019). IPQIC Perinatal Substance Use (PSU) Task Force Resources.
- ⁸³ Indiana Hospital Association (2019). State and Local Efforts to Address Perinatal Substance Use.
- ⁸⁴ Cleveland Clinic (2016). The Benefits of Breastfeeding for Baby and for Mom.
- ⁸⁵ MedlinePlus (2015). Breastfeeding. Retrieved from <https://medlineplus.gov/breastfeeding.html>
- ⁸⁶ Indiana Department of Health (2020). Data Request.
- ⁸⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Breastfed Ever, Age 0–5 Years..
- ⁸⁸ Office of Disease Prevention and Health Promotion (n.d.). Clinical Preventive Services.
- ⁸⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Health Status.
- ⁹⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Effective Care Coordination.
- ⁹¹ Healthcare.gov (n.d.). Health Insurance: How It Protects You from Health and Financial Risks.
- ⁹² Child Trends (2017). Research Brief: Health Insurance Coverage Improves Child Well-Being.
- ⁹³ Boudreaux, et. Al. (2016). The long-term impacts of Medicaid exposure in early childhood: Evidence from the program's origin. Journal of Health Economics.
- ⁹⁴ Child Trends (2016). Health Care Coverage.
- ⁹⁵ Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.
- ⁹⁶ Georgetown University Health Policy Institute Center for Children and Families (2020). Children's Uninsured Rate Rises by Largest Annual Jump in More Than a Decade.
- ⁹⁷ U.S. Census Bureau, 2019 American Community Survey (2020). Table C27016: Health Insurance Coverage Status By Ratio of Income to Poverty Level in the Past 12 Months by Age.
- ⁹⁸ U.S. Census Bureau, 2019 American Community Survey (2020). Tables B27001A-I: Health Insurance Coverage Status by Sex by Age.
- ⁹⁹ U.S. Census Bureau, 2019 American Community Survey, 5-Year Estimate (2020). Tables B27001A-I: Health Insurance Coverage Status by Sex by Age.
- ¹⁰⁰ Congressional Research Service (2015). Health Insurance: A Primer.



Sources continued



- ¹⁰¹ Family and Social Services Administration (2020). Indiana Health Coverage Programs: Member Eligibility and Benefit Coverage.
- ¹⁰² Ibid.
- ¹⁰³ Ibid.
- ¹⁰⁴ Medicaid.gov (2020). July 2020 Medicaid & CHIP Enrollment Data Highlights.
- ¹⁰⁵ National Academy for State Health Policy (2019). Indiana 2019 CHIP Fact Sheet.
- ¹⁰⁶ Medicaid.gov (n.d.). Waiting Periods in CHIP.
- ¹⁰⁷ Indiana Department of Health (n.d.). About Us.
- ¹⁰⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children with special health care needs (CSHCN), ages 0 through 17.
- ¹⁰⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system.
- ¹¹⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children with special health care needs (CSHCN), ages 0 through 17.
- ¹¹¹ Centers for Disease Control and Prevention (2016). Children's Oral Health.
- ¹¹² National Survey for Children's Health (2020). Preventive Dental Visit, age 1–17 years.
- ¹¹³ Ibid.
- ¹¹⁴ Ibid.
- ¹¹⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year.
- ¹¹⁶ County Health Rankings (2020). Ratio of Population to Dentists.
- ¹¹⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 1 through 17, who had decayed teeth or cavities in the past year.
- ¹¹⁸ Indiana Department of Health (2020). Data Request.
- ¹¹⁹ Centers for Disease Control and Prevention (2018). Sleep in Middle and High School Children.
- ¹²⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Child Goes to Bed Same Time on Weeknights.
- ¹²¹ Sleep Standards (2020). Sleep Habits Post Lockdown in The U.S. (2020).
- ¹²² Office of Disease Prevention and Health Promotion. (n.d.). Access to Foods that Support Healthy Eating Patterns.
- ¹²³ U.S. Department of Agriculture (n.d.). Definition of a Food Desert.
- ¹²⁴ Behav. et al. (2016). Bringing Produce to the People: Implementing a social marketing food access intervention in rural food deserts.
- ¹²⁵ Office of Disease Prevention and Health Promotion. (n.d.). Access to Foods that Support Healthy Eating Patterns.
- ¹²⁶ Feeding America (2020). Map the Meal Gap.
- ¹²⁷ US Office of Disease Prevention and Health Promotion (n.d.). Food Insecurity.
- ¹²⁸ Indiana Department of Health (2015). Youth Risk Behavior Survey.
- ¹²⁹ Data Resource Center for Child & Adolescent Health (2020). Food Insufficiency.
- ¹³⁰ Centers for Disease Control and Prevention (2015). Youth Risk Behavior Surveillance.
- ¹³¹ Centers for Disease Control and Prevention (2016). Nutrition, Physical Activity, and Obesity: Data, Trends and Maps.
- ¹³² International Food Information Council (2020). 2020 Food & Health Survey.
- ¹³³ Rundle, et al. (2020). COVID_19 Related School Closing and Risk of Weight Gain Among Children.
- ¹³⁴ Centers for Disease Control and Prevention (2017). Physical Activity Facts.
- ¹³⁵ U.S. Department of Health and Human Services (2018). Physical Activity Guidelines for Americans.
- ¹³⁶ BMC Public Health (2016). Socioeconomic and Race/Ethnic Disparities in Observed Park Quality.
- ¹³⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Children Live in Neighborhoods with a Park or Playground.
- ¹³⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day.
- ¹³⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- ¹⁴⁰ American College of Physicians (2020). Worldwide Effect of COVID-19 on Physical Activity: A Descriptive Study.
- ¹⁴¹ Centers for Disease Control and Prevention (2020). Childhood Obesity Causes and Consequences.
- ¹⁴² American Academy of Pediatrics (2018). Epidemic Childhood Obesity: Not Yet the End of the Beginning.
- ¹⁴³ Centers for Disease Control and Prevention (2018). Childhood Obesity Facts.
- ¹⁴⁴ Centers for Disease Control and Prevention (2016). Defining Childhood Obesity.
- ¹⁴⁵ Office of Disease Prevention and Health Promotion. (n.d.). Access to Foods that Support Healthy Eating Patterns.
- ¹⁴⁶ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of adolescents, age 10–17 years, who are obese (BMI at or above the 95th percentile).
- ¹⁴⁷ Annie E. Casey Foundation (2020). Children and Teens Ages 10 to 17 Who are Overweight or Obese in the United States.
- ¹⁴⁸ Annie E. Casey Foundation (2020). 2020 KIDS COUNT Profile: Indiana.
- ¹⁴⁹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of adolescents, age 10–17 years, who are obese (BMI at or above the 95th percentile).
- ¹⁵⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of adolescents, age 10–17 years, who are obese (BMI at or above the 95th percentile).
- ¹⁵¹ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Concern About Current Weight.
- ¹⁵² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Ever Told That Child Is Overweight.
- ¹⁵³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Weight Status in 4 Categories Age 10 – 17 Years.
- ¹⁵⁴ Centers for Disease Control and Prevention (2017). Leading Causes of Nonfatal, 2000–2015.
- ¹⁵⁵ Indiana Department of Health (2018). Trauma System/Injury Prevention, Indiana Reports and Documents.
- ¹⁵⁶ Centers for Disease Control and Prevention (2017). What is a Concussion?
- ¹⁵⁷ Indiana Department of Health (2020). Special Emphasis Report: Traumatic Brain Injury, 2018.
- ¹⁵⁸ Indiana University Public Policy Institute (2019). Traffic Safety Facts: Children 2018.
- ¹⁵⁹ Child Trends (2015). Motor Vehicle Deaths.
- ¹⁶⁰ Indiana University Public Policy Institute (2017). Traffic Safety Facts: Young Drivers 2016.
- ¹⁶¹ Indiana University Public Policy Institute (2018). Indiana Traffic Safety Facts 2018.
- ¹⁶² Indiana University Public Policy Institute (2018). Indiana Crash Facts 2018.
- ¹⁶³ Indiana Department of Health (2015). Youth Risk Behavior Survey.
- ¹⁶⁴ Indiana University Public Policy Institute (2019). Traffic Safety Facts: Children 2018.
- ¹⁶⁵ Indiana Department of Health (2015). Youth Risk Behavior Survey.
- ¹⁶⁶ Center for Disease Control and Prevention (2017). Impairments, Activity Limitations, and Participation Restrictions.
- ¹⁶⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children without special health care needs, ages 0 through 17, who have a medical home.
- ¹⁶⁸ Indiana Department of Health (2020). Data Request.
- ¹⁶⁹ Centers for Disease Control and Prevention (2017). Developmental Monitoring and Screening.
- ¹⁷⁰ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
- ¹⁷¹ Centers for Disease Control (2016). Keep an eye on Your Vision Health.
- ¹⁷² U.S. Census Bureau, 2019 American Community Survey (2020). Table B18103: Sex by Age by vision Difficulty.
- ¹⁷³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Vision Test.
- ¹⁷⁴ Kids Health (n.d.). Hearing Impairment.
- ¹⁷⁵ U.S. Census Bureau, 2019 American Community Survey (2020). Table B18102: Sex by Age by Hearing Difficulty.
- ¹⁷⁶ Centers for Disease Control (2017). Allergies and Hay Fever.
- ¹⁷⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Prevalence of Current Allergies Including Food Drug, Insect, or Other.
- ¹⁷⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Prevalence of Current Asthma.
- ¹⁷⁹ Center for Parent information 7 resources (2017). Intellectual Disability.
- ¹⁸⁰ U.S. Census Bureau, 2019 American Community Survey (2020). Table B18104: Sex by Age by Cognitive Difficulty.
- ¹⁸¹ Data Resource Center for Child & Adolescent Health (2019). 2017–2018 National Survey of Children's Health: Prevalence of Current Intellectual Disability.
- ¹⁸² Child Trends (2016). Learning Disabilities.
- ¹⁸³ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Prevalence of Current learning Disability.
- ¹⁸⁴ Centers for Disease Control and Prevention (2019). What is Autism Spectrum Disorder?
- ¹⁸⁵ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder.
- ¹⁸⁶ National Institute of Mental Health (2018). Children and Mental Health.

Sources continued

- ¹⁸⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD).
- ¹⁸⁸ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling.
- ¹⁸⁹ County Health Rankings (2020). Mental Health Providers.
- ¹⁹⁰ Indiana Department of Health (2020). Data Request.
- ¹⁹¹ Indiana Family and Social Services Administration (n.d.). Overview: About DMHA.
- ¹⁹² Substance Abuse and Mental Health Services Administration (2020). Indiana 2019 Mental Health National Outcomes Measures (NOMS): SAMHSA Uniform reporting System.
- ¹⁹³ Centers for Disease Control and Prevention (n.d.). Learn About Mental Health.
- ¹⁹⁴ National Institute of Mental Health (2018). Children and Mental Health.
- ¹⁹⁵ Mental Health America (2020). Youth Data 2021.
- ¹⁹⁶ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Prevalence of Current Depression.
- ¹⁹⁷ Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Prevalence of Current Anxiety Problems.
- ¹⁹⁸ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ¹⁹⁹ National Center for Transgender Equality. (2016). Executive Summary of the 2015 U.S. Transgender Survey.
- ²⁰⁰ Ibid.
- ²⁰¹ Indiana Prevention Resource Center (2020). Indiana College Substance Use Survey 2019.
- ²⁰² Data Resource Center for Child & Adolescent Health (2020). 2018–2019 National Survey of Children's Health: Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD).
- ²⁰³ Centers for Disease Control and Prevention (2020). Prevalence of Children Aged 3–17 Years With Developmental Disabilities, by Urbanicity: United States, 2015–2018.
- ²⁰⁴ Child Mind Institute. (n.d.). The Art and Science of Mindfulness.
- ²⁰⁵ The Harvard Gazette (2018). When Science Meets Mindfulness.
- ²⁰⁶ Child Mind Institute. (n.d.). The Art and Science of Mindfulness.
- ²⁰⁷ CASEL (2020). SEL is...
- ²⁰⁸ U.S. Census Bureau. (2020). Household Pulse Survey Data, October 14 – November 9.
- ²⁰⁹ Centers for Disease Control and Prevention (2018). Preventing Suicide.
- ²¹⁰ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²¹¹ Centers for Disease Control and Prevention (2020). Youth Risk Behavior Survey – United States, 2019.
- ²¹² Perez-Brumer, et. al. (2017). Prevalence and Correlates of Suicidal Ideation Among Transgender Youth in California: Findings From a Representative, Population-Based Sample of High School Students.
- ²¹³ Youth.gov (n.d.). Behavioral Health.
- ²¹⁴ Indiana Department of Health (2020). Data Request.
- ²¹⁵ National Center for Transgender Equality. (2016). Executive Summary of the 2015 U.S. Transgender Survey.
- ²¹⁶ National Institute on Drug Abuse (2018). Drugs, Brains, and Behavior: The Science of Addiction.
- ²¹⁷ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²¹⁸ Youth.gov (n.d.). Behavioral Health.
- ²¹⁹ Substance Abuse and Mental Health Services Administration (2017). Report to Congress on the Prevention and Reduction of Underage.
- ²²⁰ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²²¹ National Institute on Alcohol Abuse and Alcoholism (2017). Underage Drinking.
- ²²² Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²²³ Indiana Prevention Resource Center (2020). Indiana College Substance Use Survey 2019.
- ²²⁴ Ibid.
- ²²⁵ Centers for Disease Control (2016). Tobacco Use.
- ²²⁶ Centers for Disease Control (n.d.). Health Effects.
- ²²⁷ Quitnowindiana.com (2020). Quit Now Indiana Provides Free Quit Services.
- ²²⁸ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²²⁹ Child Trends (2016). Daily Cigarette Use.
- ²³⁰ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²³¹ Substance Abuse and Mental Health Services Administration (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.
- ²³² U.S. Department of Health and Human Services (2016). Changes in Cannabis Potency Over the Last 2 Decades: Analysis of Current Data in the United States.
- ²³³ U.S. Department of Health & Human Services (2017). To Dab or Not to Dab: Rising Concerns Regarding the Toxicity of Cannabis Concentrates.
- ²³⁴ U.S. Department of Health & Human Services (2019). U.S. Surgeon General's Advisory: Marijuana Use and the Developing Brain.
- ²³⁵ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²³⁶ IUPUI Center for Health Policy (2017). Substance Abuse Trends in Indiana: A 10-Year Perspective.
- ²³⁷ Indiana Prevention Resource Center (2020). Indiana Youth Survey.
- ²³⁸ Rasmussen, et. al. (2016). A Longitudinal Examination of Toddlers' Behavioral Cues as a Function of Substance-Abusing Mothers' Disengagement.
- ²³⁹ Indiana Department of Health (2020). Data Request.
- ²⁴⁰ Indiana Department of Health (2018) Stats Explorer, Deaths from Drug Poisoning Involving Any Opioid.
- ²⁴¹ Committee on Substance Use and Prevention (2016). Families Affected by Parental Substance Use.
- ²⁴² Richard M. Fairbanks Foundation (2016). Opioids Rising: the Wide and Tragic Reach of Indiana's Growing Addiction Epidemic.
- ²⁴³ Rasmussen, et. al. (2016). A Longitudinal Examination of Toddlers' Behavioral Cues as a Function of Substance-Abusing Mothers' Disengagement.
- ²⁴⁴ American Psychological Association (n.d.). Understanding and Preventing Child Abuse and Neglect.
- ²⁴⁵ National Institute on Drug Abuse (2018). Drugs, Brains, and Behavior: The Science of Addiction.
- ²⁴⁶ National Institute on Drug Abuse (2016). What to Do if Your Teen or Young Adult Has a Problem with Drugs.
- ²⁴⁷ Substance Abuse and Mental Health Services Administration (2020). 2017–2018 Interactive NSDUH State Estimated.
- ²⁴⁸ County Health Rankings & Roadmaps (2020). Mobile health for mental health.
- ²⁴⁹ Weinstein, et al. (2014). Telemedicine, Telehealth, and Mobile Health Applications That Work: Opportunities and Barriers. American Journal of Medicine.
- ²⁵⁰ County Health Rankings & Roadmaps (2020). Mobile health for mental health.
- ²⁵¹ Child Trends (2017). Sexually Active Teens.
- ²⁵² Centers for Disease Control and Prevention (2020). Youth Risk Behavior Survey – United States, 2019.
- ²⁵³ Indiana Department of Health (2015). Youth Risk Behavior Survey.
- ²⁵⁴ Denford, et al. (2017). A comprehensive review of reviews of school-based interventions to improve sexual-health. Health Psychology Behavior.
- ²⁵⁵ Kaiser Family Foundation (2018). Abstinence Education Programs: Definition, Funding, and Impact on Teen Sexual Behavior.
- ²⁵⁶ Centers for Disease Control and Prevention (2020). Youth Risk Behavior Survey – United States, 2019.
- ²⁵⁷ Centers for Disease Control and Prevention (2016). Youth Risk Behavior Survey – United States, 2015.
- ²⁵⁸ Centers for Disease Control and Prevention (n.d.). Sexual Violence.
- ²⁵⁹ Indiana Department of Health (n.d.). STD Data.
- ²⁶⁰ Indiana Department of Health (n.d.). Reported Cases of Chlamydia by Age, Sex, Race/Ethnicity and by County, 2014–2018.
- ²⁶¹ Indiana Department of Health (n.d.). Reported Cases of Gonorrhea by Age, Sex, Race/Ethnicity and by County, 2014–2018.
- ²⁶² Indiana Department of Health (n.d.). Reported Cases of Primary and Secondary Syphilis by Age, Sex, Race/Ethnicity and by County, 2014–2018.
- ²⁶³ Indiana Department of Health (2019). Semi-Annual HIV/AIDS, STD, and Hepatitis B & C Data; January 1, 2018 through December 31, 2018.
- ²⁶⁴ Centers for Disease Control and Prevention (2017). HIV among Youth.
- ²⁶⁵ Indiana Department of Health (2019). Semi-Annual HIV/AIDS, STD, and Hepatitis B & C Data; January 1, 2018 through December 31, 2018.
- ²⁶⁶ Indiana Department of Health (2019). Perinatal HIV Transmission.
- ²⁶⁷ Indiana Department of Health (2015). Youth Risk Behavior Survey.
- ²⁶⁸ Centers for Disease Control and Prevention (n.d.). What Works: Sexual Health Education.
- ²⁶⁹ Ibid.
- ²⁷⁰ Centers for Disease Control and Prevention (n.d.). Violence and Homicide Among Youth.
- ²⁷¹ Indiana Department of Health (2020). Data Request.
- ²⁷² U.S. National Library of Medicine National Institutes of Health (2018). Infant and Youth Mortality Trends by Race/Ethnicity and Cause of Death in the United States.
- ²⁷³ KIDS COUNT Data Center. (2020.). Child and Teen Death Rate.
- ²⁷⁴ Indiana Department of Health (2020). Data Request



Methodology

The 2021 Indiana KIDS COUNT® Data Book is a comprehensive collection of significant indicators on the well-being of Hoosier youth and families across the four areas of Family and Community, Economic Well-Being, Education, and Health. Indiana Youth Institute does not design or implement primary research, only secondary research. The Data Book provides the most recent data and research 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 relevant. A focus is placed on visualizing data with context and analysis to show trends over time, county comparisons, and disparities by race, place, or income. In certain circumstances, studies older than 10 years were utilized due to the level of respect and impact to the field of child well-being and to provide historical context.

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, context, and recommendations. Partners and agencies provide support on data checking, clarity on definitions, data context, and changes to methodology to ensure accuracy.

Accuracy

Data were collected through request or by accessing publicly available sources from various agencies at the time of publication. Agencies often depend on other data sources. Data collection and availability differs among agencies. Every effort is made to ensure information is accurate, valid, and reliable; however, 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.

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.
- Data collection and methodology vary among sources and agencies. When comparing data from different sources, readers are encouraged to understand the different methodologies of each source.
- Data presented may not be comparable due to different sources employing varying methodologies and sample sizes.
- Data from different surveys or questionnaires may use different definitions for data indicators. It is advised to review the original source methodology to understand their definitions.



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.



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