The KIDS COUNT® in Indiana Data Book is dedicated to all those who are committed to improving the lives of Indiana’s children.

ACKNOWLEDGMENTS
The KIDS COUNT® in Indiana 2015 Data Book could not have been produced without the help of many people who provided information and support.

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Indiana Association of Child Care Resource and Referral
Indiana Department of Child Services
Indiana Department of Correction
Indiana Department of Education
Indiana Family and Social Services Administration
Indiana State Department of Health
And the numerous other research agencies that work on the behalf of Indiana’s children

We also wish to thank:
Authors Emily Krauser and Aimee Wilkinson
Contributors Julie Whitman and Kayli Schafer
Editors Glenn Augustine and Sarah Bradbury
Designer Vicky Rockwell, CAVU Ltd.

The findings and conclusions presented in this report are those of the authors alone and do not necessarily reflect the opinions of our sponsors.

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Dear Fellow Hoosier,

In your hands – or on your computer screen – is a treasure trove of data on the well-being of Indiana’s children, youth, and families.

In our roles as Indiana’s Governor and Superintendent of Public Instruction, we are continually striving to improve the lives of Indiana’s children by building a quality education system, strong communities and social supports, great jobs for their parents, and future opportunities for the children themselves. In this work, we rely on the objective data provided by the Indiana Youth Institute in the KIDS COUNT® in Indiana Data Book and IYI’s other data services. We hope that you will find it useful as well.

For the healthy development of Hoosier children and youth,

Glenda Riz
Superintendent of Public Instruction

Michael R. Pence
Governor
About Kids Count in Indiana 2015

KIDS COUNT in Indiana is part of a national network of state-level projects coordinated and supported by the Annie E. Casey Foundation (www.aecf.org). The KIDS COUNT project provides national and state-by-state information about the well-being of children, youth, and their families. The KIDS COUNT in Indiana 2015 Data Book: A Profile of Child Well-Being, 20th in the series, is an important tool for community leaders, policymakers, youth workers, advocates, and others who impact the lives of Indiana’s children.

The goal of the Data Book is to collect the best and most recent information available regarding childhood well-being in the state of Indiana. It is available online at iyi.org/databook. The KIDS COUNT Data Center, available at datacenter.kidscount.org, uses indicators from reliable sources that are consistently available for the state of Indiana and each county from year to year. In addition, a printable profile for each of Indiana’s 92 counties can be found at iyi.org/countyprofiles.

Please feel free to copy, distribute, or otherwise use information from this Data Book, provided the source is cited as: Indiana Youth Institute. (2015). KIDS COUNT in Indiana 2015 Data Book: A Profile of Child Well-Being.
### Percentage of Children Ages 0-5 with All Parents in the Labor Force

Source: U.S. Census Bureau

- **28.9 - 53.8**
- **53.9 - 67.6**
- **67.7 - 79.8**

### Child Population Under Age 18: CY 2013

<table>
<thead>
<tr>
<th>Race</th>
<th>Total</th>
<th>Females</th>
<th>Males</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>1,182,841</td>
<td>576,606</td>
<td>606,235</td>
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<tr>
<td>Black</td>
<td>202,239</td>
<td>99,175</td>
<td>103,064</td>
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<td>American Indian</td>
<td>4,064</td>
<td>2,113</td>
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<tr>
<td>Asian</td>
<td>34,058</td>
<td>17,382</td>
<td>16,676</td>
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<tr>
<td>Hispanic, of any race</td>
<td>162,825</td>
<td>79,941</td>
<td>82,884</td>
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<tr>
<td><strong>Total</strong></td>
<td>1,586,027</td>
<td>775,217</td>
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### Economic Well-Being

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<th>2012</th>
<th>2013</th>
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<tr>
<td>% of Children in Poverty, Age 0-17 (CY)</td>
<td>21.7</td>
<td>23.0</td>
<td>22.4</td>
<td>22.2</td>
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<tr>
<td>% of Public School Students Receiving Free Lunches (SY)</td>
<td>36.6</td>
<td>39.0</td>
<td>40.0</td>
<td>41.0</td>
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<tr>
<td>% of Public School Students Receiving Reduced Price Lunches (SY)</td>
<td>8.7</td>
<td>7.7</td>
<td>8.2</td>
<td>8.1</td>
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<td>Monthly Average # of Persons Issued Food Stamps (SFY)</td>
<td>787,183</td>
<td>867,101</td>
<td>901,880</td>
<td>923,766</td>
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<td>Monthly Average # of Families Receiving TANF (SFY)</td>
<td>40,135</td>
<td>33,746</td>
<td>18,849</td>
<td>13,150</td>
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<td>Annual Average Unemployment Rate (%) (CY)</td>
<td>10.1</td>
<td>9.0</td>
<td>8.4</td>
<td>7.5</td>
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<td>Median Household Income (CY)</td>
<td>$44,613</td>
<td>$46,438</td>
<td>$46,974</td>
<td>$47,529</td>
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<td>Per Capita Personal Income (CY)</td>
<td>$34,386</td>
<td>$36,342</td>
<td>$38,119</td>
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<td>% of Food Insecure Children</td>
<td>22.7</td>
<td>22.7</td>
<td>21.8</td>
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### Health

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<td># of Live Births (CY)</td>
<td>86,126</td>
<td>83,867</td>
<td>83,750</td>
<td>83,250</td>
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<td>Teen Birth Rate per 1,000 Females, Age 15-17 (CY)</td>
<td>20.8</td>
<td>18.5</td>
<td>16.0</td>
<td>15.5</td>
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<td>% of Low Birthweight Babies (CY)</td>
<td>8.3</td>
<td>8.0</td>
<td>8.1</td>
<td>7.9</td>
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<td>% of Mothers Who Received First Trimester Prenatal Care (CY)</td>
<td>66.1</td>
<td>68.5</td>
<td>68.1</td>
<td>68.4</td>
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<tr>
<td>% of Mothers Who Reported Smoking During Pregnancy (CY)</td>
<td>18.2</td>
<td>17.1</td>
<td>16.6</td>
<td>16.5</td>
</tr>
<tr>
<td>% of Live Births to Unmarried Parents (CY)</td>
<td>43.9</td>
<td>43.0</td>
<td>42.7</td>
<td>43.2</td>
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<tr>
<td>% of Children Under Age 19 Who Are Uninsured (CY)</td>
<td>8.8</td>
<td>8.9</td>
<td>8.1</td>
<td>8.4</td>
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<tr>
<td># of Infant Deaths, Under Age 1 (CY)</td>
<td>675</td>
<td>630</td>
<td>643</td>
<td>556</td>
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<tr>
<td># of Child Deaths, Age 1-19 (CY)</td>
<td>481</td>
<td>481</td>
<td>487</td>
<td>460</td>
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<tr>
<td># of Children Served by First Steps (SFY)</td>
<td>21,291</td>
<td>20,853</td>
<td>20,056</td>
<td>20,131</td>
</tr>
<tr>
<td># of Early Head Start &amp; Head Start Funded Enrollment Slots (SFY)</td>
<td>15,966</td>
<td>15,967</td>
<td>15,893</td>
<td>15,944</td>
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<tr>
<td># of Licensed Child Care Centers (SFY)</td>
<td>597</td>
<td>612</td>
<td>598</td>
<td>598</td>
</tr>
<tr>
<td># of Licensed Child Care Homes (SFY)</td>
<td>3,040</td>
<td>2,994</td>
<td>2,874</td>
<td>2,826</td>
</tr>
<tr>
<td># of Registered Child Care Ministries (SFY)</td>
<td>714</td>
<td>739</td>
<td>721</td>
<td>664</td>
</tr>
<tr>
<td># of Licensed Child Care Slots per 100 Children, Age 0-4 (SFY)</td>
<td>23.5</td>
<td>24.1</td>
<td>23.8</td>
<td>23.7</td>
</tr>
<tr>
<td># of Children Receiving CCDF Child Care Vouchers (FFY)</td>
<td>52,307</td>
<td>46,730</td>
<td>53,041</td>
<td>56,530</td>
</tr>
<tr>
<td>Monthly Avg # of Children on Wait List for CCDF Vouchers (FFY)</td>
<td>10,612</td>
<td>13,652</td>
<td>7,358</td>
<td>4,915</td>
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### Public Education, Grades Pre-K-12+

<table>
<thead>
<tr>
<th>Category</th>
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<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Enrollment Pre-K-12+ (SY) (Includes Charters)*</td>
<td>1,043,416</td>
<td>1,046,260</td>
<td>1,036,692</td>
<td>1,030,965</td>
</tr>
<tr>
<td>% English Language Learner Students (SY)</td>
<td>4.7</td>
<td>4.7</td>
<td>4.9</td>
<td>5.0</td>
</tr>
<tr>
<td>% Special Education Students (SY)</td>
<td>15.0</td>
<td>14.7</td>
<td>14.6</td>
<td>14.4</td>
</tr>
<tr>
<td>High School Graduation Rate (4-Year Cohort %) (SY)</td>
<td>85.4</td>
<td>86.8</td>
<td>88.4</td>
<td>88.3</td>
</tr>
<tr>
<td>% of Graduates Taking the SAT (SY)</td>
<td>56.9</td>
<td>62.2</td>
<td>63.4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Does not include enrollment in virtual or adult education charter schools

### SY 2013 Cohort Education Outcomes

- **Graduate 88.3%**
- **Honors Diploma 33.9%**
- **Core 40 Diploma 49.8%**
- **General Diploma 16.3%**
- **Dropputs 5.6%**
- **Students Still in School 4.3%**
- **Special Education Certificate 1.3%**
- **Course Completion 0.3%**
- **GED 0.3%**

Source: Indiana Department of Education. Note: Due to rounding, totals may not equal 100

### Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Children in Need of Services (CHINS) identified by DCS (SFY)</td>
<td>15,201</td>
<td>13,694</td>
<td>13,035</td>
<td>13,684</td>
</tr>
<tr>
<td>Child Abuse/Neglect Rate per 1,000 Children Under Age 18 (SFY)</td>
<td>14.5</td>
<td>12.2</td>
<td>12.5</td>
<td>14.2</td>
</tr>
<tr>
<td># of Child Neglect Cases Substantiated by DCS (SFY)</td>
<td>16,856</td>
<td>14,439</td>
<td>14,802</td>
<td>17,374</td>
</tr>
<tr>
<td># of Child Sexual Abuse Cases Substantiated by DCS (SFY)</td>
<td>3,725</td>
<td>3,081</td>
<td>3,214</td>
<td>2,992</td>
</tr>
<tr>
<td># of Child Physical Abuse Cases Substantiated by DCS (SFY)</td>
<td>2,451</td>
<td>1,995</td>
<td>1,992</td>
<td>2,189</td>
</tr>
<tr>
<td># of Termination of Parental Rights Case Filings (CY)</td>
<td>3,502</td>
<td>2,718</td>
<td>2,222</td>
<td>2,353</td>
</tr>
<tr>
<td># of Juvenile Delinquency Case Filings (CY)</td>
<td>20,585</td>
<td>19,553</td>
<td>18,480</td>
<td>17,774</td>
</tr>
<tr>
<td># of Juvenile Status Offense Case Filings (CY)</td>
<td>4,586</td>
<td>4,442</td>
<td>4,589</td>
<td>3,639</td>
</tr>
<tr>
<td># of Juveniles Committed to the Department of Correction (CY)</td>
<td>1,008</td>
<td>994</td>
<td>932</td>
<td>842</td>
</tr>
</tbody>
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N/A: Not Available; the data source has not yet released comparable data for the year.

CY: Calendar Year: Jan 1 to Dec 31
FFY: Federal Fiscal Year: Oct 1 to Sept 30
SFY: State Fiscal Year: July 1 to June 30
SY: School Year: Fall Term to Summer Term
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Indiana is home to 1,586,027 children younger than age 18 and 508,938 under age 6. Indiana has the 15th largest child population in the United States. Children make up nearly a quarter of Indiana’s population (24.1%), which is greater than the national average (23.3%). However, the child population in Indiana is decreasing.

Over the past 5 years, 77 counties in Indiana have seen a decrease in child population, while only 15 have seen an increase. Five Indiana counties saw large decreases of 10 percent or more between 2008 and 2013.

Child Population Change: 2008-2013

Child Population as a Percentage of Total Population, United States v. Indiana: 2000-2013

Source: Easy Access to Juvenile Populations
Diversity

Indiana’s child population has increased in diversity over time and is far more diverse than the adult population. This growing diversity in the child population is reflected in research showing the need for cultural awareness among people who work with youth.

- In 2004, 21.2% of Hoosier youth were of a minority group; over the past decade that rate rose to fully a quarter of the child population (27.0%) in 2013.3

The majority of Indiana's children were born in Indiana (84.1%) and another 14.3 percent were born in other states.4 Only 1.8 percent of Indiana children are foreign born,5 and of them, 9.6 percent have a native-born parent6 and 28.6 percent are Naturalized U.S. Citizens.7

- The vast majority of Indiana youth are either native-born or naturalized US citizens (98.7%)8

### Percentage of Population by Age and Race, Indiana: 2013

<table>
<thead>
<tr>
<th>Age Group</th>
<th>White</th>
<th>Hispanic</th>
<th>Black</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-5</td>
<td>7.3%</td>
<td>5.5%</td>
<td>10.8%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Ages 6-17</td>
<td>5.5%</td>
<td>3.5%</td>
<td>9.5%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Ages 18-59</td>
<td>3.5%</td>
<td>1.9%</td>
<td>11.1%</td>
<td>80.9%</td>
</tr>
<tr>
<td>Ages 60 and over</td>
<td>1.7%</td>
<td>6.1%</td>
<td>9.2%</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

### Percent of Foreign-born Children by Place of Birth, Indiana: 2012

<table>
<thead>
<tr>
<th>Place of Birth</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>43.3%</td>
</tr>
<tr>
<td>Asia</td>
<td>29.7%</td>
</tr>
<tr>
<td>Europe</td>
<td>16.3%</td>
</tr>
<tr>
<td>Africa</td>
<td>7.2%</td>
</tr>
<tr>
<td>Canada</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Source: American Community Survey: Tables B17020 A-I
Houshold and Families

The families and communities in which children are born and raised often can predict future outcomes for children. The number and type of parents as well as the relationship between parents are strongly linked to a child’s well-being. Similarly, living in supportive neighborhoods and communities is important for positive child and youth development.

Households

The distinction between family and household as used in U.S. Census Bureau data is an important one. A household includes all people who occupy a housing unit as their regular place of residence. There are two types of households, family and non-family. A family is composed of two or more individuals who are related to each other by birth, marriage or adoption, and a non-family household may be one person living alone or with others who are unrelated. In Indiana, 32.2 percent of households (804,179 households) have children younger than age 18 in them.

- Less than 1 percent of Indiana children live in non-family households.
- Another 7.3 percent of Indiana children live in two-person households, 20.2 percent in 3-person, 32.6 percent in four-person, and 39.0 percent live in households with five or more people.

Families

Nearly half of Indiana’s families have children (48.1%). Of them 18.3 percent have children younger than age 5, 62.5 percent have children 5-17, and 19.2 percent have children in both age groups.
Family Type

Children in Indiana experience a variety of different living situations. Most Indiana children live in families with a biological parent as the householder (81.9%), followed distantly by living with a grandparent as the householder (7.2%).

Research shows that living in a two-parent household is correlated with better health and education outcomes for children, but is only part of the equation for child well-being. Both single mothers and single fathers face barriers to providing economic stability for their children. Seven in ten children living with a single mother are low income or living in poverty, compared with less than a third of children living in other types of families. Similarly, single fathers are less likely to receive child support payments than single mothers and have to balance work and child care needs as any family does.

- 65.6 percent of Indiana children live in married-couple families, 24.7 percent in single-mother families, and 7.3 percent in single-father families.
- Families in which the householder is black are more likely single-mother families than those with householders of other races.
- In Indiana there are 12,722 same-sex couple households, about 3,600 of which are spouses. Nationally 23.2 percent of same-sex spouses and 12.9 percent of unmarried same-sex partners have children.
Adoptive Families
In 2013, 2.7 percent of children lived in adoptive families and another 2.3 percent lived in homes where the householder was a foster parent or other unrelated individual. There are three main avenues for adopting a child in the United States: foster care adoptions, international adoptions, and private domestic adoptions.

- In 2011, there were 1,788 children adopted through the Department of Child Services system in Indiana.23
- There were 232 international adoptions by Indiana families in 2013, a decline from the peak of 635 international adoptions in 2004.24
- The number of children adopted by Indiana families through private agencies is not available.

Multigenerational Families
Three percent of Indiana’s households are multigenerational, meaning at least 3 generations of family members are living in the same household. Not all Indiana children who live with their grandparents live in multigenerational families because the parent of the grandchild is not always present.

- In Indiana, 113,444 children live with their grandparents. However, the grandparent is only directly responsible for the grandchild in about half of households in which grandparents live (48.3%).

Although grandparents often are willing to care for the children in their families, they may need additional financial assistance or other support,25 especially in cases where the child has been a victim of maltreatment.26

- Of the grandparents who are responsible for their grandchildren, nearly a third are over the age of 60 (31.7%) and a quarter are living with a disability (25.5%).
- More than half of children in households where the grandparent is responsible for the grandchild receive Supplemental Social Security Income (SSI), cash public assistance income or Food Stamp/SNAP benefits (53.1%).27
- More than a quarter of children whose grandparents are responsible for them live in poverty (26.5%).28
**Parental Origin**

One in ten Indiana children have at least one foreign-born parent. Children living in families with at least one foreign-born parent are more likely to be in married couple families (80.0% compared to 63.9% for only native-born families). Though their backgrounds are diverse, children who are foreign-born or children whose parents are foreign born may need supports such as assistance adjusting to American culture, access to programs for their families’ citizenship status, and language instruction.29

- Of children with a foreign born parent (143,705), 85.9 percent are native born children.

**Household Language**

Nearly one in ten Indiana children speak a language other than English at home (9.7%), and 90 percent of them also speak English well or very well.30 Research shows that families who speak English as a second language are more likely to be in a lower socioeconomic class, most often due to low wages rather than unemployment. These difficulties can be compounded by living in poor communities as well as trouble accessing social services due to linguistic or cultural barriers.31
Parent Educational Attainment

Children who have parents with higher levels of educational attainment tend to have better outcomes than children whose parents have not had as much formal schooling. Higher levels of parental educational attainment are strongly associated with positive outcomes for children in many areas including family financial stability, incidences of low birth weight babies, child educational achievement, health-related behaviors such as smoking and binge drinking, and pro-social activities such as volunteering. Children of more highly educated parents also tend to have greater access to material, human and social resources than their peers. Parental beliefs, attitudes and practices surrounding their child’s education also impact the child success.

Adult educational attainment also is related to family living situation and economic stability. For example, less educated women are more likely to give birth outside of marriage, and single parents who attend college are less likely to complete their intended degree than other college students.

Family Stability

Children thrive in stable and nurturing environments. Although some change in children’s lives is normal, sudden, prolonged or dramatic disruptions can affect children’s feeling of security. Changes in family living arrangement or makeup can have a profound impact on how a family functions. The more changes in family structure, the more difficult the instability becomes, increasing problem behaviors.

- 23.9 percent of Hoosier children have ever lived with a parent or guardian who got divorced or separated after they were born.
- 4.2 percent of Indiana children ages 0-17 have lived with a parent or guardian who died.

![Educational Attainment for Population, 25-64: 2013](chart)

Source: American Community Survey: Table B15001
**Family Stress**

Feeling some stress during pregnancy or while parenting is normal, but high levels of stress that continue for a long time can negatively affect a child.

Parental discord can be as disruptive to childhood well-being as parental divorce. Additionally, children living in high-conflict, two-parent families have more social, emotional and behavioral problems than children living in single-parent families with minimal conflict.40

Research has found a negative link between family stress and childhood well-being. Children in families with high levels of stress are twice as likely as their peers to be disengaged in school and four times as likely to have behavioral or emotional problems. Family stressors include not being able to pay bills, obtain food, access health care, or having a family member with a physical, learning or mental health condition.41

- One in five children in the United States lives in a stressful family environment (22%), compared to half of all U.S. children in poverty (50%).42
- Parents of infants and toddlers who live in poverty are more than three times as likely as those in more affluent families to report stress in parenting.43
- 11.9 percent of Hoosier parents report usually/always feeling stress from parenting, and parents from higher-income families are less likely to usually/always feel stress than those living in poverty.44
- 46.9 percent of Indiana middle and high school students live in a family that argues repetitively, over a third live in a family that has serious arguments (35.8%), and 38.0 percent live in a family that insults each other.45

---

**Parents who Usually or Always Felt Stress From Parenting in the Past Month by Percentage of Poverty Level, Indiana: 2011/12**

- 400% Federal Poverty Level or Higher: 5.2%
- 200-399% Federal Poverty Level: 11.4%
- 100-199% Federal Poverty Level: 11.6%
- 0-99% Federal Poverty Level: 20.1%

*Source: National Survey of Children’s Health*
**Military Parents**

Children living in military families often face challenges such as moving frequently, worrying about their parents and having to take responsibility for themselves when a parent is absent or unavailable. Research shows that children in military families struggle with higher rates of anxiety than their peers and often have difficulties in school.

- Indiana is home to 20,151 Reserve members (including National Guard) and 801 Active Duty military members.
- Nationally more than two in five active duty and reserve members have children (43.6%).
- The majority of military personnel in Indiana reside off-base and therefore have limited access to the formal and informal supports that are available to their on-base peers.
- 5.4 percent of Indiana’s middle and high school students have a parent who served in the military in the last ten years and of them about half served in a war zone (52.1%).

**Mobility**

Families move for a variety of reasons—both positive and negative. However, children who move too frequently, especially early in life, often have difficulties with vocabulary development, are likely to express negative social behaviors, and are more likely to drop out of high school than their peers.

- 42.8 percent of Indiana children have moved two to five times in their lives and 5.9 percent have moved six or more times.
- Children living in poverty are the most likely to have moved two or more times in their lives.
- Younger children in Indiana (ages 0-4) are more likely to have moved in the past year than older children (21.2% ages 0-4 compared to 13.8% of children 5 and older).
Incarcerated Parents

When a parent or other family member is incarcerated, a family’s stability is affected in many ways, including being more likely to move, having lost income from the incarcerated parent, and facing changes in child care or parent/child relationships. These compounded issues are associated with negative outcomes for children, such as a slower educational performance and drug use.58

Indiana’s population of incarcerated adults has grown from 21,425 in 2002 to 29,220 in 2014.59 National estimates indicate that 61.7 percent of female inmates and 51.2 percent of male inmates have children younger than the age of 18.60

• 11.1 percent of Indiana children (ages 0-17) have lived with a parent who served time in jail or prison, the second-highest rate nationally.61

Youth as Caregivers

Children who live in families where a parent, grandparent or other family member has an illness often tend to family member’s needs. In small amounts family caregiving is normal and is positively related to increased pride, improved familial relationships and better coping skills.

However, for some children, caregiving is a large part of life and affects the ability to perform well in school or participate in extracurricular activities.62

• More than one in ten Hoosier children ages 0-17 have lived with someone who was mentally ill or suicidal (11.1%).63

• 13.4 percent of Indiana children have lived with someone who had a problem with alcohol or drugs, greater than the national rate of 10.7 percent.64
Parent Engagement

When parents are actively engaged in their children’s lives, children are likely to have better academic performance, attendance, graduation rates, attitudes, behaviors and overall well-being. Parents who discuss the importance of education and encourage future academic and occupational goals have the strongest impact on positive outcomes.65

Reading to children during infancy and preschool years creates nurturing relationships between the parent and child which is important for cognitive, language and social-emotional development.66

- Half of Indiana families read to children under 6 years old every day (52.9%).67

Teens who regularly have meals with their families are less likely to get into fights, smoke, drink, use drugs and think about suicide.68

- In Indiana, 43.4 percent of families eat a meal together every day.
- Nearly one fourth eat a meal together on fewer than four days in an average week (24.4%).69
- Slightly more than a third of Indiana’s middle and high school students have parents who notice when they are doing a good job (34.2%) and tell the student they are proud of them (35.6%).70

![Parental Involvement by Child Age, Indiana: 2011/12](chart)

Source: National Survey of Children’s Health
NEIGHBORHOODS AND COMMUNITIES

A child’s place of residence plays an important part in well-being. Children in Indiana live in homes, neighborhoods and communities with varying types of supports, and the majority of Hoosier children live in neighborhoods with accessible libraries (89.1%)\(^71\), recreation centers (67.0%)\(^72\), or parks or playgrounds (77.2%).\(^73\)

- 7.1 percent of Indiana children live in homes with less than one bedroom per every two people in the household.\(^74\)
- One in ten children in Indiana live in a neighborhood where there is vandalism, such as broken windows or graffiti.\(^75\)
- One in seven children live in a neighborhood where there is litter or garbage on the street.\(^76\)

Transportation

Indiana communities rely heavily on individuals driving cars rather than walking or taking public transportation. The Indiana Department of Transportation’s last annual report rated 78.5 percent of state-owned pavement as excellent/good and 11.2 percent as fair/poor.

- In Indiana, the mean travel time to work is 23.2 minutes.\(^77\)
- In Indiana, 5.2 percent of children lived in households with no vehicles available and another 21.9 percent had one vehicle available.\(^78\)
Urban/Rural
Over the last three years Indiana’s urban population has increased 1.8 percent as its rural population has decreased 0.4 percent. Rural areas tend to have higher food insecurity and lower levels of educational attainment than urban areas. Some of the causes of economic hardship in rural areas include employment being concentrated in low-wage industries and having fewer available work-support services, such as child care and public transportation. Rural parents spend less in child-rearing expenses than their peers ($145,500 to raise a child to age 18 in rural communities compared to $174,450 overall).

- 1.8 percent of Indiana children live in households that are considered farms.
- Despite having higher per-capita income in Indiana, urban areas still have a higher poverty rate than rural areas.
- People older than 25 years of age living in rural Indiana are more likely to have a high school diploma or less, while those in urban Indiana are more likely to have completed some college or more.

Communities
Living in supportive communities can contribute to the successful development of children. For example, having positive connections with neighbors, peers and other community members helps youth develop social competence, and youth who have such relationships are less likely to participate in problem behaviors.

In Indiana, 83.8 percent of children live in supportive neighborhoods: neighborhoods in which parents believe that people help each other out, watch out for each other’s children, or in which trusted adults are available to help children who may be hurt or scared.

- White children (87.4%) and children living in affluent families (92.6% living above 200 percent of the Federal Poverty Level, or 200% FPL) are the most likely to live in a supportive neighborhood.
- Indiana’s Hispanic children are less likely to live in a supportive neighborhood if their primary household language is English (67.0%) than if their primary language is Spanish (78.6%).
- About two in five Indiana middle and high school students live in a neighborhood with people who are proud of them (29.8%) and encourage them to do their best (44.2%).

Educational Attainment for Population 25 and older, Per Capita Income and Poverty Rate, Rural and Urban Indiana: 2012 5-year estimate

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing High School or Less</td>
<td>58.5%</td>
<td>45.4%</td>
</tr>
<tr>
<td>Completing Some College or More</td>
<td>41.6%</td>
<td>54.7%</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$34,514</td>
<td>$39,169</td>
</tr>
<tr>
<td>Percent in Poverty</td>
<td>14.7%</td>
<td>15.8%</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Agriculture, 2014
Mentor-like Relationships
Supportive connections with family, friends and caring adults, such as teachers and mentors, have a positive impact on children’s lives. Children who have at least one caring adult in their lives are more likely to become productive adults themselves. Caring adults may be the child’s parents but also may be other relatives, neighbors, friends, teachers, coaches, religious leaders or mentors.

- Youth with a formal or informal mentor outside their home are less likely to act out or bully as well as less likely to be withdrawn or depressed.
- Most Indiana children have an adult mentor in their school, neighborhood or community (92.7% in Indiana compared to 88.9% nationally).
Out-of-School Time Activities

What children do after school varies. Out-of-school time opportunities are an essential part of the communities in which youth live. Nearly a third of Indiana K-12 children (30%) take care of themselves after school and they spend an average of eight hours unsupervised after school each week. Low-income youth are more likely to spend significant time reading, 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.

- 8.4 percent of Indiana children do not have access to a computer at home, and another 12.2 percent have a computer but no internet access.

Afterschool and summer learning programs provide valuable service, such as a safe and supervised environment, academic enrichment opportunities, and healthy snacks and meals. Studies have found that benefits associated with students participating in afterschool programs include: decreasing risky behaviors, improving social skills and self-confidence.

Despite these benefits, parents cite cost, location and accessibility as barriers to accessing these programs for their children, and children and teenagers in low-income households have lower rates of participation.

- Rates of participation in out-of-school time activities are increasing among children in more affluent families but decreasing for those in lower-income families.
- Children from lower-income families are less likely to participate in many different types of out-of-school time activities than their peers.
- A third of Indiana teenagers 12-17 volunteer or do community service more than once a month (34.4%). However, lower-income students were less likely to have volunteered in the past year than their peers (59.9% of lower income youth compared to 86.7% of youth living at or above 200% FPL).
Religion and Spirituality

Faith-based or other authoritative communities during adolescence have been shown to help youth in the transition to young adulthood. Religious involvement during adolescence is associated with a lower risk for negative behaviors such as delinquency and drug use and higher rates of healthy young adult outcomes.

- Half of Hoosier youth attend religious services once or more a week (52.4%) and 22.5 percent never attend religious services.
- Black youth are most likely to attend religious services once a week (68.7%), followed by Hispanic (52.5%), White (50.4%) and Other, Non-Hispanic youth (46.4%).

Changing Religious Beliefs in the Transition to Adulthood, United States: 2008

<table>
<thead>
<tr>
<th></th>
<th>Ages 13-17</th>
<th>Ages 18-23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong belief in God</td>
<td>84%</td>
<td>78%</td>
</tr>
<tr>
<td>Religious faith is very or extremely important</td>
<td>52%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Source: National Study of Youth and Religion
FAMILY AND COMMUNITY SOURCES

70 Indiana Prevention Resource Center. (2014). Data Request.
85 Indiana Prevention Resource Center. (2014). Data Request.
COST OF RAISING A CHILD

Nationally, a single-parent family making less than $61,530 per year spends an average of $164,160 to raise a child from birth to age 18. A married-couple family making the same amount spends $176,550. Housing accounts for the largest share of child-rearing expenses, followed by child care and education, and food.

• It is estimated that a middle-income married-couple family in the Midwest will spend a total of $240,570 to raise a child from birth to age 18.1

Child-rearing expenses vary considerably by household income level and child age.2

Child Care and Education

Nationally, child care and education—including the cost of daycare, school or afterschool care—is the second-largest expense for families, and the families of only 17 percent of eligible children receive child care fee assistance.3

However, half of families report that they don’t spend money on child care and education at all. A family reporting no expenditures on child care and education may have a parent or family member who is able to care for or teach the child or may utilize free public education. Low-income families are less likely to spend money on child care and education than higher income families.4

• For families that do spend money on child care and education, the expense is considerably higher for children ages 0-5 than for those ages 6-17.

• Child care and education account for more than one-fifth of child rearing expenses for families with children younger than age 6 who have the expense (23.2% for children ages 0-2 and 21.7% ages 3-5).5

Before-Tax Income for a Married Couple with Two Children, United States: 2013

<table>
<thead>
<tr>
<th>Less than $61,530</th>
<th>$61,530 to $106,540</th>
<th>More than $106,540</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Amount Spent on One Child per Year</td>
<td>$9,130 to $10,400</td>
<td>$12,800 to $14,970</td>
</tr>
<tr>
<td>Average Percent of Before-tax Income Spent on One Child</td>
<td>25%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: United States Department of Agriculture
**Infant and Toddler Care**

In Indiana, programs serving children ages 0-5 charge an average of $5,640 annually to attend full time, and quality programs serving ages 0-5 charge an average of $6,347 annually. For a family of three living at the poverty line and not receiving public or charitable child care financial assistance, having just one child in full-time care would cost the family 28.9 percent of its annual income. Having that child in quality care would cost nearly a third of its annual income (32.6%).

Paying for child care isn’t the only barrier for low-income families. In Indiana, more than one in five low income children ages 0-5 (and 16.7 percent of all young children) live in families that have severe enough problems with child care that they affect the parent’s work. Such issues include last-minute changes, child illness, scheduling, availability of care or cost. This rate has increased over the past decade.6

**School-aged Before- and After-care**

A recent report for the National Association of Child Care Resource and Referral found Indiana to be one of the top 10 least affordable states for before/after school care for a school-aged child in a center.

- The average cost is 26.6 percent of the median income for a single mother and 7.8 percent of the median income for a married couple.7

**Child Support**

In Federal Fiscal Year (FFY) 2013, $568 million was distributed from noncustodial parents on behalf of children in Indiana.8 Nearly an additional $10 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.9 This figure has been decreasing since 2008 when nearly $19 million went undistributed, but is an increase from FFY 2011 when $7.7 million was undistributed. During FFY 2013, the number of child support cases in Indiana was 300,196.10

Beginning July 1, 2012, non-custodial parents in Indiana are only obligated to pay child support until the child turns 19, unless the court has found the child to be disabled. Previously, the duty to support a child ended at age 21.11

---

**Program Type** | **Average Full-Time Preschool Annual Rate**
---|---
CCDF Exempt Homes | $4,693
Head Start Programs | $4,576
Licensed Centers | $7,543
Licensed Homes | $5,629

Source: Indiana Early Learning Advisory Committee Summary Report

---

**Child Support Cases and Money Distributed, Indiana: 2007-2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Caseload</th>
<th>Distributed (in millions)</th>
<th>Undistributed (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>352,540</td>
<td>$536.3</td>
<td>$15.9</td>
</tr>
<tr>
<td>2008</td>
<td>349,497</td>
<td>$595.2</td>
<td>$18.8</td>
</tr>
<tr>
<td>2009</td>
<td>347,237</td>
<td>$604.3</td>
<td>$9.2</td>
</tr>
<tr>
<td>2010</td>
<td>346,337</td>
<td>$596.0</td>
<td>$8.5</td>
</tr>
<tr>
<td>2011</td>
<td>351,805</td>
<td>$572.8</td>
<td>$7.7</td>
</tr>
<tr>
<td>2012</td>
<td>336,696</td>
<td>$580.5</td>
<td>$10.0</td>
</tr>
<tr>
<td>2013</td>
<td>300,196</td>
<td>$568.0</td>
<td>$10.0</td>
</tr>
</tbody>
</table>

Source: Administration for Children and Families, Office of Child Support Enforcement

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*For more information about quality child care and education, see the Education Section.*
LABOR FORCE

More than three quarters of Indiana’s population ages 16-64 worked in the past 12 months, and the majority (61.5%) worked more than 40 weeks out of the year. Of them, 82.9 percent worked full time (35 hours or more per week) and 17.1 percent worked part time.12

Most of Indiana’s workers are private wage and salaried workers (83.9%), followed by government workers (11.5%), and self-employed workers (4.6%).13 The top ten occupations in Indiana account for 78.8 percent of the state’s workforce.14

Parental Employment

Children are more likely to perform well academically and earn more when they become adults if their parents have steady employment.15 In Indiana, 30 percent of children lived in families where no parent had regular, full-time, year-round employment during 2012 (working at least 35 hours/week for 50 or more weeks/year).16

While not all children live in families with secure parental employment, the majority of Indiana’s parents do work. Overall nearly four out of five Indiana parents work (78.9%), and another 4.3 percent are looking for work.17

• Married couples with children are less likely than single-parent families to have zero or one worker.

• In 7.5 percent of families with children, at least one person other than a parent works.18

For every thirteen children in Indiana, one lives in a family where no parent is employed or looking for work (7.7%), and nine live in families where all parents are employed or looking for work (69.7%).19

• Younger children are more likely than older children to live in married-couple families where only one parent works.20

<table>
<thead>
<tr>
<th>Top Ten Occupations in Indiana: 2013</th>
<th>Number of Employees</th>
<th>Median Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and Administrative Support Occupations</td>
<td>403,660</td>
<td>$14.29</td>
</tr>
<tr>
<td>Production Occupations</td>
<td>346,100</td>
<td>$14.70</td>
</tr>
<tr>
<td>Sales and Related Occupations</td>
<td>288,600</td>
<td>$11.33</td>
</tr>
<tr>
<td>Food Preparation and Serving Related Occupations</td>
<td>266,170</td>
<td>$8.88</td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>248,440</td>
<td>$13.90</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>180,780</td>
<td>$25.66</td>
</tr>
<tr>
<td>Education, Training, and Library Occupations</td>
<td>157,620</td>
<td>$19.79</td>
</tr>
<tr>
<td>Management Occupations</td>
<td>125,390</td>
<td>$38.60</td>
</tr>
<tr>
<td>Installation, Maintenance, and Repair Occupations</td>
<td>121,330</td>
<td>$19.73</td>
</tr>
<tr>
<td>Construction and Extraction Occupations</td>
<td>111,850</td>
<td>$21.54</td>
</tr>
</tbody>
</table>

Workforce Status of Parents in Indiana: 2013

Source: Bureau of Labor Statistics

Parental Labor Force Status for Children by Age, Indiana: 2013

Source: American Community Survey: Table B23008

Families with Children by Number of Workers, Indiana: 2013

Source: American Community Survey: Table B23009
Unemployment
When a family member loses his/her job, the family often must decrease spending on necessities and/or increase reliance on public assistance. In order to be considered “unemployed” by the U.S. Census Bureau, a parent must be actively looking for a job. Though a third of Indiana’s families have a parent who doesn’t work (33.3%), only 7.0 percent have a parent who is considered unemployed.21

- 6.2 percent of married-couple and 8.6 percent of single-parent families with children have at least one unemployed parent.22

In 2003, Indiana had the nation’s 18th lowest unemployment rate; by 2013, Indiana’s unemployment rate climbed to 18th highest. However, the rate has been improving since 2009 when it reached 10.3 percent. The latest annual data (2013) show that 7.5 percent of Indiana’s labor force is unemployed,23 and 2014 data show an average unemployment rate of 5.9 percent from January to August.24 These trends also hold true for families with children.

In order to be considered ‘unemployed’ by the Bureau of Labor statistics, a person must have actively looked for a job in the last four weeks. However, some individuals who looked for work in the last year are still available and would like to work, but they did not actively pursue work in the last month. Additionally, some individuals would like to work full time but have only been able to find part-time work. If these marginally attached and involuntarily part-time workers are included, the unemployment rate is greater at 12.0 percent in Indiana, compared to 12.9 percent nationally (third quarter of 2013 through second quarter of 2014).25

- In 2013, 3.9 percent of Indiana’s labor force had been unemployed for 15 weeks or longer, compared to 4.9 percent in 2009 and 2.2 percent in 2003. Between the third quarter of 2013 and second quarter of 2014, the rate is lower at 2.9 percent.26

Unemployment, Indiana: 2003-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent of Labor Force Unemployed</th>
<th>National Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>5.3%</td>
<td>18</td>
</tr>
<tr>
<td>2004</td>
<td>5.3%</td>
<td>28</td>
</tr>
<tr>
<td>2005</td>
<td>5.4%</td>
<td>36</td>
</tr>
<tr>
<td>2006</td>
<td>5.0%</td>
<td>40</td>
</tr>
<tr>
<td>2007</td>
<td>4.6%</td>
<td>28</td>
</tr>
<tr>
<td>2008</td>
<td>5.8%</td>
<td>33</td>
</tr>
<tr>
<td>2009</td>
<td>10.3%</td>
<td>41</td>
</tr>
<tr>
<td>2010</td>
<td>10.0%</td>
<td>36</td>
</tr>
<tr>
<td>2011</td>
<td>8.8%</td>
<td>33</td>
</tr>
<tr>
<td>2012</td>
<td>8.1%</td>
<td>32</td>
</tr>
<tr>
<td>2013</td>
<td>7.5%</td>
<td>33</td>
</tr>
</tbody>
</table>

Source: Bureau of Labor Statistics

Families with Children with at Least One Unemployed Parent, Indiana: 2013

- Source: American Community Survey: Table B23007
Insurance

Unemployment Insurance benefits help buffer individuals’ income levels during a period of unemployment. These benefits can be collected during a 52-week period called a “benefit year,” and range from a minimum of $50 per week to a maximum of $390.27

- In 2013 the number of individuals receiving benefits and the amount paid continued to decline from their peaks in 2009.28

Teens in the Labor Force

Youth who are employed while in high school are less likely to drop out and those who participate in programs with a work experience component are more likely to enroll in college after graduation. However, research shows that 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.29

In Indiana, youth ages 14-18 may be employed, but may only work a limited number of hours and at specific times of the day. These restrictions loosen with age, and older teens who have withdrawn or graduated from high school are not subject to the restrictions.30

- Teenage high school graduates who are no longer enrolled in school are more likely to be employed than their peers who did not graduate.
- More than a quarter of Indiana teens who are enrolled in school also are employed (28.9%).
- 4.9 percent of Indiana’s teens (ages 16-19) are neither enrolled in school nor in the labor force. Of them about half earned a high school diploma or equivalency (49.6%).31

### Unemployment Insurance Benefits During the Fourth Quarter, Indiana: 2009-2013

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Paid</td>
<td>$1.8 billion</td>
<td>$1.0 billion</td>
<td>$823.9 million</td>
<td>$676.6 million</td>
<td>$531.3 million</td>
</tr>
<tr>
<td>Individuals Receiving Benefits (first payments)</td>
<td>354,471</td>
<td>222,391</td>
<td>196,561</td>
<td>180,558</td>
<td>142,481</td>
</tr>
<tr>
<td>Avg. Duration (in weeks)</td>
<td>17.1</td>
<td>16.1</td>
<td>14.8</td>
<td>13.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Avg. Weekly Benefit Amount</td>
<td>$306.90</td>
<td>$295.00</td>
<td>$295.09</td>
<td>$284.28</td>
<td>$243.06</td>
</tr>
</tbody>
</table>

Source: United States Department of Labor

### School Enrollment and Labor Force Participation Ages 16-19, Indiana: 2013

- 63.7% Enrolled in school
- 27.4% High school graduate
- 16.1% Not high school graduate
- 7.4% Not in labor force
- 28.9% Unemployed
- 36.1% Employed

Source: American Community Survey: Table 14005
INCOME

Indiana’s cost of living is the 5th least expensive nationally. While the minimum wage for both Indiana and the nation is $7.25 an hour, the median hourly wage in Indiana is $15.38, compared to $16.87 nationally. Half of Indiana jobs pay between $20,000 and $40,000 per year, and one in six pays less than $20,000 per year.

Median Family Income

Between 2007 and 2010, the median family income dipped along with the recession. Starting in 2011, the median family income began to increase. For families with children in Indiana, the median annual income in 2012 was $55,700, compared to $51,800 in 2010 and $56,700 in 2008. A family’s income varies greatly by family type, with single-parent families earning less than married-couple families.

- For both married-couple and single-father families, the median income in 2013 exceeded 2007, but for single-mother families, the median income continues to decline.

Parents in families of 28.3 percent of Indiana children say that it is somewhat or very often hard given their income to pay for the basics such as food or housing. Parent educational attainment is related to the family’s economic situation. Children whose most highly educated parent had less than a high school diploma were considerably more likely to be living in a family earning less than 200% FPL (86%) than their peers whose parent had some college or more (34%).

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Year</td>
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<tr>
<td>------</td>
</tr>
<tr>
<td>2005</td>
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<td>2006</td>
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<td>2010</td>
</tr>
<tr>
<td>2011</td>
</tr>
<tr>
<td>2012</td>
</tr>
</tbody>
</table>

Source: KIDS COUNT Data Center. Not adjusted for inflation.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Family Type</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Married-Couple Families</td>
</tr>
<tr>
<td>Percent 1 parent Employed</td>
</tr>
<tr>
<td>Percent 2 parents Employed</td>
</tr>
<tr>
<td>Median Family income</td>
</tr>
<tr>
<td>Single-Father Families</td>
</tr>
<tr>
<td>Percent Employed</td>
</tr>
<tr>
<td>Median Family income</td>
</tr>
<tr>
<td>Single-Mother Families</td>
</tr>
<tr>
<td>Percent Employed</td>
</tr>
<tr>
<td>Median Family income</td>
</tr>
</tbody>
</table>

Source: American Community Survey: Tables B23007 and B19126; not adjusted for inflation
Low-income Working Families

Children born into low-income families face multiple barriers to success and tend to have worse outcomes than their more affluent peers on many cognitive, behavioral, emotional and health measures.39

One in ten Indiana children live in working-poor families, where at least one person was employed for 50 of the past 52 weeks, but the family’s income fell below 100 percent of the Federal Poverty Level (100% FPL),40 and one in four live in working-poor families who earn up to 200% FPL.41 Younger children are the most likely to live in working-poor families, including 27 percent of children under 6 years old.

Aside from low earnings, the other major factors that keep workers living below the poverty threshold are periods of unemployment and involuntary part-time employment.42

- Fully 60.8 percent of Indiana’s families in poverty have one or more adults who work at least part time, and in 20.7 percent the householder, spouse or both had full-time year-round employment.43

Earned Income Tax Credit

The Earned Income Tax Credit (EITC) is available to low- to moderate-income working individuals and families. To qualify, taxpayers must meet specific requirements and file a tax return, even if they did not earn enough money to be obligated to file a tax return.44

Indiana is one of 25 states (including the District of Columbia) that offer a state supplement to the federal EITC.45 The state’s earned income credit (EIC) was initially 6 percent of the earned income credit claimed on the federal income tax return; it increased to 9 percent for Tax Year (TY) 2009.46

- In TY 2013, 558,000 Hoosier families received an average of $2,346 through the EITC.48

For each dependent child, a household may be eligible for a child tax credit or refundable child tax credit of up to $1,000, depending on the family’s income and the child’s age, relationship to the householder, citizenship status, and residence.49 In Indiana 501,396 householders filed Child Tax Credits (CTCs) and 395,067 filed for Refundable CTCs.

- Of Indiana households filing for the EITC, 144,989 also received the Child Tax Credit (26.6%).
- Of Indiana households filing for the EITC, 395,067 also received the Refundable CTC (or Additional Child Tax Credit) (59.4%).

The Internal Revenue Service (IRS) estimates that 79 percent of eligible taxpayers nationally and 81 percent of eligible Indiana taxpayers receive the EITC.47
Poverty

Research has shown that families in poverty are more likely than their more affluent peers to have strengths such as close family relationships and eating meals together every day. However, parents in poverty still report struggling with planning, preparing and providing for their families’ needs. Research has shown that many children living in poverty have gaps in learning, knowledge and socio-emotional development that begin as early as infancy and get progressively wider over time. This may be due in part to children in poverty having fewer books and less access to educational resources in their homes.50

Poverty guidelines, issued by the U.S. Department of Health and Human Services, are simplifications of the poverty thresholds that determine the official poverty rate. In 2014, a single-parent family with one child would be considered “in poverty” if its income was less than $15,730 each year, and a married couple with two children would be in poverty earning less than $23,850 each year.51

- More than one in five Indiana children live in poverty (22.2%), nearly half of whom live in deep poverty (10.1% overall living at less than half of the poverty rate).52
- Younger children in Indiana are more likely to live in poverty than older children (25.6% younger than 6 compared to 20.6% ages 6-17). In fact, nearly half of all children under age 6 in Indiana live below 185 percent of the federal poverty level (47.6%).53
- Child poverty is still 23 percent higher than it was in 2007, prior to the recession.54
Social Program Eligibility

Families face economic insecurity when their resources are insufficient to meet their needs or when they face a sudden economic shock that is not buffered by a financial or social safety net. Programs comprising the safety net for families include those available in nonprofit organizations as well as township, city, state and federal programs. Eligibility for programs at the federal and state levels is most often determined using the poverty guidelines or a percentage thereof.

- 11.4 percent of Indiana children live in families that have received cash assistance from a state or county welfare program in the past year.
- Younger children are more likely than older children to live in families that receive cash assistance, 14.1 percent of children ages 0-5 compared to 8.1 percent of children ages 12-17.
- 28.0 percent of Indiana's children live in households that in the last year received Social Security Income, cash public assistance or Supplemental Nutrition Assistance Program benefits.

Temporary Assistance for Needy Families (TANF)

Temporary Assistance for Needy Families (TANF) in Indiana provides transitional cash assistance and support to help families with children younger than 18 achieve self-sufficiency by putting an emphasis on work. Benefits are determined by gross family income. Recipients receive supportive assistance while on TANF, which may include child care services, medical assistance for dependent children, transportation services, aid for heating costs, and food stamps.

In 2013, the national median benefit for a family of three was $428 per month; in 14 states, such a family received less than $300. In Indiana, the maximum allowable amount of cash assistance for a family of three through TANF is $288 per month.

- While the number of families with children in poverty has increased over the past six years (from 118,241 in 2007 to 152,368 in 2013), the average number of families receiving TANF benefits each month has decreased from 46,697 in 2007 to 13,150 in 2013.
- In 2013 fewer than nine Hoosier families with children received TANF for every 100 living in poverty.

Social Security

Two Social Security programs provide aid to children; Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI). OASDI provides support for children whose parents are disabled, retired or deceased, and benefits are based on the parents’ earning record. As of December 2013, 103,499 Indiana children received benefits through OASDI. Of them, 12,087 had a parent who is retired, 45,926 had a parent who is disabled, and 45,486 had a parent who is deceased. Nationally the average monthly benefit for children was $541.

SSI provides support for children with qualifying disabilities and payments are based on need. In 2013, 25,435 Hoosier children younger than 18 received an average monthly SSI payment of $625. Of Indiana’s SSI beneficiaries, 20 percent are children, compared to 15.8 percent nationally.
A survey of Indiana food bank patrons found that when faced with limited resources, families were most likely to prioritize paying for rent, water, utility bills and transportation costs. Less emphasis was placed on paying for food and medicine, despite some families also reporting such significant chronic health conditions as diabetes and asthma. Still 40 percent of low-income survey respondents skipped or delayed their rent payments in the past year to afford non-food household essentials such as soap, toilet paper, toothpaste or feminine hygiene products.70

- In Indiana the median monthly housing cost is $730 for a renter71 and $1,062 for a home owner.72

**Homeownership**

Research has found many connections between homeownership and positive outcomes for children, such as higher levels of academic achievement, better health and fewer problematic behaviors. However, home ownership itself is likely not the cause of these outcomes, but rather it serves as an indicator of other factors—such as residential stability, neighborhood quality, school quality and aspects of the parents themselves—that impact childhood well-being.73

- Two thirds of Indiana families with children own their home (66.0%)
- Rates of home ownership for families with children in Indiana have decreased since 2007.
- Married-couple families are most likely to own a house (79.3%), and single-mother households are most likely to rent (65.2%).74

**Housing Affordability**

The national standard for calculating housing affordability is based on the theory that in order to have enough left over for other nondiscretionary spending, families should spend no more than 30 percent of their income on housing. Families who do spend more than 30 percent of their income on housing costs each month are considered to be facing a rent burden.75

- 28.1 percent of Indiana households pay 30 percent or more of their monthly income on housing costs.76
- Families who rent their homes are the most likely to pay 30 percent or more of their income in housing costs (49.7%), followed by homeowners with a mortgage (23.4%), and homeowners without a mortgage (10.1%).
Housing Assistance
Indiana’s Department of Housing and Urban Development (HUD) offers subsidized housing options including Section 8 Project-Based Rental Assistance (PBRA) and the Housing Choice Voucher Program (HCV).

PBRA provides subsidies to select rental complexes for a contractual period of time in order to bridge the difference between rent and what a low-income tenant can afford. In 2011, 29,464 Hoosier households lived in PBRA-subsidized housing, nearly a third (30%) of which included children.

The HCV program provides vouchers to help eligible households pay rent on privately owned homes of their choosing. Recipients of vouchers must pay at least 30 percent of their monthly adjusted gross income towards rent and utilities. In 2012, 35,432 low-income households in Indiana used HCVs, 55 percent of which included children.

Homelessness
Estimating the population of homeless children is difficult because it is not always obvious when a child is homeless. These youth usually change residences and schools often, and many youth—especially unaccompanied teens—try to hide the fact that they are homeless. However, under the McKinney Vento Act, schools are required to keep track of the number of children that they know are homeless.

- In 2013, the Indiana Department of Education (DOE) identified 15,777 homeless youth, an increase from 12,248 in 2010.
- Nationally 4.5 percent of children younger than 18 are unaccompanied by an adult.
- About 52 percent of children in homeless shelters are younger than age 6, so they are not counted by the DOE.

HUNGER & FOOD INSECURITY
Households for which the availability of food is uncertain, insufficient or limited due to economic, physical or other constraints are considered “food insecure.” Rates of food insecurity are particularly high in households with incomes near or below the federal poverty level and in single-parent households with children.

- In Indiana, 15.7 percent of households and 21.8 percent of children were food insecure in 2012, compared to 15.9 percent and 21.6 percent in the United States respectively.
- In 9.6 percent of households with children, adults were food insecure, but children were shielded from reduced food intake or disrupted eating patterns.
Most food insecure households with children regularly use multiple methods to cope with food insecurity. Such coping strategies include:

- eating inexpensive, unhealthy food
- eating food past the expiration date
- receiving help from families and friends
- watering down food or drinks
- selling or pawning personal property, and
- growing food in a garden.

One in seven Americans rely on food pantries and meal service programs to feed themselves and their families. A majority of food bank users visit “emergency” food assistance programs as a consistent supplemental food source rather than a temporary solution. In fact, 63 percent of client households plan for charitable food assistance as a part of their monthly household budget.

- Indiana’s food banks serve at least 1.1 million people annually, 33 percent of whom are children.

**Federal Food Assistance Programs**

Federal food assistance programs help alleviate hunger and poor nutrition for millions of food-insecure individuals. More than 6 in 10 food-insecure households in the nation participate in one or more of the three largest federal food and nutrition assistance programs: SNAP, WIC and NSLP. Nearly three out of ten food insecure Hoosier youth are likely ineligible for federal nutrition programs, compared to two out of ten in the United States.
The Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal food assistance program designed to raise the nutritional level of low-income households. It was called the Food Stamp Program prior to 2008. In 2013, an average of 926,011 Hoosiers and 415,518 Hoosier households received SNAP benefits each month, continuing an upward trend over time. On average, SNAP benefits provide $131.49 per person each month.

- 42 percent of Indiana families with children had at least one child receiving food stamps or SNAP in the past year.

Nearly three in five families with children that receive services from Indiana food banks also receive monthly benefits from SNAP (58.9%). Of those not receiving SNAP benefits, more than a third have never applied, most commonly because they did not think they were eligible. Half of Hoosier families with children who utilize both food banks and SNAP benefits report exhausting their SNAP benefits after two or fewer weeks.

Women, Infants, and Children (WIC)

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. In 2013, 270,732 individuals in Indiana received WIC benefits.

- 43.2 percent of Indiana’s 0-5 year olds live in a household that receives WIC benefits.
- The average monthly benefit per household receiving WIC in Indiana is $37.26.

Participants in Indiana’s WIC program spent more than $71 million in 2013, a decrease from $74 million in 2012 and $83 million in 2011.
School Breakfast Program (SBP) and National School Lunch Program (NSLP)
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. Utilization of the SBP and NSLP programs steadily increased between 2000 and 2013. Though the number of public school students receiving reduced-price lunch started a slow decrease in 2011, the number receiving free lunches continued to rise through 2013.

- 512,114 public school students in Indiana received free or reduced-price lunches in School Year (SY) 2014 (49.1%).

- Though the eligibility is the same for SBP and NSLP, usage is much lower for the breakfast program at 259,036 Indiana students participating in 2013.

- For the first time in more than a decade, the percent of students receiving free and reduced price lunches at Indiana public and private schools decreased slightly in 2014.

In school year 2015, Indiana schools and districts will be able to apply for community eligibility for NSLP and SBP. Community eligibility allows for schools and districts with high percentages of low-income children to provide free breakfast and lunch to all students. To be eligible, 40 percent or more of the student population must be eligible for free or reduced-price meals.

Summer Food Service Program (SFSP)
The national Summer Food Service Program (SFSP) is intended to meet the needs of children whose access to food decreases when they are out of school. In the spring of 2013, the U.S. Secretary of Agriculture announced higher participation in the SFSP as a top priority for the United States Department of Agriculture (USDA). The following summer saw the first national increase in the number of low-income children eating summer meals in more than a decade, from 14.3 percent of children participating in the NSLP in 2012 to 15.1 percent in 2013.

- In Indiana, the 2013 average daily attendance for the SFSP was 58,664, an increase over the past four years. However, the total meals served has remained steady over time, with 2,934,401 meals served in 2013.

- In Indiana, 17.9 percent of children receiving free or reduced-price lunches also participated in SFSP, up from 15.1 percent in 2012.

<table>
<thead>
<tr>
<th>SBP and NSLP Eligibility: 2013</th>
<th>Free Meals</th>
<th>Reduced-Price Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty level eligible</td>
<td>130%</td>
<td>185%</td>
</tr>
<tr>
<td>Annual income for a family of 2 to be eligible</td>
<td>up to $19,669</td>
<td>up to $27,991</td>
</tr>
<tr>
<td>Annual income for a family of 4 to be eligible</td>
<td>up to $29,965</td>
<td>up to $42,643</td>
</tr>
</tbody>
</table>

Source: United States Department of Agriculture, Food and Nutrition Services
HEALTH

PRENATAL HEALTH

Parents’ health can greatly affect a child. For the mother, good pre-pregnancy health, timely prenatal care, and access to social supports and education all factor into a strong start for her child.1 There are two programs in Indiana that focus on improving parental knowledge and health in order to improve outcomes for children.

Healthy Families Indiana is a voluntary home visitation program that provides families with support services beginning before or shortly after a new birth. This program is designed to promote healthy families and healthy children through services including child development, access to health care and parent education.2 In Fiscal Year (FY) 2012, Healthy Families assessed 11,342 families and provided home visitation services to 10,747 families across Indiana.3

The Nurse-Family Partnership is an evidence-based community program that aims to improve pregnancy outcomes, improve child health and development, and increase economic self-sufficiency for first-time low-income mothers. The program partners first-time mothers with registered nurses who provide home visits beginning early in the mother’s pregnancy and lasting through the child’s second birthday.4

• In Indiana, the Nurse-Family Partnership has been active in Marion County since the end of 2011, and the first families to graduate from the program did so in early 2014.
• In 2013, there were 502 mothers active in the program. Their median age was 20, 50.7 percent had completed high school or passed the General Education Development (GED) test, and their average annual income was $3,000.5

Prenatal Care

Receiving early prenatal care is important for ensuring that a baby is carried to term and at a good weight. Expectant mothers should seek medical care as early as possible so that doctors can advise them on keeping their babies healthy and find and treat any health problems that may arise.

Babies of mothers who receive prenatal care are five times less likely to die than those born to mothers who do not get care. Pregnant mothers typically should visit a doctor monthly during the first and second trimester (weeks 4-28) and twice a month or more during the third trimester.6 Consistent prenatal care is correlated with positive outcomes for young children and may even reduce the risk of postpartum depression and infant injuries.7

• 68.4 percent of mothers in Indiana received first trimester prenatal care in 2012. Younger mothers were less likely than older mothers to receive prenatal care.
• White mothers are most likely to receive prenatal care (70.7%), followed by Asian/Pacific Islander (61.7%), Hispanic (59.8%), Other Nonwhite (57.1%), black (57.4%), and American Indian/Alaskan Native (56.7%).
• Half of mothers (50.1%) ages 10-17 years old received prenatal care, and three fourths (75.4%) of mothers 30-34 received prenatal care.8

Percent Receiving First Trimester Prenatal Care: 2012

Source: Indiana State Department of Health

COUNTY DATA AVAILABLE AT IYI.ORG/DATACENTER
Risky Maternal Behaviors

Some of the most preventable causes of birth defects and developmental disabilities are actions that mothers take while pregnant. For example, babies whose mothers avoid risky behaviors such as smoking, using certain medications or drinking alcohol during pregnancy have improved birth outcomes.

• One of the leading risk factors for infant mortality is mothers who smoke or use illegal drugs while pregnant.9

Smoking

Maternal smoking, both while pregnant as well as after a baby is born, is linked to nearly every leading cause of infant death. Women who smoke during pregnancy have a higher risk of miscarriage and of delivering a low birth weight baby than nonsmokers; in addition, smoking during pregnancy increases the risk of the baby dying from Sudden Infant Death Syndrome (SIDS).10

• One in six babies born in Indiana each year have mothers who smoked while they were pregnant,11 slightly higher than the national rate of 15.9 percent.12

• Indiana mothers ages 18-24 are most likely to smoke while pregnant (23.7%) compared to those younger than age 18 (13.2%) and those ages 25 or older (13.0%).13

• After a baby is born, parental smoking still negatively affects the child. Children whose parents smoke have a higher risk for a variety of health issues including asthma, bronchitis and pneumonia.14

Alcohol and Drug Use

Using drugs or alcohol while pregnant or breastfeeding increases the likelihood of a baby having birth defects and of dying from Sudden Infant Death Syndrome.15 Additionally, children of any age with parents who abuse alcohol or an illicit drug are at an increased risk for abuse or neglect as well as physical, academic, social and emotional problems.16

Women who use alcohol during pregnancy are at risk for giving birth to a baby who suffers from Fetal Alcohol Spectrum Disorders (FASD). The effects of FASD range from slight disabilities to severe nervous system disorders.17

• Nationally 8.5 percent of pregnant women ages 25-44 use alcohol and 2.7 percent report binge drinking.18

• Pregnant women are most likely to use alcohol in their first trimester (17.9%) compared to women in their second or third trimester (4.2% and 3.7% respectively).19

Using illicit or illegal drugs while pregnant also has harmful effects of young children. However, pregnant women with a heroin or opioid addiction should seek treatment from health care providers rather than stopping use without supervision.20

• Nationally 5.9 percent of pregnant women ages 15-44 were current illicit drug users.21

• Younger pregnant women were most likely to be illicit drug users (19.3% ages 15-17, compared to 9.0% for women ages 18-25, and 3.4% for women ages 26-44).22
INFANTS

In 2012, there were 83,250 births in Indiana, continuing a downward trend since 2007. The majority of births were to white women ages 20-34 (66.3%). More than half of the state’s births were in just ten of Indiana’s largest counties (53.3%): Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Vanderburgh, Tippecanoe, Johnson and Porter.

- 81.5 percent of Indiana’s births were to a white mother, compared to 12.1 percent to a black mother, and 6.4 percent to a mother of another race.
- 56.8 percent of Indiana births were to married parents, a decrease from 63.5 percent in 2002.
- 44.9 percent of births in Indiana are to mothers on Medicaid.

Birth Defects

Birth defects are developmental disorders that occur in an embryo or fetus and include congenital malformations, deformations and chromosomal abnormalities. Some of these defects are genetic, but expectant mothers often can decrease the risk of these disorders by abstaining from drug, alcohol, or cigarette use and avoiding infectious diseases. It is also important for expectant mothers to get enough folic acid, a form of B vitamin, through fortified foods, prenatal vitamins or a combination of the two.

Immediately after birth, Indiana hospitals measure babies’ responsiveness and vital signs (heart rate, breathing, color, activity and reflex response). Newborns also are screened for 44 unseen but treatable conditions such as sickle cell anemia and hearing loss. Babies born at home must have this screening within one week of birth. Other screening tests might be performed but vary by hospital.

- One in 33 Indiana babies is born with some type of birth defect, the most common of which are down syndrome (an average of 93 cases per year) and cleft lip or palate (an average of 79 cases per year).
Preterm and Premature Births
Births occurring at least three weeks before an infant’s due date (earlier than the 37th week of pregnancy) are considered premature or preterm births. The earlier a preterm baby is born, the less likely the child is to survive the first year and the more likely the child is to have physical or neurological health problems.  

- Indiana’s rate of preterm births (10.9%) has been declining since 2005 (13.5%) and is now lower than the national rate of 11.5 percent.  

- Rates of preterm birth vary by race. On average, babies who are black or Native American are the most likely to be born too soon (15.8% and 14.5% respectively).  

Starting July 1, 2014, Medicaid in Indiana no longer pays a hospital or physician for the delivery of a child prior to 39 weeks if the delivery is not medically indicated or naturally occurring.

Low Birth Weight and Very Low Birth Weight
Infants are considered low birth weight when they weigh less than 2,500 grams or 5 pounds 8 ounces at birth.

Though they are small, some low birth weight babies are healthy. Others, however, have low birth weights because they were born prematurely or because they don’t gain the weight they need before birth due to a birth defect or infection. Infants born at low or very low birth weights are at increased risk for mortality, and those who survive infancy often experience long term disabilities and impaired development. The percentage of Indiana children born at a low birth weight has remained between 7 and 9 percent since 1995.  

- In 2012, 5,451 Indiana babies were born with a low birth weight, and another 1,112 were born with a very low birth weight (less than 3 lbs., 5 oz.).  

- Overall 7.9 percent of Indiana births were babies with a low or very low birth weight, similar to the national rate of 8.0.  

- Mothers who are black are more likely to have a low birth weight baby (12.5%) than mothers who are white (7.3%).  

- Mothers who are ages 10-14 or older than 40 are the most likely to have a low birth weight baby.

| Percentage of Lowbirthweight Babies by Age of Mother, Indiana: 2012 |
|-----------------|-----------------|-----------------|-----------------|
| Ages 10-14      | Ages 15-19      | Ages 20-29      | Ages 30-39      | Ages 40 and older |
| 12.9%           | 9.4%            | 7.7%            | 7.6%            | 11.6%            |
Nutrition and Breastfeeding

Breastfeeding benefits both infants and their mothers. For the infant, breastfeeding provides nutritionally balanced meals, protection against common childhood illnesses and infections, and a better rate of survival during the first year of life. For the mother, breastfeeding provides improved healing following childbirth, improved postpartum weight loss and a lower likelihood of experiencing postpartum depression.36 There are a few circumstances, however, in which a mother should not breastfeed, such as taking medicine for certain medical conditions. It is best for new mothers to consult a physician about the best method for feeding their child.37

- 71.4 percent of new mothers in Indiana breastfed their child for some period of time after birth38; 12.2 percent breastfed exclusively for the first 6 months (compared to 16.0% nationally).
- Similar to national trends, mothers of white infants were more likely to breastfeed exclusively for the first six months than mothers of Hispanic or black children.39

INFANT MORTALITY

A child's first year of life is the most fragile. In 2012, 556 Hoosier children died prior to their first birthday. That is more than 3 in 400 infants, or one every 16 hours. In Indiana, infants are 25 percent more likely to die within their first year than their peers nationally (7.6 per 1,000 in Indiana compared to 6.05 per 1,000 in the U.S.).40 The state has lagged the national average consistently for the last two decades and the gap has gotten wider since 2001.

Leading Causes of Infant Mortality, Indiana: 2012

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Defects</td>
<td>23.6%</td>
</tr>
<tr>
<td>Short Gestation and Low Birth Weight</td>
<td>13.7%</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>8.5%</td>
</tr>
<tr>
<td>Maternal Complications of Pregnancy</td>
<td>6.2%</td>
</tr>
<tr>
<td>Accidents (Unintentional Injuries)</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Infant Mortality Rate per 1,000, Indiana v. United States: 1990-2012

Source: KIDS COUNT Data Center
Preventing Infant Mortality
Expectant parents may be able to mitigate the risk of infant death by decreasing risky maternal behaviors prior to a baby being born and taking precautions for the safety of new infants.

The leading causes of death for infants are significantly different than the leading causes of death for older children, and the majority of children who die from these causes do so before they reach one month of age.41

Safe Sleep
Following safe sleep guidelines for infants decreases the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. Cribs should be free of toys, soft bedding, blankets and pillows. Infants should always be put to sleep on their backs and dressed in light sleep clothing. In addition, infants should not sleep with their heads covered, and the Indiana Department of Health recommends babies not sleep in the same bed as their parents.42 In 2012, 47 Indiana infants died of SIDS.

Accidents/Injuries/Poisonings
Because infants’ bodies are much smaller than adults’, exposure to even small amounts of toxins have increased effects. The most common environmental hazards for children include secondhand smoke, lead and pesticides. Safety precautions such as locking chemicals and potential poisons away from children’s reach and installing safety gates at the top and bottom of staircases can help prevent accidents for young children.

• In 2012, one Indiana infant died in a motor vehicle accident and 31 died from other types of accidents.

CHILD HEALTH CARE
Families having access to and utilizing health care services for their children is an important step in ensuring children reach developmental milestones and are able to thrive in personal, social and academic arenas.43 The vast majority of Indiana parents report that their children’s health is ‘good’ or better (97.2%) and only 2.8 percent report their children’s health as fair or poor.

• 9.1 percent of Indiana children had a healthcare need that was delayed or not met in the past year.44
• Children living in poverty (82.3%) or in households with low income (87.9%) were less likely to receive any medical care in the last year than their peers living at or above 200% FPL (92.2%).45
• Younger children, ages 6-11 are more likely to miss at least one day of school due to illness or injury than older children ages 12-17.
Preventative Care

Regular checkups are important for children because they allow families a chance to ask questions about their child’s health and doctors to assess any unmet health needs. The majority of Indiana children received some type of preventative care in the past year (84.6%), and young children (ages 0-5) were more likely to receive preventative care (89.0%) than school-age children.

Standard Screening

Screening by physicians or parent questionnaires helps identify children who are not meeting developmental milestones and may benefit from early intervention services. These screenings most often rely on parent-reported information about specific developmental or behavioral concerns. Half of Indiana parents of young children ages 0-5 report being asked by their child’s doctor or health care providers if they have concerns about their child’s learning, development or behavior (51.6%).

- Nearly a quarter of Indiana’s young children (ages 10 months-5 years) were screened by a doctor for developmental, behavioral and social delays in the last year (23.9%), lower than the national rate of 30.8 percent.
- Young children in Indiana are less likely to have their vision screened (35.3% ages 0-5) than older children (83.9% ages 6-17).

Medical Home

When a child regularly receives comprehensive health care from a primary care physician or team that is familiar with the family, the child and the child’s health history, the child is considered to have a ‘medical home.’ That medical home is considered to have family-centered care if the parent reports that the doctors usually or always spend enough time with, listen carefully to, are sensitive to, and provide needed information to the child’s parents.

- The majority of Indiana’s children have a doctor or nurse they consider to be their personal doctor (92.4%).
- 71.0 percent of Indiana’s children who received care in the past year had family-centered care.
- One in four children who needed referrals to special doctors or services had problems receiving them (24.2%).

### Percentage of Children Receiving Preventative Care by Type of Care and Age of Child, Indiana: 2011/12

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Both Medical and Dental</th>
<th>Preventative Medical Care</th>
<th>Preventative Dental Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-5</td>
<td>89.0%</td>
<td>53.9%</td>
<td>67.2%</td>
</tr>
<tr>
<td>Ages 6-11</td>
<td>75.4%</td>
<td>82.6%</td>
<td>76.1%</td>
</tr>
<tr>
<td>Ages 12-17</td>
<td>62.5%</td>
<td>88.8%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Percentage of Children with a Medical Home, and Medical Home Components by Income, Indiana: 2011/12

- Medical home: 85.6% for 400% FPL or higher, 83.2% for 200-399% FPL, 95.3% for 100-199% FPL, 95.8% for 0-99% FPL
- Has a usual place for care when sick: 97.8% for 400% FPL or higher, 84.6% for 200-399% FPL, 97.6% for 100-199% FPL, 91.8% for 0-99% FPL
- Has a personal doctor or nurse: 96.8% for 400% FPL or higher, 87.9% for 200-399% FPL, 96.6% for 100-199% FPL, 91.8% for 0-99% FPL
- Receive family centered care: 83.6% for 400% FPL or higher, 75.4% for 200-399% FPL, 62.9% for 100-199% FPL, 56.8% for 0-99% FPL

Source: National Survey of Children’s Health
Care is considered to be coordinated when multiple providers work together to share knowledge, create plans of care, provide patient support and help with transitions between types of care. Of children who needed care coordination, 36.0 percent did not receive one or more elements of coordination.

**Vaccines and Immunizations**

Vaccines can help build immunity against preventable diseases as well as prevent the spread of disease among groups of children and the larger community. Newborns are immune to many diseases through the antibodies of their mother. However, children must receive vaccines before age two to prevent them from becoming susceptible to preventable diseases.51

Before entering kindergarten, Indiana requires children to receive vaccinations for Hepatitis A and B, Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Varicella. This vaccination series is often called 4:3:1:3:1:4.52

- In 2013, 77.2% of Indiana children 19-35 months had completed the vaccination series required to enter kindergarten, similar to the national rate of 77.7 percent.53

**Oral Health**

Research indicates a connection between oral and general health; lack of oral care may lead to other health issues, like infections or problems with vital organs.54 Nearly four in five Indiana children received preventative dental care in the past year (78.1%) and only 3.7 percent of parents reported that their child had an unmet need for dental care in the past year.

- Children living in poverty are more than twice as likely as those living above 400% FPL to develop cavities or other oral health problems.

Fluoride is a natural mineral that has been proven to prevent tooth decay. Starting in 1945 fluoride levels in many public water supplies have been adjusted to maximize oral health outcomes across America. Water fluoridation in parts of Indiana began in the early 1950s.

- Water fluoridation reduces tooth decay in children by 40-70%.55
- Indiana ranks 15th-best nationally in access to fluoridated water.
- Three in ten Hoosier children lacked access to fluoridated water in 2012.56

Dental sealants are a clear plastic coating applied to the chewing surfaces of permanent molars in order to prevent cavities from forming. Sealants usually are placed on children’s teeth while they are in 2nd grade. Indiana University administers SEAL INDIANA, a program founded in 2003 that provides dental sealants to low-income children who are not receiving dental care.

- As of December 2013, SEAL INDIANA has completed more than 24,840 examinations for children in Title 1 schools, community health centers, Head Start programs, shelters and health fairs.57

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**Percentage of Children with One or More Oral Health Problems by Income as a Percentage of Federal Poverty Level (FPL), Indiana: 2011/12**

![Percentage of Children with One or More Oral Health Problems by Income as a Percentage of Federal Poverty Level (FPL), Indiana: 2011/12](image-url)
Health Insurance

Insured children are likely to be healthier and have lower rates of avoidable hospitalizations and childhood mortality than their uninsured peers. Without access to health insurance, parents are more likely to rely on the emergency room as a source of care and to forego preventive visits.58

- In Indiana, 91.8 percent of children younger than 18 have some type of health insurance.59
- Children living below 200 percent of the federal poverty level (200% FPL) are the least likely to have health insurance of any kind.60
- The majority of Indiana children are covered solely by employer-based insurance.61
- While children of all ages are most likely to be privately insured, children younger than 6 have a higher rate of public insurance usage than older children.62

Medicaid is the sole health insurance provider for three in ten individuals ages 0-17. Hoosier Healthwise is Indiana’s healthcare program for children up to age 19, pregnant women and low-income parents/caretakers of children younger than age 18.63

Beginning in January of 2014, all youth who were receiving Medicaid when they aged out of foster care can continue receiving coverage up to their 26th birthday, regardless of their income. Youth who age out of the child welfare system often face significant challenges as they transition to living on their own.

- Youth who age out of the child welfare system are more likely than their peers to have a health condition or disability that limits daily activity and also are less likely to have health insurance.64

Children’s Special Health Care Services (CSHCS)

For children and young adults ages birth to 21 who have a serious chronic medical condition and are living below 250% FPL, Indiana’s Children’s Special Health Care Services (CSHCS) program offers supplemental medical coverage to help pay for treatment related to the individual’s condition.65

Healthcare for Children Ages 0-18, Indiana: 2013

A child may have both public and private insurance.

- 53.7% Private
- 42.1% Public
- 7.7% None

Ages 0-5
- 64.0% Private
- 30.7% Public
- 5.3% None

Ages 6-17
- 70.0% Private
- 60.0% Public
- 10.0% None

Total
- 60.7% Private
- 34.4% Public
- 8.4% None

Percentage of Children Ages 0-18 with Health Insurance Coverage, by Income, Indiana: 2013

- 0-138% FPL: 89.2% With health insurance coverage, 10.8% No health insurance coverage
- 138-199% FPL: 85.4% With health insurance coverage, 13.6% No health insurance coverage
- 200-399% FPL: 93.7% With health insurance coverage, 6.3% No health insurance coverage
- 400% FPL or higher: 96.7% With health insurance coverage, 3.3% No health insurance coverage

(Charts and tables are included in the document, providing more detailed data and visual representations of the information.)
Mental Health Care

Mental disorders among children are described as serious changes in the way children typically learn, behave or handle their emotions. Mental health services for adolescents are provided by a mix of specialists (psychiatrists, psychologists, social workers and others) in the public and private sectors.66

- Nearly one in eight Indiana children older than age 5 received treatment or counseling from a mental health professional in the last year (12.0%).67

- Indiana’s youngest children (ages 0-5) are least likely to receive treatment or counseling from a mental health professional (3.0% of children) and most likely to have unmet mental healthcare needs (49.9% of those needing mental health services).

- Children with health insurance are more likely to receive the mental health services they need (59.3%) than their uninsured peers (40.5%).68

The Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals living at or below 200 percent of poverty or who are enrolled in Medicaid. DMHA operates six state psychiatric hospitals and contracts with 25 community mental health centers as well as child and addiction treatment providers to offer a full continuum of mental health and addiction treatment services.

- During State Fiscal Year (SFY) 2010, a total of 42,387 youth in Indiana ages 0-21 years received behavioral health services by contracted providers through DMHA.69

Mental Health Care within Indiana’s Systems

Research has found that youth who are involved with the child welfare or juvenile justice systems have greater needs for mental health services than their peers.70

- As of 2011, 16 of Indiana’s 22 juvenile detention centers participated in a pilot project to screen juvenile offenders for mental health needs upon entering juvenile detention.71 Of those youth screened between 2008 and 2011, 21 percent screened positive for a mental health issue that required follow-up.72

- Just fewer than half of all Indiana children declared as Children in Need of Services (CHINS) in SFY 2009 received mental health or addiction treatment covered by DMHA or Medicaid, 17.4 percent of whom received the services prior to their contact with the Department of Child Services.73

One national survey found that children with more severe emotional disturbances had higher rates of being arrested, dropping out of school, failing a grade and spending time in a juvenile correctional facility.74
Chronic Conditions

A number of child health issues are prevalent, but not often fatal. Parents of 42.3 percent of Hoosier children have concerns about their child’s physical, behavioral or social development. However, the proportion of children who have been diagnosed with a chronic condition (27.7%) or disability (4.9%) is lower. A chronic condition is a disease that can be controlled but not cured, and a disability is a physical or mental condition that limits a person’s movements, senses or activities.

- The U.S. Census Bureau’s Annual Community Survey reports that 4.9 percent of Indiana children have some sort of disability.
- The National Survey of Children’s Health shows that 22.7 percent of Indiana children have been diagnosed with a chronic health condition.

Physical or Sensory Conditions

Physical diseases and disabilities are long-lasting conditions or impairments that limit ones senses or mobility. Common physical conditions among Indiana children include hearing, speech or vision problems, asthma, diabetes, and chronic bone or joint problems.

- Asthma is the third leading cause of hospitalization among children younger than age 15. An estimated one in ten Indiana children and 23.7 percent of high school students report being diagnosed with asthma.
- Diabetes is a disease in which the body does not process sugars appropriately. Nationally 2.2 per 1,000 children and youth younger than age 20 have diabetes.
- Allergies are one of the most common conditions that affect children. An estimated 17.0 percent of children ages 0-17 have respiratory allergies, 12.5 percent have skin allergies and 5.1 percent have food allergies.
Indiana children are more likely to have physical conditions that affect their ability to walk (1.4% have ambulatory difficulties) than sensory disabilities. Young children are more likely to have hearing difficulties than older children, but older children are more likely to have vision difficulties.

- About 20% of babies with genetic hearing loss have some type of syndrome such as Down or Usher syndrome.80
- Nearly one quarter of children with hearing loss have one or more other developmental disabilities, such as cerebral palsy, intellectual disability or vision loss.81

**Cognitive Conditions**

A cognitive condition is one where a child has a reduced ability to learn, understand what they see or hear, or infer information from social cues or body language. This includes disabilities such as autism, specialized learning disabilities and intellectual disabilities.

Three main types of learning disabilities are difficulty with reading (dyslexia), difficulty with written language (dysgraphia) and difficulty with math (dyscalculia). Less common forms include difficulty with memory or social skills.

- Between 1997 and 2013 the proportion of U.S. children identified by a school official or health professional as having a learning disability stayed between 7 and 8 percent.82

Intellectual disabilities are those in which a child has below-average intellectual function and lacks skills that are necessary for daily living, such as motor, language and self-help skills. Direct causes for an intellectual disability are only found in 25 percent of cases and include infections, chromosomal abnormalities, malnutrition, physical trauma, and prenatal exposure to drugs or alcohol.83

- Autism Spectrum Disorder (ASD) affects how a child acts and interacts with others. An estimated one in 56 U.S. youth have been diagnosed with ASD (1.2%).
- Children with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) often have trouble controlling their behavior and paying attention. ADD and ADHD are considered part of both the cognitive and the emotional/behavioral areas. More than one in ten Indiana children have been diagnosed with ADD or ADHD (11.7%).
Emotional/Behavioral Conditions

Emotional or behavioral issues include general conduct problems as well as a variety of conditions that are typically part of the mental health diagnostic system. Nationally an estimated 14.4 percent of children ages 4-17 had minor emotional and behavioral difficulties, and an additional 5.3% had definite or severe difficulties.

- Males were more likely to have emotional or behavioral difficulties than females, 23.0 percent and 16.3 percent respectively.84
- Nearly half of U.S. children ages 4-11 with emotional and behavioral problems used mental health services in the past six months (49.0%).85

The prevalence of emotional, behavioral or mental health problems varies by age, with children under age 6 being least likely to have these types of conditions.

An estimated one in five adolescents has a diagnosable mental health disorder. The most prevalent mental disorder experienced among adolescents is depression, with more than one in four high school students found to have at least mild symptoms.86 Adolescents with mental health problems are at increased risk of participating in behaviors such as substance abuse and unprotected sexual activity.87

- 18.6 percent of Hoosier high school students engage in disordered eating behaviors in an attempt to control their weight, and females are more likely to do so than males (22.7% compared to 14.6%).88
- In 9th and 10th grades, females are significantly more likely to feel sad or hopeless almost every day for two or more weeks in a row, but in 11th and 12th grade, males are equally likely as females to feel sad or hopeless.89
HEALTH

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

Nutrition
Healthy eating impacts both a child’s day-to-day energy level and ability to focus as well as his or her long-term health outcomes. A child’s family traditions and neighborhood services are integral players in a child’s access to nutritious goods. Access to low-cost healthy foods for children and families also is related to both food insecurity and obesity among children. The cost of fresh fruits and vegetables in neighborhoods does not impact a child’s likelihood of being food insecure, but does impact his/her likelihood of being overweight.

- Living in a neighborhood with high fruit and vegetable costs is related to higher weights, whereas living in a neighborhood with high soft drink prices is related to lower weights for children.
- Youth who help their family members cook are more likely to eat nutritious food.
- While soda usage among children has declined over the past ten years, caffeine intake has not due to an increase in usage of coffee and energy drinks among youth.
**Dieting**

*Having a healthy diet is important for all youth.* However, many teenagers engage in dieting behaviors that decrease health, such as chronic dieting (more than ten diets in a year), fad dieting, taking pills or supplements, fasting and skipping meals. The American Academy of Pediatrics warns against the use of dietary supplements for youth under age 18.

- 34.7% of high school students use protein powders or shakes.95
- High school females are more likely than males to engage in risky behaviors such as taking diet drugs, vomiting or taking laxatives in order to lose weight.96

**Physical Activity**

Research has shown that physically active youth have better academic, cognitive and behavioral outcomes than their peers.97 The majority of Indiana children participate in vigorous exercise or play at least 4 days each week (66.3), but 8.6 percent don’t typically get vigorous exercise at all during the week.98

- The rate of not getting vigorous exercise during a typical week is greater for children with special healthcare needs (13.0%) than those without (6.7).99
- The rate of not getting vigorous exercise during a typical week is greater for children living in poverty (13.5%) than for those above the poverty level (7.7).100
- Half of Indiana high school students (56.5%) are not physically active for at least an hour per day on five or more days.101

For more information on eating disorders see the Nutrition and Physical Health Sections.
Over-exercising
Regular physical activity and exercise are healthy for children of all ages. However, over-exercising, participating in athletic training despite injury, or taking supplements in order to gain muscle can be dangerous. It may be difficult to identify youth who participate in unhealthy exercising or muscle-building activities because they often appear to be in good health.

- About a third of youth report trying to increase their muscle size or tone, and boys are more likely to do so than girls.103
- 5.9% of youth report using steroids in order to build muscle.104

Childhood Overweight and Obesity
Overweight children have an increased risk of developing specific health problems including cardiovascular diseases, type 2 diabetes, sleep apnea, high cholesterol and asthma. According to the Centers for Disease Control (CDC), the term “overweight” describes those between the 85th and 95th percentile for weight, while the term “obese” is used for those at, or above, the 95th percentile.105

- Indiana parents report 17.1 percent of Indiana children ages 10-17 are overweight and another 14.3% are obese.
- 15.5 percent of Indiana high school students report their own weight as being in the overweight range, and 14.7 percent report being in the obese range.
- Regardless of their actual weight, 31.8% of Indiana high school students described themselves as slightly or very overweight.106

Sleep
Inadequate or poor quality sleep is associated with unhealthy weight, inability to concentrate or focus, and emotional and behavioral problems among youth.107 In the earliest months of life, infants sleep 9-18 hours each day and toddlers sleep 12-14 hours each day, including naps.108 The amount of sleep children require decreases with age, and by adolescence youth need slightly more than 9 hours of sleep each night.109

While the majority of school-age children get 8 or more hours of sleep on school nights (92% ages 6-11 and 71% ages 12-14), the majority of older teenagers ages 15-17 get 7 or fewer hours of sleep (56%). Even on nonschool nights, the average older teenager only gets 8.9 hours of sleep.110

- Parents report that 5.9 percent of children ages 6-11 and 11.5 percent of children ages 12-17 got enough sleep for their age on three or fewer nights each week.111
- 84 percent of parents report that to the best of their knowledge their children never fall asleep in school, but the rate was lowest for older teenagers with only 67 percent never falling asleep in school.112
**SUBSTANCE ABUSE**

Because substance use disrupts brain function in areas critical to motivation, memory, judgment and behavior control, drugs and alcohol can interfere with learning as well as contribute to behavioral problems and family conflicts. While experimenting with drugs doesn’t always lead to drug abuse, early use is a risk factor for developing more serious drug abuse and addiction.

- Alcohol, tobacco and drug use in Indiana has been declining over the past decade for every substance except tobacco out of a pipe and prescription drugs.
- In Indiana substance abuse treatment facilities that offer special programs for children or adolescents, 68.8% of the clients were younger than 18 years old.
- In 2012, 835 teenagers (12-17) were admitted to treatment facilities in Indiana for drug use. More than half of these admissions were for marijuana use (61.1).
- In America, one in 19 teenagers (ages 12-17) have a drug or alcohol problem that requires treatment, but 90.9% of the teenagers who need treatment don’t get it.

**Marijuana and Cigarettes**

Indiana has higher rates of tobacco use than other states, but lifetime use of cigarettes for Indiana high school seniors has been declining since 1999, from 68.1 percent to 34.9% in 2014.

- Due to a sharp decline in cigarette use, for the first year on record, in 2014 the percentage of 12th graders having ever tried marijuana outpaced the percentage who ever tried cigarettes.

Lifetime use of marijuana for Indiana high school seniors fell from 46.5 percent in 1998 to 36.5 percent in 2007. Since then the rate has hovered between 36 and 40 percent.

- Indiana falls below the national rate for both lifetime (37.4% v. 45.5%) and monthly (17.6% v. 22.7%) marijuana use for high school seniors.

Nationally, the use of e-cigarettes has doubled among both high school and middle school students, from 5 percent in 2011 to 10 percent in 2012 for students in high school and from 1.4 percent to 2.7 percent for those in middle school.

- Among teenagers who currently use e-cigarettes, 76 percent smoke regular cigarettes as well.
Alcohol

Drinking causes slowed reaction times, lowered inhibitions, dizziness, lack of coordination and slurred speech. In excess it can cause vomiting, unconsciousness and alcohol poisoning.\textsuperscript{120} The use of alcohol is decreasing in Indiana, but it is still the most oft-used drug, with 65.1% of Indiana high school seniors reporting having used it at least once.\textsuperscript{121}

- Younger teens (grades 6-9) report getting alcohol mostly from family, while older teens report having someone buy it for them or receiving it from a person 21 or older.
- Almost a quarter (22.6%) have lost memory from drug or alcohol use and nearly a third (31.0%) have gotten nauseated or vomited as a result of drug or alcohol use.
- Binge drinking is defined as having four or more drinks per occasion. While the rate of teen binge drinking has decreased since 2006, more than 1 in 5 seniors still do so monthly.\textsuperscript{122}

Drinking among College Students

Overall, 4 in 5 Indiana college students report drinking alcohol in the last year (79.6%), including 72.8 percent of students younger than age 21. Students at public institutions are more likely to drink (82.3%) than those in private colleges and universities (75.9%). Many college students also report binge drinking within the past two weeks (39.0%), higher than the national rate of 35.2 percent.\textsuperscript{123}

- A third of Indiana college students younger than 21 (34.6%) and 44.7 percent of those older than 21 report binge drinking in the past two weeks.

Other Drugs

The abuse of prescription drugs among teens has increased from 6.9 percent of high school seniors ever having used them in 2003 to 13.5 percent in 2014. The most commonly abused prescription drugs are pain relievers such as Vicodin or OxyContin, ADHD treating stimulants such as Adderall or Ritalin, and anti-anxiety treatments such as Valium or Xanax.\textsuperscript{124} Particularly dangerous is a trend called “pharming” parties, which involve trading and sharing different prescription pills, even if the users don’t know what they are.\textsuperscript{125}

One in twelve Indiana seniors have ever used over-the-counter (OTC) medications to get high (8.3%). The most commonly abused OTC medications are those that include dextromethorphan, a cough suppressant that acts as a hallucinogen when taken in large amounts.\textsuperscript{126}

- Indiana teens are less likely to have ever tried illicit drugs such as heroin (1.8%), cocaine (4.1%) or ecstasy (5.3%) by their senior year than they are to have tried OTC or prescription drugs.\textsuperscript{127}

Designer drugs, such as Spice (K2), Salvia and Bath Salts are created to be similar to, but not technically identical to, an illegal psychoactive drug. These drugs are made by taking the chemical properties of existing drugs and altering them slightly so they produce the same effects but are no longer considered illegal.\textsuperscript{128} The percentage of United States 12th graders who ever used bath salts is 0.9%, and 7.9% have used spice.\textsuperscript{129}
HEALTH

Age of First Use

Reported initiation of drugs shows a nearly consistent pattern: cigarettes first, then alcohol followed by marijuana. Teens start using drugs between 13 and 14 years of age, the youngest mean age for first use is for crack (13.1), followed by cigarettes and inhalants (13.2). The substances with the highest mean age of first use are hallucinogens (14.4) and pipe (14.5).

- There was a small but statistically significant decrease in the reported age of initiation for marijuana use between 2013 (age 14.01) and 2014 (age 13.95).130

SEXUAL ACTIVITY

In 2011, 51.0 percent of Indiana high school students reported having sexual intercourse, compared to 47.4 percent nationally. One in six high school students have had sexual intercourse with four or more persons.131 Teens are less likely to be sexually experienced if they live with both parents, their mothers had their first birth at age 20 or older, and if the teen's mother was a college graduate.132 Older teens are more likely to have sex, have sex with four or more persons, drink or do drugs before their last time having sex, and be currently sexually active.133

- One in nineteen Indiana high school students reported having sexual intercourse before the age of 13.
- The percentage of Indiana high school students having ever had sex has remained consistent at 45-51 percent since 2003.

Research shows the most common first sexual partner for teenagers is someone who they are dating (70% for females and 56% for males). The second most common relationship for teen sexual involvement, however, is categorized “having just met,” (or were “just friends”) which is more common for males (28% of males compared to 16% of females).134

Most common reasons for not having sex yet:
- Against religion or morals
- Haven’t found the right person yet
- Don’t want to get pregnant or get a female partner pregnant
HEALTH

- The number of students who used drugs or alcohol before sexual intercourse decreased, with one out of every five students who had sex in the last three months drinking alcohol or using drugs beforehand.
- One out of every ten (9.8%) students have been forced to have sex, with female students (14.5%) having this experience more than males (5.2%).

Condom and Birth Control Use

Teen females are more likely to give birth before reaching age 20 if they are sexually active and do not use a method of birth control during their first time engaging in sexual intercourse. Among those who are sexually active, 57.8 percent of Hoosier high school students reported using condoms during their last sexual encounter, compared to 60.2 percent nationally.

- Half (55.1%) of sexually active Hoosier female high school students reported using a condom, compared to 60.8 percent of males.
- One out of four (26.8%) sexually active Hoosier teens used birth control pills, and 7.4 percent used birth control shots (includes females and their partners).
- 17.5 percent of sexually active students used both condoms and birth control pills or shots in the last three months.
- Nationally, 83 percent of sexually active teens reported having no formal sex education before they first had sex.

Teen Births

The birth rate for Indiana’s 15-17 year olds has been decreasing since the 1990s and is now at the lowest rate ever recorded. Research shows that the children of teenage mothers are more likely to have lower school achievement, have more health problems, be incarcerated as adolescents, and face unemployment as a young adult than their peers whose mothers were older when they gave birth.

- Indiana’s birth rate for females ages 15-19 (33.0 per 1,000) is higher than the national rate of 29.4 per 1,000.
HEALTH

• The teen birth rate in Indiana is highest for teens ages 18-19 (58.5 per 1,000), followed by teens ages 15-17 (15.5 per 1,000) and youth ages 10-14 (0.3 per 1,000).142

• Only 38 percent of teens who gave birth at age 17 or younger earned high school diplomas by their 22nd birthday versus 60 percent of teens who were 18 or older when they gave birth.143

Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections or diseases known for being passed from person to person through sexual contact.144 However, STDs can be transmitted in multiple ways: from mother to baby during pregnancy or childbirth, through a blood transfusion, from sexual abuse, drug use, or consensual sexual contact. STDs diagnosed in prepubescent children may be indicative of sexual abuse.145 Many STDs, such as chlamydia and gonorrhea, are curable if caught early, but if left untreated may lead to infertility, pregnancy complications, organ damage and even death.146

• Between 1982 and 2013 in Indiana, 980 children were born to an HIV-infected mother, and 189 of those children were known to be infected as well.147

• The number of children diagnosed with chlamydia has increased from 7,575 in 2005 to 10,089 in 2012. This increase likely is due to expanded screening for those most at risk.148

• The rates of children and young adults living with HIV/AIDS increased between 2010 and 2013, especially for individuals ages 20-24.

HIV and STD Diagnoses for Children 0-19, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Percent of New Diagnoses</th>
<th>Number of Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV (2013)</td>
<td>6.8%</td>
<td>25</td>
</tr>
<tr>
<td>Chlamydia (2012)</td>
<td>34.2%</td>
<td>10,089</td>
</tr>
<tr>
<td>Gonorrhea (2012)</td>
<td>25.7%</td>
<td>1,885</td>
</tr>
<tr>
<td>Syphilis (2012)</td>
<td>14.3%</td>
<td>32</td>
</tr>
</tbody>
</table>

Rate of Individuals Living with HIV/AIDS per 100,000, Indiana: 2010 and 2012

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 0-9</td>
<td>2.2</td>
<td>5.4</td>
</tr>
<tr>
<td>Ages 10-14</td>
<td>6.4</td>
<td>11.3</td>
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<tr>
<td>Ages 15-19</td>
<td>13.0</td>
<td>13.7</td>
</tr>
<tr>
<td>Ages 20-24</td>
<td>69.0</td>
<td>107.1</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
CHILD & TEEN DEATHS

In 2012, 1,016 Hoosier children died before their 18th birthday. Indiana’s child and teen death rate (29 per 100,000) is slightly higher than the national rate of 26 per 100,000.

Children younger than age one and older than age 14 have greater mortality rates (770 and 54 per 100,000) than children ages 1-14 (19 per 100,000). In 2012, 460 Hoosier children between the ages of 1-19 died.

- Youth who have had contact with the juvenile justice system have higher mortality rates than the general population, regardless of sex or race.

The leading cause of child and young adult death in Indiana is accidents. However, other leading causes of death differ by age. Younger children are more likely to die of internal causes such as a birth defect or disease, and older youth are more likely to die from external causes like homicide or suicide.

Accidents

In 2012, 178 Hoosier children died as a result of an accident, more than half of which were motor vehicle accidents (52.8%). Other types of accidents that affect children include exposure to poisonous materials (including drugs), drowning, firearm discharge, and exposure to fire or smoke.

Motor Vehicles

In 2012, 94 Hoosier children ages 1-19 died in a motor vehicle accident. Of them, 33 were children younger than 15. While 61 Indiana teens ages 15-19 died in car crashes, data from the Indiana State Police show that only 14 Indiana teens ages 15-17 and 40 young adults (ages 18-20) were drivers in the crashes that killed them. Research shows that graduated driver licensing (GDL) programs reduce the incidence of fatal crashes of 16-year-old drivers by an average of 11 percent. For more information on GDL programs, see the safety section.

For more information on infant deaths, see the Infant Mortality Section.

For more information on nonfatal injuries and poisonings, see the Safety Section.
1 in 5 child passenger deaths in the United States involved a drinking driver, and most commonly the child was riding in the same car as the alcohol-impaired driver. Seventy-one percent of the impaired adult drivers survived the crashes in which their child passengers died.\textsuperscript{158}

- Overall the percentage of children involved in fatal impaired-driver crashes has decreased by 41% over the past decade.
- Between 2001 and 2010, 22 Indiana children died because they were being transported by an alcohol-impaired adult.\textsuperscript{159}

**Drowning and Poisoning**

Twenty-one Indiana children ages 1-19 died in 2012 as a result of drowning. Nationally, black children are nearly three times more likely to die from drowning than white children.\textsuperscript{160}

In 2012, three children ages 1-14 and 27 children ages 15-19 died from accidental poisoning.\textsuperscript{161} This number includes accidental overdoses of drugs or alcohol as well as exposure to household and environmental chemicals.\textsuperscript{162}

**Suicide**

Suicide has been the second-leading cause of death for young Hoosiers between the ages of 15-24 since 2009.\textsuperscript{163} In fact, Indiana has the nation’s highest rate of students who have contemplated suicide (19 percent) and the country’s second-highest rate of high school students attempting suicide (11 percent).\textsuperscript{164}

- Hoosier youth are more likely than their peers nationally to have been treated by a medical professional as a result of a suicide attempt in the past year.\textsuperscript{165}
- Between 2007 and 2011, 1,722 Hoosiers ages 10-19 were treated in an inpatient setting for attempted suicide or self-inflicted injury, and 5,761.
- Males most commonly use firearms to commit suicide, while females are most likely to use poisoning.\textsuperscript{166}

**Homicide**

In 2012, 35 Indiana children ages 1-19 died from homicide, which accounts for 10.2 percent of all Indiana homicides. The homicide rate for Indiana teens and young adults ages 15-24 decreased from 11.1 per 1,000 in 2006 to 8.35 per 1,000 in 2012.

- More homicide deaths occur for older teens (32 deaths ages 15-19) than for younger children (20 deaths ages 1-14).
- Black males ages 15-19 have the highest risk of dying from homicide in Indiana (45.7% of all homicide deaths for youth ages 1-19).
Experiences both inside and outside of the home play significant roles in the development of early language and literacy skills. Reading aloud and telling stories to young children are important ways to help them learn how to speak and read on their own.

- 58.1 percent of young Indiana children (ages 0-5) are sung to or told stories every day, and Hispanic children are less likely to be read to everyday than their peers.

### Child Care & Education

Child care is a widespread need for Indiana families. More than two-thirds (65.7%) of Indiana’s children younger than 6 have all parents in the workforce (both parents in married-couple families and the head of household in single-parent families), and an estimated two in five young Hoosier children are in informal family, friend, neighbor or other unspecified care while their parents work (39.6% ages 0-5).

Indiana families with young children often struggle to find adequate child care. In fact, one in six Indiana families, (16.7%) have had problems with child care severe enough that they have caused a parent to turn down, change or quit a job in the past year. And the rate is higher for low-income families (26.2% of families under 200 percent of the Federal Poverty Level, or 200% FPL).

- More than two in five (42%) infants are cared for by a non-parent on a weekly basis, and those in lower-income households are more likely to be cared for by a relative rather than a formal child care setting.

- More than a third of Indiana’s young children ages 0-5 receive care from a non-relative for 10 or more hours each week (35.1%), and families with black children are the most likely to utilize this type of care.
There are three types of state-regulated child care and early education providers: licensed child care centers, licensed child care homes, and unlicensed registered child care ministries. Licensed child care centers and homes across the state have the capacity to care for 100,369 children, which equates to 23.9 slots per hundred children ages 0-4.

- There are not enough child care slots in formal care, especially high-quality formal care, to accommodate the number of low-income children who have all parents in the labor force in Indiana.

- Rural areas tend to have fewer regulated child care providers than metropolitan areas, and more unmet child care needs have been documented in low-income communities than higher-income communities.

**Vouchers**

Low-income working families (or families in which the parent is attending school) may receive subsidized child care through Indiana’s Child Care Development Fund (CCDF) voucher program. For families above the poverty line, a sliding scale co-payment applies.

- Research has shown that infants in low-income families who receive some form of child care assistance are more likely to be in center-based care than their peers whose families are not receiving child care assistance.

- The number of Indiana children receiving CCDF vouchers decreased between 2007 and 2011, in part because of the loss of funds from the American Reinvestment and Recovery Act. However, since its low of 46,730 in 2011, the number of children receiving vouchers has increased to 56,530 in 2013.

- There were an average of 4,915 children on the waiting list for CCDF vouchers each month during SFY 2013.
In order to increase access to high-quality child care and education programs, CCDF voucher reimbursement changed to a tiered structure in April of 2014. This new structure will reimburse higher-quality programs (according to the Paths to Quality Rating System) at higher rates.\(^\text{17}\)

**Quality**

Research shows that children who attend high-quality early child care and education programs are more likely to pursue higher education as adults, earn higher wages and rely less on government assistance programs.\(^\text{19}\)

High-quality programs meet more than just the basic needs of children. These programs also provide opportunities for meaningful learning activities and work to foster close, caring relationships between children and their teachers/caregivers.\(^\text{20}\) Children who attend high-quality preschools have higher test scores, fewer behavior problems and lower rates of grade repetition than their peers.\(^\text{21}\)

Since 2008, Indiana has had a statewide voluntary quality rating and improvement system called Paths to QUALITY\textsuperscript{TM} (PTQ). The PTQ program helps early care and education providers improve their quality and helps parents find high-quality care for their children.\(^\text{22}\) There are four levels of quality in PTQ, and providers meet specific standards of health, safety and training in order to advance through the levels.

- In 2013, the Indiana Association of Child Care Resource and Referral (IACCRR) provided 3,619 training sessions for 15,537 child care providers as well as onsite technical assistance to 946 programs across Indiana.\(^\text{23}\)
- 90 percent of Indiana’s licensed child care centers and 63 percent of Indiana’s licensed child care homes are enrolled in PTQ.\(^\text{24}\)
- Currently there are 2,400 PTQ rated providers that serve more than 87,000 Hoosier children, including more than 23,000 children with high needs.\(^\text{26}\)
Quality programs in Indiana are considered those that have attained levels 3 or 4 in PTQ, or those that have attained another national accreditation. Just less than a third of Indiana’s early child care and education slots are in quality programs (30.8%), and 40 percent are in non-accredited, non-PTQ-enrolled settings.26

School Readiness

The majority of Indiana parents of young children (ages 18 months-5 years) are not at all concerned about how their children are learning school skills (81.1%). However, 11.2 percent are a little concerned and 7.7 percent are a lot concerned.27

• Parents of Hispanic children, especially those whose primary household language is English, are much more likely to be a lot concerned about their child’s school skills than parents of children of other races.28

Preschool programs have been found to boost school readiness by strengthening a child’s academic skills in reading and math.29 Families with modest incomes (less than $60,000) have the least access to preschool education, and those who could benefit most from the programs often are unable to attend.30

• The percentage of Indiana’s 3 and 4 year olds who are enrolled in an early education program (37.5%) has decreased since 2007 and is lower than the national average of 46.1 percent.31

• Preschool children in Indiana are the most likely of any grade to be enrolled in a private school (46.1%) rather than a public school. Only 11.0 percent of K-12 students and 20 to 30 percent of college students are enrolled in private institutions.32
Indiana does not have a universal preschool program. However, children with disabilities may receive preschool services through the Individuals with Disabilities Education Act (IDEA). Indiana also does not have a universal school readiness assessment, but the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment is available for use at no cost for all public schools and private early childhood education programs through the Indiana Department of Education. Indiana preschool students with IEPs are required to take the ISTAR-KR, but no state-level results are available.

Two new state-level funding opportunities aim to increase access to high-quality preschool for low-income children in Indiana. In July 2014, Early Childhood Education Matching Grants (EEMG) were distributed to 30 organizations in 15 Indiana counties in order to expand high-quality preschool programs. All students enrolled in EEMG programs will be required to take the ISTAR-KR assessment. Additionally in 2014, the legislature passed a bill establishing a pilot voucher program for low-income preschool students attending high-quality programs in five Indiana counties: Allen, Jackson, Lake, Marion and Vanderburgh.

**Low-income Children**

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

- In 2013 there were 25 EHS programs with 1,945 funded enrollment slots in Indiana.

Head Start (HS) serves children ages 3-5 in low-income households and focuses on comprehensive child development services, parental involvement and partnerships with community service providers. Migrant Head Start provides these services to preschool children of low-income migrant and seasonal farm workers. According to a survey of families enrolled in Head Start in Indiana, the top three benefits of the program were socialization, school readiness skills and access to health services.

- In 2013 there were 36 HS programs with 13,598 funded enrollment slots in Indiana.
Children with Developmental Delays or Disabilities
Service providers working with young children who have developmental delays or other problems that require Early Intervention or Special Education services work from written intervention plans called IFSPs (Individualized Family Services Plans) if the child is 3 or younger or IEPs (Individualized Education Programs) if the child is older than 3 years.

- In Indiana 5.5 percent of children younger than age 6 have an early intervention plan (IFSP or IEP).
- For Hispanic children, those who speak English at home are more likely to have an IFSP or IEP than those who speak Spanish at home.

The First Steps program seeks to improve educational outcomes for children ages 0-3 who are experiencing developmental delays or disabilities by providing physical, speech, and developmental therapy and services. Services through First Steps are free for families whose income is below 250 percent of the federal poverty level, and fees are charged on a sliding scale for families with higher incomes.

- In 2014, 19,987 Indiana children were served by First Steps.

KINDERGARTEN THROUGH 12+
All Hoosiers between the ages of 7 and 18 are required to go to school. However, each school corporation is required to provide a kindergarten program for eligible students starting at age 5. Although providing a half-day kindergarten program satisfies this requirement, a school corporation may provide a full-day kindergarten program as an alternative or in addition to a separate half-day kindergarten program. Additional funding for providing a full-day kindergarten program is available to local school corporations through a Full Day Kindergarten (FDK) Grant that was implemented in 2012.
Families have varying beliefs about what is most important to teach children in school. While 94 percent of U.S. parents say that teaching children to be responsible is “especially important,” parents differ on which other values are most important to teach their children. Some parents rated religious faith (31%) or hard work (44%) as most important, while others valued independence (17%), creativity (10%), or obedience (12%).

In Indiana, families with different values and beliefs may choose from any of the following forms of schooling for their children: traditional public schools, public charter schools, private schools, or homeschooling.

There are 79 charter schools authorized to operate in Indiana. The majority of charter schools are located in Marion and Lake counties, followed by Allen and St. Joseph counties. As of School Year (SY) 2013, five public schools had been taken over by the state for failing to meet accountability standards and were being run by various third-party school operators.

The state of Indiana has 272 accredited nonpublic schools, 123 of which are freeway schools. Indiana also has 21 nonchoice freeway school and at least 30 schools that are not state accredited. More than two thirds of Indiana counties have nonpublic or freeway schools (67%).

Students also may attend school virtually by accessing a specific online program within a public school or through one of Indiana’s four virtual charter schools: Hoosier Academy Virtual Charter, Indiana Connections Academy, Indiana Cyber Charter School Inc., and Indiana Virtual School.

No state level data is available about homeschooled students. However, national statistics show that the number of children who are homeschooled is growing. A majority of homeschooled children are white and live in a household with three or more children. Children from rural areas are most likely to be homeschooled.

- Most Indiana students are enrolled in noncharter public schools (89.3%).
- There are 7,469 students enrolled in one of the four virtual charter schools in Indiana.

*Freeway schools are public or non-public schools that have been granted specific autonomy or flexibility by the State Board of Education through the Freeway School Program established in 1995 [http://files.eric.ed.gov/fulltext/ED490900.pdf](http://files.eric.ed.gov/fulltext/ED490900.pdf)
**School Choice Vouchers**
In 2011 Indiana implemented the Indiana Choice Scholarships program, a voucher program that offsets tuition costs at participating nonpublic schools for qualifying families of children in grades 1-12. Scholarships were made available for kindergarten students starting in SY 2014.52

- In SY 2014, 19,809 students participated in the Choice Scholarship Program, up from 9,139 in SY 2013 and 3,911 in SY 2012.53
- The majority of Choice Scholarships are to students in grades 1-8 (78.3%), compared to 6.5 percent in kindergarten and 15.2 percent in grades 9-12.54
- 1.8 percent of Indiana students are enrolled using a Choice Scholarship.

**Special Education**
All eligible students with disabilities are entitled to a free, appropriate public education in the least restrictive environment possible. Public school students who are identified as having special needs receive an Individualized Education Program (IEP) that sets goals for the school year and plans for any special support a child may need to achieve those goals. Some of the services Indiana can provide as part of an IEP include: transportation, speech pathology, audiology, psychological services, physical or occupational therapy, therapeutic recreation, social work services, and mobility services.57

- In SY 2014 there were 153,749 Special Education students in Indiana, down from 155,507 in 2010.
- Overall 10.8 percent of children ages 6-17 have an IEP; the rate is higher for youth ages 6-11 (14.5%) than for those ages 12-17 (7.0%).58
- Hispanic students who live in households that speak Spanish primarily are less likely to have an IEP than those whose primary household language is English.
**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. Gifted education provides curriculum and instruction according to the student’s abilities and interests rather than age expectations. Research has shown the necessity and success of accelerated learning for those students who need it.

- The number of high ability students in Indiana’s public schools has increased steadily from 106,263 in 2007 to 140,769 in SY 2014.

**Magnet schools** are public schools that offer a specialized curriculum either in a subject matter of emphasis such as arts, technology or humanities or in a specific instructional method such as Montessori or International Baccalaureate programs. Indiana’s magnet schools are located in Indianapolis, Evansville, Fort Wayne, Michigan City, Elkhart and South Bend.

**English Language Learners (ELL)**

A growing segment of Indiana’s population speaks a language other than English at home. Students with Limited English Proficiency (LEP) are students with a primary language other than English who have a limited range of English speaking, reading, writing or listening skills. This classification also includes students determined by their schools to have limited English proficiency and a language other than English spoken in the home.

- In SY 2014 there were 55,139 English Language Learner students identified in Indiana public schools, an increase from 49,050 in 2010.
- The growth in ELL population is happening in one fifth of Indiana counties.
EDUCATION

Attendance and Engagement

Research shows that attending school more often is associated with higher academic achievement, especially for lower-income students.64 Additionally, feeling connected to one’s school has a significant impact on a child’s educational outcomes, including better attendance, school continuation, and higher grades and test scores.65

• The state total attendance rate has held steady around 95 or 96 percent since SY 2006, with a 96.1 percent attendance rate in SY 2014.66

• The majority of Indiana students missed five or fewer days of school in the past year due to injury or illness (79.9%), and only 6.9 percent missed 11 or more days.67

School engagement is measured by whether students usually or always care about doing well in school and whether they did all of their required homework during the previous month. Less than half of Indiana students are always engaged in school (47.4%), and a quarter are rarely or never engaged in school (24.9%).

• Older students are more likely to be rarely or never engaged (27.8% ages 12-17) than younger students (22.0% ages 6-11).68

• More than one in three black students and nearly as many Hispanic students are rarely or never engaged in school.69

In Indiana, just less than one in ten students ages 6-11 have repeated one or more grades (9.4%), and males are more likely to have repeated a grade than females.70 Nationally the majority of individuals who repeated a grade did so in elementary school (57.0%), followed by kindergarten (30.4%), middle school (8.5%), and high school (4.1%).71
Standardized testing

Hoosier students take a variety of standardized tests throughout their educational careers. In grades 3-8 students take the ISTEP+ in order to assess their mastery of the Indiana Academic Standards. To be eligible to graduate high school, students take End of Course Assessments (ECA) after completing Algebra 1, English 10 and Biology 1. Additionally, in order to compare Indiana students to those in other states, a small random sample of students in grades 4, 8 and 12 also take the National Assessment for Educational Progress (NAEP) every other year.

National

NAEP allows comparison of reading and mathematics results with the rest of the nation’s students. NAEP considers students proficient once they have demonstrated competency in understanding challenging subject matter, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter. Indiana students were not part of the 12th grade pilot test results in 2013.

On average, Indiana 4th and 8th grade students scored better in math than their peers nationally. Indiana’s fourth graders scored higher than their national peers in reading as well, but 8th graders scored similar to the national average.

• For the first time ever, more than half of Indiana’s 4th graders who took the NAEP scored at or above proficient in math.

State – ISTEP+

All Indiana students in grades 3 - 8 are tested in English/Language Arts (ELA) and Mathematics using the ISTEP+. Students in grades 5 and 7 receive an additional section in Social Studies and those in grades 4 and 6 receive an additional section in Science. Beginning in SY 2010, ISTEP+ testing moved to the spring semester.

• The percentage of 4th and 8th graders passing both the English/Language Arts and Math sections of the ISTEP+ has increased since 2009.

• On average, Indiana’s 4th graders tend to pass ISTEP+ sections at higher rates than 8th graders.

• Asian (83.5%) and white students (79.8%) have the highest rates of passing both the English/Language Arts and Math sections of the ISTEP+, and Hispanic (63.4%) and black (52.0%) students had the lowest rates of passing both.
Reading by 3rd Grade

One indicator of a child’s future success is the ability to read proficiently by 3rd grade. Students who are not able to read before entering 4th grade are more likely to drop out of high school, be unemployed, be unqualified for military service, and live in poverty.77

Youth in Indiana enjoy reading for pleasure. More than a third of youth ages 6-11 spend 30 minutes or more reading for pleasure on an average weekday (35.7%), and the rate is even higher for older youth ages 12-17 (43.0%).78

Indiana started testing the reading levels of 3rd graders in the spring of 2012 with a test called I-READ. Students who do not pass the test cannot be promoted to 4th grade without a Good Cause Exemption. Between 2012 and 2014, the percentage of 3rd graders passing the I-READ has increased (from 85.7% to 90.8%) and the percentage receiving a Good Cause Exemption has decreased (from 6.5% to 1.9%).79

• Black and Hispanic students were least likely to pass the I-READ (80.3% and 83.6%, respectively).80

End Of Course Assessments

Before graduating from high school, each student must pass an End of Course Assessment (ECA) after completing Algebra 1, English 10 and Biology 1 unless the student meets the requirements for an Evidence-based or Work-readiness waiver.81 As of SY 2012, Indiana was one of 22 states that administered one or more ECA exams.82

• In Indiana, most students take the Algebra I and Biology I ECA in grade 9 and the English 10 ECA in grade 10.83

• Students taking the Algebra I and Biology I test before grade 10 and the English 10 exam before grade 11 are more likely to pass than those who take it later.84

percent Passing I-READ, Indiana: 2014

<table>
<thead>
<tr>
<th>SCHOOL TYPE</th>
<th>Total</th>
<th>Public</th>
<th>Non-Public</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90.8%</td>
<td>90.3%</td>
<td>96.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEAL TYPE</th>
<th>Free/Reduced Price</th>
<th>Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85.6%</td>
<td>96.2%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION TYPE</th>
<th>General Education</th>
<th>Special Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>94.8%</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEARNER TYPE</th>
<th>English Language Learners</th>
<th>Non-English Language Learners</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>74.0%</td>
<td>91.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education Compass

Percentage of All Test Takers Passing End of Course Assessments, Indiana: SY 2014

<table>
<thead>
<tr>
<th></th>
<th>Algebra 1</th>
<th>English 10</th>
<th>Biology 1</th>
</tr>
</thead>
<tbody>
<tr>
<td># Tested</td>
<td>% Pass</td>
<td># Tested</td>
<td>% Pass</td>
</tr>
<tr>
<td>87,403</td>
<td>73.3%</td>
<td>83,765</td>
<td>78.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education Compass
Graduation

Educational attainment as a youth is important for economic success as an adult. Hoosiers who have earned a high school diploma are less likely to be unemployed (7.9% compared to 13.2%) and are likely to earn more each year than those who do not complete high school (a median income of $27,928 per year compared to $20,392 per year).85

• In SY 2013, 88.6 percent of all Indiana high school students graduated on time.87

• Indiana’s graduation rate increased steadily between SY 2007 and SY 2012, and remains steady in SY 2013.

In Indiana, graduation rates vary considerably across school corporations and demographic categories. Students from low-income families, as well as black, Hispanic, and English Language Learner students, are less likely to graduate than their peers.88

Students who have not graduated high school after four years either have dropped out, passed the General Education Development (GED) test, earned an alternative certification through their IEP, or are still in school. Indiana youth who have not graduated high school are required to attend school until age 18.89

• One in eighteen students in the class of 2013 dropped out before graduating (5.6%).90
**Diploma Type**

Completion of the Core 40 diploma is a graduation requirement for all Indiana students. However, there is a provision requiring parent and school agreement in order to obtain a waiver that allows a student to graduate with a General Diploma.

- Of the graduating class of 2013, 84.7 percent earned at least a Core 40 diploma and 16.3 percent received a General Diploma.

Students also may earn an academic or technical honors diploma by completing classes beyond the Core 40 requirements. For academic honors, students complete extra credit hours in foreign language, math and fine arts; for technical honors they complete college and career preparation courses. Both honors degrees also require the student to earn a “C” or better in courses that will count toward the diploma and have an overall average of “B” or better.

- More than a third of Indiana’s 2013 graduates earned an honors diploma (35.4%).

Another special diploma option in Indiana is The International Baccalaureate (IB) program, which is intended to develop the intellectual, personal, emotional and social skills necessary to live in a globalizing world. In order to complete the IB program, students must complete all of the requirements to earn the Core 40 Diploma as well as additional IB courses and exams.91

- 21 Indiana schools offer the IB diploma program.92

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**Cohort Educational Outcomes**

Class of 2013, Indiana

- Graduated: 88.6%
- Dropped out: 4.2%
- Still in school: 5.5%
- Special Education Certificate: 0.6%
- GED or course completion: 0.3%

**High School Graduates by Degree Type**, Indiana: SY 2007, 2010 and 2013

- SY 2007:
  - Honors: 26.8%
  - Core 40: 40.7%
  - General: 32.5%
- SY 2010:
  - Honors: 21.4%
  - Core 40: 48.1%
  - General: 30.5%
- SY 2013:
  - Honors: 15.4%
  - Core 40: 49.2%
  - General: 35.3%
- SY 2013 by Lunch Type Paid:
  - 12.2%
  - 45.5%
  - 42.3%

**Source:** Indiana Department of Education

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**Source:** Indiana Department of Education Compass
School Accountability
Currently Indiana has a No Child Left Behind flexibility waiver, which allows the state to use an A to F grading scale under Public Law 221 (P.L. 221) to ensure school accountability.93 School accountability grades are based on a combination of student academic growth, graduation rates, and college and career readiness.94

- In SY 2013, nearly two thirds of Indiana schools earned an A or B under P.L. 221 (66.1%).95
- In SY 2013, one in six Indiana schools received a D or F under P.L. 221 (16.1%).96
- During 2011, five schools in Gary and Indianapolis were taken over by the state for failing to meet accountability standards for six consecutive years.
EDUCATION

COLLEGE AND CAREER

The more education or training a student obtains, the higher his/her earning potential will be as an adult.97

In Indiana, high school graduates earn incomes averaging $7,536 more annually than those without a diploma. Similarly, individuals with some college, including an associate degree or bachelor’s degree have higher annual incomes than those with only a high school diploma, earning $3,747 and $17,011 higher, respectively.98

High school students in Indiana have a variety of different post-high school intentions, aspirations and interests. More than three quarters of Indiana’s 12th grade students intend to go to a two- or four-year college in the first year out of high school. The other quarter plan to attend an apprenticeship or technical program, join the military, get a full time job, or remain unsure about their postsecondary plans.99

Indiana’s high school students also are interested in a variety of different college majors and career paths. Multiple surveys of Indiana’s high school students found the most common interest to be health sciences or technology. Many Indiana students also are interested in STEM and business-related subjects.

### Median Annual Earnings by Educational Attainment, Indiana: 2007, 2010 and 2013

<table>
<thead>
<tr>
<th>Education Attainment</th>
<th>2007</th>
<th>2010</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate or professional degree</td>
<td>$54,369</td>
<td>$57,526</td>
<td>$59,150</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>$42,845</td>
<td>$42,884</td>
<td>$44,939</td>
</tr>
<tr>
<td>Some college or associate’s degree</td>
<td>$32,096</td>
<td>$31,372</td>
<td>$32,623</td>
</tr>
<tr>
<td>High school graduate (includes equivalency)</td>
<td>$27,362</td>
<td>$30,342</td>
<td>$31,640</td>
</tr>
<tr>
<td>Less than high school graduate</td>
<td>$20,415</td>
<td>$18,744</td>
<td>$20,392</td>
</tr>
<tr>
<td>Overall</td>
<td>$60,000</td>
<td>$50,000</td>
<td>$40,000</td>
</tr>
</tbody>
</table>

**Source:** American Community Survey: Table B20004 *not adjusted for inflation

### Percentage of 12th Grade Students by Intentions for the First Year out of High School and Applications Submitted, Indiana: 2014

<table>
<thead>
<tr>
<th>Intention</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-year College or University</td>
<td>61.6%</td>
</tr>
<tr>
<td>2-year Community College</td>
<td>15.1%</td>
</tr>
<tr>
<td>Apprenticeship Program (Certificate)</td>
<td>0.6%</td>
</tr>
<tr>
<td>Career-technical College (Certificate)</td>
<td>2.3%</td>
</tr>
<tr>
<td>Military</td>
<td>8.7%</td>
</tr>
<tr>
<td>Full-time Job</td>
<td>4.4%</td>
</tr>
<tr>
<td>Not Sure</td>
<td>4.2%</td>
</tr>
<tr>
<td>Did Not Submit</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

**Source:** Learn More Survey

### Top Five Reported Majors or Career Interests of Indiana Students

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Sciences and Technology</td>
<td>Health Professions and Related Clinical Services</td>
<td>Health Science</td>
</tr>
<tr>
<td>20%</td>
<td>25%</td>
<td>28%</td>
</tr>
<tr>
<td>Business</td>
<td>Business Management, Marketing, and Related Support Services</td>
<td>Science, Technology, Engineering, and Mathematics</td>
</tr>
<tr>
<td>10%</td>
<td>10%</td>
<td>26%</td>
</tr>
<tr>
<td>Engineering</td>
<td>Engineering</td>
<td>Arts, A/V Technology, and Communication</td>
</tr>
<tr>
<td>8%</td>
<td>8%</td>
<td>26%</td>
</tr>
<tr>
<td>Sciences: Biological &amp; Physical</td>
<td>Education</td>
<td>Law, Public Safety, Corrections, and Security</td>
</tr>
<tr>
<td>8%</td>
<td>6%</td>
<td>23%</td>
</tr>
<tr>
<td>Social Sciences &amp; Law</td>
<td>Visual Performing Arts</td>
<td>Business, Management, and Administration</td>
</tr>
<tr>
<td>7%</td>
<td>6%</td>
<td>21%</td>
</tr>
</tbody>
</table>

*Total is over 100% due to students being able to make multiple selections*  
**Sources:** ACT, College Board and Learn More
Preparation

Students take many steps in preparation for postsecondary success, such as making written plans, researching programs and options on the internet, talking to trusted adults, and maintaining good grades. While less than 30 percent of Indiana’s 12th grade students have a written plan for their future, four in five used the internet to learn about college and career opportunities.

A number of degree options and other programs are offered in Indiana to help students prepare for career or college. Students even have the option of participating in a dual credit program that allows them to earn both high school and college credits simultaneously. Other such opportunities include Advanced Placement Courses, 21st Century Scholars, and Jobs for America’s Graduates.

School Counselors

School counselors are important to students’ postsecondary planning processes because they are required to help students develop graduation and career plans beginning in 6th grade.

- Indiana ranks 8th worst in the nation for student-counselor ratio. In 2012, Indiana employed one counselor for every 535 students.
- 58 percent of school counselors report spending less than a quarter of their time on career readiness activities.
- Four in five Indiana guidance counselors would like to spend more time helping students with college and career readiness (81%).
**Advanced Placement (AP) Courses**

Taking advanced placement courses during high school helps prepare students for college-level work. The 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.

- The average score on all AP tests in Indiana in 2013 was 2.61; just less than half of all scores were 3 or above (49.4%).
- The top five tests taken by Indiana students were U.S. History (8,554), English Language and Composition (7,822), English Literature and Composition (7,481), Calculus (7,461), and Biology (4,280).
- 91 percent of Indiana graduates who earned a 3 or higher on an AP test and 87 percent of those who scored lower than 3 on an AP test enrolled in college, both higher than the overall college-going rate of 65.9 percent.
- Of Indiana’s 2013 high school graduates, 34.3 percent took an AP test, and 15.9 percent took and passed an AP test at some point during high school.

**Jobs for America’s Graduates (JAG)**

Jobs for America’s Graduates (JAG) is a school-to-career program that aims to keep young people in school through graduation and to provide work-based learning experiences that will lead to career advancement opportunities or enrollment in a postsecondary institution. In SY 2014, 5,300 student participants in one of the 106 school-based or ten out-of-school JAG program sites in Indiana.
21st Century Scholars

Indiana started the 21st Century Scholars program in 1990 to ensure that every student could afford a college education. Income-eligible 7th and 8th graders who enroll in the program and fulfill a pledge of good citizenship are guaranteed to receive the equivalent of four years college tuition at any participating public college or university in Indiana.\(^{112}\)

Research shows that 21st Century Scholars were more likely to earn an honors diploma\(^{113}\) and go to college than their peers of a similar background,\(^{114}\) but only 13 percent of 21st Century Scholars earn an associate degree in two years or a bachelor’s degree in four years.\(^{115}\)

- In 2013, 15,858 students received 21st Century Scholarships, the majority of whom attended a public four-year school in Indiana.\(^{116}\)
- During 2013, Indiana enrolled 11,302 7th and 8th graders in the 21st Century Scholars program.\(^{117}\)
- 78 percent of Indiana’s 2012 high school graduates who were 21st Century Scholars enrolled in college, compared to 64 percent of graduates who were not Scholars.\(^{118}\)

Starting with the high school graduating class of 2017, new requirements for students enrolled in the 21st Century Scholars program include maintaining a minimum 2.5 grade point average (GPA) and participating in twelve specific college readiness activities while in high school. In addition, once enrolled in college, students must participate in academic success programming and maintain a 2.5 GPA.\(^{119}\)

### Twelve Requirements Scholars Must Complete During High School

<table>
<thead>
<tr>
<th>PLAN</th>
<th>PREPARE</th>
<th>PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 Create Your Graduation Plan</td>
<td>Participate in an Extracurricular or Service Activity</td>
<td>Watch “Paying for College 101”</td>
</tr>
<tr>
<td>10 Take a Career Interest Assessment</td>
<td>Get Workplace Experience</td>
<td>Complete the College Cost Estimator</td>
</tr>
<tr>
<td>11 Visit a College Campus</td>
<td>Take a College Entrance Exam (ACT/SAT)</td>
<td>Search for Scholarships</td>
</tr>
<tr>
<td>12 Submit Your College Application</td>
<td>Watch “College Success 101”</td>
<td>File Your FAFSA</td>
</tr>
</tbody>
</table>

Source: Learn More Indiana: The Scholar Success Program
The Scholastic Aptitude Test (SAT) and ACT

The Scholastic Aptitude Test (SAT) is widely used by colleges and universities for admission and enrollment purposes and it tests students’ knowledge of subjects necessary for college success: reading, writing and mathematics. The maximum possible score on the SAT is 2400.120

- 48,476 of Indiana’s graduating seniors in 2013 took the SAT at some point during high school (74.7% of all graduates).
- The average SAT score for Indiana’s high school graduates in 2013 was 1470, a slight decline from 1493 in 2006.
- Of Indiana’s 2013 graduates who took the SAT, the majority took the SAT as seniors (62.2%), followed by juniors (37.6%) and freshmen and sophomores (<1%).121

The ACT assesses high school students’ general educational development and their ability to complete college-level work.122 The four skill areas covered are: English, Mathematics, Reading, and Science, with an optional writing test. The maximum possible score on the ACT is 36.123

- 27,226 of Indiana’s graduating seniors in 2013 took the ACT at some point during high school (an estimated 40% of all Indiana graduates).124
- The average composite score for Indiana’s ACT test takers in 2013 was 21.9, slightly higher than the national average of 21.0.125
- 32 percent of Indiana student met all four benchmarks: English, Math, Reading, & Science, compared to 26 percent nationally.126

Mean SAT Score by Parental Education Attainment, Indiana: 2014

Percent of ACT-Test High School Graduates Meeting ACT College Readiness Benchmarks by Race/Ethnicity and Subject, Indiana: 2014

Source: College Board

Source: ACT
College Enrollment, Readiness and Completion

Two thirds of Indiana’s high school graduating class of 2012 went to college, and nearly half enrolled in a public Indiana college or university. Of those who attended an Indiana public college, four in five enrolled full-time and one in five enrolled part-time.

- Indiana graduates earning Honors Diplomas were most likely to enroll in college (92%), followed by Core 40 Diplomas (63%) and General Diplomas (26%).
- White and black graduates in Indiana had similar rates of college enrollment (67% and 65%, respectively, but Hispanic graduates were less likely to enroll (52%).
- More than a quarter of Indiana high school students who enroll in an Indiana public college need remediation (28%).

Not all students who start college in Indiana complete a degree. Students who volunteer while in college, participate in social clubs, athletics or performing arts are more likely than their peers to complete a degree. However, students who are married, expecting a child or those who work 21 hours or more per week are less likely to complete a postsecondary degree.

- One in ten Indiana college students finish a two-year degree on time and three in ten finish a four-year degree on time.
- Black students are less likely to complete a degree within six years of entering college in Indiana (14.2%) than white (30.6%) or Hispanic (25.9%) students.
- 41.5 percent of 18-24 year olds living in Indiana are enrolled in college or graduate school.

First-Generation College Students

Students whose parents did not attend college may face more challenges in attending and completing college than others. These students may need more financial preparation and support, as well as additional support on campus. Research has found that first-generation college-goers are less likely to graduate from postsecondary institutions than their peers.

- More than half (55%) of Indiana’s potential first-generation students expect to go to a four-year college or university after high school, compared to 74 percent of students whose parents have a college degree.
EDUCATION

College Cost & Financial Aid

The cost of college may be perceived as a barrier to many students who might otherwise pursue a postsecondary education. Over the past nine years, the average annual cost to attend college in Indiana has increased of 19.5 percent for public two-year colleges and 23.5 percent for public four-year colleges or universities.135

- College graduates with lower student debt were more likely to thrive as adults (14%) than those who had $20,000 to $40,000 of school debt upon graduating (4%). Thriving is defined as liking where they live and what they do each day, having strong relationships, being able to manage their finances, and having good health.136

In order to receive federal financial aid for college, students must fill out a Free Application for Federal Student Aid (FAFSA). The form is used to determine students’ eligibility for different types and amounts of aid. In 2013, 70 percent of Indiana’s 12th graders submitted a FASFA.137

- One in ten Hoosier high school students or their parents (10.4%) attended a program about financial aid last year.

Workplace Readiness

Part-time employment or internships while in school help prepare teens for the workforce, and students with paid internships are more likely to be offered a job and to be offered higher pay than their peers with no internship or an unpaid internship.138

- Only 15 percent of Hoosier high school students report participating in job shadowing or an internship in the past year.139
- In Indiana, more than a third of teens ages 16-19 who are in school also either work or are looking for work (36.3%).140

Students who graduated from college are more likely to be prepared for the workplace than those who did not. In fact, two in five employers (42.4%) rate high school graduates as “deficient” in their preparation for entry-level jobs. Because of this lack of preparation, three in five employers foresee hiring more four-year college graduates (58.8%) and about half plan to hire more two-year college/technical school graduates (49.5%).142

- Nearly twice as many college-educated adults in the U.S. are employed full time for an employer (58%) as those with no more than a high school degree (34%).143
- Employed college graduates report being more engaged in their work if during college they had a professor who cared about them as a person, one who made them excited about learning, and had a mentor who encouraged them to pursue their dreams. Only 14 percent of college graduates reported having all three.144

### Average Annual Cost of College, Indiana

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Two-Year College</td>
<td>$3,187</td>
<td>$3,809</td>
</tr>
<tr>
<td>Public Four-Year College or University</td>
<td>$7,221</td>
<td>$8,916</td>
</tr>
</tbody>
</table>

Source: College Board

For more information about teen employment, see the Economics Section.

The most important skills necessary for workplace readiness as cited by employers include:141
- Professionalism/Work Ethic
- Oral and Written Communications
- Teamwork/Collaboration
- Critical Thinking/Problem Solving
Apprenticeship Programs

Apprenticeships allow students to learn the skills required for a specific occupation. Today there are more than 1,000 nationally recognized occupations in the federal apprenticeship registry. These programs are sponsored and operated on a voluntary basis by individual employers, employer associations, or jointly through labor/management agreements. About 90 percent of apprenticeship programs are in construction industries.

- Most programs last between three and five years, and all registered programs issue a nationally recognized Certificate of Completion.

- In FY 2013 there were 18,823 active apprentices in Indiana; 6,012 were new apprentices and 2,884 completed their apprenticeship in FY 2013.

Top 10 Occupations for Fiscal Year 2013

<table>
<thead>
<tr>
<th>Occupation Title</th>
<th>Active Apprentices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrician</td>
<td>36,237</td>
</tr>
<tr>
<td>Carpenter</td>
<td>13,685</td>
</tr>
<tr>
<td>Plumber</td>
<td>12,116</td>
</tr>
<tr>
<td>Pipe Fitter</td>
<td>8,665</td>
</tr>
<tr>
<td>Construction Craft Laborer</td>
<td>7,901</td>
</tr>
<tr>
<td>Sheet Metal Worker</td>
<td>7,101</td>
</tr>
<tr>
<td>Roofer</td>
<td>5,285</td>
</tr>
<tr>
<td>Structural Steel/Ironworker</td>
<td>4,651</td>
</tr>
<tr>
<td>Painter</td>
<td>3,254</td>
</tr>
<tr>
<td>Pipe Fitter (Sprinkler Fitter)</td>
<td>3,052</td>
</tr>
</tbody>
</table>

Source: United States Department of Labor


EDUCATION SOURCES

131 U.S. Census Bureau, 2013 American Community Survey. (2014). Table B14004: Sex by College or Graduate School Enrollment by Type of School by Age for the Population 15 Years and Over. Retrieved from http://factfinder2.census.gov/
SAFETY

SAFE SURROUNDINGS
Living in safe and supportive neighborhoods, families and communities improves outcomes for children of all ages.\(^1\) Adult awareness of the surroundings in which youth learn and play is particularly important because children generally are not able to control their own environments. Younger children are even more susceptible to unsafe environments because they lack the experience and thinking skills necessary to recognize danger.\(^2\)

Unintentional Injury
Unintentional injuries are defined as injuries that are predictable and preventable if the proper safety measures are in place.\(^3\) This type of injury is a leading cause of death among children.\(^4\) The leading types of unintentional injury for youth younger than 18 in the U.S. are falls, being struck by or against an object or person, and overexertion.\(^4\)

• For children ages 0-14, the leading cause of injury-related hospital admissions or emergency room (ER) visits in Indiana is falling, with an average of 326 hospitalizations and 37,100 ER visits per year. Other common causes of injury for children include burns, poisoning, motor vehicle accidents, overexertion and being struck by/against something.\(^5\)

• Indiana’s older teens and young adults are most likely to be admitted to a hospital for poisoning (including drug and alcohol overdose) (33.1% of admissions) or motor vehicle crashes (27.1% of admissions), and are most likely to visit the ER for being struck by/against something (23.1%) or falling (18.9%).\(^6\)

Fireworks
In 2013 there were 65 children ages 0-18 injured badly enough by fireworks that they sought medical care, and 33 of them were younger than age 12.\(^7\) Of the cases in which a child was injured, an adult was present about two thirds of the time (64.6%).\(^7\)

• The majority of injuries from fireworks in Indiana were first or second degree burns, a third of which were to the hands or fingers; 1 in 5 were to the face, ear and head; and 1 in 6 were to the eye.

Safe Spaces
Child and youth programs of all types have to comply with environmental health and safety standards mandated by various state agencies.\(^8\) For instance, in Indiana, safety standards for child care facilities depend upon the type of facility, with licensed centers having to meet the most stringent requirements and registered ministries facing the fewest requirements for ensuring health and safety of young children. For older youth, educational settings have the most stringent safety requirements and most afterschool programs have few or no requirements for meeting safety standards.\(^9\)

In order to make schools safer Indiana created a new Secured School Grant Fund in 2013. This fund, administered through the Indiana Department of Homeland Security, provides matching grants to schools or school corporations to employ a school resource officer, conduct a threat assessment, purchase equipment to restrict access to the school, or expedite notification of first responders.\(^9\)
SAFETY

Playground Safety
Nationally, children ages 0-14 sustained about 246,000 playground equipment-related injuries that were treated in an ER in 2012. About 45 percent of playground-related injuries are severe: fractures, internal injuries, concussions, dislocations, and amputations. About 75 percent of nonfatal injuries related to playground equipment occur on public playgrounds, but most playground deaths (70%) occurred on home playgrounds.

Accidental Poisoning
Because children's bodies are much smaller than adults', exposure to even small amounts of toxins have increased effects. The most common environmental hazards for children include secondhand smoke, lead and pesticides.

Exposure to lead, often found in paint in older homes, is harmful to children's nervous systems and may cause learning disabilities, behavioral problems, and in extreme cases, seizures, coma, and even death.

Vehicle Safety
Nine in ten Indiana high school students admit that they rarely or never wear a bicycle helmet when riding (93.3%), and 8.6 percent rarely or never wear a seatbelt when riding in a car driven by someone else. In the 2011 Youth Risk Behavior Survey, one in five high school students (21.7%) said that they rode in a vehicle driven by someone who had been drinking alcohol at some point in the last month.

- Nationally, one in ten high school students who had driven in the last month, drove one or more times after drinking alcohol.
- 41.4 percent of U.S. high school students texted or emailed while driving a car or other vehicle. In Indiana it is illegal for drivers under age 18 to use the cellphone in any way while driving.

In Indiana, children are eligible to be tested for lead poisoning if they:
- receive Medicaid benefits or
- are younger than 7 years old, and if and they
- live in a house built before 1978,
- are a minority, or
- have a family member who works around lead.
**SAFETY**

**Restraints and Booster Seats**

Placing younger children in age- and size-appropriate car seats and booster seats reduces serious and fatal motor vehicle injuries by more than half. However, a third of U.S. children ages 4-7 are not properly restrained in a forward-facing car seat or a booster seat.

- Older children are less likely to use restraints in a car than younger children. Infants under age 1 are the most likely (98%) to be properly restrained and children 8 to 12 years old are the least likely (89%).
- Most local fire stations are able to help families ensure that car seats are installed and being used correctly.

Two programs in Indiana inspect and provide information and education to families about effective use of car seats and child restraints.

- During State Fiscal Year (SFY) 2013, 10,410 car seats were inspected as part of the Automotive Safety Program in Indiana, a third of which were deemed defective or unsafe and were replaced (33.6%).
- In SFY 2013, 3,548 child restraints were inspected and 2,118 were distributed to families for free or at a reduced cost as a result of a Child Restraint Distribution Grant through the Indiana Criminal Justice Institute.

**Graduated Drivers Licensing (GDL)**

In 2009, Indiana implemented graduated drivers licensing laws. Since that time, the number of crashes by adult drivers increased slightly (4.3% increase), but the number causing injury have declined (19.1% decrease). For younger drivers, however, both the overall number of crashes (31.0% decrease) and the number in which there was injury (39.7% decrease) decreased.

- Ten percent of Indiana’s young drivers ages 15-17 were involved in a collision while driving in 2012. Less than 0.2 percent of those collisions were fatal (25 total fatal collisions for Indiana drivers under age 18).
- The number of young drivers involved in a collision while driving decreased from 18,717 in 2009 to 12,570 in 2012.
SAFETY

Safety in Sports
Participating in sports can be an enjoyable and beneficial activity for youth of all ages. However, the risk for injury is increased while playing sports, especially during high-contact sports. Taking time off when needed, wearing the right gear, strengthening muscles, increasing flexibility, drinking plenty of fluids, and using proper techniques during play are integral in preventing sport-related injuries.27

- One in 12 U.S. children under age 18 had sports- and recreation-related injury that required them to see a doctor in 2012 (8.3%).
- The rates were higher for older children (12.7% ages 12-17) than for younger children (7.8% ages 5-11), and were the lowest for children ages 0-4 (3.7%).28

Concussions
Concussions are traumatic brain injuries (TBI) that alter the way the brain functions.29 Most concussions will heal over time with rest if no further injury occurs.30 However, identifying youth with concussions may be difficult. Less than half of high school football players report their concussions, and younger children may not be able to verbalize their cognitive symptoms.31

There was a 61 percent increase in number of TBI-related emergency room visits by U.S. children ages 0-19 between 2001 and 2009.32 This increase may be due in part to increased awareness about the consequences of concussions;33 however, most mild concussions still are not treated in a hospital or emergency room.34

- 6.4 percent of all ER visits by children ages 5-19 for sports and recreation related injuries are traumatic brain injuries (TBI).35

Neighborhood Safety
The neighborhoods in which children are brought up are important to their safety. For example, a child brought up in an unsafe neighborhood may have limited time for outdoor independent play or may have fewer opportunities to engage in physical activity.36 Conversely, having sidewalks and other safe routes for travel near homes and schools is thought to encourage active and healthy lifestyles and increased social skills among residents.37
CHILD ABUSE AND NEGLECT

Children who are abused or neglected often suffer from both temporary and long-term physical and emotional damage. Childhood maltreatment has been linked to depression, suicide, alcoholism, criminal behavior, and future abuse as an adult. Nationwide, state and local child maltreatment agencies receive nearly six referrals each minute.

Reporting

The Indiana Child Abuse and Neglect Hotline handles more than 150,000 calls each year, or an average of more than one call every four minutes. The average caller spent just over 11 minutes speaking with an intake specialist.

- 1 in 17 Indiana children received a Child Protective Services (CPS) response (either an investigation or an alternative response) for an allegation of child maltreatment in 2012 (58.1 per 1,000).

Individuals who have contact with children as part of their jobs (teachers, police officers, lawyers, and social services staff) are the most likely to report alleged child abuse or neglect (58.7% of reports), followed by friends, relatives, and neighbors who submit another 18.0 percent.

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 Child Protective Services (CPS) or law enforcement.

CPS operates a 24-hour, 7-day-a-week hotline for reporting suspected child abuse or neglect: 1-800-800-5556.
Safety

Prevention
The state of Indiana provides child abuse prevention programs at the individual and community levels. Studies show that through family education and support programs, the cycle of abuse and neglect can be stopped. Programs that provide support, information and early interventions are the best ways to help parents and families at risk of abuse.44

Two Indiana programs that provide education and support—including child abuse and neglect prevention—for expectant or new parents are Healthy Families Indiana (HFI) and the Nurse-Family Partnership. More information about these programs can be found in the prenatal health section.

The Department of Child Services provides several prevention programs in Indiana. For example, Healthy Families Indiana is a voluntary home visitation program that provides families with support services beginning before or shortly after a new birth. This program is designed to promote healthy families and healthy children through services including child development, access to health care and parent education.45

- In FY 2012 Healthy families assessed 11,342 families and provided home visitation services to 10,747 families across Indiana.46

Another Indiana program that supports child abuse and neglect prevention is the Kids First Trust Fund. This fund collects revenues from the Kids First license plate and other sources then distributes them to local community programs focused on the prevention of child abuse and neglect.

Prevalence
Allegations of maltreatment are considered “substantiated” if evidence from an investigation reveals them to be true. There are three main categories of child maltreatment, and each case is counted in only one category using the federal hierarchy of sexual abuse first, then physical abuse, and then neglect.

- There were 22,555 substantiated assessments of child abuse or neglect in Indiana during SFY 2013, or one every 23 minutes.47
- 90.2 percent of Indiana’s abuse and neglect victims in 2012 were first-time victims, compared to 73.5 percent nationally.48
- 6.8 percent of Indiana children had a recurrence of maltreatment within 6 months.49

| Assessments and Substantiated Instances of Abuse and Neglect, Indiana: SFY 2013 |
|-----------------|-----------------|-----------------|
|                  | Assessments     | Substantiated Assessments | Percentage of Assessments Substantiated |
| Sexual Abuse    | 15,927          | 2,992                | 18.8%                                      |
| Physical Abuse  | 22,901          | 2,189                | 9.6%                                       |
| Neglect         | 101,157         | 17,374               | 17.2%                                      |

Source: Department of Child Services
The most prevalent form of maltreatment both in Indiana and nationally is neglect: the absence of sufficient attention, responsiveness and protection that are appropriate to the ages and needs of a child. This unresponsive care can include inattention, chronic under-stimulation and even failure to provide for a child’s basic needs.

- In SFY 2013, there were 1,468 reports with 48 substantiated cases of abuse and neglect in Indiana Institutions.\(^50\)

In April of 2012, Indiana began utilizing a Structured Decision-Making (SDM) tool to screen calls to the state’s hotline, and in July of the same year, the state implemented a new child welfare information collection system called MaGIK.\(^51\)

**Victim Characteristics**

Indiana’s youngest children (under age 1) are the most likely to suffer abuse and neglect (32.7 per 1,000). Nearly half of all cases of child abuse and neglect (46.8%) involve infants and children ages 2-5.\(^52\)

The child maltreatment rate per 1,000 was slightly higher for Indiana girls (13.6) than for boys (11.7). While the pattern of girls being maltreated at a higher rate than boys follows the national trend, both Indiana numbers were higher than the national rates, which were 9.5 and 8.7 per 1,000 percent respectively.\(^53\)

- More than 1 in 5 Indiana children who were maltreated in 2012 had some sort of disability.\(^54\)
- In SFY 2014 there were 57 substantiated cases of child abuse or neglect among the 23,291 children in foster care.\(^55\)

While the majority of children who were abused or neglected were white (64.2%), the rates of child maltreatment per 1,000 were highest for Indiana’s Pacific Islander (39.8), black (22.0) and multiple race (21.4) children.\(^56\)
**SAFETY**

**Perpetrator Characteristics**

Parents (73.0%) and other relatives (9.9%) make up the vast majority of perpetrators of child maltreatment in Indiana. Additionally, perpetrators of abuse and neglect tend to be young adults ages 18-34 (62.7%).

- Men (49.7%) and women (49.8%) are equally likely to be perpetrators of child maltreatment in Indiana (0.4% of perpetrators were of unknown gender).57

- Victims of child abuse and neglect in Indiana are more likely than those who are not victims to be living with a caretaker who experiences domestic violence or abuses alcohol or drugs.

| Perpetrators by Relationship to Victims, Indiana v. United States: 2012 |
|----------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|                                       | Indiana         | United States   |
| Parent                                | 73.0%           | 80.3%           |
| Other Relative                        | 9.9%            | 6.1%            |
| Friend and Neighbor                   | 2.6%            | 0.4%            |
| Child Daycare Provider                | 0.6%            | 0.4%            |
| Legal Guardian                        | 0.5%            | 0.2%            |
| Foster Parent                         | 0.1%            | 0.3%            |
| Other Professional                    | 0.1%            | 0.1%            |
| Group Home and Residential Facility   | 0.0%            | 0.1%            |
| Unmarried Partner or Parent           | N.A.            | 4.2%            |
| Other                                 | 7.0%            | 4.6%            |
| Unknown                               | 6.1%            | 3.1%            |

**Fatalities**

In State Fiscal Year (SFY) 2012, 34 Indiana children died from maltreatment, 15 were due to abuse (44%), and 19 were due to neglect (56%). Half of Indiana’s child maltreatment deaths in 2012 were determined to be a homicide (50%), 38 percent an accident, 3 percent natural and 9 percent undetermined.58

- Seven of the 34 child maltreatment fatalities in Indiana had prior history with the Department of Child Services (DCS).

- The majority of children who died from abuse or neglect were young children ages 0-3.

- Of the 19 neglect deaths in Indiana 14 were due to failure to protect from hazards.

The majority of child maltreatment fatalities occurred in the child’s own home and were perpetrated by the child’s biological parent. Fatalities due to neglect tended to be perpetrated by females and individuals ages 20-30, while those due to abuse tended to be perpetrated by males and individuals ages 25-35.59

- 95 percent of victims of homicide occurring on the first day of life were not born in a hospital.60
**Intervention**

When abuse and/or neglect occur, Indiana’s Department of Child Services (DCS) seeks first to place a child into a safe environment that is as unrestrictive and homelike as possible. When a child must be temporarily removed from the home while the caregivers receive guidance and/or the children receive care, an Indiana juvenile court oversees intervention services.61

**Child in Need of Services (CHINS)**

Children whose physical or mental condition is seriously impaired or endangered as a result of abuse or neglect are declared by the courts to be a Child in Need of Services (CHINS). This designation is typically made if the parents of a child are unable or unwilling to correct the problem on their own.62

- In Indiana 13,684 children were determined to be children in need of services as of June 2013, down from 15,396 in 2010.63

**Guardians Ad Litem and Court Appointed Special Advocates (GAL/CASA)**

Each child designated as a Child in Need of Services (CHINS) is entitled to an advocate who is dedicated solely to representing the best interest of that child to the courts.64 Special advocates for children include legal professionals called guardians ad litem (GAL) or trained volunteers called court appointed special advocates (CASA). In 2012, 3,466 GAL/CASA volunteers provided a voice for 16,355 children in abuse/neglect cases and 2,182 children in termination of parental rights cases.65

- Children in 73 of Indiana’s 92 counties were served by GAL/CASA programs
- Volunteers donated 332,733 hours advocating for Indiana’s abused and neglected children, and saved the state of Indiana more than $16.6 million in 2012.
- At the beginning of 2013, there were 2,344 children waiting for an advocate to be assigned to them.
Placements
Almost a third (29.5%) of children in need of service (CHINS) remained in their home during the time that DCS handled their cases. The other 70.5 percent were placed in various forms of out-of-home care because they could not safely stay in their homes. Out-of-home placement options include:

- Licensed resource homes (foster homes)
- Group homes or child-caring institutions
- Other court-approved facilities
- Kinship care with a court-approved relative home, or
- Kinship care in a home with a non-relative who has a bond with the family.

Of children placed in out-of-home care in 2012, the most common placement was Non-Relative Foster Home (48.7%), followed by Relative Homes (41.6%), Residential Placement (7.4%) and Other (2.2%).

- More than two thirds of CHINS (68.0%) are placed in care within their home county.
- 70.1 percent of CHINS are placed with their siblings.
- Children who exited care in Indiana in 2012 had a median length of stay of 12.7 months.
- Half of CHINS (50.0%) spend less than a year in out-of-home placement.

Once placed in the DCS system, children who move fewer times have better behavioral outcomes than those who have multiple placements. While in the care of the Indiana Department of Child Services, a child has an average of 2.7 different placements. This number is calculated per removal episode.

- The percentage of Indiana children with two or fewer placements varied by length of time the child was in care. The majority of children in care for less than a year (88.9%) had two or fewer placements, followed by those in care for one to two years (71.9%) and those in care for more than two years (37.4%).

Indiana’s Department of Child Services strives to ensure that every child is permanently placed in a loving home that provides appropriate care for that child’s needs and allows the child the opportunity to maintain contact with people who are most important to them, as appropriate.

- About four in five Indiana children who have been placed outside of their home received a permanent placement within 24 months either through reunification, adoption, guardianship, or living with a relative.
VICTIMIZATION AND EXPOSURE TO VIOLENCE

Exposure to violence affects children in a variety of ways. While many demonstrate resilience, some sustain lasting physical, mental and emotional harm, such as difficulties with attachment, anxiety, depression and behavioral problems. National estimates show as many as seven in ten youth ages 14-17 have ever witnessed family or community violence or been exposed to shooting or war (71.5%). Fewer teens have been a direct victim of physical (69.7%) or sexual (27.4%) assault.

- Males ages 0-17 are more likely than females to experience physical assault with a weapon or injury, including assault by a gang or group.
- Females ages 0-17 are more likely than males to experience dating violence, harassment or sexual assault.
- Males and females are equally likely to have ever been indirectly exposed (or a witness to) family violence.

Exposure to Violence by Age and Past Year and Lifetime Exposure, United States: 2011

Percentage of Children who Have Witnessed Domestic Violence, by Percentage of Poverty Level, Indiana: 2011/12

* Does not include threats, teasing, bullying, emotional bullying, or internet harassment.
Family/Domestic Violence

Domestic violence includes a wide range of behaviors from verbal abuse to physical violence. Children who witness violence between their parents have a heightened risk for a variety of negative outcomes including behavioral problems, difficulty in school, and even being future victims and perpetrators of domestic violence as adults. Even young children who witness domestic violence are affected; research has found that exposure to parental violence is related to difficulty meeting developmental milestones during the first six years of life.

- Nationally nearly one in ten children ages 0-17 witnessed a family assault in the past year.
- One in twenty young children in Indiana (ages 0-5) has seen an adult in his or her home slap, hit, kick, punch or beat up another family member (4.9%). The rate is higher at one in ten children ages 6-17 (10.1%).

Not all domestic abuse victims seek help from an emergency shelter. However, during SFY 2013 4,868 children under age 18 were served in an Indiana domestic violence shelter.

- Of the 66 known family violence related deaths in Indiana during SFY 2014, three were children.

Nationally one in ten high school students experienced physical dating violence in the past year (10.3%) and 10.4 percent experienced sexual dating violence in the past year.
Safety
Bullying
Bullying is defined as a pattern of aggressive behavior that is repeated over time and involves an imbalance of power or strength. Traditional forms of bullying include physical violence, verbal taunts and social exclusion. Nationally, 23 percent of public schools reported that bullying occurred among students on a daily or weekly basis.

- 27.8 percent of students ages 12-18 reported being bullied at school during the school year.
- Middle school students were more likely to report being bullied at school than high school students.
- More than a third of students who reported bullying problems at school indicated that they occurred at least once or twice a month during the school year.

In Indiana, 28.2 percent of high school females and 21.8 percent of males report being bullied on school property in 2011.

- Black high school students in Indiana report being bullied significantly less often than their Hispanic, white or Multiple Race peers.
- 9th and 10th graders report being bullied significantly more often than 11th and 12th graders.
- Indiana parents of younger children (ages 6-11) are more likely to report that their child at least sometimes bullies or is cruel to others (19.6%) compared to parents of children ages 12-17 (13.2%).

Leading Locations for Bullying in Schools for Students Ages 12-18, United States: 2011

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Hallway or Stairwell</td>
<td>45.6%</td>
</tr>
<tr>
<td>Inside the Classroom</td>
<td>32.8%</td>
</tr>
<tr>
<td>Outside on School Grounds</td>
<td>22.1%</td>
</tr>
<tr>
<td>In Bathroom or Locker Room</td>
<td>11.0%</td>
</tr>
<tr>
<td>Cafeteria</td>
<td>8.6%</td>
</tr>
<tr>
<td>On School Bus</td>
<td>7.4%</td>
</tr>
<tr>
<td>Somewhere Else in School Building</td>
<td>1.9%</td>
</tr>
</tbody>
</table>

Source: Indicators of School Crime and Safety, 2013
Cyberbullying
Cyberbullying is defined as willful and repeated harm inflicted through the use of computers, cell phones or other electronic devices.\(^9^1\)
Nationally, 9 percent of 12-18 year old students reported being cyberbullied, and females were more likely to experience cyberbullying (11.2%) than males (6.9%).\(^9^2\)
- Students from suburban schools and those in private schools reported higher levels of cyberbullying then their peers.

Another national study that focuses specifically on high school students reported 16.2 percent of students being electronically bullied nationally, compared to 18.7 percent in Indiana.
- More than a quarter of Indiana’s high school females (25.5%) and about 1 in 8 males (12.1%) were electronically bullied in the past year.
- Indiana’s 9th graders were the most likely high school students to report being cyberbullied (20.7%) and 12th graders were the least likely (17.8%).

Online Victimization
Child sexual exploitation includes manufacturing and distributing child pornography, online inducement of children for sexual acts, sending obscene materials to children, using misleading domain names, and other violations.\(^9^3\)
Children’s increasing knowledge of, and access to, the Internet and other technology results in a higher likelihood of viewing wanted or unwanted sexual material.
- One-third (32%) of teens have been contacted online by someone with no connection to them or any of their friends, and 7 percent of online teens say they have felt scared or uncomfortable as a result of contact by an online stranger.\(^9^4\)
- Two in five youth Internet users (42%) have been exposed to online pornography and 66 percent of them report that the exposure was unwanted.\(^9^5\)
- In 2011 12.9 percent of high school aged females were the victim of unwanted internet sex talk.\(^9^6\)
Violent Crime

Authorities know about a majority of serious victimizations including incidents of sexual abuse by an adult, gang assaults and kidnappings, but many other kinds of serious victimizations do not come to their attention. The National Crime Victimization Survey found that only 28 percent of violent crimes against juveniles ages 12-17 become known to the police.97 And school officials, who know about victimization considerably more often than police or medical personnel, still miss more than half of the episodes (58%).98

- Youth ages 12-17 and young adults ages 18-24 are more likely to be victims of a violent crime each year than older people.99
- In 2011 there were 49.0 violent victimizations per 1,000 people ages 18-24 and 37.7 violent victimizations per 1,000 youth ages 12-17.100
- On school days, 19 percent of juvenile violent crimes occur between 2 and 7 pm, and nonschool days juvenile violent crime peaks between 7 and 9 pm.101
- Youth ages 12-17 who experience violent crimes are more likely to feel distress, have problems with family or friend relationships, or have problems at work or school as a result of the victimization (66%) than those who experience simple assault (45%).102

Nonfatal violent crimes include rape, sexual assault, robbery, aggravated assault and simple assault. For youth ages 12-17 who experienced a serious violent crime, the perpetrator was known more than half of the time (55.4%) and was most often an acquaintance (38.8% of the time) or an immediate family member or other relative (12.0% of the time).103

- Youth with disabilities are 2.5 to 3.0 times more likely than those without disabilities to experience violent victimization.104

<table>
<thead>
<tr>
<th>Violent Victimization Rates of Youth With and Without Disabilities by Age Group, United States: 2009-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 12-15</td>
</tr>
<tr>
<td>Ages 16-19</td>
</tr>
</tbody>
</table>

Source: United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention
SAFETY

**Neighborhood Violence**
The neighborhoods in which Indiana children live are not always safe. More than one in ten Hoosier children live in a neighborhood that parents say is either never or only sometimes safe. Children of color are more likely to live in an unsafe neighborhood than their Caucasian peers. A quarter of Hispanic children (26.1%) and one in five black children in Indiana (19.4%) live in neighborhoods that their parents feel are never or only sometimes safe.105

One in ten Hoosier children has experienced neighborhood violence during his or her lifetime, either as a victim or a witness. This percentage increases with age, from 4.4 percent of children under age 6 to 14.5 percent of children ages 12-17.

- Children living in poverty are more likely to live in unsafe neighborhoods and to experience neighborhood violence than their more affluent peers.106

**School Violence**
Overall, youth are safer from violence and victimization during school or in programs than at any other time during the week. Over the past decade, the percentage of U.S. high school students getting into a fight, being injured in a fight, or being threatened or injured with a weapon on school property has decreased significantly. However, U.S. high school students have increasingly skipped days of school because they felt unsafe at school or on their way to and from school; a statistically significant change from 5.4 percent in 2003 to 1 in 14 in 2013 (7.1%).107

- 4 percent of U.S. students ages 12-18 reported being victimized at school: 3 percent reported theft, 1 percent reported violent victimization, and one-tenth of 1 percent reported serious violent victimization at school.108

Public high school students in Indiana are less likely to report being threatened or injured with a weapon on school property (6.8%) than their peers nationally (7.4%).109 Indiana high school students also are less likely to get into a physical fight either on or off school property (29.0%) than their peers nationally (32.8%).110 Even so, one in twenty Indiana high school students did not attend school on at least one day in the last month because they felt unsafe either at school or on their way to or from school.111

- One in twenty Indiana parents of children ages 6-17 report feeling like their child is never or sometimes safe at school (5.2%).112
Victimization and Delinquency
Research has shown an association between victimization and juvenile delinquency. Youth who are both delinquent\(^a\) and victims\(^b\) tended to experience more life adversities, receive less social support and have more mental health symptoms than youth experiencing victimization or delinquency alone.\(^{113}\)

- For males ages 10-17, 20.8 percent are delinquent, 7.9 percent have been victims of crime or abuse, and 18.1 percent have experienced both.

- For females ages 10-17, 13.0 percent are delinquent, 21.2 percent have been victims of crime or abuse, and 13.3 percent have experienced both.

**JUVENILE DELINQUENCY**
The number of arrests of U.S. children younger than 18 has been decreasing for the last decade; between 2002 and 2011 there was a 31 percent decrease in number of juvenile arrests nationally.\(^{114}\)

In 2011, an estimated 1.5 million juvenile arrests were made in the United States, 22.8 percent of which were for property crimes, 4.6 percent for violent crimes, 13.0 percent for assaults that were not considered violent crimes, and 59.6 percent for other offenses such as drug abuse, disorderly conduct or curfew violations.\(^{115}\)

- There were 25,633 juvenile arrests reported in Indiana in 2011.\(^{116}\)

---

\(^a\) Committed two or more delinquent acts in the past year (including property damage or theft, interpersonal violence or weapon carrying).

\(^b\) Experienced three or more types of victimization in the past year (including sibling violence, property theft, and witnessing neighborhood or family violence).
Case Filings
In Indiana, there are two main types of offenses that youth commit: status offenses that would not be considered a crime if committed by an adult, such as running away, habitual truancy or buying alcohol; and delinquent offenses which involve a child who has violated state or federal law or a municipal ordinance.\(^{117}\)

Juvenile delinquency cases have decreased consistently from 27,835 in 2006 to 18,480 in 2012. Status cases also began to decrease after 2006 but have remained around 4,500 over the past three years.\(^{118}\)

- 78.3 percent of Indiana counties (72 of 92) had fewer delinquency cases in 2012 than in 2006.

Juvenile Detention Alternatives Initiative (JDAI)
By the end of 2013, nineteen Indiana counties had begun the Juvenile Detention Alternatives Initiative (JDAI). JDAI is a program that seeks to decrease confinement and recidivism among youth\(^{119}\) by placing low-risk youth into community-based alternative programs rather than in secure detention.\(^{120}\)

Examples of community-based alternatives include:\(^{121}\)

- Home or Community Detention is used to supervise youth who can safely reside in their homes or with relatives. These programs require youth to observe a tight curfew and limit movement outside the home to pre-approved activities, locations, and times such as school and church. Program staff provides frequent, random, unannounced community supervision.

- Day and Evening reporting programs are non-secure nonprofit and community programs that provide six to twelve hours of daily supervision and structured activities.

- Residential Alternatives, also called shelter programs, provide non-secure 24-hour supervision and age-appropriate services like education, recreation, tutoring and life-skills training.

- Foster Care Contracts are sometimes used for younger children, girls, lower-risk cases or other youth who are not suitable for placement in a congregate care facility. These placements often are used as temporary housing (only a few days) while other arrangements are made.

Juvenile Detention Alternatives Initiatives (JDAI): 2013

Source: Indiana State Department of Corrections
Probation
In order to reduce juvenile delinquency while ensuring the safety of the community, an offender may be sentenced to probation or another alternative to incarceration. Of the 43,180 juvenile probation referrals received in 2012, 18 percent were handled informally, 13 percent were dismissed, and 5 percent were referred to another agency. Of probation referrals received in 2012, 29.9 percent were for status offenses and 67.6 percent were for non-status delinquency offenses.

In 2012 there were 18,414 probation supervisions received, 854 reopened and 20,157 disposed (or dismissed from probation). Four out of five youth sentenced to probation complete their sentence (83%) and only 2 percent are removed because they committed a new offense.

Committed to the Department of Correction (DOC)
The number of youth being committed to the Department of Correction (incarcerated) in Indiana has declined steadily from 1,101 in 2007 to 842 in 2013. Males and youth of color are overrepresented in Indiana’s juvenile justice system.

- There are 429 male and 54 female contracted juvenile beds in confinement.
- The average age at intake into a juvenile facility is just over 16 years old.

The most common offense for juveniles committed to the DOC in Indiana was property crime, which includes burglary, theft, shoplifting and vandalism. Other common types of crime for which juveniles are committed to the DOC include an offense against the person, which comprises direct physical harm or force, and possession or sale of controlled substances.

- 16.6 percent of Indiana’s DOC juvenile population has one or more drug offense.

Youth who are committed to the DOC stay for varying lengths of time depending on the severity of their offense. Nearly a third of confined juveniles (30.8%) were committed for one of the two most serious categories of offense (Level 1 or Level 2 offenses). It costs an estimated $212 each day to house a youth in confinement.
Recidivism

The Indiana Department of Correction (IDOC) defines recidivism as a “return to incarceration within three years of the offender’s date of release from a state correctional institution.” In 2013, Indiana’s juvenile recidivism rate was 30.5 percent,\(^{130}\) down from a rate of 34.0 percent in 2012.\(^ {131}\) According to an Indiana DOC study that followed the 1,196 juvenile offenders released in 2010:

- Of the 365 juveniles who recidivated, 160 returned as juveniles and 205 returned as adults.
- 94.0 percent of juveniles who recidivated returned to DOC for the commission of a new crime and 6.3 percent returned for a technical violation of post-release supervision.
- Youth with a status offense as their most serious offense were least likely to recidivate (10.7%), and those with a weapon offense were most likely (38.5%).\(^ {132}\)
- The younger the juveniles were at the time of release, the more likely they were to return to DOC.\(^ {133}\)

<table>
<thead>
<tr>
<th>Offense Level</th>
<th>Percent of Offenders</th>
<th>Length of Stay (months)</th>
<th>Avg. Cost for Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1 (violent)</strong></td>
<td>21.5%</td>
<td>10.4</td>
<td>$66,185</td>
</tr>
<tr>
<td>Carrying a handgun without a license, criminal recklessness, robbery</td>
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<tr>
<td><strong>Level 2 (serious)</strong></td>
<td>9.3%</td>
<td>7.2</td>
<td>$45,820</td>
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<td>Dealing in cocaine or narcotic drugs, neglect of a dependent, resisting law enforcement</td>
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<tr>
<td><strong>Level 3 (less serious)</strong></td>
<td>58.9%</td>
<td>4.6</td>
<td>$29,274</td>
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<tr>
<td>Battery, burglary, escape/failure to return to lawful detention, theft</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Level 4 (minor)</strong></td>
<td>10.3%</td>
<td>6.5</td>
<td>$41,365</td>
</tr>
<tr>
<td>Violating curfew, disorderly conduct, falsely informing, running away, violating probation</td>
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</tr>
</tbody>
</table>

*Used the length of stay, assuming 30 days/month, times the per diem $212.13
Source: Indiana Department of Correction, July 1, 2014 fact card

Recidivism Rates by Age at Release and Race, Indiana: 2013

Source: Indiana Department of Correction

Percentage of Juvenile Offenders by Offense Level, Length of Stay in Months by Level and Estimated Average Cost to House for that Length of Time*, Indiana: 2013
SAFETY SOURCES


50 The Supreme Court of Indiana, Division of State Court Administration. (2013). Email Correspondence.


68 ibid

69 ibid

70 ibid

71 ibid

72 ibid
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