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A Message from the President and CEO

It is an honor to present the 2018 Indiana KIDS COUNT® Data Book, the Indiana Youth Institute’s 24th edition of this publication. This year’s book contains many updates and additions aimed toward helping you better understand and serve our State’s children.

At the Indiana Youth Institute, we are steadfast in our commitment to increase the well-being of all Hoosier children. We all benefit when the next generation is healthy, safe, well-educated and economically secure. And IYI’s 2018 Indiana KIDS COUNT® Data Book is designed to be your go-to resource for national, state and local trends in child well-being.

For all of us who grew up here, we know Indiana can be a wonderful place to be a child. Yet the overall state of child well-being ranks Indiana 28th in the nation. And when we look deeper, we learn that some of our children face bigger and greater challenges and barriers to success. This year’s KIDS COUNT® Data Book contains additional disaggregated numbers, allowing us to better identify and address the needs of all our kids.

Improving child well-being starts with the updated data. Our goal is for this information to spark conversations and inform solutions throughout the state. We appreciate the opportunity to collaborate with hundreds of committed practitioners, organizations, policymakers and institutions on this important work. Whether working in a region, county, city, school district or neighborhood, the data can help further your efforts. We appreciate the opportunity to collaborate with hundreds of practitioners, organizations, policymakers and institutions that are doing this important work.

Please use the 2018 Indiana KIDS COUNT® Data Book as a tool toward your mission and goals. Let us know how else we can help, especially if you need customized data. IYI can help you find, interpret, and visualize the information. By supporting the efforts and initiatives of our many youth-serving partners, we are building a strong, statewide network with a shared dedication to our children.

Together, we can prepare Indiana’s next generation to reach their full potential and grow into tomorrow’s leaders.

Yours in partnership,

Tami S. Silverman
Indiana Youth Institute President and CEO
About 2018 Indiana KIDS COUNT®

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 information about the well-being of children, youth, and their families.

The 2018 Indiana KIDS COUNT® Data Book 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. New in 2018, the Data Book includes a Spotlight in each section that highlights a key issue in child well-being. Other additions include county ranking tables, an expansion of data disaggregated by race and ethnicity, and introduction pages for each section.

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 www.iyi.org/countypages.

Acknowledgments
The 2018 Indiana KIDS COUNT® Data Book could not have been produced without the help of many people and organizations who provided information and support.

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

We also wish to thank:
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Tami Silverman, Glenn Augustine,
Sarah Bradbury and
Heather Zalewski

The Indiana Youth Institute promotes the healthy development of Indiana children and youth by serving the people, institutions and communities that impact their well-being.

Indiana Youth Institute
www.iyi.org
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Pacers Sports & Entertainment and the Pacers Foundation Also Believe Kids Count...Every One of Them.

Proud to be the presenting sponsors and partners of the Indiana Youth Institute. Now go make a difference!
FAMILIES AND COMMUNITIES

Children thrive in stable, nurturing families and supportive communities. Parental challenges such as substance abuse, incarceration and family instability affect children’s well-being. Where families live matters too. Communities with strong social supports, adult mentors and afterschool activities help children thrive.

Indiana’s National Rankings*

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*For each indicator, higher rankings (1st) indicate better outcomes for youth
Indiana has seen a 58% increase in the number of children in foster care over the past five years. 17,023 Hoosier children were in foster care in 2015.¹

**Why are children placed in foster care?**

Children are placed in foster care when it is not safe for them to remain at home. This displacement may be the result of neglect, parental substance abuse, child behavioral problems, inadequate housing or other factors. Neglect occurs when a caregiver does not provide necessary food, clothing, shelter, medical care, or education.²

- Neglect contributes to 89% of Indiana entries into foster care, compared to 61% nationally.
- After neglect, the most common reasons Hoosier children enter foster care are parental substance abuse (59% of cases), parental incarceration (19%) and inadequate housing (17%).³

**What are the challenges?**

Children who spend time in foster care face increased risk of behavioral and emotional problems, difficulties in school, and poor physical and mental health.⁵

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

- 37% of children in foster care are placed in a nonrelative foster family, 36% are placed with a relative foster family, 7% are in a group home, 5% are in a pre-adoptive home, and 14% are in a trial home visit.⁷
- In Indiana, two-thirds (67%) of children exiting foster care are reunited with their parents.⁸

**Waiting for Adoption.** Child protective services may determine that it is not safe for children to return home and adoption is in the child’s best interest. When family reunification is not possible, adoption becomes a critically important path to a safe and permanent family. In some cases, Hoosier children spend significant amounts of time in foster care waiting to be adopted.

- In 2015, there were 2,965 children in foster care waiting to be adopted.⁹
- Of children in foster care waiting for adoption, more than 1 in 3 (37%) have been waiting three years or longer, and 1 in 8 (12%) have been waiting five years or longer.¹⁰

**Who is in foster care?**

Children in foster care are disproportionately children of color and tend to be younger than the general child population.
• On average, Hoosier children spend more time in foster care waiting for adoption (36 months) than their peers nationally (32 months).\textsuperscript{11}

• The average age of children waiting to be adopted is 7.4 years.\textsuperscript{12}

Multiple placements. Children who experience multiple placements while in foster care may have trouble planning for the future and difficulty in making lasting relationships with teachers, peers and friends.\textsuperscript{13}

Children who are older, a racial or ethnic minority, have special needs, or suffer from behavioral disorders are more likely to experience multiple placements.\textsuperscript{14}

What Resources are Available?


Indiana Department of Child Services family preservation program helps reunify children and their families through informal adjustments, education, counseling, sexual abuse treatment and visitations. https://www.in.gov/dcs/2372.htm

U.S. Department of Health & Human Services provides tools on how to care for youth, deal with changes in family, build relationships with the permanency team, and find support. https://www.childwelfare.gov/fostercaremonth/resources/caregivers/

What Solutions are Possible?

Individuals

✔ Help children maintain relationships with extended family, siblings and biological parents when appropriate.

✔ Be consistent in relationships with youth, emphasizing belief in their future.

✔ Support foster families by providing respite care, including foster children in playdates, offering to cook a meal, providing transportation or babysitting.

✔ Adopt, serve as a foster parent or volunteer to mentor youth.

Organizations and Communities

✔ Schools and youth-serving programs can be inclusive in family engagement efforts, being sure to include grandparents, foster parents and anyone else caring for children.

Leaders and Policy Makers

✔ Expand access to mental health care/counseling for children who have been separated from family.

✔ Expand social supports for grandparents and other relatives providing informal kinship care for children.

✔ Establish kinship navigator programs to coordinate support for kinship caregivers.

Adopt US Kids is a project of the Children’s Bureau and provides support for foster and adoptive families. They are available both online and over the phone. 888-200-4005 https://www.adoptuskids.org/adoption-and-foster-care/parenting-support/for-foster-parents
Indiana is home to the 15th largest population of children nationally. In 2016, more than 1.5 million children younger than 18 resided in Indiana. The child population has been declining slightly in Indiana since the peak of 1.6 million children in 2008. Over the past five years, 75 counties have seen a decrease in child population and 17 have seen an increase.15

Diversity
Indiana’s child population has increased in racial and ethnic diversity over time and is far more diverse than the adult population. This growing diversity in Indiana’s child population mirrors the national trend and indicates the importance of cultural awareness and competency among people who work with youth.

- In 2006, 21.8% of Hoosier youth were a race or ethnicity other than white, non-Hispanic. This percentage has increased to more than a quarter of the child population (26.6%) in 2016.16

Place of Birth
The majority of Indiana’s children were born in Indiana (83.4%), and another 14.2% were born in other states.17

- 2.0% of Indiana children are foreign born, and of them, 30.1% are naturalized American citizens.18
- 11% of Indiana children are in immigrant families, meaning they live with at least one foreign-born parent or are themselves foreign-born.19
- In 2015, Indiana welcomed approximately 1,008 refugees younger than 25. More than half of those arrivals (654) were younger than age 15.20

Language
More than 1 in 10 Hoosier children ages 5-17 speak a language other than English at home (10.4%).21

- 2 in 3 Hoosier children who speak a language other than English speak Spanish (65.8%), followed by Indo-European languages such as German, French, and Hindi (18.7%), and Asian or Pacific Island languages (10.7%).
- 92.5% of children who speak a language other than English at home also speak English well or very well.22
Children who grow up in homes that are limited English speaking may face disadvantages. In Indiana, there are 30,857 children ages 5-17 who are living in households considered to be limited English speaking. This means that they speak a language other than English at home and no one older than age 14 in the household speaks English only or speaks English “very well.”

Households and Families

The families and communities in which children are born and raised heavily influence their future outcomes. Family composition and the relationship between a child’s parents are strongly linked to the child’s well-being.

The distinction between family and household as used in United States Census Bureau data is an important one. A household includes all people who live together, and there are both family and nonfamily households. Nonfamily households may be one person living alone or with others who are unrelated.

Households

Indiana has more than 2.5 million households.

- 782,780 of Indiana’s households include children younger than 18 (30.9%).
- The majority of Indiana’s children live in households with a biological parent (82.3%) or grandparent (7.4%) as the householder.

Families

42.6% of Indiana’s families have children younger than 18. Among families with children, 77.3% have 1 or 2 children, 20.4% have 3 or 4 children, and 2.3% have 5 or more children. More than half of Indiana families only have school-age children, while others only have younger children or have both school-age children and younger children.

- Families with children only younger than 6: 22.6%
- Families with children only ages 6-17: 56.7%
- Families with both children younger than 6 and ages 6-17: 20.7%

Indiana children live in many different types of families. Living in a two-parent household is associated with better health and educational outcomes for children, but is only part of the equation for child well-being. Both single mothers and single fathers tend to face greater barriers to providing economic stability for their children. Four in ten children living with a single mother live in poverty (39.0%), compared with 17.6% of children living with a single father and 6.9% of children living in a married couple family.
• Nearly 2 in 3 Indiana children live in married couple families, 1 in 4 live with a single mother, and less than 1 in 10 live with a single father.33
• An unmarried partner is present in 44.4% of male-headed and 17.3% of female-headed single parent households.34

Adoptive Families

More than 38,000 Hoosier children live in adoptive families.35 There are three main avenues for adopting a child in the United States: foster care adoptions, international adoptions and private domestic adoptions.

• 1,812 children were adopted through the Indiana Department of Child Services (DCS) in 2017.36
• Indiana had 202 inter-country adoptions involving immigration to the United States finalized in 2016.37

Foster Families

Children are placed in foster care when it is not safe for them to remain at home. Children in foster care face increased risk of behavioral and emotional problems, difficulties in school, and poor physical and mental health.38

• 17,023 Hoosier children were in foster care in 2015, a 58% increase from 2011.39
• 37% of children in foster care are placed in a nonrelative foster family, 36% are placed with a relative foster family, 7% are in a group home, 5% are in a pre-adoptive home, and 14% are in a trial home visit.40
• 1 in 4 children in foster care (26%) have experienced more than two placements.41
• Reunification with parents is the goal for more than half (54%) of children in foster care.42
• Of children in foster care waiting for adoption, 37% have been waiting 3 years or longer.43
Multigenerational Households

Three percent of Indiana’s households are multigenerational, meaning at least three 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, 126,520 grandparents live with their grandchildren who are younger than age 18. The grandparent is directly responsible for the grandchild in less than half of those households (47.1%).

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

- Of grandparents who are responsible for their grandchildren, more than a third are older than age 60 (34.9%).
- In households where the grandparent is responsible for the grandchild, 45.3% receive Supplemental Social Security Income (SSI), cash public assistance income or Food Stamp/SNAP benefits.
- 20.9% of children whose grandparents are responsible for them live in poverty.

Parental Educational Attainment

Higher levels of parent educational attainment are associated with positive outcomes for children. Children of more highly educated parents tend to have greater access to material, human and social resources than their peers. Parent educational attainment is also related to a family’s economic stability, as adults with higher levels of education are less likely to be unemployed and tend to earn more.
• In Indiana, adults with less than a high school diploma earned an average of $22,415 in the past year, significantly less than adults with a bachelor’s degree ($48,790) or higher ($60,620).51

• A quarter of Hoosier adults (25.6%) have a bachelor’s degree or higher.52

Family Stability
Children thrive in stable and nurturing environments. Although some change in children’s lives is normal, abrupt or involuntary disruptions can affect children's feeling of security. Instability is often associated with family stress and can negatively impact children’s physical, emotional, and cognitive development.53

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. Some family stressors include economic hardship, difficulty accessing health care, transportation challenges, and having a family member with special needs or chronic illness.54

• 65.2% of Hoosier parents report handling the day-to-day demands of raising children very well.55

• 6.1% of Hoosier parents report usually or always feeling aggravation from parenting.56

• Half of Indiana high school students live in a family that argues repetitively (50.4%), 39.8% live in a family that has serious arguments, and 38.6% live in a family that often insults each other.57
Military Parents
Children living in military families often face challenges such as moving frequently and extended separation from parents. Children of deployed parents are more likely to experience anxiety, depression, aggression, and problems with attention and school.  
- 7.8% of Indiana high school students have a parent who has served in a war zone.
- Indiana is home to 19,347 Reserve members (including National Guard) and 890 Active Duty military members.
- Nationally, more than 2 in 5 Active Duty and Reserve members have children (41.2%).

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. For children, parental incarceration is associated with greater emotional difficulties, low school engagement, and less parental monitoring.
- 10.4% of Indiana children have a parent who has served time in jail, compared to 8.2% nationally.
- As of July 2017, there were 25,733 adults incarcerated in Indiana’s institutions. More than a quarter (28.0%) of incarcerated adults have one or more drug offenses.

Parents with Mental Health Problems
Parental mental illness can affect parents’ caregiving and is associated with higher rates of spanking, lower rates of reading to children, and lower rates of appropriate safety practices such as using car seats. Children of parents with mental health problems also face a greater risk of experiencing mental health concerns themselves.
- 1 in 5 Indiana adults (20.6%) experienced any mental illness in the past year, 7.9% had a major depressive episode, 4.8% had a serious mental illness, and 4.2% had serious thoughts of suicide.
- Nearly 1 in 10 Hoosier children (9.2%) have lived with someone who was mentally ill, suicidal or severely depressed, compared to 7.8% nationally.
• Of parents who live with their children, 5.9% of mothers report fair or poor mental health and 4.6% of fathers report fair or poor mental health. 69

Parents with Substance Abuse Problems

Parents’ substance abuse can affect their ability to function effectively in a parental role. Substance abuse can impair parents’ awareness of and sensitivity to their child’s emotions, interfering with healthy parent-child attachment. 70 The time a parent invests in obtaining and using addictive substances can also take away from time with their child or interfere with adequate supervision of a child. 71

• 13.9% of Indiana adults used marijuana in the past year, 1.3% used cocaine, and 0.3% used heroin.
• 1 in 3 Indiana adults (33.2%) used tobacco products in the past month.
• 6.3% of Indiana adults have an alcohol use disorder. 72
• 9.6% of Indiana children have lived with someone who had a problem with alcohol or drugs, compared to 9.0% nationally. 73
• In 2016, more than half (52.2%) of children removed from their home by the Indiana Department of Child Services were removed due to parental drug and/or alcohol abuse. 74

Parent Engagement

When parents are actively engaged in their children’s lives, children are likely to have better academic performance, higher graduation rates, and fewer behavioral problems. 76 Parents who discuss the importance of education and encourage academic and occupational goals have an especially strong impact on their children’s futures. 76

• 92.8% of high school students say their parents know where they are and who they are with.
• 92.7% of Indiana high school students report that the rules in their family are clear.
• 87.8% of high school students say their parents would catch them if they skipped school.
• 87.0% of high school students say their parents know if they come home late.
• 77.6% of high school students say their parents ask about homework.
• 62.4% of high school students say their parents would catch them drinking.77

Reading to children during infancy and preschool years fosters nurturing relationships between the parent and child which is important for cognitive, language, and social-emotional development.78

• 40.9% of Indiana families read to their children younger than 6 years old every day.79

Teens who regularly share meals with their families tend to eat more fruits and vegetables, are less likely to be overweight, enjoy improved relationships with their parents, and are less likely to abuse drugs, experience depression, or consider suicide.80

• In Indiana, 38.1% of families eat a meal together every day.
• 3 in 10 Indiana families (29.0%) share a meal on fewer than four days in an average week.81

Neighborhoods and Communities

A child’s place of residence plays an important part in well-being. Neighborhood amenities such as parks, playgrounds and recreation centers are associated with increased physical activity,82 and children living in neighborhoods with poor physical conditions are more likely to have behavior problems.83 Research shows that conditions in the places where people live, learn, work and play have a significant impact on health. These conditions are known as social determinants of health.84

• The majority of Hoosier children live in neighborhoods with a library or bookmobile (60.2%), recreation or community center (35.3%), or park or playground (64.5%).85
• 8.0% of children live in a neighborhood where there is vandalism, such as broken windows or graffiti.
• 14.6% of children live in a neighborhood where there is litter or garbage on the street.86

Access to Transportation and Technology

Safe, reliable and affordable transportation helps families access jobs, social services and educational opportunities. Lack of adequate transportation has been identified as a barrier to participation in out-of-school time programs87 as well as substance abuse and mental health treatment.88

![Percentage of Families who Eat a Meal Together At Least 4 Days a Week by Income Level, Indiana: 2016](image-url)
• 6.3% of all Indiana households have no vehicle available, and 13.4% of one-person households have no vehicle available.\textsuperscript{89}

Having access to a computer with internet is increasingly important for both adults and children.

• 4.5% of Indiana children younger than 18 do not have a computer at home, and another 7.9% of children have a computer but no internet access.\textsuperscript{90}

• More than 1 in 3 Indiana school districts (35%) have 1:1 technology programs where students at all grade levels are paired with a device such as a laptop or tablet.\textsuperscript{91}

**Urban/Rural**

*Hoosiers living in rural areas tend to have higher food insecurity, lower levels of educational attainment, and more difficulty accessing services than those who live in urban areas.* Work-support services, such as flexible and affordable child care and public transportation, are less available in rural areas.\textsuperscript{92}

• Most of Indiana’s population growth has been in urban areas. Since 2010, Indiana’s rural population has declined 1.1% while its urban population increased 3.3%.

• In 2015, per capita income was higher in urban areas ($43,187) than in rural areas ($37,566).

• In 2016, the poverty rate was higher in urban areas (14.3%) than in rural areas (13.4%).

• The unemployment rate is slightly higher in urban areas (4.5%) than in rural areas (4.3%).\textsuperscript{93}

**Communities**

*Living in supportive communities can contribute to positive child development.* Children living in highly supportive neighborhoods tend to have stronger connections with family, peers, and community, and greater participation in volunteering and religious services.\textsuperscript{94}

• 64.3% of parents say that their children live in a supportive neighborhood.\textsuperscript{95}

• 70.4% of parents definitely agree that their children live in a safe neighborhood.\textsuperscript{96}

**Mentor-like Relationships**

*Supportive connections with caring adults and mentors can 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 include the child’s parents, other relatives, neighbors, teachers, coaches, religious leaders or mentors.\textsuperscript{97}
• 93.2% of Indiana parents report that their child has an adult mentor in their school, neighborhood, or community.98

Out-of-school Time Activities

Out-of-school time opportunities are an essential part of the communities in which youth live. In addition to keeping children safe before and after school, participation in out-of-school time programs is associated with improved academic performance, physical fitness, healthy eating, and better behavior in school.99

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. Low-income youth are more likely to spend significant time watching TV or playing video games on weeknights, while their peers from more affluent families are more likely to participate in organized activities or volunteer when they are not in school.100

• 74.3% of Indiana children ages 6-17 participated in organized activities or lessons after school or on weekends in the past year.
• Older children ages 12-17 are more likely to participate in organized activities (76.3%) than younger children ages 6-11 (72.0%).101

As of December 2017, there are 905 out-of-school time programs registered with the Indiana Afterschool Network.102

• 59% of Indiana’s registered programs are in schools, 26% are in community-based organizations, and 9% are in faith-based organizations.
• 62% of programs offer both before and after school programs, 25% offer after school only, and 2% offer before school only, with the remaining 11% unknown.
• 48% of programs are full year, 46% are school year only, and 6% are summer only.
• One-third of programs have 21 to 50 students (31%), nearly another third have 51 to 100 students (29%), 17% have more than 100 students, and 10% have 1 to 20 students, with 12% of programs being of unknown size.103

Religion and Spirituality

Involvement in faith-based communities during adolescence has been shown to help youth in the transition to young adulthood.104 Religious involvement during adolescence is associated with reduced likelihood of engaging in violent behavior, abusing drugs, getting in trouble at school or engaging in criminal behavior. Religious teens are also more likely to participate in the community, volunteer, participate in sports or participate in student government.105

<table>
<thead>
<tr>
<th>Top Ten Activities Offered by Out-of-school Time Programs, Indiana: 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring and Homework</td>
</tr>
<tr>
<td>Sports and Recreation</td>
</tr>
<tr>
<td>Academic Enrichment</td>
</tr>
<tr>
<td>Literacy and Reading</td>
</tr>
<tr>
<td>Character Education</td>
</tr>
<tr>
<td>Health and Wellness</td>
</tr>
<tr>
<td>Science, Technology, Engineering, and Math (STEM)</td>
</tr>
<tr>
<td>Cultural Enrichment and Diversity</td>
</tr>
<tr>
<td>Civic Engagement and Community Service</td>
</tr>
<tr>
<td>Mentoring</td>
</tr>
</tbody>
</table>

*Programs may choose more than one activity offered

Source: Indiana Afterschool Network
Children’s religion and spirituality are significantly impacted by their parents’ religiosity. Children raised by religious parents are more likely to be religious themselves, and many adopt their parents’ religion as their own in adulthood.106

- Nationally, nearly 1 in 10 adults participate in religious or spiritual activities on a typical day (9.7%). Religious and spiritual activities are more common on weekends and holidays, when 15.9% of adults report participating.107

- More than 7 in 10 Indiana adults identify as Christian (72%), and 26% identify as unaffiliated, including atheist and agnostic.

- 2% of Indiana adults identify as non-Christian faiths including Jewish, Muslim, Buddhist and Hindu.108
Sources continued


57 Indiana Prevention Resource Center (2016), Indiana Youth Survey. Data Request.


59 Indiana Prevention Resource Center (2017), Indiana Youth Survey. Data Request.


74 Indiana Department of Child Services (2016), Data Request.


77 Indiana Prevention Resource Center (2016), Indiana Youth Survey. Data Request.


youth-in-afterschool-programs-occt-12.pdf


92 Feeding America (2017), Rural Hunger fact Sheet. Retrieved from http://www.feedingamerica.org/assets/pdfs/fact-sheets/rural-hunger-


Parents need secure employment, well-paying jobs, and affordable housing to be able to invest in their children’s future. When parents are unemployed or underemployed, they may be limited in the investments they can make in their children’s development. These experiences of economic insecurity or poverty can have lasting effects on children’s well-being and later economic success.
When parents do better economically, their children do better as well. Full-time, full-year employment contributes to greater financial stability and higher income, which is associated with positive child outcomes such as better health, behavior, academic achievement and financial well-being as adults. Despite these benefits, Hoosier parents often face barriers to sustaining living wage employment.¹

How Many Parents are Unemployed?
When a parent loses a job, the family often must decrease spending on necessities, increase reliance on public assistance, or both. Parental unemployment may be especially harmful for children if the period of unemployment lasts for many months,² and parental permanent job loss is linked to an increased likelihood of parental divorce, family relocation, and children repeating a grade.³

• 4.5% of Indiana’s families with children younger than 18 have an unemployed parent.⁴
• 91.8% of Indiana’s families with children younger than 18 have at least one employed parent.⁵

How Many Parents are Working Poor?
Work can be an important step out of poverty, but for low-income families, it does not guarantee an escape from poverty.⁷ Individuals who spent at least 27 weeks in the labor force (working or looking for work) but whose incomes fall below the official poverty level are considered “working poor.”⁸

• 15.4% of Hoosier children live in working-poor households.⁹

What are the Challenges?
Hoosier families face numerous barriers to sustainable living wage employment.⁶

Child care. For many families, the high cost of child care interferes with successful employment. Families unable to afford formal care may need to rely on multiple forms of informal care. These arrangements can be less reliable, meaning parents may be forced to miss work more frequently. Parents working nontraditional hours may face additional difficulty accessing needed childcare.¹⁰

• In Indiana, the average annual cost of high-quality early childhood care and education is $8,818.
• A single parent in poverty with one child would spend 54% of their annual income on high-quality child care.¹¹

Transportation. Safe, reliable and affordable transportation helps families access jobs, educational opportunities, and social services. Transportation challenges can cause workers to be late or spend more time commuting than can be economically justified.
1 in 8

low-income Hoosier families with children younger than six had to quit a job, not take a job, or greatly change their job in the past year because of child care problems.

• 6.3% of all Indiana households have no vehicle available.¹²
• High gas costs, long commutes or an unreliable car can mean that even families with access to a vehicle face transportation challenges.

Access to social safety nets. Many eligible families face difficulties accessing social safety nets that can buffer against economic insecurity. Families may not know what programs are available or how to apply.

• Although 13.3% of all Hoosier households live in poverty, only 11.2% receive any sort of cash public assistance or Food Stamps/Supplemental Nutrition Assistance Program (SNAP) benefits.¹⁴
• Approximately 1 in 5 Hoosier taxpayers who are eligible to receive the Earned Income Tax Credit do not receive the credit.¹⁵

Housing burdens. Families who spend more than 30% of their income on housing costs each month are considered to have a housing burden. High housing costs may prevent families from moving to areas with available jobs, and low-income working families facing high housing burdens may not have enough to cover the family’s other basic needs such as food and medical care.¹⁶

• In Indiana, 1 in 4 children (25%) live in households with a high housing cost burden.¹⁷
• 46.1% of renters and 19.4% of owners with a mortgage spend more than 30% of their monthly income on housing.¹⁸

What Resources Are Available?

WorkOne Centers are the heart of Indiana’s workforce development system. WorkOne staff help job seekers find a new or better job, choose a career, access training or get the information needed to succeed in today’s job market. http://www.in.gov/dwd/WorkOne/index.html

Child Care Finder allows parents to locate child care providers in Indiana. Parents may use search filters to select providers that accept child care vouchers (CCDF). http://www.in.gov/fssa/childcarefinder

Self Sufficiency Research Clearinghouse is a hub of research on low-income and TANF families. It aims to improve policy and practice in employment, education and family self-sufficiency by providing access to field-tested, evidence-based program strategies. https://www.opressrc.org/

What Solutions are Possible?

Individuals

✔ Spread awareness of available safety net programs and how to apply.
✔ Offer child care for parents while they search or interview for jobs.

Organizations and Communities

✔ Expand education and training for parents seeking jobs.
✔ Coordinate affordable transportation alternatives such as carpool.

Leaders and Policy Makers

✔ Expand child care subsidies to make work feasible for parents.
✔ Expand high-quality child care to all Indiana counties.
✔ Expand transportation options by supporting public transportation and making roadways accessible for walking and cycling.
✔ Expand policies for affordable housing.
Secure attachment to the labor force is a major contributor to financial stability and well-being for families. Individuals not in the labor force are those who are not actively working or looking for work for reasons such as school or family responsibilities, ill health, or transportation problems.

- More than three quarters (77.7%) of Indiana adults ages 25-64 are in the labor force, meaning that they are currently working or looking for work.
- 94.3% of Indiana’s families with children younger than 18 have at least one parent in the labor force.

**Parental Employment**

When parents do better economically, their children do better as well. Full-time, full-year employment is associated with higher family income and greater access to private health insurance.

- 91.8% of Indiana’s families with children younger than 18 have at least one employed parent.
- Both parents are employed in 64.8% of Indiana’s married-couple families with children.

### Top Ten Occupations in Indiana, 2016

<table>
<thead>
<tr>
<th>Top Ten Occupations in Indiana, 2016</th>
<th>Number of Employees</th>
<th>Median Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and Administrative Support Occupations</td>
<td>416,870</td>
<td>$15.21</td>
</tr>
<tr>
<td>Production Occupations</td>
<td>379,380</td>
<td>$16.02</td>
</tr>
<tr>
<td>Sales and Related Occupations</td>
<td>288,350</td>
<td>$11.71</td>
</tr>
<tr>
<td>Food Preparation and Serving Related Occupations</td>
<td>282,680</td>
<td>$9.17</td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>258,650</td>
<td>$14.69</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupinations</td>
<td>185,940</td>
<td>$27.03</td>
</tr>
<tr>
<td>Education, Training, and Library Occupations</td>
<td>160,400</td>
<td>$20.04</td>
</tr>
<tr>
<td>Management Occupations</td>
<td>142,820</td>
<td>$38.15</td>
</tr>
<tr>
<td>Installation, Maintenance and Repair Occupations</td>
<td>133,920</td>
<td>$19.90</td>
</tr>
<tr>
<td>Business and Financial Operations Occupations</td>
<td>118,250</td>
<td>$27.27</td>
</tr>
</tbody>
</table>

*Source: Bureau of Labor Statistics*

**Unemployment**

When a parent loses a job, the family often must decrease spending on necessities, increase reliance on public assistance, or both. Parental unemployment may be especially harmful for children when the family’s income dips below the poverty level, the unemployed parent is the sole breadwinner, or the period of unemployment lasts for many months. A parent must be actively looking for a job to be considered “unemployed” by the United States Census Bureau.

- 4.5% of Indiana’s labor force is unemployed.
- Black adults are more likely to be unemployed (8.9%) than Hispanic (4.6%) or white adults (4.1%).
• 4.5% of Indiana’s families with children younger than 18 have an unemployed parent.\textsuperscript{27}

• 1.3% of Indiana’s labor force has been unemployed for 15 weeks or longer.\textsuperscript{28}

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 recently. Others 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, Indiana’s unemployment rate rises to 8.3%.\textsuperscript{29}

Unemployment Insurance

Some of the negative effects of parental unemployment can be mitigated though unemployment insurance benefits, which help buffer individuals’ income levels during a period of unemployment.\textsuperscript{30} Benefits can be collected for up to 52 weeks and range up to $390 per week.\textsuperscript{31}

• In 2016, there were 182,766 initial claims for unemployment insurance in Indiana.

• Hoosier beneficiaries collect benefits for an average of 13.6 weeks and receive an average of $3,673 per period of unemployment.\textsuperscript{32}

Teens in the Labor Force

Employment can be a valuable opportunity for youth. Employment teaches responsibility, organization and time management skills, and good work habits. Youth who are employed while in high school are less likely to drop out, more likely to be employed in the future, and tend to have higher earnings in adulthood. However, students who work more than 20 hours a week may have lower grade point averages and are more likely to drop out of school than those who work fewer hours.\textsuperscript{33}

• 35.7% of Indiana teens ages 16-19 were employed in 2017, compared to 29.3% nationally.\textsuperscript{34}

• Of Indiana teens ages 16-19 enrolled in school, 32.3% are also employed.

• 4.2% of Indiana teens ages 16-19 are neither enrolled in school nor in the labor force. Of them, more than half (52.7%) have not graduated from high school.\textsuperscript{35}
Income

Higher family income is associated with positive outcomes for children including better health, behavior, academic achievement, and financial well-being as adults.\textsuperscript{36} In the United States, the federal minimum wage is $7.25 per hour.\textsuperscript{37} Though states may choose to increase their minimum wage above the federal rate, Indiana has not increased its minimum wage.

- Indiana’s cost of living was the 15th least expensive nationally in the third quarter of 2017.\textsuperscript{38}
- 23.6% of Indiana parents in families with children say that it is somewhat or very often hard to pay for the basics such as food or housing on their income.\textsuperscript{39}
- Indiana’s median hourly wage is $16.25, compared to $17.81 nationally.\textsuperscript{40}
- Indiana’s median family income among families with children is $63,411, compared to $68,011 nationally.\textsuperscript{41}
- Of families with children, married couples have a higher median income ($84,948) than single fathers ($39,338) or single mothers ($25,063).\textsuperscript{42}
- Approximately 71,000 Hoosier families with children earn less than $15,000 per year.\textsuperscript{43}
Low-income Working Families

Work can be an important step out of poverty, but for low-income families, it does not guarantee an escape from poverty.44 Children born into low-income families face multiple barriers to success and tend to have worse outcomes than their more affluent peers on cognitive, behavioral, emotional and health measures.45 Individuals who spent at least 27 weeks in the labor force (working or looking for work) but whose incomes fell below the official poverty level are considered “working poor.”46

- 15.4% of Hoosier children live in working-poor households.47
- Nationally, 5.6% of the labor force is working poor.48
- Nationally, black and Hispanic individuals are more than twice as likely to be among the working poor (11.2% and 10.1%) as white and Asian individuals (4.8% and 4.1%).49
- In Indiana, there are 61,199 full-time workers in poverty, and 226,987 part-time or part-year workers living in poverty.50

Poverty

Children who experience poverty are disproportionately exposed to risks that may impair brain development and affect cognitive, social and emotional functioning. These risks include environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, and trauma and abuse.51 Many children living in poverty face gaps in learning, knowledge and socio-emotional development that begin as early as infancy and get progressively wider over time.52 Poverty is most harmful when it is persistent or experienced in early childhood.53
• Nationally, Indiana ranks 31st for the percentage of children living in poverty.\(^\text{54}\)
• 1 in 5 Hoosier children (19.5%) live in poverty.\(^\text{55}\)
• Black Hoosier children are three times more likely to live in poverty than their white peers.
• Children younger than age five are more likely to live in poverty (21.2%) than older children (18.9%).\(^\text{56}\)
• Children in single-mother families are significantly more likely to live in poverty (45.5%) than children in single-father families (19.9%) and children in married-couple families (9.0%).\(^\text{57}\)
• 1 in 3 children with disabilities live in poverty (33.7%), compared to less than 1 in 5 children without a disability (18.9%).\(^\text{58}\)

Cost of Raising a Child

Nationally, it will cost a family with a child born in 2015 an average of $233,610 to raise that child to age 18. In the urban Midwest, the estimate is slightly lower at $227,400.\(^\text{A}\) However, child-rearing expenses vary considerably by household income level and child age.\(^\text{59}\)

• Housing accounts for the largest percentage of the cost of raising a child to age 18 in the United States (28.4%), followed by food (17.7%), child care and education (16.3% for those who spend money on it), and transportation (15.2%).
• The cost to raise a child in a rural area is estimated at $193,020, mostly because the cost of housing is significantly less in rural areas.\(^\text{60}\)

\(^A\) Married-couple families in the urban Midwest with incomes between $59,200 and $107,400 annually.
Child Care and Education

Nationally, child care and education—including the cost of daycare, school or afterschool care—is the third-largest expense for families.

However, half of families 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 the child or may utilize free public education. Low-income families are less likely to spend money on child care and education than higher-income families. For families that do spend money on child care and education, the expense is considerably higher for children ages 0-5 than for those ages 6-17.61

Infant and Toddler Care

Indiana ranks 31st out of 49 states for center-based infant care affordability and 28th out of 41 states for center-based toddler care affordability. This care costs a large percentage of a family’s income.62

- In Indiana, the average annual cost of full-time infant care is $11,949 in a center and $6,637 in a family child care home.
- The cost of full-time toddler care is typically lower at an average cost of $10,885 in a center and $6,198 in a family child care home.63
- In Indiana, 1 in 8 low income families (and 8.3% of all families) with children younger than six have problems with child care severe enough that they have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year.64

School-age Before and Aftercare

Indiana ranks 31st out of 48 states for center-based before/afterschool care affordability for school-age children.65

- In Indiana, the average annual cost of before/afterschool care for school-age children is $5,603 in a center and $4,432 for home-based care.66
Child Support

**Indiana’s Child Support Program aims to ensure that every Hoosier child has the financial support of both parents, regardless of whether the parents are married or live together.** The Child Support Program assists with locating noncustodial parents, establishing paternity, establishing child support and medical support orders, and enforcing payment of child support.67

- In 2016, $549.3 million was distributed from noncustodial parents on behalf of children in Indiana.68
- An additional $9.2 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.69
- In 2016, there were 272,789 child support cases, a 19.0% decrease from 2012.70

### Cost of Child Care and Percentage of Median Household Income by Child Care Type, Indiana: 2017

<table>
<thead>
<tr>
<th>Child Age</th>
<th>Center</th>
<th>Home</th>
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<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>% Married Income</td>
</tr>
<tr>
<td>Infant</td>
<td>$11,949</td>
<td>14.1%</td>
</tr>
<tr>
<td>Toddler</td>
<td>$10,885</td>
<td>12.8%</td>
</tr>
<tr>
<td>School-age Child</td>
<td>$5,603</td>
<td>6.6%</td>
</tr>
</tbody>
</table>

Source: Child Care Aware of America and American Community Survey; Table B19126

### Child Support Cases and Money Distributed, Indiana: 2012-2016

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Child support cases</td>
<td>336,696</td>
<td>300,196</td>
<td>287,436</td>
<td>279,327</td>
<td>272,789</td>
</tr>
<tr>
<td>Distributed (in millions)</td>
<td>$580.5</td>
<td>$568.0</td>
<td>$556.6</td>
<td>$553.9</td>
<td>$549.3</td>
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<tr>
<td>Undistributed (in millions)</td>
<td>$10.0</td>
<td>$10.0</td>
<td>$9.2</td>
<td>$9.9</td>
<td>$9.2</td>
</tr>
</tbody>
</table>

Source: Office of Child Support Enforcement

### Economic Program Eligibility and Enrollment

**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.**71 Nonprofit organizations and township, city, state and federal programs provide safety nets for families. Eligibility for state and federal programs is most often determined using the poverty guidelines or a percentage thereof.

- Although 13.3% of all Hoosier households live in poverty,72 only 11.2% receive any sort of cash public assistance or Food Stamps/Supplemental Nutrition Assistance Program (SNAP) benefits.73
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.74 Indiana is one of 29 states that offer a state supplement to the federal EITC.75 The state’s Earned Income Credit provides up to 9% of the earned income credit claimed on the federal income tax return.76

- In 2017, 527,000 Hoosier families received an average of $2,424 through the federal EITC.77
- Approximately 4 in 5 eligible Hoosier taxpayers receive the EITC.78

Temporary Assistance for Needy Families (TANF)

Indiana Temporary Assistance for Needy Families (TANF) provides transitional cash assistance and support to help families with children younger than 18 achieve self-sufficiency.79 Recipients may also receive support services such as child care, medical assistance for dependent children, transportation services, aid for heating costs and food stamps.80

- In Indiana, the maximum benefit for a single parent caring for two children is $288 per month, which amounts to 16.9% of the federal poverty level.81
- An average of 8,210 Hoosier families receive TANF each month.82

Social Security

Social Security benefits are available to children through two programs: Supplemental Security Income (SSI) and Old-Age, Survivors and Disability Insurance (OASDI). OASDI provides support for children whose parents are disabled, retired or deceased, and benefits are based on the parents’ earning record.83 SSI provides support for children with qualifying disabilities and payments are based on need.84
• 99,419 Indiana children receive benefits through OASDI.85
• Of these, 12,812 have a parent who is retired, 40,577 have a parent who is disabled, and 46,030 have a parent who is deceased.86
• In 2015, 24,245 Indiana children under age 18 received SSI, with an average monthly payment of $637.87

Housing

Many aspects of housing—including quality, crowding, affordability, ownership, and stability—impact children’s development and well-being.88

• Indiana has over 2.5 million occupied housing units, 68.3% of which are owner occupied and 31.7% of which are renter occupied.
• In Indiana, 65.5% of owner-occupied housing units have a mortgage.
• 18,772 occupied housing units lack complete kitchen facilities (0.7%) and 6,989 lack complete plumbing facilities (0.3%).89

Housing Affordability

Families who spend more than 30% of their income on housing costs each month are considered to have a housing burden. Families facing high housing burdens may not have enough to cover the family’s other basic needs such as food and medical care.90

• In Indiana, 1 in 4 children (25%) live in households with a high housing-cost burden.91
• 46.1% of renters and 19.4% of owners with a mortgage spend more than 30% of their monthly income on housing.92
• The median gross rent is $768 a month, or 28.4% of household income. Additionally, 90.2% of renters pay for one or more utilities outside the cost of rent.93

Housing Assistance

Families can receive federal housing assistance through Indiana’s Department of Housing and Urban Development (HUD). The Section 8 Housing Choice Voucher Program (HCV) provides low-income families with vouchers to help pay for housing in the private market. Families must contribute at least 30% of their monthly income for rent and utilities.94

Housing vouchers have been shown to reduce homelessness and housing instability among families with children nationwide.95 Research has associated the loss of a subsidy with a tenfold increase in the likelihood of moving out of one’s neighborhood compared to similar households without a subsidy.96
• In Indiana, over 89,000 low-income households receive federal rental assistance.
• More than 64% of families receiving rental assistance have extremely low incomes (30% of local median income or less).
• 35% of households receiving housing assistance have children.97

Mobility

Families move for a variety of reasons—both positive and negative. Moves to strong school systems and good neighborhoods may have a positive impact on children’s educational achievement. However, children who move too frequently or during critical educational points are likely to experience declines in educational achievement.98

• 14.9% of Hoosier children moved in the past year.
• Of children who moved in the past year, 63.5% moved within the same county, 19.8% moved from a different county within Indiana, 14.5% moved to Indiana from out of state, and 2.2% moved to Indiana from abroad.99

Homelessness

Children who lack a stable home are vulnerable to many adverse outcomes, including chronic health problems, difficulty accessing health care, and witnessing violence. Homeless children and youth are difficult to count because they usually change residences and schools often, and many youth—especially unaccompanied teens—try to hide the fact that they are homeless.100

• A January 2016 point-in-time count in Indiana identified 5,798 individuals as homeless, 1,282 of whom were children younger than 18.101

• Of these children, 685 were in an emergency shelter, 581 were in transitional housing, and 16 were unsheltered. The count may miss individuals who are not at the selected locations where the count took place.102

Under the McKinney-Vento Act, schools are required to keep track of the number of children whom they know are homeless. The McKinney-Vento Act defines homelessness as lacking a fixed, regular and adequate nighttime residence. This includes students who are living in motels, trailer parks, campgrounds, emergency or transitional shelters, or are sharing housing with others because of economic hardship.103

• In 2016, 16,143 Indiana public school students were identified as homeless or housing unstable.104
Hunger and Food Insecurity

Households without consistent access to adequate food are considered “food insecure.” When children do not get enough food or do not have a well-rounded diet, they face greater difficulties in school and maintaining overall health than their peers. Food insecure children are more likely to suffer from illness, to have developmental delays, and to have health deficiencies that persist into adulthood.

- Nearly 1 in 5 Hoosier children (19.1%) are food insecure.
- Indiana’s food hardship rank is 22nd out of 50 states.
- 63.3% of Hoosier families with children say they could always afford to eat nutritious meals in the past year.
- 31.6% of Hoosier families with children say they could always afford enough to eat but not always the kinds of food they should eat, and 5.1% of families say they sometimes or often could not afford enough to eat.

Federal Food Assistance Programs

Federal food assistance programs aim to reduce food insecurity by providing low-income households access to food for a healthy diet.

- Nationally, 59% of food-insecure households participate in at least one of the three largest federal food and nutrition assistance programs: Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) and National School Lunch Program (NSLP).
- 28% of food insecure Hoosier children are likely ineligible for federal nutrition programs.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides food assistance to low-income households, commonly known as food stamps. SNAP benefits are used like cash to buy eligible food items at any store approved by the U.S. Department of Agriculture.

- In Indiana, 18.8% of households with children younger than 18 received SNAP in the past year.
- Children in single-mother families are more likely to have received SNAP in the past year (40.5%) than children in single-father (21.6%) or married-couple families (9.5%).
- In Indiana, the average monthly benefit for individuals receiving SNAP is $124.66.
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. Available services include nutrition and health screening, nutrition education and counseling, and breastfeeding promotion and support.116

- 14.1% of Hoosier families with children received WIC benefits in the past year.117
- Each month, an average of 154,485 Hoosiers receive WIC benefits through a network of 138 Indiana WIC clinics.
- The average monthly benefit for Indiana households receiving WIC is $38.47.118

School Breakfast Program and National School Lunch Program

The School Breakfast Program (SBP) and the National School Lunch Program (NSLP) are federal programs that provide free and reduced-price meals to low-income children throughout the school year. Nationally, utilization of the SBP and NSLP programs has increased over the past decade.119 Program utilization may increase both because of increased need or because of intentional efforts by schools and communities to enroll eligible children.

- 48.1% of Indiana students receive free or reduced-price meals (40.6% receive free meals and 7.5% receive reduced-price meals).120
- In 2017, more than 122 million meals were served to Hoosier students through the National School Lunch Program.
- Nearly 47 million meals were served to Hoosier students through the School Breakfast Program.121
The Community Eligibility Provision (CEP) allows schools and districts with high percentages of low-income children to provide free breakfast and lunch to all students. To qualify for CEP, districts must have at least one school where 40% or more of students are residing in households receiving SNAP or TANF benefits, are homeless, runaway or migrant youth, Head Start students, or foster children.122

- In 2016, 36 of 152 eligible school districts in Indiana (24%) participated in CEP, lower than the national participation rate of 37%.

- 253 of 606 eligible schools (42%) participated in CEP, lower than the national school participation rate of 50%.123

### Percentage of Public School Students Receiving Free or Reduced-price Lunch: 2018

<table>
<thead>
<tr>
<th>5 Lowest Counties</th>
<th>5 Highest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton</td>
<td>Marion</td>
</tr>
<tr>
<td>17.0%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Boone</td>
<td>Fayette</td>
</tr>
<tr>
<td>19.5%</td>
<td>63.5%</td>
</tr>
<tr>
<td>Hendricks</td>
<td>Crawford</td>
</tr>
<tr>
<td>27.1%</td>
<td>63.1%</td>
</tr>
<tr>
<td>Hancock</td>
<td>Scott</td>
</tr>
<tr>
<td>27.6%</td>
<td>60.8%</td>
</tr>
<tr>
<td>Warrick</td>
<td>Wayne</td>
</tr>
<tr>
<td>31.6%</td>
<td>59.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
Sources continued


57 U.S. Census Bureau, 2016 American Community Survey (2016). Table B17006: Poverty Status in the Past 12 Months of Related Children Under 18 Years by Family Type by Age of Related Children under 18 Years. Retrieved from http://factfinder2.census.gov/


82 KIDS COUNT Data Center (n.d.). Monthly Average Number of Families Receiving TANF. Retrieved from http://datacenter.kidscount.org/data/IN


Sources continued


Children thrive when they have access to high-quality education from preschool through grade 12. Early educational success sets students on track to graduate, pursue postsecondary training and education, and successfully transition to adulthood. High-quality early childhood education, school engagement, math and reading proficiency, and regular attendance contribute to college and career readiness.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>National KIDS COUNT Book Education Ranking</td>
<td>14th</td>
</tr>
<tr>
<td>High School Graduation</td>
<td>12th</td>
</tr>
<tr>
<td>Fourth Grade Reading Proficiency</td>
<td>10th</td>
</tr>
<tr>
<td>Eighth Grade Math Proficiency</td>
<td>7th</td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) indicate better outcomes for youth
For our state to reach its full potential, it is critical that educational success reach all children. Yet, achievement gaps in Indiana are pervasive and persistent across the entire educational spectrum. Vulnerable groups lag behind their peers in terms of school readiness, reading, grades and educational attainment.

Groups most likely to be affected by achievement gaps include racial and ethnic minorities, low-income students, English-language learners, and students with disabilities.

**What Factors Contribute to Achievement Gaps?**

**Poverty.** Poverty can threaten children’s early development and limit access to high-quality learning environments.\(^1\)

**Parental factors.** Parents’ educational attainment, community connections, and knowledge of the education system affect their children’s educational achievement.\(^2\)

**Community segregation.** Segregation of communities by socioeconomic status and race leads to a concentration of factors associated with achievement gaps, such as less experienced teaching staff.

**Teacher performance.** Teachers are estimated to have a two to three times larger impact on achievement than any other school factor. Less experienced teachers are more likely to teach in low-income schools than more experienced teachers.

**Third Grade Reading**

Reading is a fundamental skill that affects children’s performance and ability to comprehend other subjects such as math and science.\(^3\) Indiana’s IREAD-3 is the earliest statewide assessment that demonstrates achievement gaps. Black students, students with disabilities, and English language learners are less likely to meet third grade reading benchmarks than their peers.

### ISTEP+

Students of color, students with disabilities, English learners, and students receiving free or reduced-price lunch are less likely to pass ISTEP+ than their peers.

- In 2017, 35.6% of students receiving free or reduced-price lunch passed ISTEP+, compared to 66.1% of students with paid lunch.
- 18.9% of students in special education passed ISTEP+, compared to 57.0% of students in general education.
- 17.4% of English learners passed ISTEP+, compared to 52.9% of non-English language learners.\(^4\)

### High Ability

One in eight Indiana students are classified as high ability, but Indiana faces significant disparities in terms of the students who are identified.

- Asian students are most likely to be identified as high ability (21.6%), followed by white (15.0%), Hispanic (7.1%), and black students (5.2%).\(^5\)
High School Graduation

Students of color are less likely than their peers to graduate from high school on time.

- In 2016, 8.1% of black students dropped out of high school, compared to 5.1% of Hispanic students, 3.2% of white students, and 3.0% of Asian students.6
- Black students, students with disabilities, English-language learners, and low-income students are less likely to graduate on time than their peers.

College Readiness

Among students enrolling in Indiana public colleges, 14% need remediation. Black students (29%), Hispanic students (17%), and students who received free or reduced-price lunch (21%) are more likely than their peers to need remediation in college.7

What Resources are Available?


The Equity Project at Indiana University provides data to educational decision-makers to better understand and address issues regarding educational equity. http://www.indiana.edu/~equityiu/

Indiana Department of Education Compass provides data on student performance disaggregated by demographic groups, allowing its users to identify achievement gaps among groups. https://www.doe.in.gov/ide/data

What Solutions are Possible?

Individuals

✔ Ask a child’s school about their equity and inclusion policies.
✔ Keep the conversation going about disparities and ways we can all work together to address them.

Organizations and Communities

✔ Increase diversity and cultural competence in and across the education workforce.
✔ Collaborate with entities outside the academic arena to address the social and economic factors outside the classroom that impact students’ success inside the classroom.
✔ Disaggregate data whenever possible

Leaders and Policy Makers

✔ Organizations, lawmakers and communities should collaborate and build positive support systems and address policies that create barriers to success.

Indiana, white students are 3 times more likely to be identified as high ability than their black peers.
**Education plays an integral role in children’s lives.** High-quality early childhood care and education prepares children for long-term educational success in elementary school, middle school and high school.

In 2016, Indiana was home to approximately 507,000 children ages 0-5. nearly two-thirds of Hoosier children younger than six have all parents in the labor force (both parents in married-couple families and the head of household in single-parent families) and likely need some form of care.

- Of Hoosier children ages 0-5 likely in need of care, 59% are in informal care settings with a family member, friend, or neighbor, while 41% are enrolled in known programs.

- In Indiana there are 20.5 slots in licensed child care per 100 children ages 0-5.

- Of known child care programs, 632 are centers, 2,695 are homes, and 664 are ministries.

Parents with access to affordable and dependable child care are less likely to have child care-related disruptions that affect their work attendance or schedule. However, many Indiana families with young children struggle to find adequate child care. Families with nonstandard or irregular work schedules tend to face greater difficulties finding child care. Parents working nonstandard schedules are more likely to rely on multiple types of child care arrangements to fill their child care needs.

- 8.3% of Indiana families with children ages 0-5 have had problems with child care severe enough that they have caused a parent to turn down, change or quit a job in the past year.

- Of requests that come to the Indiana Association for Child Care Resource and Referral, 32% are for infant care, 43% are for toddlers, 34% are for preschool-age care, and 29% are for school-age care.

### Quality

Children who attend high-quality early child care and education programs tend to have higher test scores, fewer behavioral problems, and lower rates of grade repetition than their peers. As adults they are more likely to pursue higher education, are more likely to be employed, earn higher wages, and are less likely to commit crimes.
Indiana has a statewide voluntary quality rating and improvement system called Paths to QUALITY™ (PTQ). The PTQ program helps early care and education providers improve the quality of their programs and helps parents find high-quality care for their children. There are four levels of quality in PTQ, and providers must meet specific standards of health, safety, training, curriculum and accreditation in order to advance through the levels. Programs that have attained levels 3 or 4 in PTQ are considered to be high quality.

- In Indiana, 2,698 programs are enrolled in the PTQ program, with 1,198 programs rated as high quality.
- Only 15% of children likely in need of care are enrolled in a high-quality program.
- Nine of Indiana’s 92 counties have no high-quality program available.

Vouchers

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

- Families receiving child care subsidies are more likely to be employed and more likely to have stable employment than low-income families without subsidies, and single mothers who receive child care assistance work an average of 9.4 hours per week more than single mothers without assistance.
- In 2016, there were an average of 5,290 children on the waiting list for a CCDF voucher each month.
School Readiness

School readiness offers important advantages. Children who enter school with early skills are more likely to experience later academic success, attain higher levels of education, and secure employment.24

- In 2017, 4.4% of Hoosier kindergarten students were retained because they were not school ready, at a cost of $23 million to the state.25

Indiana school districts have local control of measuring school readiness and utilize a variety of assessments. While Indiana does not have a universal kindergarten readiness assessment, 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 Individual Education Plans (IEPs) are required to take the ISTAR-KR.26

Preschool Programs

Preschool programs increase school readiness by strengthening a child’s academic skills in reading and math.27 Preschool also builds young children’s social-emotional readiness, self-regulation, attention and cooperation skills. These soft skills are foundational for success during children’s school years and in later life.28

- Less than half of Indiana children ages 3-4 (42.6%) are enrolled in school.
- Of those in school, 45.0% are enrolled in public school and 55.0% are enrolled in private school.29

While Indiana does not have a universal preschool program, a limited number of young children have the opportunity to receive state-funded early preschool through the On My Way Pre-K program. In 2017, the Indiana General Assembly expanded the program from five pilot counties to 20 counties.30

- The On My Way Pre-K program served 1,792 students through 202 early learning programs in 2017.31

<table>
<thead>
<tr>
<th>Counties with On My Way Pre-K</th>
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<tbody>
<tr>
<td><strong>Since 2015</strong></td>
</tr>
<tr>
<td>Allen</td>
</tr>
<tr>
<td>Jackson</td>
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<tr>
<td>Lake</td>
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<td>Marion</td>
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<td>Vanderburgh</td>
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Source: Indiana Family and Social Services Administration

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**Percentage of Children Ages 3-4 Enrolled in School, Indiana vs. United States: 2006-2016**

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<thead>
<tr>
<th>Year</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>46.1%</td>
<td>40.0%</td>
</tr>
<tr>
<td>2007</td>
<td>47.3%</td>
<td>39.4%</td>
</tr>
<tr>
<td>2008</td>
<td>49.1%</td>
<td>40.2%</td>
</tr>
<tr>
<td>2009</td>
<td>48.4%</td>
<td>40.5%</td>
</tr>
<tr>
<td>2010</td>
<td>47.6%</td>
<td>38.8%</td>
</tr>
<tr>
<td>2011</td>
<td>47.4%</td>
<td>41.7%</td>
</tr>
<tr>
<td>2012</td>
<td>47.7%</td>
<td>40.0%</td>
</tr>
<tr>
<td>2013</td>
<td>46.1%</td>
<td>47.1%</td>
</tr>
<tr>
<td>2014</td>
<td>47.1%</td>
<td>42.2%</td>
</tr>
<tr>
<td>2015</td>
<td>47.6%</td>
<td>39.0%</td>
</tr>
<tr>
<td>2016</td>
<td>48.0%</td>
<td>42.6%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table B14003
Early Head Start and Head Start

Early Head Start (EHS) is a federally funded, community-based program for low-income pregnant women and children ages 0-3. The program provides child development and family support services such as parent education, quality child care and education in home and center-based settings.32

- In 2016, there were 28 EHS programs in Indiana with 2,292 available enrollment slots.
- 5% of eligible Hoosier children ages 0-3 had access to EHS.33

Head Start (HS) serves children ages 3-5 in low-income households as well as children in foster care or experiencing homelessness. HS 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.34

- In 2016, there were 37 HS programs in Indiana with 12,858 available enrollment slots.
- In 2016, 1,107 Head Start children were in foster care and 912 were experiencing homelessness.
- 25% of eligible Hoosier children ages 3-5 had access to HS.35

Children with Developmental Delays or Disabilities

Service providers working with young children who have developmental delays that require early intervention or special education services work from written intervention plans. Plans are called Individualized Family Services Plans (IFSPs) if the child is three or younger or Individualized Education Programs (IEPs) if the child is older than age three.

- In Indiana, 4.0% of children ages 1-5 receive services under an early intervention plan (IFSP or IEP).36

The First Steps program provides early intervention services for children ages 0-3 who are experiencing developmental delays or disabilities. Available services include assistive technology, family education, health services, service coordination, and developmental, physical, speech, and occupational therapy.37 Services through First Steps are free for families whose income is below 250% of the federal poverty level, and fees are charged on a sliding scale for families with higher incomes.38

- 20,775 Hoosier children were served by First Steps in 2017.39
Kindergarten through 12

All Hoosiers ages 7-18 are required to go to school. Each school corporation is also required to provide a kindergarten program for eligible students starting at age five. Indiana is home to 170,231 children ages five and six who are eligible but not required to attend kindergarten.

Students in elementary school are required to receive five hours of instruction per day for the 180-day school year, excluding time for lunch or recess. Students in grades 6-12 are required to receive six hours of instructional time, excluding time for lunch.\(^\text{40}\)

School Enrollment

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. Indiana students may also attend private schools using School Choice Vouchers or they may attend school virtually through a public school or a virtual charter school.

- In 2018, there were 1,139,822 students enrolled in kindergarten through grade 12.\(^\text{41}\)
- Nearly 9 in 10 students attend a traditional public school (88.6%), with smaller percentages attending nonpublic schools (4.4%), public charter schools (3.9%), and School Choice Voucher schools (3.0%).\(^\text{42}\)

Public and Nonpublic Schools

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

- There are 87 charter schools authorized to operate in Indiana. The majority of charter schools are located in Marion County, followed by Lake, St. Joseph and Allen counties.\(^\text{43}\)
- In 2017, 44,444 students were enrolled in an Indiana charter school (3.9% of all Hoosier students).
- In SY 2017, 84,267 students were enrolled in Indiana’s accredited nonpublic schools.\(^\text{44}\)

School Choice Vouchers

The Indiana Choice Scholarships program provides vouchers to qualifying families to offset tuition costs at participating nonpublic schools.\(^\text{45}\)

- In 2017, 34,299 Hoosier students participated in the Choice Scholarship Program.
• The majority of Choice Scholarship recipients are students in grades 1-8 (72.8%), compared to 21.9% in grades 9-12 and 5.4% in kindergarten.
• Slightly less than half of Choice Scholarship recipients have previously attended an Indiana public school (45.4%).

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, psychological services, physical or occupational therapy, and an educational interpreter.

• In 2017, there were 164,706 special education students enrolled in Indiana schools (14.5% of students).
• In 2017, 3,167 Choice Scholarship students were eligible for special education services. Of them, 623 selected their Choice School as the special education service provider (19.7%) and 2,544 selected the public school corporation (80.3%).

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 aims to challenge high-ability students in the regular classroom or provide enrichment and accelerated...
programs to enable them to make continuous progress in school.\textsuperscript{51}

- In Indiana, 145,654 students are considered high ability (12.9% of students).
- White students are more than three times as likely to be considered high ability than their black peers.\textsuperscript{52}

**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.\textsuperscript{53} Students who are Fluent English Proficient (FEP) demonstrate “native” or “native-like” English speaking, listening, reading and writing. English language learners complete the WIDA assessment annually to determine their level of proficiency. The WIDA assessment has six levels, with Entering as the lowest proficiency category and Reaching as the highest category.

- In Indiana, 50,677 students are English Language Learners (4.5% of all students).
- The most common language spoken by students who speak a language other than English is Spanish (71.2%), followed by Chin (2.7%), Arabic (2.6%), German (2.2%) and Mandarin (2.0%).\textsuperscript{54}

**Success in School**

School success helps children stay on track to remain in school and graduate, pursue further education, and transition to adulthood. Regular school attendance, school engagement, and support from school counselors contribute to students’ educational success.

| Source: Indiana Department of Education |

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### Percentage of Students Considered High Ability by Race/Ethnicity, Indiana: 2017

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.9%</td>
</tr>
<tr>
<td>White</td>
<td>15.0%</td>
</tr>
<tr>
<td>Black</td>
<td>5.2%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.1%</td>
</tr>
<tr>
<td>Asian</td>
<td>21.6%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>11.2%</td>
</tr>
<tr>
<td>American Indian</td>
<td>9.7%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

### WIDA Proficiency Levels, Indiana: 2017

<table>
<thead>
<tr>
<th>Proficiency Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering</td>
<td>15.0%</td>
</tr>
<tr>
<td>Emerging</td>
<td>20.0%</td>
</tr>
<tr>
<td>Developing</td>
<td>21.0%</td>
</tr>
<tr>
<td>Expanding</td>
<td>42.0%</td>
</tr>
<tr>
<td>Bridging</td>
<td>2.0%</td>
</tr>
<tr>
<td>Reaching</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

### Number of Students Considered to be English Language Learners: 2016

<table>
<thead>
<tr>
<th>10 Highest School Districts</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indianapolis Public Schools</td>
<td>4,338</td>
</tr>
<tr>
<td>Perry Township Schools</td>
<td>3,092</td>
</tr>
<tr>
<td>Fort Wayne Community Schools</td>
<td>2,409</td>
</tr>
<tr>
<td>MSD Wayne Township</td>
<td>2,077</td>
</tr>
<tr>
<td>Elkhart Community Schools</td>
<td>1,877</td>
</tr>
<tr>
<td>South Bend Community School Corporation</td>
<td>1,831</td>
</tr>
<tr>
<td>MSD Lawrence Township</td>
<td>1,823</td>
</tr>
<tr>
<td>MSD Pike Township</td>
<td>1,731</td>
</tr>
<tr>
<td>School City of Hammond</td>
<td>1,665</td>
</tr>
<tr>
<td>MSD Washington Township</td>
<td>1,505</td>
</tr>
</tbody>
</table>

### Percentage of Students Considered to be English Language Learners: 2016

<table>
<thead>
<tr>
<th>5 Highest Counties</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cass</td>
<td>16.4%</td>
</tr>
<tr>
<td>Elkhart</td>
<td>13.7%</td>
</tr>
<tr>
<td>Clinton</td>
<td>13.6%</td>
</tr>
<tr>
<td>LaGrange</td>
<td>12.2%</td>
</tr>
<tr>
<td>Marion</td>
<td>11.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
Attendance
Research shows that regular school attendance is associated with higher academic achievement, especially for low-income students. Factors that often contribute to a child’s frequent absence from school include family health or financial concerns, poor school climate, drug and alcohol use, transportation problems, and differing community attitudes towards education.55

- In 2017, Indiana’s attendance rate was 95.7%. Indiana’s attendance rate has remained relatively stable around 96% for the past five years.56
- The majority of Indiana students missed fewer than 4 days of school in the past year due to illness or injury (80.9%), 16.5% of students missed between 4 and 10 days, and 2.6% missed 11 or more days.57
- The majority of Indiana high school students (79.0%) did not skip school in the past month. 16.8% skipped 1 to 3 days, and 4.2% skipped 4 or more days.58

School Engagement
Students who are actively engaged in their schoolwork tend to perform better in school. However, some students may lose interest in learning and view school as boring, frustrating, or irrelevant to their lives.59

- More than three quarters of Indiana parents (76.8%) say it is “definitely true” that their child cares about doing well in school.
- 70.3% of parents say it is “definitely true” that their child does all required homework.60
- 3 in 10 Indiana high school students (30.1%) say their classes are slightly or very boring, 1 in 3 (33.9%) say their schoolwork is seldom or never meaningful, and 4 in 10 (40.7%) say they hate being in school often or a lot.
- Three quarters of Indiana high school students (74.0%) say they do their best work in school often or a lot.61

School Counselors
School counselors support students in many capacities. Counselors promote student engagement and learning, provide social and emotional support, promote positive school culture, and help students navigate college and career readiness and success.62

Counselors are especially important to students’ postsecondary planning because they are required to help students develop graduation and career plans beginning in 6th grade. However, 58% of Indiana school counselors report spending less than a quarter of their time on career readiness activities, and most (81%) would like to spend more time helping students with college and career readiness.63

<table>
<thead>
<tr>
<th>Attendance Rates: 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Highest Counties</strong></td>
</tr>
<tr>
<td>Vanderburgh 97.5%</td>
</tr>
<tr>
<td>Posey 97.0%</td>
</tr>
<tr>
<td>Ohio 97.0%</td>
</tr>
<tr>
<td>Dubois 97.0%</td>
</tr>
<tr>
<td>Hendricks 96.9%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
• Indiana employs one licensed guidance counselor for every 559 students.\textsuperscript{64}

• In the past year, 41.2\% of Indiana high school students talked with their counselor about college, 35.5\% talked about jobs that interest them, and 50.3\% discussed their future plans.\textsuperscript{65}

### School Discipline

Suspension is one of the most widely used school discipline techniques. However, research shows an association between higher suspension rates and lower schoolwide academic achievement,\textsuperscript{66} and students who experience suspension or expulsion face an increased risk of dropping out of high school and becoming involved in the juvenile justice system.\textsuperscript{67}

• In 2017, 47,778 Indiana students received in-school suspension, 60,039 received an out-of-school suspension, and 3,070 were expelled.

• Black students are 2.4 times more likely to receive in-school suspension, 4.6 times more likely to receive out-of-school suspension, and 2 times more likely to be expelled than their white peers.\textsuperscript{68}

### 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. Beginning in 2016-2017, students in grade 10 also take the ISTEP+ Grade 10 English/Language Arts and Mathematics tests, which are required for graduation and replace the End-of-Course Assessments (ECAs) in Algebra I and English 10.\textsuperscript{69}

In order to compare Indiana students to those in other states, a small random sample of students in grades 4 and 8 also take the National Assessment for Educational Progress (NAEP) every other year.\textsuperscript{70}

### National Assessment

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

- 40% of Indiana students in 4th grade scored at or above proficient in reading, compared to 35% of their peers nationally.
- 39% of Indiana students in 8th grade scored at or above proficient in math, compared to 32% of their peers nationally.

### Reading by Third Grade

Students who are not able to read proficiently by the end of third grade face significant barriers to success in school. Third grade is considered a pivotal year, as students begin reading to learn instead of learning to read. Reading is a gateway skill to further learning, and children who cannot read proficiently often struggle to stay on track academically.

Indiana’s Reading Evaluation and Determination (IREAD-3) assesses students’ reading levels in the spring of 3rd grade. Students who do not pass the test cannot be promoted to 4th grade without a Good Cause Exemption. Schools must provide additional interventions to students who do not pass the IREAD-3 assessment, even if the student receives a Good Cause Exemption.

- In 2017, 89.2% of 3rd grade students passed the IREAD-3.
• 3,044 3rd grade students (3.5%) received a Good Cause Exemption.
• Students of color, students in special education, and students who are English Language Learners are less likely to pass IREAD-3 than their peers.76

State ISTEP+
All Indiana students in grades 3-8 are tested in English/Language Arts (ELA) and Mathematics using the Indiana Statewide Testing for Educational Progress Plus exam (ISTEP+). In 2016, the General Assembly passed legislation to replace ISTEP+ with Indiana’s Learning Evaluation Assessment Readiness Network (ILEARN) beginning in 2018-2019.77
• Students of color, students in special education, English Language Learners, and students receiving free or reduced-price lunch are less likely to pass ISTEP+ than their peers.78

Beginning in 2016-2017, students in grade 10 also take the ISTEP+ Grade 10 English/Language Arts and Mathematics tests, which replace the End-of-Course Assessments (ECAs) in Algebra I and English 10. Students in the class of 2019 or 2020 must pass the ISTEP+ Grade 10 assessment to be eligible for graduation, unless the student meets the requirements for an Evidence-based or Work-readiness waiver.79
• In 2017, 33.5% of 10th grade students passed both English/Language Arts and Math ISTEP+.
• 10th grade students were more likely to pass English/Language Arts (60.5%) than Math (36.8%).80
Graduation
Youth who graduate from high school are more likely to be employed, tend to earn higher incomes, and tend to enjoy better health than those who do not earn a high school diploma.$^{81}$

- In 2016, 89.1% of all Indiana high school students graduated on time.
- Students who did not graduate after four years are either still in school (5.3%), have dropped out (4.0%), earned a Special Education Certificate (1.3%), passed Indiana's High School Equivalency test (0.2%), or received a Certificate of Course Completion (0.1%).$^{82}$
- Students of color, students in special education, English Language Learners, and students receiving free or reduced-price lunch are less likely to graduate on time than their peers.$^{83}$

### High School Graduation Rate, Indiana: 2007-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>78.4%</td>
</tr>
<tr>
<td>2008</td>
<td>79.7%</td>
</tr>
<tr>
<td>2009</td>
<td>83.3%</td>
</tr>
<tr>
<td>2010</td>
<td>85.9%</td>
</tr>
<tr>
<td>2011</td>
<td>87.1%</td>
</tr>
<tr>
<td>2012</td>
<td>88.7%</td>
</tr>
<tr>
<td>2013</td>
<td>88.6%</td>
</tr>
<tr>
<td>2014</td>
<td>90.0%</td>
</tr>
<tr>
<td>2015</td>
<td>88.9%</td>
</tr>
<tr>
<td>2016</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

### High School Graduation Rate, Indiana: 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>90.9%</td>
</tr>
<tr>
<td>Black</td>
<td>79.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>86.3%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>86.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>92.6%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>89.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>85.1%</td>
</tr>
<tr>
<td>Paid Meals</td>
<td>95.1%</td>
</tr>
<tr>
<td>Free/Reduced Price Meals</td>
<td>86.5%</td>
</tr>
<tr>
<td>General Education</td>
<td>93.5%</td>
</tr>
<tr>
<td>Special Education</td>
<td>73.1%</td>
</tr>
<tr>
<td>Non-English Language Learner</td>
<td>91.4%</td>
</tr>
<tr>
<td>English Language Learner</td>
<td>75.0%</td>
</tr>
<tr>
<td>Female</td>
<td>90.8%</td>
</tr>
<tr>
<td>Male</td>
<td>87.4%</td>
</tr>
<tr>
<td>Nonpublic</td>
<td>93.4%</td>
</tr>
<tr>
<td>Public</td>
<td>88.8%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
**Diploma Type**

Completion of the Core 40 Diploma is a graduation requirement for all Indiana students. However, students may be exempted from the Core 40 requirements and graduate with a General Diploma if the parents and school follow a formal opt-out process. 

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

- In 2016, more than a third (37.9%) of students earned an Honors Diploma, half (49.9%) earned a Core 40 Diploma, and 12.2% of students earned a General Diploma.

- The share of graduates earning at least a Core 40 Diploma has increased from 74.7% in 2008 to 87.8% in 2016.

**Dropouts**

Factors that increase a student’s risk of dropping out of high school include high rates of absenteeism, low levels of school engagement, low parental education, and work or family responsibilities.

- In 2016, the Indiana high school dropout rate was 4.0%.
- The dropout rate is highest for black students (8.1%), followed by American Indian (7.4%), Multiracial (5.4%), Hispanic (5.1%), Native Hawaiian or Pacific Islander (4.2%), white (3.2%), and Asian students (3.0%).
- Less than a third (32.1%) of Hoosier youth ages 16-19 who have dropped out of high school are employed.
School Accountability

Passage of the federal Every Student Succeeds Act (ESSA) in 2015 grants states flexibility in devising and implementing their accountability systems. States must submit a plan for review by the U.S. Department of Education that includes challenging state academic standards, academic assessments, statewide accountability systems, and school support and improvement activities. Indiana submitted its ESSA plan to the U.S. Department of Education in September 2017. Indiana state law also requires that school performance be assessed on a scale of A to F.

- In 2017, 62.2% of Indiana schools earned an A or B under the current accountability system.
- 14.9% of Indiana schools earned a D or F.

College and Career

The transition from high school to college, technical training, or career is a critical step in a young person’s life. As young people become independent, their immediate post-high school decisions can have a significant impact on their lifetime earnings, opportunities for career advancement, and job satisfaction.

- More than three quarters (75.6%) of Indiana’s 12th grade students intend to enroll in a two- or four-year college in the first year after high school.
- High school seniors who have a parent with a college degree are more likely to intend to enroll in college (84.0%) than seniors whose parents do not have degrees (67.3%).
- High school seniors who receive free or reduced-price lunch are twice as likely to intend to work full time after graduation (13.0%) as students with paid lunch (6.4%).

Preparation

Students take many steps in preparation for postsecondary success, such as making written plans, researching programs and careers online, talking with trusted adults, and maintaining good grades.

- In the past year, 2 in 3 Indiana seniors (67.5%) applied to a four-year college, 18.4% applied to a two-year community college, 4.2% applied to the military, 4.1% applied to a career/technical college, and 1.8% applied for an apprenticeship.
- 1 in 5 high school seniors (19.4%) did not submit an application in the past year.
21st Century Scholars

Indiana’s 21st Century Scholars Program provides low-income students with up to four years of paid tuition at an eligible Indiana college or university. Scholars also receive a variety of support services designed to help them succeed in school and complete college.95

In order to receive the scholarship, students must be income eligible, enroll in the program in 7th or 8th grade, maintain a grade point average of at least 2.5 on a 4.0 scale, earn at least a Core 40 diploma, and agree to the 21st Century Scholar Pledge. Beginning with the class of 2017, Scholars also must complete the twelve steps of the Scholar Success Program to remain eligible for their scholarship.96

- 21st Century Scholars are more likely to enter college immediately after high school (81%) than non-Scholar low-income students (39%) and all Indiana students (65%).
- Scholars are less likely to need remediation in college (11%) than non-Scholar low-income students (30%) and all Indiana students (14%).
- Scholars are more likely to complete college on time (25%) than non-Scholar low-income students (19%), but less likely than all Indiana students (32%).97

Advanced Placement and Dual Credit Courses

Advanced Placement (AP) courses enable students to pursue college-level studies while still in high school. Courses are modeled
on comparable college courses, and college and university faculty play an important role in ensuring that AP courses align with college-level standards. Many colleges provide course credit to students who earn a 3 or higher on the relevant AP exam.98

- In 2015, 34.0% of Indiana high school graduates took an AP exam, and 17.1% of graduates passed an AP exam.99
- 92% of Hoosier graduates in the class of 2015 who took and passed an AP test enrolled in college, compared to 52% of those who did not take an AP test.
- 3% of students who passed an AP test needed remediation in college, compared to 21% of students who did not take an AP test.100

The Scholastic Aptitude Test (SAT) and ACT

The Scholastic Aptitude Test (SAT) is widely used by colleges and universities for admissions and enrollment. The SAT tests students’ knowledge of subjects necessary for college success and includes math, reading, writing and an essay section. The maximum possible score is 1600.101

- 63% of Indiana graduates in the class of 2017 took the SAT at some point during their high school career.102
- Among Indiana graduates in 2017, the mean SAT score was 532 in Math and 542 in Evidence-Based Reading and Writing, for a total mean score of 1074.103
The ACT assesses high school students’ general educational development and their ability to complete college-level work. The four skill areas covered are English, mathematics, reading and science, with an optional writing test. The maximum possible score on the ACT is 36.104

- An estimated 39% of Indiana’s graduates in the class of 2016 took the ACT.105, 106
- Among Indiana graduates in 2017, the average ACT score was 22.6, higher than the national average of 21.0.107
- 37% of Indiana students met ACT College Readiness Benchmark Scores on all four sections, compared to 27% of students nationally.108

Higher Education

Indiana is home to seven major public universities or university systems, including Ball State University, Indiana State University, Indiana University, Ivy Tech Community College, Purdue University, University of Southern Indiana and Vincennes University. The state also houses 42 private bachelor’s degree-granting institutions and many additional certificate- and associate degree-granting institutions.109

College Cost

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

- The average annual cost of an Indiana two-year college is $16,648 before financial aid and $9,004 after financial aid.
- For four-year colleges in Indiana, the average annual cost is $21,924 before financial aid and $11,146 after financial aid.110
College graduates with lower student debt are more likely to thrive as adults. Graduates with less debt are more likely to like where they live and what they do each day, have strong relationships, be able to manage their finances, and have good health.\textsuperscript{111}

- 58% of students who graduate from an Indiana two-year college have debt. Among those with debt, the average debt upon graduation is $18,392.
- 68% of students who graduate from four-year colleges graduate with debt, averaging $27,214.\textsuperscript{112}
- More than 3 in 4 (76%) Indiana college graduates who took out student loans agree or strongly agree that their education was worth the cost.\textsuperscript{113}

**Financial Aid**

In order to receive federal or state financial aid for college, students must fill out a Free Application for Federal Student Aid (FAFSA). FAFSA is used to determine students’ eligibility for different types and amounts of aid.\textsuperscript{114}

- 451,980 FAFSAs were received at Indiana colleges and universities in 2016.
- 47.3% of FAFSA filers are first-generation college students.\textsuperscript{115}

Federal Pell Grants provide up to $5,920 to undergraduate students with financial need who have not earned a bachelor’s or a professional degree. The total award amount depends on students’ financial need, cost of attendance, and full- or part-time status.\textsuperscript{116}

- More than half (56.1%) of Hoosier FAFSA filers are eligible for a Pell Grant.\textsuperscript{117}
- 190,122 Indiana students received a Pell Grant in 2016.\textsuperscript{118}

Indiana state aid is awarded through two main grant programs: The Frank O’Bannon Grant and the 21st Century Scholarship.\textsuperscript{119} Eligibility for the O’Bannon Grant is based on financial need as determined by the FAFSA. Starting in 2013-14, the O’Bannon Grant and 21st Century Scholarship were decoupled, meaning that a student may receive only one award or the other. Because of this, there has been a significant decline in O’Bannon grants and an increase in 21st Century Scholarship funding.\textsuperscript{120}

- 40,299 Indiana students received a Frank O’Bannon Grant in 2016, with an average award amount of $3,332.
- 20,530 Indiana students received a 21st Century Scholarship in 2016, with an average award amount of $7,410.\textsuperscript{121}

For more information on the 21st Century Scholars program, see the College and Career Preparation section in this chapter.
Enrollment

Nearly two-thirds (65%) of Indiana’s high school graduating class of 2015 went to college.¹²²

- Students who earn an Honors Diploma are more likely to enroll in college (93%) than students earning a Core 40 (57%) or General Diploma (22%).
- 40.8% of Indiana’s young adults ages 18-24 are enrolled in college or graduate school. Of them, 77.9% are enrolled in public schools.¹²³

Remediation

Students who are not sufficiently prepared to complete entry-level courses at the start of their college careers are often required to take remedial courses. Students who begin college with remedial courses are significantly less likely to complete their degrees.¹²⁴

- In Indiana, 14% of the high school graduating class of 2015 who enrolled in an Indiana public college needed remediation.
- Of Indiana’s 2015 high school graduates who enrolled in an Indiana public institution, 86% did not need remediation, 8% needed math remediation, 4% needed English/Language arts remediation, and 2% needed both types of remediation.¹²⁵

Completion

Not all students who start college in Indiana complete a degree. Students who volunteer while in college or participate in social clubs, athletics or performing arts are more likely than their peers to complete a degree. Students who are married, expecting a child, or work 21 hours or more per week are less likely to complete a postsecondary degree.¹²⁶

Students whose parents did not attend college may face additional challenges in attending and completing college. These challenges include social, cultural...
and academic readiness,\textsuperscript{127} as well as limited financial resources. Research has found that first-generation college-goers are less likely to graduate from postsecondary institutions than their peers.\textsuperscript{128}

- Of college students with expected graduation in 2016, 42.2\% of full-time four-year degree seekers and 10.3\% of full-time two-year degree seekers graduated on time.

- Of college students with expected graduation in 2014, the six-year extended time completion rate was 66.2\% for full-time four-year degree seekers and 29.1\% for full-time two-year degree seekers.\textsuperscript{129}

### Workplace Readiness

Many employers believe that students are not adequately prepared for the workforce.\textsuperscript{130} More than half (54\%) of Indiana employers say that the supply of qualified applicants does not meet demand, and 47\% said they left jobs unfilled in the past year due to underqualified applicants.\textsuperscript{131} Among Indiana employers, the following skills were rated as the most challenging to find among job applicants and new hires:\textsuperscript{132}

- Critical Thinking Skills: thinks critically, makes sound decisions, solves problems

- Personal Qualities: responsibility, self-discipline, flexibility, willingness to learn, initiative

- Communication Skills: communicates verbally, listens actively, comprehends written material

- Interpersonal Skills: works well with team, responds to customer needs, leadership

- Technology Use: understands and uses technology

### Career and Technical Education

Indiana’s Career and Technical Education (CTE) programs offer high school courses in agriculture, business, engineering and technology, family and consumer sciences, health science, and trade and industrial. CTE aims to prepare youth for a wide range of high-wage, high-skill, and high-demand careers.\textsuperscript{133}

- 174,707 Indiana students are enrolled in at least one career and technical education course.

- 28,188 Indiana students are CTE concentrators who have earned six or more credits in a single CTE program area.

- 85.9\% of CTE concentrators who exited high school in 2015 passed a technical skills assessment aligned with industry-recognized standards.
• 53.9% of CTE concentrators who exited high school in 2015 earned an industry certification.

• 9,842 students enrolled in a career pathway completed a stand-alone capstone course in Work Based Learning in 2016.134

Work-based Learning

Work-based learning is a strategy that can help prepare students for future employment by connecting the classroom to the workplace. Work-based learning (WBL) can be defined as experiences that involve learning academic, technical and employability skills by engaging with a real workplace environment.135 Work-based learning can include many different activities that occur along a continuum of career awareness, career exploration, and career preparation.136

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

• Business field trips and job shadowing: Students visit a workplace environment to observe daily job functions to learn more about a specific occupation or industry.

• Mentorship: Students are paired with an industry employee mentor.

• School-based enterprise: Students take on managerial roles within an organization that produces goods or services for others.

• Service learning: Students complete community service activities on a volunteer basis, increasing knowledge and skills while contributing to the community.

• Internships: Students work with an employer over an extended period of time to learn more about a specific occupation or industry. Students may or may not be paid.

• Apprenticeships: Arrangements between a worker and employer where the worker obtains skills necessary for the occupation.

Jobs for America’s Graduates

Jobs for America’s Graduates (JAG) is a school-to-career program that aims to keep young people in school through graduation and provides work-based learning experiences that lead to career advancement opportunities or enrollment in postsecondary education.137

• 135 Indiana JAG programs are available in 123 high schools (30% of all Indiana high schools).

• Since 2006, Indiana’s JAG program has served more than 18,000 students.

• Indiana’s JAG participants have a 95% graduation rate, and 89% go on to either a job, the military, or postsecondary education.138
Apprenticeship Programs

Apprenticeships allow students to learn the skills required for a specific occupation. Apprenticeship programs combine job-related technical instruction with structured on-the-job learning experiences. These programs are sponsored and operated on a voluntary basis by individual employers, employer associations, or jointly through labor/management agreements. Most programs last between three and five years, and all registered programs issue a nationally recognized Certificate of Completion.\(^{139}\)

- In 2016, there were 12,406 active apprentices in Indiana.
- Of Indiana’s active apprentices, 7,178 were new apprentices and 2,891 completed their apprenticeship in 2016.
- In 2016, Indiana had the second-highest number of apprenticeship completers after California.
- Indiana has 880 active apprenticeship programs. Of these, 58 were new programs in 2016.\(^{140}\)

<table>
<thead>
<tr>
<th>Occupation Title</th>
<th>Active Apprentices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrician</td>
<td>41,489</td>
</tr>
<tr>
<td>Plumber</td>
<td>23,094</td>
</tr>
<tr>
<td>Carpenter</td>
<td>20,159</td>
</tr>
<tr>
<td>Construction Laborer</td>
<td>14,089</td>
</tr>
<tr>
<td>Heavy and Tractor-Trailer Truck Driver</td>
<td>7,890</td>
</tr>
<tr>
<td>Electrical Power-Line Installer and Repairer</td>
<td>7,008</td>
</tr>
<tr>
<td>Sheet Metal Worker</td>
<td>6,667</td>
</tr>
<tr>
<td>Structural Iron and Steel Worker</td>
<td>5,225</td>
</tr>
<tr>
<td>Drywall and Ceiling Tile Installer</td>
<td>4,509</td>
</tr>
<tr>
<td>Roofer</td>
<td>3,946</td>
</tr>
</tbody>
</table>

Source: United States Department of Labor
Sources


31. Indiana Family and Social Services Administration (2016). Data Request.


Sources continued

Sources continued


121 U.S. Census Bureau. 2016 American Community Survey (2017). 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/


Health is foundational for child well-being. Physical and mental health in childhood impacts other critical aspects of a child’s life, including school attendance and performance, and can have lasting effects on a child’s future health and well-being. Substance abuse, lack of health care, inadequate insurance, and poor health habits put children’s health at risk.
When parents struggle with substance abuse, Indiana's kids are affected.

Indiana's current opioid epidemic is bringing parental substance abuse to the forefront and making this issue more critical than ever.

- In 2016, 1,518 Hoosiers died from drug overdoses, a 59% increase from 2011.\(^1\)
- Drug overdoses now kill more Hoosiers than car crashes and gun homicides combined.
- Eighty-nine of Indiana's 92 counties have experienced drug overdose deaths from heroin or prescription opioids in the past 5 years.
- In 2016, there were a total of 8,297 opioid overdoses that resulted in nonfatal emergency department visits in Indiana.\(^2\)
- In 2016, more than half (52.2%) of children removed from their home by the Indiana Department of Child Services were removed due to parental drug and/or alcohol abuse, up from less than a third (31.7%) of removals in 2013.\(^3\)

What is an Opioid?

Opioids are a class of drugs that includes heroin, synthetic opioids such as fentanyl, and prescription pain relievers such as oxycodone, hydrocodone, and morphine. These drugs act on opioid receptors in the brain to produce pain relief and a feeling of euphoria.\(^4\)

What is the Impact on Kids?

**Prenatal exposure.** Babies born to women who use opioids during pregnancy are at increased risk for poor fetal growth, preterm birth, congenital heart defects, and problems with brain and spinal development. Infants may also experience opioid withdrawal at birth, known as neonatal abstinence syndrome (NAS). NAS can result in increased irritability, tremors, difficulty eating, vomiting, seizures and respiratory complications.\(^5\)

**Parent-child relationships.** Substance abuse can impair parents' awareness of and sensitivity to their child's emotions, interfering with healthy parent-child attachment.\(^6\)

**Increased risk of child maltreatment.** Hoosier children whose parents abuse opioids are more likely to experience abuse or neglect than other children.\(^7\) Substance abuse interferes with mental functioning, judgement, self-control, and regulating anger and impulsivity, all factors which increase risk for engaging in abusive behavior.\(^8\) The time a parent invests in obtaining and using addictive substances can also take away from time with their child or interfere with adequate supervision of a child, contributing to potential neglect.\(^9\)

Indiana has seen an influx of children in foster care, with the number of children in care up 50.2% from 2012 to 2015,\(^10\) an increase often attributed to drug addiction epidemics.\(^11\)
Substance abuse affects the whole family.
In households with parental substance abuse, resources may go towards drugs and alcohol instead of food or other household needs. In two-parent households where one parent does not use, children still may not receive adequate attention if the other parent must invest their time and energy in the parent with an addiction. Substance abuse can also strain relationships with others outside the immediate family, sometimes leading to estrangement from extended family and other social supports.12

What Resources are Available?
Indiana Next Level Recovery is an online entry point for all state resources on the opioid crisis. It offers information for healthcare professionals, emergency personnel, law enforcement, community leaders, and families impacted by substance abuse. http://www.in.gov/recovery

Opioid Treatment Centers offer help for those combatting addiction. The Indiana Family and Social Services Administration maintains a list of available opioid treatment centers in Indiana. https://www.in.gov/fssa/dmha/files/OTP_Treatment_Centers_-_1-2012.pdf

Alateen and NaraTeen are support programs for children affected by an adult’s addiction. Group members come together in a confidential setting to share experiences, offer encouragement, and learn effective ways to cope with problems. www.al-anon.org/for-alateen

What Solutions are Possible?

**Individuals**
- ✔ Properly dispose medications.
- ✔ Monitor use of pain relievers.
- ✔ Serve as a foster parent.
- ✔ Volunteer as a CASA or to care for babies with NAS.
- ✔ Refer parents and youth to support groups.

**Organizations and Communities**
- ✔ Implement substance abuse prevention programs.
- ✔ Train youth workers and staff.
- ✔ Expand treatment options.
- ✔ Include the entire family in treatment.

**Leaders and Policy Makers**
- ✔ Include the entire family in policies.
- ✔ Ensure additional research is conducted.
- ✔ Make available vital data.

Systems of Care is a strategy for local communities to build comprehensive systems of behavioral and mental health care for youth and families. A list of local system of care coordinators is available for many of Indiana’s counties. https://www.doe.in.gov/sites/default/files/student-services/local-soc-subcommittee-members31417-jw.pdf
Infant health is greatly affected by parental health. Good health pre-pregnancy, early prenatal care, and a positive environment postpartum all contribute to a strong start for children.\textsuperscript{13}

- In 2016, there were 83,063 live births in Indiana; 51.6\% were males and 48.4\% were females.\textsuperscript{14}
- More than half of the state’s births (52.7\%) were in just 10 of Indiana’s largest counties: Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Tippecanoe, Vanderburgh, Johnson, and Hendricks.\textsuperscript{15}

**Birth Outcomes**

Of the more than 80,000 babies born in Indiana each year, most are born safe and healthy. However, other babies are born prematurely, have a birth defect, or die within their first year. Factors known to affect birth outcomes include age, genetics, medical health, family socio-economic status, parental behaviors, access to healthcare for parents and babies, and environmental exposures.\textsuperscript{16}

**Premature Birth**

Babies born earlier than the 37th week of pregnancy are considered preterm or premature. The earlier a preterm baby is born, the less likely the child is to survive the first year and the more likely the child is to have physical or neurological health problems.\textsuperscript{17}

- In 2016, 8,292 Hoosier babies were born prematurely (1 in 10 live births).
- More than half (56.2\%) of babies born prematurely were also born with low birthweight.\textsuperscript{18}
Low Birthweight

Babies are considered low birthweight when they weigh less than 2,500 grams (5 pounds 8 ounces) at birth. Though some low birthweight babies are healthy, others have low birthweight because they were born prematurely or didn’t gain enough weight due to a birth defect or infection. Infants born at low or very low birthweight are at increased risk for mortality, and those who survive infancy may experience long-term disabilities and impaired development.

- In 2016, 6,814 Hoosier infants were born with low birthweight (8.2% of all live births).
- The percentage of Indiana babies born with low birthweight has remained constant around 8% since 2010.

Birth Defects

Birth defects are structural or functional abnormalities that occur while a baby is developing and are present at birth. Birth defects can cause physical disabilities, intellectual and developmental disabilities, and other health problems. Some birth defects are genetic, but expectant mothers can decrease their risk by following healthy habits and avoiding risky behaviors such as smoking, drinking alcohol, or using illegal drugs while pregnant.

Before going home from the hospital, every newborn in Indiana is screened for 47 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.

- Birth defects are the leading cause of death for infants in Indiana and the second leading cause of death for children ages 1-4.
- Birth defects account for more than 1 in 5 deaths among infants and children ages 0-4 (22.5%).

Infant Mortality

A child’s first year of life is the most fragile. In 2016, 623 Hoosier children died before their first birthday.

- Indiana infants are more likely to die within their first year than their peers nationally (in 2015, 7.3 deaths per 1,000 births in Indiana vs. 5.9 per 1,000 nationally). Indiana has lagged the national average for the past two decades.

### Percentage of Babies Born with Low Birthweight: 2016

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulaski</td>
<td>16.8%</td>
</tr>
<tr>
<td>Ohio</td>
<td>15.4%</td>
</tr>
<tr>
<td>Fulton</td>
<td>11.8%</td>
</tr>
<tr>
<td>Pike</td>
<td>11.7%</td>
</tr>
<tr>
<td>Clay</td>
<td>11.2%</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>11.1%</td>
</tr>
<tr>
<td>Greene</td>
<td>11.0%</td>
</tr>
<tr>
<td>Grant</td>
<td>10.9%</td>
</tr>
<tr>
<td>Jay</td>
<td>10.7%</td>
</tr>
<tr>
<td>Clark</td>
<td>10.5%</td>
</tr>
<tr>
<td>Fountain</td>
<td>3.6%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>4.5%</td>
</tr>
<tr>
<td>Franklin</td>
<td>4.6%</td>
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<tr>
<td>Ripley</td>
<td>4.6%</td>
</tr>
<tr>
<td>Blackford</td>
<td>5.3%</td>
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<tr>
<td>Parke</td>
<td>5.3%</td>
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<tr>
<td>LaGrange</td>
<td>5.3%</td>
</tr>
<tr>
<td>Shelby</td>
<td>5.5%</td>
</tr>
<tr>
<td>Jackson</td>
<td>5.5%</td>
</tr>
<tr>
<td>Tipton</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
• Black infants are more than twice as likely to die before their first birthday (14.4 per 1,000) than white infants (6.4 per 1,000).  

Risk and Protective Factors

Mothers’ behavior during pregnancy can affect birth outcomes. Babies tend to be healthier when their parents avoid risky behaviors such as smoking, using certain medications or drinking alcohol during pregnancy, and engage in healthy behaviors such as receiving early prenatal care and breastfeeding.

• Inadequate prenatal care is one of the strongest predictors of adverse birth outcomes. Babies with the highest risk for adverse birth outcomes are those with 15- to 20-year-old mothers who have had fewer than 10 prenatal visits.

• While significant racial disparities in birth outcomes exist, research suggests this disparity is driven primarily by socio-economic factors. Young, low-income women on Medicaid, regardless of race, tend to have poor birth outcomes.

Smoking

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

• 13.5% of expectant Hoosier mothers smoke while pregnant. This percentage has steadily decreased since 2008, when 18.5% of expectant mothers smoked.

• White mothers are more likely to smoke while pregnant (14.6%) than black (10.8%) or Hispanic mothers (3.8%).

• The rate of smoking while pregnant in Indiana (13.5%) is significantly higher than the national rate (8%).
Alcohol and Drug Use

Drug and alcohol use during pregnancy increases the risk of miscarriage, birth defects, and a range of lifelong physical, behavioral, and intellectual disabilities. Children of any age with parents who abuse alcohol or illicit drugs also face increased risk of child abuse or neglect.

Babies born to women who use alcohol during pregnancy may suffer from Fetal Alcohol Spectrum Disorders (FASD).

- Nationally, 8.3% of pregnant women ages 15-44 use alcohol and 4.3% report binge drinking.
- Nationally, pregnant women in their first trimester are more likely to use alcohol (16.5%) than women in their second or third trimester (3.7% and 4.8% respectively).

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

- Nationally, 6.3% of pregnant women ages 15-44 use illicit drugs.
- Pregnant women in their first trimester are more likely to use illicit drugs (11.5%) than women in their second or third trimester (4.2% and 3.7% respectively).

Prenatal Care

Early prenatal care is important for the health of the baby and mother. Expectant mothers should seek medical care as early as possible so that doctors can advise her on keeping her baby healthy, as well as finding and treating any health problems that may arise. Pregnant mothers should typically visit a doctor monthly during the first and second trimester (weeks 4-28) and twice a month or more during the third trimester.

Mothers are more likely to have babies with health problems when they receive late prenatal care (defined as beginning in the third trimester of
pregnancy) or no prenatal care at all. Consistent prenatal care is associated with positive outcomes for infants and may reduce the risk of postpartum depression and infant injuries.42

- 7 in 10 Indiana mothers receive first trimester prenatal care (69.3%).
- Teen mothers younger than 18 are less likely to receive early prenatal care (48.4%) than older mothers.43

**Breastfeeding**

**Breastfeeding offers health benefits for both infants and mothers.** For infants, breastfeeding provides nutritionally balanced meals, some protection against common childhood illnesses and infections, and a better rate of survival during the first year of life. For mothers, breastfeeding promotes improved healing after childbirth, improved postpartum weight loss, and reduced risk of experiencing postpartum depression.44 There are some circumstances, however, in which a mother should not breastfeed, such as when taking certain medications.45

- 8 in 10 Hoosier mothers (80.9%) plan to breastfeed when they leave the hospital.
- Breastfeeding is most common among Hispanic mothers (84.2%) followed by white (82.5%) and black mothers (68.9%).
- Older mothers are generally more likely to breastfeed than younger women.46
- 7.0% of mothers breastfeed exclusively for the first 6 months of their child’s life.47

**Preventative Care**

**Regular checkups are important for children’s health.** Well-child visits provide parents a chance to ask questions about a child’s health and allow doctors to assess any unmet health needs.48

- The majority of Indiana children received some type of preventative care in the past year (82.2%).
- Young children ages 0-5 are more likely to receive preventative care (90.5%) than children ages 6-11 (74.7%) or ages 12-17 (81.1%).
- Black children are most likely to have received preventative care in the past year (92.8%), followed by white (82.0%) and Hispanic children (69.5%).49

Access to regular health care services is important for ensuring children maintain good health.
• 9 in 10 Indiana parents report that their children’s health is very good or excellent (90.4%), while 9.6% report that their children’s health is good, fair, or poor.\textsuperscript{50}

• The majority of children (86.1%) received some form of medical care in the past year.\textsuperscript{51}

**Medical Home**

A medical home is an approach to providing comprehensive and high-quality primary care. 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.\textsuperscript{52} Children living in low-income families are less likely to have a medical home, often due to economic barriers.\textsuperscript{53}

• 53.2% of Indiana children have a medical home.

• Low-income families are less likely to have a medical home. 4 in 10 children in poverty have a medical home, compared to 6 in 10 children living at or above 400% of the federal poverty level.\textsuperscript{54}

• Three quarters of children have a doctor or nurse they consider to be their personal doctor (75.3%).\textsuperscript{55}

• Nearly 9 in 10 children (88.9%) who received care in the past year had family-centered care.\textsuperscript{56}

• 22.0% of children who needed referrals to special doctors or services had problems receiving them.\textsuperscript{57}

<table>
<thead>
<tr>
<th>Percentage of Children with a Medical Home by Poverty Status and Race/Ethnicity, Indiana: 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
</tr>
<tr>
<td>56.2%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health * FPL = Federal Poverty Level

**Health Insurance**

Children with health insurance tend to be healthier than their uninsured peers. They are more likely to receive early care for health problems and have a lower risk of hospitalization, obesity, eating disorders, and mental health problems.\textsuperscript{58} Without access to health insurance, families are more likely to rely on the emergency room as a source of care, have care delayed or unmet, and have prescriptions unfilled.\textsuperscript{59}

• 94.1% of Indiana youth have some type of health insurance.
Black children in Indiana are most likely to have health insurance (97.8%), followed by white children (93.7%) and Hispanic children (92.6%).

More than 3 in 10 youth (31.6%) rely on Medicaid as their sole health insurance provider.

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

As of December 2016, 98,971 children were enrolled in Hoosier Healthwise through the state’s Children’s Health Insurance Program (CHIP), a 12.6% increase from 87,921 children in the prior year.

In 2016, 65% of Hoosier children enrolled in CHIP received a primary care visit, 23% had an emergency room visit and 66% received a pharmacy prescription.

**Vaccinations/Immunizations**

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

- 63% of Indiana infants 19-35 months old have received the full 4:3:1:3:1:4 vaccination series.
- Of Indiana’s enrolled kindergarteners, 89.2% have received the measles, mumps and rubella (MMR) vaccination, 92.6% received the DTaP, and 88.0% have received 2 doses of the Varicella vaccination.
- 395 Indiana kindergarteners have a medical exemption from vaccination, and 912 kindergarteners have a religious exemption.

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

- 89.5% of Indiana teens ages 13-17 have received the Tdap vaccination, 88.0% have received MCV4, and 45.2% have received the HPV vaccination.
Oral Health

Oral health is an important part of good overall health, and cavities are one of the most common chronic childhood conditions in the United States. Children with poor oral health are more likely to miss school and receive lower grades compared to their peers.70

- 4 in 5 Hoosier parents (80.4%) report that their children’s teeth are in excellent or very good condition.71
- 11.1% of children had oral health problems such as toothaches, bleeding gums, or cavities in the past year.72
- 4 in 5 children (79.2%) received preventative dental care in the past year.73
- In Indiana, there are 1,900 people for every one dentist.74
- Approximately 918,000 Hoosiers live in designated dental Health Professional Shortage Areas.75

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.

Sleep

Inadequate or poor-quality sleep is associated with emotional, behavioral and health problems among youth. Chronic sleep loss and daytime sleepiness in adolescents is associated with increased risk of obesity, depression and drowsy driving accidents. In 2014, the American Academy of Pediatrics recommended that middle and high schools delay school start times to 8:30 am or later to align with teens’ biological sleep rhythms.76

- 6 in 10 Hoosier children (59.1%) typically sleep the recommended number of hours appropriate for their age.77
- 89.1% of children usually or always go to bed at the same time on weeknights.78

Nutrition

Healthy eating impacts children’s day-to-day energy levels and ability to focus as well as long-term health outcomes. A child’s family traditions and neighborhood services are integral players in a child’s access to nutritious goods. Lack of access to low-cost healthy foods for children is related to both food insecurity and obesity among children.79
Eating a healthy breakfast is important for children’s cognitive functioning (particularly memory), mood, and likelihood of attending school.  

- 3 in 10 Indiana high school students (30.1%) report eating breakfast all seven days of the week.  

Physical Activity

Physically active youth tend to have better academic, cognitive and health outcomes than their peers. The CDC recommends that children and teens ages 6-17 get an hour or more of physical activity each day.  

- 64.5% of children live in a neighborhood with a park or playground.  
- 12.2% of teens ages 12-17 do not participate in vigorous physical activity (being active for 60 minutes or more) in a typical week.  

Overweight and Obesity

Overweight children face an increased risk of cardiovascular disease, type-2 diabetes, sleep apnea, high cholesterol and asthma. The CDC defines ‘overweight’ as a body mass index (BMI) between the 85th and 95th percentile, while ‘obese’ refers to a BMI above the 95th percentile.  

- 1 in 10 Indiana parents (9.5%) say they are concerned about their child’s weight.  
- 1 in 3 children ages 10-17 are overweight or obese (33.9%).  
- 5.7% of children ages 10-17 are underweight, 60.3% are normal weight, 15.4% are overweight, and 18.5% are obese.  
- Children ages 10-13 are slightly more likely to be overweight or obese (36.7%) than teens ages 14-17 (31.3%).  

Chronic Conditions

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.  

- 4.4% of children have been diagnosed with a disability.  
- Children younger than age 5 are less likely to have a disability (0.8%) than children ages 5-17 (5.7%).  
- 3.7% of children under age 18 with a disability have no health insurance coverage.
Developmental Screening

Developmental screenings help identify children who are not meeting developmental milestones and may benefit from early intervention services. Screenings may use parent questionnaires or direct measures administered by pediatricians.91

- 27.2% of Indiana parents of young children ages 0-5 have been asked by their child’s doctor if they have concerns about their child’s learning, development or behavior.92
- 23.9% of Indiana’s young children (ages 10 months-5 years) were screened by a doctor for developmental, behavioral and social delays in the past year.93
- 8.9% of Indiana children ages 3-5 have been diagnosed with a developmental delay.94

Physical or Sensory Conditions

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

Childhood Cancer

Cancer is the second leading cause of death among children ages 1-14. The most common cancer types diagnosed among Indiana children are leukemia and brain tumors.95

- In 2015, there were 341 cases of cancer among Indiana children ages 19 and under.96
- In 2016, there were 49 cancer-related deaths among children ages 19 and under.97
- White children have a higher incidence rate for cancer than black children.98

Visual and Auditory Conditions

Children should receive regular eye exams to ensure healthy vision. Vision loss can be caused by damage to the eye itself, the eye being shaped incorrectly, or a problem in the brain.99

- 31.0% of children ages 0-5 have ever had their vision tested.
- 82.1% of children ages 6-11 and 84.6% of children ages 12-17 had their vision tested in the past two years.100
- In Indiana, 1,787 children younger than 5 and 10,292 children ages 5-17 have vision difficulties that cannot be corrected by glasses or contacts.101
Much hearing loss is congenital, occurring at birth or before, and other hearing loss can be caused by repetitive exposure to loud noises over time or a single exposure to an extremely loud noise.  

- In Indiana, 1,953 children younger than 5 and 6,575 children ages 5-17 have a hearing difficulty.

**Allergies and Asthma**

**Allergic conditions, in which a child’s immune system overreacts to substances in the environment that are normally harmless, are some of the most common medical issues among Indiana children.** Skin allergies, respiratory allergies and food allergies are the most prevalent.

- 1 in 4 Indiana children (24.9%) have ever been diagnosed with allergies.

Common symptoms of asthma include coughing, chest tightness, shortness of breath and wheezing. While uncontrolled asthma can cause serious health risks, most childhood cases are mild or moderate.

- 11.9% of Indiana children have ever been diagnosed with asthma.

**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, specific learning disabilities and intellectual disabilities.

- 4.5% of Hoosier children ages 5-17 have a cognitive difficulty.

Learning disabilities affect a child’s ability to receive, process, analyze or store information. Three main types of learning disabilities are difficulty with reading (dyslexia), difficulty with written language (dysgraphia) and difficulty with math (dyscalculia).

- 8.0% of Indiana children have ever been diagnosed with a learning disability.

- Black children are more likely to be have been diagnosed with a learning disability (9.7%) than white (8.0%) or Hispanic (7.9%) children.

Autism Spectrum Disorder (ASD) affects a child’s social and communication skills. ASD includes autistic disorder, pervasive development disorder and Asperger’s. These disorders are often diagnosable as early as infancy and most often begin before age 3. The American Academy of Pediatrics recommends that children be screened for ASD at 18 and 24 months.
• 3.2% of Indiana children have ever been diagnosed with an autism spectrum disorder.\textsuperscript{111}

• Half (49.0%) of children with autism received behavioral treatment in the past year.\textsuperscript{112}

Intellectual disabilities can limit a child’s ability to function in daily life. Children with intellectual disabilities may have difficulties communicating their wants or needs and take extra time to learn to speak, walk, dress or eat. Intellectual disability can also cause children to learn and develop more slowly than other children of the same age.\textsuperscript{113}

• Nationally, 1.0% of children have been diagnosed with an intellectual disability.\textsuperscript{114}

**Mental Health**

*Mental disorders are characterized by serious changes in the way children typically learn, behave or handle their emotions.* Without early diagnosis and treatment, children with mental disorders can have problems at home, in school and in forming friendships.\textsuperscript{115}

Mental health services for youth come in many forms. Services may be provided by psychiatrists, psychologists, social workers or licensed mental health counselors, and services may occur in treatment centers, educational settings or general medical settings.\textsuperscript{116}

• 12.9% of children take medication because of difficulties with their emotions, concentration or behavior.\textsuperscript{117}

• 13.0% of Indiana children received treatment or counseling from a mental health professional in the past year.

• Children with health insurance are more likely to receive mental health services (13.6%) than their uninsured peers (3.2%).\textsuperscript{118}

• In Indiana, there are 730 people for every 1 mental health provider.\textsuperscript{119}

• 4.4 million Hoosiers live in designated Mental Health Professional Shortage Areas.\textsuperscript{120}

In Indiana, the Division of Mental Health and Addictions (DMHA) provides funding to help support the delivery of services to individuals who are low-income or enrolled in Medicaid. DMHA operates six state psychiatric hospitals and contracts with 25 community mental health centers as well as addiction and child treatment providers to offer a full continuum of mental health and addiction treatment services.\textsuperscript{121}

• In 2016, DMHA served 32,765 children ages 0-12 and 21,259 youth ages 13-17 in Indiana.

• 62.0% of families of children ages 0-17 served by DMHA report that the child had improved functioning as a result of their treatment, and 83.4% report improved social connectedness.\textsuperscript{122}

<table>
<thead>
<tr>
<th>Ratio of Population to Mental Health Providers: 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 Lowest Counties</strong></td>
</tr>
<tr>
<td>Wayne 213:1</td>
</tr>
<tr>
<td>Delaware 413:1</td>
</tr>
<tr>
<td>Marion 421:1</td>
</tr>
<tr>
<td>Monroe 474:1</td>
</tr>
<tr>
<td>Clark 491:1</td>
</tr>
<tr>
<td><strong>5 Highest Counties</strong></td>
</tr>
<tr>
<td>Newton 14,008:1</td>
</tr>
<tr>
<td>Benton 8,681:1</td>
</tr>
<tr>
<td>Posey 8,504:1</td>
</tr>
<tr>
<td>Adams 6,996:1</td>
</tr>
<tr>
<td>Spencer 6,905:1</td>
</tr>
</tbody>
</table>

*Source: County Health Rankings*
Mood Disorders

Youth who experience anxiety or depression face a higher risk of poor health outcomes as adults. Depression during adolescence is also associated with disrupted school performance and peer/family relationships. While feelings of sadness are normal, those that persist for two weeks or more can be a sign of depression which, if left untreated, may get worse or lead to suicidal thoughts or behavior.

- 5.3% of Indiana children have ever been diagnosed with depression and 9.7% have been diagnosed with anxiety problems.
- 30.8% of Indiana high school students report feeling sad or hopeless in the past year.

Suicidal Ideation

In some cases, emotional distress leads youth to contemplate suicide or engage in suicidal behavior. Considering or attempting suicide is often indicative of serious mental health problems, and approximately 90% of those who die by suicide have a diagnosable mental illness. Other risk factors include substance or alcohol abuse disorders, a family history of suicide, and stressful life events.

- 1 in 5 Indiana high school students seriously considered attempting suicide in the past year.
- Indiana ranks 3rd out of 36 states in the percentage of high school students who seriously considered attempting suicide, and the state ranks 3rd out of 34 states in the percentage of students who made a suicide plan.
- Some groups face a greater risk of suicidal ideation than their peers. Youth who identify as lesbian, gay, or bisexual are five times more likely to attempt suicide than their heterosexual peers.
Substance Use

Substance use disrupts brain function in areas critical to motivation, memory, judgment and behavior control. For youth, drug and alcohol use is associated with an increased risk for depression, delinquency and crime, problems in school, and risky sexual behavior. Substance abuse in adolescence can also affect key developmental and social transitions, and interfere with normal brain maturation. 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.

- In 2015, there were 130 drug overdose deaths among Hoosier youth ages 15-24.
- In the past month, 16.7% of Indiana high school students used a drug other than alcohol or tobacco, and 6.3% used a drug other than alcohol, tobacco or marijuana.
- 9 in 10 Indiana high school students (89.8%) say their family has clear rules about drug and alcohol use.
- 13.3% of Indiana teens ages 14 and older say they use alcohol or drugs to relax, feel better about themselves, or fit in.

### Percentage of High School Students with Substance Use in the Past Month, Indiana: 2017

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>23.7%</td>
</tr>
<tr>
<td>Electronic Vapor Products</td>
<td>14.9%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>14.7%</td>
</tr>
<tr>
<td>Cigarettes</td>
<td>9.0%</td>
</tr>
<tr>
<td>Cigars</td>
<td>4.8%</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td>4.2%</td>
</tr>
<tr>
<td>Prescription Drugs Not Perscribed to You</td>
<td>3.7%</td>
</tr>
<tr>
<td>Pipe</td>
<td>3.4%</td>
</tr>
<tr>
<td>Over the Counter Drugs to Get High</td>
<td>3.2%</td>
</tr>
<tr>
<td>Hallucinogens/Ecstasy</td>
<td>1.7%</td>
</tr>
<tr>
<td>Synthetic Marijuana</td>
<td>1.2%</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.7%</td>
</tr>
<tr>
<td>Cocaine/Crack</td>
<td>0.6%</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>0.3%</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey

Alcohol

Alcohol interferes with the brain’s communication pathways. These disruptions can cause changes in mood and behavior, lack of coordination and difficulty thinking clearly. In excess, alcohol can cause vomiting, unconsciousness and alcohol poisoning.
• 23.7% of Indiana high school students report drinking alcohol in the past month.

• 37.5% of high school students say their parents would not catch them if they were drinking.\textsuperscript{135}

• On average, high school seniors who drink alcohol report beginning use at age 14.9.\textsuperscript{136}

Binge drinking is common on many college campuses. Binge drinking is defined as having many drinks in a short period of time (four or more drinks for females and five or more drinks for males in one sitting).\textsuperscript{137}

• 62.7% of Indiana college students report drinking alcohol in the past month.

• 35.7% of college students report binge drinking in the past two weeks.

• College students report consuming an average of 3.8 drinks when they drink alcohol.

• Of students who drink alcohol, 2 in 3 began drinking prior to starting college (67.3%).

• Of students who have ever had alcohol, 26.9% have forgotten where they were or what they did and 14.4% missed a class or an assignment as a result of their drinking.\textsuperscript{138}

**Tobacco and E-cigarettes**

**Among Indiana high school students, the most frequently used tobacco products are electronic vapor products, followed by cigarettes, cigars, smokeless tobacco and pipes.** While e-cigarettes do not produce secondhand smoke like cigarettes do, they still have negative health effects for users. Teens who use e-cigarettes are also more likely to subsequently take up cigarette smoking.\textsuperscript{139}

• 14.9% of Indiana high school students used electronic vapor products in the past month.\textsuperscript{140}

**Marijuana**

**Marijuana is the third most commonly used substance among Indiana high school students.** Marijuana use can have harmful effects on a teen’s developing brain, including difficulty thinking and problem solving, memory and learning problems, impaired coordination, and difficulty maintaining attention.\textsuperscript{141}

• 14.7% of Indiana high school students used marijuana in the past month.\textsuperscript{142}
Opioids
Opioids are a class of drugs that includes heroin, synthetic opioids such as fentanyl, and prescription pain relievers such as oxycodone, hydrocodone, and morphine. These drugs act on opioid receptors in the brain to produce pain relief and a feeling of euphoria.143

- 0.2% of Indiana high school students report using heroin in the past month, and 3.7% report abusing prescription drugs, including prescription opioids.144
- On average, Indiana high school seniors who use heroin first started at age 14.145

Substance Source
Indiana students obtain the drugs and alcohol they use from a variety of different sources. Most commonly, Hoosier students are given alcohol or prescription drugs by someone who is not their parent.146

Treatment
Substance abuse treatment enables teens to counteract addiction’s powerful disruptive effects on their brain and behavior. Because addiction can cause changes in areas of the brain critical to judgment, decision-making, and behavior control, quitting can be difficult without appropriate treatment.147

- Nationally, 4.4% of teens ages 12-17 have a drug or alcohol problem that requires treatment, but only 8.2% of teens who need treatment receive it.148
- In 2016, approximately 630 teens ages 12-17 were admitted to treatment facilities in Indiana for substance abuse.149

Sexual Activity
Sexually active teenagers may experience unintended pregnancy and sexually transmitted infections (STIs). Teens who don’t use contraceptives, use contraceptives inconsistently or have multiple sex partners face greater risk.150

- 41.7% of Indiana high school students have ever had sex with someone.151
- Nationally, the most common first sexual partner for teenagers is someone they were dating (74.1% for females and 51.1% for males), followed by someone they were just friends with (13.0% for females and 27.3% for males).152

Source of Alcohol or Prescription Drugs for Students in Grades 7-12, Indiana: 2017

<table>
<thead>
<tr>
<th>Usual Sources of Alcohol</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not drink alcohol</td>
<td>73.9%</td>
</tr>
<tr>
<td>A person 21 years old or older</td>
<td>11.6%</td>
</tr>
<tr>
<td>gave it to me</td>
<td></td>
</tr>
<tr>
<td>I got it at a party</td>
<td>11.4%</td>
</tr>
<tr>
<td>I gave someone else money</td>
<td>7.5%</td>
</tr>
<tr>
<td>to buy it for me</td>
<td></td>
</tr>
<tr>
<td>I got in from a parent/guardian</td>
<td>7.4%</td>
</tr>
<tr>
<td>I got it some other way</td>
<td>7.4%</td>
</tr>
<tr>
<td>A person under 21 years old</td>
<td>6.9%</td>
</tr>
<tr>
<td>gave it to me</td>
<td></td>
</tr>
<tr>
<td>I got it from some other family member</td>
<td>6.5%</td>
</tr>
<tr>
<td>I bought it at a public event</td>
<td>0.8%</td>
</tr>
<tr>
<td>I bought it at a store</td>
<td>0.8%</td>
</tr>
<tr>
<td>I bought it at a restaurant, bar,</td>
<td>0.7%</td>
</tr>
<tr>
<td>or club</td>
<td></td>
</tr>
<tr>
<td>I took it from a store</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Usual Sources of Prescription Drugs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not use prescription drugs</td>
<td>93.9%</td>
</tr>
<tr>
<td>to get high</td>
<td></td>
</tr>
<tr>
<td>They were prescribed to me</td>
<td>2.7%</td>
</tr>
<tr>
<td>Someone other than my parents gave</td>
<td>2.2%</td>
</tr>
<tr>
<td>them to me</td>
<td></td>
</tr>
<tr>
<td>I bought them from someone</td>
<td>2.0%</td>
</tr>
<tr>
<td>I got them some other way</td>
<td>1.5%</td>
</tr>
<tr>
<td>I took them from home</td>
<td>1.1%</td>
</tr>
<tr>
<td>My parents gave them to me</td>
<td>0.7%</td>
</tr>
<tr>
<td>I took them from someone else</td>
<td>0.6%</td>
</tr>
<tr>
<td>I bought them on the internet</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey
• Nearly 1 in 3 Indiana high school students (31.7%) are currently sexually active, defined as having had sex in the past 3 months.
• 8.7% of high school students have had sexual intercourse with four or more persons.
• Of high school students who have ever had sex, 17.5% report that they drank alcohol or used drugs before they had sexual intercourse the last time.
• 1 in 10 high school students have been physically forced to have sex. Female students are twice as likely to have this experience (13.4%) as males (6.4%).\textsuperscript{153}

Condom and Birth Control Use
For youth who are sexually active, condoms and birth control are important tools for reducing the risk of STIs and unintended pregnancy.

• Among Indiana high school students who are sexually active, 15.5% did not use any method of preventing pregnancy the last time they had sex.
• Indiana high school students are less likely to have used a condom the last time they had sex (53.4%) than their peers nationally (56.9%).\textsuperscript{154}

Teen Births
Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socio-economically disadvantaged, both before and after becoming parents.\textsuperscript{155}

• In 2016, 5,799 newborns (7.0% of births) in Indiana had at least one parent younger than 20.
• Babies born to white mothers are less likely to have a teen parent (6.5%) than babies born to black (10.7%) and Hispanic mothers (10.2%).
• More than a quarter of babies born to females younger than age 20 also had fathers younger than age 20 (27.3%).
• In 2016, there were 44 births to mothers younger than 15, 1,297 births to mothers ages 15-17, and 3,953 births to mothers ages 18-19.
• Indiana’s teen birth rate for females ages 15-19 is currently at the lowest rate ever recorded, 23.5 per 1,000.
• The birth rate is highest for black teens (35.4 per 1,000) followed by Hispanic (34.2 per 1,000) and white teens (21.4 per 1,000).\textsuperscript{156}
Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are infections or diseases passed from person to person through sexual contact. However, STDs can also be transmitted in other ways: from mother to baby during pregnancy or child birth, from injecting drugs, or sexual abuse. STDs diagnosed in prepubescent children may be indicative of sexual abuse.

- In Indiana, the majority of chlamydia cases (68.6%) and gonorrhea cases (56.9%) are in youth and young adults younger than 25.

The CDC estimates that more than 50% of youth with HIV in the United States do not know they are infected. Youth ages 13-24 are the most likely of any age group to go undiagnosed and the least likely to be connected with care immediately following a diagnosis.

- 25 Hoosier children ages 0-19 were newly diagnosed with HIV or AIDS in 2016.
- 8.9% of Indiana high school students have ever been tested for HIV.
- In 2016, 41 Hoosier children were born to HIV+ mothers, though none of these infants contracted the disease themselves.

Deaths

In 2016, 1,122 Hoosier children and youth died before their 20th birthday. Youth who have had contact with the juvenile justice system have higher mortality rates than the general population, regardless of sex or race.

- Indiana’s child and teen death rate (31 per 100,000) is higher than the national rate of 25 per 100,000.

Source: Indiana State Department of Health
Top 5 Causes of Child Deaths by Age, Indiana: 2016

<table>
<thead>
<tr>
<th></th>
<th>Under Age 1</th>
<th>Ages 1-4</th>
<th>Ages 5-14</th>
<th>Ages 15-24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Defects</td>
<td>151</td>
<td>Accidents 26</td>
<td>Accidents 22</td>
<td>Accidents 338</td>
</tr>
<tr>
<td>Short gestation/low birthweight</td>
<td>133</td>
<td>Birth Defects 10</td>
<td>Cancer 21</td>
<td>Suicide 147</td>
</tr>
<tr>
<td>Accidents</td>
<td>55</td>
<td>Cancer 9</td>
<td>Homicide 13</td>
<td>Homicide 141</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>40</td>
<td>Homicide 8</td>
<td>Suicide 10</td>
<td>Cancer 32</td>
</tr>
<tr>
<td>Maternal Complication of Pregnancy</td>
<td>22</td>
<td>Heart Disease 3</td>
<td>Influenza and pneumonia 5</td>
<td>Heart Disease 22</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

The leading cause of child and young adult death in Indiana is accidents, many of which are motor vehicle accidents. Other accidents that affect children include exposure to poisonous materials (including drugs), drowning, firearm discharge, and exposure to fire or smoke. 213 Hoosier children and youth ages 0-19 died by accident in 2016.167

Homicide is the third-leading cause of death among Indiana youth ages 15-24, but significant racial disparities exist:

- Homicide is the leading cause of death for black youth ages 15-24, and the third leading cause of death for their white peers.
- The homicide rate for black youth ages 15-24 (86.0 per 100,000) is more than twenty times higher than the homicide rate for their white peers (3.9 per 100,000).168


Source: Indiana State Department of Health
Sources continued

Sources continued


161 Indiana State Department of Health (2017). Data Request.


Safe environments and relationships are foundational to ensuring that children can reach their full potential. Physical and emotional safety impact children’s health, sense of security, academic achievement, and potential for juvenile delinquency. Child maltreatment, unsafe schools and neighborhoods, exposure to violence, and traumatic stress put children’s safety at risk.

**Indiana’s National Rankings***

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Maltreatment</td>
<td>47th</td>
</tr>
<tr>
<td>Bullying</td>
<td>12th (of 35 states)</td>
</tr>
<tr>
<td>Students Unsafe at School</td>
<td>21st (of 36 states)</td>
</tr>
<tr>
<td>Youth in Juvenile Detention</td>
<td>43rd</td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) indicate better outcomes for youth
Juvenile justice has important consequences for both youth and communities. Indiana is one of 40 states implementing the Juvenile Detention Alternatives Initiative (JDAI) to promote rehabilitation and reduce unnecessary confinement of Hoosier youth. Since 2006, JDAI has expanded to 31 Indiana counties and the number of juvenile case filings has fallen 51.2%.

Juvenile offenses fall into two broad categories. Status offenses would not be considered a crime if committed by an adult, such as running away or buying alcohol. Delinquency offenses involve an act that would be a crime if committed by an adult.

- In 2016, there were 3,426 status offense cases and 13,804 juvenile delinquency cases in Indiana.
- The number of juvenile delinquency case filings has fallen 50.4% and the number of status case filings has fallen 54.0% over the past decade.

Who is Confined?
The Indiana Department of Correction oversees four juvenile facilities.

- In 2016, 662 youth younger than age 18 were committed to the Indiana Department of Correction.
- The most common juvenile offenses are property crime (31.3%) and person offenses (30.1%), which involve direct physical harm or force against a person.
- It costs an estimated $264.97 each day to house a youth in confinement.
- Youth of color experience disproportionate contact with the juvenile justice system. Black youth account for 32.5% of youth confined by IDOC but just 12.5% of the total population of children ages 10-17.

What is Dual Status?
Youth who experience childhood maltreatment are more likely to become involved in the juvenile justice system. Youth who are involved in both the child welfare and juvenile justice system are considered “dual status.” Nationally, it is estimated that upwards of 50% of youth in the juvenile justice system are dual status.

What are the Challenges for Dual-status Youth?
Dual-status youth tend to be younger at the time of their first arrest, have higher rates of recidivism, are detained more often, and experience more placement changes.

Complex trauma. Dual-status youth are more likely to experience exposure to multiple traumatic events with the potential for wide-ranging and long-term impact.

Identification. Delays in identifying dual-status youth can delay appropriate responses. Prompt identification with both juvenile justice and child welfare systems allows for timely responses to address issues.

Conflicting case plans. There may be disagreement on the best course of action due to separate child welfare and juvenile justice case plans with conflicting goals and requirements.

Disparate treatment in the juvenile justice system. Dual-status youth are more likely to be detained or sent to a group home instead of assigned to probation than youth with no child welfare involvement.
Juvenile Detention Alternatives Initiative (JDAI)

The Juvenile Detention Alternatives Initiative (JDAI) is a juvenile justice strategy that aims to eliminate unnecessary detention of youth, reduce racial disparities and improve welfare of youth. The JDAI model is dependent on interagency collaboration, use of accurate data, alternatives to detention, reducing secure confinement, and reducing racial disparities.

- In Indiana, there are 31 counties participating in JDAI.
- 69% of Hoosier youth ages 10-17 reside in a JDAI county.

Alternatives to secure confinement include:

- **Home or Community Detention** requires youth to observe a tight curfew and limit movement outside the home.

- **Day and Evening reporting programs** provide six to twelve hours of daily supervision and structured activities.

- **Residential Alternatives** provide nonsecure 24-hour supervision and age-appropriate services like education, recreation, tutoring and life-skills training.

- **Foster Care Contracts** often are used as temporary housing (only a few days) while other arrangements are made.

What Solutions are Possible?

**Individuals**

✔ Strong involvement among youth and parents in case planning, as well as probation officers and caseworkers.

**Organizations and Communities**

✔ Partnerships among local courts, probation departments, prosecutor’s offices, law enforcement agencies, schools, and social service agencies.

✔ Use credible, standardized tools to make placement decisions.

**Leaders and Policy Makers**

✔ Expand non-secure alternatives to detention.

✔ Design prevention and early intervention programs that address the family, social, and situational factors that contribute to juvenile crime.

✔ Use sentencing approaches that provide opportunity for rehabilitation.

What Resources are Available?

- **Robert F. Kennedy National Resource Center for Juvenile Justice** provides resources on dual-status youth reform, probation system reform, information sharing, trauma and other topics related to the juvenile system. [https://rfkncjj.org/](https://rfkncjj.org/)

- **Annie E. Casey Foundation** provides resources on JDAI and reducing youth incarceration. [http://www.aecf.org/work/juvenile-justice/](http://www.aecf.org/work/juvenile-justice/)

- **The National Center for Mental Health and Juvenile Justice** provides research, tools, findings, and lessons about aftercare, dual-status youth, community-based practices, mental health, and more topics. [https://www.ncmhhj.com/](https://www.ncmhhj.com/)
Safe Surroundings

Living in safe and supportive neighborhoods, families and communities is associated with positive outcomes for children.\textsuperscript{19} Adult awareness of the surroundings in which youth learn and play is particularly important because children are often unable to control their own environments and may lack the experience and critical thinking skills necessary to recognize danger.

Unintentional Injuries

Unintentional injuries are defined as injuries that are predictable and preventable if the proper safety measures are in place. The most common types of unintentional injuries for children and youth are falls, being struck by or against an object or person, overexertion, cuts or piercings, bites or stings, and motor vehicle accidents.\textsuperscript{20}

- In 2015, there were 2,779 injury-related hospitalizations and 164,537 injury-related emergency department visits among Indiana children ages 0-18.
- 317 Indiana children died due to injury in 2015.
- Males are more likely than females to visit the emergency department, be hospitalized, and die due to an unintentional injury.\textsuperscript{21}

### Unintentional Injury Emergency Department Visits, Hospitalizations and Deaths, Indiana: 2015

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-5</th>
<th>Ages 6-11</th>
<th>Ages 12-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>52,999</td>
<td>44,469</td>
<td>67,069</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>497</td>
<td>283</td>
<td>1,999</td>
</tr>
<tr>
<td>Deaths</td>
<td>107</td>
<td>27</td>
<td>183</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

Lead Poisoning

Lead exposure is harmful to children’s nervous systems and can cause permanent neurological damage. High blood lead levels may cause learning disabilities, behavioral problems and in extreme cases, seizures, coma and death. Children may be exposed to lead though paint in older homes, soil, water or commercial products.\textsuperscript{22}

Children are considered at risk of lead poisoning if they live in a house built before 1978, have a sibling who has been lead poisoned, have a family member who works around lead, are an immigrant or refugee, receive Medicaid, or are a member of a minority group. Concerns about lead exposure are especially high in East Chicago, where high levels of lead have been found in soil on a federal Superfund site.\textsuperscript{23}

- In 2016, 56,438 children (10% of Indiana’s child population under age 7) were screened for elevated blood lead levels, a 36.7% increase from the 41,267 children tested in 2015.
- 2,024 children tested at or above the CDC reference level, meaning they had at least low-level lead poisoning.
- 177 children were identified as confirmed cases and referred to receive case management.\textsuperscript{24}
**Traumatic Brain Injuries**

**Children face an especially high risk of traumatic brain injuries (TBIs).**

Concussions are a type of TBI that are caused by a bump, blow or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. Concussions in children are most often a result of a motor vehicle accident or sports injury. While some children will experience concussion symptoms for a month or longer, most children with a concussion see symptoms improve within a couple weeks.\(^25\)

- In Indiana, adolescents and young adults have the highest rates of motor vehicle-related TBIs, while young children have the highest risk for fall-related TBIs.\(^26\)
- In 2015, children ages 0-14 accounted for 27.5% of TBI-related emergency department visits, 5.5% of TBI-related hospitalizations, and 3.9% of TBI-related deaths in Indiana.\(^27\)
- In Indiana, the total number of confirmed TBIs has increased from 48,798 in 2012 to 52,981 in 2015.\(^28\)

### Percentage of TBI-related Deaths, Hospitalizations and Emergency Department Visits by Age, Indiana: 2015

<table>
<thead>
<tr>
<th></th>
<th>Ages 0-14</th>
<th>Ages 15-24</th>
<th>Ages 25-44</th>
<th>Ages 45-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>27.5%</td>
<td>18.5%</td>
<td>20.4%</td>
<td>15.2%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>5.5%</td>
<td>9.4%</td>
<td>16.0%</td>
<td>21.8%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Deaths</td>
<td>3.9%</td>
<td>14.0%</td>
<td>24.9%</td>
<td>26.5%</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

*Source: Indiana State Department of Health*

**Transportation Safety**

**Motor vehicle accidents are a leading cause of injury for Hoosier children and youth.** Research shows that the use of child safety seats and seat belts reduces the risk of fatal and serious injuries.\(^29\)

- 3,482 children ages 0-14 were killed or injured in Indiana motor vehicle collisions in 2015.
- Of these children, 2,148 had non-incapacitating injuries, 1,204 had incapacitating injuries, and 35 children had fatal injuries.
- Of children injured in car accidents, the majority were occupants (2,947), followed by pedestrians (228) and cyclists (171).\(^30\)

Teen drivers have significantly higher crash rates than adults. Factors related to driving experience and maturity contribute to teens’ elevated risk of accidents. These include following other vehicles too closely, driving too fast, and violating traffic signs and signals.\(^31\)

- In Indiana, 44,095 young drivers ages 15-20 were involved in a traffic collision in 2015.

For information on child fatalities due to unintentional injury, see the Child Deaths section in the Health chapter.
• 7,841 young drivers were involved in a collision that caused some type of injury, 36,138 caused property damage, and 116 were fatal.

• Young drivers ages 15-20 account for 7.5% of licensed drivers but 10.1% of all fatal crashes.32

• 5.9% of Indiana high school students rarely or never wear a seat belt.

• 17.9% of Indiana high school students rode with a driver who had been drinking alcohol in the past month, lower than the national rate of 20.0%.

• 6.3% of Indiana high school students drove when drinking alcohol in the past month, lower than the national rate of 7.8%.

• 43.1% of Indiana high school students texted or emailed while driving a car or other vehicle in the past month, higher than the national rate of 41.5%.33

Children and teens face the highest rate of bicycle-related injuries and account for more than a third of bicycle-related injuries in U.S. emergency departments. While rates of bicycle collisions are highest in urban areas, rates of incapacitating or serious injury per collision are higher in rural areas.34

• 171 Hoosier bicyclists ages 0-14 were injured in vehicle crashes in 2015.35

• Of Indiana high school students who rode a bicycle in the past year, 88.7% rarely or never wore a bicycle helmet.36

### Neighborhood Safety

**Safe neighborhoods are important for children’s overall well-being.**

Children living in unsafe neighborhoods may have limited time for outdoor independent play or fewer opportunities to engage in physical activity.37

Having sidewalks and other safe routes for travel near homes and schools can encourage active and healthy lifestyles and increased social skills among residents.38

• 7 in 10 Hoosier parents (70.4%) say they “definitely agree” that their child lives in a safe neighborhood, 1 in 4 (24.2%) somewhat agree, and 5.4% of parents say that their child does not live in a safe neighborhood.39

• Three-quarters of Hoosier children (76.6%) live in a neighborhood that does not have any detracting elements such as such as vandalism, rundown housing or litter.

• 14.6% of Hoosier children live in a neighborhood with litter or garbage on the sidewalks and streets.
SAFETY

For more information on supportive communities, see the Neighborhoods and Communities section in the Families and Communities chapter.

School Safety

School safety affects students’ emotional well-being and academic achievement. Fear at school can contribute to an unhealthy school climate and lead to negative student behavior. Students who feel unsafe at school are more likely to miss days of class, and students who witness school violence are more likely to experience health problems, social and emotional difficulties, and poor academic performance. 41

- 78.1% of Indiana parents say they “definitely agree” that their child is safe at school. 42
- 6.7% of Indiana high school students did not go to school because they felt unsafe at school or on their way to or from school in the past month. 43

Child Abuse and Neglect

Children who are abused or neglected often suffer from both temporary and long-term physical and emotional harm. Child maltreatment is associated with physical injuries, delayed physical growth and neurological damage, as well as depression, suicide, alcoholism, criminal behavior and future abuse as an adult. 44 Research suggests that official reports often underestimate the true frequency of abuse and neglect. 45
Reporting

The Indiana Child Abuse and Neglect Hotline serves as the central reporting center for child maltreatment allegations in Indiana.46 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, followed by friends, relatives and neighbors.47

- In 2016, the Indiana Child Abuse and Neglect Hotline received 225,152 reports, or an average of more than one report every two and a half minutes.
- The Hotline handled an average of 640 calls per business day and 221 per weekend, and the average caller spent 12.5 minutes speaking with an intake specialist.48
- Nearly 1 in 11 children under age 18 (8.8%) received a Child Protective Services response for an allegation of child maltreatment in 2015.49

Prevalence

Allegations of maltreatment are considered “substantiated” if evidence from an investigation reveals them to be true. The three primary types of child maltreatment are physical abuse, sexual abuse and neglect. Neglect is the most prevalent form of maltreatment and occurs when a child’s physical or mental condition is seriously impaired or endangered as a result of a caregiver neglecting to provide necessary food, clothing, shelter, medical care or education.51

- In 2016, there were 29,359 substantiated cases of child abuse or neglect in Indiana.
- In 2016, there were 18.6 substantiated cases of child abuse or neglect per every 1,000 Hoosier children.
- The most common form of maltreatment is neglect (83.6% of cases), followed by sexual abuse (9.0%) and physical abuse (7.4%).52

You are a Mandated Reporter

Every adult in the state of Indiana is a mandatory reporter of child abuse and neglect. Any adult who has reason to believe that a child has been abused or neglected is required to immediately call the Department of Child Services (DCS) or law enforcement.50

DCS operates a 24-hour, 7-days-a-week hotline for reporting suspected child abuse or neglect: 1-800-800-5556.
Victim Characteristics

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

- Hoosier infants younger than age one are more than twice as likely to experience abuse or neglect (46.6 cases per 1,000 children) than children of any other age.
- In Indiana, nearly half of all cases of child abuse and neglect (47.0%) involve infants and children ages 0-5.53
- Indiana girls are more likely to experience abuse or neglect (17.6 cases per 1,000 children) than boys (15.9 per 1,000).
- The majority of Hoosier children who are abused or neglected are white (66.1%). However, child maltreatment rates are highest for multiracial children (31.1 per 1,000), black children (26.7 per 1,000) and Pacific Islander children (16.5 per 1,000).54

Perpetrator Characteristics

Risk factors for child maltreatment include poor knowledge of child development, substance abuse, domestic violence and mental illness. Although maltreatment occurs in families at all economic levels, maltreatment (especially neglect) is more common in poor and extremely poor families.55
• The majority of perpetrators of child maltreatment in Indiana are parents (69.7%) or other relatives (7.5%).

• 42.5% of perpetrators of abuse and neglect are young adults ages 25-34. Adults ages 18-44 account for the majority (86.3%) of perpetrators.

• Slightly more than half (53.3%) of perpetrators of child maltreatment are women and 46.7% are men.

CHINS

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

• As of October 2017, 24,054 Hoosier children were designated as Children in Need of Services.

• 4,316 cases were handled as informal adjustments that were not deemed CHINS.

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

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

• Indiana has certified GAL/CASA volunteer programs in 79 of 92 counties.

• In 2016, 4,034 volunteers spoke for abused and neglected Hoosier children in 26,762 CHINS cases.

• More than 6,000 children were waiting to be assigned a GAL/CASA volunteer at the end of 2016.

Placements

When child maltreatment occurs, the Indiana Department of Child Services aims to place children in a safe environment that is as unrestrictive and homelike as possible. For many children, separation from family and disruption of their usual routine and familiar surroundings can be traumatizing. Children in out-of-home care need strong relationships with caring adults and a network of social support to cope with the challenges associated with home removal.

• Less than a third of children in need of services remain in their homes during the time that DCS handles their cases (27.9%).
• 72.1% are placed in various forms of out-of-home care because they could not safely stay in their homes.64

• In cases where sibling groups are placed in out-of-home care, 7 in 10 (69.8%) have all siblings placed together.65

• Less than 2 in 3 children (65.6%) are placed locally in the same county as their home.66

For more on children in foster care, see the Spotlight section in the Families and Communities chapter.

Victimization

Children are more likely to be exposed to violence in their homes, schools and communities than adults. Child victimization can involve abuse and neglect, physical and sexual assault, bullying and property crime, as well as indirect exposure to crime. Exposure to violence can lead to lasting physical, mental and emotional harm, whether the child is a direct victim or witness.67

Exposure to Domestic Violence

Domestic violence includes a wide range of behaviors from verbal abuse to physical violence. Children who witness violence between adults in their home face greater risk for a variety of negative outcomes. Children may feel socially isolated, have difficulty making friends, and feel social discomfort or confusion about what is acceptable behavior.68

• 7.5% of Indiana parents report that their children have ever witnessed domestic violence (defined as seeing or hearing parents or adults slap, hit, kick or punch one another in the home) compared to 5.7% nationally.

• Children with special health care needs are seven times more likely to witness domestic violence (22.3%) than their peers (3.1%).69

School Violence

School violence can affect students’ educational achievement, contribute to an unhealthy school environment and further perpetuate violent behaviors. Students who witness violence and are fearful at school may feel the need to protect themselves through actions that can increase the likelihood of violence, such as carrying weapons at school.70

• 5.5% of Indiana high school students were in a physical fight on school property in the past year. Males are twice as likely to have been in a fight at school (7.2%) as females (3.4%).

• 5.6% of high school students carried a weapon such as a gun, knife or club on school property in the past month. Males are three times more likely to carry a weapon (8.3%) than females (2.6%).

• 6.6% of high school students were threatened or injured with a weapon on school property in the past year.71
**Physical Violence**

Adolescents are more likely to be victims of violent crime (including assault, robbery, rape and other sexual assault) than adults. Teens who have been violently victimized are more likely to have physical health problems, substance abuse problems, and problems at school, and may be more likely to commit violent criminal offenses themselves.⁷²

- In 2015, 18.1% of high school students reported having been in a physical fight anywhere – 24.7% of multiracial students, 24.3% of black students, 16.9% of white students, and 16.2% of Hispanic students.

- In 2015, 2.2% of high school students were injured in a physical fight where their injuries had to be treated by a doctor or nurse.⁷³

**Intimate Partner Violence**

Intimate partner violence includes physical, sexual, psychological or emotional violence from a current or former dating partner. Intimate partner violence can have a significant negative impact on victims’ physical, reproductive and mental health, and academic achievement, and their ability to have healthy relationships outside of their abusive intimate relationship.⁷⁴

- 1 in 10 Indiana high school students (10.0%) experienced physical dating violence in the past year, defined as being physically hurt on purpose by someone they were dating.

- 1 in 8 Indiana high school students (12.6%) experienced sexual dating violence in the past year, defined as being forced to do sexual things they did not want to do (including being kissed, touched, or physically forced to have sexual intercourse) by someone they were dating.⁷⁵
Sexual Violence

Sexual assault and rape are crimes that disproportionately affect females and young adults between the ages of 12 and 24. Victims of sexual assault may experience physical symptoms such as fatigue and chronic headaches and emotional problems such as stress disorders, depression, anxiety and suicidal behaviors.\(^76\)

- 1 in 10 Indiana high school students (10.0%) have ever been physically forced to have sexual intercourse when they did not want to.
- Females are twice as likely to have been forced to have sexual intercourse (13.4%) as males (6.4%).\(^77\)

Bullying

Bullying is defined as a pattern of behavior intended to cause physical or psychological harm, typically between children with unequal power. Bullying can include physical coercion, hostile teasing, emotional bullying or online harassment. Children who are bullied tend to feel unhappy and lonely, have greater difficulty making friends, and are more likely to experience anxiety and depression.\(^78\)

- 18.7% of Indiana high school students were bullied on school property in the past year.
- Females are more likely to have been bullied in the past year (22.5%) than males (14.8%).\(^79\)

Cyberbullying is bullying that takes place over digital devices such as cell phones, computers and tablets. It can include sending, posting or sharing negative, harmful, false or mean content about someone else, or sharing personal or private information to cause embarrassment or humiliation.\(^80\)

- 15.7% of Indiana high school students were electronically bullied in the past year.
- Females are nearly twice as likely to be cyberbullied (20.6%) as males (11.0%).\(^81\)
Juvenile Delinquency and Justice

Official records may underrepresent juvenile delinquent behavior because many juveniles who commit crimes are not arrested or never enter the juvenile justice system. As youth age, their ability to control impulses, consider future consequences of their behavior, and take personal responsibility for their actions increases. Most juvenile offenders stop committing crimes as they enter adulthood.

Weapons and Firearms

For youth, carrying a weapon is associated with an increased risk of injuries requiring medical treatment, repeat injuries and injuries requiring hospitalization.

- 1 in 5 Indiana high school students (19.6%) carried a weapon such as a gun, knife or club in the past month.
- 6.2% of Indiana high school students carried a gun in the past month. Males are more than six times as likely to carry a gun (10.6%) as females (1.6%).
- Of the 7,031 firearms traced and recovered in Indiana in 2016, 222 were possessed by someone younger than age 18.
- 85.4% of Indiana high school students say their parents would catch them if they carried a gun.
- 55.2% of Indiana high school students say that if a kid carried a handgun in their neighborhood, they would be caught by police.

Case Filings

Juvenile offenses are divided into two primary categories. Status offenses would not be considered a crime if committed by an adult, such as running away, habitual truancy or buying alcohol. Delinquency offenses involve a child who has violated state or federal law or a municipal ordinance.

- In 2016, there were 13,804 juvenile delinquency cases and 3,426 status offense cases in Indiana.
- The number of juvenile delinquency case filings has fallen 50.4%, and the number of status case filings has fallen 54.0% over the past decade.

Percentage of High School Students Carrying a Weapon (Gun, Knife or Club) in the Past Month by Race/Ethnicity, Indiana: 2015

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>30.2%</td>
<td>8.4%</td>
</tr>
<tr>
<td>Black</td>
<td>17.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>19.7%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

A Not all firearms used in crimes are traced, and not all firearms that are traced were used in crimes.
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.

- 31,590 juveniles were referred to probation in 2015.
- Of the 14,394 cases that were disposed in 2015, 86.2% were due to completion of probation.91

Committed to the Department of Corrections

While awaiting a court hearing or placement in a long-term facility or program, juveniles may be confined in juvenile detention centers. The Indiana Department of Correction oversees four juvenile facilities.92

- 662 youth younger than age 18 were committed to the Indiana Department of Correction (IDOC) in 2016.
- Five times as many males were committed to IDOC (561) as females (101).93
- 440 youth were housed in Indiana juvenile corrections facilities as of July 2017, and another 32 youth were on parole.
- The average age at intake into a juvenile facility is slightly older than age 16.94
Among juveniles committed to the Indiana Department of Correction, the most common offense is property crime, which includes burglary, theft, shoplifting and vandalism. After property crime, the most common offenses are against a person, which includes direct physical harm or force, sex offenses, weapons offenses, and the possession or sale of controlled substances. Other offenses include resisting law enforcement, escape or failure to return, intimidation, disorderly conduct, and alcohol and vehicle related offenses.  

- 11.0% of Indiana’s DOC juvenile population has one or more drug offenses.
- It costs an estimated $264.97 each day to house a youth in confinement.
- More than half of confined juveniles (55.4%) were committed for one of the two most serious offense levels (Level 1: violent or Level 2: serious).

Recidivism

Recidivism measures how frequently youth who have been confined relapse to criminal behavior that results in rearrests. The Indiana Department of Correction defines recidivism as returning to incarceration within three years of the offender’s release.

- Indiana’s juvenile recidivism rate was 33.4% in 2016. Of the 920 juvenile releases in 2013, 307 returned to confinement by 2016.
- Of the 307 juveniles who recidivated, 160 returned as juveniles and 147 returned as adults.
- 88% of juveniles who recidivated returned to IDOC for the commission of a new crime, and 12% returned for a technical violation of post-release supervision.

- Recidivism rates are highest for black juvenile offenders (42.4%) followed by Hispanic (41.5%) and white juvenile offenders (27.9%).
- Recidivism rates are higher for male juvenile offenders (35.6%) than females (23.4%).
Sources continued


57 Ibid


60 Indiana State Court Administration, Office of Guardian Ad Litem / Court Appointed Special Advocate. (n.d.). About GAL/CASA. Retrieved from http://www.in.gov/judiciary/galsasa2387.html


87 KIDS COUNT Data Center. (n.d.) Juvenile Case Filings by Type & Juveniles Committed to the Department of Correction. Retrieved from http://datacenter.kidscount.org/data#IN


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Issue Briefs: short papers on a variety of youth topics such as parent engagement and hunger.
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