We do it for the kids. Our statewide and local data helps you design programs and make decisions to improve the lives of youth.

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

We work together. As your ally, we partner and connect with you in research and utilizing data to drive change.

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

We advocate for others. We use data and research to amplify the voice of others to inspire action for measurable and positive change.
The Indiana Youth Institute exists to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on children and youth.

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

We appreciate the generous support of our sponsors:

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

Additional copies of the 2019 Indiana KIDS COUNT® Data Book are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Data Book, please contact:

Indiana Youth Institute
603 E. Washington Street
Indianapolis, IN 46204
317-396-2700
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Visit our website at www.iyi.org

Please feel free to copy, distribute, or otherwise use information from this Data Book, provided the source is cited as: Indiana Youth Institute (2019). 2019 Indiana KIDS COUNT® Data Book: A Profile of Hoosier Youth.
Message from the President and CEO:

Welcome to the 25th edition of the Indiana Youth Institute’s Indiana KIDS COUNT® Data Book. Milestone anniversaries are opportunities for celebration and reflection. They also are a time to think, plan, and offer hope for the future well-being of Indiana kids.

For the past 25 years, we have had the pleasure and privilege of equipping policymakers, community leaders and youth workers from across the state and nation with the latest data on the health and well-being of Hoosier youth. We recognize that the changing issues faced by children and youth cannot be tackled in silos. Through sharing expertise and connecting dedicated partners, we aim to expand our state’s capacity to respond to youth needs and amplify the impact of positive interventions occurring throughout our state.

Good news arising out of this year’s data includes: Indiana teen pregnancy rates are at an all-time low, more Indiana children and youth now have health insurance, and high school graduation rates remain high. Yet significant work remains. Our teen suicide rates remain among the highest in the nation. Indiana infant mortality rates are distressingly high, especially for black infants. Reading and math proficiency rates are unacceptably low for most of our kids. Teen nicotine use, in the form of electronic cigarettes, threatens to create a new generation of health issues. And high reported levels of youth anxiety and childhood trauma highlight the importance of actively addressing the social and emotional needs of kids of all ages.

From our first KIDS COUNT® Data Book in 1994, we have maintained a dedication to providing every Indiana child with the skills, resources and support he or she needs to thrive. Together we need to speak up and build sustained support for policies, programs and practices that enhance the well-being of our children.

Your work inspires us to do more. Our organization’s newly adopted tagline – “Championing Kids. Strengthening Communities.” – communicates our core values and reinforces our commitment to collaboration and advocacy. We hope this year’s Data Book will inspire you to welcome diverse perspectives and embrace collaborative problem-solving so that every child will have a champion and every youth worker will benefit from the collective wisdom of our communities, state and nation.

Here’s to another 25 years of working together for our kids.

Tami S. Silverman
President & CEO
The 2019 Indiana KIDS COUNT® Data Book is the premier data resource on Hoosier youth. To improve the lives of all Indiana children, we provide access to reliable data and resources to empower, educate and equip those who impact youth. The Data Book, published annually, provides the best and most recent information on child well-being, so that leaders, policymakers, youth workers and advocates have a go-to source for critical data to create positive change for youth.

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

Acknowledgments

The 2019 Indiana KIDS COUNT® Data Book could not have been produced without the help of many people and organizations who provided information and support.

We wish to thank:

- Annie E. Casey Foundation
- Division of State Court Administration, Supreme Court of Indiana
- Indiana Association of Child Care Resource and Referral
- Indiana Department of Child Services
- Indiana Department of Correction
- Indiana Department of Education
- Indiana Family and Social Services Administration
- Indiana State Department of Health
- Indiana Prevention Resource Center
- Indiana KIDS COUNT® Advisory Council
- Indiana Commission for Higher Education

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

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Sarah Mihich, Data and Research Director
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<td>Sources</td>
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Pacers Sports & Entertainment and the Pacers Foundation Also Believe Kids Count ... Every One of Them.

PACERS SPORTS & ENTERTAINMENT

Proud supporter of the Indiana Youth Institute.
Children prosper in safe, stable and nurturing environments. Family challenges such as substance abuse, incarceration, lack of resources and family instability affect children’s well-being. Maltreatment, exposure to violence, and traumatic stress put children’s safety at risk. Where families live is also important. Safe communities with strong institutions, quality education, and support services provide the conditions for families and children to thrive.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>Rank</th>
<th>Category</th>
<th>National Ranking</th>
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<tr>
<td>32nd</td>
<td>Children in Single-Parent Families</td>
<td>25th</td>
</tr>
<tr>
<td></td>
<td>Family and Community</td>
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<td></td>
<td>KIDS COUNT® Family and Community</td>
<td>Youth in Juvenile Detention</td>
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<tr>
<td></td>
<td></td>
<td>Children in Foster Care</td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) represent better outcomes for youth.
Family & Community Spotlight
Mentoring – A Lasting Positive Influence

Quality mentoring relationships help youth succeed and has shown that youth with a mentor experience better educational, vocational, and psychosocial outcomes than their unmentored peers.¹

Who Can Be A Mentor?
Mentors are caring, nonparent adults who provide youth with support and guidance and may include family members, neighbors, religious leaders, teachers, and coaches. Research shows that youth with ties to mentors have improvements in socioemotional development. Mentors can also be formal and formed through programs that strive to create trusting relationships between young people and nonparental adults.²

What is Quality Mentoring?
Not all mentoring is created equal. Quality mentoring includes standards in recruitment, screening, training, matching, support and closure of the relationship. Mentoring models include one-to-one, school-based, community-based and e-mentoring. High quality programs are associated with a longer mentoring relationship length, compared to mentoring programs that are not high quality.³

Youth mentoring programs that meet quality standards are added to The Mentoring Connector, a free publicly-searchable referral database. This service is designed to help quality youth mentoring programs across the United States recruit volunteer mentors.⁴ Indiana has 54 approved programs in the Mentoring Connector Database.

Nationally, 1 in 3 young people will grow up without a mentor.

The majority of mentoring programs focus on one-to-one model
Percentage of Mentoring Program by Model Type, Indiana: 2018

<table>
<thead>
<tr>
<th>Model Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-to-One</td>
<td>87.0%</td>
</tr>
<tr>
<td>Group</td>
<td>42.6%</td>
</tr>
<tr>
<td>Team</td>
<td>14.8%</td>
</tr>
</tbody>
</table>

Source: MENTOR: The National Mentoring Partnership

What is the Impact of Mentoring?
Children thrive when they are surrounded by stable, consistent, and meaningful relationships with caring adults. Mentoring has an impact on children’s health, education and the community.

Health. Mentoring provides social connection and relationships, which positively influences mental and physical health conditions. Researchers have found that social disconnection can be as harmful as other risk factors like obesity and smoking.⁵ Safe and nurturing relationships improve children’s social and behavioral capacities.⁶

Education. Youth with mentors are more likely to set higher education goals and enroll in higher education, compared to individuals with no mentor. Long-term mentoring relationships are associated with higher educational aspirations.⁷

Community. Mentoring is associated with higher rates of leadership, volunteering and civic activities. Research finds that mentees want to serve as future mentors and are empowered to contribute to their community. There is also an opportunity for learning and growth for both the mentor and the mentee.⁸
Young adults who were at-risk for falling off track, but had a mentor are:

More likely to hold a leadership position 130%
Interested in becoming a mentor 90%
More likely to volunteer regularly 78%
More likely to enroll in college 55%

Source: MENTOR: The National Mentoring Partnership

What are the current challenges?
Mentoring can address critical societal challenges and serve as a tool to drive greater equity. Mentoring practices must continue to build quality standards, increase accessibility and appropriately serve vulnerable groups that face unique challenges such as trauma.9

Equity. Vulnerable groups are more likely to report never having had a mentor of any kind and report a desire to want a mentor. Vulnerable groups include youth in foster care, low-income, LBGTQ+ youth, children of incarcerated parents, immigrants, and youth involved with the criminal justice system. Each of these groups has unique challenges that mentoring can help address.10

Accessibility. Nationally, one in three young people will grow up without a mentor. Barriers such as limited networks, poverty, and under-resourced schools and communities increase mentoring needs. Youth that could benefit most from a mentor may not have a supportive adult. Additional mentors are needed, and innovation in existing mentoring programs can help close the mentoring gap.8

Quality. Although 92.3% of Indiana parents say their child has a caring adult in their school, neighborhood, or community, this does not indicate a quality mentoring relationship.12 Quality mentoring improves match commitment length, resources available for mentor training, program design and staff development.13

Trauma. Youth experiencing trauma face unique challenges and mentors can provide a space for youth to express their emotions and ask adults for help. Mentors need resources and support to acknowledge the complex emotional reactions that their mentees are experiencing.

Youth that have experienced traumatic events may need extra time to form trusting relationships. Mentors can advocate for their mentees well-being and provide support in the wake of trauma.14

What Resources are Available?
MENTOR: The National Mentoring Partnership is the unifying champion for expanding quality mentoring across the United States. MENTOR engages all sectors to ensure youth have the support they need to succeed. https://www.mentoring.org/

The National Mentoring Resource Center provides training and technical assistance for mentoring programs. Resources include tools, program curriculum, and training materials. https://nationalmentoringresourcecenter.org/

MENTOR Indiana, a strategic initiative of the Indiana Youth Institute, empowers youth champions to expand and deliver quality mentoring across the state of Indiana. https://www.iyi.org/mentor-indiana/

What Solutions are Possible?

Individuals
✓ Serve as a volunteer to mentor youth either informally or formally through a quality mentoring program.
✓ Be consistent in relationships with youth, emphasizing belief in their future.

Organizations and Communities
✓ Work across sectors to identify the children most in need of a mentor and match them with wraparound services.
✓ Engage in continuous improvement to align with quality mentoring standards.
✓ Support and increase private sector engagement in quality mentoring. This includes developing youth mentoring strategies and collaborating with partners.

Leaders and Policy Makers
✓ Expand local, state, and federal public policies that advance quality mentoring and close the mentoring gap.
✓ Promote the implementation of evidence-based practices for quality mentoring.
Child Population
Indiana is home to the 15th largest population of children nationally. In 2017, 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, 71 counties have seen a decrease in child population and 21 have seen an increase.\textsuperscript{15}

Diversity
For all Hoosier children to reach their full potential, they must have opportunities to grow, develop and thrive. Indiana’s child population has increased in racial and ethnic diversity over the past ten years and is more diverse (27.1\% are a race or ethnicity other than white, non-Hispanic) than the adult population (16.7\% of adults 25 and over are a race or ethnicity other than white, non-Hispanic). Children of color includes children who are black, Hispanic, Asian, and American Indian.\textsuperscript{16}

- In 2017, 27.1\% of Hoosier youth were a race or ethnicity other than white, non-Hispanic. This percentage has increased from 2007 when 22.5\% of Hoosier kids were a race or ethnicity other than white, non-Hispanic.\textsuperscript{17}

Hoosier youth are becoming increasingly diverse
Child Population by Race/Ethnicity Other Than White, Non-Hispanic, Indiana: 2007-2017

Place of Birth
The majority of our state’s children were born in Indiana (83.5\%), and another 13.8\% were born in other states.\textsuperscript{18}

- 2.1\% of Indiana children are foreign born, and of them, 30.7\% are naturalized American citizens.\textsuperscript{19}
- 12\% of Indiana children are in immigrant families, meaning they live with at least one foreign-born parent or are themselves foreign-born.\textsuperscript{20}
- In 2018, approximately 267 refugees younger than 25 moved to Indiana. More than half of those arrivals (187) were younger than age 15.
• Of the refugee youth who moved to Indiana, 73.0% moved to Marion County, 20.2% moved to Allen County, and 6.7% moved to another county.

• Among refugee youth, 50.2% are from Burma/Myanmar, 22.8% are from the Democratic Republic of the Congo, 4.5% are from Somalia, 3.7% are from Ukraine, and 18.7% are from other countries.

• The number of refugees younger than 25 moving to Indiana has decreased by 66.8% since 2014.21

Language
The number of children learning a second language, dual language learners (DLL), is a growing population in Indiana. Research in language development suggests that children can have strengths in each language, parents should be encouraged to speak their native language to their children, and environments vary in the support they provide for each language resulting in varying language ability.22 More than 1 in 10 Hoosier children ages 5–17 speak a language other than English at home (10.9%). This percentage has increased from 8.2% in 2007.23

• Over half of Hoosier children who speak a language other than English speak Spanish (61.5%), followed by Indo-European languages such as German, French, and Hindi (18.8%), and Asian or Pacific Island languages (14.6%).

• 92.2% of children who speak a language other than English at home also speak English “well” or “very well.”24

• In Indiana, there are 31,917 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.”25

Households and Families
Family structure influences child development, a child’s home environment, and the levels of economic resources available. As family structure changes, family resources and caregiving environments are also likely to change.26

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.

• 708,126 of Indiana’s households include children younger than 18 (27.7%).27

• The majority of Indiana’s children live in households with a biological parent (82.8%) or grandparent (6.6%) as the householder.28
Families

Over forty percent (42.7%) of Indiana’s families have children younger than 18. Among families with children, 77.5% have one or two children, 20.3% have three or four children, and 2.3% have five or more children. More than half of Indiana families with children have only school-age children, while others only have younger children or have both school-age children and younger children.

- Families with children only younger than 6: 21.4%
- Families with children only ages 6-17: 58.4%
- Families with both children younger than 6 and ages 6-17: 20.2%

Indiana children live in many different types of families. Compared to children living in two-parent families, kids living with a single-parent or experiencing family structure transitions fare worse in developmental outcomes. 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 (38.0%), compared with 17.5% of children living with a single father and 5.4% 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 nearly 1 in 10 live with a single father.
- An unmarried partner is present in 44.4% of male-headed and 17.7% of female-headed single-parent households.

Source: American Community Survey, Table B09018
Young Families

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

Young families are more likely to live in poverty due to financial instability, lack of employment, lack of education and experience. Most young parents work; however, their income is barely above the poverty threshold. These parents also often lack access to benefits that would increase their income. Public systems and programs can be designed to meet the needs of young parents, reduce barriers, and create a better future for them and their children.36

- Among Hoosier young parents, 65.8% are white, 14.8% are black, 14.7% are Hispanic, 5.2% are multiracial, and 1.2% are Asian and Pacific Islander.
- Among Hoosier young parents, 1 in 5 have less than a high school degree, 7 in 10 have a high school degree or GED, and 1 in 10 have attained an associate’s degree or higher.37
- Among neighboring states, Indiana has the second lowest percentage of children with young parents living in low-income families: 67.0% in Indiana, 66.9% in Illinois, 72.8% in Ohio, 73.1% in Michigan, and 81.0% in Kentucky.38

Adoptive Families

An estimated 36,351 Hoosier children live in adoptive families.39 There are three main avenues for adopting a child in the United States: foster care adoptions, international adoptions and private domestic adoptions.

- 1,824 children were adopted through the Indiana Department of Child Services (DCS) in 2017.40
- Indiana had 142 inter-country adoptions involving immigration to the United States finalized in 2017.41
Children in foster care face increased risk of behavioral and emotional problems, difficulties in school, and poor physical and mental health. This displacement may be the result of abuse, neglect, parental substance abuse, child behavioral problems, inadequate housing or other factors. Children who are older, a racial or ethnic minority, have special needs, or suffer from behavioral disorders are more likely to experience multiple placements. 42 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. 43

- 31,042 Hoosier children were in foster care in 2017, a 38.1% increase from 2012.

- Younger children are more likely to be placed in foster care. 1 in 3 children in foster care are ages 0-4 (36.9%).

- Nearly half of children in foster care are age 5-13 (46.4%). 1 in 6 children in foster care are ages 14-18 (16.5%). Children ages 18 and over make up 0.2% of children in foster care.

- In 2017, among children placed in foster care, 34.0% were placed with relatives, 28.7% were in a trial home visit, 26.0% were in a foster home, 5.9% were in a residential home, 0.84% were in a group home, 0.82% were runaways and 3.7% were in other placements.

- Nearly 1 in 5 children in foster care (19.3%) have experienced more than two placements.

- Of children in foster care waiting for adoption, 58.7% have been waiting 0-1 year, 15.6% have been waiting 1-2 years, 8.5% have been waiting 2-3 years, 4.2% have been waiting 3-4 years and 12.9% have been waiting 4 years or longer. 44
**Black Hoosier youth are disproportionately placed in foster care**

Percentage of Children in Foster Care by Race/Ethnicity, Indiana: 2017

![Bar chart showing percentage of children in foster care by race/ethnicity.](chart)

Source: Indiana Department of Child Services and Easy Access to Juvenile Populations

**Multigenerational Households: Grandparent Householders**

A small portion (2.7%) 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, 119,699 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 (43.4%).

**Grandparent Kinship Caregivers**

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

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, nearly half are older than age 60 (41.2%).
- In households where the grandparent is responsible for the grandchild, 42.6% receive Supplemental Social Security Income (SSI), cash public assistance income or Food Stamp/SNAP benefits.
- 21.7% of children whose grandparents are responsible for them live in poverty.

**Grandparents caring for Hoosier children, with no parent present, has increased from a low in 2013**

Percentage of Children Living with a Grandparent Householder, Indiana: 2007–2017

![Graph showing percentage of children living with a grandparent householder.](chart)

Source: American Community Survey, Table S1001
Parental Educational Attainment

A parent’s level of education is associated with several measures of children’s well-being. Research has indicated that children who live in a household with a parent lacking a high school diploma are associated with poor educational outcomes, low achievement scores, a higher likelihood of repeating a grade, and dropping out of high school.\textsuperscript{51}

- In Indiana, adults with less than a high school diploma earned a median earning of $24,213 in the past year, significantly less than adults with a bachelor’s degree ($50,294) or higher ($62,356).\textsuperscript{52}
- A quarter of Hoosier adults (26.8\%) have a bachelor’s degree or higher.\textsuperscript{53}

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

Highest Level of Educational Attainment for Adults 25 Years and Older, Indiana: 2017

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Percentage</th>
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<tbody>
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<td>Less than high school</td>
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<tr>
<td>High school graduate</td>
<td>32.7%</td>
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<tr>
<td>Some college, no degree</td>
<td>20.2%</td>
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<tr>
<td>Associate degree</td>
<td>8.9%</td>
</tr>
<tr>
<td>Bachelor's degree</td>
<td>17.0%</td>
</tr>
<tr>
<td>Master's degree</td>
<td>7.2%</td>
</tr>
<tr>
<td>Professional or doctoral degree</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table B15002

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. Family instability can increase when children are born to single parents and do not have a father present. Fathers have a critical influence on the development of their children and their presence can offer children healthy physical, emotional, and social development. Abrupt or involuntary changes in income, family composition, parental employment, food insecurity, and residential instability are additional areas of family instability that are associated with poor short-term and long-term child outcomes.\textsuperscript{54,55}

Family Stress

Feeling stress during pregnancy or while parenting is normal, but high levels of stress that continue for long periods of 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.\textsuperscript{56}

- 65.6\% of Hoosier parents report handling the day-to-day demands of raising children “very well.”\textsuperscript{57}
- 6.2\% of Hoosier parents report “usually” or “always” feeling aggravation from parenting.\textsuperscript{58}
- Nearly half of Indiana high school students live in a family that argues repetitively (48.6\%), 38.9\% live in a family that has serious arguments, and 37.4\% live in a family that often insults each other.\textsuperscript{59}
Military Parents

Children living in military families often face challenges such as moving frequently and extended separation from parents. Children of deployed parents are more likely to experience anxiety, depression, aggression, and problems with attention in school. 60

• Among Indiana middle and high school students, the percentage of students reporting a parent serving in a war zone ranges from a high of 14.0% among 6th grade youth to a low of 5.7% among 12th grade youth. 61

• In 2016, 40.5% of all military personnel in the United States had children.

• Among active duty families in the United States, 35.6% are married with children and 4.3% are single parents.

• Indiana is home to 19,148 Reserve members (including National Guard) and 922 Active Duty military members.

• Nationally, 2 in 5 Active Duty and Reserve members have children (40.5%). 62

Incarcerated Parents

When a parent of other family member is incarcerated, a family’s stability is affected by lost income, higher mobility, social stigma, and unstable environments. Overwhelmingly, incarcerated parents are fathers. Compared with their white peers, black and Hispanic youth are more likely to have a parent incarcerated. 63 For children, parental incarceration is associated with greater emotional difficulties, low school engagement, and less parental monitoring. Children who have a parent who has served time in jail are more likely to experience additional adverse childhood experiences. As the number of adverse childhood experiences increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life. 64, 65

• 10.0% of Indiana children have a parent who has served time in jail, compared to 7.7% nationally. 66

• Parental incarceration among Indiana middle and high school students declines steadily from 6th grade to 12th grade. The percentage of Hoosier students reporting a parent serving time in jail ranges from a high of 24.1% among 6th grade youth to 17.6% of 12th grade youth.
• Black Hoosier high school students are nearly twice as likely to experience parental incarceration than their white peers.67

• As of July 2018, there were 26,629 adults incarcerated in Indiana’s institutions. More than a quarter (28.6%) of incarcerated adults have one or more drug offenses.68

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events occurring in childhood and are used to assess the long-term impact of abuse and household dysfunction on later-life health. The cumulative effect of ACEs has a lifelong impact on children. As the number of ACEs increases, there is a greater likelihood of negative well-being outcomes such as obesity, depression, and other chronic conditions throughout life.69

• Nearly half (46.2%) of Hoosier children have experienced one or more ACEs.

• Indiana has a lower prevalence of children experiencing at least one ACE (46.2%) than three of our neighboring states: Illinois (40.7%), Michigan (46.6%), Kentucky (49.6%) and Ohio (50.0%).

• Hoosier youth have a higher prevalence than their peers nationally in seven out of nine ACEs as measured by the National Survey of Children’s Health.70

<table>
<thead>
<tr>
<th>Adverse Childhood Experiences: 2016–2017</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent divorce</td>
<td>26.2%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Parent death</td>
<td>5.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>10.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Lived with anyone who was mentally ill, suicidal, or severely depressed</td>
<td>9.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Lived with anyone who had a problem with alcohol or drugs</td>
<td>9.2%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Treated unfairly because of race/ethnicity</td>
<td>3.3%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Witnessed domestic violence</td>
<td>6.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>4.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Somewhat or very hard to get by on family’s income</td>
<td>22.9%</td>
<td>24.3%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Parents with Mental Health Illnesses

Mental illness affects parenting abilities, can strain marriages, and is a risk factor for children in the family. An unpredictable family environment can contribute to mental illness in children. Family psychiatrists, medical, mental health or social service professionals working with mentally ill individuals can provide attention and support for children. Children of parents with mental health problems also face a greater risk of experiencing mental health concerns themselves.

- 1 in 5 Indiana adults (20.0%) experienced any mental illness in the past year, 15.4% received mental health services, 7.7% had a major depressive episode, 4.9% had a serious mental illness, and 4.6% had serious thoughts of suicide.
- Nearly 1 in 10 Hoosier children (9.1%) have lived with someone who was mentally ill, suicidal or severely depressed, compared to 7.4% nationally.
- Of parents who live with their children, 6.5% of mothers report “fair” or “poor” mental health and 5.5% fathers report “fair” or “poor” mental health.

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

Parents’ Reported Mental Health, Indiana: 2016–2017

- Excellent or very good mental health: Mothers 75.1%, Fathers 80.2%
- Good mental health: Mothers 18.4%, Fathers 14.3%
- Fair or poor mental health: Mothers 6.5%, Fathers 5.5%

Source: National Survey of Children’s Health

Parents with Substance Use Disorders

Parents’ substance use disorders can affect their ability to function effectively in a parental role. Substance abuse can impair parents’ awareness of and sensitivity to their child’s emotions, interfering with healthy parent–child attachment. Substance abuse interferes with mental functioning, judgement, self-control, and regulating anger and impulsivity. These are all factors which increase the risk for engaging in abusive behavior. This behavior may include child abuse and neglect, which result in physical and psychological detriments. If unaddressed, maltreatment can contribute to later problems such as substance abuse, depression, and domestic violence.

- The Substance Abuse and Mental Health Services Administration defines the misuse of prescription drugs as using medication in a way that was not directed or without a prescription. It also includes using a prescription in greater amounts, more, or longer than told.
- 13.3% of Indiana adults used marijuana in the past year, 5.0% have misused pain relievers, 1.4% used cocaine, and 0.5% used heroin.
• Nearly 1 in 3 Indiana adults (31.0%) used tobacco products in the past month, compared to 25.6% nationally.
• 5.7% of Indiana adults have an alcohol use disorder, compared to 6.1% nationally.  
• 9.2% of Indiana children have lived with someone who had a problem with alcohol or drugs, compared to 8.5% nationally.  
• In 2017, 6 in 10 Hoosier children (63.8%) were removed from their home by the Indiana Department of Child Services due to parental drug and/or alcohol abuse.

### Percentage of Children Removed from Home Because of Parent Drug and/or Alcohol Abuse: 2017

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carroll</td>
<td>Lake</td>
</tr>
<tr>
<td>Ohio</td>
<td>Pulaski</td>
</tr>
<tr>
<td>Owen</td>
<td>Allen</td>
</tr>
<tr>
<td>Fulton</td>
<td>Boone</td>
</tr>
<tr>
<td>Clay</td>
<td>Steuben</td>
</tr>
<tr>
<td>Parke</td>
<td>Harrison</td>
</tr>
<tr>
<td>Posey</td>
<td>Crawford</td>
</tr>
<tr>
<td>Cass</td>
<td>St. Joseph</td>
</tr>
<tr>
<td>Lawrence</td>
<td>Wells</td>
</tr>
<tr>
<td>Newton</td>
<td>Hamilton Benton</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

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

### More Hoosier children are being removed from their home because of parent drug and/or alcohol abuse

Percentage of Children Removed from Home
Because of Parent Drug and/or Alcohol Abuse,
Indiana: 2013–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>50.9%</td>
</tr>
<tr>
<td>2014</td>
<td>54.3%</td>
</tr>
<tr>
<td>2015</td>
<td>58.6%</td>
</tr>
<tr>
<td>2016</td>
<td>63.4%</td>
</tr>
<tr>
<td>2017</td>
<td>63.8%</td>
</tr>
</tbody>
</table>

Parent Engagement

Parents serve an important role in supporting children’s health and learning. Engaged parents help guide their kids, advocate for their children, and can help shape a healthy school environment. Parent engagement in schools is linked to better student behavior, higher academic achievement, and enhanced social skills. Parents who discuss the importance of education and encourage academic and occupational goals have an especially strong impact on their children’s futures.

• Nationally, 78.0% of parents reported attending regularly scheduled parent-teacher conference. Participation decreased as children grew older, 92.0% of parents attended parent-teacher conference in K–2nd grade and 58.0% attended in 9th–12th grade.
• 92.7% of high school students say their parents know where they are and who they are with.
• 92.5% of Indiana high school students report that the rules in their family are clear.
• 89.5% of high school students say their parents would catch them if they skipped school.
• 87.7% of high school students say their parents know if they come home late.
• 78.0% of high school students say their parents ask about homework.
Reading is a skill built over time and is essential as students move through school. High school graduation can be predicted with reasonable accuracy by fourth-grade reading scores. Reading is a tool for further learning and reading achievement is critical for future educational success.85

- 38.2% of Indiana families read to their children younger than 6 years old every day.
- Hoosier families are more likely to read to boys (59.9%) four or more days, compared to girls (55.7%).86

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.87

- In Indiana, 39.7% of families eat a meal together every day, compared to 43.3% nationally.
- 3 in 10 Indiana families (29.1%) share a meal on fewer than four days in an average week.88

**Child Abuse and Neglect**

Children who are abused or neglected often suffer from both temporary and long-term physical and emotional harm. Child maltreatment is associated with physical injuries, delayed physical growth and neurological damage, as well as depression, suicide, alcoholism, criminal behavior and future abuse as an adult. Research suggests that official reports often underestimate the true frequency of abuse and neglect.89

**Reporting**

The Indiana Child Abuse and Neglect Hotline serves as the central reporting center for child maltreatment allegations in Indiana. 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.90

- In 2017, the Indiana Child Abuse and Neglect Hotline received 244,493 reports, or an average of more than one report every two minutes.
- The Hotline handled an average of 700 calls per business day and 237 per weekend. The average caller spent 12 minutes speaking with an intake specialist.91

**Hoosier children receive more child protective services response for child maltreatment than their peers nationally**


<table>
<thead>
<tr>
<th>Year</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>4.3%</td>
<td>5.0%</td>
</tr>
<tr>
<td>2013</td>
<td>4.3%</td>
<td>7.4%</td>
</tr>
<tr>
<td>2014</td>
<td>4.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>2015</td>
<td>4.5%</td>
<td>8.8%</td>
</tr>
<tr>
<td>2016</td>
<td>4.7%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

Source: Children’s Bureau
• The number of reports made to the Indiana Child Abuse and Neglect Hotline has increased by 56.5% since 2013.82

• A child protective service response is an investigation which determines whether an intervention is needed and is conducted for all reports of child maltreatment. Hoosier children receive more child protective services response for child maltreatment (9.3%) than their peers nationally (4.7%).93

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

Prevalence

Allegations of maltreatment are considered “substantiated” if evidence from an 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 because of a caregiver neglecting to provide necessary food, clothing, shelter, medical care or education.95

• In 2017, there were 33,979 substantiated cases of child abuse or neglect in Indiana.

• In 2017, there were 20.8 substantiated cases of child abuse or neglect per every 1,000 Hoosier children.

• The most common form of maltreatment is neglect (85.3% of cases), followed by sexual abuse (8.7%) and physical abuse (6.0%).96

The child abuse and neglect rate has nearly doubled in the past 10 years

Child Abuse and Neglect Rate per 1,000 Children Under Age 18, Indiana: 2007–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>11.9</td>
</tr>
<tr>
<td>2008</td>
<td>12.6</td>
</tr>
<tr>
<td>2009</td>
<td>15.6</td>
</tr>
<tr>
<td>2010</td>
<td>14.5</td>
</tr>
<tr>
<td>2011</td>
<td>12.2</td>
</tr>
<tr>
<td>2012</td>
<td>12.5</td>
</tr>
<tr>
<td>2013</td>
<td>14.2</td>
</tr>
<tr>
<td>2014</td>
<td>16.2</td>
</tr>
<tr>
<td>2015</td>
<td>17.1</td>
</tr>
<tr>
<td>2016</td>
<td>18.6</td>
</tr>
<tr>
<td>2017</td>
<td>20.8</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

2019 Indiana KIDS COUNT® Data Book  Indiana Youth Institute | IYI.org
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 (54.7 cases per 1,000 children) than children of any other age.

- In Indiana, nearly half of all cases of child abuse and neglect (47.7%) involve infants and children ages 0–5.

- Indiana girls are more likely to experience abuse or neglect (18.9 cases per 1,000 children) than boys (17.2 per 1,000).

- The majority of Hoosier children who are abused or neglected are white (67.9%). However, child maltreatment rates are highest for multiracial children (31.9 victims per 1,000 children), black children (27.0 victims per 1,000) and Pacific Islander children (26.8 victims per 1,000).97

Multiracial children are more likely to be victims of child maltreatment

Victims of Maltreatment, Rate per 1,000 Children by Race/Ethnicity, Indiana: 2016

- White: 17.1
- Black: 27.0
- Hispanic: 13.5
- Multiracial: 31.9
- Pacific Islander: 26.8
- American Indian: 5.4
- Asian: 1.5

Source: Children’s Bureau

Child Maltreatment Fatalities

The death of a child is a tragedy for family, friends, and their community. Child maltreatment deaths can be difficult to track and may be underreported. Fatal child abuse deaths may involve repeated abuse over a period of time or be caused by a single incident. Fatal child neglect deaths involve a caregiver’s failure to act, which may be chronic or acute negligence.98

- In 2016, 59 Hoosier children died from child abuse and neglect.

- Fatalities due to child abuse and neglect disproportionately affect young children. More than three in four of child fatalities involved children younger than 3 years (78.0%).

- In 2016, 40.7% of children who died from child maltreatment suffered abuse and 59.3% of children died from neglect.

- Young adults, ages 20–24, account for 42% of perpetrators of abuse child fatalities.99

Perpetrator Characteristics

Risk factors for child maltreatment include a combination of individual, relational, community, and societal factors. Individuals may lack understanding of child development, have a history of child maltreatment, substance abuse, and mental illness. Family risk factors include family instability, intimate partner violence, parenting stress, and social isolation. Community risk factors include violence, poor social connections, high poverty, high unemployment rates, and a high concentration of alcohol outlets.100
• The majority of perpetrators of child maltreatment in Indiana are parents (75.2%) or other relatives (5.2%).

• Youth ages 6–24 account for 23.6% of perpetrators of abuse and neglect. 43.3% of perpetrators are young adults ages 25–34. Adults ages 35–74 account for 32.0% of perpetrators.

• Slightly more than half (55.4%) of perpetrators of child maltreatment are women and 44.5% are men.¹⁰¹

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.¹⁰²

• In 2017, 29,630 Hoosier children were designated as Children in Need of Services.

• The rate of CHINS per 1,000 children in Indiana’s counties ranges from 55.6 CHINS per 1,000 children to 2.5 CHINS per 1,000 children.¹⁰³

• The number of Hoosier children designated as CHINS has more than doubled since 2014.¹⁰⁴

Placements
When child maltreatment occurs, the Indiana Department of Child Services (DCS) 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.¹⁰⁵

• Less than a third of children in need of services remain in their homes during the time that DCS handles their cases (24.5%).

• 75.5% are placed in various forms of out-of-home care because they could not safely stay in their homes.¹⁰⁶, ¹⁰⁷

• In cases where sibling groups are placed in out-of-home care, 7 in 10 (68.8%) have all siblings placed together.¹⁰⁸

• Less than 2 in 3 children (62.9%) are placed locally in the same county as their home.¹⁰⁹

Children in Need of Services (CHINS) per 1,000 Children Under Age 18: 2017

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scott</td>
<td>Hamilton</td>
</tr>
<tr>
<td>Perry</td>
<td>Hendricks</td>
</tr>
<tr>
<td>Spencer</td>
<td>Washington</td>
</tr>
<tr>
<td>Decatur</td>
<td>Kosciusko</td>
</tr>
<tr>
<td>Tipton</td>
<td>Johnson</td>
</tr>
<tr>
<td>Jennings</td>
<td>Boone</td>
</tr>
<tr>
<td>Owen</td>
<td>Elkhart</td>
</tr>
<tr>
<td>Vermillion</td>
<td>LaGrange</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>Porter</td>
</tr>
<tr>
<td>Pike</td>
<td>Warrick</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services

Nearly 1 in 3 CHINS youth spends three years or more in out-of-home placement

Length of Stay in Out-of-Home Placement for CHINS, Indiana: As of November 2018

42.8%  Up to One Year
28.0%  Two Years
13.3%  Four Years or More
16.0%  Three Years

Source: Indiana Department of Child Services
Guardians Ad Litem and Court Appointed Special Advocates (GAL/CASA)
Each child designated as a CHINS is entitled to an advocate representing his or her best interests in the courts. These advocates help ensure children’s needs are met while they are in foster care and that they find a safe and permanent home as quickly as possible. Special advocates for children include legal professionals called guardians ad litem (GAL) or trained volunteers called court appointed special advocates (CASA).110

• In 2017, Indiana had certified GAL/CASA volunteer programs in 81 of 92 counties. As of October 2018, there are certified programs serving 83 counties, and one additional county with a program pending.

• In 2017, 4,273 volunteers spoke for abused and neglected Hoosier children in 30,480 CHINS cases.

• There were 5,996 children waiting to be assigned a GAL/CASA volunteer at the end of 2017. The number of children on the waitlist in Indiana’s counties ranges from 0 children waiting in several counties to 515 children waiting in Madison County.111

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.112

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.113

• 6.3% of Indiana parents report that their children have ever witnessed domestic violence (defined as seeing or hearing parents or adults slap, hit, kick or punch one another in the home) compared to 5.3% nationally.

• Children with special health care needs are more than 4.7 times more likely to witness domestic violence (16.5%) than their peers (3.5%).114

Children Served in Domestic Violence Facilities
• In 2017, 6,693 Hoosier children younger than 18, and 2,903 youth ages 18–24 were served in domestic violence residential and non-residential facilities.

• In 2017, residential facilities served 10,735 Hoosier clients in 90 counties and non-residential facilities served 13,449 Hoosier clients in 84 counties.

• In 2017, 3,626 Hoosier youth received therapy by a licensed counselor, 24,205 children participated in fun activities, and 12,073 children received case management. Case management includes referrals to meet housing needs, enrollment in school, and other tasks to meet the basic needs of a child.115

Number of Clients Served in Residential and Non-Residential Facilities by 10 Highest Counties: 2017

<table>
<thead>
<tr>
<th></th>
<th>Residential</th>
<th>Non-Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>3,090</td>
<td>Marion</td>
</tr>
<tr>
<td>Allen</td>
<td>1,423</td>
<td>Knox</td>
</tr>
<tr>
<td>Lake</td>
<td>575</td>
<td>Hamilton</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>492</td>
<td>Tippecanoe</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>425</td>
<td>Vanderburgh</td>
</tr>
<tr>
<td>Elkhart</td>
<td>275</td>
<td>Dubois</td>
</tr>
<tr>
<td>Bartholomew</td>
<td>231</td>
<td>Hendricks</td>
</tr>
<tr>
<td>LaPorte</td>
<td>223</td>
<td>Johnson</td>
</tr>
<tr>
<td>Delaware</td>
<td>222</td>
<td>Allen</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>222</td>
<td>Ripley</td>
</tr>
</tbody>
</table>

Source: Indiana Coalition Against Domestic Violence
Intimate Partner Violence

Intimate partner violence includes physical, sexual, psychological or emotional violence from a current or former dating partner. Intimate partner violence can have a significant negative impact on victims’ physical, reproductive and mental health, academic achievement, and their ability to have healthy relationships outside of their abusive intimate relationship.116

- Indiana high school students who identify as gay, lesbian, or bisexual (25.9%) experience greater sexual dating violence than their LGB peers nationally (22.7%).

- Indiana high school students who identify as gay, lesbian, or bisexual were more than three times as likely to experience physical dating violence, defined as being physically hurt on purpose by someone they were dating, in the past year (26.5%) as heterosexual students (7.3%).

- 1 in 4 Indiana high school students who identify as gay, lesbian, or bisexual (25.9%) 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.117

Sexual Violence

Sexual violence and intimate partner violence are public health problems that have long-term physical and mental health impact on victims. Research has shown that sexual violence often happens at an early age and prevention efforts should start young. Sexual violence also mostly affects women and racial and ethnic minorities. Public health partners, education, justice, and social services can work together to implement prevention efforts and address the aftermath of the violence with appropriate services and resources for victims.118

Gay, lesbian, or bisexual students disproportionately experience physical dating violence


<table>
<thead>
<tr>
<th></th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7.1%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>7.3%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Gay, Lesbian, or Bisexual</td>
<td>26.5%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

- Nationally, nearly half of women (43.6%) experience some form of sexual violence during their lifetime, compared to 1 in 4 men (24.8%).119

- 1 in 10 Indiana high school students (10.0%) have ever been physically forced to have sexual intercourse when they did not want to.120

- Indiana high school students who identify as gay, lesbian, or bisexual are nearly four times more likely to have been forced to have sexual intercourse (26.7%) as heterosexual students (7.5%).121
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.\textsuperscript{122}

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.\textsuperscript{123} In Indiana, 1 in 5 high school students (19.6\%) carried a weapon such as a gun, knife or club in the past month. This is higher than the U.S., where 16.2\% of all students carried a weapon in the past month.\textsuperscript{124} Negative attitudes towards lesbian, gay, or bisexual students can place these youth at increased risk for experiences with violence.\textsuperscript{125}

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

- 6.2\% of Indiana high school students carried a gun in the past month. Students who identify as gay, lesbian, or bisexual are more likely to carry a gun (8.0\%) as heterosexual students (5.8\%).\textsuperscript{126}

- Of the 8,200 firearms traced and recovered in Indiana in 2017, 229 were possessed by someone younger than age 18, and 991 were possessed by youth 18-21 years old.\textsuperscript{427}

- In 2017, 45 youth were admitted to the Department of Correction for the possession of a firearm, firearm on school property, or the unlawful carrying of a handgun.\textsuperscript{128}

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

- 57.1\% of Indiana high school students say that if a kid carried a handgun in their neighborhood, they would be caught by police.\textsuperscript{129}

\* Not all firearms used in crimes are traced, and not all firearms that are traced were used in crimes.
**Case Filings**

Juvenile offenses are divided into two primary categories, status offenses and delinquency offenses. Status offenses would not be considered a crime if committed by an adult, such as running away, habitual truancy or buying alcohol. Delinquency offenses involve a child who has violated state or federal law or a municipal ordinance, such as shoplifting and battery. The number of cases filed is the number of new cases filed and does not represent the number of children committing delinquent acts.\(^{130}\)

- In 2017, there were 13,638 juvenile delinquency cases and 3,787 status offense cases in Indiana.\(^{131}\)
- The number of juvenile delinquency case filings has fallen 44.8%, and the number of status case filings has fallen 37.8% over the past decade.\(^{132}\)

**The number of juvenile delinquency case filings continually fell during the past decade**

Juvenile Offense Case Filings, Indiana: 2007–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Delinquency</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>24,706</td>
<td>6,091</td>
</tr>
<tr>
<td>2008</td>
<td>23,939</td>
<td>5,307</td>
</tr>
<tr>
<td>2009</td>
<td>21,914</td>
<td>4,081</td>
</tr>
<tr>
<td>2010</td>
<td>20,585</td>
<td>4,586</td>
</tr>
<tr>
<td>2011</td>
<td>19,553</td>
<td>4,442</td>
</tr>
<tr>
<td>2012</td>
<td>18,480</td>
<td>4,589</td>
</tr>
<tr>
<td>2013</td>
<td>17,774</td>
<td>3,639</td>
</tr>
<tr>
<td>2014</td>
<td>15,350</td>
<td>3,915</td>
</tr>
<tr>
<td>2015</td>
<td>14,297</td>
<td>4,149</td>
</tr>
<tr>
<td>2016</td>
<td>13,804</td>
<td>3,426</td>
</tr>
<tr>
<td>2017</td>
<td>13,638</td>
<td>3,787</td>
</tr>
</tbody>
</table>

Source: Indiana Supreme Court, Division of State Court

**Probation**

Following an allegation of juvenile misconduct, after a case is filed, a youth can go before a judge. Probation is the most common disposition, a judge decides what should happen to a child, in juvenile justice. Additionally, a child can be referred to juvenile court by other institutions, where that child can decide to do an informal plan with probation.\(^{133}\)

Probation can reduce juvenile delinquency while ensuring the safety of the community. However, probation can also become a gateway for unnecessary confinement for youth who have noncompliant behavior but pose minimal risk to public safety. An overreliance on confinement disproportionately affects youth of color. Research has shown that creating opportunities for youth to develop skills and collaboration with families and community organizations is more effective than threats of punishment.\(^{134}\)

- 30,313 juveniles were referred to probation in 2016, of these, 67.0% were non-status delinquent and 30.0% were status delinquent.
- Of the 13,116 cases that were disposed in 2016, 84.0% were due to completion of probation.\(^{135}\)
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 (IDOC) oversees three state juvenile facilities. These juvenile correction facilities include LaPorte Juvenile (formerly known as Camp Summit), Logansport Juvenile (formerly known as North Central) and Pendleton Juvenile.\(^{136}\)

The number of youth committed has fallen over the past decade; however, young people of color are disproportionately impacted. In many cases, this racial disparity exists because of higher rates of poverty and unemployment, lack of access to health care, barriers in seeing cases resolved by disposition to a community-based program, and different levels of law enforcement contact than white youth.\(^{137}\)

- 622 youth younger than age 18 were committed to the IDOC in 2017.
- Males are more than six times as likely to be committed to IDOC (539) than females (83).
- Among Hoosier youth committed to IDOC, 53.1% are white, 32.8% are black, 6.6% are multiracial, and 7.6% are all other Hoosier youth.\(^{138}\)
- 408 youth were housed in Indiana juvenile corrections facilities as of July 2018 and another 51 youth were on parole.
- The average age at intake into a juvenile facility is slightly older than age 16 and the average length of stay is eight months.\(^{139}\)
- In 2017, there were 483 juvenile youth who received treatment for mental health illnesses. Treatment plans are individualized for each youth and can include individual counseling, cognitive behavior programming, and medication.\(^{140}\)
Among juveniles committed to the Indiana Department of Correction, the most common offense is against a person, which includes direct physical harm or force. After this is property crime, which includes burglary, theft, shoplifting and vandalism. After property crime, the most common offenses are public admin 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.141

- 9.7% of Indiana’s DOC juvenile population has one or more drug offenses.
- It costs an estimated $253.85 each day to house a youth in confinement.
- More than half of confined juveniles (60.0%) were committed for one of the two most serious offense levels (Level 1: violent or Level 2: serious).142

**Average Daily Population in Juvenile Correctional Facilities: 2017**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of Youth in DOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>*LaPorte Juvenile Correction Facility</td>
<td>38</td>
</tr>
<tr>
<td>Logansport Juvenile Correction Facility</td>
<td>29</td>
</tr>
<tr>
<td>Pendleton Juvenile Correction Facility</td>
<td>175</td>
</tr>
<tr>
<td>North Central</td>
<td>122</td>
</tr>
<tr>
<td>*Camp Summit</td>
<td>49</td>
</tr>
<tr>
<td>*Madison</td>
<td>37</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction

*Madison Juvenile Correction Facility closed. Youth were transferred to Camp Summit, which was renamed as LaPorte Juvenile Correction Facility.

**Crimes against people account for most juvenile admissions to the Department of Correction**

Type of Offense for Juveniles Committed to the Department of Correction, Indiana: 2017

<table>
<thead>
<tr>
<th>Type of Offense</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person</td>
<td>36.8%</td>
</tr>
<tr>
<td>Property</td>
<td>31.0%</td>
</tr>
<tr>
<td>Public Admin</td>
<td>13.5%</td>
</tr>
<tr>
<td>Public Order</td>
<td>7.2%</td>
</tr>
<tr>
<td>Controlled Substance</td>
<td>5.8%</td>
</tr>
<tr>
<td>Weapon</td>
<td>4.7%</td>
</tr>
<tr>
<td>Other</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction

**Recidivism**

Recidivism measures how frequently youth who have been confined relapse to criminal behavior that results in rearrests. The Indiana Department of Correction defines recidivism as returning to incarceration within three years of the offender’s release. The goal for any juvenile who has been released from a juvenile correctional facility is to remain crime free and not be incarcerated as an adult.143

- Indiana’s juvenile recidivism rate was 32.2% in 2017. Of the 702 juvenile releases in 2014, 226 returned to confinement by 2016.
- Of the 226 juveniles who recidivated, 137 returned as juveniles and 89 returned as adults.
- 84% of juveniles who recidivated returned to IDOC for the commission of a new crime, and 16% returned for a technical violation of post-release supervision.

1 in 3 juveniles released returned to confinement at the Department of Corrections.
Recidivism rates are highest for other offense, property offense, and offense against a person

<table>
<thead>
<tr>
<th>Offense Category</th>
<th>Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other*</td>
<td>35.7%</td>
</tr>
<tr>
<td>Property</td>
<td>34.5%</td>
</tr>
<tr>
<td>Person</td>
<td>31.9%</td>
</tr>
<tr>
<td>Controlled Substance</td>
<td>26.5%</td>
</tr>
<tr>
<td>Status</td>
<td>25.0%</td>
</tr>
<tr>
<td>Weapon</td>
<td>24.1%</td>
</tr>
<tr>
<td>Sex Offenses</td>
<td>22.6%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Correction

*Other offenses include resisting law enforcement, escape or failure to return, intimidation, disorderly conduct, and alcohol and vehicle related offenses.

- Recidivism rates are highest for black juvenile offenders (38.0%) followed by Hispanic (34.7%) and white juvenile offenders (28.2%).
- Recidivism rates are higher for male juvenile offenders (34.3%) than females (21.2%).

**Juvenile Detention Alternatives Initiative (JDAI)**

The Indiana Juvenile Detention Alternatives Initiative (JDAI) is a juvenile justice system improvement process that aims to eliminate unnecessary detention of youth, reduce racial disparities and improve welfare of youth. The JDAI model is dependent on interagency collaboration, use of accurate data, alternatives to detention, reducing secure confinement, and reducing racial disparities. The following indicators include data between each county’s baseline year, the year before each site’s participation, and 2017.

- In Indiana, there are 32 counties participating in JDAI and 70% of Indiana youth ages 10-17 live in a JDAI community.
- In 2017, the total secure detention admissions in Indiana JDAI was 5,921. This is a 59% decrease when comparing to the sites’ baseline years.
- The average length of stay for youth in secure detention admissions was 19.4 days. This is an increase of 34% compared to the sites’ baseline years.
- In 2017, the total secure detention admissions for youth of color in Indiana JDAI was 3,440. This is a 57% decrease compared to the sites’ baseline years.
- The average length of stay for youth of color in secure detention was 20.9 days in 2017. This has nearly doubled compared to the sites’ baseline years when the average was 14.2 days.
- In 2017, there were a total of 2,802 felony petitions filed, this includes any petition to adjudge delinquency with at least one felony allegation. The number of petitions filed has decreased by 47% when compared to each site’s baseline year.

**Juvenile Detention Alternatives Initiative, Participating Counties, Indiana: 2017**

Source: Indiana Supreme Court, Office of Court Services
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.\textsuperscript{148} Neighborhood locations vary in quality of schools, social capital, segregation, and family structure. Neighborhoods impact a child’s long-term outcomes, including children’s earnings into adulthood.\textsuperscript{149} 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.\textsuperscript{150}

- Over half of Hoosier children live in neighborhoods with a library or bookmobile (62.7%) or park or playground (62.6%).
- More than one in three Hoosier children lives in a neighborhood with a recreation or community center (36.2%).\textsuperscript{151}
- 9.3% of children live in a neighborhood where there is vandalism, such as broken windows or graffiti.
- 15.8% of children live in a neighborhood where there is litter or garbage on the street.\textsuperscript{152}

Access to Technology
Having access to a computer with internet is increasingly important for both adults and children. Studies have shown differences in internet and technology access among students who are racial or ethnic minorities, students with low levels of parental educational attainment, and low-income.\textsuperscript{153}

- 4.3% of Indiana children younger than 18 do not have a computer at home, and another 7.4% of children have a computer but no internet access.\textsuperscript{154}
- More than 2 in 5 Indiana school districts (41%) have 1:1 technology programs where students at all grade levels are paired with a device such as a laptop or tablet.\textsuperscript{155}

Among school districts with technology programs, less than half have all grade levels with access to a device
School Districts with 1:1 Technology Programs, Indiana: 2018

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No current plans for 1:1</td>
<td>7%</td>
</tr>
<tr>
<td>Studying/considering 1:1</td>
<td>6%</td>
</tr>
<tr>
<td>Planning to launch 1:1 next year</td>
<td>6%</td>
</tr>
<tr>
<td>1:1 in some grade levels</td>
<td>13%</td>
</tr>
<tr>
<td>1:1 at most grade levels</td>
<td>26%</td>
</tr>
<tr>
<td>1:1 at all grade levels</td>
<td>41%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

Urban/Rural
Hoosiers living in rural areas tend to have higher food insecurity, lower levels of educational attainment, and more difficulty accessing services than those who live in urban areas. Work-support services, such as flexible and affordable child care and public transportation, are less available in rural areas.\textsuperscript{156}

- Most of Indiana’s population growth has been in urban areas. Since 2010, Indiana’s rural population has declined 1.2% while its urban population increased 4.0%.
• In 2016, the earnings per job was higher in urban areas ($54,770) than in rural areas ($45,524).

• The unemployment rate is slightly higher in urban areas (3.6%) than in rural areas (3.4%).

• In 2016, the poverty rate was higher in urban areas (15.2%) than in rural areas (9.0%).

Communities

Communities and neighborhoods impact children’s achievement. Living in a supportive community helps improve children’s developmental outcomes. Studies have suggested that neighborhoods with lower levels of safety and trust, fewer role models, greater violence, and poor quality schools and enrichment activities negatively affect children. Communities and neighborhoods vary in the public resources available and poorer neighborhoods may be at a disadvantage because there may be more needs than existing resources.

• Over half of Hoosier parents say that their children live in a supportive neighborhood (63.2%).

• 69.1% of parents definitely agree that their children live in a safe neighborhood.

• Hoosier children who have experienced two or more ACEs are less likely to report living in a safe neighborhood (55.8%) compared to children with no ACEs (78.8%).

Among high school students, Hispanic youth report the least amount of neighborhood support

Percentage of High School Students Reporting Neighborhood Support, Indiana: 2018

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

Source: Indiana Youth Survey

Neighborhood Safety

Connection to an individual’s neighborhood can be a protective factor against engagement in nonviolent delinquent or criminal behavior for adolescents. When youth develop a stronger connection to one’s neighborhood, feel safe in their neighborhoods, and are supported by their neighborhood, they have a protective factor for criminal behavior and maltreatment.

• Most Hoosier parents (69.1%) say they “definitely agree” that their child lives in a safe neighborhood, 1 in 4 (26.5%) “somewhat agree,” and 4.4% of parents say that their child does not live in a safe neighborhood.

• Hoosier parents (69.1%) are more likely to “definitely agree” that their child lives in a safe neighborhood compared to all but one of our neighboring states: Ohio (66.7%), Illinois (66.9%), Michigan (67.2%) and Kentucky (70.2%).
• Hispanic parents (7.8%) are more likely to “somewhat or definitely disagree” that their child lives in a safe neighborhood, compared to white (3.7%), black (5.9%) and all other Hoosier parents (4.4%).

**Black Hoosier parents are the least likely to report their child lives in a safe neighborhood**
Percentage of Children Whose Parents Report That They Live in a Safe Neighborhood by Race/Ethnicity, Indiana: 2016-2017

<table>
<thead>
<tr>
<th>Definitely Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat or Definitely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>White</td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td>69.1%</td>
<td>54.7%</td>
</tr>
<tr>
<td></td>
<td>73.1%</td>
<td>26.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23.2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: National Survey of Children's Health*

**Quality Mentoring**
Mentoring programs are diverse across youth development programs in education, faith institutions, juvenile justice, after-school settings, child welfare and other youth-serving organizations. Mentoring takes place between youth, mentees, and older more experienced persons, mentors, in a non-professional helping capacity to provide relationship-based support that benefits one or more areas of the mentee’s development. Research confirms that quality mentoring relationships have positive outcomes in social, emotional, behavioral and academic areas. Quality mentoring includes quality standards in terms of training, match, support and duration. Quality mentoring can occur in a variety of formal and informal settings and can exist in many forms including one-to-one, school-based, community-based and e-mentoring.

• 92.3% of Indiana parents report that their child has a caring adult in their school, neighborhood, or community, compared to 89.3% nationally.

• Hoosier youth (92.3%) are more likely to have a caring adult than half of our neighboring states: Illinois (90.8%), Michigan (92.2%), Kentucky (93.0%) and Ohio (93.6%).

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

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

**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.
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.169

- 75.6% of Indiana children ages 6-17 participated in organized activities or lessons after school or on weekends in the past year.
- Children who have experienced two or more ACEs (69.4%) are less likely to participate in organized activities compared to children with no ACEs (78.0%).170

**Children with two or more ACEs are less likely to participate in out-of-school time activities**

Percentage of Children Participating in Organized Out-of-school Activities by Adverse Childhood Experiences (ACEs), Indiana: 2016-2017

<table>
<thead>
<tr>
<th></th>
<th>0 ACEs</th>
<th>2 or more ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports Team</td>
<td>63.5%</td>
<td>49.8%</td>
</tr>
<tr>
<td>Clubs or Organizations</td>
<td>59.2%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Music, Dance, Language, or Other Arts</td>
<td>43.4%</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

**Top Ten Activities Offered by Out-of-school Time Programs, Indiana: 2017**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring and Homework</td>
<td>71%</td>
</tr>
<tr>
<td>Sports and Recreation</td>
<td>67%</td>
</tr>
<tr>
<td>Academic Enrichment</td>
<td>61%</td>
</tr>
<tr>
<td>Literacy and Reading</td>
<td>58%</td>
</tr>
<tr>
<td>Character Education</td>
<td>56%</td>
</tr>
<tr>
<td>Health and Wellness</td>
<td>56%</td>
</tr>
<tr>
<td>Science, Technology, Engineering, and Math (STEM)</td>
<td>48%</td>
</tr>
<tr>
<td>Cultural Enrichment and Diversity</td>
<td>42%</td>
</tr>
<tr>
<td>Civic Engagement and Community Service</td>
<td>39%</td>
</tr>
<tr>
<td>Mentoring</td>
<td>38%</td>
</tr>
</tbody>
</table>

*Programs may choose more than one activity offered.

As of December 2018, there are 900 out-of-school time programs registered with the Indiana Afterschool Network.171

- 58% of Indiana’s registered programs are in schools, 25% are in community-based organizations, and 10% are in faith-based organizations.
- 62% of programs offer both before and after school programs, 26% offer after school only, and 2% offer before school only, with the remaining 10% being unknown.
- 46% of programs are full year, 48% are school year only, and 6% are summer only.
- One-third of programs have 21 to 50 students (32%), nearly another third have 51 to 100 students (28%), 16% have more than 100 students, and 11% have 1 to 20 students, with 13% of programs being of unknown size.172
Religion and Spirituality

Religion and spirituality has been shown to have a positive impact on physical and mental health. The Substance Abuse and Mental Health Services Administration (SAMHSA) lists spirituality, expanding a sense of purpose and meaning in life, as one of eight dimensions of wellness. Spirituality is one aspect of wellness that is interconnected with other parts and impacts individual’s perceptions. Aspects of spirituality are associated with positive outcomes, including a reduction in behavioral risks through healthy religious lifestyles, expanded social support through involvement in spiritual communities, and enhancement of coping skills through activities such as prayer or meditation.

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.

- Nationally, nearly 1 in 7 adults participate in organizational, civic, religious, and spiritual activities on a typical day (14.0%). This includes time spent volunteering, performing civic obligations, and religious and spiritual activities. These are more common on weekends and holidays, when 19.2% of adults report participating.
- 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.
Sources continued

49 Indiana Department of Child Services (2018). Data Request.
80 Indiana Department of Child Services (2018). Data Request.


Indiana Department of Child Services (n.d.). Child Abuse Hotline. Retrieved from https://www.in.gov/dcs/2971.htm


Indiana Department of Child Services (2018). Data Request.

KIDS COUNT Data Center (n.d.). Children in Need of Services (CHINS). Retrieved from https://datacenter.kidscount.org/data/IN


Indiana Division of State Court Administration (2018). Data Request.


Indiana Department of Correction (2018). Number of Juvenile Admissions by County and Offense Category. Data Request.


Sources continued

137  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


143  Indiana Department of Correction (2018). Data Request.


145  Indiana Department of Correction (2018). Data Request.


When parents do better economically, their children do better as well. Parents need secure employment, well-paying jobs, and affordable housing to ensure their children thrive and prosper. When parents are unemployed or have barriers to sustaining living wage employment, their ability to invest in their children’s development is limited. These experiences of economic insecurity or poverty have lasting effects on children’s well-being, available opportunities, and later economic success.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>National KIDS COUNT® Economic Well-Being</th>
<th>24th</th>
<th>28th</th>
<th>23rd</th>
<th>10th</th>
<th>16th</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Poverty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure Parental Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Housing Burdens</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Food Insecurity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*For each indicator, higher rankings (1st) represent better outcomes for youth.
Economic Well-Being Spotlight

Housing Stability

Housing stability and quality play a critical role in children’s well-being and long-term development in health, economic stability, education, and other social outcomes.\(^1\) While Indiana is a relatively affordable place to live, 24% of Hoosier children are living in a high housing-cost household.\(^2\)

1 in 4 children live in a high housing-cost burden household.

What are housing burdens?
Housing burdens, households spending more than 30% of their household income on housing related expenses, are a challenge that many low-income families face. Housing burdens are often the result of a shortage of affordable and available homes, stagnant or falling wages, and overall low income.\(^3\)

Who faces housing burdens?
• Indiana ranks 10th for children living in households with a high housing burden (24%) and ranks first among our neighboring states: Ohio (25%), Michigan (26%), Kentucky (26%) and Illinois (31%).\(^4\)

• Among Hoosier children living in households with a high housing burden, black (44%), Hispanic (33%) and multiracial (32%) children are more likely to face high housing-cost burdens than their white peers (19%).\(^5\)

• Families who rent their homes are especially affected. Nearly half, 45.7% of Hoosier renters, are faced with housing burdens compared to 19.0% of Hoosier owners with a mortgage.\(^6\)

• Renters earning less than $20,000 are sixteen times as likely to face a housing burden (88.4%) than renters earning $50,000-$74,999 (5.4%).\(^7\)

How much is enough?
A housing wage is an estimated full-time hourly amount a household must earn to afford a decent rental home at fair market rent. Hoosier households must earn $15.56 per hour ($32,359 annually) to afford a two-bedroom rental home including rent and utilities, without facing a housing burden.\(^8\)

• Indiana has 84 counties where the average renter’s hourly wage is below the two-bedroom housing wage.

• Indiana ranks in the middle for a two-bedroom housing wage among our neighboring states: Illinois ($20.34), Michigan ($16.85), Ohio ($15.25) and Kentucky ($14.40).

• The gap between the average renter’s hourly wage and the housing wage ranges from a high of $10.12 in Ohio County to eight counties with no gap present.\(^9\)

<table>
<thead>
<tr>
<th>County</th>
<th>2-Bedroom Housing Wage Needed</th>
<th>Current Average Renter Wage</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>$16.25</td>
<td>$6.13</td>
<td>$10.12</td>
</tr>
<tr>
<td>Brown</td>
<td>$16.38</td>
<td>$7.29</td>
<td>$9.09</td>
</tr>
<tr>
<td>Monroe</td>
<td>$17.69</td>
<td>$10.08</td>
<td>$7.61</td>
</tr>
<tr>
<td>Dearborn</td>
<td>$16.25</td>
<td>$8.93</td>
<td>$7.32</td>
</tr>
<tr>
<td>Clay</td>
<td>$14.79</td>
<td>$8.08</td>
<td>$6.71</td>
</tr>
<tr>
<td>Indiana</td>
<td>$15.56</td>
<td>$13.44</td>
<td>$2.12</td>
</tr>
</tbody>
</table>

Source: National Low Income Housing Coalition

What is the impact?
Child Well-being
Housing is one of the largest family expenses and rising costs may prevent families from moving to areas with available jobs. Housing burdens can negatively affect children’s physical and mental health, contribute to keeping a family in poverty,
and lead to parental stress. In addition, families may have limits on resources for necessities such as child care, food, health care and transportation. Rising housing burdens may also lead to eviction and homelessness.

Risk of Homelessness
High housing burdens may lead to homelessness and children who lack a stable home are vulnerable to many adverse outcomes, including chronic health problems, difficulty accessing health care, high mobility and witnessing violence. 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 shelters or sharing housing with others.

• In 2017, 16,677 of Indiana public school students were identified as homeless or housing unstable.

• The percentage of public school students identified as homeless or housing unstable in Indiana’s counties ranges from 7.7% to 0.1%.

One in four students experiencing homelessness pass both English and Math ISTEP+
Percentage of Students in Grades 3-8 Passing Both English Language Arts and Math ISTEP+, Indiana: 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51.4%</td>
</tr>
<tr>
<td>Homeless or Housing Unstable</td>
<td>25.8%</td>
</tr>
<tr>
<td>White</td>
<td>58.1%</td>
</tr>
<tr>
<td>Black</td>
<td>25.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>37.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>69.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>45.8%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

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

• In 2016, Indiana’s eviction rate, the number of evictions per 100 renter homes, was 4.1%. This is nearly twice the national eviction rate of 2.3%.

• Indiana has the highest eviction rate (4.1%) among our neighboring states: Ohio (3.5%), Michigan (3.3%), Kentucky (2.9%) and Illinois (1.6%).

What Resources are Available?
The Indiana Housing & Community Development Authority promotes, finances and supports housing solutions such as temporary shelters and homeownership.
https://www.in.gov/ihcda/

McKinney-Vento Liaisons are a part of every public school district. Liaisons help identify, enroll and support the education of students experiencing homelessness.
https://www.doe.in.gov/student-services/mckinney-vento-liaison

Fair Housing Center of Central Indiana helps provide equal housing opportunities through advocacy, education and outreach.
www.fhcci.org

What Solutions are Possible?

**Individuals**

✓ Offer a sense of stability, a caring environment and a predictable schedule for children impacted by mobility and homelessness.
✓ Spread awareness of available support programs and how to apply.

**Organizations and Communities**

✓ Expand education for renters on affordable options.
✓ Mobilize cross-sector partners to make safe and affordable house a reality.
✓ Coordinate and align services to identify students experiencing mobility, help families apply for support programs and refer youth to services.

**Leaders and Policy Makers**

✓ Invest in key housing programs that provide stable housing for the lowest income households.
✓ Use data to measure and improve system and program performance and inform resource allocation.
✓ Providing renter protection such as increasing subsidies to tenants at risk of eviction and requiring landlords to offer payment plans.
**Labor Force**

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 (77.8%) of Indiana adults ages 25–64 are in the labor force, meaning that they are currently working or looking for work.
- 93.8% 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 66.9% of Indiana’s married-couple families with children.

### Top Ten Occupations in Indiana: 2017

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of Employees</th>
<th>Median Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office and Administrative Support Occupations</td>
<td>419,830</td>
<td>$15.55</td>
</tr>
<tr>
<td>Production Occupations</td>
<td>373,540</td>
<td>$16.49</td>
</tr>
<tr>
<td>Sales and Related Occupations</td>
<td>288,890</td>
<td>$11.83</td>
</tr>
<tr>
<td>Food Preparation and Serving Related Occupations</td>
<td>279,700</td>
<td>$9.31</td>
</tr>
<tr>
<td>Transportation and Material Moving Occupations</td>
<td>262,380</td>
<td>$15.02</td>
</tr>
<tr>
<td>Healthcare Practitioners and Technical Occupations</td>
<td>193,410</td>
<td>$27.67</td>
</tr>
<tr>
<td>Education, Training, and Library Occupations</td>
<td>162,240</td>
<td>$19.81</td>
</tr>
<tr>
<td>Management Occupations</td>
<td>148,070</td>
<td>$39.05</td>
</tr>
<tr>
<td>Installation, Maintenance and Repair Occupations</td>
<td>131,940</td>
<td>$20.20</td>
</tr>
<tr>
<td>Construction and Extraction Occupations</td>
<td>117,810</td>
<td>$21.87</td>
</tr>
</tbody>
</table>

*Source: Bureau of Labor Statistics*

**Unemployment**

When a parent loses a job, there is an increased risk of family tension and family disruption. Parental unemployment has a negative impact on children’s well-being. Parental unemployment undermines children’s success in school and later economic success as adults. Families who experience unemployment, underemployment, and income declines face unstable economic environments which can lead to disruptions in daily living. These disruptions can cause family conflict, diminish children’s self-confidence, cause hostile behavior, and lower educational attainment for children. A parent must be actively looking for a job to be considered “unemployed” by the United States Census Bureau.

- 3.6% of Indiana’s labor force is unemployed.
- Black adults are more likely to be unemployed (7.9%) than Hispanic (4.4%) and twice as likely as white adults (3.2%).
- 8.2% of Indiana’s families with children younger than 18 have an unemployed parent.
- 1.1% of Indiana’s labor force has been unemployed for 15 weeks or longer.
• If marginally attached (people not actively pursuing work) and involuntarily part-time workers (individuals only able to find part-time work) are included, Indiana’s unemployment rate rises to 7.0%. 28

**Total average unemployment steadily falls over past seven years**

Annual Average Unemployment, Indiana: 2007–2017

![Graph showing annual average unemployment rate for Indiana from 2007 to 2017](source: Bureau of Labor Statistics)

Unemployment Insurance

Unemployment benefits help reduce the burden of job loss by providing workers income to buffer short-term earnings losses and low wage workers time to search for a suitable job. 29 Benefits can be collected for up to 52 weeks and be as high as $390 per week. 30

• In 2017, there were 155,919 initial claims for unemployment insurance in Indiana.

• Hoosier beneficiaries collect benefits for an average of 13.2 weeks and receive an average of $3,687 per period of unemployment. 31

Teens in the Labor Force

Employment can be a valuable opportunity for youth. Employment teaches responsibility, organization, time management skills and good work habits. Youth who are employed while in high school are less likely to drop out, more likely to be employed in the future and tend to have higher earnings in adulthood. However, students who work more than 20 hours a week may have lower grade point averages and are more likely to drop out of school than those who work fewer hours. 32

• As of December 2018, 39.7% of Indiana teens ages 16-19 were employed, compared to 29.3% nationally. 33

• Of Indiana teens ages 16-19 enrolled in school, 32.7% are also employed. 34

• Indiana ranks 28th for teens ages 16-19 that are neither enrolled in school nor working (7%).

• Indiana ties for the highest percentage of teens ages 16-19 not enrolled in school and not working (7%) among neighboring states: Ohio (5%), Michigan (6%), Illinois (6%) and Kentucky (7%). 35
Income

Wages and Impact

Higher family income is associated with positive outcomes for children including better health, behavior, academic achievement and financial well-being as adults. In the United States, the federal minimum wage is $7.25 per hour. Though 29 states have increased the minimum wage above the federal rate, Indiana has not increased its minimum wage since 2009.

- Indiana’s cost of living was the 9th least expensive nationally in the third quarter of 2018.
- 22.9% of Hoosier 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.
- Indiana’s median hourly wage is $16.63, compared to $18.12 nationally.
- Indiana’s median family income among families with children is $66,123, compared to $71,394 nationally.
- Hoosier families ($66,123) have the second lowest median family income among our neighboring states: Illinois ($75,698), Ohio ($67,445), Michigan ($67,027) and Kentucky ($61,354).

More than one in three Hoosier families earn $49,999 or less per year

Families with Children by Income Level, Indiana: 2017

Source: American Community Survey, Table C19131
Female and black Hoosier households have the lowest median household income
Median Household Income by Householder Race/Ethnicity and Gender, Indiana: 2017

- Of families with children, married-couples have a higher median income ($89,198) than single fathers ($42,814) and more than three times as much as single mothers ($25,639).

- The median household income in Indiana’s counties ranges from $41,874 in Delaware County to $95,080 in Hamilton County.

Low-income Working Families
Employment can be an important step out of poverty, but for low-income families, it does not guarantee an escape from poverty. Compared with children in higher socioeconomic status (SES) households, children in low SES households experience higher rates of parent-reported mental health problems and greater exposure to stress which can lead to negative long-term physical and mental health. 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.”

- 14.5% of Hoosier children live in working-poor households.

- Nationally, 4.9% of the labor force is working poor. Women are more likely to be working poor (5.8%) compared to men (4.2%).

- Nationally, black and Hispanic individuals are more than twice as likely to be among the working poor (8.7% and 8.5%) as white and Asian individuals (4.3% and 3.5%).

- In Indiana, there are 58,032 full-time workers in poverty, and 208,431 part-time or part-year workers living in poverty.

Hispanic children are 3.3 times more likely to live in a working poor household than their white peers
Percentage of Children Living in Working Poor Households by Race/Ethnicity, Indiana: 2016-2017

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Poverty Guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
</tr>
<tr>
<td>5</td>
<td>$29,420</td>
</tr>
<tr>
<td>6</td>
<td>$33,740</td>
</tr>
<tr>
<td>7</td>
<td>$38,060</td>
</tr>
<tr>
<td>8</td>
<td>$42,380</td>
</tr>
</tbody>
</table>

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

14.5% 9.7% 23.5% 32.8% 22.7%
Total White Black Hispanic All Other Kids

Source: National Survey of Children’s Health
Poverty

Children who experience poverty, especially during early life, or for an extended period are at risk for adverse health and developmental outcomes. Poverty contributes to health disparities and is associated with negative outcomes in birth weight, infant mortality, language development, chronic illness, nutrition and environmental exposure. Children who experience poverty are disproportionately exposed to risks that may impair brain development and affect cognitive, social and emotional functioning. These risks include environmental toxins, inadequate nutrition, maternal depression, parental substance abuse, trauma and abuse. Poverty is most harmful when it is persistent or experienced in early childhood.

• Nationally, Indiana ranks 28th for the percentage of children living in poverty. Indiana ranks second best among our neighboring states: Illinois (24th), Michigan (33rd), Ohio (33rd) and Kentucky (43rd).

• 1 in 5 Hoosier children (18.4%) live in poverty.

• Black Hoosier children are nearly three times more likely to live in poverty (40.0%) than their white peers (14.6%) and more likely than their Hispanic peers (28.3%).

• Children younger than age five are more likely to live in poverty (20.8%) than older children (17.2%).

• Children in single-mother families are six times more likely to live in poverty (44.4%) than children in married-couple families (7.5%), and twice more likely than children in single-father families (20.1%).

• 1 in 4 children with disabilities live in poverty (26.7%), compared to 1 in 6 children without a disability (17.9%).

Black Hoosier children are nearly three times more likely to be in poverty than their white peers

Child Poverty by Race/Ethnicity, Indiana vs. United States: 2017

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Indiana</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>18.4%</td>
<td>18.4%</td>
</tr>
<tr>
<td>White</td>
<td>14.6%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Black</td>
<td>40.0%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28.3%</td>
<td>26.3%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table B17001
Cost of Raising a Child

Annual child-rearing expenses vary by household income and increase as children grow older. Nationally, it will cost a family with a child born in 2015 an average of $233,610 to raise that child to age 17. In the urban Midwest, the estimate is slightly lower at $227,400. However, child-rearing expenses vary considerably by household income level and child age.

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

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

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

Housing accounts for the largest percentage of the cost of raising a child

Expenditures on a Child from Birth Through Age 17, United States: 2015

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>Housing</td>
</tr>
<tr>
<td>18%</td>
<td>Food</td>
</tr>
<tr>
<td>16%</td>
<td>Child Care and Education</td>
</tr>
<tr>
<td>15%</td>
<td>Transportation</td>
</tr>
<tr>
<td>9%</td>
<td>Healthcare</td>
</tr>
<tr>
<td>7%</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>6%</td>
<td>Clothing</td>
</tr>
</tbody>
</table>

Source: United States Department of Agriculture
Average for a child in middle-income, married-couple families who have child care and education expenses.

Child Care and Education

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

At the same time, half of Indiana families do not spend money on child care and education. A family reporting no expenditures on child care and education may have a parent or family member who is able to care for the child or may utilize free public education. Low-income families are less likely to spend money on child care and education than higher-income families. For families that spend money on child care and education, the expense is considerably higher for children ages 0-5 than for those ages 6-17.
Economic Well-Being

Average Cost of High Quality Child Care for Ages 0-5: 2018

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamilton $13,713</td>
<td>Pike $4,381</td>
</tr>
<tr>
<td>Boone $11,771</td>
<td>Greene $4,940</td>
</tr>
<tr>
<td>Johnson $11,019</td>
<td>Jay $5,546</td>
</tr>
<tr>
<td>Brown $10,920</td>
<td>Clay $5,608</td>
</tr>
<tr>
<td>Delaware $10,731</td>
<td>Knox $5,632</td>
</tr>
<tr>
<td>Marion $10,413</td>
<td>Fayette $5,650</td>
</tr>
<tr>
<td>Hendricks $9,983</td>
<td>Daviess $5,659</td>
</tr>
<tr>
<td>Monroe $9,799</td>
<td>Noble $5,741</td>
</tr>
<tr>
<td>Bartholomew $9,686</td>
<td>Jennings $5,776</td>
</tr>
<tr>
<td>Porter $9,381</td>
<td>DeKalb $5,787</td>
</tr>
</tbody>
</table>

Source: Early Learning Advisory Committee

Infant and Toddler Care

Indiana ranks 8th out of 48 states for most expensive center-based infant care for married-couple families (15.2% of the median income). Indiana ranks 3rd out of 44 states for most expensive center-based toddler care for married-couple families (15.1% of the median income). Center-based care costs a large percentage of a family’s income. Indiana is in the top ten for the most expensive center-based infant and toddler care for both married-couple and single families.

- In Indiana, the average annual cost of full-time infant care is $12,312 in a center and $6,878 in a family child care home.
- The cost of full-time toddler care is slightly lower at an average cost of $12,216 in a center and $6,439 in a family child care home.
- In Indiana, 9.4% of all families with children younger than six have problems with child care severe enough that they have caused someone in the family to quit a job, not take a job, or greatly change their job in the past year.

School-age Before and After Care

Indiana ranks 17th out of 39 states for most expensive center-based before/after school care for school-age children.

- In Indiana, the average annual cost of before/afterschool care for school-age children is $4,378 in a center and $3,447 in a home.
- In Indiana, the average annual cost of part-time summer care is $849 and $1,776 for full-time summer care.

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

<table>
<thead>
<tr>
<th></th>
<th>Center-Based</th>
<th>Family-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Percentage of Married Income</td>
<td>Percentage of Single-mother Income</td>
</tr>
<tr>
<td>Infant</td>
<td>$12,312</td>
<td>15.2%</td>
</tr>
<tr>
<td>Toddler</td>
<td>$12,216</td>
<td>15.1%</td>
</tr>
<tr>
<td>School-aged child</td>
<td>$4,378</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

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

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.
• In 2017, $529.8 million was distributed from noncustodial parents on behalf of children in Indiana, a 6.7% decrease from 2013.69

• An additional $10.0 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.70

• In 2017, there were 265,593 child support cases, an 11.5% decrease from 2013.71

Economic Program Eligibility and Enrollment
Economic security programs such as Social Security, food assistance, and tax credits help reduce poverty for working families. In 2017, economic security programs lifted 7 million children above the poverty line in the United States. Research suggests that these programs help families address basic needs, gain long-term positive effects in health and school, and increase expected earnings as adults.72 Nonprofit organizations and township, city, state and federal programs provide supports for families. Eligibility for state and federal programs is most often determined using the poverty guideline or a percentage thereof.

• Although 12.9% of all Hoosier households live in poverty, only 9.7% receive any sort of cash public assistance or Food Stamps/Supplemental Nutrition Assistance Program (SNAP) benefits.73,74

Earned Income Tax Credit
The Earned Income Tax Credit (EITC) helps working families boost work effort, raises living standards, and when combined with refundable portion of the Child Tax Credit (CTC), lifts people out of poverty. Research has shown that children in families receiving the tax credit do better in school, are more likely to have a higher educational attainment and earn more as adults.75 The 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.76

Indiana is one of 29 states that offers a state supplement to the federal EITC.77 The state’s Earned Income Credit provides up to 9% of the earned income credit claimed on the federal income tax return.78

• In 2018, 511,000 Hoosier families received an average of $2,439 through the federal EITC.79

• Approximately 4 in 5 eligible Hoosier taxpayers receive the EITC.80

Temporary Assistance for Needy Families
The Indiana Temporary Assistance for Needy Families (TANF) provides transitional cash assistance and support to help families with children younger than 18 achieve self-sufficiency.81 TANF provides a temporary benefit for poor families. Since TANF was created, its reach has decreased, and this limited availability leaves many poor families vulnerable and places children at greater risk of hardship.82 Recipients may also receive support services such as child care, medical assistance for dependent children, transportation services, aid for heating costs, and food stamps.83

• 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.84

• In 2017, Hoosier families received an average of $196.74 for TANF cash assistance each month.
• The number of Hoosier families, with children in poverty, receiving TANF benefits dropped from 35 for every 100 in 2006 to 7 for every 100 in 2016. As the ratio falls, TANF is less responsive to need than in previous years.85

• In 2017, there were 7,442 families receiving TANF cash assistance. This is an 84.1% decrease since 2007.

• Indiana counties have seen a large reduction in the number of families receiving TANF over the past decade. This reduction ranges from a 91.8% decrease in Lake County to an 8.6% decrease in Jackson County.86

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.87 SSI provides support for children with qualifying disabilities and payments are based on need.88

• 98,440 Indiana children receive benefits through OASDI.89

• Of these, 13,130 have a parent who is retired, 38,599 have a parent who is disabled, and 46,711 have a parent who is deceased.90

• In 2017, 22,515 Indiana children under age 18 received SSI, with an average monthly payment of $644.91

Housing
Safe, stable and affordable housing is essential and promotes child well-being. The location of a home can affect health outcomes due to the presence or absence of toxins, asthma triggers and other hazards. Moderate or high housing-cost burdens can result in families having trouble meeting needs and reduced spending on child needs and enrichment activities. Housing burdens can lead to parental stress, which negatively impacts children further. Home ownership can serve as a vehicle for building wealth, long-term residential stability, and intergenerational economic mobility. However, low rental assistance and affordability gaps in housing can limit home ownership opportunities available, particularly for low-income households.92

• Indiana has over 2.5 million occupied housing units, 69.0% of which are owner-occupied and 31.0% of which are renter occupied.

• In Indiana, 65.5% of owner-occupied housing units have a mortgage.

• 19,195 occupied housing units lack complete kitchen facilities (0.8%) and 8,404 lack complete plumbing facilities (0.3%).93
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.94

- Indiana ranks 10th for children living in households with a high housing burden (24%) and ranks best among our neighboring states: Ohio (25%), Michigan (26%), Kentucky (26%) and Illinois (31%).95

- 45.7% of Hoosier renters and 19.0% of Hoosier owners with a mortgage face housing burdens, meaning they spend more than 30% of their monthly income on housing.96

- In Indiana, the median gross rent is $793 a month, or 28.2% of household income. Additionally, 90.8% of renters pay for one or more utilities outside the cost of rent.97

Hoosier renter households are twice as likely to have a housing burden as home owners with a mortgage
Percentage of Households Spending 30 Percent or More of Their Monthly Income on Housing, Indiana vs. United States: 2017

- Renters: 45.7% in Indiana vs. 49.5% in the United States
- Owners with a Mortgage: 19.0% in Indiana vs. 27.5% in the United States
- Owners without a Mortgage: 9.9% in Indiana vs. 13.5% in the United States

Source: American Community Survey, Table DP04

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.98

Federal housing assistance helps provide low-income families the ability to move to neighborhoods of their choice. Families that receive federal housing assistance show improvements in mental health, housing improvements, and live in safer environments.99

- 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.100

Evictions

Evictions have long-term negative consequences for families, children and communities. Families and individual renters are forced to move out at the request of a landlord or after a court-ordered eviction. Many evictions occur because renters cannot or do not pay their rent. Landlords can evict renters if tenants cause disturbances, break the law and damage property. In “no fault” evictions, tenants can be forced to move even if they have not missed a rent payment or violated a lease agreement.

Evictions disproportionately affect low-income renters, women, and especially low-income women of color. Evictions negatively affect mental health, may cause job loss, and prevent families from relocating to future housing due to the court record.101

• In 2016, Indiana’s eviction rate, the number of evictions per 100 renter homes, was 4.1%. This is nearly twice the national eviction rate of 2.3%.

• Indiana has the highest eviction rate (4.1%) among our neighboring states: Ohio (3.5%), Michigan (3.3%), Kentucky (2.9%) and Illinois (1.6%).

• The eviction rate in Indiana’s counties ranges from 8.2% to 0.0%. There are eight counties with no eviction rate information available.

• In 2016, Indiana’s eviction filing rate, landlords filing a case in court to have a tenant removed from a property, was 8.5%. This is higher than the national eviction filing rate of 6.1%.102

Mobility

Multiple residential moves are associated with adverse mental health, education, and behavioral outcomes in children. Studies have also shown that children who have multiple moves show diminished physical and mental health in adulthood. Compared to children in stable housing, children in households with multiple moves show increased odds of household hardships, including child food insecurity.103

• 14.5% of Hoosier children moved in the past year.

• Of children who moved in the past year, 65.4% moved within the same county, 21.5% moved from a different county within Indiana, 11.1% moved to Indiana from out of state, and 2.0% moved to Indiana from abroad.104
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.105

Certain groups of children are especially vulnerable among youth who experience homelessness. These subpopulations include children with disabilities, youth involved with juvenile justice and child welfare systems, and lesbian, gay, bisexual, transgender and questioning (LGBTQ+) youth.106

- The number of unaccompanied students in Indiana, youth without the physical custody of a parent or guardian, increased 23.7% from School Year (SY) 2014-15 to School Year (SY) 2016-17.

- Students with disabilities make up 16.0% of Indiana public school students experiencing homelessness.

- The number of migratory students in Indiana, youth who periodically move due to their parents’ seasonal employment in agriculture, decreased by 30.0% from SY 2014-15 to SY 2016-17.107

Under the McKinney-Vento Act, schools are required to keep track of the number of homeless children living in their district. 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.108

- Among students experiencing homelessness, 76.1% relied on doubled-up housing, 15.4% relied on shelter, transitional housing, or were awaiting foster care, 7.4% relied on hotels and motels, and 1.1% were unsheltered.109

- Indiana (1.7%) ties for the lowest percentage of homeless public school students among neighboring states: Illinois (2.5%), Kentucky (4.0%), Michigan (2.5%) and Ohio (1.7%).110

- The percentage of public school students identified as homeless or housing unstable in Indiana’s counties ranges from 7.7% to 0.1%. Three counties do not have data available.111

One in four students experiencing homelessness pass both English and Math ISTEP+

<table>
<thead>
<tr>
<th>Percentage of Students in Grades 3–8 Passing Both English Language Arts and Math ISTEP+, Indiana: 2017</th>
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<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Homeless or Housing Unstable</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Black</td>
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<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Multiracial</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
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<tr>
<td>American Indian</td>
</tr>
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</table>

Source: Indiana Department of Education

<table>
<thead>
<tr>
<th>Percentage of Public School Students Identified as Homeless: 2017</th>
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<tbody>
<tr>
<td>10 Highest Counties</td>
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<tr>
<td>Jennings</td>
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<tr>
<td>Perry</td>
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<tr>
<td>Cass</td>
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<td>Owen</td>
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<td>Morgan</td>
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<td>Howard</td>
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<td>Marion</td>
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<td>Adams</td>
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<tr>
<td>Switzerland</td>
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<tr>
<td>Putnam</td>
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</tbody>
</table>

Source: Indiana Department of Education
In 2017, 16,677 Indiana public school students were identified as homeless or housing unstable. In 2017, only 25.8% of homeless or housing unstable students passed both English/Language Arts and Math ISTEP+, compared to the state percentage of 51.4%.

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

- A January 2017 Point-in-Time Count in Indiana identified 5,438 individuals as homeless, 1,147 of whom were children younger than 18.
- Of these children, 710 were in an emergency shelter, 421 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.

### Access to Transportation

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

- 6.6% of all Indiana households have no vehicle available, and 14.5% of one-person households have no vehicle available.

### Hunger and Food Insecurity

Households without consistent access to adequate food are considered food insecure. Food insecurity can contribute to unhealthy cycles of food deprivation and overeating. Children who eat less or skip meals when food is unavailable may overeat when food does become available. These chronic changes in food intake can contribute to weight gain, disordered eating behaviors and metabolic changes that promote fat storage.

- More than 1 in 6 Hoosier children (17.7%) are food insecure.
- Hoosiers living in rural areas are more likely to experience food insecurity. Child food insecurity ranges from 11.8% in Hamilton County to 23.1% in Switzerland County.
- Indiana’s food hardship ranking is 20th highest out of 50 states. Indiana ranks third highest among our neighboring states: Kentucky (12th), Ohio (18th), Michigan (22nd) and Illinois (30th).
• 68.0% of Hoosier families with children say they could always afford to eat nutritious meals in the past year.

• 27.6% of Hoosier families with children say they could always afford enough to eat but not always the kinds of food they should eat, and 4.4% of families say they sometimes or often could not afford enough to eat.122

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.123 Federal food assistance programs increase resources available to purchase food. Studies have shown that food benefit programs help lift people out of poverty and the largest reductions in poverty among children can be attributed to the supplemental nutrition assistance program (SNAP), the Earned Income Tax Credit (EITC) and the child tax credit.124

• Nationally, 58% 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).125

• 29% of food insecure Hoosier children are likely ineligible for federal nutrition programs.126

Supplemental Nutrition Assistance Program

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.127 Studies have shown that children who receive SNAP benefits are less likely to be overweight, when compared to children in food-insecure households not receiving SNAP. Studies have also shown that SNAP participation improves children’s dietary intake, improves mental health outcomes for parents, and health outcomes for children.128

• In Indiana, 16.1% 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 (36.5%) than children in single father (15.9%) or married-couple families (7.5%).129

• In Indiana, the average monthly benefit for individuals receiving SNAP is $118.130

• Participants in SNAP can use their benefits in grocery stores, supermarkets, and food retailers to purchase food. In Indiana, 5,279 authorized retailers participate in SNAP.

• In 2017, retailers participating in SNAP redeemed approximately $995.5 million in SNAP benefits.131

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

Households Receiving SNAP by Race/Ethnicity, Indiana: 2017

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.6%</td>
</tr>
<tr>
<td>Black</td>
<td>23.7%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>13.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>5.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>13.3%</td>
</tr>
<tr>
<td>American Indian</td>
<td>19.8%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, B22005
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.\textsuperscript{132}

- According to the National Survey of Children’s Health, 10.6\% of Hoosier families with children received WIC benefits in the past year.\textsuperscript{133}
- Data received by the Indiana State Department of Health shows that each month an average of 143,975 Hoosiers receives WIC benefits through a network of 156 Indiana WIC clinics. The average monthly benefit for Indiana households receiving WIC is $32.72.\textsuperscript{134}

Six in ten WIC participants is an infant or child

Women, Infants, and Children Participants by Category, Indiana: 2017

- 39.5\% Children
- 25.2\% Infants
- 13.5\% Pregnant Women
- 12.6\% Non-Breastfeeding Women
- 9.3\% Breastfeeding Women

Source: Indiana State Department of Health
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. Program utilization may increase both because of increased need or because of intentional efforts by schools and communities to enroll eligible children.

- 47.3% of Indiana students receive free or reduced-price meals (39.5% receive free meals and 7.8% receive reduced-price meals). In 2017, more than 123 million meals were served to Hoosier students through the National School Lunch Program. The number of meals served has decreased 6.4% since 2013.
- More than 47 million meals were served to Hoosier students through the School Breakfast Program. The number of meals served has increased by 7.8% since 2013.

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.

- In 2017, 54 of 180 eligible school districts in Indiana (30.0%) participated in CEP, lower than the national participation rate of 46.6%.
- Among schools, 283 of 658 eligible schools (43.0%) participated in CEP, lower than the national school participation rate of 54.7%.
- Indiana (43.0%) has the lowest percentage of eligible schools adopting CEP among neighboring states: Michigan (56.4%), Illinois (77.8%), Kentucky (85.3%) and Ohio (95.6%).

| Percentage of Public School Students Receiving Free or Reduced-Price Lunch: 2018 |
|---------------------------------------------|-----------------|-----------------|
| 5 Highest Counties  | 5 Lowest Counties |
| Marion | 70.2% | Hamilton | 17.0% |
| Fayette | 63.5% | Boone | 19.5% |
| Crawford | 63.1% | Hendricks | 27.1% |
| Scott | 60.8% | Hancock | 27.6% |
| Wayne | 59.9% | Warrick | 31.6% |

Source: Indiana Department of Education
Sources continued


64 Child Care Aware (2018). \textit{Indiana, Job Change Due to Problems with Child Care}. Retrieved from https://www.childcareaware.org/state-fact-sheets-download?SubmissionGuid=511869f7-bbf4-4dbb-b442-83c534340dbb


Sources continued


134 Indiana State Department of Health (2018); Data Request.


Vectren is proud to support KIDS COUNT in Indiana Data Book and all those working toward a brighter future.
Children thrive when they have access to high-quality education from preschool through grade 12. Establishing the conditions that promote educational success sets students on track to graduate, pursue postsecondary training and education, and successfully transition to adulthood. High-quality early childhood education, math and reading proficiency and school engagement contribute to college and career readiness.

Indiana’s National Rankings*

14th
National KIDS COUNT® Education

13th
High School Graduation

7th
Fourth Grade Reading Proficiency

13th
Eighth Grade Math Proficiency

*For each indicator, higher rankings (1st) represent better outcomes for youth.
All Hoosiers benefit when the next generation is well-educated and economically secure. Postsecondary success not only improves individual outcomes, but it also helps build stronger communities and strengthens the economy. For Hoosier youth to reach education success and thrive in the workforce, it is critical that plans and preparations for college and career begin early and for families to be financially ready. Multiple strategies including community driven and state supported initiatives can propel Hoosier youth to reach postsecondary success.

Where do students go and how much is it? Indiana is home to seven major public universities or university systems. The state also houses 42 private bachelor’s degree-granting institutions and many additional certificate- and associate degree-granting institutions. The large majority of Indiana seniors (75.8%) applied to a four-year college.

The average annual cost per year for in-state Indiana colleges:

<table>
<thead>
<tr>
<th></th>
<th>2-year: $15,866</th>
<th>4-year: $22,333</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Indiana Commission for Higher Education</td>
<td></td>
</tr>
</tbody>
</table>

Nationally, the average tuition and fees increase at a public four-year institution is 3.5% per year. Indiana’s average increase is significantly less at 1.8% and is one of the lowest in the nation.

What are the considerations to financial readiness?

To attend postsecondary education, Hoosier youth and families must investigate what financial resources are available, apply for financial aid and loans, and make decisions on what to study and where to live.

Individual decisions. Choosing what to study, what credential to earn, where to live, lifestyle choices, transportation, how long to take to graduate and how to finance education has an impact on the total postsecondary investment.

On-time completion. For many Hoosiers, taking additional time to graduate increases the total cost of college by thousands of dollars per year. An additional year of college can cost nearly $50,000 in extra tuition, lost wages and related costs. Students in high school can earn dual credit status, enabling students to pursue college-level credit and save more money during college enrollment. In 2016, 31,555 Hoosier graduates earned dual credit from an Indiana public college and enrolled in college.

Financial aid. About 2/3 of Hoosier students use loans to finance education and borrow an average of $34,021 to attain their undergraduate degree.

On average, financial aid covers at least 46% of Indiana college costs

<table>
<thead>
<tr>
<th>College Costs for Two- and Four-year Colleges, Indiana: 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Two-year Colleges</strong></td>
</tr>
<tr>
<td>$15,866</td>
</tr>
<tr>
<td>$7,349</td>
</tr>
</tbody>
</table>

Issues of Equity. Low-income students of color are disproportionately more likely to have to...
rely on loans to finance college, often leave college before completing a degree and face steep challenges to pay off debt.9

**Debt.** Debt can damage graduates’ future incomes and earnings, and places students at an economic disadvantage in the workforce.10

<table>
<thead>
<tr>
<th>Percentage of Graduates with Debt</th>
<th>Average Debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-year College</td>
<td>48.9%</td>
</tr>
<tr>
<td>Four-year College</td>
<td>67.7%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

What are the financial options?

**CollegeChoice 529.** Research shows that college savings accounts increase college enrollment, help low-income families build assets, promote child development and encourage lifelong asset building. Savings accounts develop a college-saver identity which makes college seem near and equips families with strategies to overcome economic obstacles.11 The 529 plan is an investment account that allows families to save and invest for college and/or credential costs. The account is tax exempt and Indiana offers tax credits of up to $1,000 per year, considered by many to be the best in the country.12 As of November 2018, there are 226,340 CollegeChoice accounts in Indiana, representing 14.4% of Indiana children.13

**The Frank O’Bannon Grant.** The Free Application for Federal Student Aid (FAFSA) determines eligibility for the O’Bannon Grant.14

- In 2017, 37,940 Indiana students received a Frank O’Bannon Grant, with an average award amount of $3,295.15
- From 2008–2015, an average of 24% of graduates entered the workforce who received a Frank O’Bannon Grant.16

**21st Century Scholarships.** 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.17

- In 2017, 21,502 Indiana students received a 21st Century Scholarship, with an average award amount of $7,495.18

- Scholars are more likely to persist to sophomore year (78%) than minority students (71%) and their low-income peers (66%), but less likely than all Hoosier students (79%).19

What Resources are Available?

**Promise Indiana** partners with communities to ensure every child has the assets and community support to pursue his or her dreams. [www.promiseindiana.org](http://www.promiseindiana.org)

**Learn More Indiana** is a resource to find scholarships, checklists, plans and information to help youth accomplish college and career goals. [www.learnmoreindiana.org](http://www.learnmoreindiana.org)

**Indiana Commission for Higher Education** provides key information on financial aid, colleges, universities and other resources. [https://www.in.gov/che/index.htm](https://www.in.gov/che/index.htm)

What Solutions are Possible?

**Individuals**

- Families and caretakers can open a 529 account and begin contributing.
- Members of the community can become a college mentor.
- Caring adults can assist students and families with researching and applying for as many scholarships as possible.

**Organizations and Communities**

- Community organizations can embed scholarship eligibility, application support, and opportunities for families to learn about and open 529 accounts in existing programming.
- Stakeholders in the community can collaborate with entities inside and outside the academic arena to support students’ college and career goals and dreams.
- Communities can sign up local businesses or organizations as a member of a College Success Coalition.

**Leaders and Policy Makers**

- Leaders can increase accessibility and affordability by focusing on issues of equity, aligning systems and supporting local and state initiatives.
Early Childhood Care and Education

High-quality early childhood care and education prepares children for long-term educational success in elementary school, middle school and high school. High-quality early education improves physical and cognitive outcomes for children. Barriers to high-quality early childhood education include affordability and availability.20

In 2017, Indiana was home to 506,257 children ages 0–5.21 Among Hoosier children younger than six years, 68.3% have all parents in the labor force (both parents in married-couple families and the head of household in single-parent families) and likely need some form of care.22

- Of Hoosier children ages 0–5 likely in need of care, 60% are in informal care settings with a family member, friend, or neighbor, while 40% are enrolled in known programs.23
- In Indiana, there are 21.3 slots in licensed child care per 100 children ages 0–5.
- Of known child care programs, 694 are centers, 2,695 are homes, and 682 are ministries.24

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.25 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.26

- 9.4% of Indiana families with children ages 0–5 have had problems with child care severe enough that they have caused a parent to turn down, change or quit a job in the past year.27
- Of requests that come to the Indiana Association for Child Care Resource and Referral, 31% are for infant care, 43% are for toddlers, 36% for preschool-age care, and 3% are for school-age care.28

### Licensed Child Care Center and Home Slots per 100 Children Ages 0–5: 2017

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
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<tbody>
<tr>
<td>Vanderburgh</td>
<td>Tipton</td>
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<tr>
<td>Vigo</td>
<td>Starke</td>
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<tr>
<td>Floyd</td>
<td>LaGrange</td>
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<tr>
<td>Hamilton</td>
<td>Miami</td>
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<td>Marion</td>
<td>Adams</td>
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<td>Monroe</td>
<td>Carroll</td>
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<td>Delaware</td>
<td>Clinton</td>
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<td>Hendricks</td>
<td>Montgomery</td>
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<tr>
<td>Boone</td>
<td>Wells</td>
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<td>Knox</td>
<td>Fountain</td>
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</table>

**Source:** Indiana Family and Social Services Administration

### Licensed Child Care Center, Home, and Ministry Slots per 100 Children Ages 0–5: 2017

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<tr>
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<tr>
<td>Howard</td>
<td>Noble</td>
</tr>
<tr>
<td>Hendricks</td>
<td>Jasper</td>
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</tbody>
</table>

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

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

- In Indiana, 2,840 programs are enrolled in the PTQ program, with 1,301 programs rated as high-quality.
- 16% of children likely in need of care are enrolled in a high-quality program.
- Five of Indiana’s 92 counties have no high-quality program available, including Newton, Jasper, Starke, Warren and Clinton Counties.

Families below 400% of the federal poverty level are more likely to face child care problems severe enough to impede with their employment.

Percentage of Families with Child Care Problems Severe to Cause a Parent to Turn Down, Change or Quit a Job in the Past Year by Federal Poverty Level (FPL), Indiana: 2016–2017

<table>
<thead>
<tr>
<th>FPL Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100% FPL</td>
<td>10.9%</td>
</tr>
<tr>
<td>100–199% FPL</td>
<td>10.0%</td>
</tr>
<tr>
<td>200–399% FPL</td>
<td>10.4%</td>
</tr>
<tr>
<td>400% FPL and Above</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children's Health

Number of High-quality Child Care Programs for Ages 0–5: 2018

<table>
<thead>
<tr>
<th>5 Highest Counties</th>
<th>5 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marion</td>
<td>222</td>
</tr>
<tr>
<td>Lake</td>
<td>128</td>
</tr>
<tr>
<td>Allen</td>
<td>119</td>
</tr>
<tr>
<td>Vanderburgh</td>
<td>62</td>
</tr>
<tr>
<td>St. Joseph</td>
<td>60</td>
</tr>
<tr>
<td>Clinton</td>
<td>0</td>
</tr>
<tr>
<td>Jasper</td>
<td>0</td>
</tr>
<tr>
<td>Newton</td>
<td>0</td>
</tr>
<tr>
<td>Starke</td>
<td>0</td>
</tr>
<tr>
<td>Warren</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Indiana Early Learning Advisory Committee

Only a quarter of known programs in Indiana are rated high-quality

Child Care Programs by PTQ Enrollment and Quality, Indiana: 2018

<table>
<thead>
<tr>
<th>Level</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Participating</td>
<td>2,344</td>
</tr>
<tr>
<td>Level 1</td>
<td>1,275</td>
</tr>
<tr>
<td>Level 2</td>
<td>264</td>
</tr>
<tr>
<td>Level 3</td>
<td>852</td>
</tr>
<tr>
<td>Level 4</td>
<td>449</td>
</tr>
</tbody>
</table>

Source: Indiana Early Learning Advisory Committee
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.\textsuperscript{34}

- In 2017, 44,607 children received the CCDF voucher. The number of children receiving vouchers has decreased by 21.1% since 2007.
- In 2017, there were an average of 7,235 children on the waiting list for a CCDF voucher each month. The average number of children waiting for a voucher has increased by 81.2% since 2007.
- The average number of children on the waiting list for a CCDF voucher ranges from a high of 2,070 kids in Marion County to a low of 0 in Union County.\textsuperscript{35}

The number of children receiving CCDF vouchers has decreased since 2014
Number of Children Receiving and Waiting to Receive a CCDF Voucher, Indiana: 2007–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Receiving</th>
<th>Waiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>56,566</td>
<td>3,992</td>
</tr>
<tr>
<td>2008</td>
<td>55,935</td>
<td>5,831</td>
</tr>
<tr>
<td>2009</td>
<td>55,360</td>
<td>8,488</td>
</tr>
<tr>
<td>2010</td>
<td>52,307</td>
<td>10,612</td>
</tr>
<tr>
<td>2011</td>
<td>46,730</td>
<td>13,652</td>
</tr>
<tr>
<td>2012</td>
<td>53,041</td>
<td>7,358</td>
</tr>
<tr>
<td>2013</td>
<td>56,530</td>
<td>4,915</td>
</tr>
<tr>
<td>2014</td>
<td>59,022</td>
<td>4,488</td>
</tr>
<tr>
<td>2015</td>
<td>49,972</td>
<td>9,227</td>
</tr>
<tr>
<td>2016</td>
<td>51,231</td>
<td>5,290</td>
</tr>
<tr>
<td>2017</td>
<td>44,607</td>
<td>7,235</td>
</tr>
</tbody>
</table>

Source: Indiana Family and Social Services Administration

School Readiness
Children who enter school with early skills are more likely to experience later academic success, attain higher levels of education, and secure employment.\textsuperscript{36} Indiana does not currently have a uniform assessment system for young children to measure school readiness. 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 participate in the ISTAR–KR.\textsuperscript{37}

Preschool and Pre-Kindergarten Programs
Preschool programs increase school readiness by strengthening a child’s academic skills in reading and math.\textsuperscript{38} Preschool also builds young children’s social-emotional readiness, self-regulation, attention and cooperation skills. These skills are foundational for success during children’s school years and in later life.\textsuperscript{39}

- Less than half of Indiana children ages 3–4 (41.6%) are enrolled in preschool.
• Nationally, nearly half of children ages 3-4 (48.0%) are enrolled in preschool.

• Of Hoosiers in preschool, 59.9% are enrolled in public school and 40.1% are in private school.

• Indiana (41.6%) is the second lowest for the fewest children ages 3-4 enrolled in preschool among neighboring states: Illinois (53.5%), Michigan (48.2%), Ohio (45.1%) and Kentucky (39.5%).

**Hoosiers lag behind their national peers, with fewer children ages 3–4 enrolled in preschool**


![Graph showing the percentage of children ages 3-4 enrolled in school in Indiana vs. the United States from 2007 to 2017.](chart)

Source: American Community Survey, Table B14003

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

• The On My Way Pre-K program served 2,208 students in 2018. Most children served live in Marion County (49.1%), followed by Allen (13.2%), Lake (12.9%), Vanderburgh (12.1%), Jackson (4.2%), and St. Joseph (2.1%) Counties.

• Most children in the On My Way Pre-K program are enrolled in high-quality programs (94.4%).

• Among children served, 77.1% are in licensed centers or homes, 14.0% are enrolled in registered ministries, and 8.3% are enrolled with legally license exempt providers.

**Six out of ten children enrolled in the On My Way Pre-K program live in 0–100% of the federal poverty level**

Children Enrolled in the On My Way Pre-K Program by Federal Poverty Level (FPL), Indiana: 2018

![Bar chart showing the distribution of children enrolled in the On My Way Pre-K program by federal poverty level in Indiana in 2018.](chart)

Source: Indiana Family and Social Services Administration
Early Head Start and Head Start

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

- In 2017, there were 29 EHS programs in Indiana with 2,427 available enrollment slots.
- 5% of eligible Hoosier children ages 0-3 had access to EHS.44

Head Start serves children ages 3-5 in low-income households as well as children in foster care or experiencing homelessness. Head Start focuses on comprehensive child development services, parental involvement, and partnerships with community service providers. Migrant Head Start provides these services to preschool children of low-income migrant and seasonal farm workers.45

- In 2017, there were 37 Head Start programs in Indiana with 11,926 available enrollment slots.
- In 2017, 1,328 Head Start children were in foster care and 1,033 were experiencing homelessness.
- 36% of eligible Hoosier children ages 3-5 had access to Head Start.46

Children with Developmental Delays or Disabilities

Parents and caregivers face increased caregiving demands and coordination of care for children with developmental disabilities. Parental access to social support can help mitigate some of the negative effects of caregiving burdens.47 Children with developmental disabilities receive services within a broad system of care and it is also important to provide support to family caregivers. Parental warmth and better parent-child relationships promote resilience for children with developmental disabilities.48

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

- In Indiana, 9.7% children receive services under an early intervention plan (IFSP or IEP).
- Black Hoosier children (14.7%) are more likely to receive an early intervention plan than their Hispanic (4.4%), white (10.1%) and all other peers (4.9%).
- Hoosier children with two or more Adverse Childhood Experiences (ACEs) are nearly four times as likely to receive an early intervention plan (15.7%) compared to children with no ACEs (4.1%).49

1 in 10 Hoosier children received services under an early intervention plan (IFSP or IEP) in 2016–2017.
First Steps
The First Steps program provides early intervention services for children ages 0–3 who are experiencing developmental delays or disabilities. Available services include assistive technology, family education, health services, service coordination, and developmental, physical, speech, and occupational therapy. 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.

- 22,074 Hoosier children were served by First Steps in 2018.
- Among the services provided by First Steps, 68% of children received speech therapy, 53% received developmental therapy, 52% received occupational therapy, and 49% received physical therapy.

Kindergarten through Grade 12
All Hoosiers ages 7–18 are required to attend school. Each school corporation is also required to provide a kindergarten program for eligible students starting at age five. In 2019, there were 1,112,602 students enrolled in kindergarten through grade 12.

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.

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

- In 2017–2018, nearly 9 in 10 students attended a traditional public school (88.2%), with smaller percentages attending non-public schools (4.4%), public charter schools (4.3%), and School Choice Voucher schools (3.1%).
- Hoosier students are becoming more diverse. Over the past decade, the percentage of students of color has increased by 8.0 percentage points.
Public and Nonpublic Schools

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

- Indiana has 102 charter schools authorized to operate. The majority of charter schools are located in Marion (52) and Lake (14) Counties. 57
- In 2018, 48,465 students were enrolled in an Indiana charter school (4.3% of all Hoosier students). The number of students enrolled in charter schools has increased by 25.0% since 2015. 58
- In 2018, 86,070 students were enrolled in Indiana’s accredited nonpublic schools (7.6% of all Hoosier students). 59

School Choice Vouchers

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

- In 2018, 35,458 Hoosier students participated in the Choice Scholarship Program. Student participation has increased by 21.6% since 2015. 61
- The majority of Choice Scholarship recipients are students in grades 1–8 (72.4%), compared to 22.2% in grades 9–12 and 5.4% in kindergarten.
- Slightly less than half of Choice Scholarship recipients have previously attended an Indiana public school (43.5%). 62

More than half of Choice Scholarship recipients live in metropolitan areas

Choice Scholarship Recipients by Race/Ethnicity and Geographic Area, Indiana: 2018

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Multiracial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>60.8%</td>
<td>23.2%</td>
<td>12.2%</td>
<td>1.9%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Suburban</td>
<td>31.5%</td>
<td>37.9%</td>
<td>20.1%</td>
<td>2.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Rural</td>
<td>8.3%</td>
<td>6.6%</td>
<td>7.3%</td>
<td>2.3%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Town</td>
<td>7.6%</td>
<td>7.6%</td>
<td>7.3%</td>
<td>2.3%</td>
<td>10.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

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

All eligible students with disabilities are entitled to a free, appropriate public education in the least restrictive environment possible. Assessments are used to determine eligibility. Information is collected about a suspected disability and is used to determine if there is a developmental delay or an impairment that adversely affects educational performance.

Public school students who are identified as having special needs receive an Individualized Education Program (IEP) that sets goals for the school year and plans for any special support a child may need to achieve those goals. Some of the services Indiana can provide as part of an IEP include: transportation, speech pathology, psychological services, physical or occupational therapy and an educational interpreter.63

- In 2018, there were 174,863 special education students enrolled in Indiana schools (15.3% of students).64

- Among the 16 disability categories in which students are placed, 31.1% have a specific learning disability, 23.3% have a language or speech impairment, 14.0% have another health impairment, 9.3% are in the autism spectrum, 7.3% have an emotional disability, and 5.8% have a mild cognitive disability.

- Disability categories less than five percent of students include: 2.6% with a developmental delay, 2.0% with moderate cognitive disability, 1.4% are deaf or hard of hearing, and 1.2% have multiple disabilities.65

- In 2018, 3,354 Choice Scholarship students were eligible for special education services. Of them, 684 selected their Choice School as the special education service provider (20.4%) and 2,670 selected the public school corporation (79.6%).66

Students of color are disproportionately placed in special education

Percentage of Students in Special Education by Race/Ethnicity, Indiana: 2018

![Students of color are disproportionately placed in special education](chart)

Source: Indiana Department of Education
High Ability
A "high-ability student" is one who performs at or shows the potential for performing at an outstanding level of accomplishment in at least one domain when compared to other students of the same age, experience, or environment, and is characterized by exceptional gifts, talents, motivation, or interests. 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.

- In Indiana, 143,100 students are considered high ability (12.6% of students).
- White students are nearly three times as likely to be identified as high ability as compared to their black peers.

Black and Hispanic students are underrepresented in high ability
Percentage of Students Considered High Ability by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12.6%</td>
</tr>
<tr>
<td>White</td>
<td>14.7%</td>
</tr>
<tr>
<td>Black</td>
<td>5.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>21.9%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>11.0%</td>
</tr>
<tr>
<td>American Indian</td>
<td>10.2%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

English Learners
A growing segment of Indiana's population speaks a language other than English at home. More than 1 in 10 Hoosier children ages 5-17 speak a language other than English at home (10.9%). This percentage has increased from 8.2% in 2007. Students with Limited English Proficiency (LEP) are students with a primary language other than English who have a limited range of English speaking, reading, writing or listening skills. Students who are Fluent English Proficient (FEP) demonstrate "native" or "native-like" English speaking, listening, reading and writing.

Four in ten English learners has a Developing Level of English proficiency
WIDA Proficiency Levels, Indiana: 2018

<table>
<thead>
<tr>
<th>Proficiency Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entering</td>
<td>12.0%</td>
</tr>
<tr>
<td>Emerging</td>
<td>16.0%</td>
</tr>
<tr>
<td>Developing</td>
<td>39.0%</td>
</tr>
<tr>
<td>Expanding</td>
<td>27.0%</td>
</tr>
<tr>
<td>Bridging</td>
<td>5.0%</td>
</tr>
<tr>
<td>Reaching</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
Indiana is one of 39 U.S. states and territories in the WIDA Consortium. This consortium focuses on the research, design and implementation of a high-quality, culturally and linguistically appropriate system to support English learners. As part of this system, English learners complete the WIDA assessment annually to determine their level of English proficiency. The WIDA assessment has six levels, with Entering as the lowest proficiency category and Reaching as the highest category.

- In Indiana, 59,274 students are English learners (5.2% of all students).
- Asian (33.1%), Hispanic (31.3%) and Native Hawaiian or Other Pacific Islander (22.8%) students make up the majority of English learners.
- The most common language spoken by students who speak a language other than English is Spanish (70.2%), followed by Arabic (2.7%), German (2.1%), Mandarin (2.0%) and Chin (2.0%).
- The percentage of students who are considered English learners in Indiana’s counties varies, with the five highest counties being Cass (16.5%), LaGrange (13.8%), Elkhart (13.5%), Clinton (13.1%) and Marion County (12.3%).

Success in School
Educational success is essential for students to graduate, pursue postsecondary options and thrive in adulthood. Regular school attendance, school engagement, support from school counselors, academic achievement, discipline and safety are key contributing factors for positive outcomes.

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. Research suggests that when more students are chronically absent because of safety concerns, their peers and classmates are negatively affected as well, even if they themselves are not missing school.

- In 2018, Indiana’s school attendance rate was 95.4%. Indiana’s school attendance rate has consistently been around 96% for the past five years.
- The majority of Indiana students missed fewer than 4 days of school in the past year (79.4%), 16.9% of students missed between 4 and 10 days, and 3.7% missed 11 or more days.
- The majority of Indiana high school students (78.1%) did not skip school in the past month, 17.6% skipped 1 to 3 days, and 4.3% skipped 4 or more days.
- Among high school students, Hispanic students are more likely to have skipped school in the past month (27.6%), compared to their black peers (26.0%) and white peers (20.7%).

### 10 Highest School Districts

<table>
<thead>
<tr>
<th>District</th>
<th>Number of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indianapolis Public Schools</td>
<td>4,145</td>
</tr>
<tr>
<td>Perry Township</td>
<td>3,314</td>
</tr>
<tr>
<td>Fort Wayne Community Schools</td>
<td>2,295</td>
</tr>
<tr>
<td>MSD Wayne Township</td>
<td>2,029</td>
</tr>
<tr>
<td>MSD Lawrence Township</td>
<td>1,792</td>
</tr>
<tr>
<td>Elkhart Community Schools</td>
<td>1,658</td>
</tr>
<tr>
<td>MSD Pike Township</td>
<td>1,579</td>
</tr>
<tr>
<td>South Bend Community School Corporation</td>
<td>1,547</td>
</tr>
<tr>
<td>School City of Hammond</td>
<td>1,478</td>
</tr>
<tr>
<td>MSD Washington Township</td>
<td>1,431</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
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.79

- More than three quarters of Indiana parents (76.3%) say it is “definitely true” that their child cares about doing well in school.
- 73.9% of parents say it is “definitely true” that their child does all required homework.80
- 3 in 10 Indiana high school students (32.1%) say their classes are “slightly” or “very” boring, 1 in 3 (36.3%) say their schoolwork is “seldom” or “never” meaningful, and 4 in 10 (42.1%) say they hate being in school “often” or “a lot.”
- Three quarters of Indiana high school students (73.3%) say they do their best work in school “often” or “a lot.”81

School Counselors

School counselors promote student engagement and learning, provide social and emotional support, promote positive school culture, and help students navigate college and career readiness and success.82

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.83

- Indiana employs one licensed guidance counselor for every 559 students.84
- 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.85

### Students per Licensed Guidance Counselor: 2017

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crawford</td>
<td>Jennings</td>
</tr>
<tr>
<td>1,555</td>
<td>338</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Washington</td>
</tr>
<tr>
<td>1,524</td>
<td>346</td>
</tr>
<tr>
<td>Perry</td>
<td>Floyd</td>
</tr>
<tr>
<td>1,496</td>
<td>374</td>
</tr>
<tr>
<td>Union</td>
<td>Huntington</td>
</tr>
<tr>
<td>1,400</td>
<td>376</td>
</tr>
<tr>
<td>Owen</td>
<td>Putnam</td>
</tr>
<tr>
<td>1,293</td>
<td>383</td>
</tr>
<tr>
<td>Warren</td>
<td>Montgomery</td>
</tr>
<tr>
<td>1,225</td>
<td>384</td>
</tr>
<tr>
<td>Daviess</td>
<td>Starke</td>
</tr>
<tr>
<td>1,142</td>
<td>393</td>
</tr>
<tr>
<td>Sullivan</td>
<td>Vanderburgh</td>
</tr>
<tr>
<td>1,031</td>
<td>395</td>
</tr>
<tr>
<td>Scott</td>
<td>Fayette</td>
</tr>
<tr>
<td>969</td>
<td>396</td>
</tr>
<tr>
<td>Benton</td>
<td>DeKalb</td>
</tr>
<tr>
<td>936</td>
<td>401</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

### Hispanic high school students are more likely to have skipped school in the past month than their peers

Percentage of High School Students Who Skipped School in the Past Month by Race/Ethnicity, Indiana: 2018

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

Source: Indiana Youth Survey
School Discipline
Suspensions and expulsions are widely used to discipline students for disruptive behavior. Research suggests that many disciplinary techniques negatively impact student achievement, increase students’ risk of dropping out, and increase the likelihood of involvement with the criminal justice system. Research has consistently shown that black students face more frequent and severe disciplinary actions that remove them from school compared to their white peers. Large disparities in disciplinary techniques are associated with lower levels of student belonging, more adjustment problems, and a negative school climate. Research suggests that alternatives to suspension and equity focused interventions help reduce the discipline gap, mitigate the negative impacts, keep students in school, and improve overall school climate.\(^8^6\)

- In 2018, 49,809 Indiana students received in-school suspension (4.6%), 65,394 received an out-of-school suspension (6.1%), and 3,088 were expelled (0.3%).
- The percentage of students receiving in-school suspension in Indiana’s counties ranges from 11.8% in Floyd County to 0.0% in five counties.
- The percentage of students receiving out-of-school suspension in Indiana’s counties ranges from 10.3% in Lake County to 0.9% in LaGrange County.
- The percentage of students being expelled in Indiana’s counties ranges from 0.9% in Vermillion County to 0.0% in ten counties.
- Black students are 2.3 times more likely to receive in-school suspension, 4 times more likely to receive out-of-school suspension, and 2.2 times more likely to be expelled than their white peers.\(^8^7\)

Large disparities exist by race for in-school and out-of-school suspension

Percentage of Students Suspended by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>In-school Suspension</th>
<th>Out-of-school Suspension</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>3.8%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Black</td>
<td>8.6%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.3%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>6.4%</td>
<td>1.6%</td>
</tr>
<tr>
<td>American Indian</td>
<td>5.7%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Native Hawaiian Or Other Pacific Islander</td>
<td>3.5%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
National Assessment
The National Assessment for Educational Progress (NAEP) can be used to compare Indiana student performance in reading and mathematics across the United States. A random sample of students in grades 4 and 8 take the National Assessment for Educational Progress (NAEP) every other year. The most recent assessment occurred in 2017. 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.

- 41% of Indiana students in 4th grade scored at or above proficient in reading, compared to 35% of their peers nationally.
- Indiana has the highest percentage of 4th grade students scoring at or above proficient in reading (41%) among neighboring states: Ohio (39%), Kentucky (38%), Illinois (35%) and Michigan (32%).
- 38% of Indiana students in 8th grade scored at or above proficient in math, compared to 33% of their peers nationally.
- Indiana has the second highest percentage of 8th grade students scoring at or above proficient in math (38%) among neighboring states: Ohio (40%), Illinois (32%), Michigan (31%) and Kentucky (29%).

### Percentage of 4th and 8th Graders Scoring Each Achievement Level on NAEP, Indiana: 2017

<table>
<thead>
<tr>
<th></th>
<th>At or Above Basic</th>
<th>At or Above Proficient</th>
<th>At Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mathematics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Grade</td>
<td>86%</td>
<td>48%</td>
<td>12%</td>
</tr>
<tr>
<td>8th Grade</td>
<td>73%</td>
<td>41%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Reading</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Grade</td>
<td>73%</td>
<td>41%</td>
<td>10%</td>
</tr>
<tr>
<td>8th Grade</td>
<td>82%</td>
<td>41%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Source:** National Center for Education Statistics

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. A Good Cause Exemption is granted to students who have previously been retained two times prior to passing onto 4th grade, students with disabilities whose Case Conference Committee determines the promotion is appropriate, and English learners whose Individual Learning Planning committee determines the promotion is appropriate. 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 2018, 87.1% of 3rd grade students passed the IREAD-3, this has decreased from 91.3% in 2015.
- Fifty-nine 3rd grade students (0.1%) received a Good Cause Exemption.
- Students of color, students in special education, and students who are English learners are less likely to pass IREAD-3 than their peers.
State ISTEP+

All Indiana students in grades 3–8 are tested in English/Language Arts and Mathematics using the Indiana Statewide Testing for Educational Progress Plus exam (ISTEP+). In 2017–2018, students in grades 3–8 took the ISTEP+ in order to assess their mastery of the Indiana Academic Standards. Students in grade 10 also took 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 10.96

Beginning in 2018–2019, ILEARN, an online computer-adaptive assessment test, will measure student proficiency of the Indiana Academic Standards in grades 3–8, biology and U.S. Government.96

- In 2018, 50.7% of students in grades 3–8 passed both English/Language Arts and Math ISTEP+, this has decreased from 53.5% in 2015.

- Students of color, students in special education, English learners and students receiving free or reduced-price lunch are less likely to pass ISTEP+ than their peers.97

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.98

- In 2018, 33.7% of 10th grade students passed both English/Language Arts and Math ISTEP+.

- 10th grade students were more likely to pass English/Language Arts (58.9%) than Math (36.2%).
• White 10th grade students are more than three times as likely to pass both English/Language Arts and Math ISTEP+ (39.2%) than their black peers (11.9%).

• 10th grade Hispanic (18.8%), Native Hawaiian or Other Pacific Islander (18.2%), multiracial (28.4%), and American Indian students (33.8%) are less likely to pass both English/Language Arts and Math ISTEP+, compared to their white peers.99

Achievement gaps persist by race, income, disability and language proficiency
Percentage of Students in Grades 3–8 Passing Both English Language Arts and Math ISTEP+, Indiana: 2018

Graduation
Youth who graduate from high school are more likely to be employed, earn higher incomes, and enjoy better health than those who do not earn a high school diploma.100

• In 2018, 88.1% of all Indiana high school students graduated on time.

• Students who did not graduate after four years are either still in school (5.2%), have dropped out (5.2%), or earned a Special Education Certificate (1.1%).101

• In 2016, Indiana ranked second for on-time graduation (87%) among our neighboring states: Kentucky (89%), Illinois (85%), Ohio (83%) and Michigan (80%).102

• Students of color, students in special education, English learners, and students receiving free or reduced-price lunch are less likely to graduate on time than their peers.103

• The high school graduation rate in Indiana’s counties ranges from 74.9% in Marion County to 98.0% in Rush County.104
After a steady increase, the high school graduation rate has decreased from a high in 2014

High School Graduation Rate, Indiana: 2007–2018

<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>
<tr>
<td>2017</td>
<td>87.2%</td>
</tr>
<tr>
<td>2018</td>
<td>88.1%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

English learners, special education students and black students have the lowest graduation rates

High School Graduation Rate, Indiana: 2018

- Total: 88.1%
- White: 89.9%
- Black: 79.4%
- Hispanic: 84.7%
- Multiracial: 84.7%
- Asian: 95.5%
- Native Hawaiian or Other Pacific Islander: 84.8%
- American Indian: 83.2%
- Paid Meals: 93.9%
- Free/Reduced Price Meals: 82.4%
- General Education: 92.1%
- Special Education: 72.8%
- Non-English Learners: 90.1%
- English Learners: 69.6%
- Female: 89.6%
- Male: 86.3%
- Nonpublic: 91.9%
- Public: 87.9%

Source: Indiana Department of Education
Diploma Type

Students in the graduating class of 2023 will be able to individualize their graduation requirements to align to their postsecondary goals through the Graduation Pathways. Students must satisfy all three of the requirements: high school diploma, learn and demonstrate employability skills and complete postsecondary-ready competencies.105

Ending with the class of 2022, 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.106

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.107

- In 2018, more than a third (39.8%) of students earned an Honors Diploma, half (50.7%) earned a Core 40 Diploma, and 9.5% of students earned a General Diploma.

- The share of graduates earning at least a Core 40 Diploma has increased from 76.7% in 2009 to 90.5% in 2018.108

The percentage of high school graduates earning an honors diploma has increased and those earning a general diploma has decreased since 2014

Diploma Types for High School Graduates, Indiana: 2014–2018

<table>
<thead>
<tr>
<th>Year</th>
<th>General</th>
<th>Core 40</th>
<th>Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>35.9%</td>
<td>50.1%</td>
<td>14.0%</td>
</tr>
<tr>
<td>2015</td>
<td>37.2%</td>
<td>49.9%</td>
<td>12.9%</td>
</tr>
<tr>
<td>2016</td>
<td>37.9%</td>
<td>49.9%</td>
<td>12.2%</td>
</tr>
<tr>
<td>2017</td>
<td>38.9%</td>
<td>49.8%</td>
<td>11.3%</td>
</tr>
<tr>
<td>2018</td>
<td>39.8%</td>
<td>50.7%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education

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.109

- In 2018, the Indiana high school dropout rate was 5.2% and has increased since 2014, when the high school dropout rate was 4.5%.

- The dropout rate is highest for black students (8.9%), followed by Native Hawaiian or Pacific Islander (6.8%), Hispanic (6.6%), multiracial (6.6%), American Indian (5.8%), white (4.4%), and Asian students (1.9%).110

- Less than half (43.2%) of Hoosier youth ages 16–19 who have dropped out of high school are employed, less than half are not in the labor force (43.8%) and 1 in 8 are unemployed (12.9%).111 Individuals not in the labor force are those who are not actively working or looking for work, while individuals actively looking for a job and being unable to find work are unemployed.112
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 and the plan was approved in January 2018. In addition to federal accountability, Indiana state law also requires that school performance be assessed on a scale of A to F. Due to the differences between federal and state accountability standards, Indiana schools receive two grades, one for federal and one for state.

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

School Accountability, Percentage of Schools Receiving A–F Grades by State and Federal Accountability Systems, Indiana: 2018

<table>
<thead>
<tr>
<th>Grade</th>
<th>State Accountability System</th>
<th>Federal Accountability Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Traditional Public Schools</td>
<td>Charter Public Schools</td>
</tr>
<tr>
<td>A</td>
<td>26.1%</td>
<td>21.2%</td>
</tr>
<tr>
<td>B</td>
<td>37.7%</td>
<td>17.6%</td>
</tr>
<tr>
<td>C</td>
<td>21.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>D</td>
<td>9.7%</td>
<td>18.8%</td>
</tr>
<tr>
<td>F</td>
<td>4.4%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Education
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.117

Students thrive in schools and organizations where they are safe from violence, bullying, harassment, and substance abuse. School safety includes more than an absence of threats, instead describing an environment where students feel safe both physically and emotionally. Emotionally safe students feel free to express their emotions, have the confidence to take risks and tackle challenges, and feel valued, respected, and connected to their learning.118 Potential threats to school safety are wide ranging and include weather and natural disasters, noncustodial parent abductions, bullying, fighting, weapon use, and mass shootings.

- During 2016–2017, 81.8% of Indiana parents indicated they “definitely agree” that their child is safe at school, compared to 75.3% nationally.119

- In 2018, 25.9% of Hoosier high school students did not feel safe at school. Black high school students (33.4%) feel less safe at school, than their Hispanic (29.2%) and white peers (24.5%).120

- Differences in feelings of safety between students by race and ethnicity are correlated with students’ perceptions of disciplinary fairness, school disorder, and racial tension in the school.121

- Students who identify as lesbian, gay, or bisexual are 2.6 times more likely to miss school because they felt unsafe at school or on their way to or from school in the past month, than their heterosexual peers.122

Students who identify as lesbian, gay, or bisexual disproportionately miss school due to safety concerns

Percentage of High School Students Who Did Not Go to School Because They Felt Unsafe by Sexual Orientation, Indiana: 2015

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Heterosexual</th>
<th>Lesbian, Gay, or Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.7%</td>
<td>5.0%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

High school students of color are more likely to feel unsafe at school, compared to their white peers

Percentage of High School Students Who Did Not Feel Safe at School by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All Other Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.5%</td>
<td>33.4%</td>
<td>29.2%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey
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. Among Indiana high school students, some student groups are significantly more likely to experience school violence, such as students who identify as lesbian, gay, or bisexual. Students who witness violence at school are more likely to perpetrate violent behaviors themselves.

- 5.5% of Indiana high school students were in a physical fight on school property in 2015.
- Males are twice as likely to have been in a fight at school (7.2%) as females (3.4%).
- In Indiana, 5.6% of high school students carried a weapon such as a gun, knife or club on school property in the past month. In 2015, males were three times more likely to carry a weapon (8.3%) than females (2.6%).
- In 2015, 6.6% of high school students were threatened or injured with a weapon on school property in the past year. Students who identify as lesbian, gay, or bisexual are more than 4.5 times more likely to be threatened or injured with a weapon on school property than their heterosexual peers.

Students who identify as lesbian, gay, or bisexual are more likely to experience school violence


Bullying

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

- In 2016–2017, 2 in 10 Hoosier children ages 6–17 were bullied by other children (20.8%), compared to 21.7% nationally.
- Hoosier children with two or more Adverse Childhood Experiences (ACEs) are 3.7 times as likely to be bullied, picked on, or excluded by other children (36.3%) compared to children with no ACEs (9.8%).
• 18.7% of high school students were bullied on school property in 2015.129

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.130

• 15.7% of Indiana high school students were electronically bullied in 2015.

• In 2015, females were nearly twice as likely to be cyberbullied (20.6%) as males (11.0%).131

Female high school students are more likely to be cyberbullied and bullied than their male peers
Percentage of High School Students Who Were Bullied on School Property or Cyberbullied Within the Past Year, Indiana: 2015

![Bar chart showing percentage of high school students bullied or cyberbullied.]

Source: Youth Risk Behavior Survey

College and Career
The transition from high school to college, technical training, or career is a critical step in a young person’s life. Education systems help students prepare for success in college and career readiness. Students need to be supported to ensure college and career readiness is a realistic and attainable goal for all students.132

• More than three quarters (80.7%) of Indiana’s 12th grade students intend to enroll in a two- or four-year college in the first year after high school.

• High school seniors who receive free or reduced-price lunch are more than twice as likely to intend to work full time after graduation (12.2%) as students with paid lunch (4.6%).

• High school seniors who have a parent with a college degree are more likely to intend to enroll in college (88.6%) than seniors whose parents do not have degrees (69.6%).

• High school seniors whose parents do not have degrees report post-high school intentions such as participating in an apprenticeship program (2.1%), enrolling in a Career/Technical College (2.4%), working at a full-time job (3.7%), and enlisting in the military (4.3%).133
**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, high school seniors applied for one or more of the following post-high school options: 75.8% applied to a four-year college, 14.7% applied to a two-year community college, 3.5% applied to the military, 2.9% applied to a career/technical college, and 1.6% applied for an apprenticeship.

- 13.9% of Hoosier high school seniors did not apply for any post-high school option.\(^{134}\)

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

Percentage of 12th Grade Students Who Planned for College or Career in the Past Year, Indiana: 2018

- Use internet to learn about a college: 87.3%
- Submitted an application to a college, apprenticeship, or military: 86.1%
- Used internet to learn about a career: 84.6%
- Had an up-to-date written resume: 50.2%
- Visited college campus: 51.5%
- Met with a college representative: 42.2%
- Had a written plan for the future: 25.9%
- Went to a college fair: 31.9%
- Took a career interest inventory: 24.3%

*Source: Indiana College and Career Readiness Survey*
21st Century Scholars
Indiana’s 21st Century Scholars Program provides low-income students with up to four years of paid tuition at an eligible Indiana college or university. Scholars also receive a variety of support services designed to help them succeed in school and complete college.135

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.136

• 21st Century Scholars are more likely to enter college immediately after high school (82%) than all Indiana students (64%) and students receiving free or reduced lunch (50%).

• Scholars are less likely to need remediation in college (11%) than all Indiana students (13%) and students receiving free or reduced lunch (20%).137

• Scholars are more likely to graduate on-time from Indiana public colleges (29.8%) compared to their low-income peers (24.1%), but less likely than all Indiana students (38.5%).

• Scholars are more likely to graduate on-time at two-year campuses (17.3%) than the overall student population (12.7%).138

• Scholars are more likely to persist to sophomore year (78%) than other minority students (71%) and their low-income peers (66%), but less likely than all Hoosier students (79%).139

• Among the 21st Century Scholar class of 2016 the majority are white (67.0%), followed by black (15.7%), Hispanic (9.9%), Asian (2.3%) and all other students (5.1%).140

21st Century Scholars are more likely to persist to their second year and graduate on time, compared to other low-income students and students of color

Percentage of Students by College Performance Indicators, Indiana 2015

Source: Indiana Commission for Higher Education

<table>
<thead>
<tr>
<th>21st Century Scholars</th>
<th>Minority Students</th>
<th>Other Low-Income Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earning 30+ Credits</td>
<td>38% 29% 23%</td>
<td>Overall Student Population 42% 30% 23%</td>
</tr>
<tr>
<td>Graduate On Time</td>
<td>38% 30% 23%</td>
<td>21st Century Scholars 79% 78% 71%</td>
</tr>
<tr>
<td>Persist to Sophomore Year</td>
<td>79% 78% 71%</td>
<td>Minority Students 66%</td>
</tr>
</tbody>
</table>
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.141

- In 2017, 35.7% of Indiana high school graduates took an AP exam, and 18.3% of graduates passed an AP exam.142
- 93% of Hoosier graduates in the class of 2016 who took and passed an AP test enrolled in college, compared to 55% of those who did not take an AP test.
- 3% of students who passed an AP test needed remediation in college, compared to 18% of students who did not take an AP test.143

Students who passed an AP test are more likely to enroll in college
Percentage of High School Graduates Who Enrolled in College and Did Not Need Remediation, Indiana: 2016

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 1600.144

- 67% of Indiana graduates in the class of 2018 took the SAT at some point during their high school career.
- Among Indiana graduates in 2018, the mean SAT score was 539 in Math and 546 in Evidence-Based Reading and Writing, for a total mean score of 1086.145
- Indiana has the third highest total mean SAT score (1086) among our neighboring states: Kentucky (1248), Ohio (1099), Illinois (1019) and Michigan (1011).146

Gaps as high as 162 points separate black and Hispanic students from white students on SAT scores
Mean SAT Score of High School Graduates by Race/Ethnicity, Indiana: 2018

Source: Indiana Commission for Higher Education

Gaps as high as 162 points separate black and Hispanic students from white students on SAT scores
Mean SAT Score of High School Graduates by Race/Ethnicity, Indiana: 2018

Source: College Board

Indiana Youth Institute | IYI.org
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 36.147

- In 2017, an estimated 24,878 of Indiana’s graduates in the class of 2017 took the ACT.148, 149

- Among Indiana graduates in 2017, the average ACT score was 22.5, higher than the national average of 20.8.

- Indiana has the third highest average ACT score (22.5) among our neighboring states: Michigan (24.4), Illinois (23.9), Ohio (20.3) and Kentucky (20.2).150

- 36% of Indiana students met ACT College Readiness Benchmark Scores on all four sections, compared to 27% of students nationally.151

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.152

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

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

- For four-year colleges in Indiana, the average annual cost is $22,333 before financial aid and $11,524 after financial aid.153

College graduates with lower student debt are more likely to thrive as adults. Debt can damage graduates’ future incomes and lifelong earnings. Having debt places students at an economic disadvantage in the workforce and they may struggle to repay their debts. Research also shows that black students disproportionately rely on loans to finance their education, largely because their families tend to hold much less wealth than white families. Additionally, low-income students of color are disproportionately more likely to leave college before completing a degree and face steep challenges to pay off debt.154

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

- 67.7% of students who graduate from four-year colleges graduate with debt, averaging $26,999 per student.155

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

- Students borrow an average of $34,021 in student loans to obtain their undergraduate degree.156
Although financial aid covers at least 46% of college costs on average, students still face debt
College Costs for Two-year and Four-year Colleges, Indiana: 2017

<table>
<thead>
<tr>
<th></th>
<th>Four-year Colleges</th>
<th>Two-year Colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average annual cost</td>
<td>$22,333</td>
<td>$15,866</td>
</tr>
<tr>
<td>before financial aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average annual cost</td>
<td>$11,524</td>
<td>$7,349</td>
</tr>
<tr>
<td>after financial aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average debt at graduation</td>
<td>$26,999</td>
<td>$17,132</td>
</tr>
<tr>
<td>(for students with debt)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education

CollegeChoice – 529 Accounts
Research shows that college savings accounts increase college enrollment, help low-income families build assets, promote child development and encourage lifelong asset building. Savings accounts develop a college-saver identity which makes college seem near and equips families with strategies to overcome obstacles. The 529 plan is an investment account that allows families to save and invest for college costs, which also includes vocational schools and community colleges. This account is a tax-free earning growth and tax-free withdrawals that can pay for tuition, books, supplies, and sometimes room and board.

- As of November 2018, there are 226,340 CollegeChoice accounts in Indiana, representing 14.4% of Indiana children.
- As of November 2018, Indiana has $2,852,075,638 in assets. The assets in Indiana’s counties ranges from $564,919,341 in Hamilton County to $292,191 in Ohio County.
- In Indiana, the average balance of CollegeChoice 529 accounts is $12,601. The average balance in Indiana’s counties ranges from $19,756 in Boone County to $2,164 in Jay County.
- The penetration rate is the proportion of youth under 18 who have a 529 account, compared to the total population of youth under 18. In Indiana this is 20.0%, and in Indiana’s counties this ranges from 39.6% in Wabash County to 6.4% in Vermillion and LaGrange county.

<table>
<thead>
<tr>
<th>CollegeChoice 529 Account Penetration Rate: As of November 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Highest Counties</td>
</tr>
<tr>
<td>Wabash 39.6%</td>
</tr>
<tr>
<td>Boone 39.4%</td>
</tr>
<tr>
<td>Hamilton 35.9%</td>
</tr>
<tr>
<td>Benton 35.7%</td>
</tr>
<tr>
<td>Hancock 31.9%</td>
</tr>
<tr>
<td>Jay 27.5%</td>
</tr>
<tr>
<td>Dubois 25.4%</td>
</tr>
<tr>
<td>Blackford 24.4%</td>
</tr>
<tr>
<td>Warrick 23.1%</td>
</tr>
<tr>
<td>Monroe 22.3%</td>
</tr>
</tbody>
</table>

Source: Indiana Education Savings Authority and Easy Access to Juvenile Populations
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.160

- Females (62%) are more likely to file FAFSA on time than males (38%).
- 46.1% of FAFSA filers are first-generation college students.161

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.162

- More than half (53.9%) of Hoosier FAFSA filers are eligible for a Pell Grant.163
- 136,708 Indiana students received a Pell Grant in 2017.164

Indiana state aid is awarded through two main grant programs: The Frank O’Bannon Grant and the 21st Century Scholarship.165 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.166

- 37,940 Indiana students received a Frank O’Bannon Grant in 2017, with an average award amount of $3,295.
- 21,502 Indiana students received a 21st Century Scholarship in 2017, with an average award amount of $7,495.167

Enrollment
Nearly two-thirds (64%) of Indiana’s high school graduating class of 2016 went to college.168

- Students who earn an Honors Diploma are more likely to enroll in college (93%) than students earning a Core 40 (55%) or General Diploma (20%).169
- 40.9% of Indiana’s young adults ages 18-24 are enrolled in college or graduate school. Of them, 76.9% are enrolled in public schools.170

Free or reduced price lunch (FRPL), Hispanic, and black students are less likely to enroll in college
Percentage of High School Graduates Enrolling in College, Indiana: 2016

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>FRPL</th>
<th>Non-FRPL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64%</td>
<td>66%</td>
<td>57%</td>
<td>52%</td>
<td>77%</td>
<td>50%</td>
<td>71%</td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education
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.171

• In Indiana, 13% of the high school graduating class of 2016 who enrolled in an Indiana public college needed remediation.

• Of Indiana’s 2016 high school graduates who enrolled in an Indiana public institution, 87% did not need remediation, 7% needed math remediation, 4% needed English/Language arts remediation, and 2% needed both types of remediation.172

Black Hoosier college students are 2.5 times more likely to need remediation as their white peers
Percentage of College Students Needing Remediation, Indiana: 2016

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>Asian</th>
<th>FRPL</th>
<th>Non-FRPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>11%</td>
<td>27%</td>
<td>17%</td>
<td>9%</td>
<td>20%</td>
<td>10%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana Commission for Higher Education
*FRPL = Free or reduced price lunch.

Completion
Not all students who start college in Indiana complete a degree. Many college students, especially those who are in community colleges, face economic insecurities that are a barrier for college completion. Research suggests that students need guided pathways, robust counseling services and financial resources to overcome barriers to college completion.173

Students whose parents did not attend college may face additional challenges in attending and completing college. These challenges include social, cultural and academic readiness,174 as well as limited financial resources. Research indicates that first-generation college-goers are less likely to graduate from postsecondary institutions than their peers.175

• Of college students with expected graduation in 2017, 45.4% of full-time four-year degree seekers and 12.7% of full-time two-year degree seekers graduated on time.

• Of college students with expected graduation in 2015, the six-year extended time completion rate was 68.2% for full-time four-year degree seekers and 32.2% for full-time two-year degree seekers.176
Workplace Readiness

Many employers believe that students are not adequately prepared for the workforce. More than half (54%) of Indiana employers say that the supply of qualified applicants does not meet demand, and 51% said they left jobs unfilled in the past year due to underqualified applicants. Among Indiana employers, the following skills were rated as the most challenging to find among job applicants and new hires:

- 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

Over half of employers require more than a high school diploma for unfilled jobs

Education Requirements for Unfilled Jobs, Indiana: 2017

Source: Indiana Chamber of Commerce
A bachelor’s degree or higher accounts for a quarter of Hoosier educational attainment

Highest Level of Educational Attainment for Adults 25 Years and Older, Indiana: 2017

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>11.4%</td>
</tr>
<tr>
<td>High School graduate</td>
<td>32.7%</td>
</tr>
<tr>
<td>Some college, no degree</td>
<td>20.2%</td>
</tr>
<tr>
<td>Associate degree</td>
<td>8.9%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>17.0%</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>7.2%</td>
</tr>
<tr>
<td>Professional or doctoral degree</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

Source: American Community Survey, Table B15002

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.¹⁸⁰

- 178,030 Indiana students (51.8% of the student population) are enrolled in at least one career and technical education course.
- 5,340 Indiana students enrolled in a career and technical education course earned an industry certification.
- Among the career and technical education courses, 7,834 students were in work-based learning courses. This includes internships within traditional CTE courses.
- In 2016, 23,236 Indiana students were CTE concentrators who earned six or more credits in a single CTE program area.
- Half of CTE concentrators who exited high school in 2016 passed a technical skills assessment aligned with industry-recognized standards (49.7%).¹⁸¹

Work-based Learning

Work-based learning programs are opportunities to help students learn about the workplace, develop and refine workplace competencies needed to enter and succeed in a chosen career.¹⁸² Work-based learning can include many different activities that occur along a continuum of career awareness, career exploration, and career preparation.

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

- Business field trips and job shadowing: Students visit a workplace environment to observe daily job functions to learn more about a specific occupation or industry.
- Mentorship: Students are paired with an industry employee mentor.
- School-based enterprise: Students take on managerial roles within an organization that produces goods or services for others.
• Service learning: Students complete community service activities on a volunteer basis, increasing knowledge and skills while contributing to the community.

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

• Apprenticeships: Arrangements between a worker and employer where the worker obtains skills necessary for the occupation.183

**Jobs for America’s Graduates**

**Jobs for America’s Graduates (JAG)** is a school-to-career program of the Department of Workforce Development. JAG aims to keep young people in school through graduation and provides work-based learning experiences that lead to career advancement opportunities or enrollment in postsecondary education. JAG programs are available in 66 Hoosier counties. In the 2018 State of the State address, Governor Eric Holcomb set the goal to add 250 more JAG programs across Indiana within the next seven years. The governor emphasized the importance of strengthening the Hoosier workforce and called for “a long-term commitment and an all-in approach among many stakeholders in every community.”184, 185

• 136 Indiana JAG high-school based programs are available in 126 locations, with 6 alternative education programs.

• In 2017, Indiana’s JAG program served 4,437 students. JAG students completed 29,027 hours of service learning and 76,923 hours of employer connection hours.

• Indiana’s JAG participants have a 95% graduation rate, and 88% go on to either a job, the military, and/or postsecondary education.

• Among JAG participants, 62.1% are economically disadvantaged (receive TANF/free lunch), 40.1% have a mother or father who did not graduate from high school, 35.1% have a family environment that is not conductive to education or career goals, and 18.0% have been suspended, expelled or put on probation.

• Since 2007, Indiana’s JAG program has served more than 23,000 students.186

**Governor’s Work Ethic Certificate Program**

The Governor’s Work Ethic Certificate (GWEC) program is awarded to high school seniors by the Department of Workforce Development. Students earning the GWEC must demonstrate proficiency in nine competencies including: a cumulative GPA of 2.0 or higher, an attendance rate of 98% or higher, one or fewer discipline referrals, and a minimum of six hours of community service. This program connects employers to their local school districts where employers offer interviews, increased base pay, industry tours, and other incentives to GWEC high school seniors.187

• In 2018, 105 schools statewide participated in the GWEC program, with a potential reach of 17,000 high school seniors.

• The class of 2018 received 1,695 certificates.

• More than 500 Indiana employers across every major industry support the GWEC program.188
Apprenticeship Programs

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

- 56% of Hoosier employers say they would consider partnerships with education institutions to develop apprenticeships.

- In 2017, there were 17,323 active apprentices in Indiana.

- Of Indiana’s active apprentices, 8,161 were new apprentices, and 3,342 completed their apprenticeship in 2017.

- In 2017, Indiana had the second-highest number of apprenticeship completers after California.

- Indiana has 945 active apprenticeship programs. Of these, 59 were new programs in 2017.

Top 10 Occupations for Apprentices, United States: 2017

<table>
<thead>
<tr>
<th>Occupational Title</th>
<th>Active Apprentices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrician</td>
<td>45,264</td>
</tr>
<tr>
<td>Carpenter</td>
<td>17,297</td>
</tr>
<tr>
<td>Construction Craft Laborer</td>
<td>14,089</td>
</tr>
<tr>
<td>Truck Driver</td>
<td>15,801</td>
</tr>
<tr>
<td>Plumber</td>
<td>14,532</td>
</tr>
<tr>
<td>Pipe Fitter</td>
<td>8,541</td>
</tr>
<tr>
<td>Line Maintainer</td>
<td>7,993</td>
</tr>
<tr>
<td>Sheet Metal Worker</td>
<td>7,638</td>
</tr>
<tr>
<td>Structural Steel Worker</td>
<td>6,121</td>
</tr>
<tr>
<td>Dry-Wall Applicator</td>
<td>5,779</td>
</tr>
</tbody>
</table>

Source: United States Department of Labor
Sources continued

69 Indiana Department of Education (2018). Data Request.
72 Indiana Department of Education (2018). Data Request.
73 Indiana Department of Education (2018). Data Request.
84 Indiana Department of Education (2017). Data Request.
87 Indiana Department of Education (2018). Data Request.
Sources continued

105 Indiana Department of Education (2018). Data Request
120 Indiana Prevention Resource Center (2018). Data Request.
Brought to you by the people at the Dekko Foundation who believe:

Great things happen when adults consider what children need to grow and develop.

Learn more at dekkofoundation.org.
Physical and mental health in childhood have an impact on 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.

Indiana’s National Rankings*

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>31st</td>
<td>National KIDS COUNT® Health</td>
</tr>
<tr>
<td>15th</td>
<td>Prenatal Care</td>
</tr>
<tr>
<td>43rd</td>
<td>Infant Mortality</td>
</tr>
<tr>
<td>40th</td>
<td>Children with Health Insurance</td>
</tr>
<tr>
<td>33rd</td>
<td>Child and Teen Deaths</td>
</tr>
</tbody>
</table>

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

Children must have good mental health to reach their full potential. Mentally healthy children reach developmental and emotional milestones, learn beneficial social skills, and have a positive healthy quality of life in home, school and in their communities. Stigma and accessibility are key barriers which prevent Hoosier youth from receiving the treatment they need.

Mental health affects how youth think, feel, and act. It includes positive emotional, psychological and social well-being and is important from childhood and adolescence through adulthood. Mental health disorders include significant disruptions in thinking, emotion, or behavior that lead to distress, affecting an individual’s ability to function in daily life.

- 11.6% of Hoosier children take medication because of difficulties with their emotions, concentration or behavior.
- 11.6% of Indiana children received treatment or counseling from a mental health professional in the past year.
- College students report an average of 7.2 days where their mental health is not good, including stress, depression and problems with emotions.

One in three Indiana high school students report feeling sad or hopeless in the past year (33.5%).

Hispanic high school students (37.2%) are more likely to report feeling sad or hopeless in the past year than black (28.9%), white (33.1%) and all other students (35.4%).

1 in 3 high school students feels sad or hopeless
Percentage of High School Students Who Report Feeling Sad or Hopeless by Race/Ethnicity, Indiana: 2018

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All Other Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>33.5%</td>
<td>33.1%</td>
<td>28.9%</td>
<td>37.2%</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

Source: Indiana Youth Survey

What is the Impact of Mental Health?
Mental health influences all areas of child well-being. Factors such as Adverse Childhood Experiences (ACEs), trauma and poverty have been linked to an increased risk for mental health illnesses.

Family and Community. Mental, behavioral, and developmental disorders identified in childhood often persist into adulthood. Trauma is associated with psychiatric problems and impacts adult behavior across the lifespan. Nearly half (46.2%) of Hoosier children have experienced one or more ACEs. Hoosier youth have a higher prevalence than their peers nationally in seven out of nine ACEs as measured by the National Survey of Children’s Health.

Economic Well-being. Living in a poor or low-income household has been linked to an increased risk for mental health illness. Children living in poverty face barriers to receiving mental health services and are less likely to be connected with high-quality mental health care. These factors can be especially challenging in rural areas as residents often travel long distances to receive services.

Hoosier children have received treatment or counseling from a mental health professional.

Who is Affected?
Mental health is critical to overall health and can be a frequently unaddressed matter in racial and ethnic communities.

- 5.2% of Indiana children have ever been diagnosed with depression and 11.0% have been diagnosed with anxiety problems.
Education. Promoting the behavioral and mental health of youth is critical to promoting their cognitive and academic achievement. When youth have stressors, feel unsafe or are dealing with adversity, their ability to learn is impaired.16

Safety. Mental health impacts overall well-being and mental illness is linked with adverse health conditions and earlier mortality.17 Emotional distress may lead youth to contemplate suicide or engage in suicidal behavior. Indiana ranks 3rd out of 36 states in the percentage of students who seriously considered attempting suicide.18

Barriers to Receiving Services
Factors such as accessibility, availability and acceptability are challenges for providing care. The stigma of mental health treatment can create additional social and psychological barriers. Families may perceive that a diagnosis could result in hospitalization, overmedication, or separation from their children.19 Stigma can lead to discrimination at work, school and in the community. This may lead to alienation from family, friends, and co-workers.20

Accessibility factors like knowledge of behavioral health needs and treatment options, financial challenges and limited transportation create barriers to receiving mental health services.21 Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, family therapists, mental health providers that treat substance abuse, and nurses specializing in mental health care.22

• Indiana (700:1) has the lowest levels of accessibility to mental health providers, people per one mental health provider, among our neighboring states: Ohio (560:1), Illinois (530:1), Kentucky (520:1) and Michigan (430:1).23

• An estimated 3.8 million Hoosiers live in mental health professional shortage areas (58% of the state's population).24

• Children with health insurance are more likely to receive mental health services (10.1%) than their uninsured peers (5.4%).25

What Resources are Available?
The Division of Mental Health and Addiction (DMHA) provides a network of mental health care providers and mental health services, including Systems of Care. https://www.in.gov/fssa/dmha/3020.htm

Mental Health America of Indiana provides education and information about mental health and addictive disorders. https://www.mhai.net/

LookUp Indiana is an initiative designed to provide mental health information and reduce the stigma associated with illnesses. https://lookupindiana.org/students/

What Solutions are Possible?

Individuals
✓ Talk with caregivers if there are concerns about the way a child behaves at home, in school, or with friends.
✓ Caring adults can work with schools, connect with families, get a referral to a mental health specialist or talk with a pediatrician.
✓ Adults can be part of a strong support system and help youth develop resilience to adapt in the face of adversity.

Organizations and Communities
✓ Facilitate partnerships among physicians, mental health professionals, educators, community organizations and families to implement evidence-based programs.
✓ Break the stigma on mental health by developing awareness campaigns with positive stories.
✓ Prioritize prevention over crisis response, including family support programs and early childhood services that equip parents and youth with skills and knowledge.

Leaders and Policy Makers
✓ Increase funding for training mental and behavioral health professionals in order to increase access.
✓ Develop and implement policy based psychological and behavioral research ensuring that all children are empowered through culturally informed and evidence-based strategies.
Prenatal and Infant Health

Infant health is greatly affected by parental health. Good health pre-pregnancy, early prenatal care, and a positive environment postpartum all contribute to a strong start for children.26

• In 2017, there were 82,251 live births in Indiana; 50.9% were males and 49.1% were females. The number of live births in Indiana has decreased by 8.3% since 2007.27

• More than half of the state’s births (52.9%) were in just 10 of Indiana’s largest counties: Marion, Lake, Allen, Hamilton, St. Joseph, Elkhart, Tippecanoe, Vanderburgh, Johnson, and Hendricks.

• Fifty-five counties have seen a decrease in the number of live births over the last three years. This ranges from an 18.6% decrease in Fulton County to a 34.6% increase in Ohio County.28

### 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.29

#### Hoosier babies was born prematurely.

1 in 10

---

**Percentage Change of Live Births: 2014–2017**

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio</td>
<td>Fulton</td>
</tr>
<tr>
<td>Brown</td>
<td>Union</td>
</tr>
<tr>
<td>Perry</td>
<td>Jay</td>
</tr>
<tr>
<td>Orange</td>
<td>Martin</td>
</tr>
<tr>
<td>Hancock</td>
<td>Knox</td>
</tr>
<tr>
<td>Vermillion</td>
<td>Spencer</td>
</tr>
<tr>
<td>Franklin</td>
<td>Sullivan</td>
</tr>
<tr>
<td>Fayette</td>
<td>Switzerland</td>
</tr>
<tr>
<td>White</td>
<td>Pulaski</td>
</tr>
<tr>
<td>Morgan</td>
<td>Cass</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

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**55 counties have seen a decrease in the number of live births from 2014–2017**

Percentage Change in Live Births: 2014–2017

Source: Indiana State Department of Health
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.²⁰

- In 2017, 8,102 Hoosier babies were born prematurely (1 in 10 live births), this is equivalent to the national rate (10%).³¹ ³²
- More than half (57.2%) of babies born prematurely were also born with low birthweight.
- Black Hoosier babies are more likely to be born with low birthweight (13.5%), compared to white babies (7.5%).³³

Black Hoosier babies are the most likely to be born preterm and/or with low birthweight
Percentage of Babies Born Preterm or with Low Birthweight by Race/Ethnicity, Indiana: 2017

![Percentage of Babies Born Preterm or with Low Birthweight by Race/Ethnicity, Indiana: 2017](image)

Source: Indiana State Department of Health

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 did not gain enough weight due to a birth defect or infection. Infants born at low or very low birthweight are at increased risk for mortality, may have breathing problems, are prone to infections, and have a higher risk for chronic health problems such as diabetes and heart disease.³⁴

- In 2017, 6,811 Hoosier infants were born with low birthweight (8.3% of all live births).
- Black Hoosier babies are 1.8 times more likely to be born with low birthweight than white babies.³⁵

### Percentage of Babies Born with Low Birthweight: 2017

<table>
<thead>
<tr>
<th>10 Highest Counties</th>
<th>10 Lowest Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floyd 10.5%</td>
<td>Spencer 2.8%</td>
</tr>
<tr>
<td>Miami 10.4%</td>
<td>Carroll 4.2%</td>
</tr>
<tr>
<td>Lawrence 10.2%</td>
<td>Clay 4.4%</td>
</tr>
<tr>
<td>Morgan 10.2%</td>
<td>Jasper 4.5%</td>
</tr>
<tr>
<td>Brown 10.0%</td>
<td>Vermillion 4.7%</td>
</tr>
<tr>
<td>Grant 10.0%</td>
<td>Daviess 4.7%</td>
</tr>
<tr>
<td>Greene 10.0%</td>
<td>Orange 5.1%</td>
</tr>
<tr>
<td>Marion 10.0%</td>
<td>Rush 5.3%</td>
</tr>
<tr>
<td>Gibson 9.9%</td>
<td>Benton 5.5%</td>
</tr>
<tr>
<td>Howard 9.8%</td>
<td>Sullivan 5.6%</td>
</tr>
<tr>
<td>Starke 9.8%</td>
<td>Ripley 5.6%</td>
</tr>
<tr>
<td></td>
<td>Monroe 5.6%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
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 may be performed but vary by hospital.

- Birth defects are the second 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 (17.5%).

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

The vulnerability of black infants cannot be explained by disparities in socio-economic status or educational attainment alone. Even after controlling for these factors, black women still face greater risk of infant mortality. In 2017, 602 Hoosier children died before their first birthday.

- Indiana infants are more likely to die within their first year than their peers nationally (in 2016, 7.5 deaths per 1,000 births in Indiana vs. 5.9 per 1,000 nationally). Indiana has lagged behind the national average for the past two decades.
- In 2016, Indiana had the highest infant mortality rate (7.5 per 1,000) among our neighboring states: Illinois (6.3 per 1,000), Michigan (6.4 per 1,000), Kentucky (6.7 per 1,000) and Ohio (7.4 per 1,000).
- Black infants are more than twice as likely to die before their first birthday (15.3 per 1,000) than white infants (5.9 per 1,000).

Even after controlling for disparities in socio-economic status and educational attainment, black women still face a greater risk of infant mortality.

Black infants are most likely to die before their first birthday

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Infant Mortality Rate per 1,000 Births</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>5.9</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>15.3</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>7.6</td>
<td></td>
</tr>
<tr>
<td>All Other Kids</td>
<td>9.8</td>
<td></td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
Maternal Mortality

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

• In 2017, there were 39 deaths due to pregnancy, childbirth and puerperium.

• The number of pregnancy-associated deaths are more prevalent among white mothers (74.4%) than black mothers (23.1%) and all other mothers (3.3%).

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. The strongest predictors of adverse birth outcomes include obesity, smoking, limited prenatal care, and unsafe sleep practices. Women who are obese have a 25% chance of delivering a premature infant.

Smoking

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

• 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 (14.8%) than black (10.1%) or Hispanic mothers (3.6%).

• The rate of smoking while pregnant in Indiana (13.5%) is significantly higher than the national rate (7%).

• Among our neighboring states, Indiana (13.5%) has the third highest percentage of maternal smoking: Illinois (6%), Michigan (12%), Ohio (14%) and Kentucky (18%).

Maternal smoking is highest among white mothers across all age groups
Percentage of Mothers Who Smoked During Pregnancy by Age and Race/Ethnicity, Indiana: 2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Under 18</th>
<th>Ages 18-24</th>
<th>Ages 25-34</th>
<th>Ages 35+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>13.5%</td>
<td>14.8%</td>
<td>20.3%</td>
<td>13.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>White</td>
<td>10.1%</td>
<td>8.5%</td>
<td>8.2%</td>
<td>3.6%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Black</td>
<td>3.6%</td>
<td>10.8%</td>
<td>4.6%</td>
<td>6.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1.4%</td>
<td>2.5%</td>
<td>11.8%</td>
<td>11.8%</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health

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

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

• Nationally, 11.5% of pregnant women ages 15–44 use alcohol and 5.2% report binge drinking.

• Nationally, pregnant women in their first trimester are more likely to use alcohol (24.3%) than women in their second or third trimester (4.8% and 3.5% 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, 8.5% of pregnant women ages 15–44 use illicit drugs.

• Pregnant women in their first trimester are more likely to use illicit drugs (12.2%) than women in their second or third trimester (5.5% and 8.0% 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 on keeping the 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.60

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.61

- 7 in 10 Indiana mothers receive first trimester prenatal care (68.6%).
- Teen mothers younger than 18 are less likely to receive early prenatal care (48.8%) than older mothers ages 35 and older (70.6%).62

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.63 There are some circumstances, however, in which a mother should not breastfeed, such as when taking certain medications.64

- 8 in 10 Hoosier mothers (81.9%) plan to breastfeed when they leave the hospital.
- Breastfeeding is most common among Hispanic mothers (85.9%) followed by white (83.2%) and black mothers (72.5%).
- Older mothers are generally more likely to breastfeed than younger women.65
- In Indiana, 77.1% of mothers breastfed children ages 0-5.66
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.67

- The majority of Indiana children received some type of preventative care in the past year (81.7%).
- Young children ages 0–5 are more likely to receive preventative care (85.9%) than children ages 6–11 (79.4%) or ages 12–17 (79.7%).
- Black children are most likely to have received preventative care in the past year (84.8%), followed by white (81.9%) and Hispanic children (74.5%).68

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

- Nearly 9 in 10 Indiana parents report that their children’s health is “very good” or “excellent” (89.6%), while 10.5% report that their children’s health is “good,” “fair,” or “poor.”69
- The majority of children (85.9%) received some form of medical care in the past year.70

Medical Home

When a child regularly receives comprehensive health care from a primary care physician or team that is familiar with the family, the child, and the child’s health history, the child is considered to have a medical home.71 Children living in low-income families are less likely to have a medical home, often due to economic barriers.72

Low-income families and Hispanic children are less likely to have a medical home

Percentage of Children with a Medical Home by Federal Poverty Level (FPL) and Race/Ethnicity, Indiana: 2016–2017

<table>
<thead>
<tr>
<th>Federal Poverty Level (FPL)</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All Other Kids</th>
<th>Below 100% FPL</th>
<th>100–199% FPL</th>
<th>200–399% FPL</th>
<th>400% FPL or Above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100% FPL</td>
<td>54.1%</td>
<td>57.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100–199% FPL</td>
<td></td>
<td></td>
<td>47.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200–399% FPL</td>
<td></td>
<td></td>
<td></td>
<td>38.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>400% FPL or Above</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>54.7%</td>
<td>39.2%</td>
<td>46.1%</td>
<td>63.2%</td>
<td>63.6%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
• Half of Hoosier children have a medical home (54.1%), compared to 48.6% nationally.

• Low-income families are less likely to have a medical home. Children in poverty, 0–99% FPL, are less likely to have a medical home (39.2%), compared to children in higher income households, at or above 400% FPL (63.6%).

• Three quarters of children have a doctor or nurse they consider to be their personal doctor (76.6%).

• Nearly 2 in 10 children who needed referrals to special doctors or services had problems receiving them (18.4%).

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

• 93.7% of Indiana youth have some type of health insurance, lower than the national rate of 95.0%.

• 3 in 10 youth under age 19 (29.9%) rely on Medicaid as their sole health insurance provider.

• In 2017, 91.2% of Hoosier children at or below 100% Federal Poverty Level (FPL) had some type of health insurance. Hoosier children who live in poverty are less likely to have health insurance than their peers at or above 400% FPL (97.7%).

• Hispanic children in Indiana are the least likely to have health insurance (89.7%), followed by black children (93.5%) and white children (93.8%).

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

• As of December 2017, 106,301 children were enrolled in Hoosier Healthwise through the state’s Children’s Health Insurance Program (CHIP), a 32.4% increase from 2014.

• In 2017, 75% of Hoosier children enrolled in CHIP received a primary care visit, 17% had an emergency room visit, 59% received a preventive dental visit, and 63% received a pharmacy prescription.
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.

- 67% of Indiana infants 19–35 months old have received the full 4:3:1:3:3:1:4 vaccination series.
- The percentage of Hoosier infants receiving the full 4:3:1:3:3:1:4 vaccination series in Indiana’s counties ranges from 49% to 84%.
- Of Indiana’s enrolled kindergarteners, 88.9% have received the measles, mumps and rubella (MMR) vaccination, 92.1% received the DTaP, and 87.9% have received 2 doses of the Varicella vaccination.
- 112 Indiana kindergarteners have a medical exemption from vaccination, and 697 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.

- 95.1% of Indiana teens ages 13–17 have received the Tdap, 93.1% have received MCV4, and 59.3% 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.

- Most Hoosier parents (79.7%) report that their children’s teeth are in “excellent” or “very good” condition.
- One in ten Hoosier children had oral health problems such as cavities (10.5%) in the past year.
- Four in five Hoosier children (80.9%) received preventative dental care in the past year.
• Children in households with an income below 100% FPL are less likely to receive preventative dental care (75.6%) than their peers at or above 400% FPL (89.1%).

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

• An estimated 3,198,250 Hoosiers live in dental health professional shortage areas, which is 48% of the state’s population.

Health Habits

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

Sleep

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 an increased risk of obesity, depression, and drowsy driving accidents. The combination of late bedtimes and early school times results in most adolescents not getting enough sleep. Delayed school start times are recommended by the American Academy of Pediatrics, the American Medical Association, and the American Academy of Sleep Medicine.

• Three in five Hoosier children (60.9%) typically sleep the recommended number of hours appropriate for their age.

• In Indiana, children ages 6–11 are most likely to sleep the recommended amount (63.0%), followed by youth ages 12–17 (60.7%) and children 4 months–5 years (58.9%).

• Most Hoosier children usually or always go to bed at the same time on weeknights (89.4%).

• Older children ages 12–17 are less likely to go to bed at the same time on weeknights (86.6%) compared to children ages 6–11 (91.5%) and children ages 0–5 (90.3%).

Indianapolis's youngest children are the least likely to sleep the recommended amount of time

Percentage of Children Who Get Recommended Age Appropriate Hours of Sleep by Age, Indiana: 2016–2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>4 months – 5 years</th>
<th>6–11 years</th>
<th>12–17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>60.9%</td>
<td>58.9%</td>
<td>63.0%</td>
<td>60.7%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children's Health

Recommended Hours of Sleep per Day by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>0–3 months</th>
<th>4–12 months</th>
<th>12–18 months</th>
<th>Adult 18 years+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn</td>
<td>14–17 hours</td>
<td>12–16 hours</td>
<td>10–13 hours</td>
<td>7 or more hours</td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td>11–14 hours</td>
<td>10–13 hours</td>
<td>8–10 hours</td>
<td></td>
</tr>
<tr>
<td>Preschool</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Age</td>
<td>9–12 hours</td>
<td>8–10 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention
**Nutrition**
Healthy eating impacts children’s day-to-day energy levels and ability to focus as well as long-term health outcomes. A child’s family traditions and neighborhood services are integral factors in a child’s access to nutritious goods. Lack of access to low-cost healthy foods for children is related to both food insecurity and obesity among children.\(^9\)
Eating a healthy breakfast is important for children’s cognitive functioning (particularly memory), mood, and likelihood of attending school.\(^10\)

- 3 in 10 Indiana high school students (30.1%) report eating breakfast all seven days of the week.\(^11\)

**Physical Activity**
Physically active youth tend to have better academic, cognitive and health outcomes than their peers. The CDC recommends that children and teens ages 6 to 17 get an hour or more of physical activity each day.\(^12\)

- 62.6% of Hoosier children live in a neighborhood with a park or playground, lower than 76.1% nationally.
- Hoosier children who live in poverty, less than 100% FPL, are less likely to live in a neighborhood with a park or playground (59.7%) than their peers at or above 400% FPL (64.2%).\(^13\)
- 7.9% of youth ages 6-17 do not participate in vigorous physical activity (being active for 60 minutes or more) in a typical week.
- Older youth ages 12-17 are less likely to participate in physical activity everyday (17.3%), compared to children younger than 12 years (32.7%).\(^14\)

**Black and Hispanic youth are less physically active than their white peers**
Number of Days per Week Children Get Vigorous Exercise by Race/Ethnicity, Indiana: 2016–2017

**Hispanic Hoosier youth are the least likely to eat breakfast**
Percentage of High School Students Who Did Not Eat Breakfast in Last Seven Days by Race/Ethnicity, Indiana: 2015

Source: Youth Risk Behavior Survey

Source: National Survey of Children’s Health
Overweight and Obesity

Children who are overweight or obese face greater risk for other chronic health conditions. Obesity threatens to shorten life expectancy and factors such as poor diet quality, excessive sedentary time, inadequate physical activity, stress and sleep deprivation places children at an increased risk. These health challenges can be long-lasting, as overweight and obese children are more likely to be overweight or obese as adults. The CDC defines ‘overweight’ as a body mass index (BMI) between the 85th and 95th percentile, while ‘obese’ refers to a BMI above the 95th percentile.

- 1 in 3 children ages 10-17 are overweight or obese (30.0%).
- 1 in 10 Indiana parents (10.3%) say they are concerned about their child’s weight.
- 5.0% of children ages 10-17 are underweight, 65.1% are normal weight, 12.5% are overweight and 17.5% are obese.
- Children ages 10–13 are slightly more likely to be overweight or obese (30.5%) than teens ages 14-17 (29.4%).
- Children who have experienced multiple Adverse Childhood Experiences (ACEs) are more likely to be overweight or obese than children with few or no ACEs.

Children often eat more while viewing media, and children’s exposure to advertisements for unhealthy food products can affect future food preferences and is a significant risk factor for obesity.

- Nearly three-quarters of Hoosier children (72.4%) spend at least an hour per day watching TV or playing video games, compared to 73.3% nationally.
- Male Hoosier youth (11.8%) are nearly twice as likely to spend four or more hours per day on TV or video games, compared to female youth (6.1%).
- Males, older children, children of color, children in low-income families, and children who have experienced trauma are more likely to spend significant amounts of time in front of a TV.

Children Ages 10-17 Who are Overweight or Obese: 2016–2017

Children with two or more Adverse Childhood Experiences are twice as likely to be overweight or obese

Children Who are Overweight or Obese by Number of Adverse Childhood Experiences (ACEs), Indiana: 2016–2017

Source: National Survey of Children’s Health
Injuries and Exposure

Unintentional Injuries
Unintentional injuries are defined as injuries that are predictable and preventable if the recommended safety measures are in place. The most common types of unintentional injuries for children and youth are falls, being struck by or against an object or person, overexertion, cuts or piercings, bites or stings, and motor vehicle accidents.113

- 308 Indiana children ages 0-18 died due to injury in 2016.

- Older children ages 12-18 are more likely to die due to injury (180 deaths) than children ages 0-5 (107 deaths) and children ages 6-11 (21 deaths).114

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.115

- In Indiana, adolescents and young adults ages 15-24 have the most TBI-related emergency department visits (24%).

- In 2016, children ages 0-14 accounted for 19% of TBI-related emergency department visits, 4% of TBI-related hospitalizations, and 2% of TBI-related deaths in Indiana.

- In Indiana, the total number of confirmed TBIs has decreased from 51,810 in 2013 to 31,170 in 2016.116,117

Youth ages 15-24 are the most likely to have traumatic brain injuries
Percentage of TBI-related Deaths, Hospitalizations and Emergency Department Visits by Age, Indiana: 2016

<table>
<thead>
<tr>
<th></th>
<th>Ages 15-24</th>
<th>Ages 0-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>14%</td>
<td>2%</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>Emergency Visits</td>
<td>24%</td>
<td>19%</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 through paint in older homes, soil, water or commercial products.118

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.119
In 2017, 65,318 children (11% of Indiana’s child population under age 7) were screened for elevated blood lead levels, a 23% increase from the 56,438 children tested in 2016.

Among children screened in Indiana, over half of the total tests received were from Medicaid covered children (33,823).

583 children tested at an elevated blood lead level, set by the Indiana Administrative Code, which can be especially negative for children under age 7 due to their physical development.

283 children were identified as confirmed cases and referred to receive case management.

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.

3,513 children ages 0-14 were killed or injured in Indiana motor vehicle collisions in 2016.

Of these children, 2,057 had non-incapacitating injuries, 1,347 had incapacitating injuries, and 15 children had fatal injuries.

Of children injured in car accidents, the majority were occupants (3,005), followed by pedestrians (246) and cyclists (129).

In 2016, the fatal injury rate per 1,000 Hoosier children involved in traffic collisions was highest in rural (14.9 fatal injuries per 1,000 children), exurban (12.3 fatal injuries per 1,000 children), followed by suburban (4.1 fatal injuries per 1,000 children) and lowest in urban (1.3 per 1,000 children).

The fatal injury rate in Indiana’s counties ranges from 0.0 fatal injuries per 1,000 children to 4.3 fatal injuries per 1,000 children. Posey, Vanderburgh, LaGrange, Fountain, Union and Ohio had zero fatal injuries in 2016.

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. Driving behaviors such as speeding, distractions, failure to heed traffic signals, cell phone use, or failure to use safety equipment are risky and may result in collision or injury.

In Indiana, 46,384 young drivers ages 15-20 were involved in a traffic collision in 2016.

8,176 young drivers were involved in a collision that caused some type of injury, 38,099 caused property damage, and 109 were fatal.

Young drivers ages 15-20 account for 7.5% of licensed drivers, but 13.3% are involved in injury collisions.

Young drivers ages 15-20 are twice as likely to speed (10.5%) than drivers ages 21 and older (5.1%).

---

Fatal Injuries per 1,000 Children Ages 0-14, Indiana: 2016

<table>
<thead>
<tr>
<th>5 Highest Counties</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tipton</td>
<td>4.3</td>
</tr>
<tr>
<td>Fulton</td>
<td>2.8</td>
</tr>
<tr>
<td>Clay</td>
<td>2.8</td>
</tr>
<tr>
<td>Blackford</td>
<td>2.7</td>
</tr>
<tr>
<td>Newton</td>
<td>2.5</td>
</tr>
<tr>
<td>Scott</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Source: Indiana University Public Policy Institute

Exurban includes areas within 2.5 miles of suburban boundaries, as defined by the United States Census Bureau.
• Among alcohol-impaired drivers involved in crashes, young drivers ages 15–20 are involved in 7.7 crashes per 10,000 licensed, compared to 26.9 per 10,000 licensed drivers ages 21 to 24.125

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

• 43.1% of Indiana high school students texted or emailed while driving a car or other vehicle in the past month, higher than the national rate of 41.5%.126

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.127

• 129 Hoosier bicyclists ages 0-14 were injured in vehicle crashes in 2016.128

• Of Indiana high school students who rode a bicycle in the past year, 88.7% rarely or never wore a bicycle helmet.129

Children ages 0–3 represent over half of fatalities, while children 8–14 experience more injuries

Children Injured or Killed in Traffic Conditions by Injury Status and Age Group, Indiana: 2016

Chronic Conditions and Disabilities
Chronic diseases are an important public health problem which can decrease quality of life. A chronic condition is defined broadly as a condition that lasts one year or more and requires ongoing medical attention. A disability is a physical or mental condition that limits a person’s movements, senses or activities. As a group, youth with chronic conditions and disabilities have more complex healthcare needs, and are more likely to have their needs unmet and experience social stigma. Chronic conditions include asthma, cancer and various disabilities.130

• 5.3% of children have been diagnosed with a disability.

• Children younger than age 5 are less likely to have a disability (0.6%) than children ages 5–17 (7.0%).131
• 3.8% of children under age 18 with a disability have no health insurance coverage.\textsuperscript{132}

• 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.\textsuperscript{133}

• In 2016, there were 363 incidences of cancer among Indiana children ages 19 and under.\textsuperscript{134}

• In 2017, there were 27 cancer-related deaths among children ages 19 and under.\textsuperscript{135}

One in twenty Hoosier youth have a disability
Percentage of Children with a Disability by Race/Ethnicity, Indiana: 2017

Children ages 15-19 have the highest cancer incidence rate
Cancer Incidence Rate per 100,000 Children by Age Group, Indiana: 2016

Developmental Screenings
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. All young children need developmental monitoring and screening to determine children’s developmental milestones.\textsuperscript{136}

• 33.3% 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.\textsuperscript{137}

• 29.0% of Indiana’s young children (ages 9–35 months) were screened by a parent for developmental, behavioral and social delays in the past year.\textsuperscript{138}

• In 2016–2017, 12.1% of Indiana children ages 3–5 was diagnosed with a developmental delay.

• Black Hoosier children (20.8%) ages 3–17 are more likely to have ever been diagnosed with a developmental delay than Hispanic (6.7%), white (9.1%) and all other kids (6.9%).\textsuperscript{139}
Physical or Sensory Conditions
Chronic physical diseases and disabilities are long-lasting conditions or impairments that limit one’s senses or mobility. Common physical conditions among Indiana children include hearing, speech or vision problems, diabetes, and chronic bone or joint problems.

Visual and Auditory Conditions
Children should receive regular eye exams to ensure healthy vision. Vision loss can be caused by damage to the eye itself, the eye being shaped incorrectly, or a problem in the brain.140

- 67.4% of Hoosier children ages 0–17 have ever had their vision tested, compared to 69.7% nationally.
- 35.2% of children ages 0–5, 82.6% of children ages 6–11, and 84.1% of children ages 12–17 had their vision tested in the past two years.141
- In Indiana, 1,335 children younger than 5 and 11,981 children ages 5–17 have vision difficulties that cannot be corrected by glasses or contacts.142

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.143

- In Indiana, 1,410 children younger than 5 and 10,327 children ages 5–17 have a hearing difficulty.144

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.145

- 1 in 4 Indiana children (23.5%) have ever been diagnosed with allergies, compared to 24.5% nationally.
- Indiana (23.5%) has the lowest prevalence of children with allergies among our neighboring states: Illinois (24.4%), Michigan (24.8%), Ohio (27.7%) and Kentucky (30.5%).146

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.

- 12.4% of Indiana children have ever been diagnosed with asthma, compared to 11.8% nationally.
- Among our neighboring states, Indiana (12.4%) has the second highest prevalence of children with asthma: Kentucky (11.4%), Illinois (12.0%), Michigan (12.0%) and Ohio (13.1%).147
Asthma and allergies are more prevalent among Hoosier youth ages 12-17
Percentage of Children Who Currently Have Allergies or Asthma by Age, Indiana: 2016-2017

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. 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.148

• 5.0% of Hoosier children ages 5 to 17 have a cognitive difficulty.149

• Nationally, 1.2% of children have been diagnosed with an intellectual disability.150

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).151

• 9.0% of Indiana children have ever been diagnosed with a learning disability, compared to 7.4% nationally.

• Black children are more likely to be have been diagnosed with a learning disability (11.7%) than white (9.2%) or Hispanic (7.0%) children.152

ADD or ADHD is the most prevalent cognitive condition among Hoosier youth
Percentage of Children Who Have Ever Been Diagnosed with a Cognitive Condition, Indiana: 2016-2017

Source: National Survey of Children’s Health
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.153

- 4.2% of Indiana children have ever been diagnosed with an autism spectrum disorder, compared to 3.0% nationally.
- Indiana (4.2%) has the highest percentage of children who have ever been diagnosed with an autism spectrum disorder among our neighboring states: Illinois (3.4%), Kentucky (2.4%), Michigan (2.8%) and Ohio (2.5%).154

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.155

Mental health services for youth come in many forms. Services may be provided by psychiatrists, psychologists, social workers or licensed mental health counselors. Services may occur in treatment centers, educational settings or general medical settings.156

- 11.6% of children take medication because of difficulties with their emotions, concentration or behavior.157
- 11.6% of Indiana children received treatment or counseling from a mental health professional in the past year.158
- Children with health insurance are more likely to receive mental health services (10.1%) than their uninsured peers (5.4%).159
- In Indiana, there are 700 people for every 1 mental health provider. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, family therapists, mental health providers that treat substance abuse, and nurses specializing in mental health care.160

Female college students are more likely to report mentally unhealthy days

Percentage of Mentally Unhealthy Days During Past Month by Days and Gender, Indiana: 2018

Source: Indiana College Substance Use Survey
• An estimated 3.8 million Hoosiers live in mental health professional shortage areas (58% of the state’s population).\textsuperscript{161}

• College students report an average of 7.2 days where their mental health is not good, including stress, depression and problems with emotions.\textsuperscript{162}

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{163}

• In 2017, DMHA served 33,410 children ages 0–12 and 21,126 youth ages 13–17 in Indiana.

• Indiana has seen an 8.6% increase in the number of children ages 0–12 served and a 5.3% increase in the number of children ages 13–17 served since 2014.

• 62.8% of families of children ages 0–17 served by DMHA report that the child had improved functioning as a result of their treatment, and 84.5% report improved social connectedness.\textsuperscript{164}

**Mental Illnesses**

**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.\textsuperscript{165} 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.

• 5.2% of Indiana children have ever been diagnosed with depression and 11.0% have been diagnosed with anxiety problems.\textsuperscript{166}

• 33.5% of Indiana high school students report feeling sad or hopeless in the past year.

• Hispanic high school students (37.2%) are more likely to report feeling sad or hopeless in the past year than black (28.9%), white (33.1%), and all other students (35.4%).\textsuperscript{167}
Suicidal Ideation

Hoosier youth are significantly more likely to consider or attempt suicide than their peers nationally. Indiana faces significant disparities in youth suicide among vulnerable groups. In many 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. The percentage of students who seriously considered suicide increased from 18.0% in 2005 to 19.8% in 2015.

- Hoosier youth are more likely to consider suicide and engage in suicidal behavior than their peers nationally. Indiana ranks 2nd out of 34 states in the percentage of students who made a suicide plan and ranks 3rd out of 36 states in the percentage of students who seriously considered attempting suicide.

- Among our neighboring states, Indiana has the highest percentage of students who seriously considered attempting suicide and the highest percentage of students who made a suicide plan.

- Some groups face a greater risk of suicidal ideation than their peers. Youth who identify as lesbian, gay, or bisexual are five times more likely to attempt suicide than their heterosexual peers.

In Indiana, one in five high school students seriously considered attempting suicide in the last 12 months.

Source: Youth Risk Behavior Survey

Hoosier high school students are at a greater risk of suicidal ideation, compared to their national peers

Percentage of High School Students with Suicidal Ideation or Attempted Suicide, Indiana vs. United States: 2015

Source: Youth Risk Behavior Survey
Death by Suicide
- In 2017, 71 Hoosier youth ages 19 and younger died by suicide. This represents an increase from 57 deaths in 2016 and 55 deaths in 2015.

- Suicide is the 2nd leading cause of death for youth ages 15-24 and the 4th leading cause of death for youth ages 5-14.

- 38.0% of Indiana’s youth suicide deaths are concentrated in 5 counties: Marion, Hamilton, Allen, Lake and St. Joseph.

- 55 of Indiana’s 92 counties had zero youth suicide deaths in 2017.172

Disparities in Suicidal Ideation
- Youth who identify as lesbian, gay, or bisexual are three times more likely to consider suicide and five times more likely to attempt suicide than their peers.

- Females (26.0%) are twice as likely to consider suicide as males (13.7%).

- Hispanic youth (15.5%) are more likely to attempt suicide than black (14.5%), multiracial (10.5%) and white (8.7%) youth.173

Youth who identify as lesbian, gay, or bisexual are five times more likely to attempt suicide
Percentage of High School Students with Suicidal Ideation or Attempted Suicide by Sexual Orientation, Indiana: 2015

Substance Use
Teens who use drugs may show behavioral problems and struggle in school. Substance use is especially dangerous for adolescents since the brain is still developing. Substance use can cause lasting brain changes and places youth at an increased risk of dependence. Substance use increases the chance of risky sexual behaviors, risk of motor vehicle accidents and drug misuse can lead to addiction. Risk factors for drug misuse include aggressive behavior in childhood, lack of parental supervision, poor social skills, drug experimentation, availability of drugs and community poverty. Factors such as monitoring and support by caring adults, positive relationships, anti-drug policies and neighborhood resources are protective for youth against substance misuse.174

- In 2016, there were 143 drug overdose deaths among Hoosier youth ages 15–24.176
• In the past month, 15.2% of Indiana high school students used a drug other than alcohol or tobacco, and 6.0% used a drug other than alcohol, tobacco or marijuana.\textsuperscript{176}

• 9 in 10 Indiana high school students (90.0%) say their family has clear rules about drug and alcohol use.

• 13.0% of Indiana teens ages 14 and older say they use alcohol or drugs to relax, feel better about themselves, or fit in.

• 28.5% of Indiana teens ages 14 and older say they have ever ridden in a car driven by someone, including themselves, that was high or had been using alcohol.\textsuperscript{177}

### Alcohol and electronic vapor products are the substances most likely to be consumed by high school students

Percentage of High School Students with Substance Use in Past Month, Indiana: 2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>22.1%</td>
</tr>
<tr>
<td>Electronic Vapor Products</td>
<td>21.7%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>13.1%</td>
</tr>
<tr>
<td>Cigars</td>
<td>4.1%</td>
</tr>
<tr>
<td>Smokeless Tobacco</td>
<td>4.0%</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.\textsuperscript{178} In excess, alcohol can cause vomiting, unconsciousness and alcohol poisoning.

• More than 2 in 10 of Indiana high school students report drinking alcohol in the past month (22.1%), this is lower than their national peers (31.8%).

• Over half of Indiana high school students say it would be “easy” to get alcohol (55.7%).\textsuperscript{179}

• On average, high school seniors who drink alcohol report beginning use at age 15.

• Hispanic high school students are more likely to report drinking alcohol in the past month (25.2%), compared to white students (21.9%) and black students (19.1%).\textsuperscript{180}

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{181}

• 63.3% of Indiana college students report drinking alcohol in the past month, this is higher than the national rate (62.0%).

• 36.7% of college students report binge drinking in the past two weeks, this is higher than the national rate (32.7%).
Alcohol use and binge drinking increase as students get older, with three out of ten Indiana high school seniors reporting alcohol use

Percentage of Students with Alcohol Use in the Past Month or Binge Drinking in the Past Two Weeks by Grade, Indiana: 2018

- College students report consuming an average of 3.9 drinks when they drink alcohol. Male students report consuming 4.8 drinks, higher than the 3.3 drinks that females report.
- Of students who drink alcohol, 2 in 3 began drinking prior to starting college (66.6%).
- Of students who have ever had alcohol, 30.1% have forgotten where they were or what they did, 11.0% drove a car while under the influence, and 15.5% missed a class or an assignment as a result of their drinking.  

Tobacco

The use of any type of tobacco product is unsafe for young people. Tobacco use is the leading cause of preventable disease in the United States. All types of tobacco are harmful and any exposure to tobacco smoke can cause immediate and long-term damage.

- 7.3% of Indiana high school students used cigarettes in the past month, lower than the national rate of 7.8%.
- Cigarette use is higher among white (7.8%) and Hispanic (7.0%) Hoosier high school students than for black students (3.4%).
- 6 in 10 Indiana high school seniors say it would be "very easy" to get cigarettes.
- 3,700 Hoosier children under 18 become new daily smokers each year. Nearly 9 out of 10 smokers start before age 18.

Electronic vapor products are the most frequently used tobacco product among high school students

Percentage of High School Students with Tobacco Product Use in the Past Month, Indiana: 2018

Source: Indiana Youth Survey
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.187

- Electronic vapor product use is lower among black Hoosier high school students (14.4%) than it is for Hispanic (21.7%) and white students (22.4%).
- 21.7% of Indiana high school students used electronic vapor products in the past month.
- Indiana high school students (21.7%) are more than twice as likely to have used electronic vapor products in the past month than their national peers (10.5%).188

The average percentage use of electronic vapor products has increased since 2015 for all grade levels in middle and high school
Monthly Use of Electronic Vapor Products for 7th-12th Graders, Indiana: 2015-2018

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.189

- 13.1% of Indiana high school students used marijuana in the past month, lower than the national rate of 19.6%.
- Marijuana use is lower among white Hoosier high school students (11.8%) than it is for Hispanic (16.5%) and black students (20.2%).190

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.191

- 2.1% of Indiana high school students report abusing prescription painkillers, 1.9% report using prescription stimulants and 2.1% report using prescription sedatives not prescribed to them.192
- On average, Indiana high school seniors who use heroin first started at age 13.6. A small percentage of Indiana high school students report using heroin in the past month (0.1%).193

Source: Indiana Youth Survey
Impact of Opioids on Kids
Indiana’s current opioid epidemic is bringing parental substance abuse to the forefront and making this issue more critical than ever. Substance abuse can impair parents’ awareness of and sensitivity to their child’s physical and emotional needs, leading to neglect and interfering with healthy parent-child attachment.184

- In 2017, 1,138 Hoosiers died from opioid drug overdoses, a 215% increase from 2012.

- Ninety-one of Indiana’s 92 counties have experienced opioid drug overdose deaths from heroin or prescription opioids in the past 5 years.185

- In 2017, 6 in 10 Hoosier children (63.8%) were removed from their home by the Indiana Department of Child Services due to parental drug and/or alcohol abuse, an increase often attributed to drug addiction epidemics.186

When parents struggle with substance abuse, Indiana’s kids are affected. Children whose parents or caregivers use drugs are at an increased risk of poor short and long-term health outcomes and behavioral challenges. Children are at risk of suffering physical or emotional harm as a result of caregiver’s substance use, possession or distribution. Substance use interferes with parents’ ability to raise their children and provide a safe, nurturing environment.187

- Babies born to women who use opioids during pregnancy are at an increased risk for poor fetal growth, preterm birth, congenital heart defects, and may also experience opioid withdrawal at birth, known as neonatal abstinence syndrome (NAS).188

- Substance abuse can impair parents’ awareness of and sensitivity to their child’s emotions, interfering with healthy parent-child attachment.189

- Substance abuse increases the risk of neglectful or abusive parental behavior, interfering with mental functioning, judgement and the ability to regulate anger and impulsivity.200

More Hoosier children are being removed from their home because of parent drug and/or alcohol abuse

Percentage of Children Removed from Home Because of Parent Drug and/or Alcohol Abuse, Indiana: 2013–2017

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>50.9%</td>
<td>54.3%</td>
<td>58.6%</td>
<td>63.4%</td>
<td>63.8%</td>
</tr>
</tbody>
</table>

Source: Indiana Department of Child Services
Parent substance abuse can be one of several reasons for the removal of a child.

Nearly 1 in 10 Hoosier children has lived with a person who had a problem with drugs or alcohol

Percentage of Children Who Have Lived with Someone Who Had a Problem with Drugs or Alcohol by Race/Ethnicity, Indiana: 2016–2017

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Hispanic</th>
<th>All Other Kids</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>9.2%</td>
<td>9.4%</td>
<td>10.6%</td>
<td>7.8%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Source: National Survey of Children’s Health
Substance Source
Indiana students obtain the drugs and alcohol they use from a variety of different sources. Most commonly, Hoosier students are given alcohol or prescription drugs by someone who is not their parent.\textsuperscript{201}

Addiction and Treatment
The initial decision to take drugs is usually voluntary; however, with continued use, a person’s ability to exert self-control becomes impaired. Addiction is a chronic, relapsing disorder, characterized by compulsive drug seeking despite its negative consequences. It is a brain disorder and disrupts the normal, healthy functioning of the brain and body. Addictions are preventable and treatable; however, if left untreated, they have a lifetime impact and may lead to death.\textsuperscript{202}

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.\textsuperscript{203}

- In 2017, approximately 590 teens ages 12–17 and 1,220 youth ages 18–20 were admitted to treatment facilities in Indiana for substance abuse.
- Three substance groups account for most of the primary substances reported by teens ages 12–17: hallucinogens (9.7%), marijuana (9.0%) and inhalants (7.1%).
- Five substance groups account for most of the primary substances reported by youth ages 18–20: marijuana (13.1%), PCP (8.3%), sedatives (8.3%), tranquilizers (6.7%) and other stimulants (4.9%).\textsuperscript{204}

Sexual Activity
Sexually active teenagers may experience unintended pregnancy and sexually transmitted infections (STIs). Teens who do not use contraceptives, use contraceptives inconsistently or have multiple sex partners face greater risk.\textsuperscript{205}

- 41.7% of Indiana high school students have ever had sex with someone and 8.6% students have had sexual intercourse with four or more persons.
• Nearly 1 in 3 Indiana high school students (31.8%) are currently sexually active, defined as having had sex in the past 3 months.

• Of high school students who have ever had sex, 17.5% report that they drank alcohol or used drugs before they had sexual intercourse the last time.

• 1 in 10 high school students have been physically forced to have sex. Female students are twice as likely to have this experience (13.4%) as males (6.4%).

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

• Among Indiana high school students who are sexually active, 15.5% did not use any method of preventing pregnancy the last time they had sex.

• Indiana high school students are less likely to have used a condom the last time they had sex (53.4%) than their peers nationally (56.9%).

**One in seven sexually active high school students does not use any method to prevent pregnancy**
Condom and Birth Control Use Among Sexually Active High School Students, Indiana: 2015

<table>
<thead>
<tr>
<th>Method to Prevent Pregnancy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used a Condom</td>
<td>53.4%</td>
</tr>
<tr>
<td>Used Birth Control Pills</td>
<td>20.2%</td>
</tr>
<tr>
<td>Did Not Use Any Method</td>
<td>15.5%</td>
</tr>
<tr>
<td>Used Both a Condom and Female Birth Control</td>
<td>9.4%</td>
</tr>
<tr>
<td>Used a Shot, Patch or Birth Control Ring</td>
<td>5.6%</td>
</tr>
<tr>
<td>Used an IUD or Implant</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

Source: Youth Risk Behavior Survey

**Teen Births**
Teen pregnancy is associated with negative consequences for both teens and their children. Teen parents tend to be more socio-economically disadvantaged, both before and after becoming parents, than their peers.

• In 2017, 5,610 newborns (6.8%) in Indiana had at least one parent younger than 20.

• Babies born to white mothers are less likely to have a teen parent (6.4%) than babies born to Hispanic (10.1%) and black mothers (10.5%).

• More than a quarter of babies born to females younger than age 20 also had fathers younger than age 20 (27.7%).

**Teen Birth Rate per 1,000 Females Ages 15–19: 2017**

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Highest Counties</td>
<td></td>
</tr>
<tr>
<td>Perry</td>
<td>50.0</td>
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<td>Jennings</td>
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<td>Fayette</td>
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<td>Blackford</td>
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<td>Orange</td>
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<td>Jackson</td>
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<td>Switzerland</td>
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<tr>
<td>10 Lowest Counties</td>
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</tr>
<tr>
<td>Hamilton</td>
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<tr>
<td>Boone</td>
<td>8.6</td>
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<tr>
<td>Hendricks</td>
<td>9.5</td>
</tr>
<tr>
<td>Porter</td>
<td>10.9</td>
</tr>
<tr>
<td>Hancock</td>
<td>11.2</td>
</tr>
<tr>
<td>Newton</td>
<td>12.4</td>
</tr>
<tr>
<td>Tippecanoe</td>
<td>12.8</td>
</tr>
<tr>
<td>Putnam</td>
<td>13.2</td>
</tr>
<tr>
<td>Dearborn</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
In 2017, there were 58 births to mothers younger than 15, 1,191 births to mothers ages 15-17, and 3,903 births to mothers ages 18-19.

Indiana’s teen birth rate for females ages 15-19 is currently at the lowest rate ever recorded, 22.8 per 1,000.

The birth rate is highest for black teens (35.5 per 1,000) followed by Hispanic (33.0 per 1,000) and white teens (20.8 per 1,000).

The teen birth rate dropped by half over the past decade
Birth Rate per 1,000 Females Ages 15-19 by Race/Ethnicity, Indiana: 2007-2017

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 childbirth, from injecting drugs, or from sexual abuse. STDs diagnosed in prepubescent children may be indicative of sexual abuse.

In Indiana, the majority of chlamydia cases (67.7%) and gonorrhea cases (51.7%) are in youth and young adults younger than 25.

More than a quarter of syphilis cases (28.8%), primary and secondary, are in young adults younger than 25.

In 2017, there were a total of 8,601 cases of hepatitis C in Indiana.

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.
Health

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- 29 Hoosier children ages 0–19 were newly diagnosed with HIV or AIDS in 2017.

- In 2017, 49 Hoosier children were born to HIV positive mothers, though none of these infants contracted the disease themselves.218

- 8.9% of Indiana high school students have ever been tested for HIV.218

Deaths

In 2017, 1,119 Hoosier children and youth died before their 20th birthday.217 Youth who have had contact with the juvenile justice system have higher mortality rates than the general population, regardless of sex or race.218

- Indiana’s child and teen death rate (30 per 100,000) is higher than the national rate of 26 per 100,000.

- Indiana has the second highest child and teen death rate (30 per 100,000) among neighboring states: Illinois (26 per 100,000), Ohio (27 per 100,000), Michigan (29 per 100,000) and Kentucky (34 per 100,000).219

| Top 5 Causes of Child Deaths by Age, Indiana: 2017 |
|------------------------------------------|--------|--------|--------|--------|
| Under Age 1 | Ages 1–4 | Ages 5–14 | Ages 15–24 |
| Short gestation/low birthweight | 120 | Accidents 34 | Accidents 50 | Accidents 331 |
| Birth Defects | 115 | Homicide 9 | Homicide 13 | Suicide 154 |
| Sudden Infant Death Syndrome | 53 | Birth Defects 7 | Cancer 12 | Homicide 117 |
| Accidents | 49 | Heart Disease 4 | Suicide 9 | Heart Disease 33 |
| Maternal Complication of Pregnancy | 22 | Cancer 3 | Birth Defects 8 | Cancer 26 |

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.

- 235 Hoosier children and youth ages 0–19 died by accident in 2017.

- There were 110 Hoosier youth ages 0–19 that died due to motor vehicle accidents in 2017.

- The number of deaths by motor vehicle accidents has decreased by 25.7% since 2007.220

Deaths for children less than one year make up the majority of deaths for Hoosier Youth

Number of Deaths by Age, Indiana: 2017

602

Source: Indiana State Department of Health

Under 1  Ages 1–4  Ages 5–9  Ages 10–14  Ages 15–19
96  66  85  270

Source: Indiana State Department of Health
Violence is a public health issue due to its impact on the health and well-being of youth. Neighborhoods and communities are harmed by violence and homicides. Violence is preventable and strategies that address individual, family and neighborhood risks for violence can lead to reductions in deaths. Additionally, economic, policy, environmental and other community approaches can enhance safety. Violence is the leading cause of injury and death for youth ages 15-24 in the United States. Homicide is the third-leading cause of death among Indiana youth ages 15-24, but significant racial disparities exist.

- Homicide is the leading cause of death for black youth ages 15-24, and the third leading cause of death for their white peers.

The homicide rate for black youth ages 15–24 is more than 12 times higher than their white peers

Homicide Rate per 100,000 for Ages 15–24 by Race/Ethnicity, Indiana: 2017

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homicide Rate per 100,000</td>
<td>12.6</td>
<td>5.1</td>
<td>62.4</td>
</tr>
</tbody>
</table>

Source: Indiana State Department of Health
Sources continued

86 Indiana State Department of Health (2018). Data Request.
Sources continued


Sources continued

Methodology
The 2019 Indiana KIDS COUNT® Data Book is a comprehensive collection of significant indicators on the well-being of Hoosier youth across the four areas of Family and Community, Economic Well-Being, Education and Health. The Data Book provides the most recent data and information from state partner agencies, peer-reviewed journals, national and state level surveys, as well as credible national entities, such as the Center for Disease Control and the U.S. Census Bureau. Sources and direct links can be found at the end of each section. All data is evaluated to ensure it is from a reliable source, recently available, consistent over time, easily understandable, and is relevant. A focus is placed on visualizing data with context and analysis to show trend over time, county comparisons, and disparities by race, place or income.

Process
To ensure the current issues and barriers facing youth are addressed, a collaborative process with stakeholders, partners and peers determines the content for the Indiana KIDS COUNT® Data Book. Essential feedback is gathered through surveys as well as the Indiana KIDS COUNT® Advisory Council, which provides insights on youth topics, data availability, and recommendations. Partners and agencies provide support on data checking, clarity on definitions, and changes to methodology to ensure accuracy.

Accuracy
Information in the Data Book is based on most recently available data reported by various agencies. Agencies often depend on other data collection entities. Every effort is made to ensure information is accurate, valid and reliable. The accuracy of data that is supplied cannot be guaranteed. Reporting and tabulation errors may occur at the source of the data and this may affect the validity. In addition, agencies may publish updated data throughout the year which may conflict with what is published in this year’s Data Book.

Disaggregated Data
To promote equity, inclusion and to better understand how specific groups are faring, data is disaggregated by place, race, income, or immigrant status. The disaggregated data helps to demonstrate trends and disparities, provide insights on where vulnerable populations lag, and highlight opportunities for improvement. Leaders, policymakers and community members are encouraged to use the data showing disparities among Indiana youth to engage in advocacy, generate essential conversations, and inform policies, practices and decision-making.

Important Data Reminders
• Data and percentages were calculated using standard mathematical formulas.
• Data are based on different timeframes (i.e., calendar year, school year and five-year estimates). Readers should check each indicator and data source to determine the reported time period.
• When a small number exists for a data source, data suppression may be used to protect confidentiality.
• County rankings allow for comparisons between counties, but they do not necessarily mean a county is doing well. In a similar way, changes in a ranking from year to year may be due to how data has changed in other counties.
The Indiana Youth Institute exists to improve the lives of all Indiana children by strengthening and connecting the people, organizations, and communities that are focused on children and youth.

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

We appreciate the generous support of our sponsors:

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

Additional copies of the 2019 Indiana KIDS COUNT® Data Book are available for $20.00 per copy. Reduced rates are available for bulk orders. To receive copies of the Data Book, please contact:

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We do it for the kids.
Our statewide and local data helps you design programs and make decisions to improve the lives of youth.

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

We work together.
As your ally, we partner and connect with you in research and utilizing data to drive change.

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

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